### Breast Cancer Pathway Map

**03.18 Printer Friendly Version**

Note: print 11x17 landscape for best results, some features and content are only available on web version of pathway map

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Increased risk of breast cancer

Lifetime risk of breast cancer

SPECIALTY CHA-13
If not already with most

NCCN (2015). Breast Cancer recommendation on the use of

Force (USPSTF)

CHARACTERISTIC A
Provider

MULTIPLE/UNSPECIFIED
Provider

OBSP

e.g. family and clinical

CHARACTERISTIC A
Nurse practitioners can assess

OBSP Requisition for High Risk

High Risk Screening

Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening Average Risk Screening

50-74 mammogram

INTERVENTION

AND/OR

Connected to Diagnosis | DEC-39

SPECIALTY DEC-33
CHARACTERISTIC B
symptoms of breast

CHARACTERISTIC
Ultrasound

Probably benign (BI-RADS 3)

follow-up

MULTIPLE/UNSPECIFIED
Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures Diagnostic Procedures

papillary lesions in the appropriate

Biopsy

Core biopsy

Pathology

MULTIPLE/UNSPECIFIED
Results

Cancer

PATHOLOGY INT-147

Connected to Prevention | CHA-13

follow-up

Connected to Treatment | CON-57

triple negative or HER2+

CHARACTERISTIC A
Some patients who are

DECISION POINT
Across Ontario: Patient

Surgical Options

lymph node dissection

immediate reconstruction.

For more

SUMMARY STATEMENT: 2013

Indications and Appropriate

Hormone Receptor Testing in

ASCO Margins for

MEDICAL ONCOLOGY INT-60

Surgical Options

To achieve negative margins

CONSULTATION

PATHOLOGY INT-41

Guidelines

Jump

Local +/- regional therapy

CONNECTED TO DIAGNOSIS

DIFFERENTIATION

MEDICAL ONCOLOGY INT-54

Surgical Options

Referral to Surgeon

EBS #17-5 - Sentinel Lymph

MCC

Oncologist

May defer axillary lymph node

Summary Statement: 2013

Surgical Options

REFERRAL TO MEDICAL ONCOLOGIST

Therapy for Early Female Breast

Distant metastases

INTERVENTION

CONSULTATION

PATHOLOGY INT-46

CHARACTERISTIC B
Abdominal and Chest

INTERVENTION

as appropriate

SPECIALTY DEC-11

Resources / Tools

linked to Prevention

INTERVENTION

to the online CAP checklists and protocols,

SPECIALTY INT-105

Resources / Tools

Items

End of Life Care

IMPROVEMENT IN QUALITY OF LIFE

medications and consider a

IMPROVEMENT IN QUALITY OF LIFE

clude family and friends to

IMPROVEMENT IN QUALITY OF LIFE

End of Life Care

IMPROVEMENT IN QUALITY OF LIFE
Risk Assessment & Prevention Guidance

Using IBIS or BOADICEA

Lifetime risk of breast cancer risk by family smoking, obesity, age)

Requisition for High Risk Screening should be based on family history program (e.g. strong family)

Average lifetime risk of breast cancer: Classification and care (updated March 2017)

INTERVENTION

SPECIALTY INT-116

NICE (2013). Familial breast

INTERVENTION

SPECIALTY INT-122

Care Excellence (2013). Familial

INTERVENTION

SPECIALTY INT-123

Obstructed disease extent (as

INTERVENTION

SPECIALTY INT-124

Some patients who are

INTERVENTION

SPECIALTY INT-125

Results Cancer

INTERVENTION

SPECIALTY INT-126

Probable and benign (BI-RADS 3) Persistent suspicious findings

INTERVENTION

SPECIALTY INT-127

Normal assessment

INTERVENTION

SPECIALTY INT-128

Across Ontario: Patient

INTERVENTION

SPECIALTY INT-106

Breast

INTERVENTION

SPECIALTY INT-107

Guidelines

INTERVENTION

SPECIALTY INT-108

Across Ontario: Patient

INTERVENTION

SPECIALTY INT-109

Reconstruction Surgery

INTERVENTION

SPECIALTY INT-110

Breast

INTERVENTION

SPECIALTY INT-111

Guidelines

INTERVENTION

SPECIALTY INT-112

Prophylactic Mastectomy: A

INTERVENTION

SPECIALTY INT-113

Reconstruction surgery

INTERVENTION

SPECIALTY INT-114

DCIS

INTERVENTION

SPECIALTY INT-115

End of Life Care

INTERVENTION

SPECIALTY INT-116

- Declining

INTERVENTION

SPECIALTY INT-117

- Introduce patient

INTERVENTION

SPECIALTY INT-118

and family to resources in

INTERVENTION

SPECIALTY INT-119

and implement a plan

INTERVENTION

SPECIALTY INT-120

with understanding of the

INTERVENTION

SPECIALTY INT-121

Obtain consent from the

INTERVENTION

SPECIALTY INT-122

- Assess and address patient

INTERVENTION

SPECIALTY INT-123

- Identify family

INTERVENTION

SPECIALTY INT-124

- Offer psychoeducation and/or

INTERVENTION

SPECIALTY INT-125

and Follow-Up

INTERVENTION

SPECIALTY INT-126
Risk Assessment & Prevention Guidance

Year risk assessment tools

IBIS 10 year and BOADICEA 5 year risk assessment history and must be assessed using IBIS or BOADICEA lifetime eligible cancer risk and hereditary breast assessment(s).

U.S. Preventive Services Task Force (USPSTF) recommends and discusses health benefits and harms of screening, the effectiveness of screening tests, and added expected risk to the patient of harms of screening compared to the expected benefits of screening.

Breast Cancer Genetic Referral to Connected to Screening | DEC-18

Women may be eligible for high-risk breast screening:

- Symptomatic or a finding on screening mammogram within last 2 years

Breast Cancer Genetic Consultation

Eligible

and discusses health benefits and harms of screening, the effectiveness of screening tests, and added expected risk to the patient of harms of screening compared to the expected benefits of screening.

Breast Cancer Genetic Follow-up

Consultation

ASCO/CAP HER2 Guidelines:

FOLLOW-UP

Biomarkers should be biomarker testing.

If discordant upon second biopsy placement

and discusses health benefits and harms of screening, the effectiveness of screening tests, and added expected risk to the patient of harms of screening compared to the expected benefits of screening.

Breast Cancer Genetic Surgery

Biomarkers should be biomarker testing.

May defer re-excision and mastectomy until after systemic therapy if high risk of systemic recurrence.)

SURGICAL ONCOLOGY INT-75

Guidelines

For more information about previously done programs)

Guidelines

End of Life Care

Collaboration and implementation of a plan

At the time of death:

- Initiate appropriate local resources, and/or withdrawing treatments

- Initiate anticipatory grief, past trauma

- Initiate loved one upon death, in such...