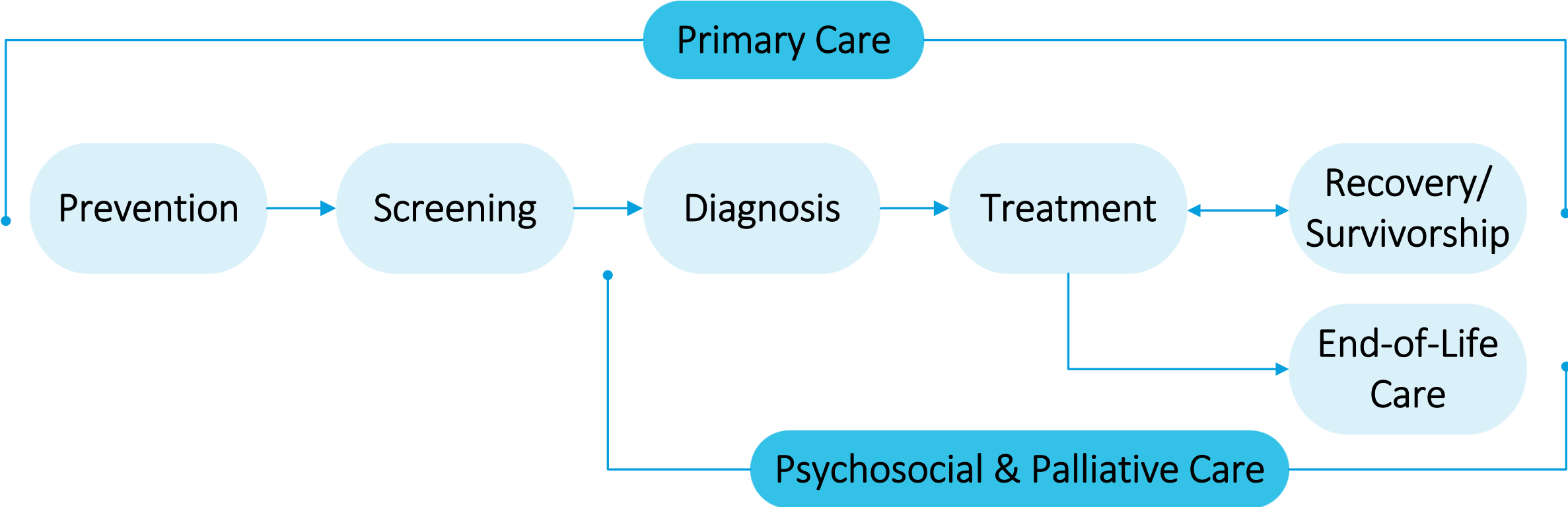


# Breast Cancer Treatment Pathway Map

Version 2024.04



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**Ontario Health**  
Cancer Care Ontario

## Target Population

Patients with a confirmed breast cancer diagnosis who have undergone the recommended diagnostic and staging procedures outlined in the **Breast Cancer Screening and Diagnosis Pathway Map**.











## Pathway Map Considerations

- Consider recommendation for exercise. For more information visit [Exercise for people with cancer](#).
- For principles of synoptic pathology reporting and biomarker testing in breast cancer, see CAP guidelines and protocols [www.cap.org](http://www.cap.org).
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).\*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on MCCs, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See [Psychosocial Oncology Guidelines Resources](#).
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See [Ontario Fertility Program](#).
- Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).\*
- The following should be considered when weighing the treatment options described in this pathway map for patients with potentially life-limiting illness:
  - Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care – including restorative or rehabilitative care – or may become the total focus of care.
  - Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient’s overall approach to care.








\* **Note.** [EBS #19-3](#) is older than 3 years and is currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

## Pathway Map Legend



### Colour Guide

	Primary Care
	Palliative Care
	Pathology
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Genetics
	Psychosocial Oncology (PSO)

### Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
	Off page reference
	Referral

### Line Guide

	Required
	Possible

## Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability.

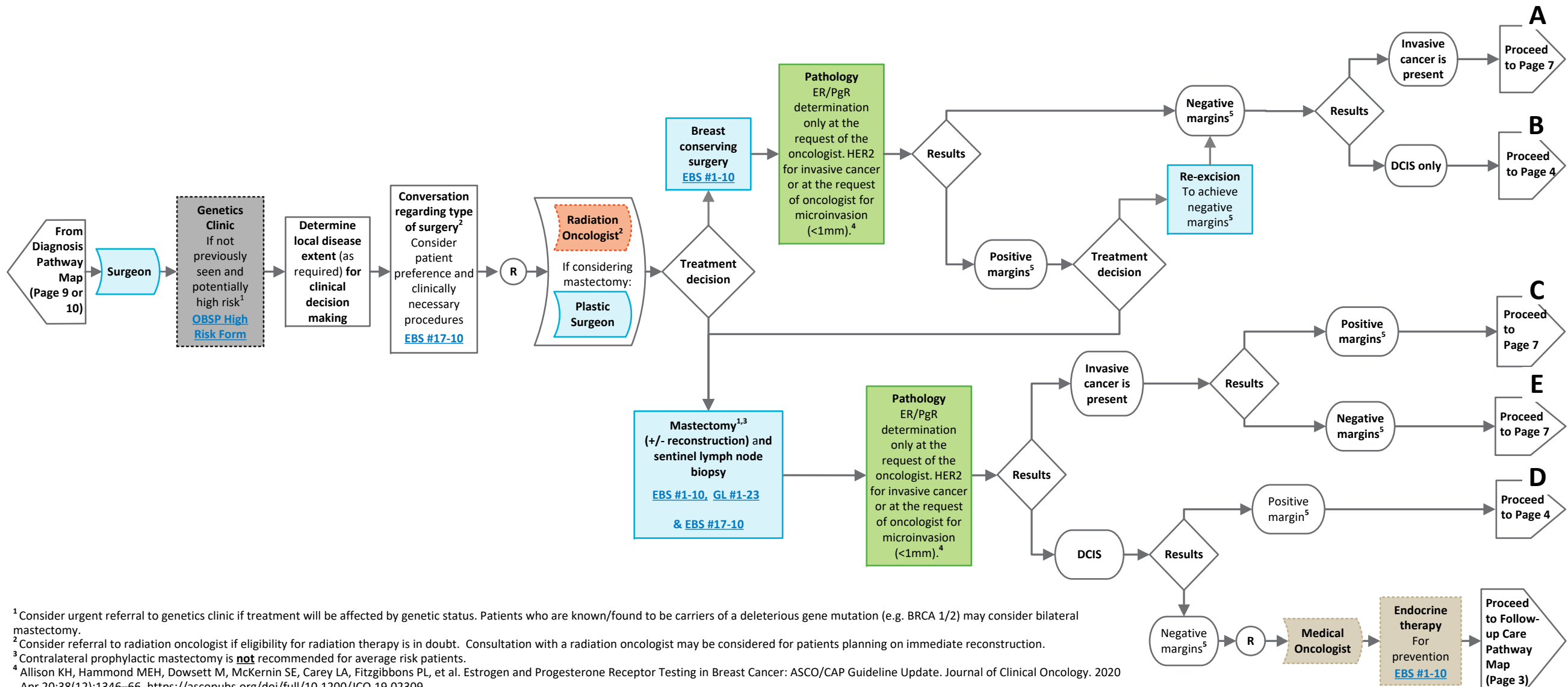
Ontario Health (Cancer Care Ontario) and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey. [Click here for more information about palliative care](#)



