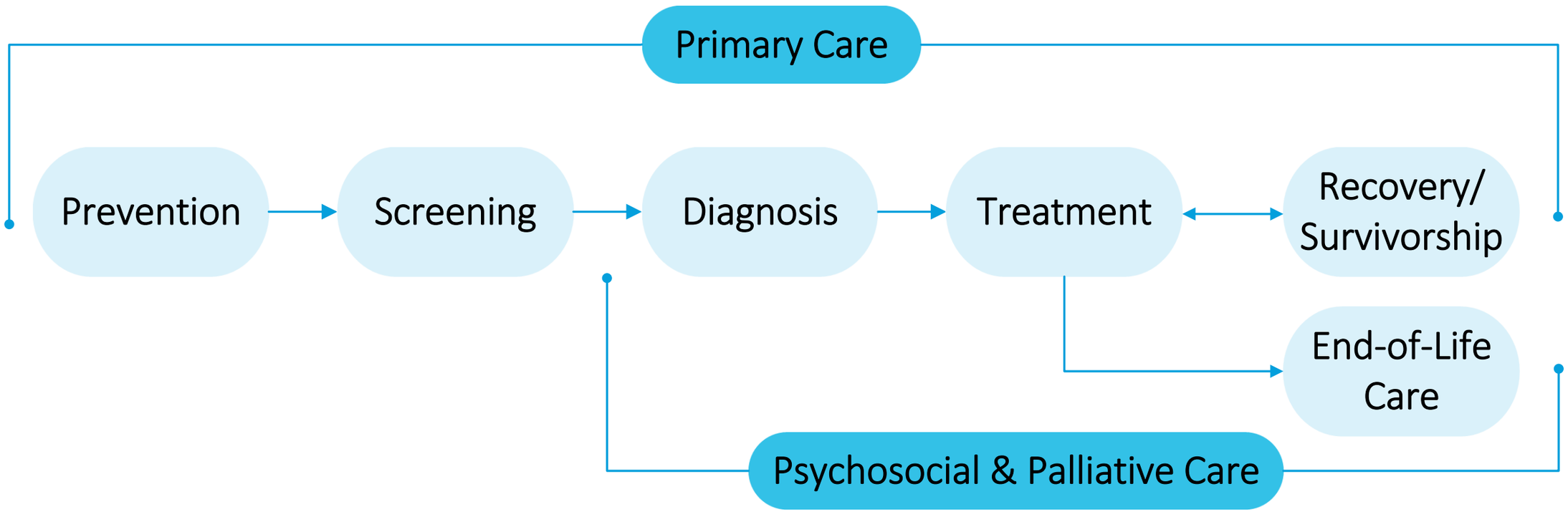
# Breast Cancer Treatment Pathway Map

Version 2024.04






Ontario Health
Cancer Care Ontario

## Target Population

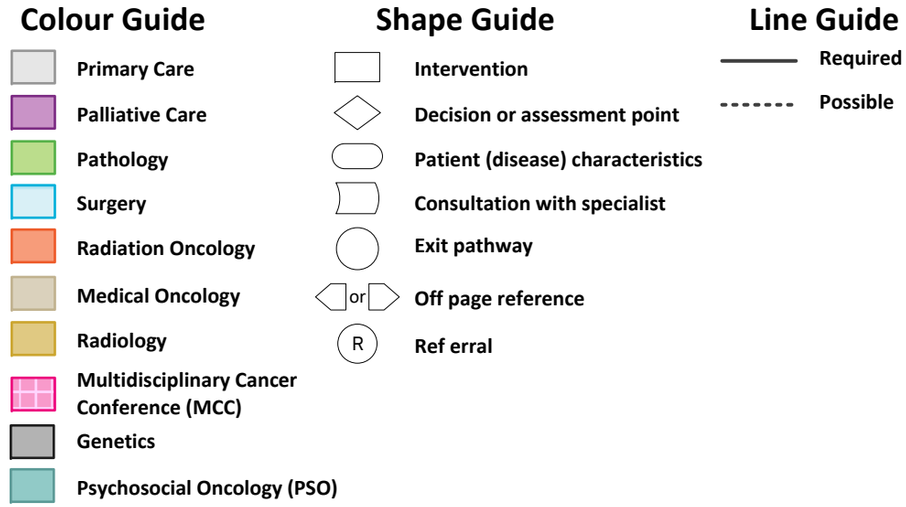
Patients with a confirmed breast cancer diagnosis who have undergone the recommended diagnostic and staging procedures outlined in the **Breast Cancer Screening and Diagnosis Pathway Map**.

## 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, **Health811** 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.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See **Psychosocial Oncology Guidelines Resources**.
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See **Ontario Fertility Program** .
- 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




## 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.

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 Ontario Health (Cancer Care Ontario) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

