



Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services

Breast Cancer Clinical Advisory Group

Clinical Guidelines

2025



VERSION CONTROL

THIS IS A CONTROLLED DOCUMENT. PLEASE DESTROY ALL PREVIOUS VERSIONS ON RECEIPT OF A NEW VERSION.

Please check the SWAG website for the latest version available [here](#).

VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
Draft 0.1	27 th April 2015	First draft	SWAG Breast SSG
Draft 0.2	3 rd June 2015	Imaging guidelines update	Alexandra Valencia
Draft 0.3	11 th June 2015	Management of the axilla update	Zenon Rayter
Draft 0.4	23 rd June 2015	Pathology guidelines update	Chris Meehan
Draft 0.5	25 th June 2015	Update of Endocrine Guidelines	Matthew Beasley
1.0	30 th June 2015	Finalised	SWAG Breast SSG
1.1	April 2017	Biennial review	SWAG Breast SSG
1.2	8 th June 2017	Change of micro-metastases in axillary lymph nodes to macro-metastases, (p33). DCIS access to breast reconstructive surgery (p36). Margins around DCIS to 2mm instead of 1mm (p36)	A Thorne
1.3	30 th June 2017	Margins around DCIS to 1 mm (p36) as per ABS guidelines. Addition of link to ABS guidelines. Finalised.	SWAG Breast SSG, H Dunderdale
1.4	May 2019	Biennial review	SWAG Breast Clinical Advisory Group (CAG, formerly SSG)
1.5	28 th June 2019	Finalised	H Dunderdale
1.6	June 2022	Biennial review (delayed due to the COVID-19 pandemic). Document reduced to include links to relevant national guidelines	H Dunderdale
1.7	June 2025	Biennial review	H Dunderdale



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The SWAG Breast CAG Agreed Clinical Guidelines (NS/BC-16-005)

1.1 Introduction

The following guidelines pertain to the local management of breast cancer for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Breast Cancer Clinical Advisory Group (CAG).

Primary care clinicians should refer to the NICE guidelines *Suspected Cancer: recognition and management of suspected cancer in children, young people and adults* (2015) for the signs and symptoms relevant when referring to breast cancer services. Further details on the two week wait referral process can be found in the CAG constitution.

The CAG is committed to offering all eligible patients entry into clinical trials where available. Consent to provide tissue for research purposes will also be sought wherever appropriate.

The CAG serves a population of nearly 2.5 million with approximately 1650 new breast cancers diagnosed each year within the network (2006 data on file). Most patients will be referred by primary health care teams to their local hospital trust specialist breast care multi-disciplinary team (MDT). Within the region, specialist breast care teams are based at:

- Royal United Hospital Bath NHS Trust (RUH)
- North Bristol NHS Trust (NBT)
- Somerset NHS Foundation Trust (SFT)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)
- Yeovil District Hospital NHS Foundation Trust (YDH)
- Gloucestershire Hospitals NHS Foundation Trust (GLOS).



2. Clinical Guidelines

Generic Guidelines	Source
Early and Locally Advance Breast Cancer: diagnosis and management	NICE
Association of Breast Surgery Guidance Platform	Association of Breast Surgery UK
Cancer Datasets and Tissue Pathways	Royal College of Pathologists
Royal College of Radiology	Royal College of Radiologists
Royal College of Radiotherapy	Royal College of Radiotherapy

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