Salisbury NHS Foundation Trust
Multidisciplinary Care Pathway For Breast Cancer
**Specific Management for Breast Pathway**

<table>
<thead>
<tr>
<th>PAC Date/Sign</th>
<th>Key Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Consultant Surgeon:</strong> – Miss A Aertssen / Miss V Brown / Miss R Fiddes / Other</td>
</tr>
<tr>
<td></td>
<td><strong>Breast Care Nurse:</strong> – Shirley Holmes / Sonnya Dabill / Other</td>
</tr>
</tbody>
</table>

- □ Patient information booklet
- □ Arm exercises / lymphoedema advice
- □ Drain care + discharge planning – including first post-operative clinic
- □ Reconstruction discussion – N/A / Not wanted / Immediate / ?Delayed
- □ Patient offered copy of initial consultation letter Y / N / Declined

Consent □

eHNA started (recorded Somerset)  □

* **Operation:** L / R Mastectomy
  - L / R Wide Local Excision
  - L / R Slnbx +/- proceed Axillary Clearance
  - L / R Axillary Clearance

- □ Localisation organised if appropriate
- □ CXR Result – normal / abnormal
- □ LFT’s Result – normal / abnormal

Referral from PAC to Surgeon / Anaesthetist / Other - Recorded on Somerset

**Day 0**

- □ Check consent + operation with list and patient
- □ Check tumour site marked / localized

**Day 1**

- **Medical**
  - Drain volume =
  - □ Check wound for bruising / collection

- **CNS in-patient discharge review**
  - □ Mobilisation + arm exercises
  - □ Wound Check/Drain Care
  - □ Discharge checklist, and follow-up.

**Sign/date:**

**Day 2+**

- Repeat Day 1 if necessary
- Discharged on Day:

**Comments:**
# Breast Cancer follow-up sheet

<table>
<thead>
<tr>
<th>FU Interval/Date</th>
<th>MG Due + Result</th>
<th>DEXA Scan</th>
<th>Examination – NSR / see below</th>
<th>Endocrine</th>
<th>Next action</th>
<th>Assessed by</th>
<th>CC Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>6m</td>
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<td>5 years</td>
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</tbody>
</table>

**Date**

**Comment**
Breast Care Pathway – 1st Operation Sheet

Patient Name / Label: ............................................................... Surgeon: ..............................................................
............................................................... Anaesthetist: ..............................................................

Operative Procedure:

Axillary - Clearance I / II / III
- SLNB
- None
Closure: Subcuticular vicryl
Exudrain: Y / N
Cavity Clips Y / N
Clinically fully excised: Y / N
Marker Stitches: Y / N

Surgeon Signature: ............................................................... Op. Date: .........................

Multiprofessional meeting date:

Size:
..............................
..............................
Nodes:
OSNA Ax Clearance

Grade: 1 / 2 / 3 Type: D / L / NST
Margins:
NPI TNM

Patient for Follow Up Only: [ ] Patient Suitable for PIFU at 6-months: [ ]

Endocrine [ ] Further Surgery [ ]
Tamoxifen [ ] Re-exn [ ]
Arimidex [ ] Mastectomy [ ]
Other [ ] Ax/SNB [ ]

Chemotherapy: [ ] Radiotherapy:
Herceptin: [ ] Breast [ ]
Staging: [ ] Chest Wall [ ]
[ ] Axilla [ ] Southampton

First post-operative outpatient visit:

Date:
Complications – Infection [ ] Haematoma [ ] Seroma, [ ] other:
Management plan:
Referrals made – Chemotherapy [ ] DXT [ ] other:
Signed: ............................................................... Await Oncology letter [ ] See in months
**Breast Care Pathway – 2\textsuperscript{nd} Operation Sheet**

