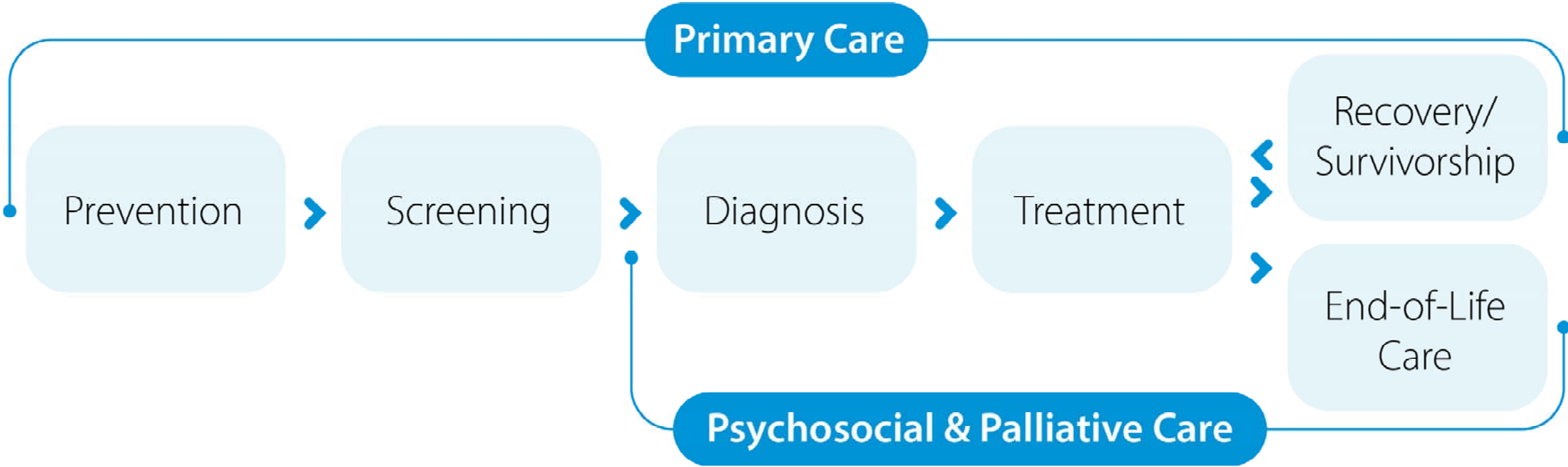


Breast Cancer Treatment Pathway Map

Version 2021.03



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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.
- 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, [Health Care Connect](#) 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.
- 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	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

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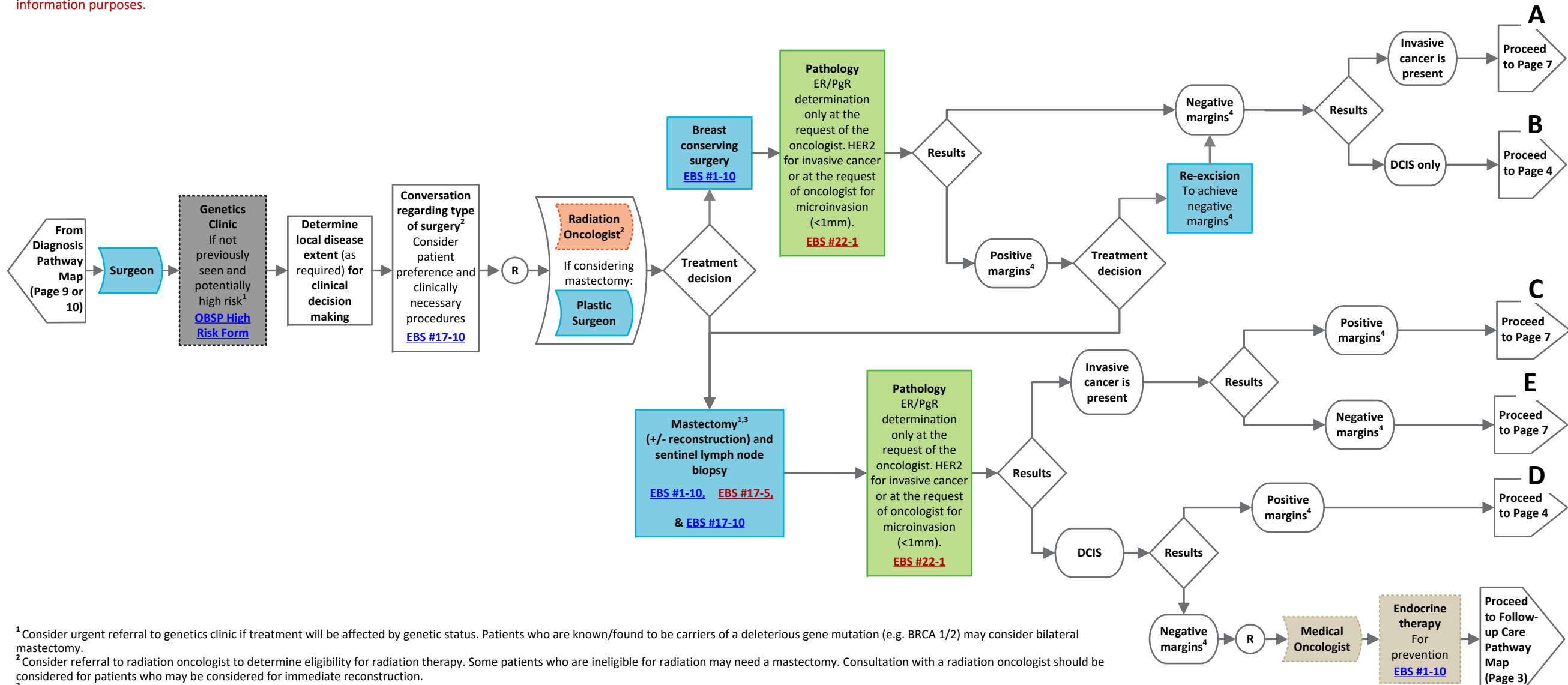
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant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

