Breast Cancer Well Follow-up Pathway Map
Version 2015.11

The cancer journey
Better cancer services every step of the way

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. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Cancer Care Ontario (CCO) and the reader.
Pathway Map Preamble

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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 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, Health Care Connect 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.

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.

Pathway Map Legend

Colour Guide
- Primary Care
- Supportive and End of Life Care
- Pathology
- Diagnostic Assessment Program (DAP)
- Surgery
- Radiation Oncology
- Medical Oncology
- Radiology
- Multidisciplinary Cancer Conference (MCC)

Shape Guide
- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway map
- Off-page reference
- Patient path
- Referral
- Wait time indicator time point

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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A patient is considered to be ready for transition to primary care if they have completed chemotherapy and/or radiation and/or surgery (hormone therapy may still be ongoing) and have no signs or symptoms of recurrence. Before a transition, it should be confirmed that patients have a family health care provider. 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.

For improved transition, a successful handover will include a summary of cancer related care, a needs assessment and recommendations for ongoing care and follow-up care (e.g. survivorship care plan), as well as information for re-referral into cancer program if needed. Refer to CCO’s Position on Guideline for Breast Cancer Well Follow-Up Care.

A mechanism to recall patients for reassessment by oncologist is strongly encouraged if new treatment options become available after patient has transitioned to primary care.
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Regular follow-up surveillance\(^3\)
Refer to CCO’s Position on Guidelines for Breast Cancer Well Follow-Up Care

Medical history\(^5\)
& physical exam

Bone mineral density testing
(e.g. postmenopausal, or premenopausal with risk factors for osteoporosis, or taking aromatase inhibitors)

New and persistent or worsening symptoms/signs\(^7\)

Blood work\(^8\)
Diagnostic imaging
(Stress and/or other imaging as appropriate)
Refer to CCO’s Position on Guidelines for Breast Cancer Well Follow-Up Care

Local recurrence
R
Medical Oncologist
Proceed to Treatment Pathway Map (Page 10)

Results

Distant metastases
(e.g. bone, liver)
R
Surgeon
Proceed to Treatment Pathway Map (Page 11)

New primary\(^6\)

Not suggestive of recurrence

If patient's follow-up care managed in institution

Transition to primary care

No transition to primary care

Transition visit with most responsible care provider

Primary Care Provider

Routine follow-up surveillance led by care provider in institution

Assessment of patient for transition to primary care

Ongoing screening, assessment and management of symptoms
Refer to ESAS & Sleep Disturbance Guide to Practice

Recommendations for health promotion and disease prevention\(^5\)
Assessment areas to address can include (but are not limited to) diet, exercise, smoking status, alcohol, sun safety, mental health, sexual health and other informational needs
Guideline #19-5

From Page 3

1 A patient is considered to be ready for transition to primary care if they have completed chemotherapy and/or radiation and/or surgery (hormone therapy may still be ongoing) and have no signs or symptoms of recurrence. Before a transition, it should be confirmed that patients have a primary care provider. For patients who do not have a primary care provider, HealthCare Connect, is a government resource that helps patients find a doctor or nurse practitioner.

2 For improved transition, a successful handover will include a summary of cancer related care, a needs assessment and recommendations for ongoing care and follow-up care (e.g. survivorship care plan), as well as information for re-referral into cancer program if needed. For more information see CCO’s Position on Guideline for Breast Cancer Well Follow-Up Care.

3 A mechanism to recall patients at the institutional level is strongly encouraged if there is a recommended change in treatment practice.


5 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.

6 Patients may be advised by institutional provider, however care delivery may be shared with the primary care provider.

7 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.).

8 Patients with a clinical examination revealing high suspicion should have an expedited referral to specialist without waiting for test results.