

3. ERPR + or – HER2 + (neoadjuvant chemotherapy) v. 9-17-19

Pre-Surgical Care

Consults

- Medical oncology
- Surgical oncology
- Radiation oncology
- Plastic surgery
- General medicine
- Chronic disease management
- Fertility preservation
https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf (pg.38)
- GYN/birth control
https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf (pg.38)
- Dental consult
- PT (evaluation & lymphedema teaching)
https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf (pg. 75)
- Smoking cessation (early if plastic reconstruction candidate)
https://www.nccn.org/professionals/physician_gls/pdf/smoking.pdf
- Genetics
- Distress screen
- Hair loss prevention (particularly in case of non-anthracycline chemotherapy)
- Financial counseling/ Insurance prior authorization
- Social work evaluation
- Research

Tests/Imaging

- MRI breasts
https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf (pg.37)
- U/S breast/axilla
- Biopsy/clip placement
- CT PET or CT chest/abdomen and bone scan
- Cardiac ECHO or MUGA, baseline, after AC given, and every three months while on anti-HER therapy
- CBC with differential
- CMP with liver panel
- Hepatitis B testing
- FSH/estradiol
- B12
- Pregnancy test (urine or serum)
- Venous access
- Flu shot



Neoadjuvant Chemotherapy for HER 2 +

https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf (pg.21)

HER+, ER+ or -, Chemotherapy

- AC-weekly paclitaxel trastuzumab pertuzumab
- AC-paclitaxel trastuzumab
- Docetaxel carboplatin pertuzumab trastuzumab
- Docetaxel carboplatin trastuzumab
- Weekly paclitaxel/trastuzumab 12 weeks (for ER/PR+, cT1-2pN0M0)
- Clinical trial

Supportive Considerations

- Appointment Calendar (list all appointments)
- Medication Calendar (pre-meds with steroids and anti-nausea meds)
- Anti-emetics
https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf
- Bowel regimen for constipation
- Mucositis prevention
- Exercise for prevention of fatigue and neuropathy
https://www.nccn.org/professionals/physician_gls/pdf/fatigue.pdf
- Ranitidine or omeprazole
- Dexamethasone (pre-med for all taxane-containing regimens)

Definitive Breast Surgery

- Post chemo imaging
- Axillary surgery, sentinel LN mapping and biopsy or targeted I-125 seed localized lumpectomy (TAD) or formal axillary dissection
- Lumpectomy w/needle localization or seed localization
- Line placement
- Post-op care and activity teaching
- Post-op PT evaluation and lymphedema teaching

Adjuvant Chemotherapy

- High risk patients (especially ER+)
Consider adjuvant neratinib within 1 year of end of trastuzumab
- If residual cancer at surgery
Consider adjuvant ado-trastuzumab emtansine alone to complete 1 year (if not tolerated, complete the year with trastuzumab ± pertuzumab (T2 and/or N1))

Radiation Oncology

- Baseline arm measurement
- Pregnancy test
- Breath hold teaching if left sided
- CT planning
- Toxicity management teaching
- Radiation therapy start
- Weekly physician visits
- Post radiation therapy visit and teaching



Adjuvant Endocrine Therapy (for ERPR+)

- Premenopausal: tamoxifen for 10 years, or ovarian ablation and AI for 5 years, or ovarian ablation and tamoxifen for 5 years
- Postmenopausal: tamoxifen for 10 years, aromatase inhibitor for 5 to 10 years or tamoxifen followed by aromatase inhibitor for 5 to 10 years

Survivorship

<https://www.nccn.org/professionals/physiangls/pdf/survivorship.pdf>

- Treatment summary and survivorship referral
- Weight control and alcohol counseling
- Exercise
- Psychology and support resources
- Sexual health
- Bone health
- Lymphedema
- Neuropathy
- Reconstruction
- Breast cancer screening and f/u schedule
- Communication with primary care physician