<sup>1</sup> Consider urgent referral to genetics clinic if treatment will be affected by genetic status. Patients who are known/found to be carriers of a deleterious gene mutation (e.g. BRCA 1/2) may consider bilateral mastectomy.

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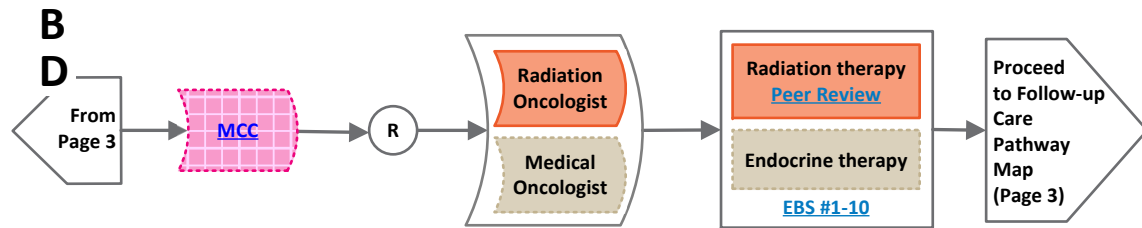
<sup>4</sup> Allison KH, Hammond MEH, Dowsett M, McKernin SE, Carey LA, Fitzgibbons PL, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Guideline Update. *Journal of Clinical Oncology*. 2020 Apr 20;38(12):1346–66. <https://ascopubs.org/doi/full/10.1200/JCO.19.02309>

<sup>5</sup> Positive margins are defined as ink on tumour and the optimal negative margin width is > 2 mm. Morrow M, Van Zee KJ, Solin LJ, Houssami N, Chavez-MacGregor M, Harris JR, et al. Society of Surgical Oncology–American Society for Radiation Oncology–American Society of Clinical Oncology Consensus Guideline on Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Ductal Carcinoma in Situ. *Practical Radiation Oncology*. 2016 Sep;6(5):287–95. <https://pubmed.ncbi.nlm.nih.gov/27538810/>

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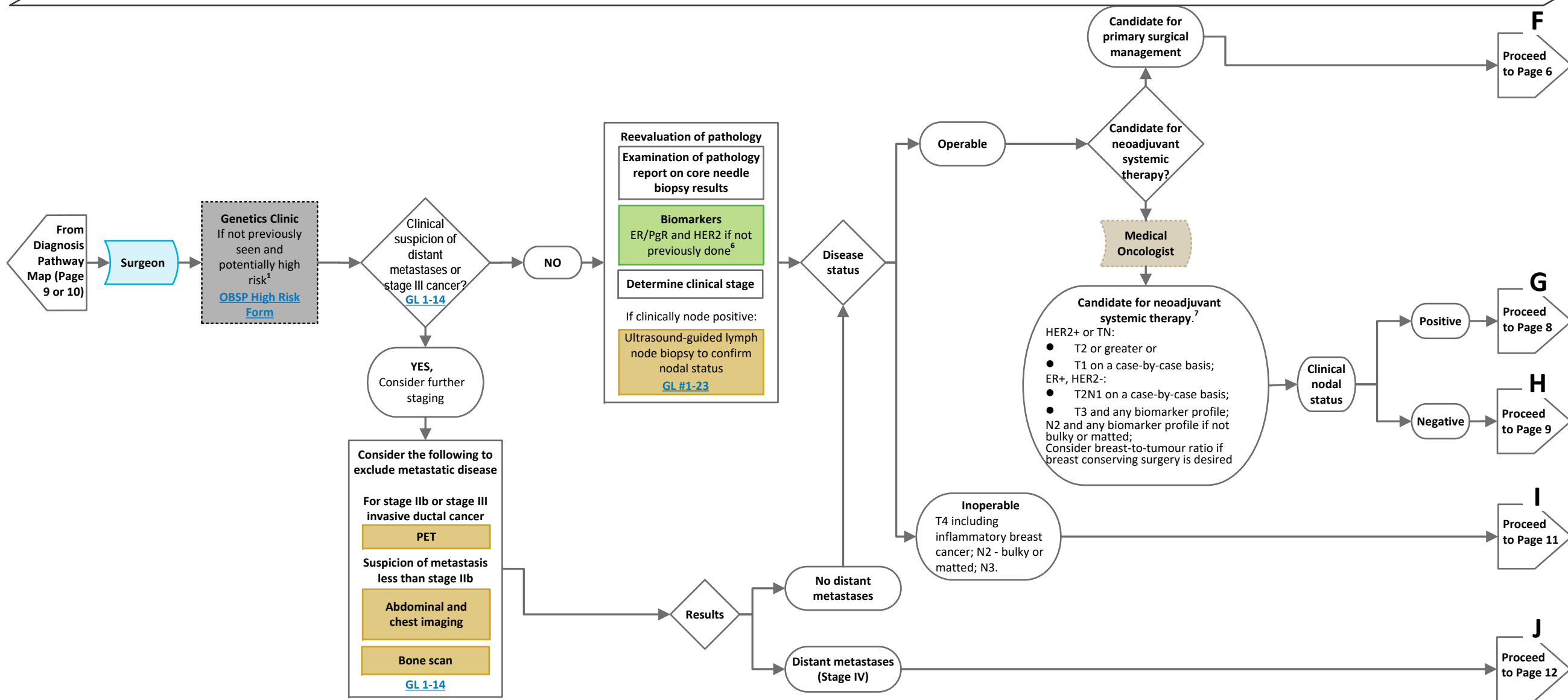
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<sup>7</sup> Gandhi S, Brackstone M, Hong NJL, Grenier D, Donovan E, Lu Fang-I, et al. A Canadian national guideline on the neoadjuvant treatment of invasive breast cancer, including patient assessment, systemic therapy, and local management principles. Breast Cancer Research and Treatment. 2022 Feb 28;193(1):1–20. <https://link.springer.com/article/10.1007/s10549-022-06522-6>