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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](#)

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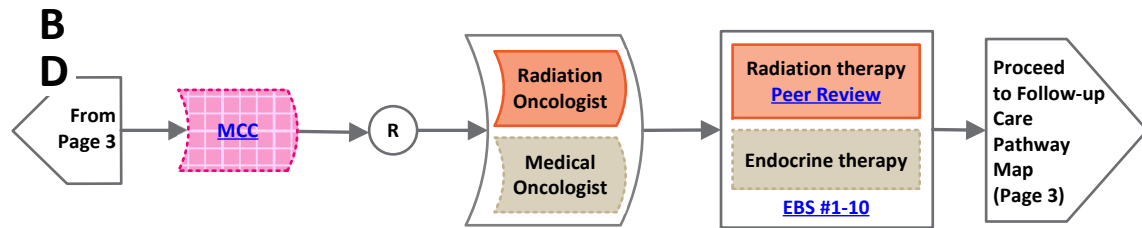


¹ Consider urgent referral to genetics clinic if treatment will be affected by genetic status. Patients who are known/found to be carriers of a deleterious gene mutation (e.g. BRCA 1/2) may consider bilateral mastectomy.
² Consider referral to radiation oncologist to determine eligibility for radiation therapy. Some patients who are ineligible for radiation may need a mastectomy. Consultation with a radiation oncologist should be considered for patients who may be considered for immediate reconstruction.
³ Contralateral prophylactic mastectomy is **not** recommended for average risk women.
⁴ For the purpose of this pathway map, positive margins are defined as ink on tumour and the optimal negative margin width is > 2 mm. This definition has been adopted as per the 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.

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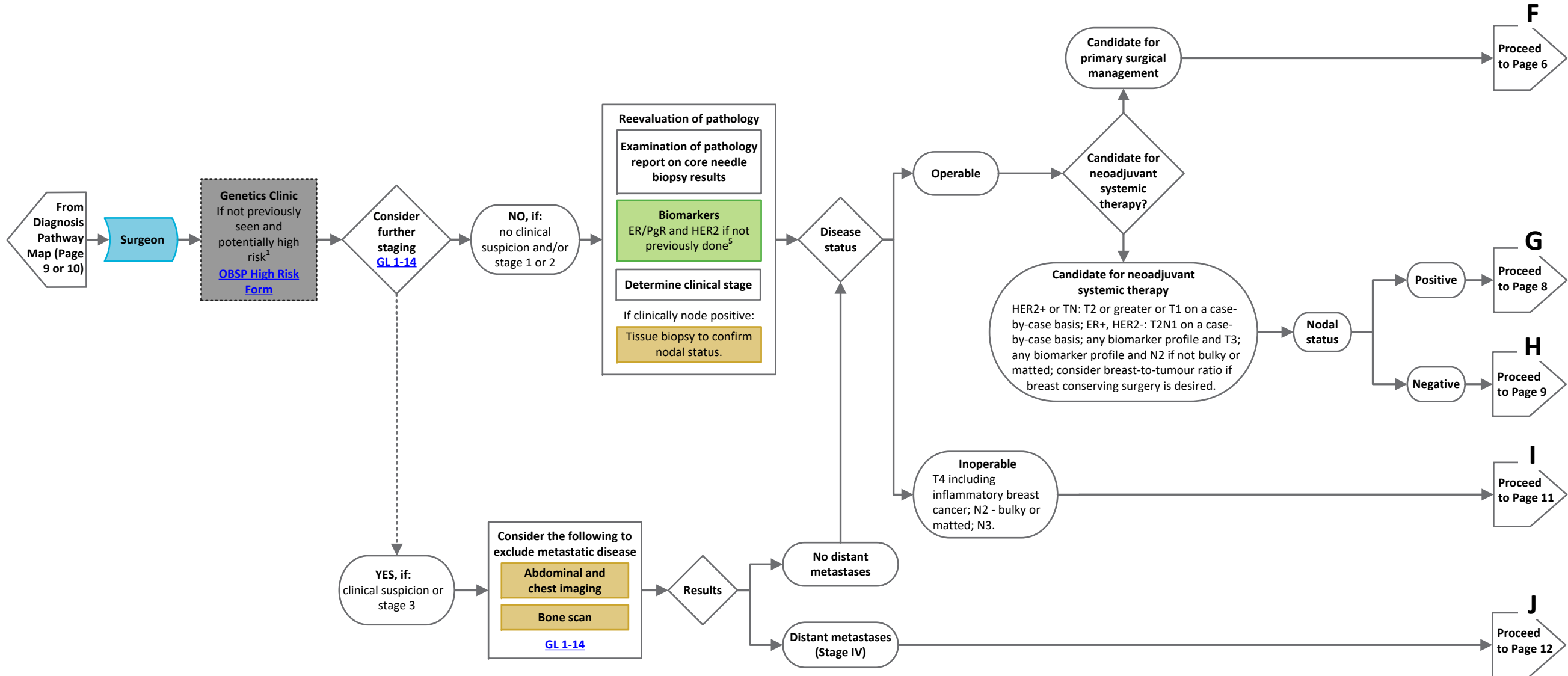
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Breast Cancer Treatment Pathway Map

