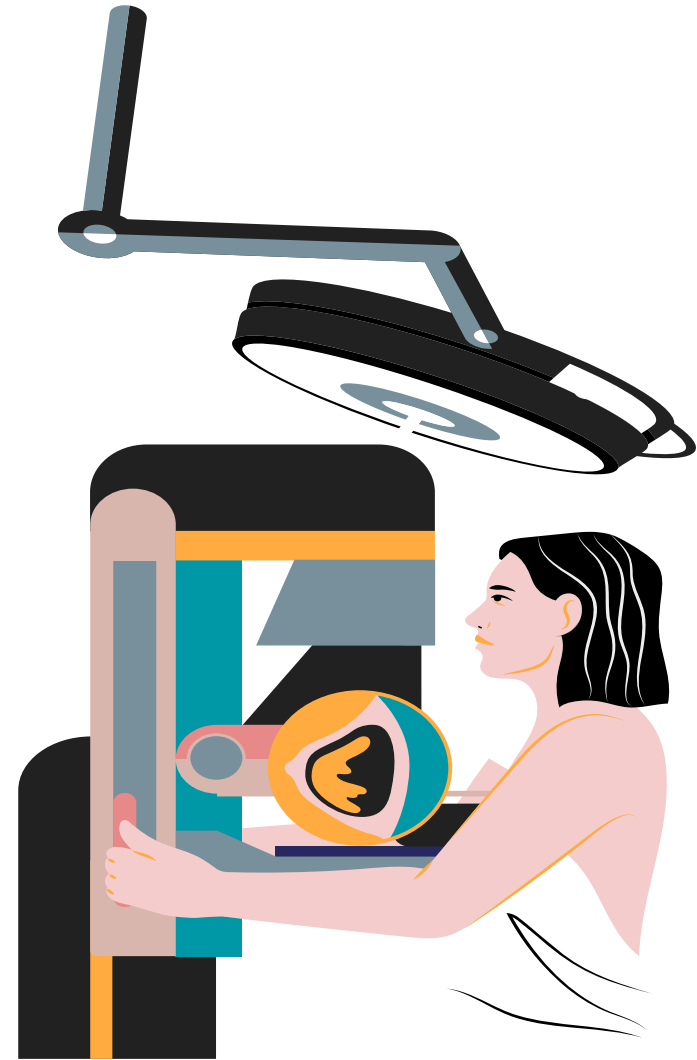




Evidence-Based Management of Breast Cancer as a Long-Term Condition within the United Kingdom NHS

Programme: MSc Public Health and Social Care in Practice

Module: Community Care and Management of Longer-term Conditions

Module code: LCHS7003

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Overview of the Long-Term Condition (Breast cancer)

●Breast cancer refers to the kind of cancer that occurs when the epithelial cells of the breast have abnormal growth, resulting in malignant tumours that can be either non-invasive or invasive for a specific period, leading to the uncontrolled, untreated spread of the tumours (Beňačka *et al.*, 2022).

●Some types of breast cancer include ductal breast cancer, lobular breast cancer, HER2-positive breast cancer, hormone receptor-positive breast cancer, and triple-negative breast cancer (Das, 2022).

●Breast cancer manifests common symptoms, fraught with a lump in the breast cavity, dimpling of the skin, and transformation of the nipple structure (Baston, H. and Durward, 2025).

●It has been shown that breast cancer affects approximately 59,400 women in the UK only, indicating that this form of cancer is among the most predominant in that nation (Cancer Research UK, 2025).

Breast cancer can result from increasing age, genetic mutations, family history, hormonal exposure, obesity, alcohol consumption, physical inactivity, and previous chest radiation.

Prevalence of Breast Cancer in the UK and Worldwide

	NUMBER OF PEOPLE DIAGNOSED EACH YEAR	NUMBER OF PEOPLE DIAGNOSED EACH WEEK
ENGLAND	46,000 women and 340 men ¹⁰	890
SCOTLAND	4,770 women and 30 men ¹³	92
WALES	2,630 women and 20 men ¹³	51
NORTHERN IRELAND	1,480 women and 10 men ¹⁰	29

(Source: <https://breastcancernow.org/media-assets/r4tfdgth/breast-cancer-in-the-uk-2024.pdf>)

•In total, 59,400 cases of breast cancer are reported in the United Kingdom (UK) yearly in the year 2026 (Cancer Research UK, 2026).

•Studies indicate that in the UK, it is 59,000 women and 420 men who develop breast cancer annually (Cancer Research UK, 2026).

