

[insert your logo]

INFLAMMATORY BREAST CANCER GUIDELINE-BASED CARE CHECKLIST

➤ *Share the Open Source IBC Checklist across your health system!*

Guideline concordant care and practice pearls for IBC

- **Pre-treatment photos;** NCCN-based staging; and examination of contralateral nodal basins. Biopsy any suspected metastatic lesion when feasible. Extended nodal M1 disease (cervical nodes, contralateral axilla) may still be treated as M0.
- NCCN-based, current-standard, subtype-specific **neoadjuvant systemic therapy** (consider curative-intent treatment for de novo stage IV when feasible). Monitor closely and consider a new line of therapy if response is minimal.
- **Modified Radical Mastectomy** (AxLND is the standard of care; no skin-sparing mastectomy, no tissue expanders, and no immediate reconstruction).
- **Post-mastectomy radiation** to the chest wall and regional lymph nodes (including internal mammary and supraclavicular basins). Boost the chest wall and any undissected N3 lymph nodes (consider IMRT/VMAT with RADCOMP contours).
- Subtype-appropriate **adjuvant therapy**, personalized based on pathologic response.
- Minimize treatment breaks—coordinate early with surgery and radiation, and consider bridging with appropriate, subtype-specific adjuvant therapy when needed to avoid therapy-free delays.



IBC

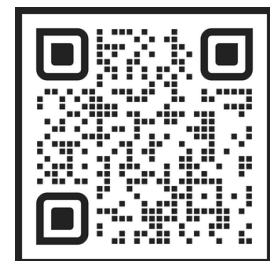


Early Stage Breast Cancer

- **Rapid onset** and progression (<6 months)
- Often **missed by traditional screening**
- **Radical mastectomy** with AxLND required
- **Delayed reconstruction** (no expanders)

- Often slow-growing
- Frequently detected by traditional screening
- Breast-conserving surgery, SLND or simple mastectomy often appropriate
- Immediate reconstruction often possible

Scan to share your feedback.



“This open-source Inflammatory Breast Cancer Best Practices Checklist was developed collaboratively by IBC clinicians and patient advocates and is made available for free use by hospitals and cancer centers. The document is hosted and maintained by the IBC Network Foundation.”

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NAME:

MRN:

- IBC SCORE:** Use and document the IBC Scoring Tool to aid in the diagnosis of all patients with skin changes: <https://www.komen.org/ibc-calculator-intro/>
- CODING:** Use the NEW ICD 10 diagnosis Codes for IBC to ensure data collection and that the diagnosis is not lost to physicians meeting the patients after treatment is started.
 - ➔ **C50.A0** – Malignant inflammatory neoplasm of unspecified breast
 - ➔ **C50.A1** – Malignant inflammatory neoplasm of right breast
 - ➔ **C50.A2** – Malignant inflammatory neoplasm of left breast
- EDUCATION:** Discuss the complete guideline-based treatment plan with the patient at the first meeting.
- LOCAL CONTROL:** Discuss the importance of local therapy in IBC at the first meeting.
- URGENCY:** Coordinate pre-therapy assessments and procedures to minimize time to start.
- COMMUNICATION:** Communicate diagnosis and guideline concordant care to the multi-disciplinary team as soon as possible.
- SHARED-DECISION MAKING:** Include the patient in any discussion of non-guideline concordant therapy

An open-source digital copy is available to any health system and may be customized with your organization's branding. To request a copy, please visit theibcnetwork.org/checklist.

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