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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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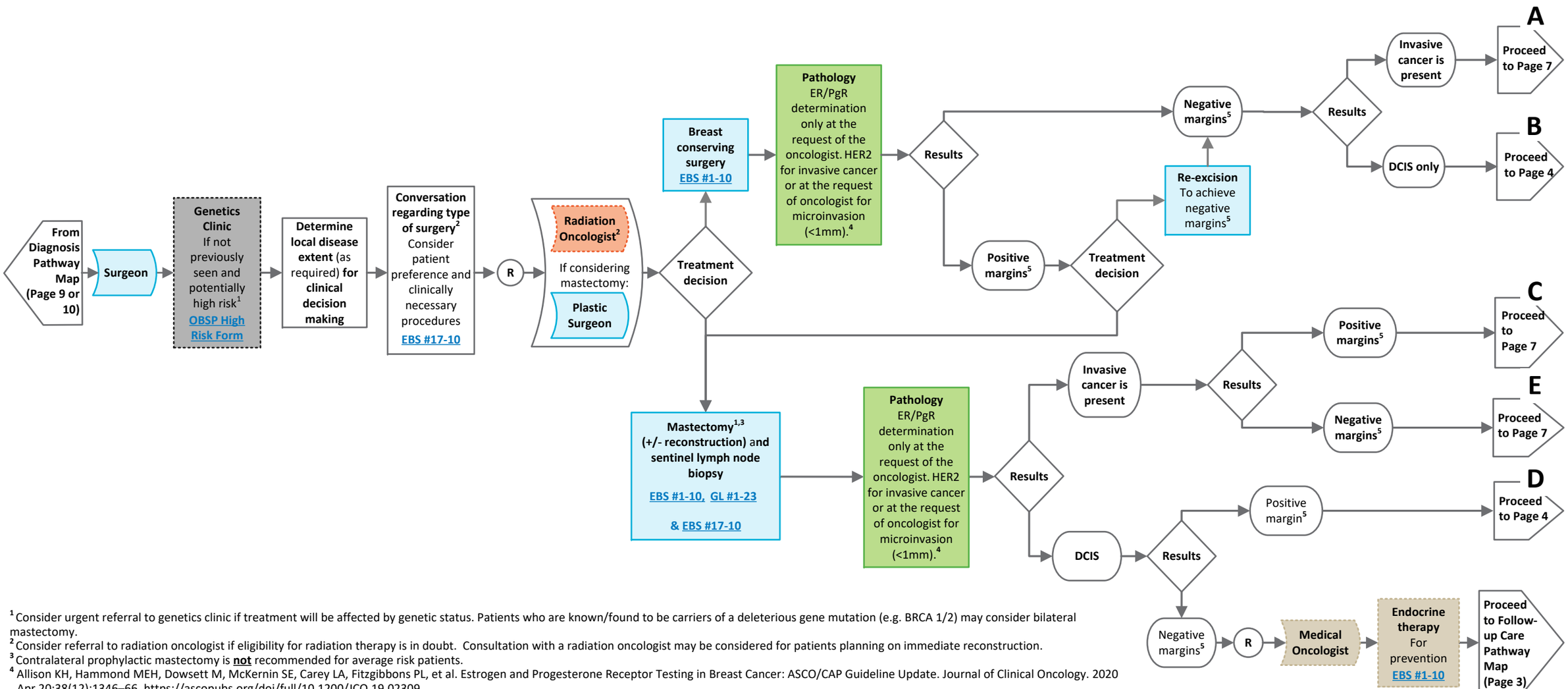


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[2] Consider referral to radiation oncologist if eligibility for radiation therapy is in doubt. Consultation with a radiation oncologist may be considered for patients planning on immediate reconstruction.

[3] Contralateral prophylactic mastectomy is **not** recommended for average risk patients.

[4] Allison KH, Hammond MEH, Dowsett M, McKernin SE, Carey LA, Fitzgibbons PL, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Guideline Update. Journal of Clinical Oncology. 2020 Apr 20;38(12):1346–66. https://ascopubs.org/doi/full/10.1200/JCO.19.02309

[5] Positive margins are defined as ink on tumour and the optimal negative margin width is > 2 mm. Morrow M, Van Zee KJ, Solin LJ, Houssami N, Chavez-MacGregor M, Harris JR, et al. 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. Practical Radiation Oncology. 2016 Sep;6(5):287–95. https://pubmed.ncbi.nlm.nih.gov/27538810/

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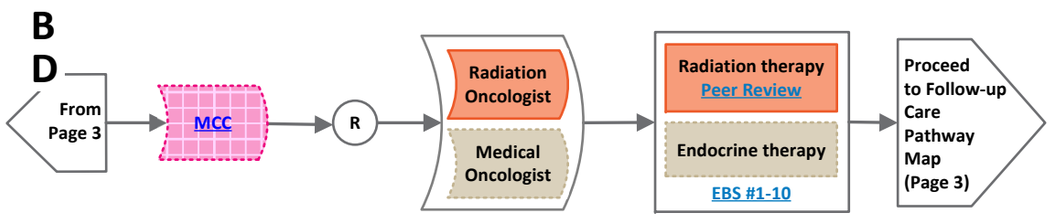

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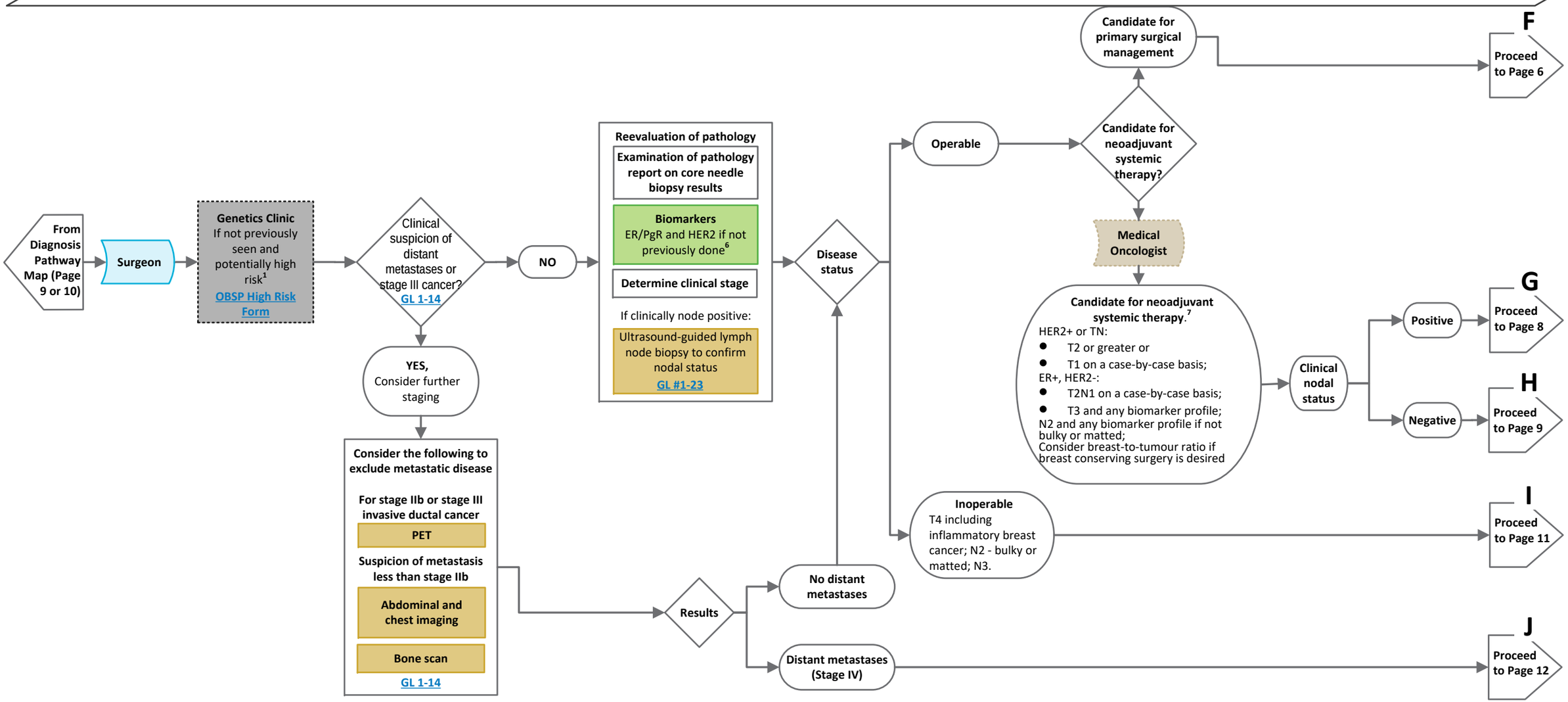


