



CLINICAL PATHWAY FOR FAMILIAL BREAST CANCER: FACTS AND FIGURES IN EMILIA-ROMAGNA

Salvatore Vaccaro¹ & Vincenza Frisardi²

¹ *Clinical Nutrition Unit, Specialty Medicine Department, AUSL-IRCCS di Reggio Emilia, Reggio Emilia, Italy*

² *Geriatric Unit, Neuromotor Department, AUSL-IRCCS di Reggio Emilia, Reggio Emilia, Italy*

Background and aims

Breast cancer (BC) is the most diagnosed cancer in women. Familial BC is a cluster within a family. Clinical Pathway (CP) aimed at the comprehensive management of people with BC and those with increased risk of BC have been deployed. Despite an increased knowledge in the field of Nutrition and Cancer, the attention towards this factor is still scarce.

Methods

We reported the Emilia-Romagna CP for familial BC by the summary of available documents on this topic, with data verification from the real life.

Results

Since 2012, the Emilia-Romagna region offered free access to screening and treatment of familial BC. Currently, women with an affected relative are screened for the basal risk. A detailed history together to the Cuzick-Tyrer Model differentiate women in 3 categories of risk (general to the whole population, 2 times and ≥ 3 times more). For this latter, a genetic counselling is performed at the Hub Center. The Hub Center follows women in the third groups both with and without genetic variants but with a 30% lifetime risk. However, no specific protocol for nutritional intervention along the CP has been well defined.

Conclusions

Intensified monitoring programs, including changing in the life style, are complementary options to be considered in the CP for BC. Reorganizing the whole CP for all kind of BCs, and implementing programs aimed to modify the cancer risk by nutritional action plan, must be priorities. We claim for a more and in depth definition of nutritional intervention within the CP since its first assessment.

