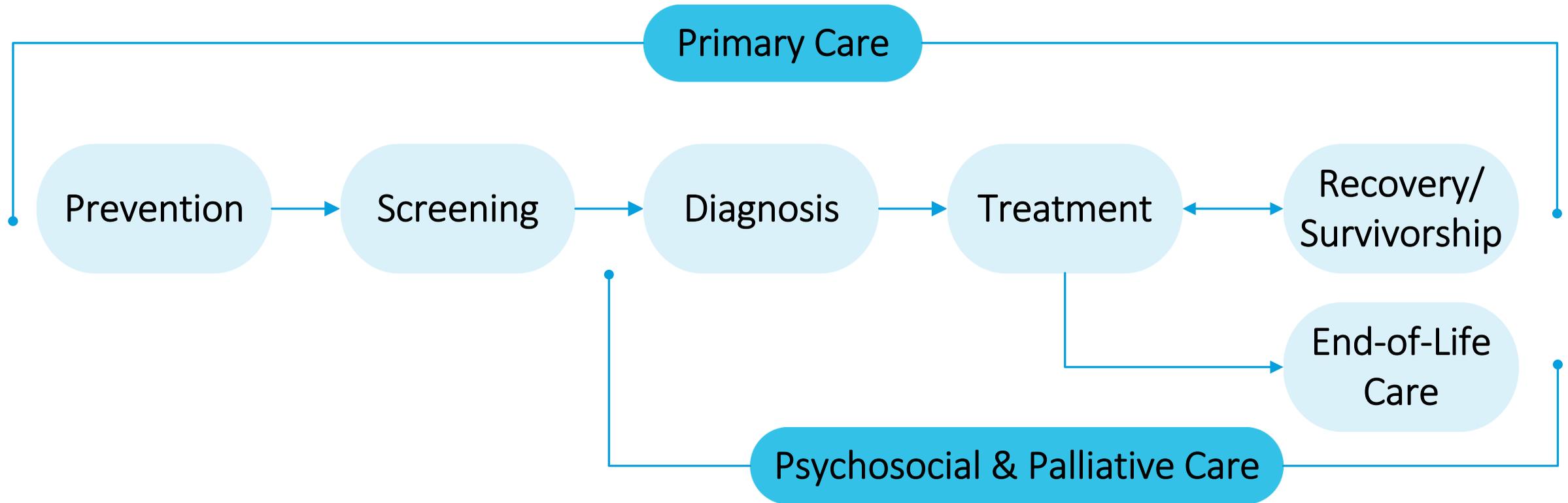


# Breast Cancer Follow-up Pathway Map

Version 2024.04



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map.

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**Ontario Health**  
Cancer Care Ontario

### Target Population

Breast cancer patients who have completed primary treatment for breast cancer and are without evidence of disease, but would potentially be candidates for further treatment if recurrence or new breast cancer were detected.

### Pathway Map Considerations

- Follow-up care can be delivered in the institution or by primary care. Institutional follow-up care may be delivered by an oncologist, general practitioner in oncology or an advanced practice nurse (e.g., nurse practitioner, clinical nurse specialist).
- 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 family 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 CCO 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.

### Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Surgery	 Consultation with specialist	
 Radiation Oncology	 Exit pathway	
 Medical Oncology	 Off page reference	
 Radiology	 Referral	
 Multidisciplinary Cancer Conference (MCC)		
 Genetics		
 Psychosocial Oncology (PSO)		

### 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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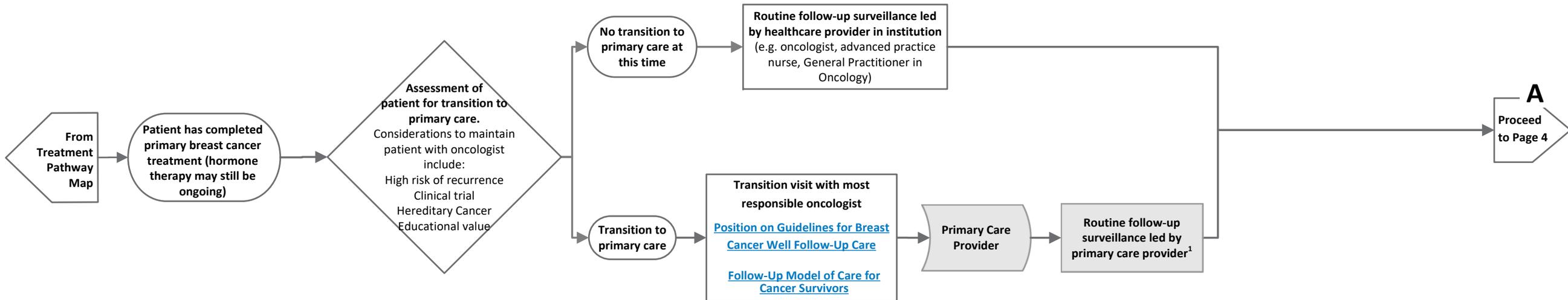
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant 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.

