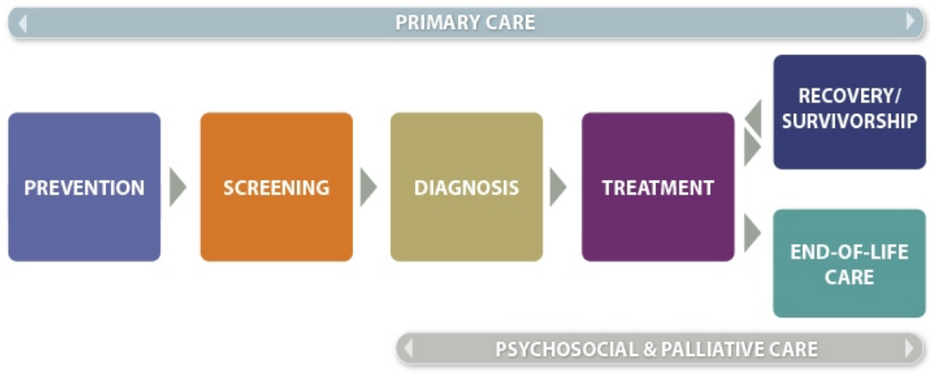
Cancer Care Ontario

Breast Cancer Treatment Pathway Map

Version 2015.11



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.

Ontario
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.**
- 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.
- Multidisciplinary Cancer Conferences provide a forum for discussing patients with breast cancer about whom there are complexities regarding diagnosis and management. For more information on Multidisciplinary Cancer Conferences visit **MCC Tools**
- For more information on wait time prioritization, visit: **Surgery, Systemic Treatment, Radiation Treatment Wait Times prioritizations.**
- 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
- For more information on the systemic treatment QBP please refer to the **Quality-Based Procedures Clinical Handbook for Systemic Treatment**

* **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)
- Genetics

Shape Guide

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

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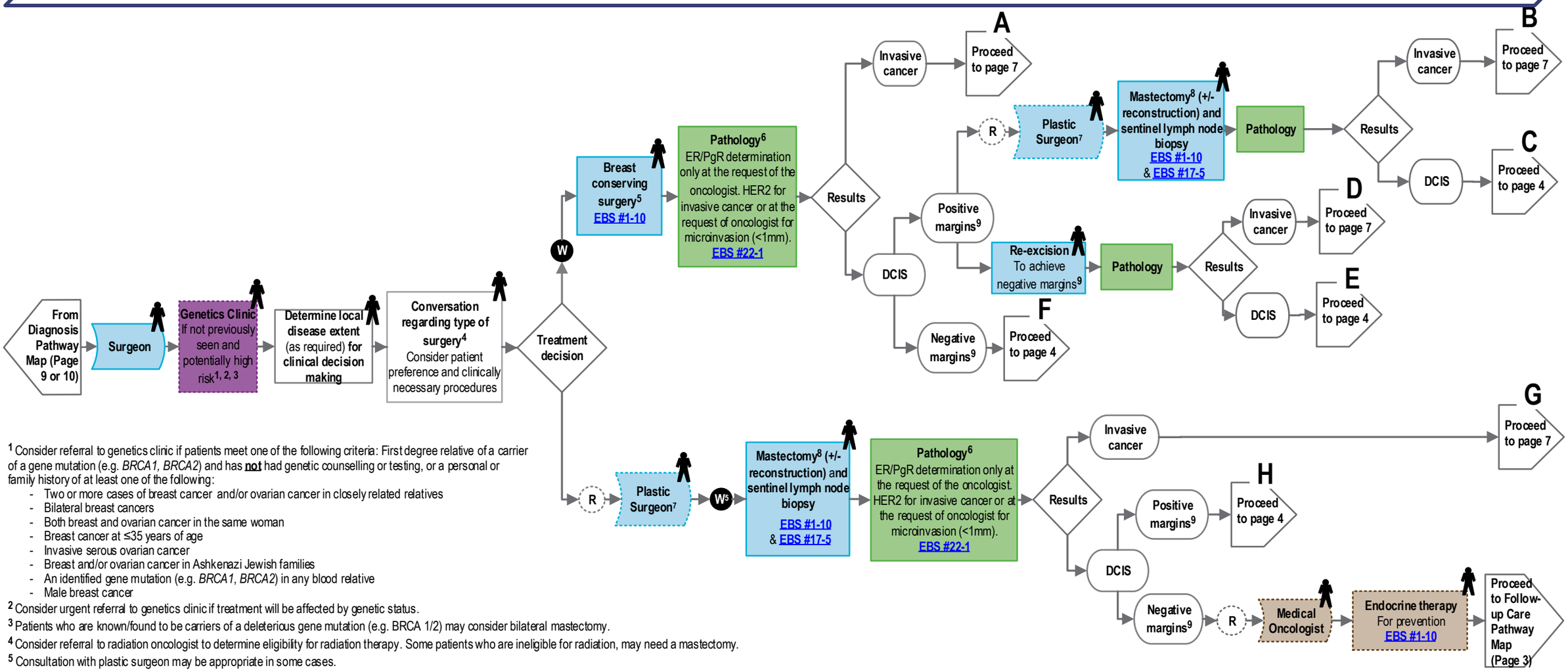
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been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 This pathway map may be superseded by an updated pathway map on the same topic.