Operable Invasive Breast Cancer: Candidates for Primary Surgical Management

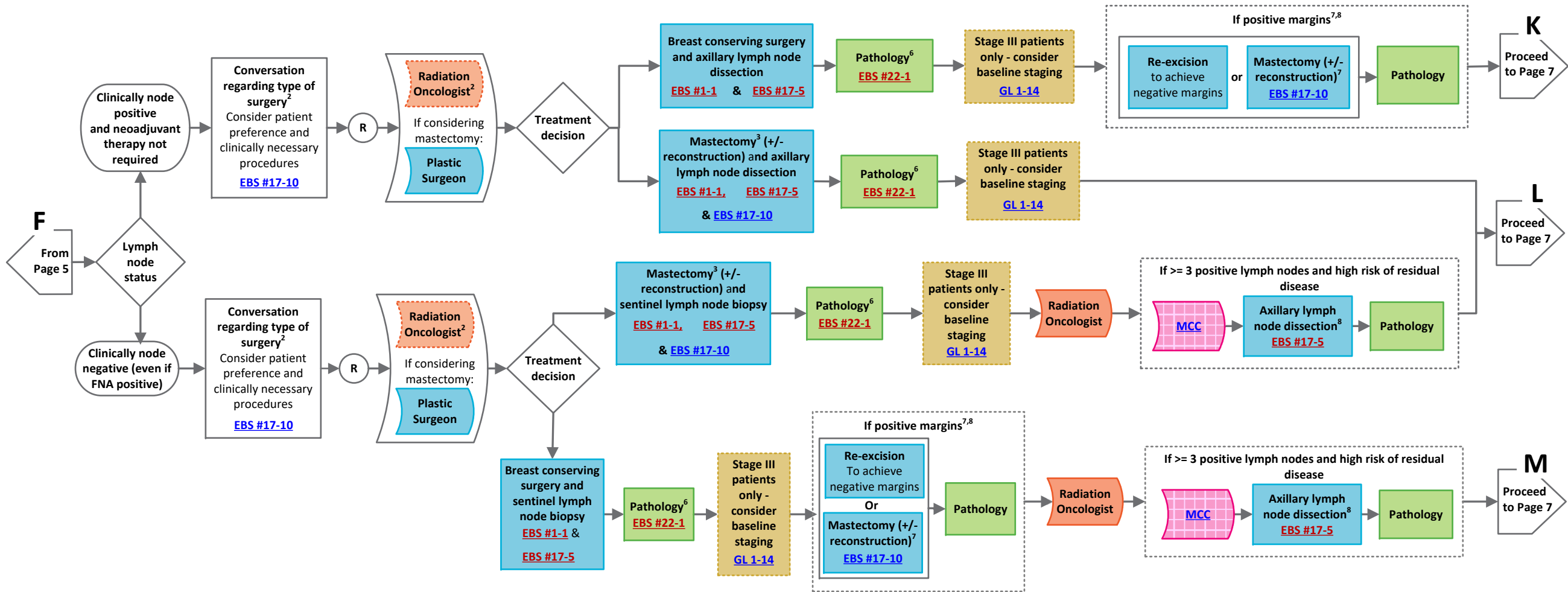
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² Consider referral to radiation oncologist to determine eligibility for radiation therapy. Some patients who are ineligible for radiation may need a mastectomy. Consultation with a radiation oncologist should be considered for patients who may be considered for immediate reconstruction.
³ Contralateral prophylactic mastectomy is **not** recommended for average risk women.
⁶ If no cancer in surgical specimen (e.g. very small tumours, <1cm) refer to core biopsy pathology including biomarker testing.
⁷ For the purpose of this pathway map, 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. This definition has been adopted as per the American Society of Clinical Oncology guideline (Journal of Clinical Oncology, 2014, 32(14), 1502-1506).
⁸ May defer re-excision, mastectomy and axillary lymph node dissection until after systemic therapy if high risk of systemic recurrence.

Breast Cancer Treatment Pathway Map

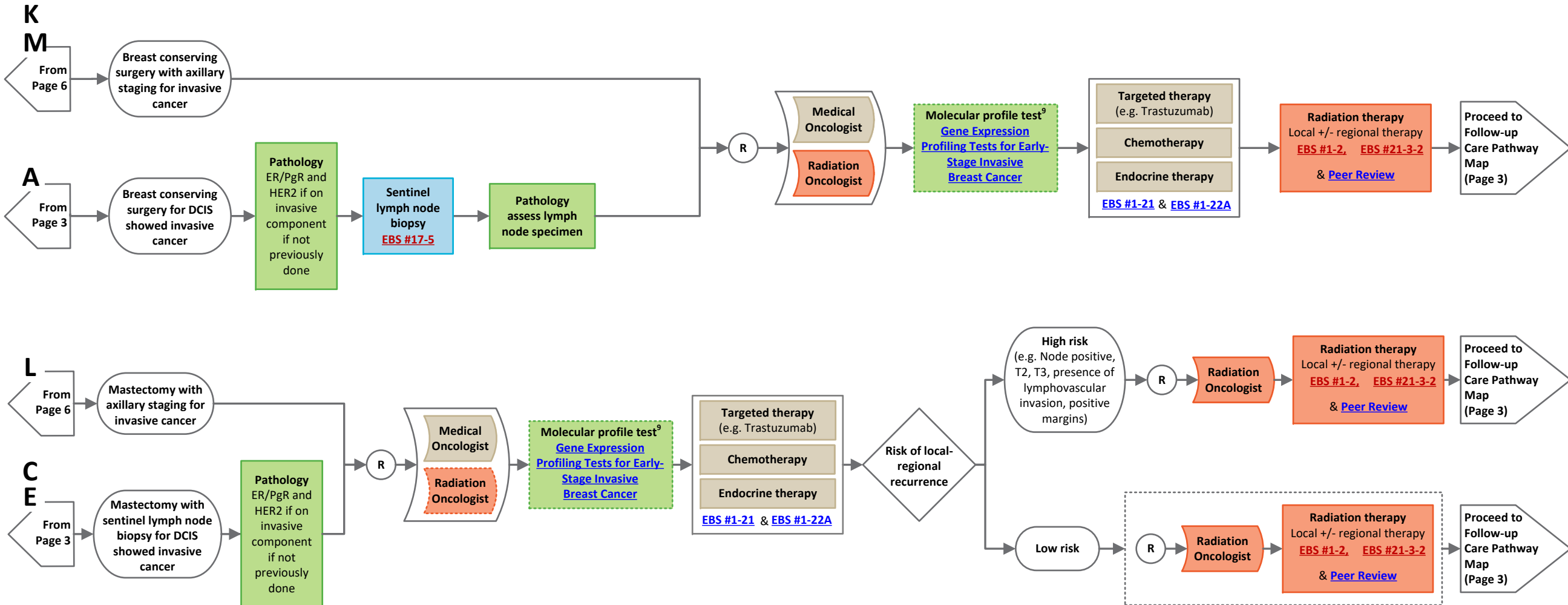
Adjuvant Treatment Following Primary Surgical Management