\* **Note.** [EBS #19-2](#) 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.

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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](#)

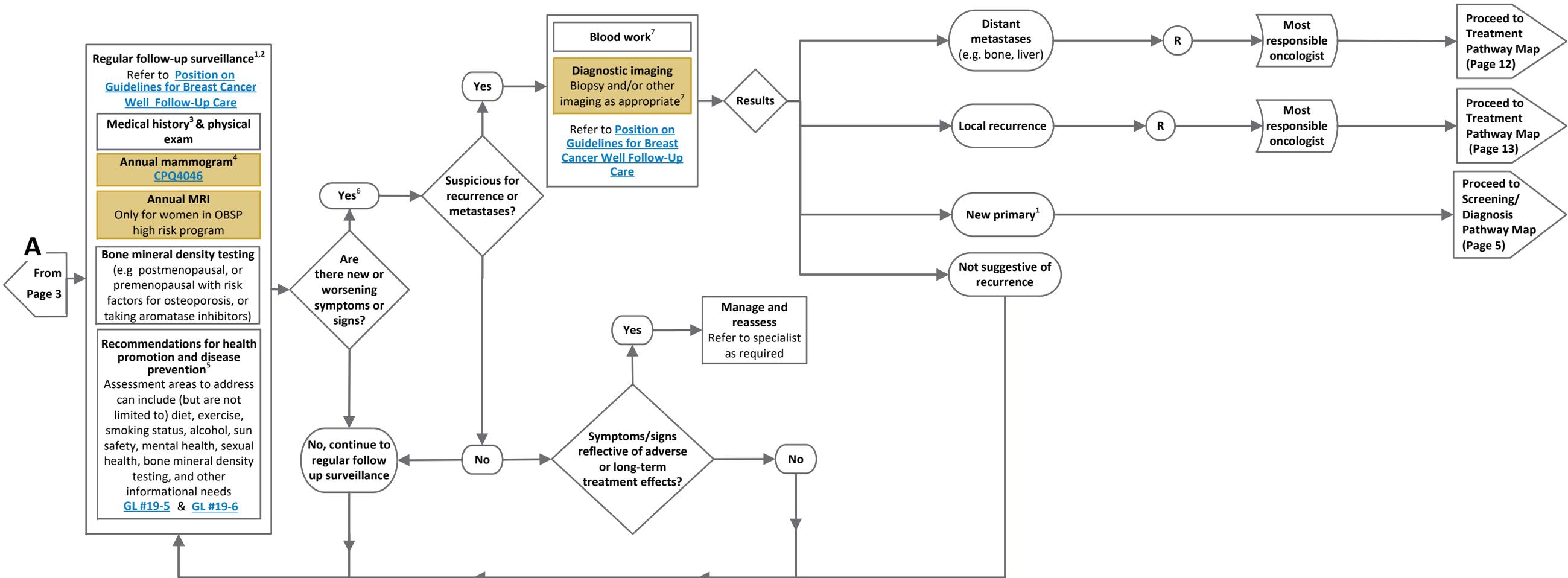


<sup>1</sup> A mechanism for the cancer program to recall patients for reassessment is strongly encouraged if new treatment options become available after patient has transitioned to primary care.

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<sup>1</sup>A mechanism for the cancer program to recall patients for reassessment is strongly encouraged if new treatment options become available after patient has transitioned to primary care.

<sup>2</sup>Frequency of visits should be adjusted according to the individual patient's needs. However, patients should be advised to report symptoms as soon as possible. Reference: Grunfeld E.

Clinical practice guidelines for the care and treatment of breast cancer: follow-up after treatment for breast cancer (summary of the 2005 update). Canadian Medical Association Journal. 2005 May 10;172(10):1319–20.

<sup>3</sup>Patients should be asked about changes in family history to determine if a genetics referral is appropriate. For women who are taking Tamoxifen, it is important to ask about vaginal bleeding/menstrual status.

<sup>4</sup>Annual mammogram not necessary if the patient has had a bilateral mastectomy.

<sup>5</sup>Patients may be advised by institutional provider, however care delivery may be shared with the primary care provider.

<sup>6</sup>Consider common long term side effects (e.g. fatigue, anxiety etc.) and late side effects (e.g. lymphedema, cardio-toxicity etc.) and potential secondary malignancies (e.g., leukemia etc.).

<sup>7</sup>Patients with a clinical examination revealing high suspicion should have an expedited referral to specialist without waiting for test results.

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