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



[1] Consider referral to genetics clinic if patients meet one of the following criteria: First degree relative of a carrier of a gene mutation (e.g. *BRCA1, BRCA2*) and has **not** had genetic counselling or testing, or a personal or family history of at least one of the following:

- Two or more cases of breast cancer and/or ovarian cancer in closely related relatives
- Bilateral breast cancers
- Both breast and ovarian cancer in the same woman
- Breast cancer at ≤35 years of age
- Invasive serous ovarian cancer
- Breast and/or ovarian cancer in Ashkenazi Jewish families
- An identified gene mutation (e.g. *BRCA1*, *BRCA2*) in any blood relative
- Male breast cancer

[2] Consider urgent referral to genetics clinic if treatment will be affected by genetic status.

[3] Patients who are known/found to be carriers of a deleterious gene mutation (e.g. BRCA 1/2) may consider bilateral mastectomy.

[4] Consider referral to radiation oncologist to determine eligibility for radiation therapy. Some patients who are ineligible for radiation, may need a mastectomy.

[5] Consultation with plastic surgeon may be appropriate in some cases.

[6] For more information about CAP checklists and protocols visit www.cap.org.

[7] Consultation with a radiation oncologist should be considered for patients who may be considered for immediate reconstruction.

[8] Contralateral prophylactic mastectomy is **not** recommended for average risk women.

[9] 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 *College of American Pathologist's Protocol for the Examination of Specimens from Patients with DCIS of the Breast*.

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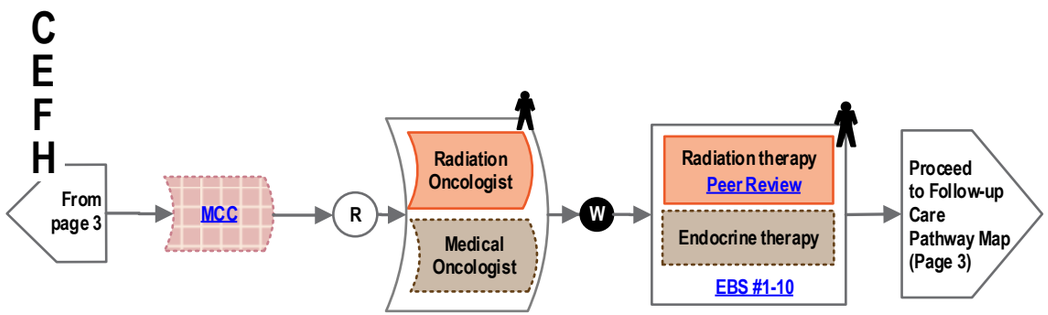