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⁹ 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

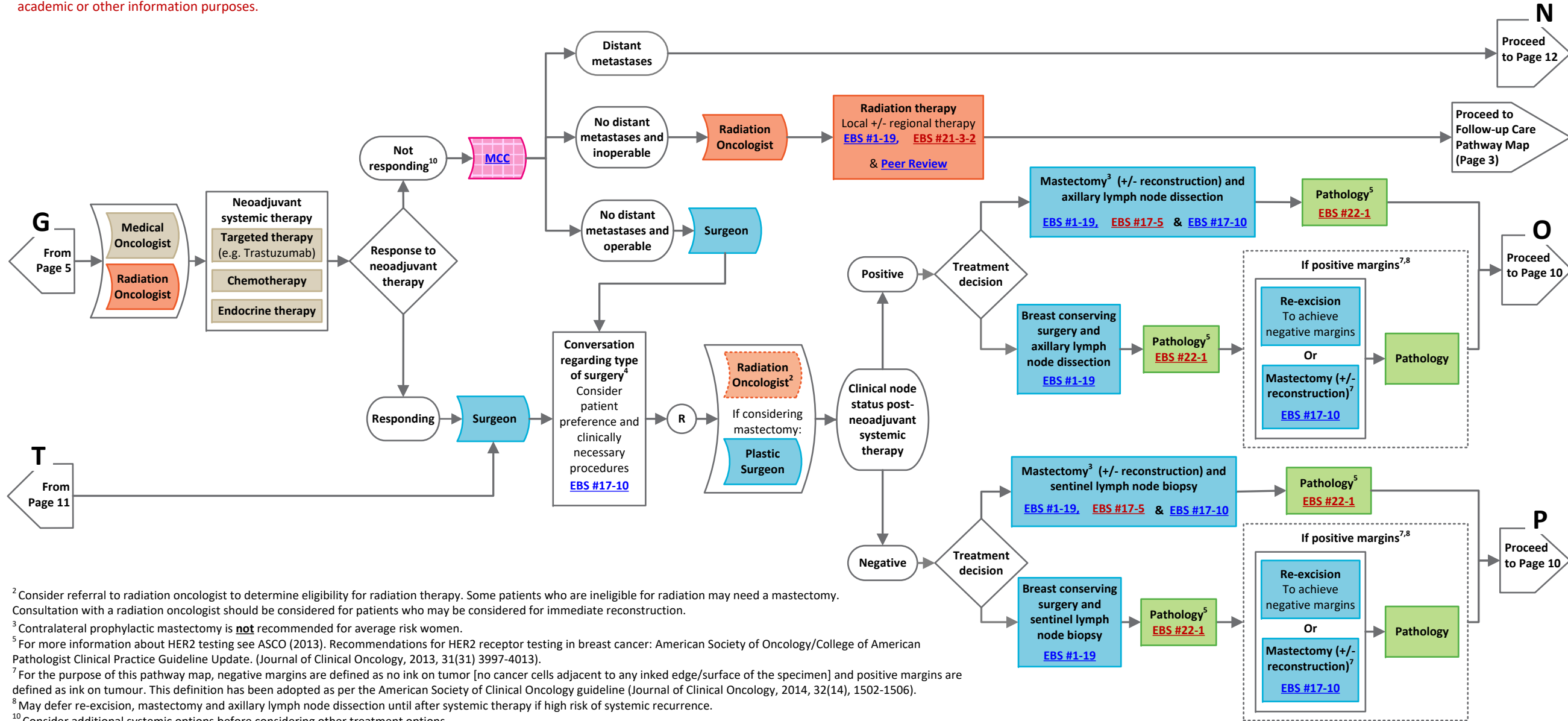
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² Consider referral to radiation oncologist to determine eligibility for radiation therapy. Some patients who are ineligible for radiation may need a mastectomy. Consultation with a radiation oncologist should be considered for patients who may be considered for immediate reconstruction.

³ Contralateral prophylactic mastectomy is **not** recommended for average risk women.

⁵ For more information about HER2 testing see ASCO (2013). Recommendations for HER2 receptor testing in breast cancer: American Society of Oncology/College of American Pathologist Clinical Practice Guideline Update. (Journal of Clinical Oncology, 2013, 31(31) 3997-4013).