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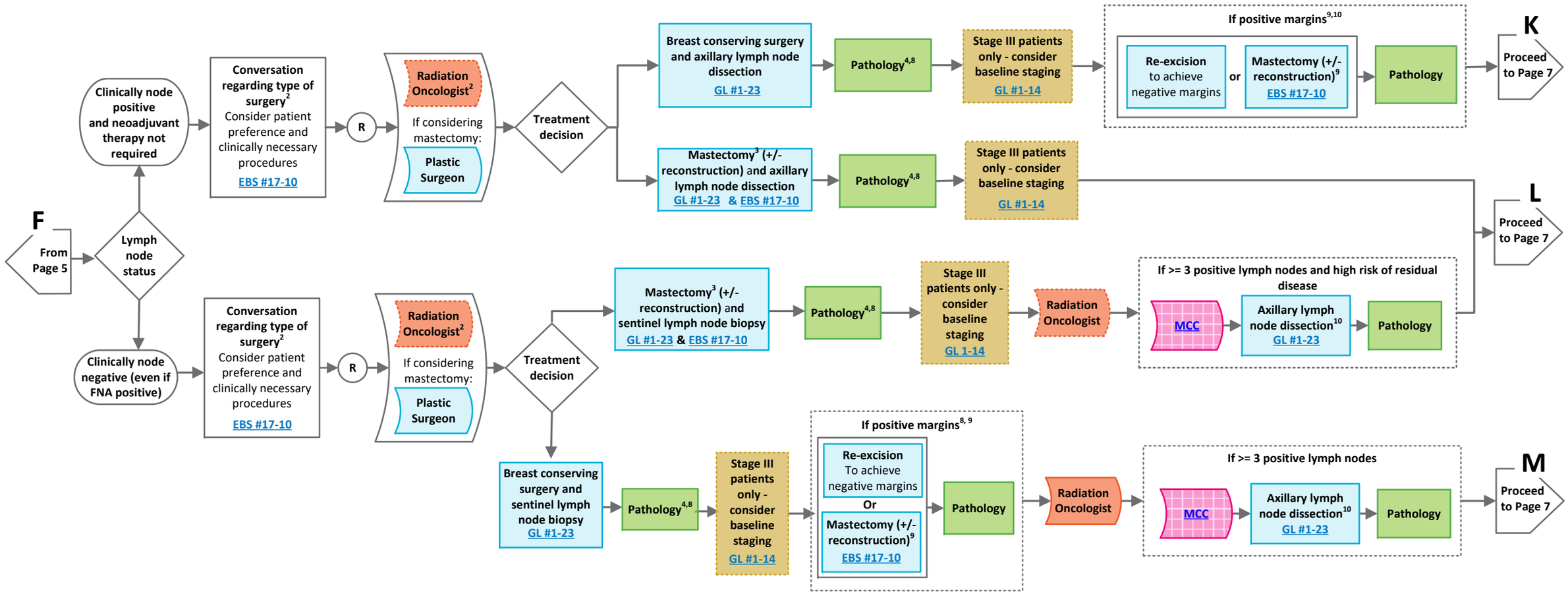


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[8] If no cancer in surgical specimen (e.g. very small tumours, <1cm) refer to core biopsy pathology including biomarker testing.
[9] Negative margins are defined as no ink on tumor [no cancer cells adjacent to any inked edge/surface of the specimen] and positive margins are defined as ink on tumour. Buchholz TA, Somerfield MR, Griggs JJ, El-Eid S, Hammond MEH, Lyman GH, et al. Margins for Breast-Conserving Surgery With Whole-Breast Irradiation in Stage I and II Invasive Breast Cancer: American Society of Clinical Oncology Endorsement of the Society of Surgical Oncology/American Society for Radiation Oncology Consensus Guideline. Journal of Clinical Oncology. 2014 May 10;32(14):1502–6. https://ascopubs.org/doi/full/10.1200/JCO.2014.55.1572
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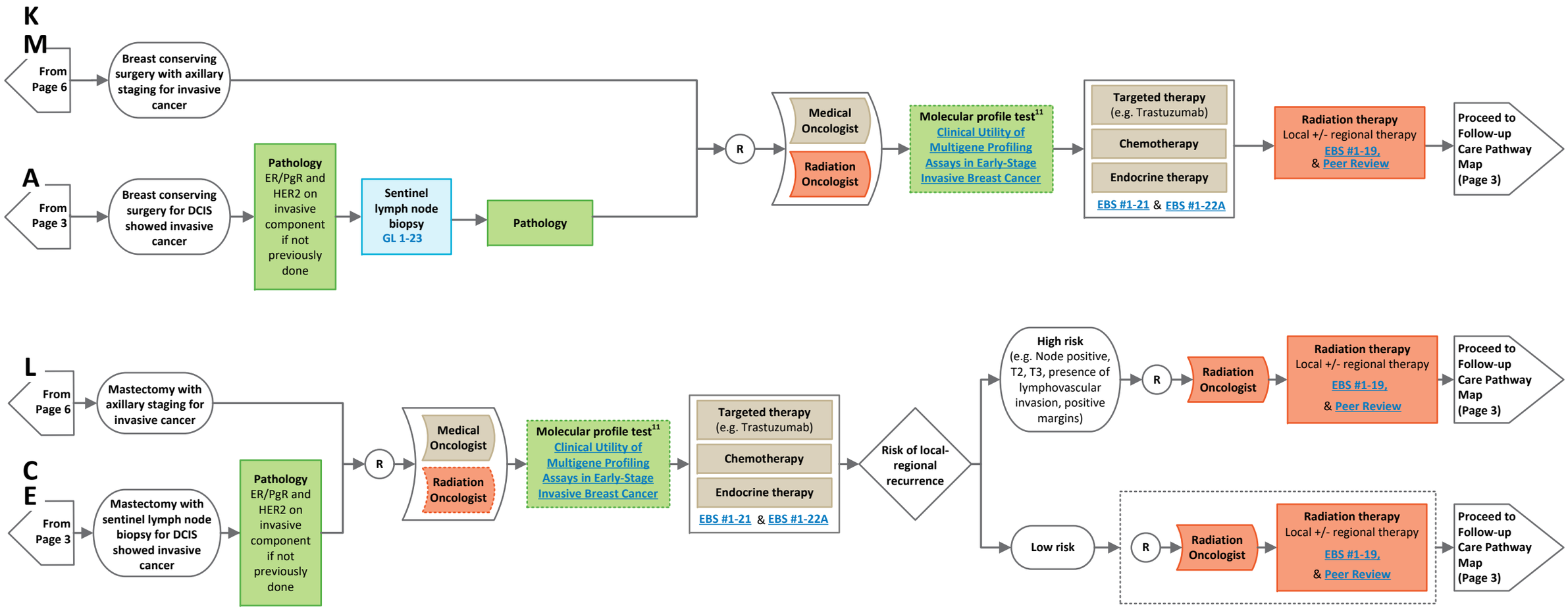


