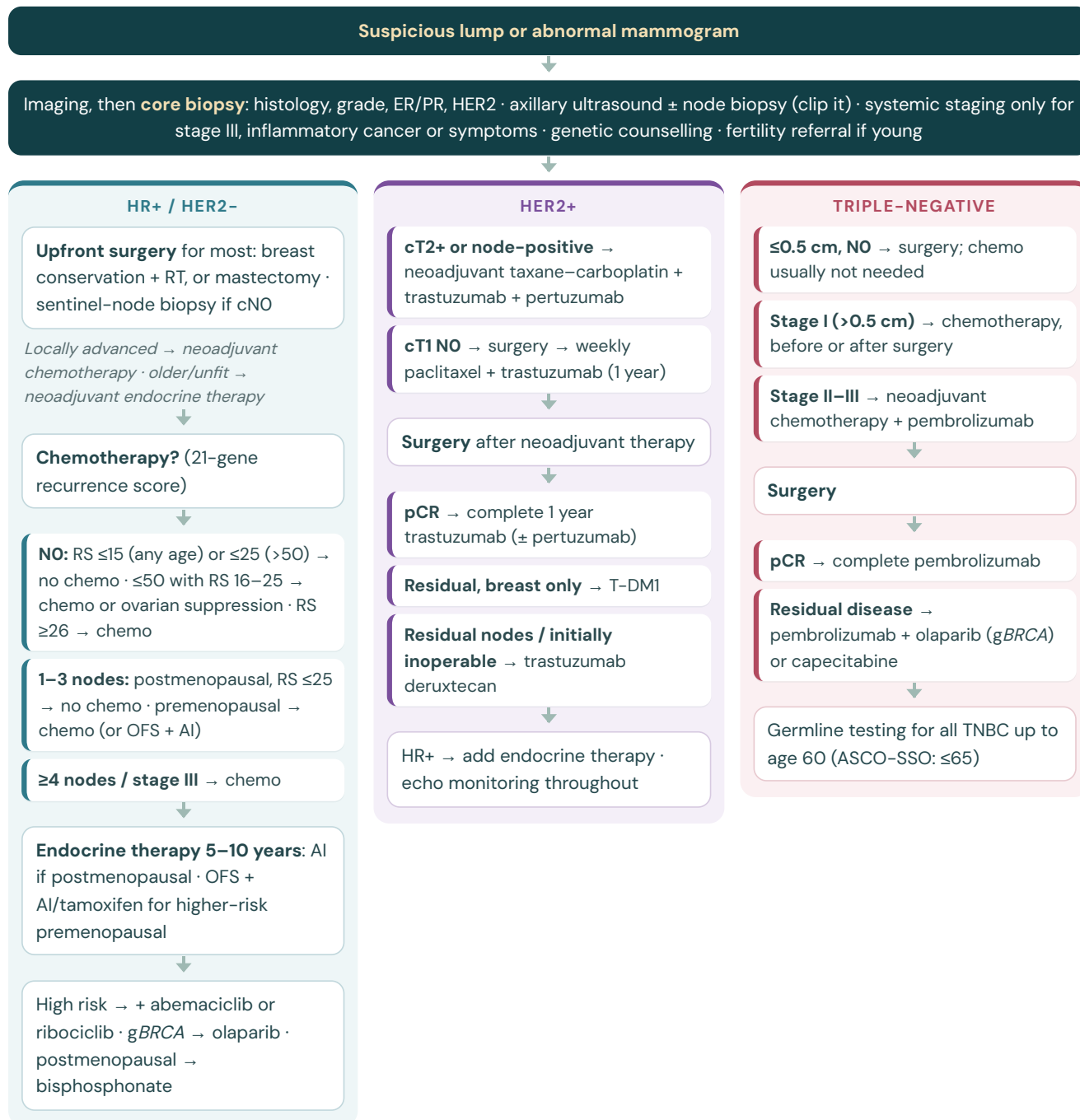


Breast Cancer: Early breast cancer algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist



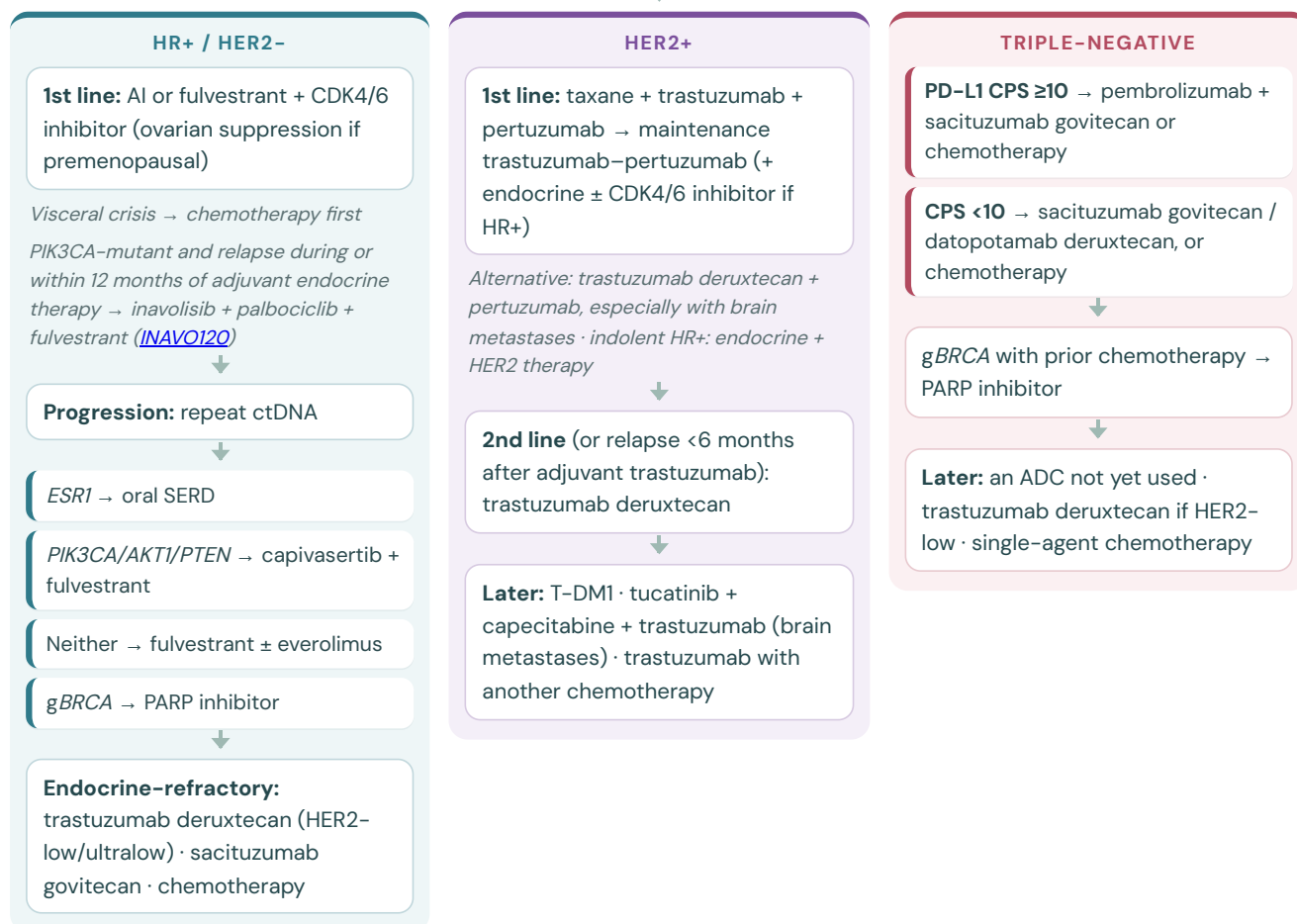
All patients: radiotherapy after breast conservation; post-mastectomy radiotherapy for high-risk disease · inflammatory cancer → neoadjuvant chemotherapy, modified radical mastectomy, radiotherapy.