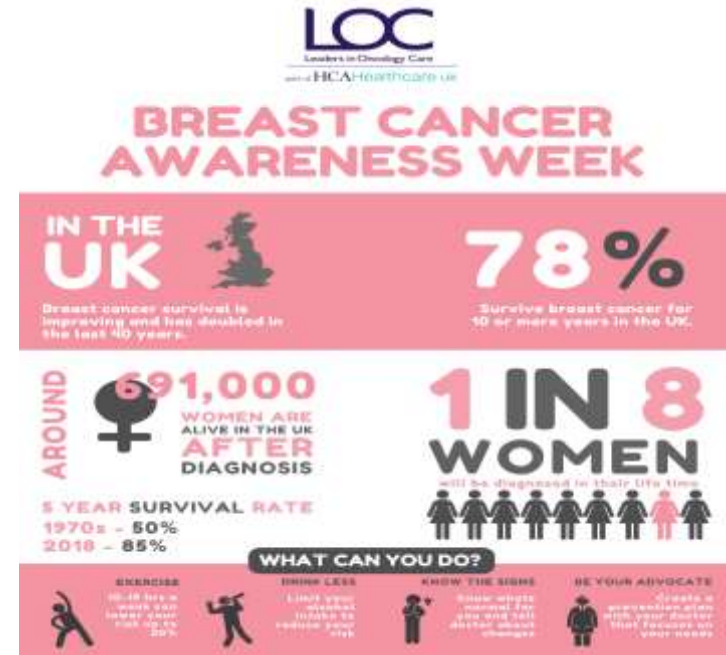
•Statistics reveal that one-fourth of breast cancer diagnoses occur in cases of patients who are 75 years old or more (Cancer Research UK, 2026).

•On the global level, the number of breast cancer cases in the year 2024 was 2.4 million, where less than 2% of the cases were male individuals (WHO, 2026).

Epidemiology of Disease

Section A: Epidemiology

- Breast cancer is most frequently effects among women in the UK, with over 56,800 new cases reported every year (NHS England, 2025).
- The NHS screening system has helped the disease to be detected and treated early in many cases.
- However, after the age of 50, the level of disease incidence increases dramatically due to demographic factors (NHS England, 2025).
- Breast cancer also affects men, although rarely; approximately 370 men are diagnosed annually in the UK, highlighting that breast cancer is not exclusively a female disease (Cancer Research UK, 2026).



(Source:
<https://www.lipsticklettucelycra.co.uk/blog/2018/10/10/going-pink-for-breast-cancer-awareness-month/>)

Burden of Disease (Economic)

Annual Economic Cost

At present time, breast cancer is anticipated to impose economic losses of £3.2-3.5 billion on the UK economy in the year 2025 (Breast Cancer Now, 2025).

Productivity Losses

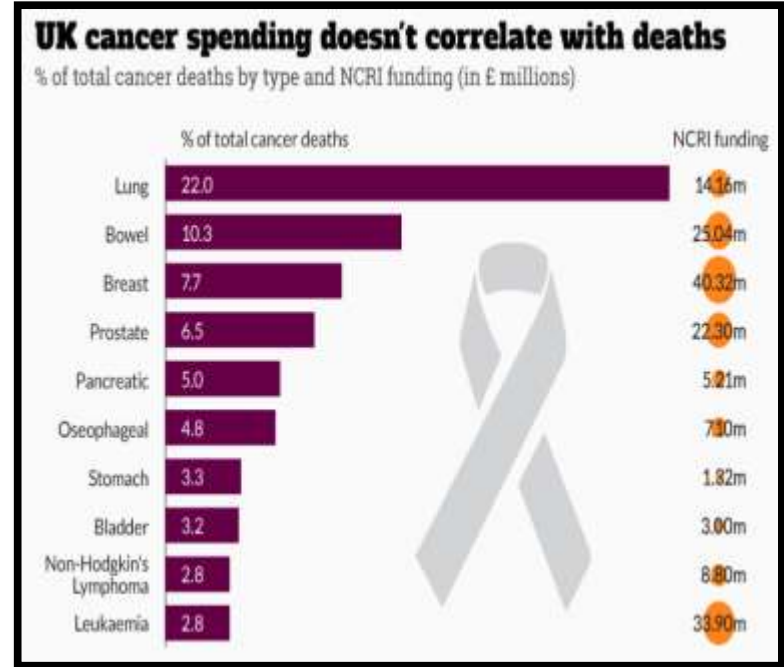
Furthermore, the productivity losses experienced by breast cancer patients accounted for a further £1.8 billion, proving the significant impact of this disease on employment (Breast Cancer Now, 2025).