# Breast Cancer Treatment Pathway Map

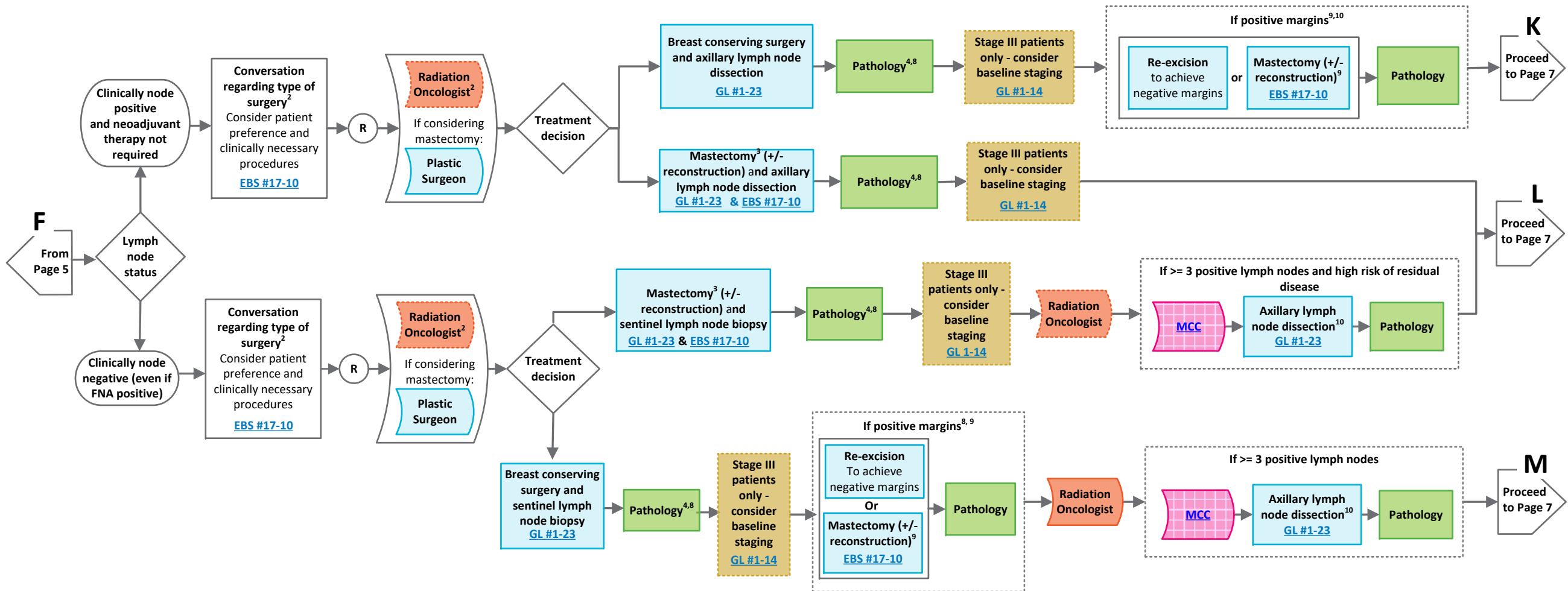
## Operable Invasive Breast Cancer: Candidates for Primary Surgical Management

Version 2024.04 Page 6 of 17

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<sup>8</sup> If no cancer in surgical specimen (e.g. very small tumours, <1cm) refer to core biopsy pathology including biomarker testing.

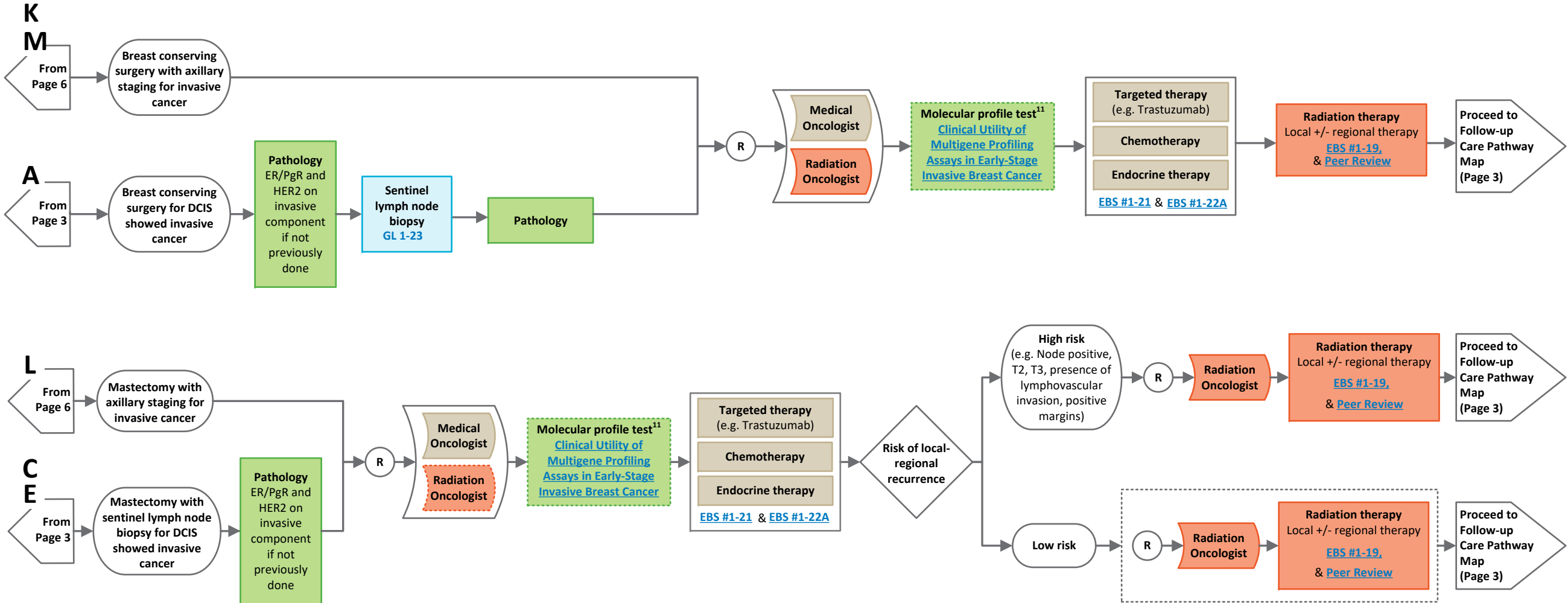
<sup>9</sup> Negative margins are defined as no ink on tumor [no cancer cells adjacent to any inked edge/surface of the specimen] and positive margins are defined as ink on tumour. Buchholz TA, Somerfield MR, Griggs JJ, El-Eid S, Hammond MEH, Lyman GH, et al. Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Stage I and II Invasive Breast Cancer: American Society of Clinical Oncology Endorsement of the Society of Surgical Oncology/American Society for Radiation Oncology Consensus Guideline. Journal of Clinical Oncology. 2014 May 10;32(14):1502–6. <https://ascopubs.org/doi/full/10.1200/JCO.2014.55.1572>

<sup>10</sup> May defer re-excision, mastectomy and axillary lymph node dissection until after systemic therapy if high risk of systemic recurrence.

