

IMPORTANT TO KNOW

- The extent of **surgery** should always be decided by the **multidisciplinary team** and the **oncologist**.
- If you are planning breast reconstruction, always inform the surgeon and oncologist **before surgery!**
- In certain exceptional cases, it is possible to undergo **immediate breast replacement**, discuss this option with your oncologist and always consider it carefully.
- **Proton beam radiotherapy** is suitable for a **small, specific group of patients**. Radiotherapy is appropriate for breast cancer.
- If a woman is considering **pregnancy** after treatment, this should be disclosed to the physician before treatment and the pregnancy should be discussed with the oncologist after treatment.
- If you are going to have chemotherapy, talk to your doctor about the suitability of **an intravenous port**.
- In the case of **biological treatment**, you should have a heart check (ECHO) every three months.
- Some centres have the Digni cap/Paxman method where your **hair may not fall out during chemotherapy**, however this method is not 100%. It is not covered by health insurance, the duration of chemotherapy is prolonged, and some patients find it very difficult to tolerate the cold sensation in the head area. Consult your oncologist about the suitability of the treatment.
- Patients who need therapy that cannot be administered by regional facilities (targeted therapy, immunotherapy, etc.) are suitable for **treatment in the KOC**. In addition, women with a complicated case, such as a tumor in pregnancy, breastfeeding, BRCA positive, or who are really very young (under 35 years of age) or have some comorbidity (multiple sclerosis, Crohn's disease) or complication in treatment (anaphylaxis in previous therapy, etc.) should be treated in KOC.
- If the patient is diagnosed in the **meta-static stage** of the disease and is suitable for centre-based innovative therapy, she should always **be treated in the KOC**.
- If disease progression in the form of distant **metastases** occurs, the therapy should be appropriately modified, possibly enrolling the patient in a **trial with experimental treatment**.
- If the current treatment has stopped working, it is possible to **enter a clinical trial with experimental treatment**. After all oncological treatment options have been exhausted, it is necessary to continue with palliative treatment.
- If you go through all the treatment described and have only hormonal treatment, or in the case of triple negative breast cancer you have no further treatment, most patients leave the acute phase of treatment and enter **so-called remission** - congratulations, the worst is over!

KOC = Comprehensive Cancer Centre

The expert guarantors of the Patient Journey are:

MUDr. Katarína Petráková, Ph.D.
associate professor. MUDr. Jana Prausová, Ph.D., MBA
prof. MUDr. Petra Tesařová, CSc., MD., Ph.D.
MUDr. Martina Zimovjanová, Ph.D.

Breast Cancer Screening Programme in the Czech Republic:

www.mamo.cz

Patient organizations dedicated to breast cancer diagnosis:

Alliance of Women with Breast Cancer, o.p.s.
www.breastcancer.cz

List of patient organizations across the country.

Bellis - Young Women with Breast Cancer
www.bellisky.cz

Recommended resource:

Book - You're Not Alone - A Guide to Breast Cancer

www.linkos.cz

www.breastcancer.cz

www.bellisky.cz

www.amelie-zs.cz

AVON Healthy Breast Line - 800 546 546

For an explanation of each term, please visit
www.hlaspacientu.cz

GENERAL RECOMMENDATIONS for cancer prevention

- A healthy and balanced diet
- Exercise (at least 4 times a week for 30 minutes, preferably every day)
- Quality and adequate sleep (8 hours a day)
- Elimination of long-term stress and overload
- Not smoking
- Not drinking alcohol



www.hlaspacientu.cz



www.linkos.cz



Hlas onkologických pacientů

THE PATIENT JOURNEY with breast cancer

The Patient Journey is a simple guide for the patient to navigate through the steps of prevention and treatment of breast cancer.



SYMPTOMS

- lump in the breast
- reddening of the skin
- nipple secretion
- orange skin
- nipple indentation
- changes in the shape of the breast
- pain in the breast

If symptoms are detected, make an appointment with an accredited mammography centre (see www.mamo.cz for a list), and the appointment should be made within 14 days.

If you have difficulty, ask for a referral to gynaecology or GP (no payment). Alternatively, it is possible to undergo the examination as a self-payer.