[11] Candidates for molecular profile tests are patients with ER positive, HER2 negative, and lymph-node negative early-stage invasive breast cancer in whom the decision for chemotherapy is unclear.

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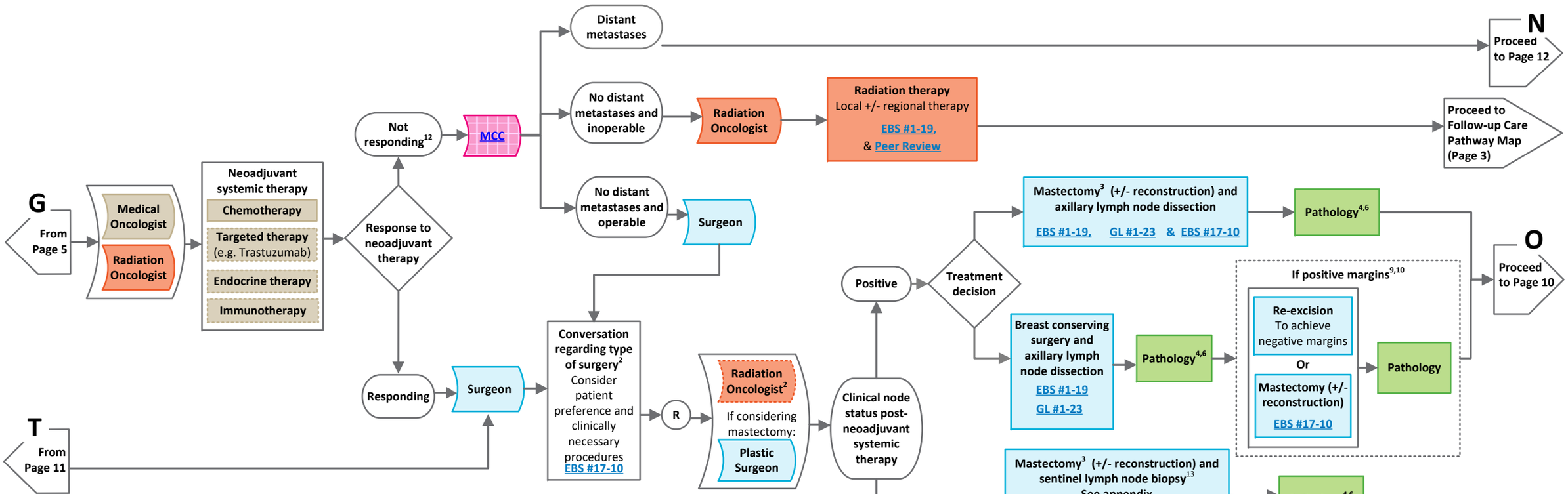


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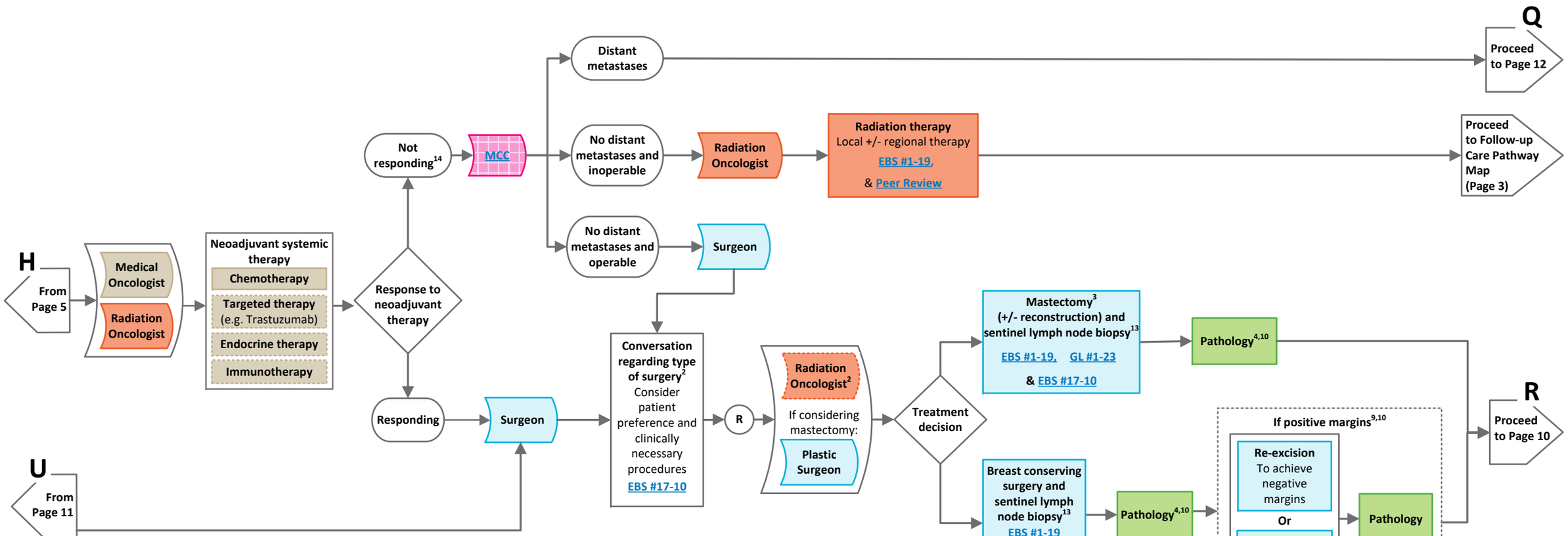