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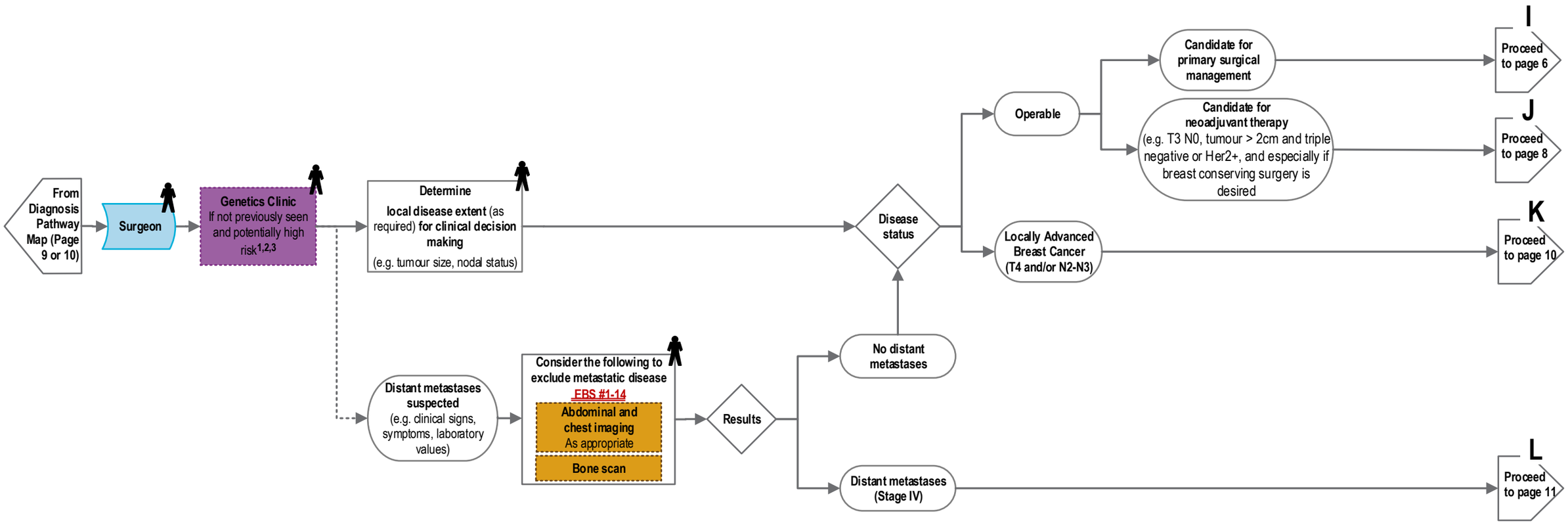

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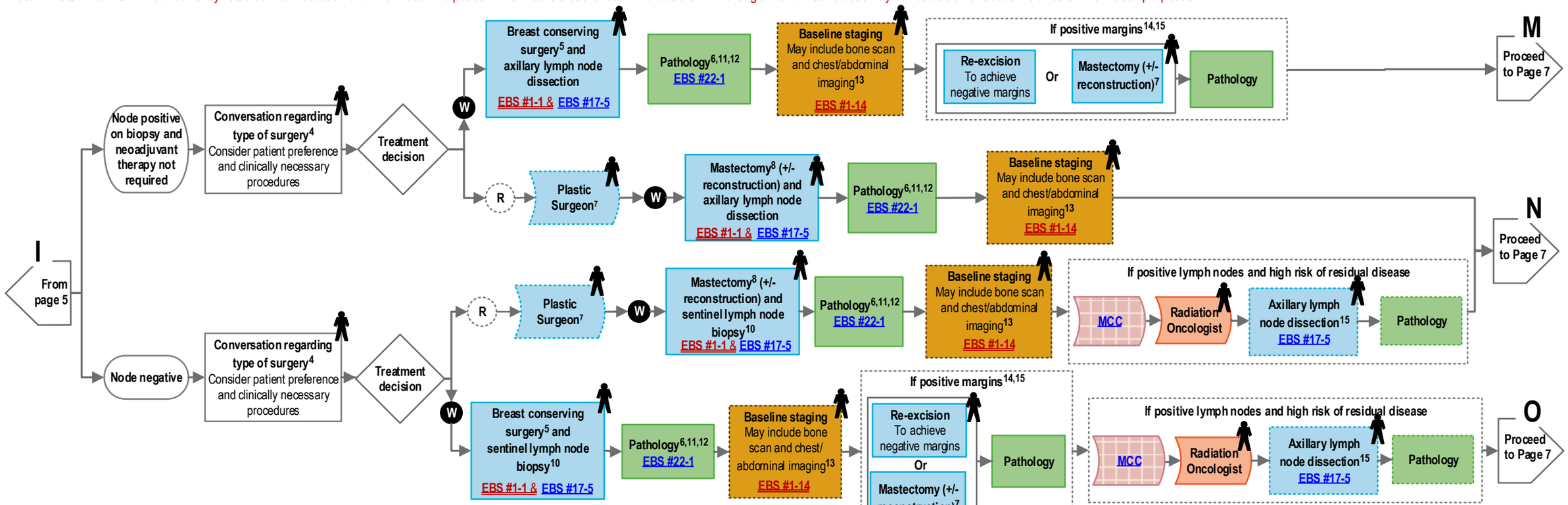

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[8] Contralateral prophylactic mastectomy is **not** recommended for average risk women.

[10] If the number of positive lymph nodes will change the radiation or systemic treatment plans consider a frozen section. If positive, consider an axillary lymph node dissection.

[11] If no cancer in surgical specimen (e.g. very small tumours, <1cm) refer to core biopsy pathology including biomarker testing.