**Patient Name / Label:**

**Surgeon:**

**Anaesthetist:**

**Operative Procedure:**

- **Axillary** - Clearance I / II / III
- **SLNB**
- **Sample**
- **None**

**Closure:**

Subcuticular vicryl

**Exudrain:**

Y / N

**Cavity Clips**

Y / N

**Clinically fully excised:**

Y / N

**Marker Stitches:**

Y / N

**Surgeon Signature:**

……………………………………………………………

**Op. Date:** ……………………

**Multiprofessional meeting date:**

**Size:**

- ________________________________

**Grade:** 1 / 2 / 3

**Type:** D / L / NST

**ER Status:** + / -

**PR Status:** + / -

**LV invasion:** + / -

**Her 2:** + / -

**Nodes:**

- ________________________________

**OSNA**

Ax Clearance

**NPI**

**TNM**

**Margins:**

**Patient for Follow Up Only:**

☐

**Patient Suitable for PIFU at 6-months:**

☐

**Endocrine**

- Tamoxifen
- Arimidex
- Other

**Further Surgery**

- Re-exn
- Mastectomy
- Ax/SNB

**Chemotherapy:**

- Herceptin
- Staging

**Radiotherapy:**

- Breast
- Chest Wall
- Axilla
- Southampton
- Bath
- Poole

**First post-operative outpatient visit:**

**Date:**

**Complications** –

- Infection
- Haematoma
- Seroma
- other:

**Management plan:**

**Referrals made** –

- Chemotherapy
- DXT
- other:

**Signed:** ……………………………………..

**Await Oncology letter**

☐

**See in**

months
## Operative Procedure:

<table>
<thead>
<tr>
<th>Skin Closure:</th>
<th>Exudrain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Surgeon Signature: ................................................................. Op. Date: ....................

## First Post-operative Plastic Surgery Visit:  

Date: .................................................................

<table>
<thead>
<tr>
<th>Complications:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
</tr>
<tr>
<td>Haematoma</td>
<td></td>
</tr>
<tr>
<td>Asymmetry</td>
<td></td>
</tr>
<tr>
<td>Seroma</td>
<td></td>
</tr>
<tr>
<td>Malposition</td>
<td></td>
</tr>
<tr>
<td>Fat necrosis</td>
<td></td>
</tr>
</tbody>
</table>

Reconstruction flap necrosis: partial  complete

Next visit: ....................... Signature:..........................Print name:..........................

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Infection Hernia  
Haematoma Asymmetry  
Seroma Malposition  
Fat necrosis  
Reconstruction flap necrosis: partial complete
**Protocol for Assessment and Management of Bone Health in Breast Cancer Patients Taking Aromatase Inhibitors**

<table>
<thead>
<tr>
<th>Risk group</th>
<th>T score</th>
<th>Treatment advice</th>
<th>Scan frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>≥-1.0</td>
<td>Lifestyle advice&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Baseline No further scans unless clinically indicated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium risk</td>
<td>&lt;-1.0 but ≥2.0</td>
<td>Lifestyle advice&lt;sup&gt;a&lt;/sup&gt; Calcium and Vit D if deficient&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Baseline 2 years 5 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk 1</td>
<td>&lt;-2.0 or Vertebral fracture or Annual bone loss &gt;4%</td>
<td>Lifestyle advice&lt;sup&gt;a&lt;/sup&gt; Assess for secondary osteoporosis&lt;sup&gt;c&lt;/sup&gt; Calcium and vit D&lt;sup&gt;b&lt;/sup&gt; Treat with bisphosphanates&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Baseline 2 years 5 years</td>
</tr>
<tr>
<td>High risk 2</td>
<td>T score &lt; -3.0 or T score &lt; -2.0 and ≥ 1 risk factor&lt;sup&gt;e&lt;/sup&gt; or bisphosphonate intolerant or contra-indicated</td>
<td>Lifestyle advice&lt;sup&gt;a&lt;/sup&gt; Assess for secondary osteoporosis Calcium and Vit D&lt;sup&gt;b&lt;/sup&gt; <strong>Refer to rheumatologists for osteoporosis assessment</strong></td>
<td>Baseline 2 years 5 years</td>
</tr>
</tbody>
</table>

<sup>a</sup>Lifestyle advice
- Regular weight bearing exercise
- Stop smoking
- Avoid excess alcohol

Further lifestyle advice available in “Breast cancer treatment and the risk of osteoporosis – Factsheet.” Breast cancer care

<sup>b</sup>≥ 1g calcium + 400-800 IU Vit D daily

<sup>c</sup>ESR, FBC, bone profile, LFTs, serum creatinine, endomysial antibodies, TFTs

<sup>d</sup>Alendronate 70mg per week, risedronate 35mg per week or ibandronate 150mg po monthly

<sup>e</sup>Risk factors
- previous low-trauma fracture aged >50
- parental history of hip fracture
- alcohol intake ≥ 4units / day
- diseases associated with secondary osteoporosis
- prior corticosteroids for > 6 months
- low BMI (<22)