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<sup>11</sup> Candidates for molecular profile tests are patients with ER positive, HER2 negative, and lymph-node negative early-stage invasive breast cancer in whom the decision for chemotherapy is unclear.

# Breast Cancer Treatment Pathway Map

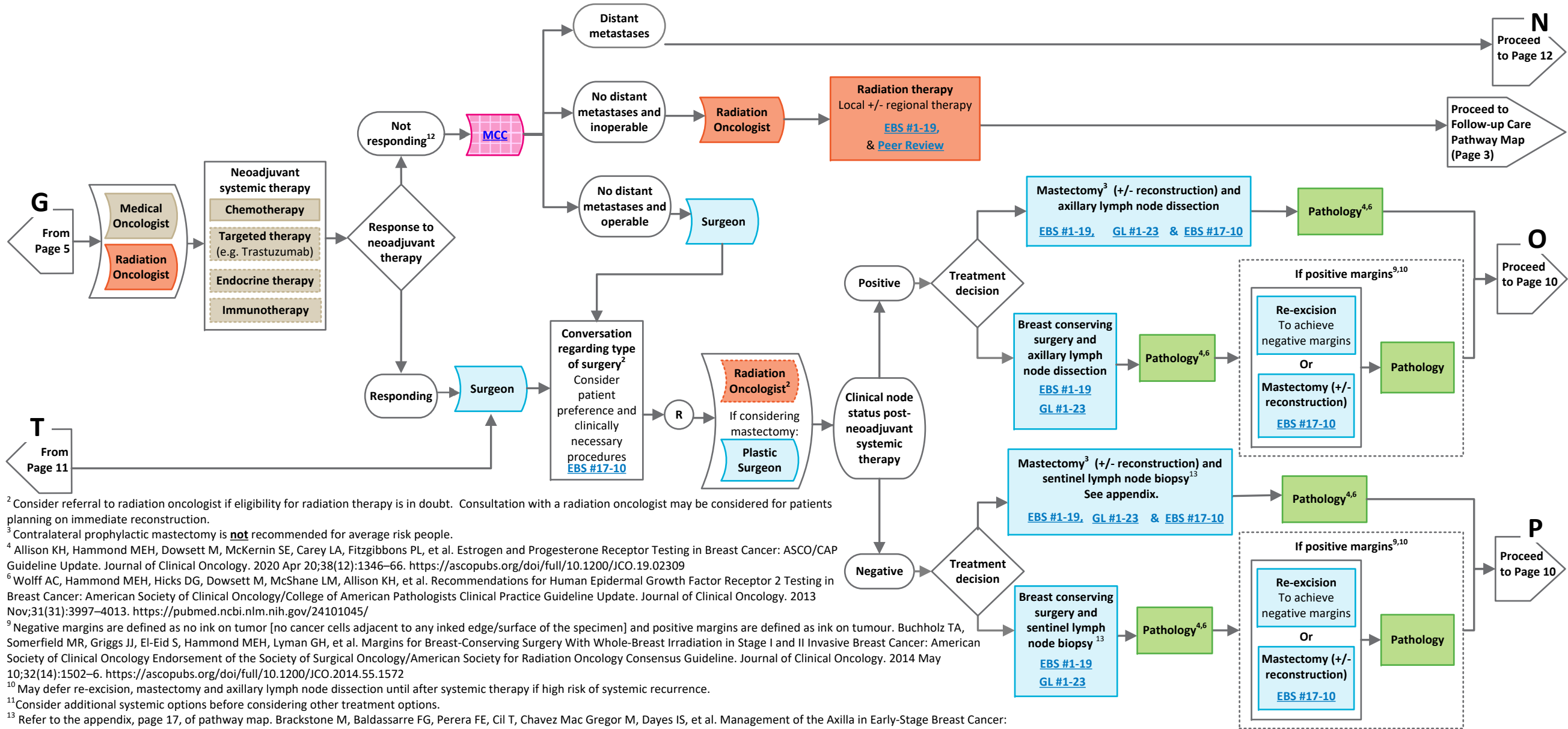
## Operable Invasive Breast Cancer: Node Positive Candidates for Neoadjuvant Therapy

Version 2024.04 Page 8 of 17

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<sup>11</sup> Consider additional systemic options before considering other treatment options.

<sup>13</sup> Refer to the appendix, page 17, of pathway map. Brackstone M, Baldassarre FG, Perera FE, Cil T, Chavez Mac Gregor M, Dayes IS, et al. Management of the Axilla in Early-Stage Breast Cancer: Ontario Health (Cancer Care Ontario) and ASCO Guideline. *Journal of Clinical Oncology*. 2021 Sep 20;39(27):3056–82.