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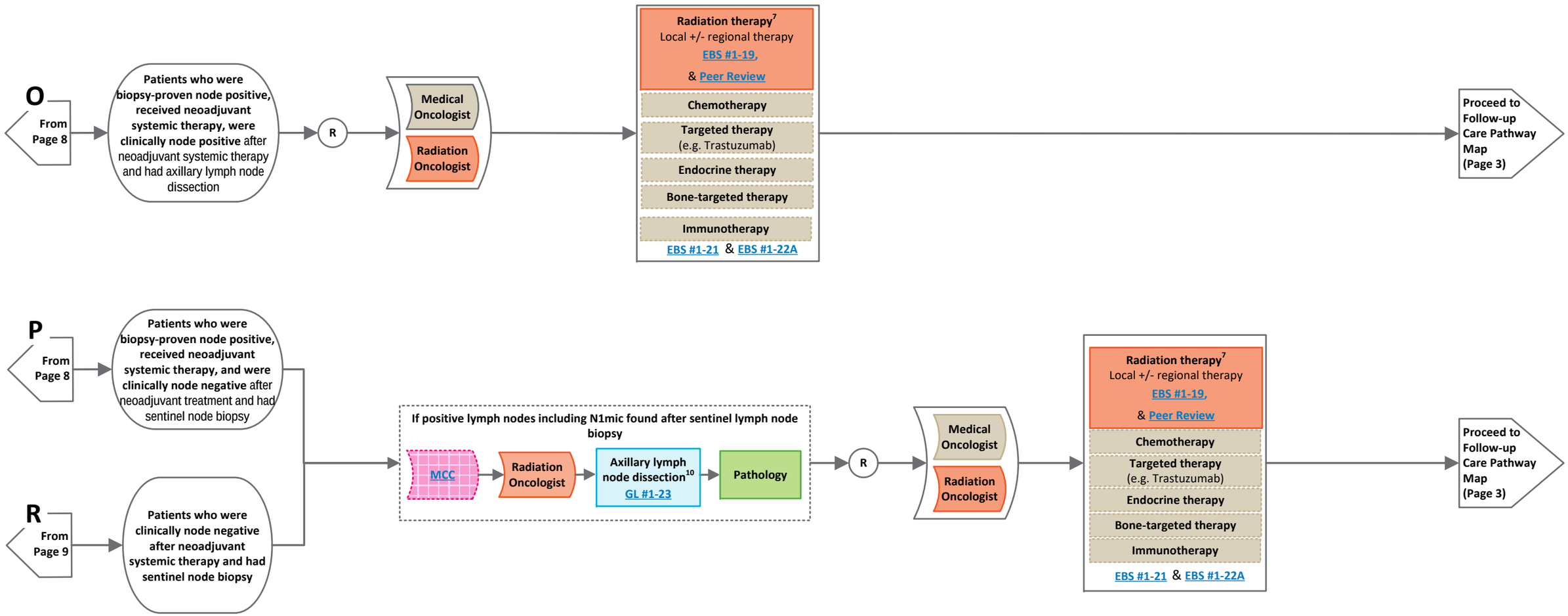


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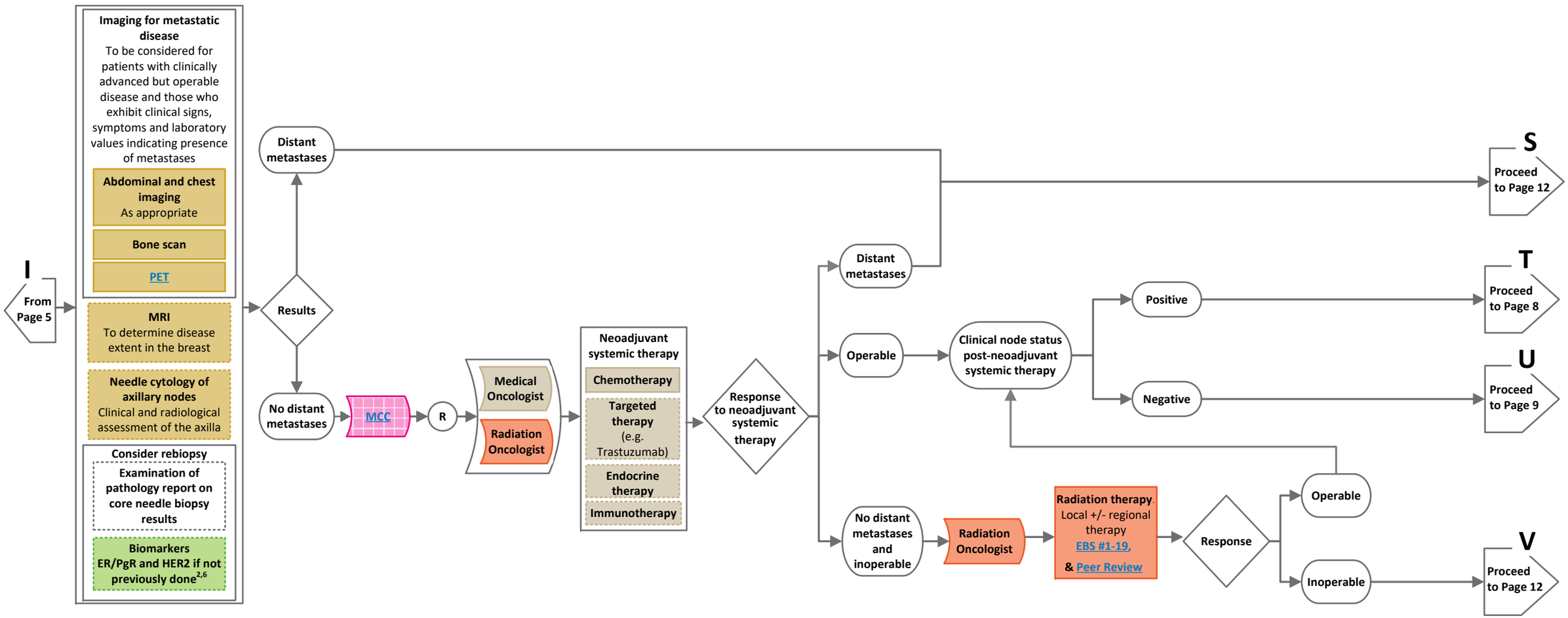


