2. ERPR + HER2 - (surgery first) v 9-17-19

Pre-Surgical Care		Adjuvant Chemotherapy	
Consults		https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf	
	Medical oncology		.21)
	Surgical oncology	For	r most node positive or multigene assay high RS
	Radiation oncology		AC-T dose dense
	Plastic surgery		Docetaxel cyclophosphamide every 3 weeks x 6
	General medicine		cycles (preferred) or 4 cycles
	Chronic disease management		Clinical trial
	Fertility preservation	Su	pportive Considerations
	https://www.nccn.org/professionals/physician_gls/pdf/breast.		Appointment Calendar (list all appointments)
	<u>pdf</u> (pg.38)		Medication Calendar (pre-meds with steroids and anti-
	GYN/birth control		nausea meds)
	https://www.nccn.org/professionals/physician_gls/pdf/breast.		Anti-emetics
_	<u>pdf</u> (pg.38)		https://www.nccn.org/professionals/physician_gls/pdf/antiem_
	Dental consult		esis.pdf Bound regimen for constinction
	PT (evaluation & lymphedema teaching)		Bowel regimen for constipation
	https://www.nccn.org/professionals/physician_gls/pdf/survivo		Mucositis prevention
	<u>rship.pdf</u> (pg. 75) Smoking cessation (early if plastic reconstruction		Exercise for prevention of fatigue and neuropathy https://www.nccn.org/professionals/physician_gls/pdf/fatigue
	candidate) <u>https://www.nccn.org/professionals/physician_gl</u>		.pdf
	s/pdf/smoking.pdf		Ranitidine or omeprazole
	Genetics		Dexamethasone (pre-med for all taxane-containing
	Distress screen		regimens)
	Hair loss prevention (particularly if receiving non-		Lidocaine cream
	anthracycline chemotherapy)		diation Oncology
	Financial counseling/Insurance prior authorization	<u>I te</u>	Baseline arm measurement
	Social work evaluation		 Pregnancy test
	Research		
	sts/Imaging		 Breath hold teaching if left sided OT planning
	MRI breasts		CT planning
	https://www.nccn.org/professionals/physician_gls/pdf/breast.		Toxicity management teaching
	<u>pdf</u> (pg.37)		Radiation therapy start
	U/S breast/axilla		Weekly physician visits
	Biopsy/clip placement		Post radiation therapy visit and teaching
	CT PET or CT chest/abdomen and		
bone scan (Clinical stage IIB or III)			juvant Endocrine Therapy
De	finitive Breast Surgery		Premenopausal: tamoxifen for 10 years, or ovarian
	Axillary surgery,		ablation and Al for 5 years, or ovarian ablation and
	sentinel LN mapping and biopsy or		tamoxifen for 5 years
	targeted I-125 seed localized lumpectomy (TAD) or		Postmenopausal: tamoxifen for 10 years, aromatase
	formal axillary dissection		inhibitor for 5 to 10 years or tamoxifen followed by
	Lumpectomy w/needle localization or seed localization	_	aromatase inhibitor for 5 to 10 years
	Line placement		rvivorship
	Post-op care and activity teaching		os://www.nccn.org/professionals/physiciangls/pdf/survivorship.
	Post-op PT evaluation and lymphedema teaching	<u>pdf</u>	
Pre	-Adjuvant Chemotherapy		Treatment summary and survivorship referral
https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf			Weight control and alcohol counseling Exercise
(pg.48)			
	Multigene assays on node negative patients and		Psychology and support resources
	positive may consider select patients with <4 nodes		Sexual health
	CBC with differential		
	Metabolic panel		Bone health
	Liver panel		Lymphedema/neuropathy
	Hepatitis B testing		Reconstruction
	FSH/estradiol		Breast cancer screening and f/u schedule
	B12		Communication with primary care physician
	Pregnancy test		