PREVENTION

Primary prevention - healthy lifestyle

Secondary prevention

age 18 - 45 years
self-examination (,)(,)
every month

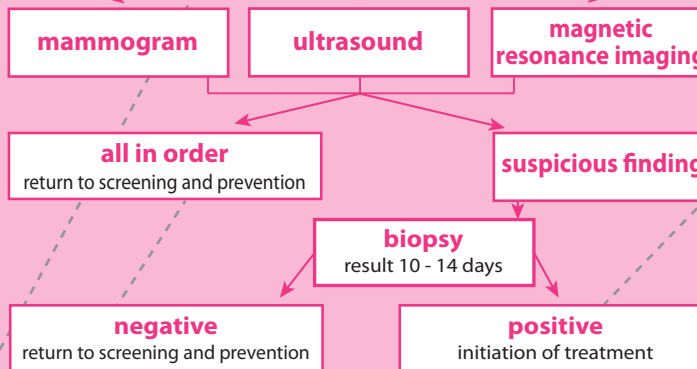
all women 45+
1x every two years
mammogram (screening)
+ every month
self-examination (,)(,)

positive family history and age ≤45 years
Ultrasound once a year + self-examination every month (,)(,)
+ in case of genetic mutation, care in a specialist outpatient

clinicRISK FACTORS

- positive family history
- genetic burden
- hormonal stimulation IVF
- late menopause
- menstruation before the 13th year
- late age of first birth
- childlessness
- age 45+
- unhealthy lifestyle
- long-term stress

DIAGNOSTICS



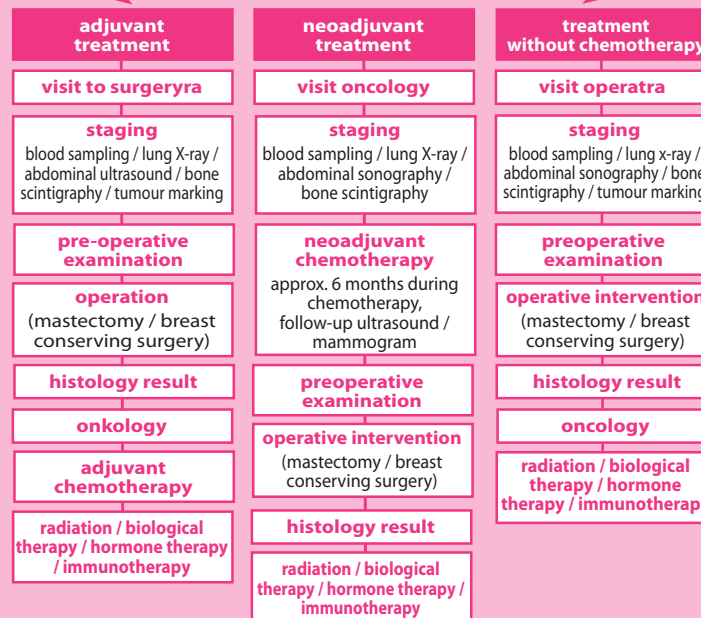
TREATMENT

Treatment must always be tailored to the patient, it is always determined on an individual basis, therefore patients should not be compared to other patients.

Multidisciplinary team

determination of an individual treatment plan

For patients under 45 years of age and for women who have a positive family history, - genetic testing is performed. If it is not obvious that chemotherapy treatment is necessary, genomic testing can be performed before starting treatment.



REMISE

- Remission is defined as the period since the end of primary cancer treatment.
- For the first 5-10 years or so, the patient continues to be followed up at regular intervals in oncology.
- The frequency and extent of follow-ups are always determined by the treating oncologist, usually between 3 and 6 months initially and later the frequency of check-ups is fixed at once a year.
- After about ten years, the patient is enrolled in mammary screening, usually the oncology check-ups are completed, followed by check-ups with a general practitioner or gynaecologist.
- The most common check-ups include: blood sampling (cancer markers), breast sonogram/mammogram, abdominal sonogram if there are problems, lung X-ray, MRI or PET CT.
- If there is a positive genetic burden (BRCA 1, 2 or other gene mutation), an individual follow-up plan is established.
- During the remission period, it is possible to have a spa treatment within 12 months of the end of treatment.
- If problems with swelling of the limbs occur during this period, lymphatic drainage is recommended if the treating oncologist approves this treatment.

BREAST RECONSTRUCTION

- If a breast ablation has been performed as part of the operation or if the condition after breast-conserving surgery requires it, breast reconstruction may be performed in consultation with the treating oncologist.
- Consent of the oncologist is always required for breast reconstruction.
- Breast reconstruction is not necessary. If you are satisfied that you have successfully managed your treatment and the loss of your breast does not bother you, it is not necessary.

RECOMMENDATIONS IN CONCLUSION

- Don't be afraid to seek professional help from a **psychologist**, this is a very difficult time in life and it is quite common to feel helpless, to feel scared, to feel insecure.
- Don't be afraid to seek help, for example in a **patient organisation**, sharing patient experiences, professional advice, understanding, sometimes just knowing that you are not alone in this situation can help.
- **Think of yourself**, during the treatment period it is very important to focus on your needs, give yourself time, rest, sleep, good nutrition and regular exercise is also very useful, as much as your body will allow and can handle, certainly don't overexert yourself, but we don't recommend just staying in bed. Movement is not only good for your body, but also for your head.
- Once you are in remission, **do not forget to prevent** the return of the disease, but at the same time do not let yourself be paralysed by fear. Even here, don't be afraid to seek help from a psychologist, preferably someone who has experience with cancer patients.