[12] 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).

[13] Stage I: Bone scanning and chest/abdominal imaging is not indicated as part of baseline staging; Stage II: Postoperative bone scan is recommended. Routine liver and chest imaging are not indicated but could be considered for patients with >4 positive lymph nodes; Stage III: Bone scan and chest/abdominal imaging are recommended postoperatively for baseline staging. For more information see EBS #1-14

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

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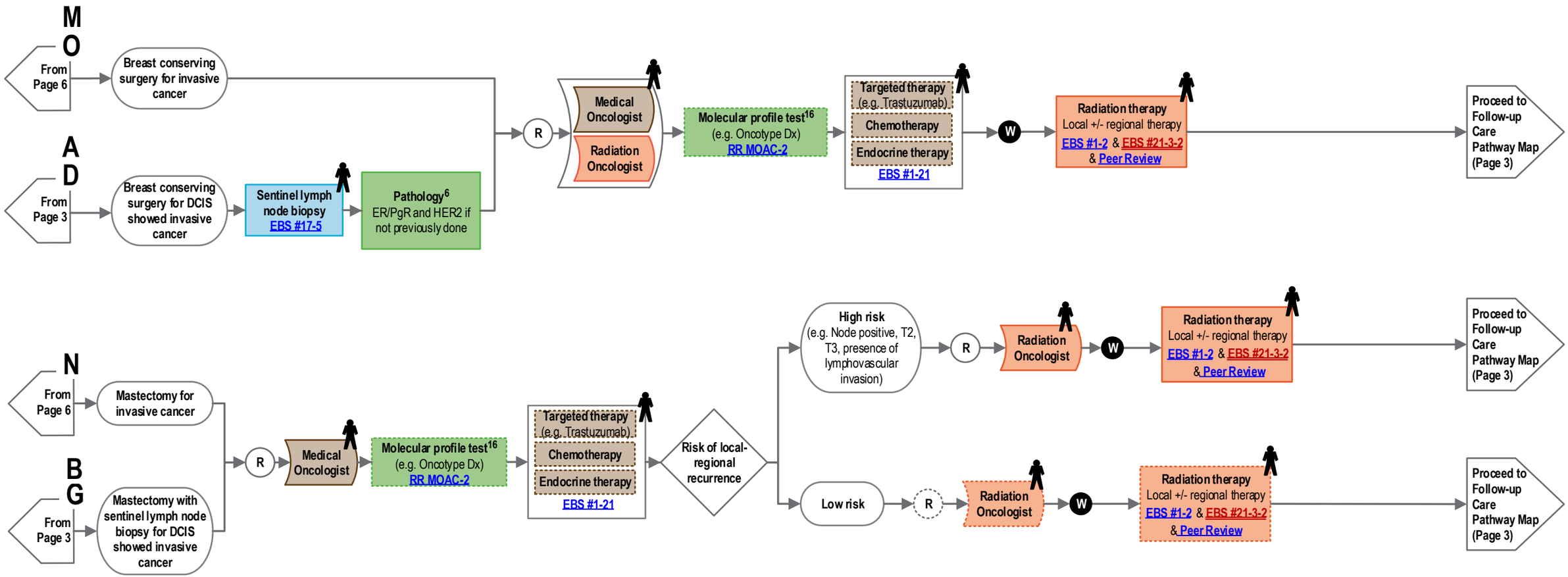

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[16] Candidates for molecular profile tests are patients with node negative (N0), ER positive and HER2 negative breast cancer in whom the decision for chemotherapy is unclear.