⁷ For the purpose of this pathway map, 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. This definition has been adopted as per the American Society of Clinical Oncology guideline (Journal of Clinical Oncology, 2014, 32(14), 1502-1506).

⁸ May defer re-excision, mastectomy and axillary lymph node dissection until after systemic therapy if high risk of systemic recurrence.

¹⁰ Consider additional systemic options before considering other treatment options.

Breast Cancer Treatment Pathway Map

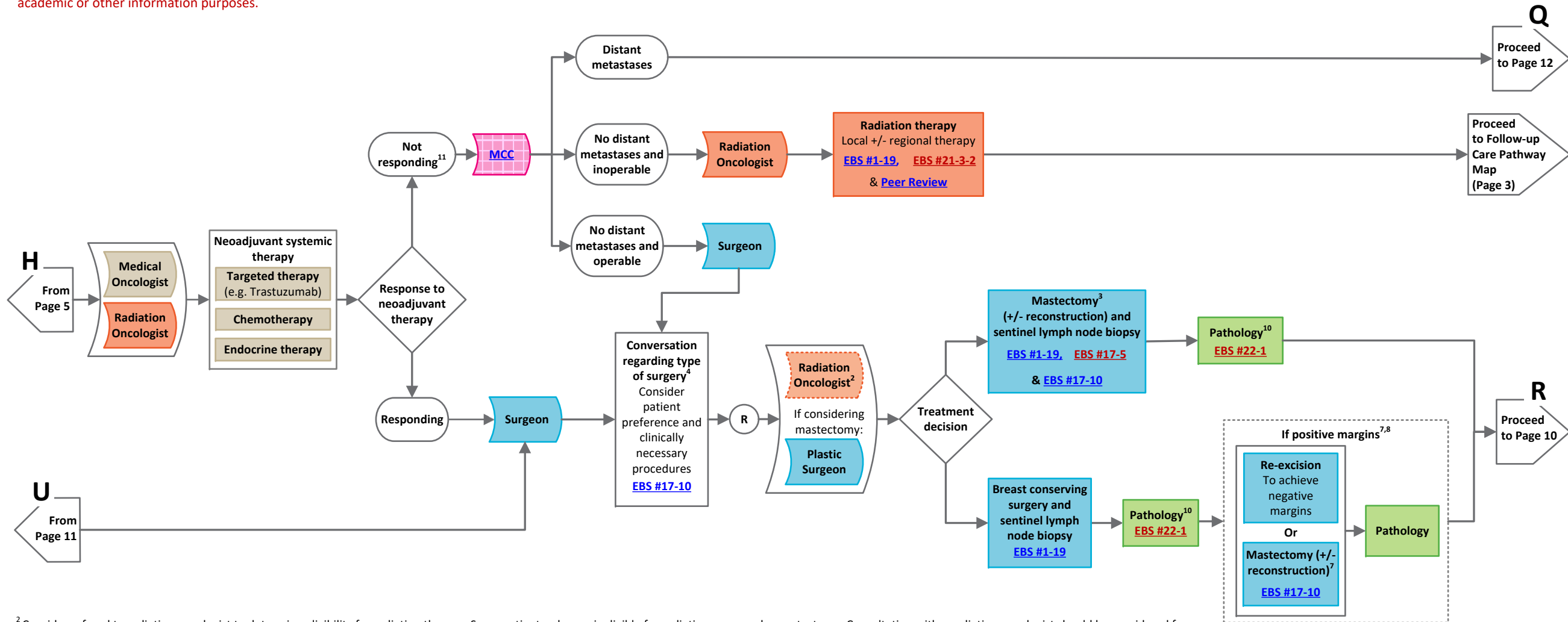
Operable Invasive Breast Cancer: Node Negative Candidates for Neoadjuvant Therapy