Healthcare Costs

Moreover, NHS treatment and screening costs also represent a considerable economic cost of breast cancer (Breast Cancer Now, 2025).

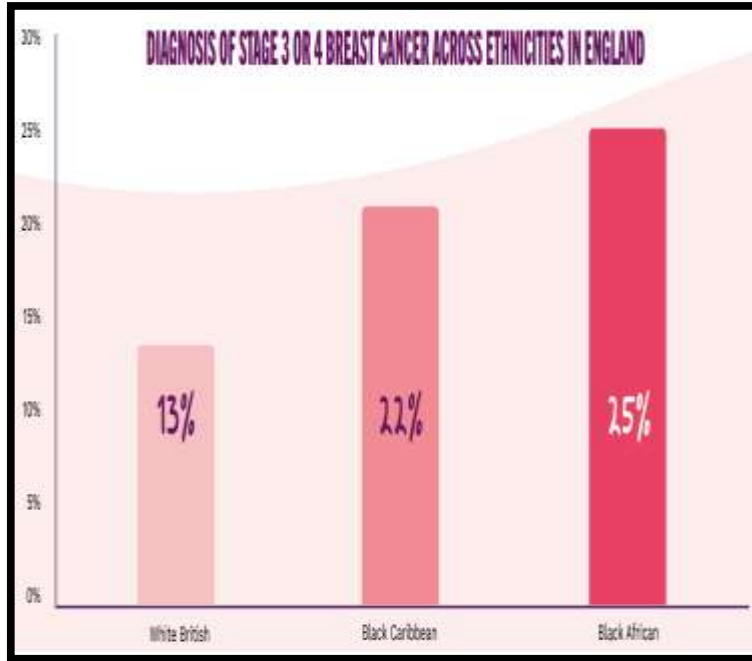
Impact

- The impact of economic hardship and different ethnic backgrounds also means that not all women benefit from treatment advances equally.



(Source: https://www.statista.com/chart/2825/uk-cancer-spending/?srsltid=AfmBOoolBnaw3XqECXFCmrSqbjmKqB2QqsA-_uaKg5Uh756dCJB4J7Rz)

Burden of Disease (Social)



(Source: <https://breastcancernow.org/media-assets/r4tfdgth/breast-cancer-in-the-uk-2024.pdf>)

Relationships and intimacy

- The social impact of breast cancer is significant; in fact, 98% of women indicated that the side effects of treatments have made sexual intimacy difficult (Breast Cancer Now, 2024).

The Effect of Emotions on Communication

- Furthermore, 46% of women dealing with breast cancer indicated they found it difficult to communicate their thoughts and feelings during their cancer journey (Breast Cancer Now, 2025).

Social being

Well-

- In brief, these findings indicate that breast cancer negatively impacts intimacy and communication.

Burden disease women

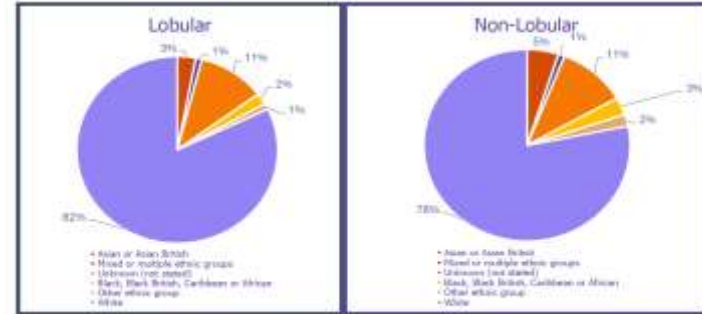
of for

- Women with breast cancer may still suffer from psychological, social, and economic challenges in the form of anxiety and disruption at work, even with new treatments available (Kasgri *et al.*, 2024).

Diagnosis and Comprehensive Initial Assessment



(Source: <https://www.seemp.co.uk/2024/10/01/breast-cancer-and-metastatic-stats/>)



(Source: <https://lobularbreastcancer.org.uk/lbcuk-releases-first-ever-nhs-england-statistics-on-lobular-breast-cancer/>)

- The process of diagnosing breast cancer encompasses three steps, which involve conducting a clinical breast examination and applying either mammography or ultrasound for diagnosis; breast cancer can be confirmed through the use of reactive needle biopsy or fine needle aspiration (Jacob *et al.*, 2024).

- Tumour characterisation involves oestrogen receptor (ER), progesterone receptor (PR), HER2, Ki-67 and analysis of the tumour genome, as well as TNM staging to determine the extent of the disease (NHS England, 2025).