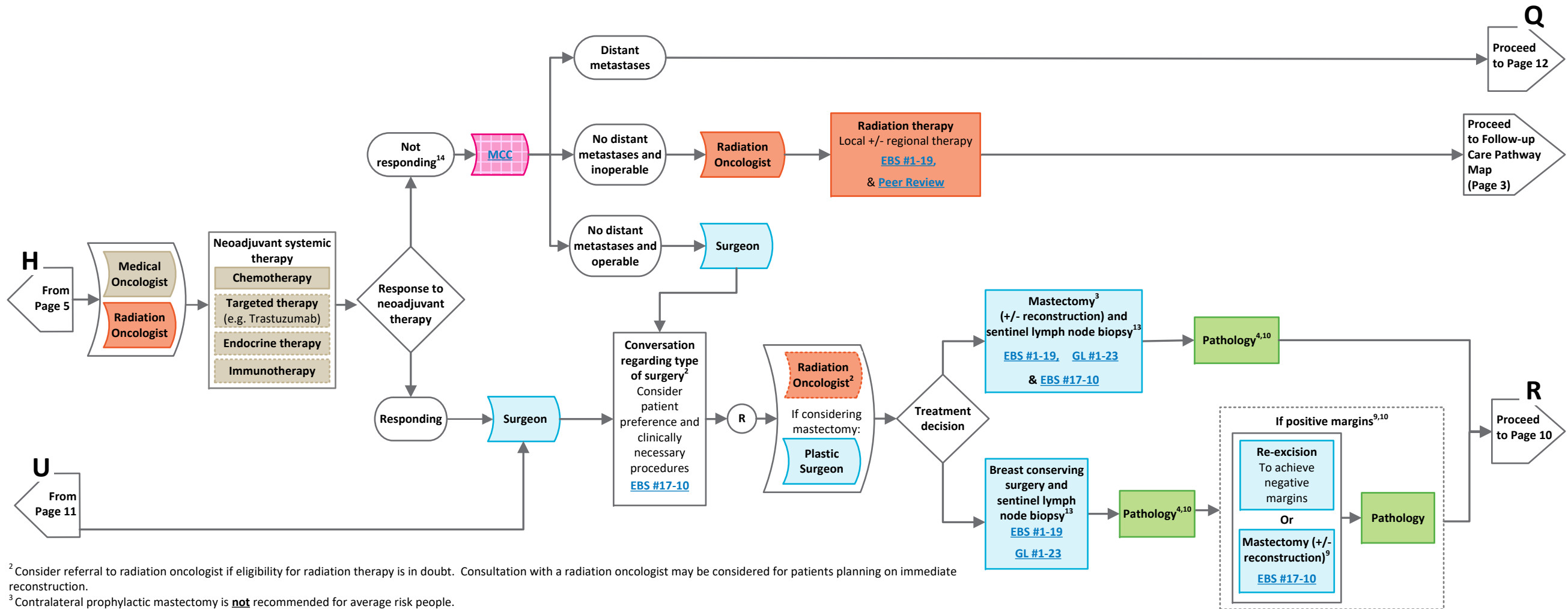
# Breast Cancer Treatment Pathway Map

## Operable Invasive Breast Cancer: Node Negative Candidates for Neoadjuvant Therapy

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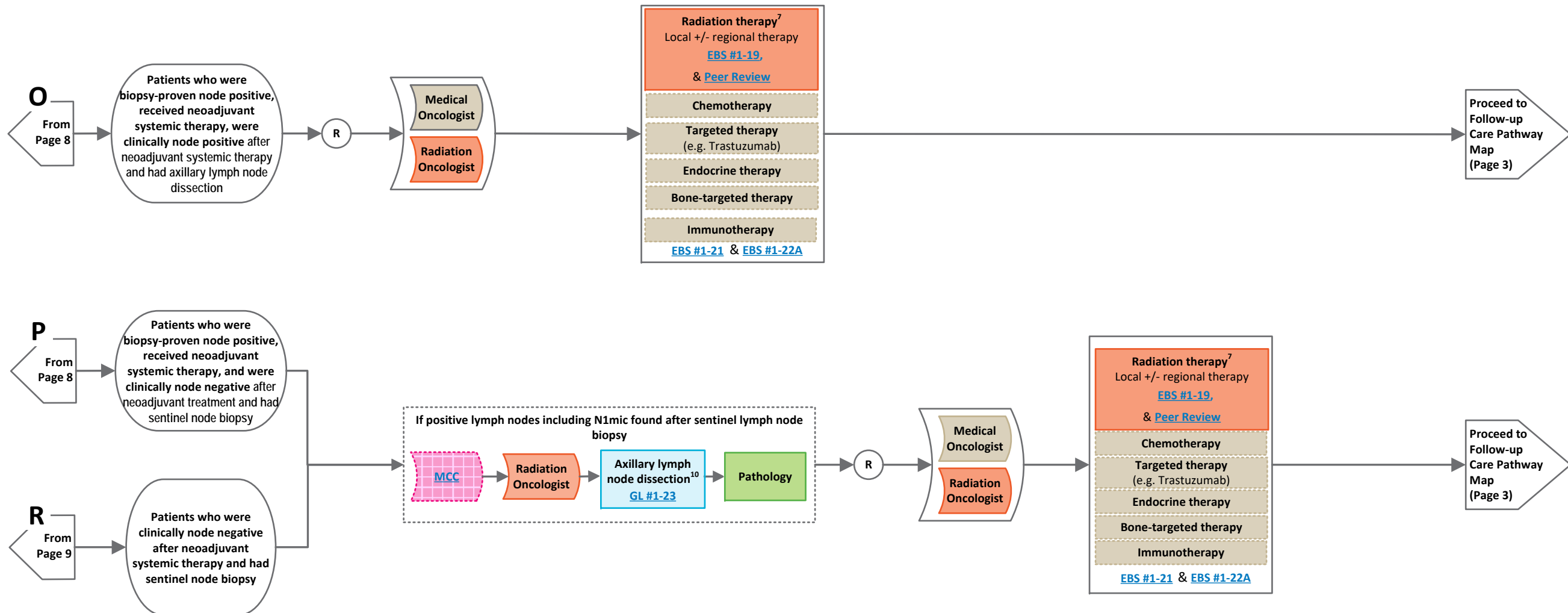
# Breast Cancer Treatment Pathway Map