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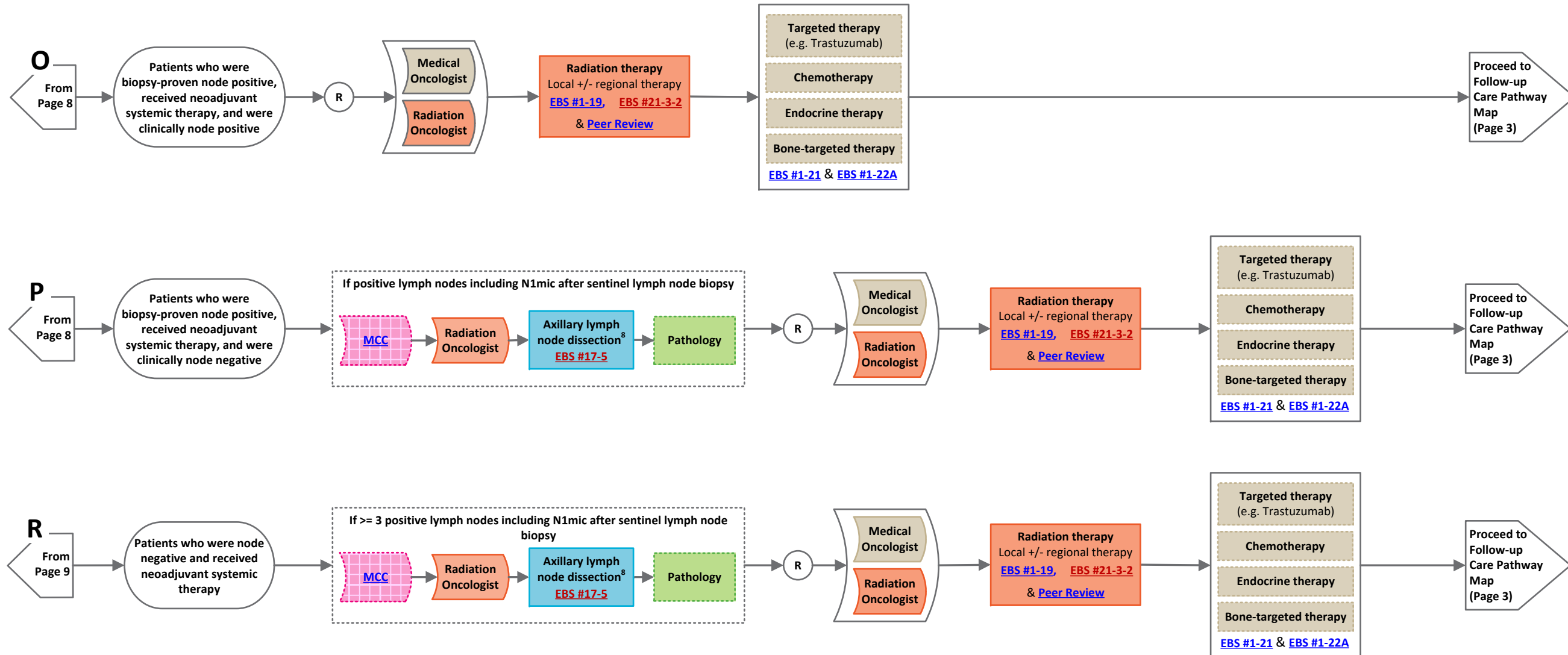
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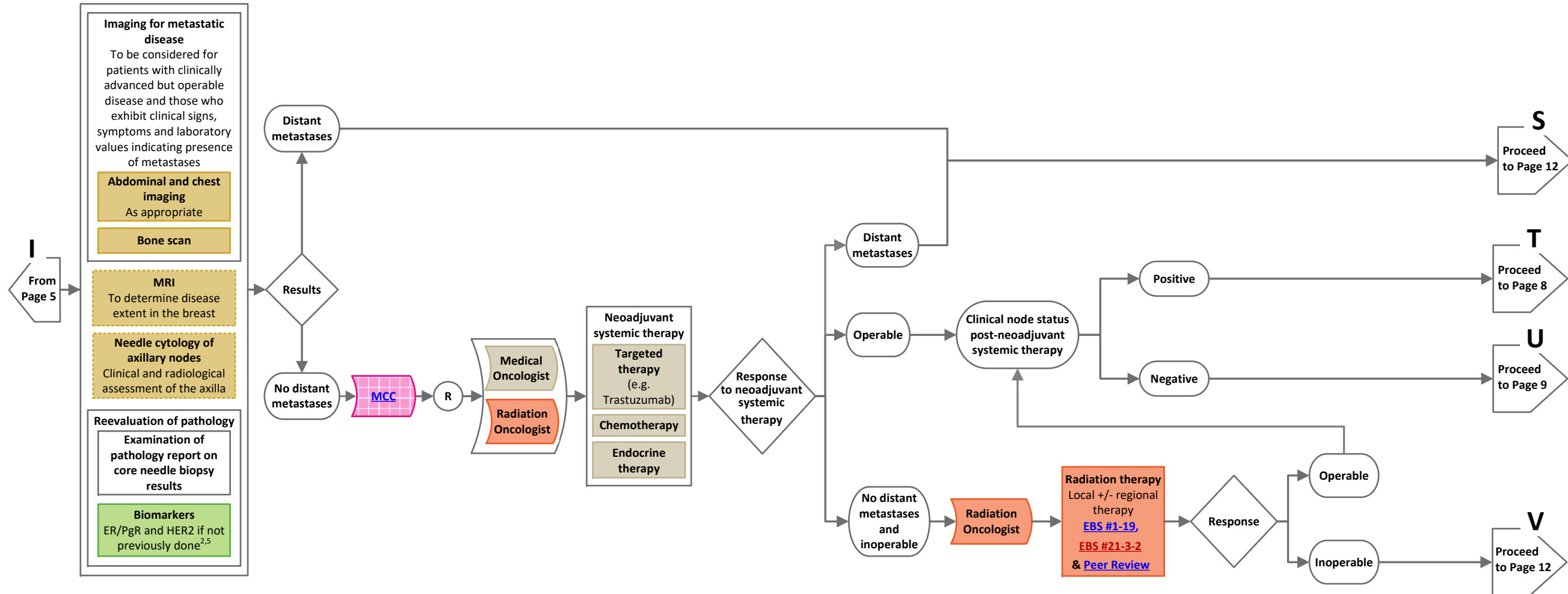
