Appendix

Discussion


The CSBrS panel recommends bone scan for patients with diagnosed breast cancer and indications of possible bone metastases, such as bone pain, pathological fracture, high serum alkaline phosphatase concentration, and hypercalcemia.[1-3, 7] Bone scan screening is also recommended for patients with clinical stage IIIA disease and above.[2, 3] Patients with diagnosed breast cancer should undergo low-dose chest CT screening[2, 3] and enhanced chest CT when indicated.[1, 2, 7] Abdominal ultrasound screening is recommended for all patients diagnosed with breast cancer,[2, 7] whereas abdominal ± pelvic enhanced CT or MRI is recommended for those with abnormal liver function, high serum alkaline phosphatase, abdominal discomfort, or abdominal or pelvic abnormalities on physical examination.[1-3, 7] Patients with suspicious or uncertain findings on routine imaging studies, especially those with locally advanced or metastatic disease (i.e., clinical stage IIIA and above), should undergo positron emission tomography (PET)-CT as well as routine investigations.[1-3, 7] PET-CT is not recommended for routine diagnosis of clinical stage I or II breast cancer.[8]

It is recommended that women with a significant genetic predisposition/family history of breast cancer receive professional genetic counseling[1, 9] and, if necessary, undergo BRCA1/2 germline mutation testing. Pregnancy testing should be performed on all women with childbearing potential[2] because the choice and timing of surgery,
chemotherapy, endocrine therapy, and radiotherapy differ between pregnant and non-pregnant patients. The psychological status of patients diagnosed with breast cancer should be assessed to enable provision of the necessary psychological and social support.\[^1\,\,2,\,10\]

Assessment of lesions during neoadjuvant treatment is critical to the choice of subsequent surgical procedure. Before commencing neoadjuvant treatment, the primary lesion should be marked by ultrasound-guided metal marker implantation or epidermal tattooing.\[^2,\,10\]\ It is recommended that the same imaging method be used to evaluate the tumor diameter every two cycles during neoadjuvant treatment\[^2,\,11\]\ to enable evaluation of its efficacy in accordance with the standard for solid tumors (RECIST 1.1). The expert group recommends ultrasound and MRI for evaluation during and after neoadjuvant therapy\[^2,\,11-12\]\ MRI having the advantage of enabling objective assessment of the degree of tumor regression after neoadjuvant therapy, including that of all residual tumors, thus informing selection of the optimal surgical procedure.

References