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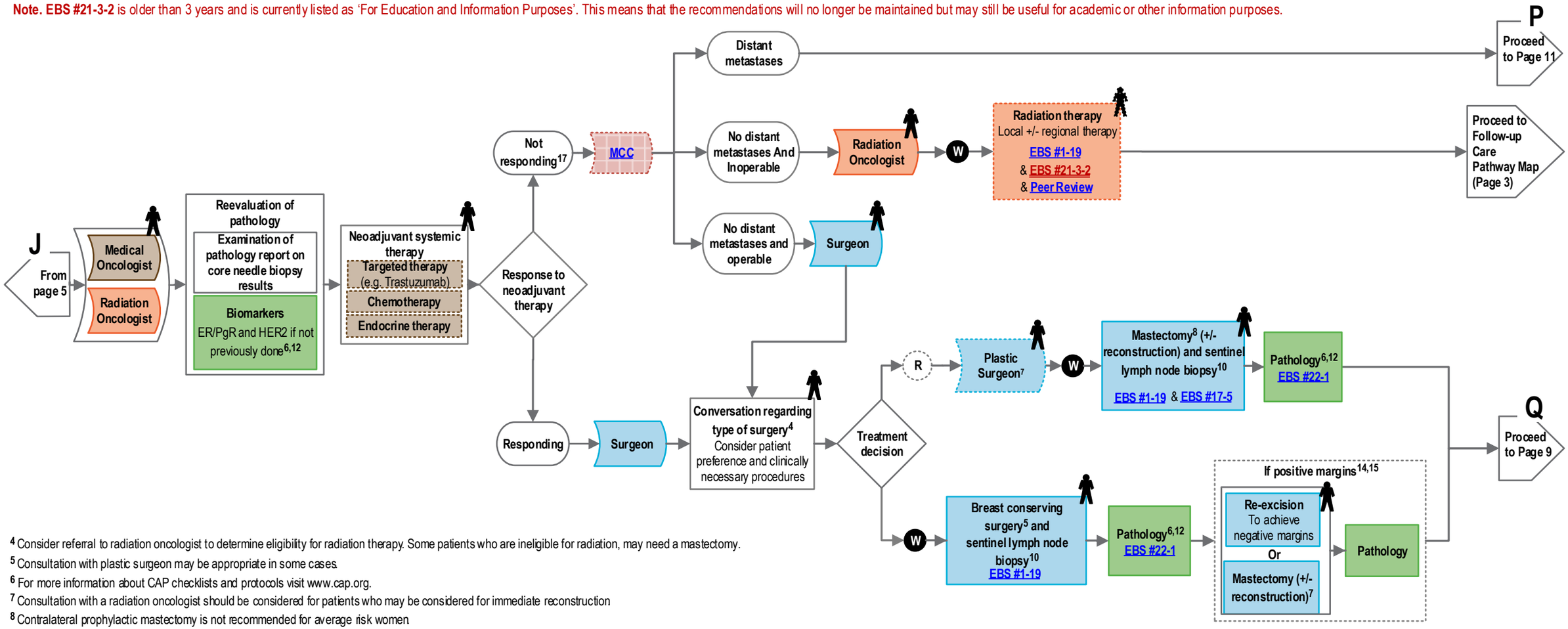

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[17] Consider addition systemic options before considering other treatment options.

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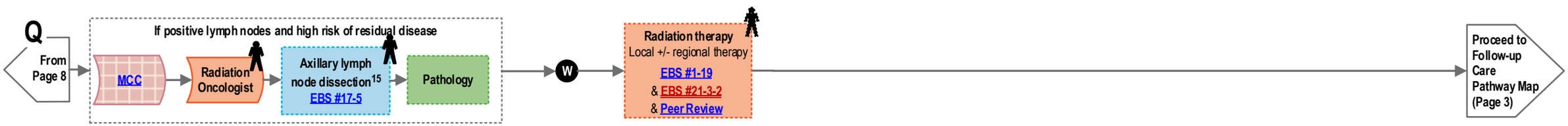