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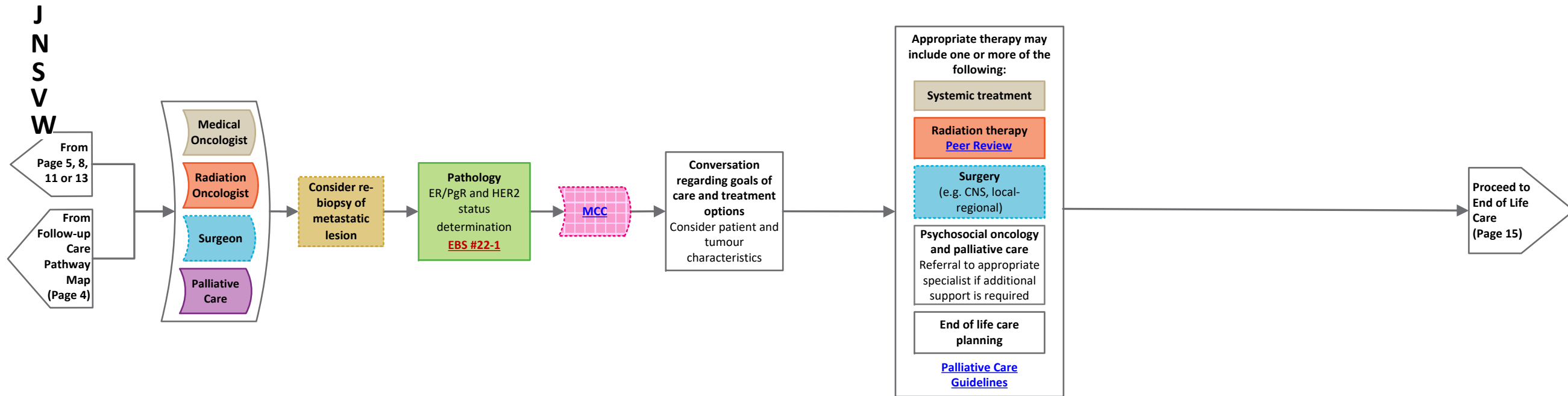
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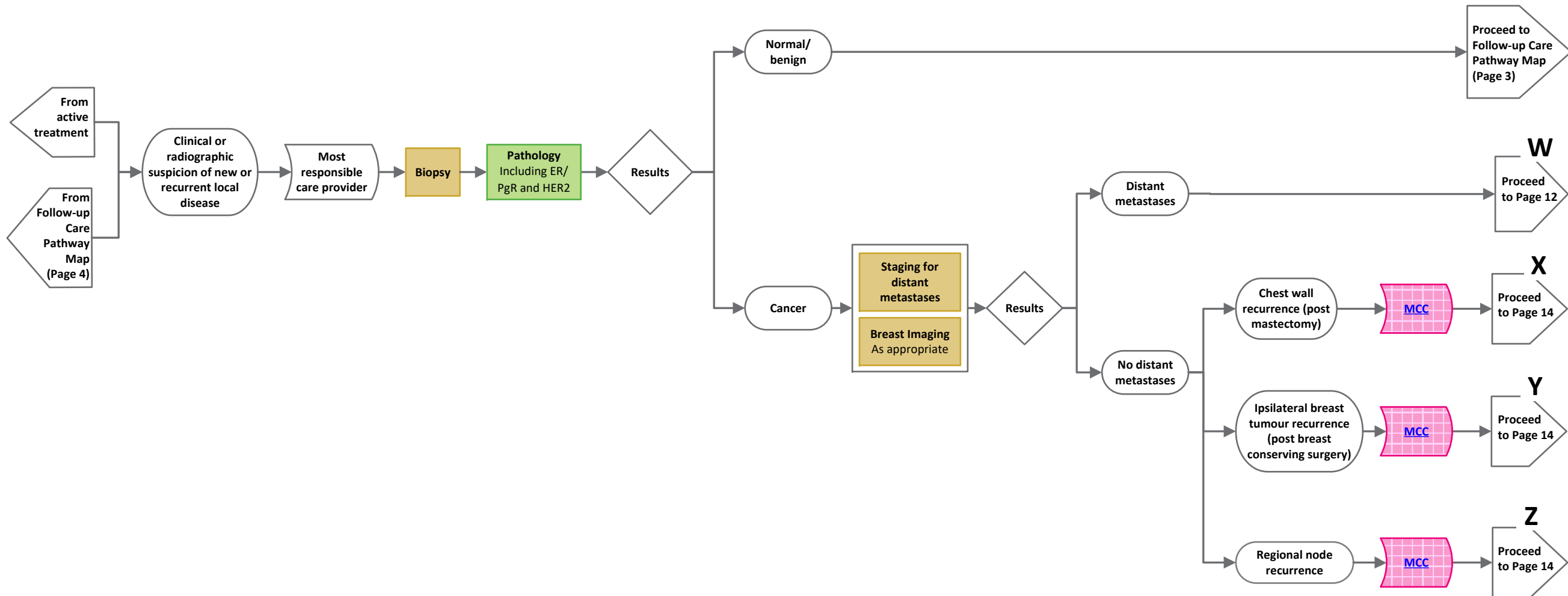
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