THE FULL LIFE VIEW

Modified from Marisa C. Weiss, M.D., www.breastcancer.org

Dennis R. Holmes, M.D., F.A.C.S.
Breast Surgeon
213-742-6400
www.drholmesmd.com
Breast Anatomy

Cross-sections of breast ducts:
- Normal duct
- Ductal hyperplasia
- Atypical hyperplasia
- Ductal Carcinoma In situ (DCIS)
- Invasive or Infiltrating Ductal or Lobular Carcinoma

TAN: nipples and breast ducts from which cancer arises
GREEN: lymph nodes and lymph vessels draining water from breast
YELLOW: fat and connective tissue
# Your Diagnosis

### Clinical Stage (Before Surgery):
- 0
- 1
- 2
- 3
- 4

### Cancer Type:
- ☐ Invasive (infiltrating) Ductal Carcinoma
- ☐ Invasive (infiltrating) Lobular Carcinoma
- ☐ Ductal Carcinoma in Situ (Non-invasive, DCIS)
- ☐ Other:

### Size Estimate (cm):

### Number of Sites:
- ☐ 1
- ☐ Multiple

### Grade (Aggressiveness):
- ☐ Low
- ☐ Intermediate
- ☐ High

### Lymph Nodes Status:
- ☐ Positive
- ☐ Negative

### Genetic Mutation Status:
- ☐ Negative
- ☐ Positive: _______
- ☐ Variant
- ☐ Pending
- ☐ Testing Not Needed
- ☐ Refused

### Estrogen Receptor:
- ☐ Positive
- ☐ Negative
- _____%

### Progesterone Receptor:
- ☐ Positive
- ☐ Negative
- _____%

### Pathological Stage (After Surgery):
- 0
- 1
- 2
- 3
- 4

### Cancer Type:
- ☐ Invasive (infiltrating) Ductal Carcinoma
- ☐ Invasive (infiltrating) Lobular Carcinoma
- ☐ Ductal Carcinoma in Situ (Non-invasive, DCIS)
- ☐ Other:

### Final Size (cm):

### Grade (Aggressiveness):
- ☐ Low
- ☐ Intermediate
- ☐ High

### Lymph Nodes:
- ☐ Positive
- ☐ Negative
- Number removed: _____
- Number Containing Cancer: _____

### Margins:
- ☐ Positive
- ☐ Negative

### Oncotype Recurrence Score:
- ☐ Low
- ☐ Intermediate
- ☐ High

### HER2/neu:
- 1+
- 2+
- 3+
- ☐ Positive (Amplified)
- ☐ Negative (Not Amplified)

### Ki-67:
- _____%

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In general, breast cancer treatment is 1 Year Investment...in a long life to come

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## The Full Life View

<table>
<thead>
<tr>
<th>Staging Work-up:</th>
<th>Month</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>11</th>
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<th>12</th>
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</thead>
<tbody>
<tr>
<td>☐ Breast MRI</td>
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<tr>
<td>☐ CT Chest/Abdomen</td>
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<td>☐ PET/CT</td>
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<td>☐ Bone Scan</td>
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**Breast Surgery**

**Breast Reconstruction**

**Chemotherapy**

**Chemotherapy Infusion Port**

**Anti-HER2/neu Therapy**

**Anti-Estrogen Therapy**

**Radiotherapy**

**Genetic Testing**

**Fertility Preservation**

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The Coming Year...

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5-10yrs
• Breast Surgery
  □ Lumpectomy (Partial Mastectomy) (requires radiotherapy)

□ Mastectomy
  □ Total/Simple
  □ Nipple Sparing
  □ Skin Sparing
  □ Unilateral (one breast)
  □ Bilateral (both breasts)
  □ Prophylactic
    □ Left □ Right □ Both

□ Reconstruction
  □ Tissue Expander → Implant
  □ Immediate Implant
  □ Tissue Flap
    □ TRAM (tummy) Flap
  □ Latissimus (back) Flap
  □ Other:___________________

• Lymph Node Surgery
  □ Not Needed
  □ Sentinel Node Biopsy (Removal of 1-3 nodes)
  □ Axillary Node Dissection (Removal of 10 or more nodes)
  □ Axillary Reverse Mapping (Protection or arm nodes)

• Radiotherapy*
  □ None
  □ Standard 3-6 week
  □ Intraoperative (IORT)

• Systemic Therapy*
  □ Anti-estrogen Therapy (5-10 years)
  □ Anti-HER2/neu Therapy (1 year)
  □ Chemotherapy (4-6 months):
    List Drugs:
    __________________________
    __________________________
    __________________________
    __________________________

* Influenced by the results from surgery

For more details about surgical procedures, visit: www.drholmesmd.com

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<table>
<thead>
<tr>
<th>Provider</th>
<th>Institution</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Breast Surgeon</td>
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<td>Surgery Scheduler</td>
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<td>Medical Oncologist</td>
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<td>Radiation Oncologist</td>
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<tr>
<td>Plastic Surgeon</td>
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<tr>
<td>Mental Health/Social Worker</td>
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<tr>
<td>Nurse/Practitioner</td>
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<td>Primary Care Physician</td>
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<td>OB-GYN</td>
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<td>Patient Navigator</td>
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<td>Fertility Specialist</td>
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MAINTAIN HEALTHY RITUALS and ROUTINES

LIMIT ALCOHOL
No more than 1 drink per day

HEALTHY DIET
Five Servings of Fruits and Veggies Daily

HEALTHY WEIGHT
Exercise ≥30 minutes/day, 5 days a week

Current Age

And Many Years to Come...

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### Follow-up Care & Surveillance

<table>
<thead>
<tr>
<th>Follow-Up Care</th>
<th>Frequency</th>
<th>Provider</th>
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</thead>
<tbody>
<tr>
<td>Physical Exam (Surgeon)</td>
<td>Every 6 months</td>
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<tr>
<td>Physical Exam (Medical Oncologist)</td>
<td>Every 6 months</td>
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<tr>
<td>Mammogram of Treated Breast*</td>
<td>Every 6 months X 3 years, then yearly</td>
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<tr>
<td>Mammogram Opposite Breast*</td>
<td>Yearly</td>
<td></td>
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<tr>
<td>Breast MRI**</td>
<td>Every 3 years</td>
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<tr>
<td>Bone Density***</td>
<td>Every 3 years</td>
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<tr>
<td>Pelvic Examination***</td>
<td>Yearly</td>
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<tr>
<td>Colonoscopy****</td>
<td>Every 10 years starting at age 50</td>
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</tbody>
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*Not necessary after mastectomy
**Yearly if Dense Breasts
***If Postmenopausal
****Every 3-5 years if polyps found