

CARE PATHWAY FOR MANAGEMENT OF BREAST DISEASE IN WOMEN

STAGES	INTERVENTIONS						
	CONSULTS/ REFERRALS	INVESTIGATIONS/ ASSESSMENTS/ PROCEDURES	PSYCHOSOCIAL	DISCUSSION/ EDUCATION	DESIRED OUTCOME		
EARLY DETECTION OF BREAST DISEASE	<ul style="list-style-type: none"> GP: annual breast examination 	<ul style="list-style-type: none"> Regular breast self examination (BSE) Screening mammogram: <ul style="list-style-type: none"> 2nd yearly if > 50yrs Diagnostic mammogram: <ul style="list-style-type: none"> as advised by GP 	<ul style="list-style-type: none"> Women made to feel comfortable about breast examination 	<ul style="list-style-type: none"> Importance of breast examination emphasised Women made aware of methods of detecting breast abnormality. Education should include: <ul style="list-style-type: none"> community education programs routine mammogram if > 50 yrs discussion with GPs during routine check-ups eligibility & access to breast screen facilities Importance of seeking early intervention if breast abnormality detected emphasised 	<ul style="list-style-type: none"> Women in the community aware of the methods of detecting breast abnormality Women aware of breast abnormalities that may indicate breast disease Women seek early intervention if breast abnormality detected 		
PREDIAGNOSIS Asymptomatic/ Symptomatic women	<ul style="list-style-type: none"> GP (screening/assessment) BreastScreen (screening/assessment) Surgeon (diagnostic workup) Breast Care Nurse (care coordinator) Social Worker (practical support, as indicated) 	<ul style="list-style-type: none"> Clinical history Physical assessment Diagnostic workup (radiology & pathology) may include: <table style="width: 100%; border: none;"> <tr> <td style="border: none; vertical-align: top;"> <ul style="list-style-type: none"> clinical exam. chest x-ray blood tests mammogram ultrasound </td> <td style="border: none; vertical-align: top;"> <ul style="list-style-type: none"> fine needle aspiration core biopsy open biopsy/ lumpectomy </td> </tr> </table> 	<ul style="list-style-type: none"> clinical exam. chest x-ray blood tests mammogram ultrasound 	<ul style="list-style-type: none"> fine needle aspiration core biopsy open biopsy/ lumpectomy 	<ul style="list-style-type: none"> Comfortable environment provided Social profile obtained Practical support considered, including: <ul style="list-style-type: none"> accommodation transport financial assistance Support person encouraged to be present for investigations, consultations etc. Consider individual needs, preferences when discussing treatment options 	<ul style="list-style-type: none"> All investigations & procedures explained Variety of techniques used to impart information: <ul style="list-style-type: none"> verbal written graphic Appropriate language used Literacy/cultural barriers considered Discussion & explanation of: <ul style="list-style-type: none"> treatment options & outcomes risks & possible complications ongoing care 	<ul style="list-style-type: none"> Accurate diagnosis made Woman fully informed of investigations & procedures Appropriate psychosocial support provided: <ul style="list-style-type: none"> Breast Care Nurse (BCN) Social Worker
<ul style="list-style-type: none"> clinical exam. chest x-ray blood tests mammogram ultrasound 	<ul style="list-style-type: none"> fine needle aspiration core biopsy open biopsy/ lumpectomy 						
DIAGNOSIS BENIGN	<ul style="list-style-type: none"> GP (ongoing care) Surgeon Breast Care Nurse Nurse Counsellor (BreastScreen) Social worker/ counsellor (as indicated) 	<p style="text-align: center;">ASYMPTOMATIC</p> <ul style="list-style-type: none"> Breast self examination Routine screening Early review <p style="text-align: center;">SYMPTOMATIC</p> <ul style="list-style-type: none"> Breast Self Examination Regular screening Early review 			<ul style="list-style-type: none"> Support person encouraged to be present for diagnostic result <ul style="list-style-type: none"> Family/friend BCN/Social Worker Woman aware of importance of: <ul style="list-style-type: none"> Continuing regular BSE annual GP examination regular screening mammograms if > 50 yrs 		
