

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND FOUNDATION</p>	<i>MaineHealth Breast Cancer Treatment Guidelines</i>	
	Original Date: 2010	Review Date: 8-25-2015, 5-7-2019
	MaineHealth Breast Work Group	

GENETICS REFERRAL SCREENING, GENETIC TESTING, AND TREATMENT IMPACT:

All patients should be appropriately screened for **referral indications** for a formal genetic risk assessment and possible genetic testing. Should in-person genetic counseling not be available, other options such as telemedicine or third-party genetic counseling services should be offered. [MaineHealth Indications for Cancer Genetics Referral Guideline.](#)

Possible impact to surgical and/or treatment plans can results from genetic testing results. This could include, but is not limited to:

- A mutation within a gene associated with a higher risk for a second primary breast cancer (i.e. *BRCA1/2*) could impact a patient's surgical decision making. Genetic counseling should be offered within an appropriate time to receive genetic testing results prior to surgery, if desired by the patient.
- A mutation within gene with increased radiation sensitivity (i.e. *TP53*) may be a contradiction to therapeutic radiation therapy
- A mutation within a gene with increased risk for ovarian cancer (i.e. *BRCA1/2*) could become part of the shared decision making discussion for patients needing ovarian suppression verses consideration for a risk-reducing salpingo-oophorectomy.
- A mutation within a gene could guide treatment decisions for targeted systemic therapies and/or clinical trials.

Additional management recommendations and considerations can be reference through NCCN Guidelines:

Genetic/Familial High-Risk Assessment: Breast and Ovarian [NCCN, Version 3.2019](#)

SURGERY:

Axillary Staging: [NCCN BINV-D, Version 1.2019](#)

Axillary Lymph Node Staging: [NCCN BINV-E, Version 1.2019](#)

Surgical Margins: [NCCN DCIS-2, Version 1.2019](#), [NCCN BINV-F, Version 1.2019](#)

BREAST RECONSTRUCTION: [NCCN BINV-H, Version 1.2019](#)

MaineHealth is aware of the limited resource regarding provider availability and site availability for breast reconstruction in the state of Maine. It is the goal of the MaineHealth system to provide equal access to breast cancer care regardless of geographic location. It is recognized that

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there are clear advantages of immediate reconstruction in appropriate candidates. In order to provide patients with the education and opportunity to make an informed decision regarding reconstruction, the guidelines below have been endorsed by MaineHealth:

- All patients requiring mastectomy for treatment or contemplating mastectomy as an option for treatment should be offered a consultation for breast reconstruction prior to the mastectomy, if appropriate.
- Patients should be informed that immediate reconstruction (reconstruction at the time of mastectomy) is available in the state.
- Breast reconstruction consultation should be performed by a plastic surgeon that is currently offering immediate reconstruction for appropriate candidates.
- Anticipated post-treatment asymmetry

SYSTEMIC THERAPY WORK UP:

Work Up Prior to Preoperative Systemic Therapy: [NCCN BINV-11, Version 1.2019](#)
Principles of Preoperative Systemic Therapy: [NCCN BINV-M Version 1.2019](#)

GENOMIC TUMOR TESTING FOR EARLY STAGE BREAST CANCER:

Multigene Assays for Consideration of Addition of Adjuvant Systemic Chemotherapy to Adjuvant Endocrine Therapy: [NCCN BINV-N, Version 1.2019](#)

BREAST IRRADIATION:

Principles of Radiation Therapy: [NCCN BINV-I, Version 1.2019](#)
Special Considerations to BC Therapy Requiring Radiation Therapy: [NCCN BINV-G, Version 1.2019](#)

FOLLOW-UP:

Postsurgical Treatment and Surveillance/Follow-up: <https://mainehealth.org/cancer/health-care-professionals/clinical-guidelines>

STATEMENT OF SURVIVORSHIP:

NAPBC mandates 50% compliance with survivorship care plans for all patients within 6 – 12 months from the conclusion of treatment

- Does not include endocrine treatment

Details and format of survivorship plan not supplied by governance, however, should be comprehensive and directive.