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**J N S V W**

From Page 5, 8, 11 or 13

From Follow-up Care Pathway Map (Page 4)

- Medical Oncologist
- Radiation Oncologist
- Surgeon
- Palliative Care

Review biomarkers and consider rebiopsy

Pathology and biomarkers
Comprehensive Cancer Testing Indications

MCC

**Conversation regarding goals of care and treatment options**
Consider patient and tumour characteristics

**Appropriate therapy may include one or more of the following:**

- **Systemic treatment**
- **Radiation therapy**
  Peer Review
- **Surgery**
  (e.g. oligometastatic, imminent fracture, isolated CNS)
- **Psychosocial oncology and palliative care**
  Referral to appropriate specialist if additional support is required
- **End of life care planning**

Palliative Care Guidelines

**Proceed to End of Life Care (Page 15)**

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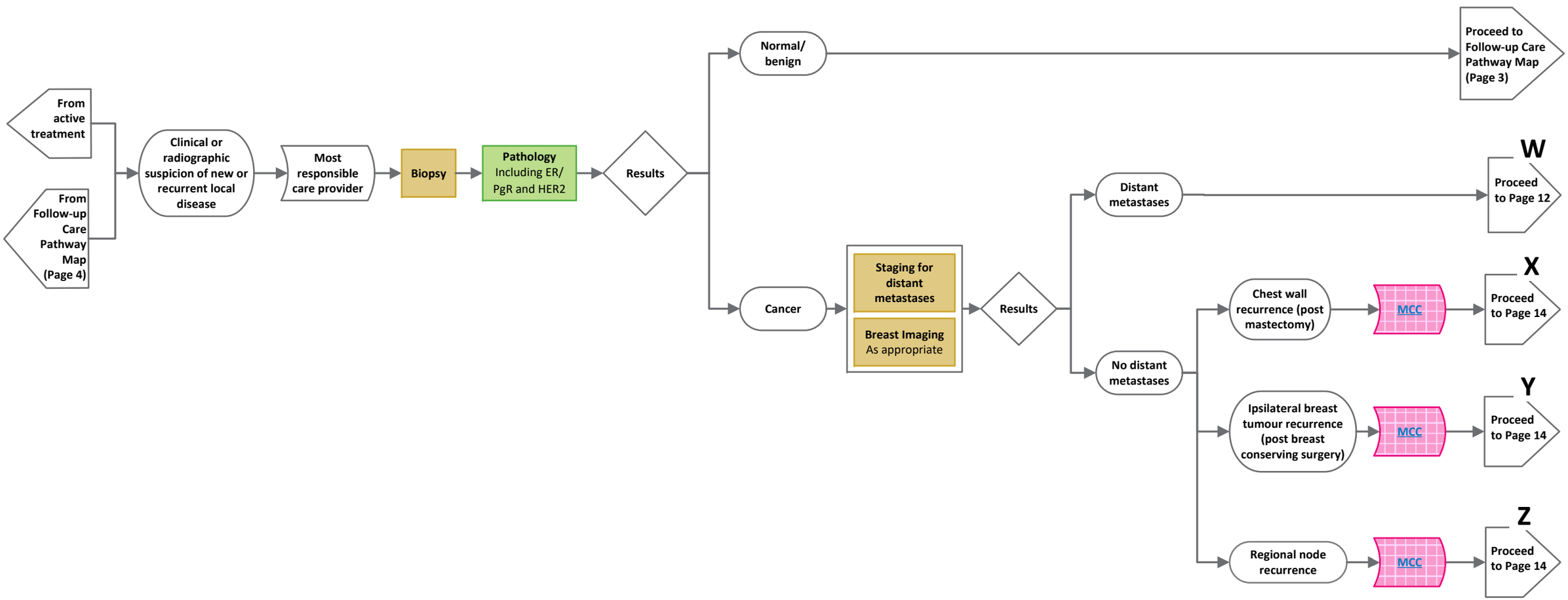

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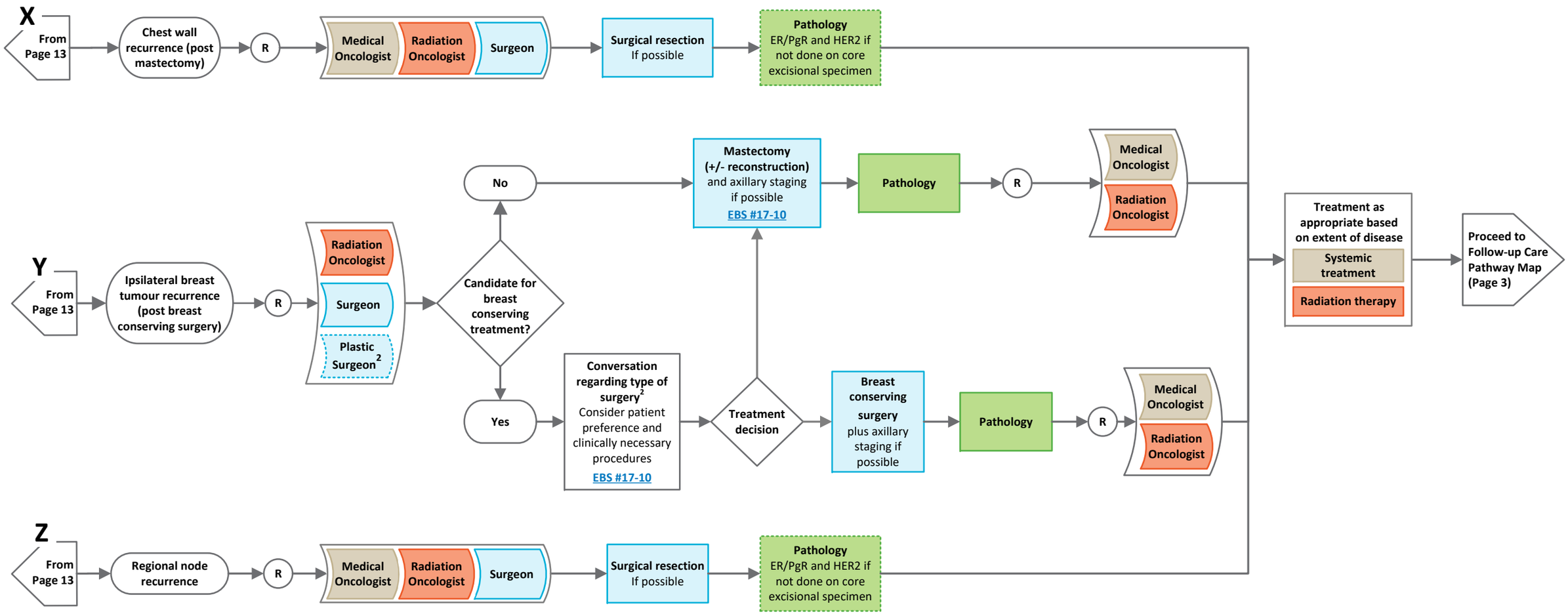