- Overall assessment also examines physical function, psychological health, nutrition and family history, and looks beyond with regard to social and holistic aspects of patients' lives.

- Such comprehensive assessment allows to implement the principle of treatment stratification and provides an individual approach to the patients so that the outcomes of treatment could be maximised.

Evidence-Based Management Following UK Guidance

NICE NG101

- Advocates for multidisciplinary team (MDT) management for appropriate evidence-based diagnosis and treatment planning according to the type of tumour and patient preferences (NIH, 2025).
- Highlights joint decision-making, individualised management, supportive care, efficient psychological care and preparation for survivorship in order to achieve effective clinical results

The NHS Cancer Programme

- Promotes the idea of personalised cancer care, enabled by the use of Holistic Needs Assessments, availability of Cancer Nurse Specialists and planned approach to treatment (NHS England, 2025).
- Provides for coordinated care, rehabilitation and recovery of patients to enlarge their ability to manage their condition and improve their overall quality of life.

Critical appraisal

- **Strength:** The guidelines provide for standardised, evidence-based and patient-oriented care, which makes the use of evidence more consistent across the NHS breast cancer services (Tang *et al.*, 2023).
- **Limitation:** The regional differences, workforce shortages, delays and variations in implementation still cause difficulties in access to breast cancer care.

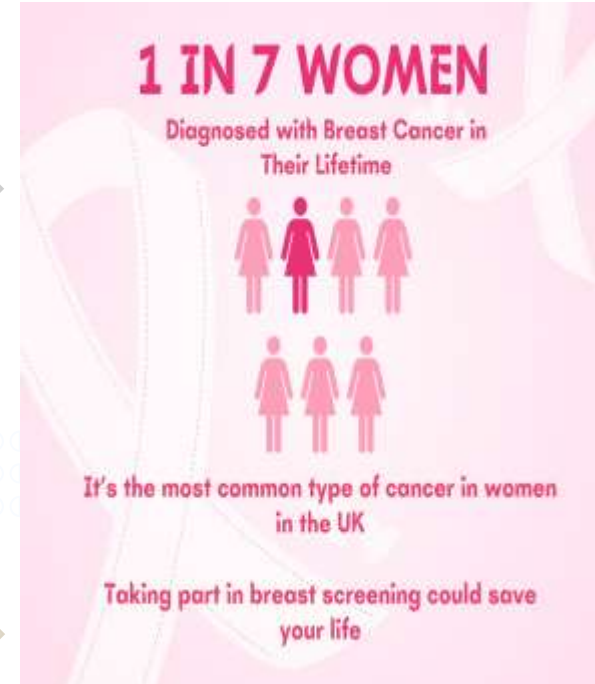
Current Models and Frameworks Improving Patient Outcomes

Personalised Care Model

- The approach prioritises joint decision-making, individualised care planning, assisted self-management, social/community aid and patient freedom.
- This is applicable in breast cancer in that treatment and follow-ups can be adjusted according to the unique clinical needs, desires and survivorship demands as per the patient's circumstance. Thereby, NHS England identifies them as the elements of personalised care (NHS England, 2025).

Breast screening and recovery package

- The NHS follow-up package that includes breast screening, holistic needs assessment, treatment summary, cancer care review and health and wellbeing events ensures significant improvements in terms of diagnosis, survivorship and self-management (NHS England, 2025).
- Nevertheless, differences in access to screening and follow-up services are still present and cause issues.



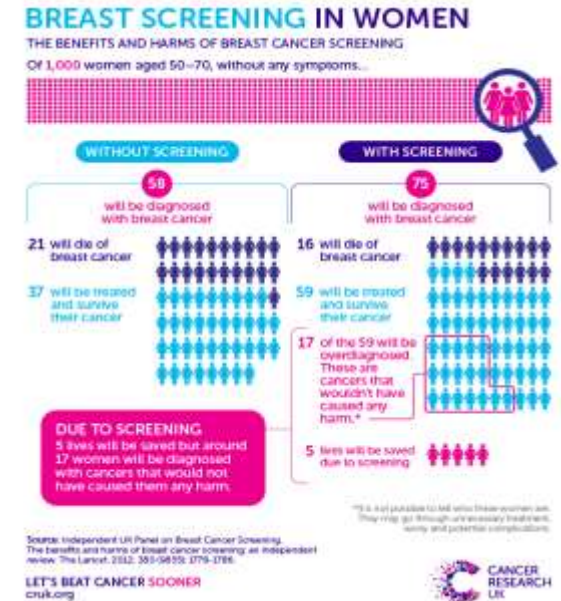
(Source: <https://www.hwics.org.uk/our-services/girlss-and-womens-health/know-your-breast/breast-screening>)

Treatment Options in the United Kingdom

- The various forms of breast cancer treatment employed by the NHS include lumpectomy, mastectomy, reconstruction and sentinel lymph node biopsy (Morgan *et al.*, 2022).