## Operable Invasive Breast Cancer: Candidates for Neoadjuvant Therapy (contd)

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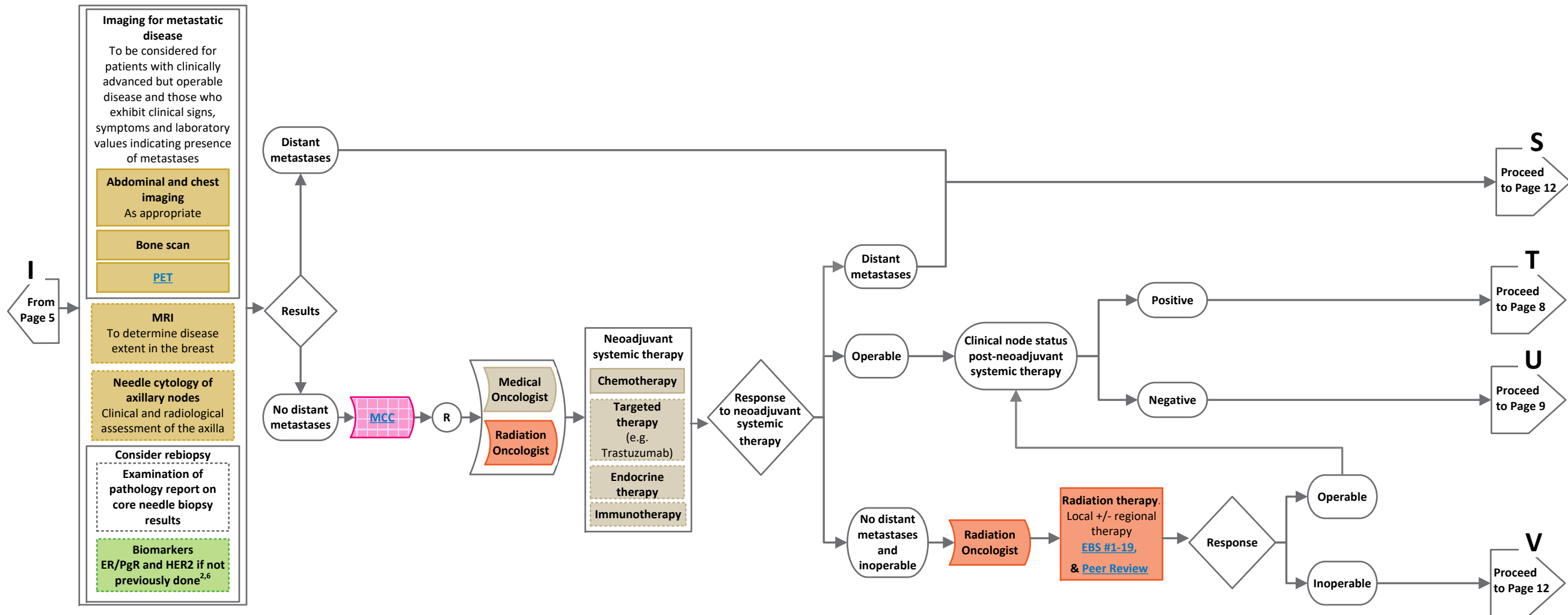
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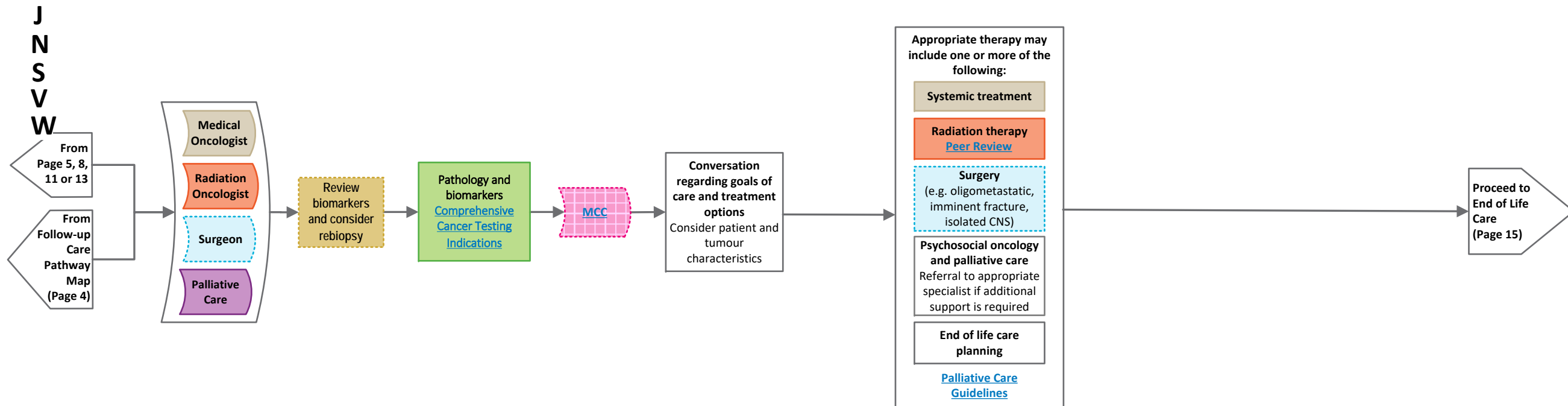
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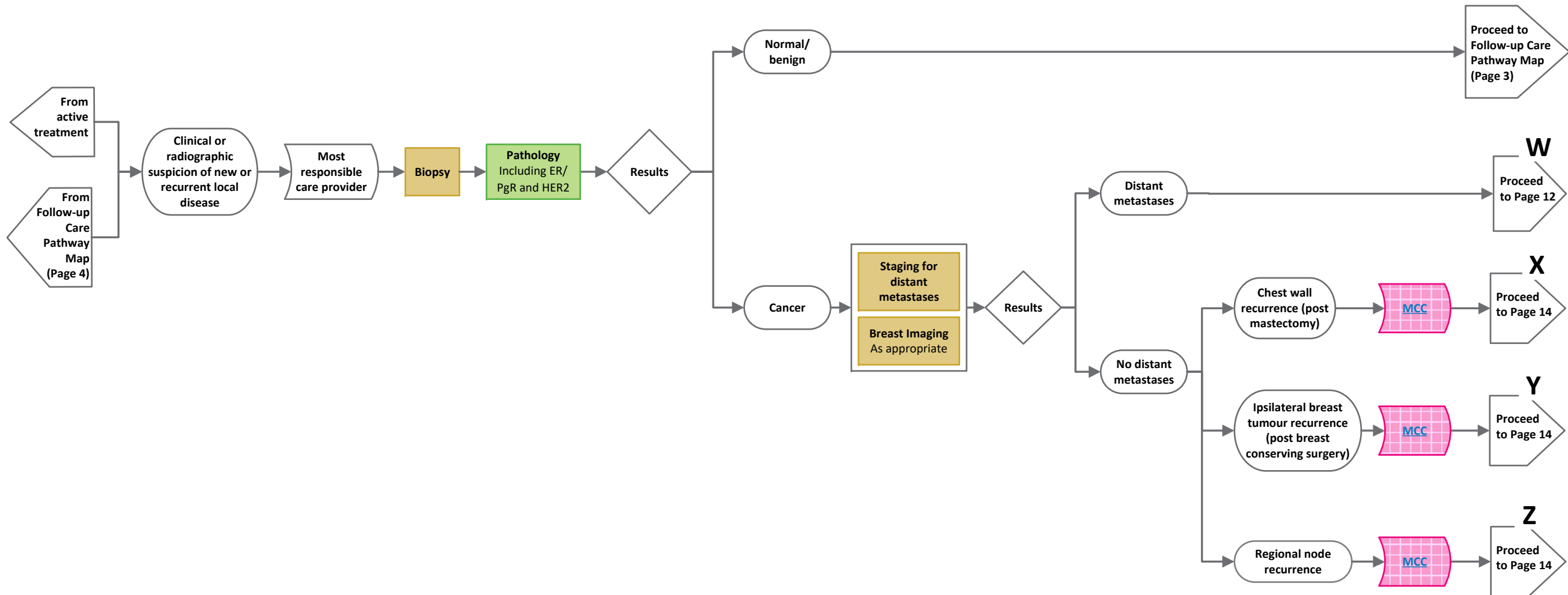