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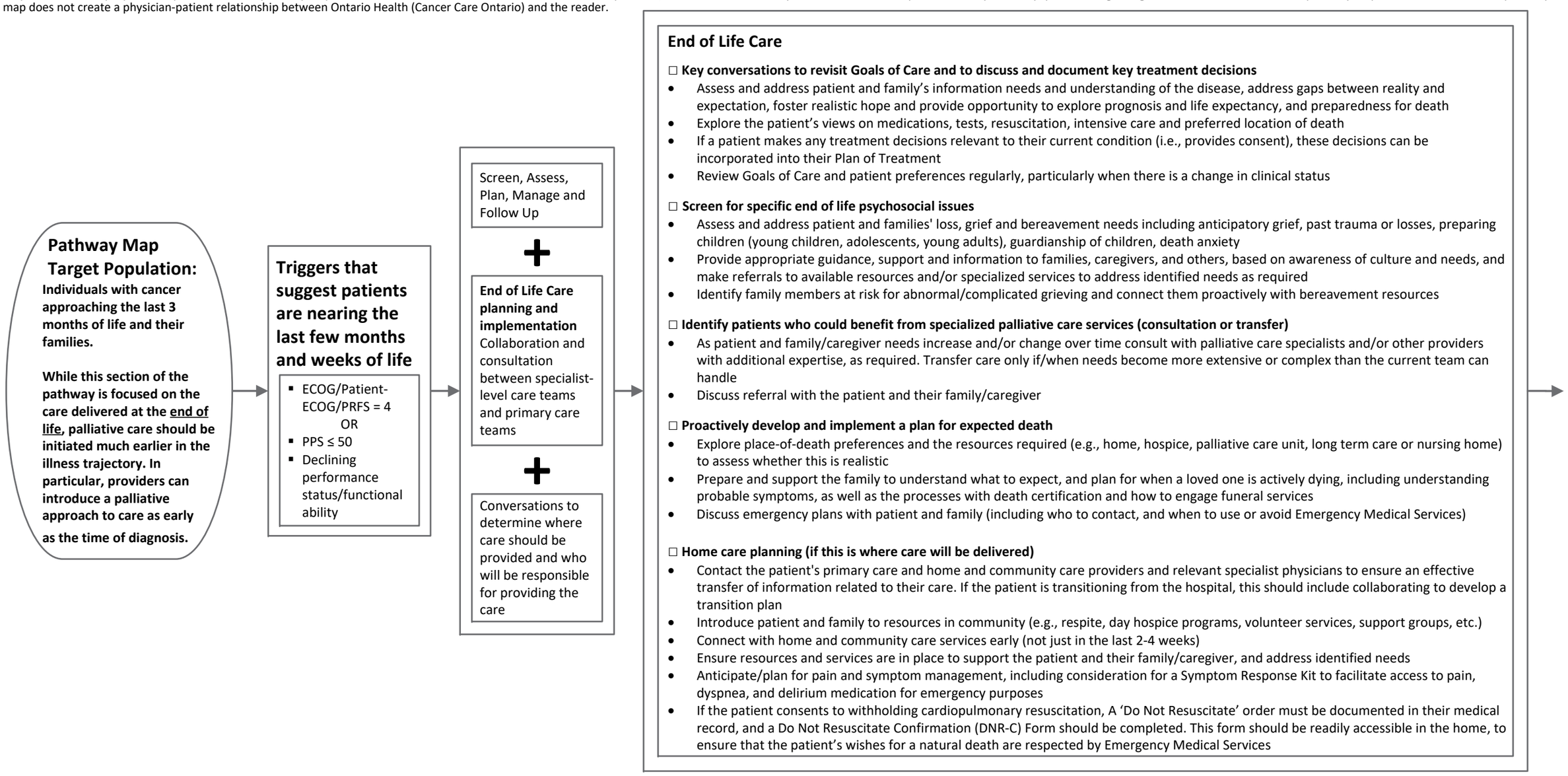