- In addition to the use of radiotherapy, chemotherapy (neoadjuvant, adjuvant or metastatic), endocrine therapy (using tamoxifen or aromatase inhibitors), targeted therapy (such as trastuzumab and pertuzumab), immunotherapy (for any patient who qualifies for this treatment), palliative care and many others (Wang and Wu, 2023).

- Whatever treatment is chosen for the patients is based on their cancer tumour stage, receptor status, age or any other comorbidities, as well as preferences regarding treatment methods of the patients.



(Source: <https://news.cancerresearchuk.org/2018/05/04/breast-screening-error-women-need-reassurance-not-misleading-statistics/>)

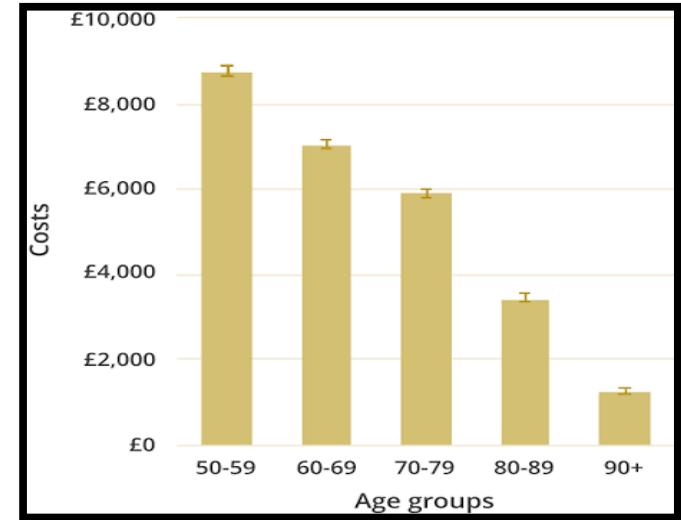
Cost and Finance



Economic Cost: Breast cancer imposed an economic burden of £2.6 – £2.8 billion on the UK economy (Breast Cancer Now, 2025). This burden consists of the cost of treatment and the cost incurred because of loss of productivity resulting from the disease.

NHS Spending: It was estimated that the NHS incurred treatment and screening costs of £727 million, which indicates that a huge financial burden was placed on the healthcare system (Breast Cancer Now, 2025).

Financial Impact: The implication of all the above is that the cost of treatment needs to be handled smartly in order to provide better access to the treatment.



(Source: <https://www.valueinhealthjournal.com/article/S1098-3015%2820%2932123-9/fulltext>)

Comorbidities of breast cancer

Some risk factors cannot be changed:



Getting older



Family history & inherited genes



Types of breast tissue



Ethnicity

While others can be changed:

1 in 4

breast cancers are thought to be preventable through lifestyle choices

Maintaining a healthy weight



Being physically active



Not drinking much alcohol

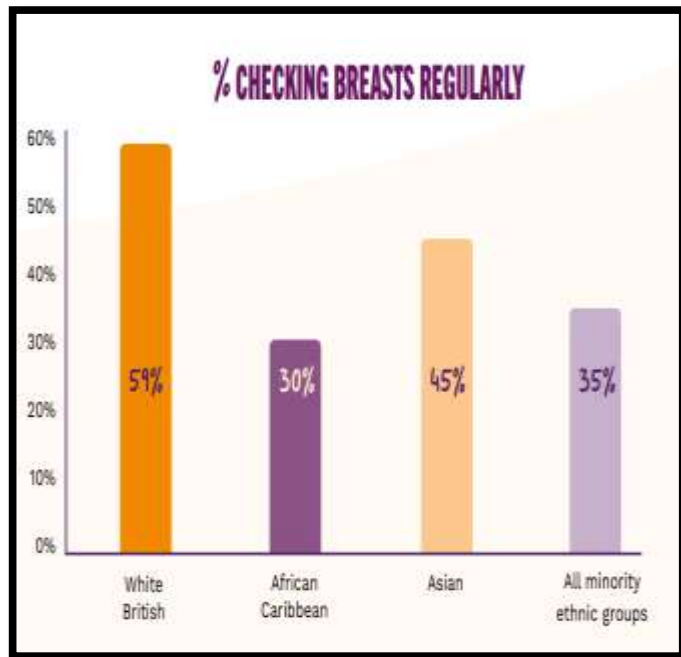


- Patients who have survived breast cancer may suffer from such comorbid conditions as lymphoedema, cardiovascular disease, osteoporosis, neuropathy caused by chemotherapy, depression, and anxiety (Di Nardo *et al.*, 2022).
- Other conditions, including obesity, diabetes, and hypertension, can complicate initiatives aimed at effective treatment and long-term rehabilitation.