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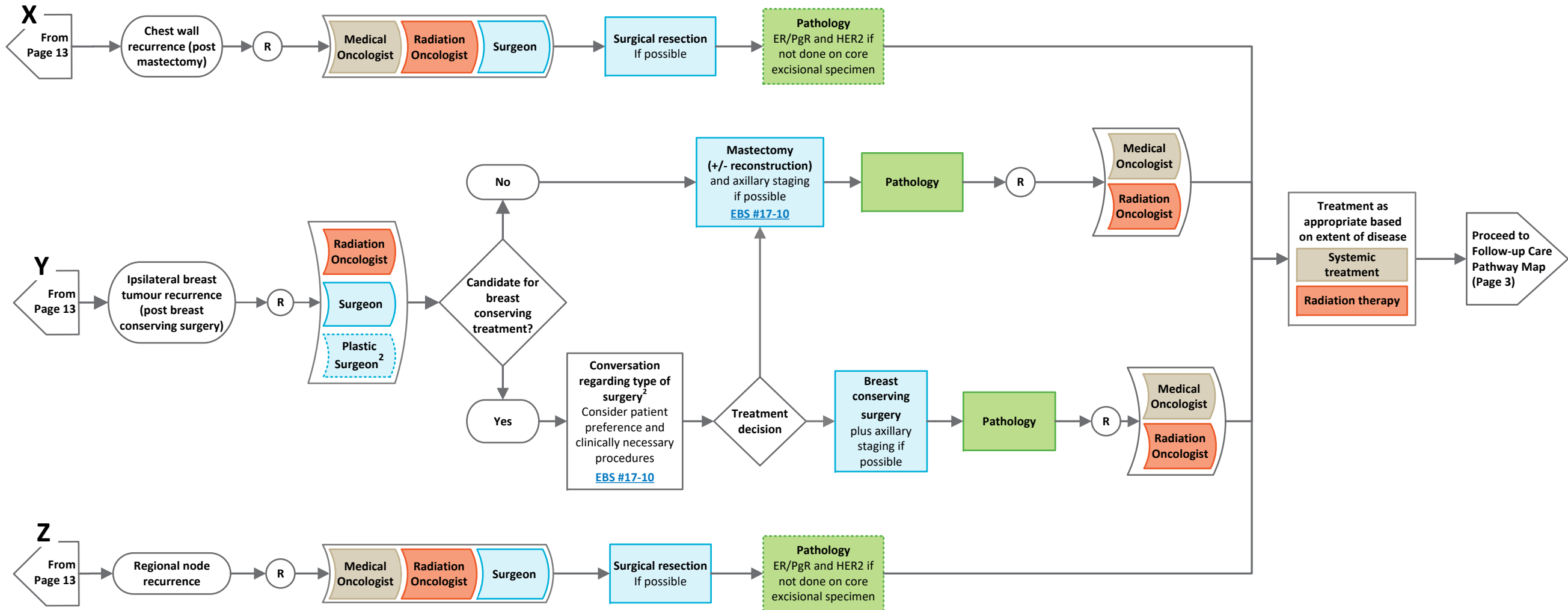
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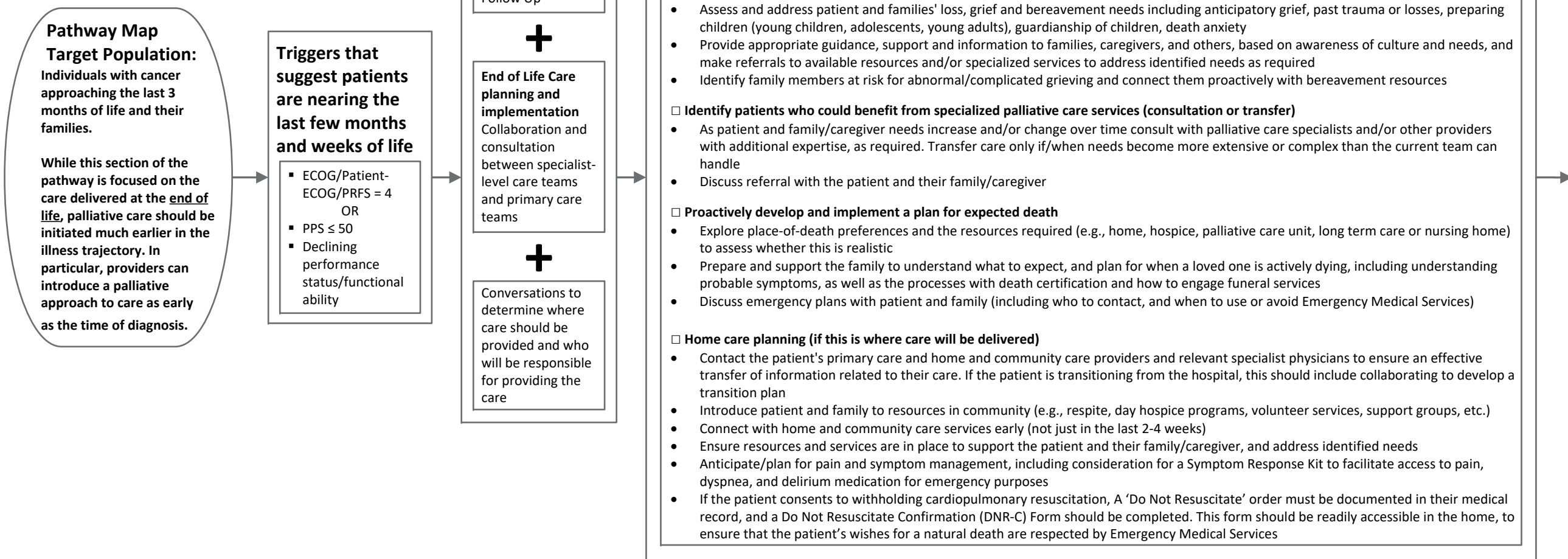
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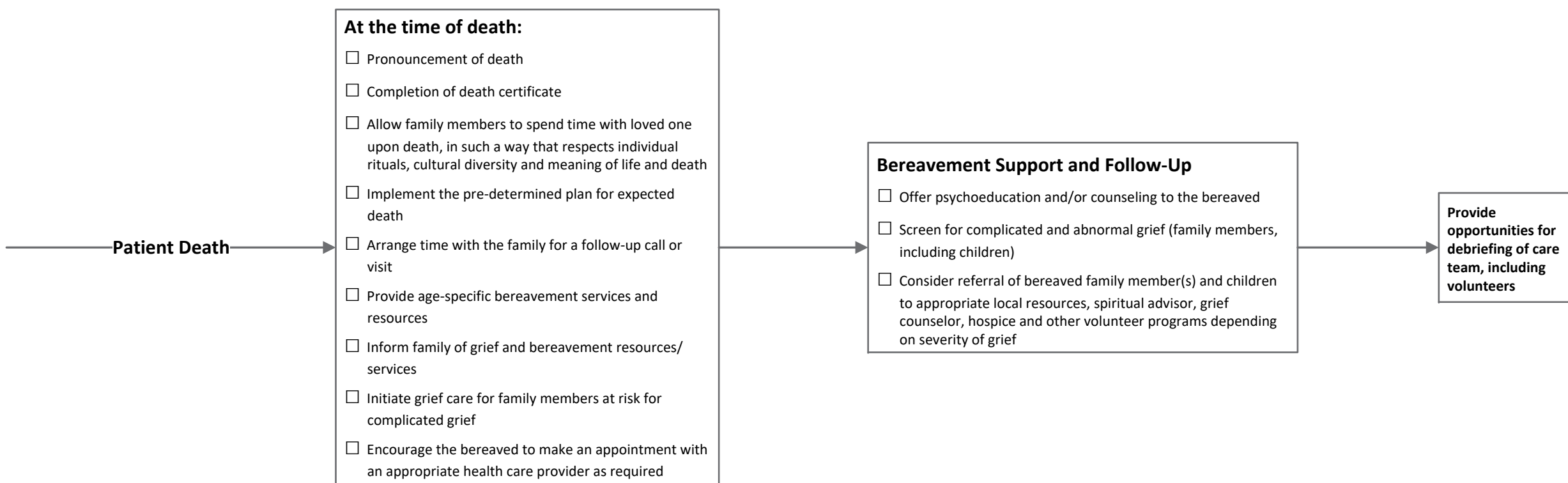


