

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Advanced breast cancer: diagnosis and management (Partial update)

Consultation on draft guideline – deadline for comments 17:00 on 23/03/2026

email: breastcancerupdate@nice.org.uk

	<p>Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below.</p> <ol style="list-style-type: none">1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).2. Would implementation of any of the draft recommendations have significant cost implications? <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of General Practitioners
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	N/A
Confidential comments (Do any of your comments contain confidential information?)	No
Name of person completing form	Dr Adrian Hayter

Please return to: breastcancerupdate@nice.org.uk

Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments <ul style="list-style-type: none"> • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Guideline	2	1.1.2	We agree that the continuation of the “key worker” role is vital. It provides a clear and consistent point of contact, supporting coordination of complex care needs across multiple services and facilitating effective communication with primary care.
2	Guideline	3	1.1.3	<p>We support the recommendation to discuss opportunities for people with advanced breast cancer to be involved in research, including clear communication of the potential benefits and risks of participation in clinical trials and other studies. Supporting individuals to take part, where they wish to do so, is an important component of person-centred care.</p> <p>We suggest that this could be broadened to explicitly include carers, where appropriate. Unpaid carers play a significant role in supporting people with advanced illness and bring valuable perspectives that can inform research design, delivery, and outcomes. Involving carers can help ensure that research better reflects real-world experiences and priorities, and can improve the relevance and applicability of findings.</p> <p>Including carers alongside patients in discussions about research opportunities would therefore support a more holistic and inclusive approach.</p>
3	Guideline	General	General	We agree that explicitly referencing the guideline on depression in people with chronic physical health problems is helpful. It supports GPs in recognising and managing the significant psychological burden associated with advanced cancer, and promotes a more holistic approach to care.
4	Guideline	General	General	Overall, we consider that the guideline is well developed. It provides clear pathways and uses appropriate, consistent terminology, which supports understanding and implementation in clinical practice.

Insert extra rows as needed

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Data protection

The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

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