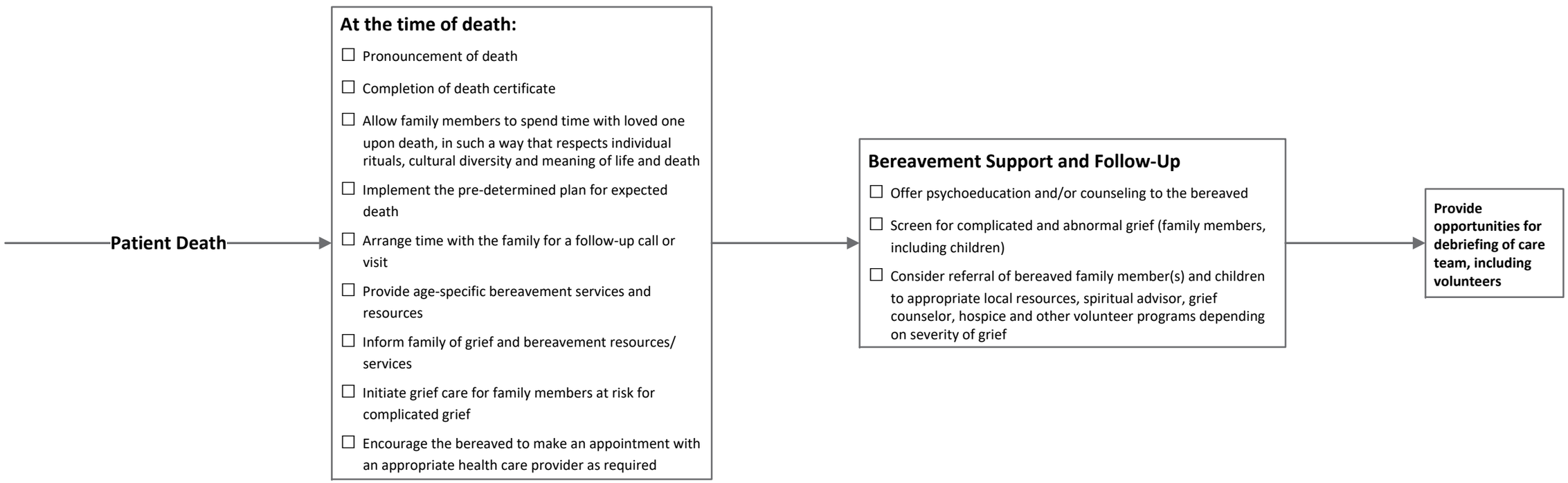

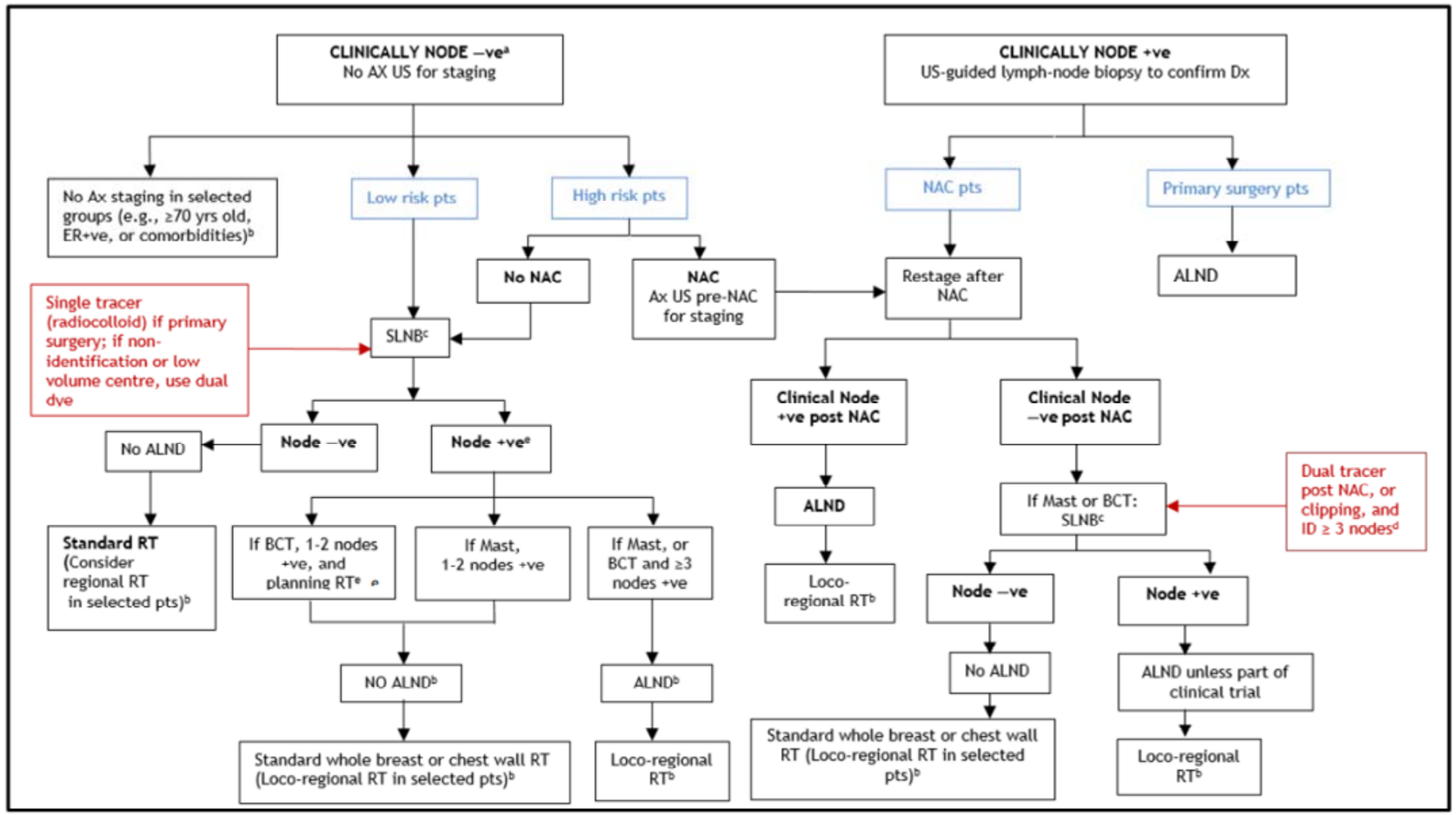


a Refers to all patients with no palpable axillary nodes on physical examination, including those who may have had an ultrasound that was equivocal, abnormal, or even biopsy-proven positive.
b Decision making should be made on a case-by-case basis, and include a patient centered approach, that is consider and discuss pros and cons of various options in light of patient's specific circumstances, values and preferences.
c Do not recommend SLNB before chemotherapy except in special circumstances after multidisciplinary discussion.
d Evidence supports the use of dual localizing tracer (blue dye and radio-isotopye) and harvesting ≥3 nodes or else do ALND to minimize false negative rate; any clipped positive nodes should be localized for surgery.
e In rare circumstances (e.g., a small T1aN1) it is possible to avoid radiation (see Justification of Recommendation 3D)

Allison KH, Hammond MEH, Dowsett M, McKernin SE, Carey LA, Fitzgibbons PL, et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Guideline Update. Journal of Clinical Oncology. 2020 Apr 20;38(12):1346–66. https://ascopubs.org/doi/full/10.1200/JCO.19.02309