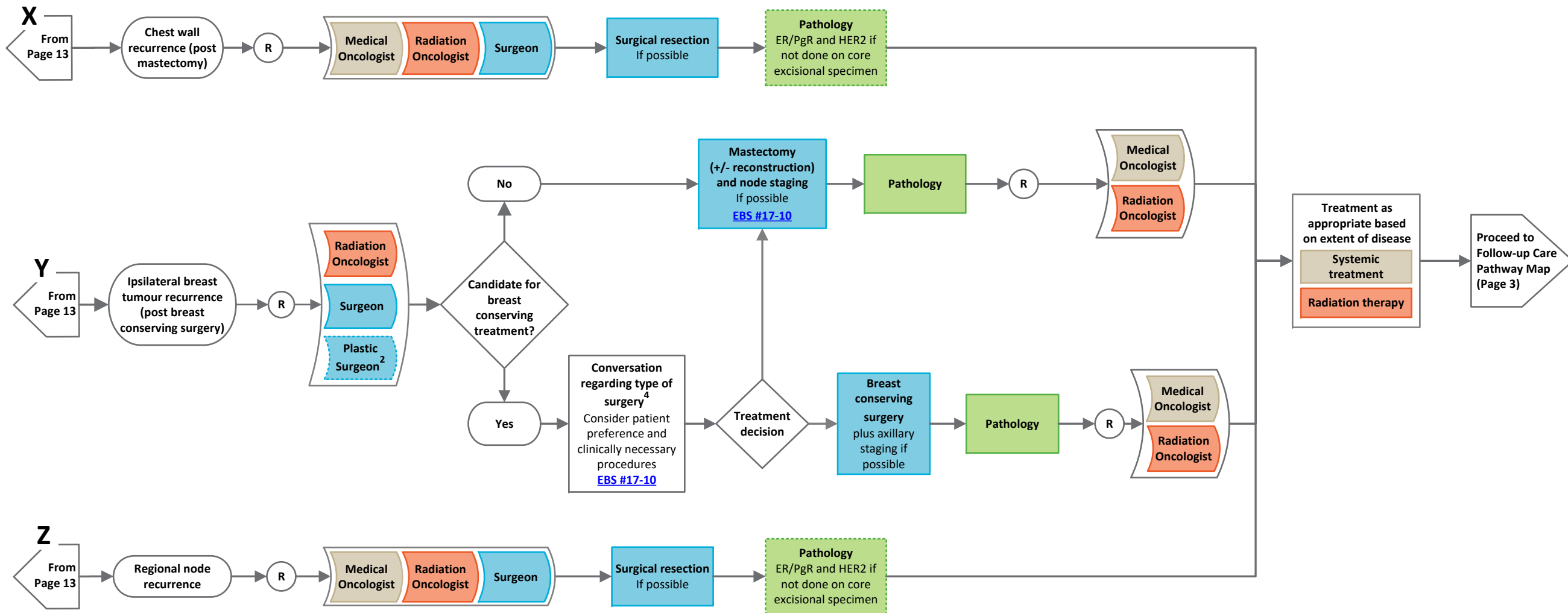
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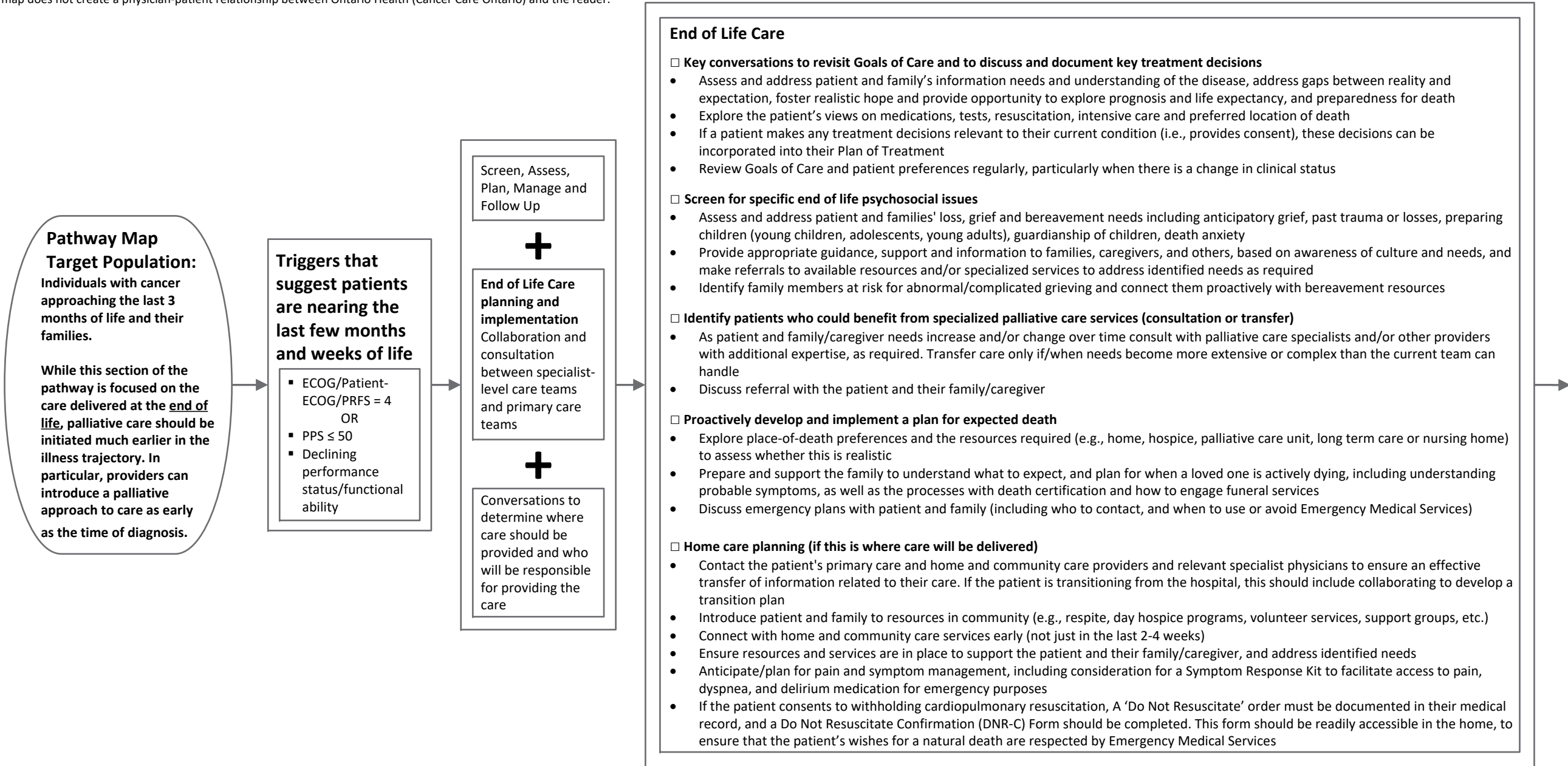
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