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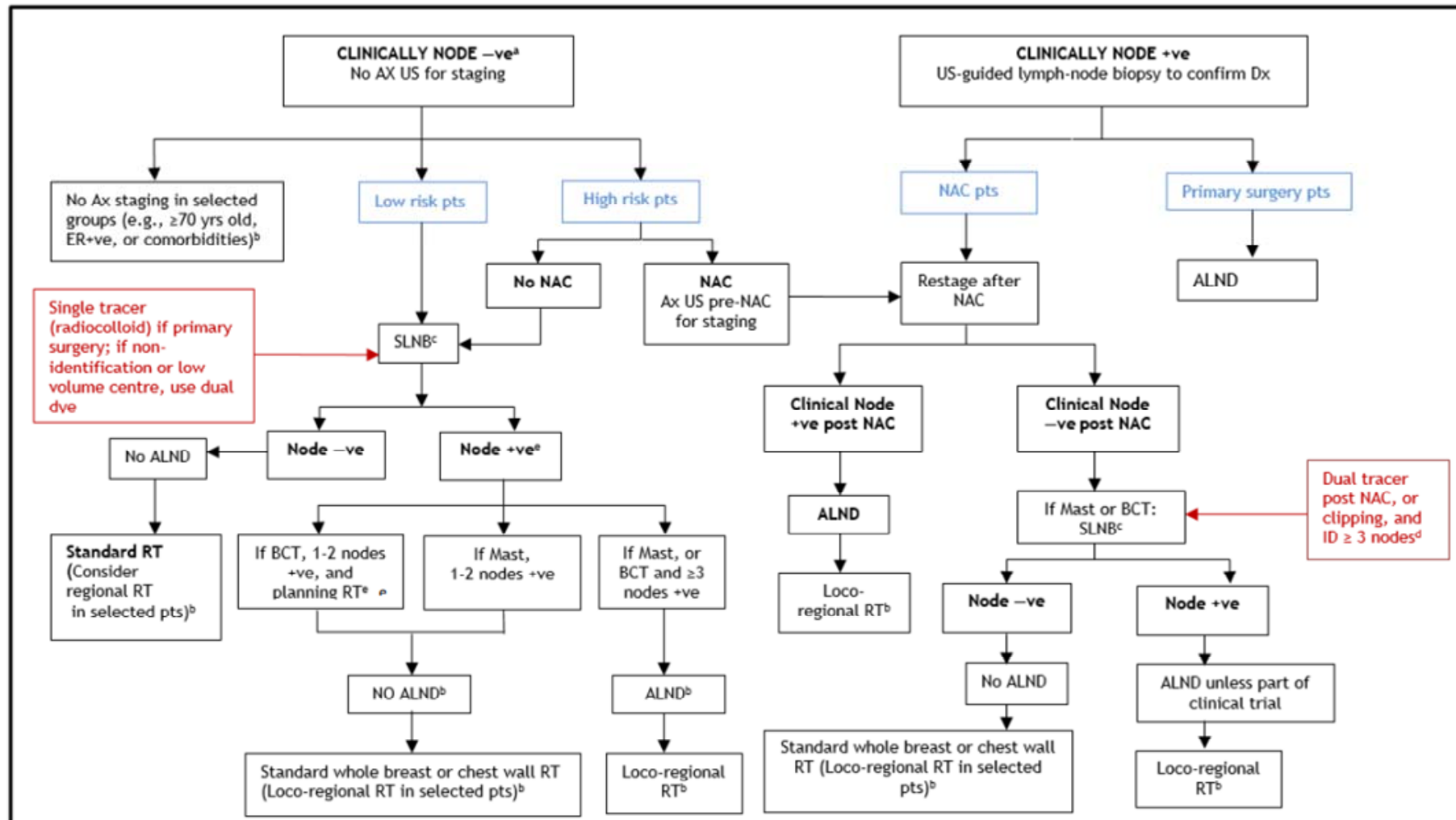


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- a Refers to all patients with no palpable axillary nodes on physical examination, including those who may have had an ultrasound that was equivocal, abnormal, or even biopsy-proven positive.
- b Decision making should be made on a case-by-case basis, and include a patient centered approach, that is consider and discuss pros and cons of various options in light of patient's specific circumstances, values and preferences.
- c Do not recommend SLNB before chemotherapy except in special circumstances after multidisciplinary discussion.
- d Evidence supports the use of dual localizing tracer (blue dye and radio-isotope) and harvesting  $\geq 3$  nodes or else do ALND to minimize false negative rate; any clipped positive nodes should be localized for surgery.
- e In rare circumstances (e.g., a small T1aN1) it is possible to avoid radiation (see Justification of Recommendation 3D)