Breast cancer clinical pathway
This leaflet was written to properly inform people following breast cancer treatment plan.

It doesn’t replace the dialogue with healthcare staff; it rather represents a suggestion source to put questions and requests.

**What a clinical pathway (CP) is**

Dealing with a health problem often requires the support by different health professionals working together in compliance with pathways clearly defined in ways, times and methods, as far as diagnosis, treatment and patient healthcare are concerned. Beginning from diagnosis up to therapy, through every healthcare step, each patient follows a pathway together with professionals dealing with his case.

In clinical pathways, emphasis is put on patient and hospital units equip themselves in order to ensure everyone standardised and equal treatments, from diagnosis to home care.

Each clinical pathway is defined in detail, taking into account scientific knowhow and available technologies, by all professionals (physicians, nurses, technicians etc.) who take care of each patient in the different steps of clinical pathway.

Arcispedale Santa Maria Nuova Research Hospital set up clinical pathways for oncological pathologies ensuring that each patient is taken care of by a physician, who will support patient from diagnosis to treatment and following checkups.

Different professionals, who are involved in clinical pathways, meet regularly (weekly or fortnightly) to discuss on patients’ cases and make the best choices, as far as patient treatment and care are concerned.
Breast cancer
Breast cancer is the most frequent among female tumors. Each year 13 women out of 10,000 develop breast cancer. Very effective treatments are nowadays available for this kind of disease. As a matter of fact, survival at 5 years from breast cancer diagnosis is 87% in Italy and approximately 90% in Reggio Emilia province. This percentage increases if diagnosis is made in the first stage of disease. For this reason, it is very important to join preventive care programs, such as breast cancer screening promoted by Emilia-Romagna Region.

Integrated Breast Unit
Reggio Emilia Integrated Breast Unit has been working since 2009. It is a group made up of different health professionals; they meet once a week to analyse breast cancer cases and determine the best treatment and healthcare approach. Integrated Breast Unit collects expertise from different disciplines: Radiology, Pathology, Oncology, Breast Surgery (Provincial Unit working both for Arcispedale Santa Maria Nuova Research Hospital and Reggio Emilia Local Health Authority), Radiotherapy, Nuclear Medicine, Physical and Rehabilitation Medicine and Psycho-Oncology.

Pathway steps

Diagnosis and staging
The pathway starts when a woman is diagnosed with breast cancer. In Reggio Emilia, breast cancer diagnosis can happen in two ways:

- A woman touches her breast and notices a lump; she turns to her General Practitioner who sends her immediately to Hospital Radiology Unit or Local Health Authority Breast care Outpatient Unit, Monte San Michele (Reggio Emilia) to undergo further exams capable of discovering breast cancer;
- All 45-74 years old women can take part to breast cancer screenings and undergo mammography. In case mammography detects a suspect lump, other exams will be performed (ultrasonography, needle aspiration, breast biopsy) to confirm diagnosis.
In case a not infiltrating tumor is diagnosed (so called “carcinoma in situ”), a surgical excision will be performed, in order to remove cancer. A breast surgeon takes care of patient for surgical operation. Afterwards, the patient will be monitored by Oncology Unit; since then, an oncologist will manage the patient treatment and will assess other feasible treatments.

In case of an infiltrating tumor, patient is directed to Oncology Unit and an oncologist will take care of her; he will be the sole reference physician for the whole treatment pathway. The oncologist will subject the patient to other examinations (the so called “staging exams”) to assess cancer extent and establish the following treatments. Among staging exams there are chest X-rays, liver ultrasonography, bone scintigraphy. The examinations to be performed are not the same for all the patients; depending on the case, oncologist will decide which and how many examinations a patient will have to undergo. Moreover oncologist arranges the breast surgeon visit (preoperative visit) and possible other examinations to be performed before surgical intervention.

**Treatment**

If cancer involves only breast or breast together with underarm lymph nodes, treatment will include surgical intervention performed by breast surgeon. The intervention can be followed and/or anticipated by one of the following therapies:

- Chemotherapy;
- Biological therapy;
- Hormonal therapy;
- Radiotherapy.

Therapy is chosen by oncologist according to the characteristics of tumor.

If a therapy is performed before surgical intervention it is called “neoadjuvant therapy”.

At diagnosis, if cancer involves other parts of the body, (the so called
“metastatic cancer”), treatment will not imply surgical intervention, but one of the above mentioned therapies.

In any case, physician will give full information on therapies to be followed. For each therapy, health professionals have prepared detailed leaflets with all necessary information.

**After treatment: follow-up**

At the end of treatment, a period of regular check-ups starts, the so-called follow-up. Even at this step, the patient’s contact person is the oncologist.

During the first 5 years after surgical intervention, the patient will have to undergo some examinations and a visit by oncologist. The recurrence of visit and exams is fixed by the physician, as the case may be. Among the exams there are mammography, blood tests and, only in case physician deem them as necessary, ultrasonography and chest X-rays.

After 5 years, the General practitioner will be in charge of his breast cancer patient, who will undergo mammography and blood exams once a year.

**Taking part in clinical trials**

During treatment, breast cancer patients could be invited to take part in clinical trials. Clinical trials are the sole reliable way to verify if a new treatment (surgery-, chemotherapy-, or radiotherapy-treatment etc.) is more effective than available treatments. To take part in clinical trials, it is necessary to have peculiar features which differ depending on the type of the trial. If a patient is suitable for a clinical trial, physician will give all necessary information to make the patient capable of deliberately choosing to take part in the clinical study or not.

Taking part in clinical trials can change the course of clinical pathways and follow-ups, in comparison to following traditional treatment. As a matter of fact, breast cancer patients taking part in clinical trials undergo many more examinations in comparison to other breast
cancer patients. In any case, the oncologist will give breast cancer patient comprehensive information.

**Psychologic Support**
At any moment, breast cancer patients will have the opportunity to ask for psychologic support. In this case, it’s necessary to contact a member of the oncology staff and he/she will put the patient in touch with a psychologist.

**Contact person**
Oncology Day Hospital Nurse Supervisor: tel. 0522 296615

Moreover we inform you that… Inside Arcispedale Santa Maria Nuova – Healthcare Research Hospital - there is an Information Point for Patients and Relatives, connected to Medical Library; it is possible to ask for good quality and free information on health.
How to reach us:
CORE
from 9 a.m. to 13 a.m.
tel. 0522 296497.

Person in charge: Elena Cervi (Biblioteca Medica ASMN) – infopazienti@ausl.re.it
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