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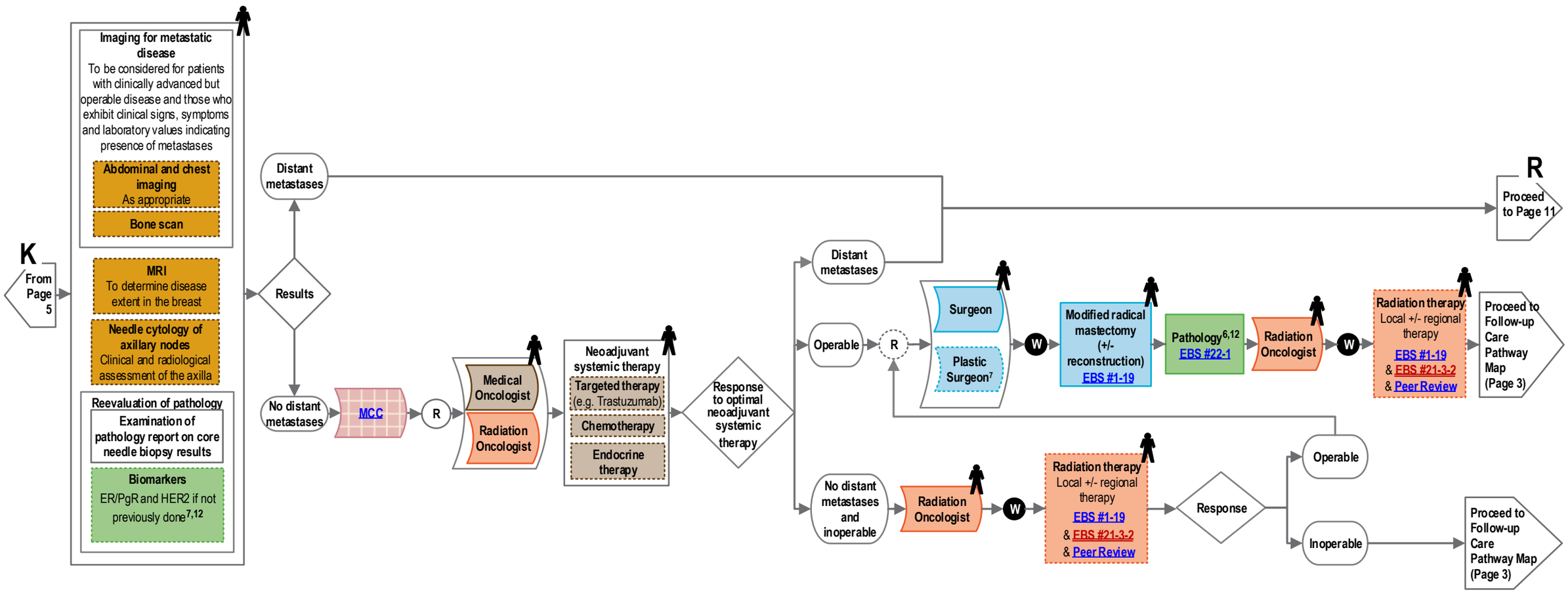

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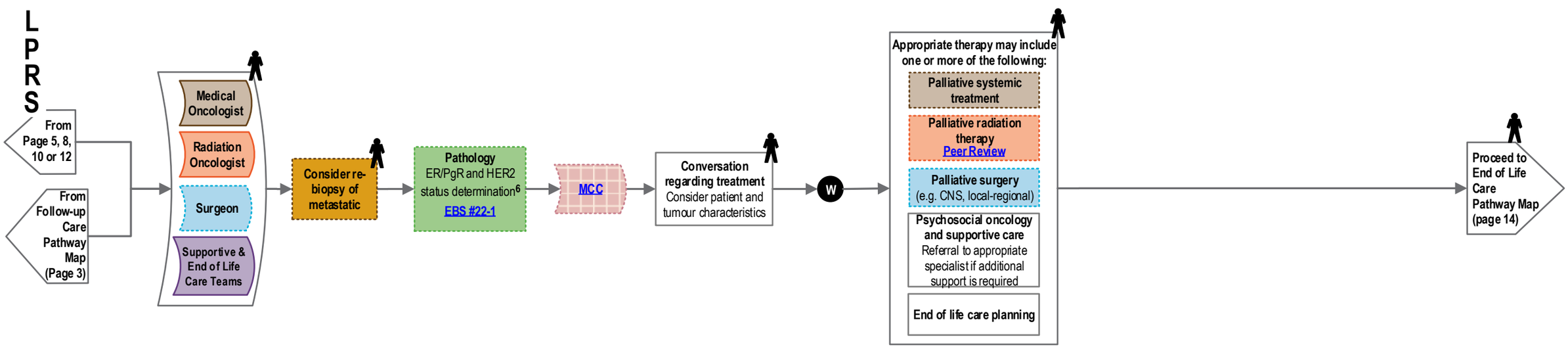