• **Hormonal and reproductive comorbidities:** Menopausal symptoms, sexual dysfunction and premature menopause may occur following endocrine therapy or chemotherapy, affecting quality of life and long-term wellbeing.

• **Cognitive and musculoskeletal effects:** Breast cancer survivors may experience cognitive difficulties, chronic pain and musculoskeletal problems, which can restrict physical functioning and complicate rehabilitation.

Prevention of Breast Cancer



(Source: <https://breastcancernow.org/media-assets/r4tfdgth/breast-cancer-in-the-uk-2024.pdf>)

Modifying one's lifestyle: It has been suggested by the NHS that keeping weight under control, staying physically active and consuming nutritious foods can prevent breast cancer (NHS, 2026).

Limiting Alcohol Intake: Restraining alcohol consumption to a maximum of 14 units per week can lower the risk of breast cancer, thus proving that some ways of living can be adjusted (NHS, 2026).

Detecting Breast Cancer Early: Using NHS mammogram screening can allow a person to detect and treat cancer in the early stages of its development.

Preventing Women at High Risk: The information provided by NICE claims that tamoxifen and anastrozole should be taken into account for some women with a high risk of breast cancer, so the benefits should be weighed against side effects.

•The internal regulations of the NHS place special stress on lifestyle changes, social history assessment, screening, testing positive for BRCA, identifying other conditions and getting improved rehabilitation (Polus *et al.*, 2024).

The Breast Screening Programme of the NHS has already managed to contribute to some reduction in the death rate due to the implementation of early detection measures, but there are still many limitations connected with socio-economic status and ethnicity (NHS England, 2025).

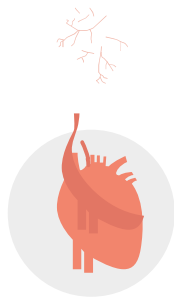
Delivering Co-productive and Person-Centred Care

Co-productive and person-centred approaches to care empower patients and their families by offering them shared decision-making, collaborative care planning and self-management support.

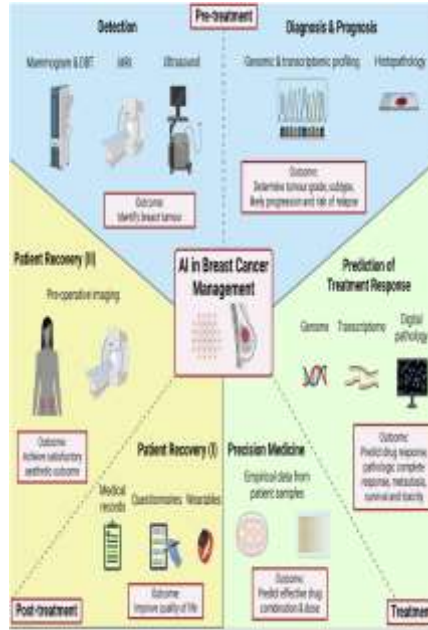


Skills: Good communication, listening and making decisions together help breast cancer patients to share their worries, know what kind of treatments they can choose from and take part in their own care planning.

Values and behaviour: Compassion, dignity, respect and empathy foster a sense of trust, taking into account individual preferences, cultural factors and personal wellbeing throughout the treatment of breast cancer.



Healthcare professionals exercise empathy, effective communication and morals such as respect, dignity, advocacy, confidentiality and cultural competence while leading, motivating and collaborating with professionals from different disciplines.

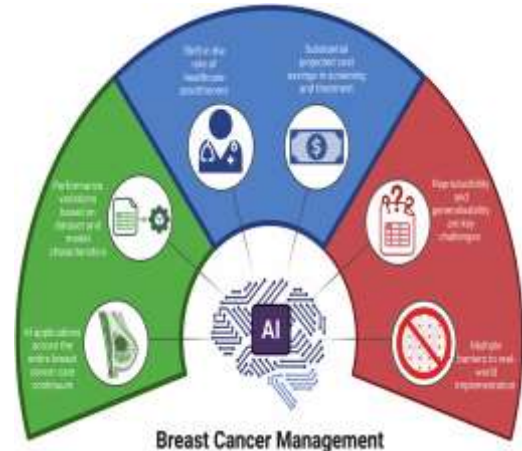


(Source: <https://www.nature.com/articles/s43856-025-01342-3/>)



Significantly, this integrated model enhances the quality of doctor-patient interaction and helps maintain the psychological health of those diagnosed with cancer.