DIAGNOSIS/ MALIGNANT	<ul style="list-style-type: none"> Surgeon (consultant) GP (kept informed of progress) BCN (care coordinator) Social worker/counsellor (as indicated) 	<p style="text-align: center;">ASYMPTOMATIC/SYMPTOMATIC</p> <ul style="list-style-type: none"> Decision re type of surgery may include: <ul style="list-style-type: none"> lumpectomy seg/quad mastectomy with/without axillary clearance mastectomy with axillary clearance mastectomy with reconstruction Other tests may include: <ul style="list-style-type: none"> liver ultrasound bone scan Consider suitability for clinical trial, discuss 			<ul style="list-style-type: none"> Woman fully informed of treatment options Treatment plan decided by woman, in consultation with surgeon & support team Appropriate psychosocial support provided Referral to Breast Care Nurse 		
BREAST RECONSTRUCTION (if appropriate) <i>nb: breast reconstruction may occur at the time of mastectomy, or at a future date</i>	<ul style="list-style-type: none"> Plastic surgeon/ breast reconstruction surgeon 	<ul style="list-style-type: none"> Surgeon and reconstruction/ plastic surgeon to liaise regarding appropriate surgery time 			<ul style="list-style-type: none"> Care coordinated to include breast reconstruction (where appropriate) 		
PREOP/ ACUTE CARE	Refer to Clinical Pathways for Breast Surgery (section 3)				<ul style="list-style-type: none"> Woman makes smooth transition from acute care to care in the community 		
DEVELOPMENT OF LIFE STRATEGIES	<ul style="list-style-type: none"> GP Surgeon Breast Care Nurse Social Worker (followup) ACCV Support services (followup) 	<ul style="list-style-type: none"> Physical assessment Diagnosis followup Review as per clinician advice 	<ul style="list-style-type: none"> Involve family & support team Monitor woman's emotional & practical needs 	<ul style="list-style-type: none"> Appropriate language used Literacy/cultural barriers considered Discuss & explain ongoing care to maintain the woman's health & well being, including information & education regarding: <ul style="list-style-type: none"> resuming exercises resuming work hand & arm care 	<ul style="list-style-type: none"> Woman returns to her normal life situation Early detection of recurrence, local and/or distant Woman receives adequate psychosocial support from multidisciplinary care team & her support team Woman is able to: <ul style="list-style-type: none"> be positive about her life, image and death take responsibility for her own health make "life" decisions 		
ONCOLOGY Chemotherapy radiotherapy &/or adjuvant therapy (as per regime)	<ul style="list-style-type: none"> Oncologist Surgeon (consultant) Breast Care Nurse (support/prothesis) GP (kept informed of progress) Oncology nurse Physiotherapist Social Worker (as indicated) 	<ul style="list-style-type: none"> Pathology/histology results collated for treatment team to determine ongoing treatment Consider: <ul style="list-style-type: none"> histology stage & grades lymph node involvement & receptor status social & practical needs Consider treatment alternatives Design coordinated treatment plan & timeframes Adverse symptoms managed Pain controlled per orders Further tests according to woman's progress 	<ul style="list-style-type: none"> Involve family & support team Monitor woman's emotional & practical needs. Practical needs identified & actions taken to address concerns, eg. financial, accommodation, travel concerns. 	<ul style="list-style-type: none"> Appropriate language used Literacy/cultural barriers considered Discuss & explain ongoing care to maintain the woman's health & well being, including information & education regarding: <ul style="list-style-type: none"> resuming exercise resuming activities of daily living resuming work hand & arm care diet social support sexuality side effects of therapy, eg hair loss & fertility Visit with oncology/radiotherapy nurse. Ensure above issues have been discussed & understood. 	<ul style="list-style-type: none"> Early detection of local & distant recurrence Screening for new primary breast disease Detection of treatment-related toxicities Provision of appropriate psychosocial support 		
PALLIATIVE CARE	<ul style="list-style-type: none"> Palliative care team: <ul style="list-style-type: none"> GP Palliative Care Nurses Social Worker Pastoral Care Family/Carers Breast Care Nurse 	Care planned by the Palliative Care Team			<ul style="list-style-type: none"> Symptoms managed Provision of appropriate psychosocial support for family/carers A level of dignity & quality of life acceptable to the woman achieved 		