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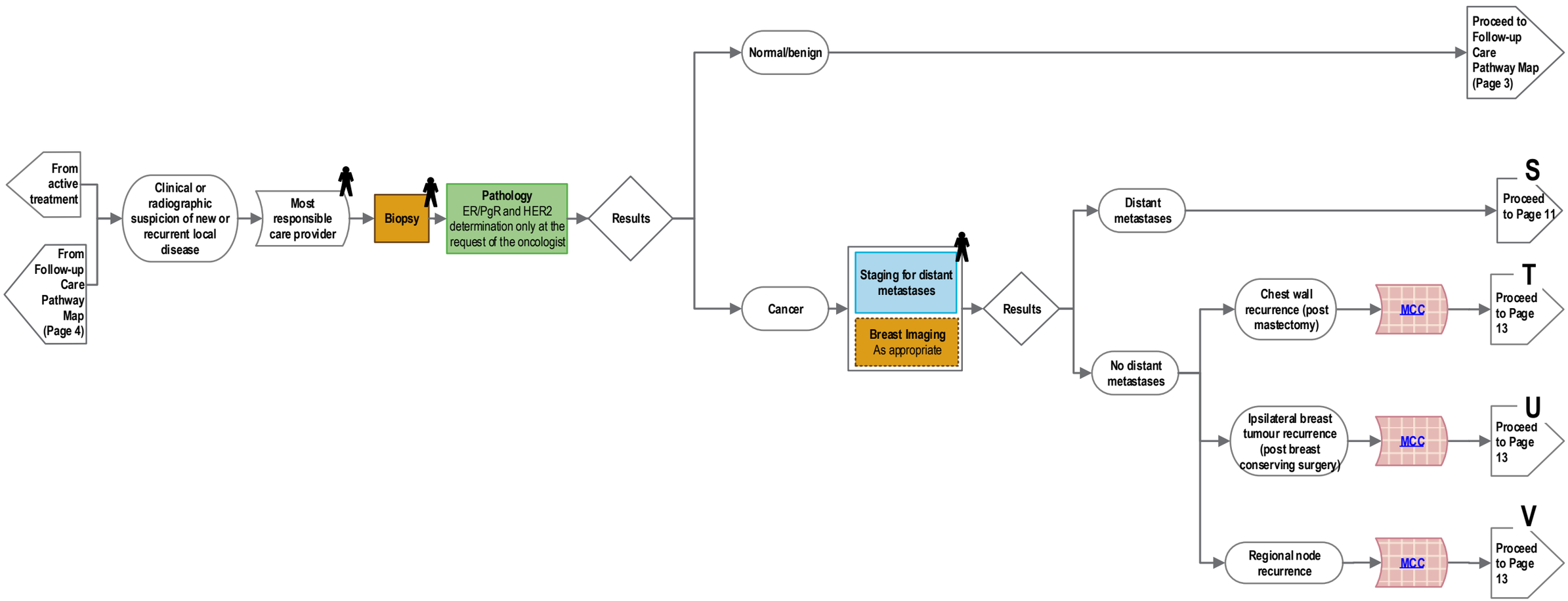

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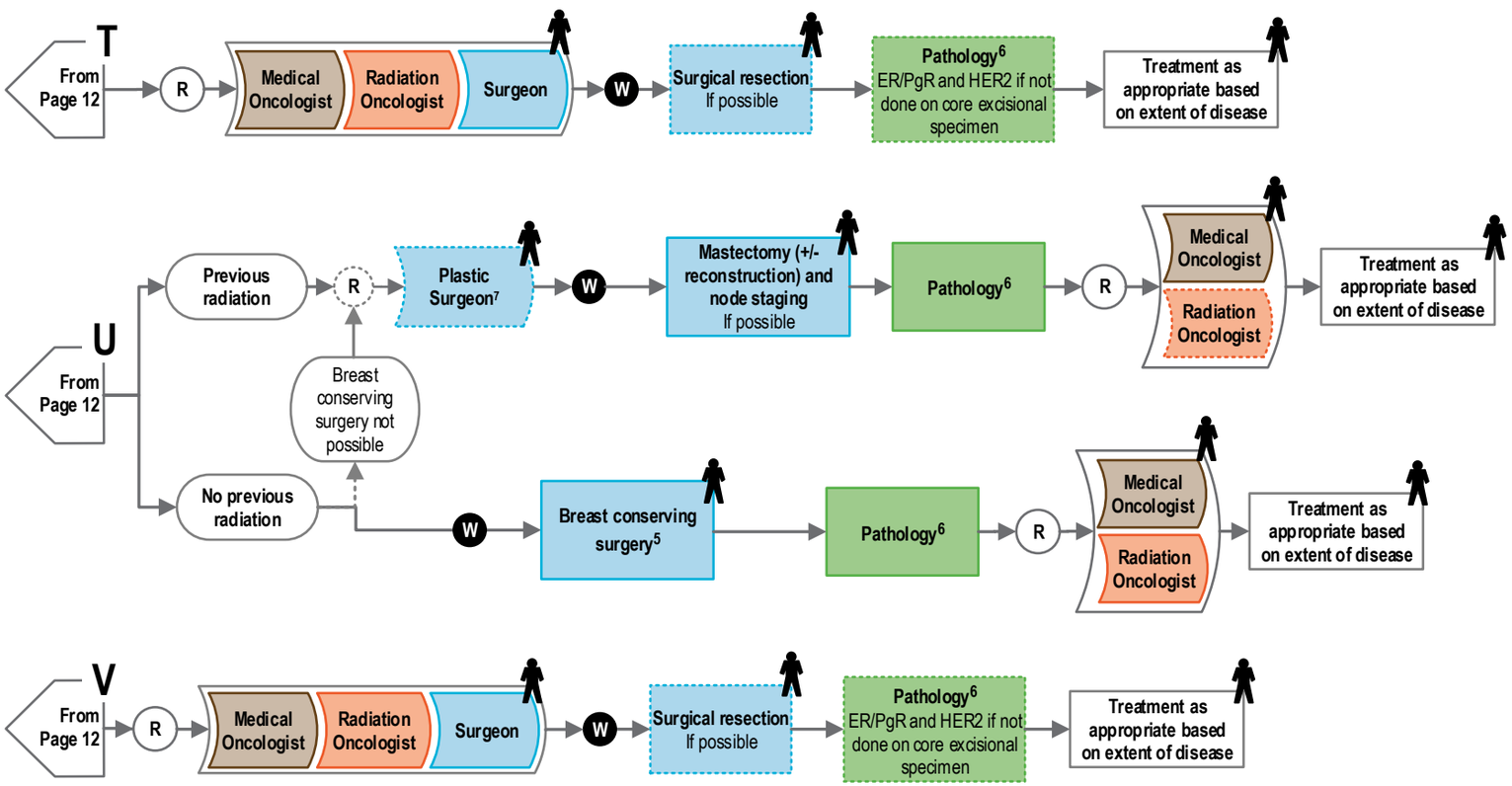