(Source: <https://www.nature.com/articles/s43856-025-01342-3/>)



Recommendations Using the NHS Breast Screening Campaign



1

The NHS Breast Screening Campaign needs to make use of a screening methodology that is risk-based, use an online portal for booking appointments and engage in targeted outreach efforts, in order to improve screening rates in under-represented groups (NHS England, 2025).

2

More use of artificial intelligence and a better understanding of personalised need with the help of culturally relevant information can help achieve timely diagnosis and reduce health disparities (Unanah and Aidoo, 2025).



3

Integrating screening with services offering multiple specialities and maintaining contact with patients may help improve informed consent, timing of treatment and overall outcomes.



Personalized Treatment Plans: Patient care is customized depending on the type of cancer, receptor status, health status, and patient's choices.

Knowledgeable Decision-Making: Patients are guided in learning about appropriate treatment options.

Emotional and Psychological Support: Counseling and specialist assistance help patients cope with their anxiety, distress, and body image issues.

Recovery and Rehabilitation: Rehabilitation programs help to regain ability, recover, and control side effects of the treatment.

Post-Treatment Care: Aftercare allows follow-up to see a potential relapse and its impact on the patients' general wellbeing.

Conclusion

●Breast cancer must be managed over a lifetime, based on evidence, involving early diagnosis, multidimensional therapy, and individual care.

●According to the guidance of the NHS, screening processes, and recovery standards, survival rates, quality of life, and self-management procedures improved.

●Moreover, navigating through inequity in health care, limited human resources, and lack of screening should be done to ensure fairness and effectiveness of breast cancer care.

References

- Cancer Research UK, 2026. *Breast cancer*. Available at: <https://www.cancerresearchuk.org/about-cancer/breast-cancer> [Accessed on: 08.07.2026]
- Cancer Research UK, 2026. *Breast cancer statistics*. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer> [Accessed on: 08.07.2026]
- WHO, 2026. *Breast cancer*. Available at: <https://www.who.int/news-room/fact-sheets/detail/breast-cancer> [Accessed on: 08.07.2026]
- Breast Cancer Now, 2025. *Cost of breast cancer to UK economy set to rise up to £4.2 billion in 2050 unless urgent action taken, new Demos research shows*. Available at: <https://breastcancernow.org/about-us/media/press-releases/cost-of-breast-cancer-to-uk-economy-set-to-rise-up-to-42-billion-in-2050-unless-urgent-action-taken-new-demos-research-shows> [Accessed on: 08.07.2026]
- Breast Cancer Now, 2025. *BREAST CANCER IN THE UK 2024: A compendium*. Available at: <https://breastcancernow.org/media-assets/r4tfdgth/breast-cancer-in-the-uk-2024.pdf> [Accessed on: 08.07.2026]
- Breast Cancer Now, 2025. *98% of women with breast cancer struggle to be sexually intimate according to new research*. Available at: <https://breastcancernow.org/about-us/media/press-releases/98-of-women-with-breast-cancer-struggle-to-be-sexually-intimate-according-to-new-research> [Accessed on: 08.07.2026]
- Breast Cancer Now, 2025. *Breast cancer will cost UK economy £2.6bn in 2024, rising to £3.6bn by 2034, if nothing changes in next decade, Demos research shows*. Available at: <https://breastcancernow.org/about-us/media/press-releases/breast-cancer-will-cost-uk-economy-26bn-in-2024-rising-to-36bn-by-2034-if-nothing-changes-in-next-decade-demos-research-shows> [Accessed on: 08.07.2026]
- NHS, 2026. *The risks of drinking too much*. Available at: <https://www.nhs.uk/live-well/alcohol-advice/the-risks-of-drinking-too-much/> [Accessed on: 08.07.2026]
- NHS, 2026. *Causes of breast cancer in women*. Available at: <https://www.nhs.uk/conditions/breast-cancer-in-women/causes-of-breast-cancer-in-women/> [Accessed on: 08.07.2026]
- NHS, 2026. *Causes of breast cancer in women*. Available at: <https://www.nhs.uk/conditions/breast-cancer-in-women/causes-of-breast-cancer-in-women/> [Accessed on: 08.07.2026]
- NHS England, 2025. *Implementing Personalised Stratified Follow Up Pathways*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2020/04/cancer-stratified-follow-up-handbook-v1-march-2020.pdf> [Accessed on: 08.07.2026]
- NHS England, 2025. *Comprehensive model of personalised care*. Available at: <https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/> [Accessed on: 08.07.2026]
- Beňačka, R., Szabóová, D., Guľašová, Z., Hertelyová, Z. and Radoňák, J., 2022. Classic and new markers in diagnostics and classification of breast cancer. *Cancers*, 14(21), p.5444.
- Baston, H. and Durward, H., 2025. *Examination of the newborn: a practical guide*. Routledge.