Breast Cancer: Metastatic breast cancer algorithm

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New metastatic disease: biopsy a metastasis to re-check ER/PR/HER2 · germline *BRCA* · PD-L1 (TNBC) · *PIK3CA/AKT1/PTEN/ESR1* (HR+; tissue or ctDNA)

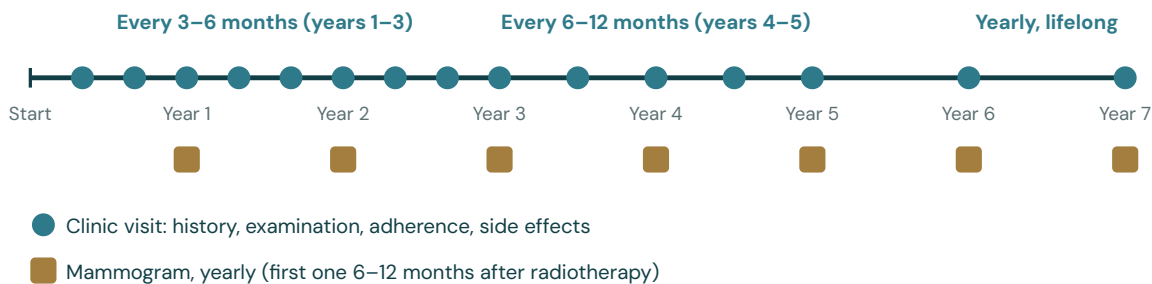


All patients: bone-modifying agent for bone metastases · palliative care from the start · local therapy (radiotherapy, surgery) for symptoms or emergencies · check drug access and cost in India early.

Breast Cancer: Follow-up and survivorship plan

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Not routine when well: tumour markers, CT, PET, bone scan.

Add: bone density on an AI, gynaecology review on tamoxifen, cardiac risk care.

A simple follow-up rhythm (ASCO/ACS). Symptoms, not scheduled scans, trigger investigations.

Reduce recurrence

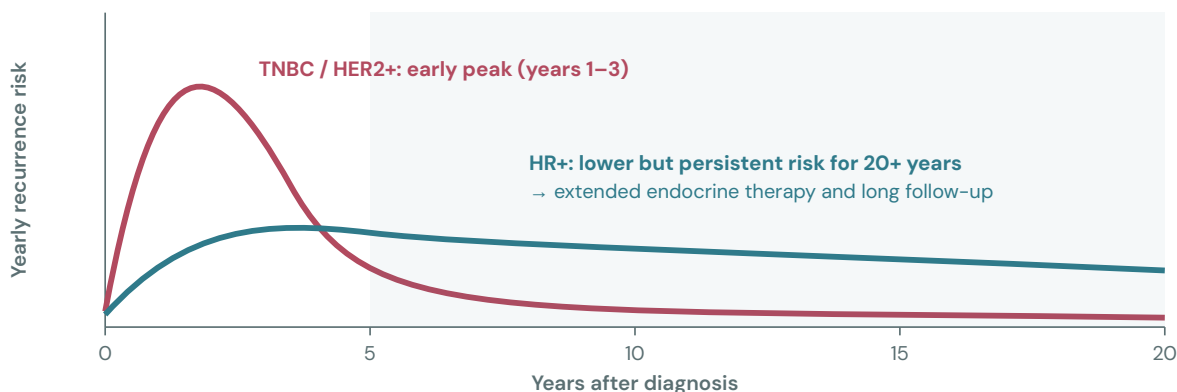
- Complete planned therapy; check endocrine adherence every visit
- Extended endocrine therapy (7–10 years) for stage II–III
- Adjuvant bisphosphonate if postmenopausal
- CDK4/6 inhibitor, olaparib or post-neoadjuvant therapy when eligible
- Exercise ≥ 150 min/week, healthy weight, minimal alcohol, no smoking

Red flags to report

- New lump or swelling (breast, chest wall, axilla, neck)
- Persistent bone or back pain
- Cough or breathlessness
- Abdominal pain or jaundice
- Headache, weakness or numbness; unexplained weight loss

Do not forget

- Bone density on aromatase inhibitors
- Gynaecology review on tamoxifen
- Cardiac risk care after anthracyclines/trastuzumab
- Genetic counselling and cascade testing
- Non-hormonal contraception; no systemic HRT



When relapses happen (illustrative shape, not to scale). Follow-up intensity and education should match the subtype.