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Pathway Map Target Population:

Individuals with cancer approaching end of life, and their families.

While this section of the pathway map is focused on the care delivered at the end of life, the palliative care approach begins much earlier on in the illness trajectory.
Refer to Screen, Assess & Plan within the Psychosocial & Palliative Care Pathway Map

Triggers that suggest patients are nearing the last few months and weeks life

- ECOG/Patient-ECOG/PRFS = 4
  OR
- PPS ≤ 30
- Declining performance status/functional ability
- Gold Standards Framework indicators of high mortality risk

Screen, Assess, Plan, Manage and Follow-Up

+

End of Life Care planning and implementation
Collaboration and consultation between specialist-level care teams and primary care teams

End of Life Care (refer to Collaborative Care Plan)

☐ **Revisit Advance Care Planning**
- Ensure the patient has determined who will be their Substitute Decision Maker (SDM)
- Ensure the patient has communicated to the SDM his/her wishes, values and beliefs to help guide that SDM in future decision making

☐ **Discuss and document goals of care with patient and family**
- Assess and address patient and family's information needs and understanding of the disease, address gaps between reality and expectation, foster realistic hope and provide opportunity to explore prognosis and life expectancy, and preparedness for death
- Introduce patient and family to resources in community (e.g., day hospice programs)

☐ **Develop a plan of treatment and obtain consent**
- Determine who the person wants to include in the decision making process (e.g., substitute decision maker if the person is incapable)
- Develop a plan of treatment related to disease management that takes into account the person's values and mutually determined goals of care
- Obtain consent from the capable person or the substitute decision maker if the person is incapable for an end-of-life plan of treatment that includes:
  - Setting for care
  - Resuscitation status
  - Having, withholding and or withdrawing treatments (e.g. lab tests, medications, etc.)

☐ **Screen for specific end of life psychosocial issues**
- Specific examples of psychological needs include: anticipatory grief, past trauma or losses, preparing children (young children, adolescents, young adults), guardianship of children, death anxiety
- Consider referral to available resources and/or specialized services

☐ **Identify patients who could benefit from specialized palliative care services (consultation or transfer)**
- Discuss referral with patients and family

☐ **Proactively develop and implement a plan for expected death**
- Explore place-of-death preferences and assess whether this is realistic
- Explore the potential settings of dying and the resources required (e.g., home, residential hospice, palliative care unit, long term care or nursing home)
- Anticipate/Plan for pain & symptom management medications and consider a Symptom Response Kit (SRK) for unexpected pain & symptom management
- Preparation and support for family to manage
- Discuss emergency plans with patient and family (who to call if emergency in the home or long-term-care or retirement home)

☐ **Home care planning**
- Connect with CCAC early (not just for last 2-4 weeks)
- Ensure resources and elements in place
- Consider a Symptom Response Kit (SRK) with access to pain, dyspnea and delirium medication
- Identify family members at risk for abnormal/complicated grieving and connect them proactively with bereavement resources

Eastern Cooperative Oncology Group Performance Status (ECOG); Palliative Performance Scale (PPS); Patient Reported Functional Status (PRFS)
For more information on the Gold Standards Framework, visit http://www.goldstandardsframework.org.uk/