References

- Cancer Research UK, 2025. Breast cancer statistics. Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer> [Accessed on: 30.07.2026]
- Das, D., 2022. Breast cancer classification: a review. *Int J Health Sci Res*, 12(10), pp.140-9.
- Di Nardo, P., Lisanti, C., Garutti, M., Buriolla, S., Alberti, M., Mazzeo, R. and Puglisi, F., 2022. Chemotherapy in patients with early breast cancer: clinical overview and management of long-term side effects. *Expert opinion on drug safety*, 21(11), pp.1341-1355.
- Iacob, R., Iacob, E.R., Stoicescu, E.R., Ghenciu, D.M., Cocolea, D.M., Constantinescu, A., Ghenciu, L.A. and Manolescu, D.L., 2024. Evaluating the role of breast ultrasound in early detection of breast cancer in low-and middle-income countries: a comprehensive narrative review. *Bioengineering*, 11(3), p.262.
- Kasgri, K.A., Abazari, M., Badeleh, S.M., Badeleh, K.M. and Peyman, N., 2024. Comprehensive review of breast cancer consequences for the patients and their coping strategies: a systematic review. *Cancer Control*, 31, p.10732748241249355.
- Morgan, J.L., Cheng, V., Barry, P.A., Copson, E., Cutress, R.I., Dave, R., Elsberger, B., Fairbrother, P., Hartup, S., Hogan, B. and Horgan, K., 2022. The MARECA (national study of management of breast cancer locoregional recurrence and oncological outcomes) study: National practice questionnaire of United Kingdom multi-disciplinary decision making. *European Journal of Surgical Oncology*, 48(7), pp.1510-1519.
- NHS England, 2025. Breast cancer in women. Available at: <https://www.nhs.uk/conditions/breast-cancer-in-women/> [Accessed on: 30.07.2026]
- NHS England, 2025. Breast screening (mammogram). Available at: <https://www.nhs.uk/tests-and-treatments/breast-screening-mammogram/> [Accessed on: 30.07.2026]
- NHS England, 2025. NHS launches first-ever breast screening campaign to help detect thousands of cancers earlier. Available at: <https://www.england.nhs.uk/2025/02/nhs-launches-first-ever-breast-screening-campaign-to-help-detect-thousands-of-cancers-earlier/?wt.tsrc=partnership> [Accessed on: 30.07.2026]
- NHS England, 2025. Personalised palliative and end of life care. Available at: <https://www.england.nhs.uk/eolc/personalised-care/> [Accessed on: 30.07.2026]
- NHS England, 2025. Tests and next steps for breast cancer in women. Available at: <https://www.nhs.uk/conditions/breast-cancer-in-women/tests-and-next-steps-for-breast-cancer-in-women/> [Accessed on: 30.07.2026]
- NIH, 2025. Early and locally advanced breast cancer. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK519155/> [Accessed on: 30.07.2026]
- Polus, M., Hanhauser, Y., Spillane, C.M., Byrne, N., Drury, A., Prizeman, G., Connolly, E. and Brady, A.M., 2024. Information needs of women with BRCA mutations regarding cancer risk management and decision-making. *European Journal of Oncology Nursing*, 72, p.102627.
- Tang, M., Pearson, S.A., Simes, R.J. and Chua, B.H., 2023. Harnessing real-world evidence to advance cancer research. *Current Oncology*, 30(2), pp.1844-1859.
- Unanah, O.V. and Aidoo, E.M., 2025. The potential of AI technologies to address and reduce disparities within the healthcare system by enabling more personalized and efficient patient engagement and care management. *World J Adv Res Rev*, 25(2), pp.2643-64.
- Wang, J. and Wu, S.G., 2023. Breast cancer: an overview of current therapeutic strategies, challenge, and perspectives. *Breast Cancer: Targets and Therapy*, pp.721-730.

*Thank
you!*