

Tests and milestones through treatment

Columns show sequence, not equal durations or appointments. A test is only complete when performed and reviewed. Echo timing and cancer-imaging timing are different. Symptoms can bring any check forward.

Check	Before starting	Cycles 1-4	Around cycle 5 / week 12	Surgery / next phase	Ongoing / follow-up
Blood tests	Baseline FBC, renal and liver profile	Before each cycle; additional dose checks as prescribed	Continue the required pre-dose checks	Use the selected active regimen's blood-test schedule	Investigate symptoms / persistent abnormalities
Echo / cardiac assessment	Baseline cardiac assessment	Earlier for symptoms / concern	Echo during neoadjuvant treatment, around cycle 5	Surgery does not restart the echo clock	Agree follow-up for the active medicine and cardiac risk
Cancer imaging / markers	Baseline disease assessment	Clinical response; imaging if concern	Response review as planned; not tied to echo	Before surgery / pathology	Breast surveillance after early treatment
Surgery / radiotherapy	Agree indication and sequence	No automatic concurrent radiation	Coordinate with both teams	Local treatment as indicated	Review recovery and late effects
Endocrine / bone health	Check hormone receptors / fracture risk	Plan endocrine therapy if indicated	DEXA when relevant to bone-risk plan	Endocrine timing by the treating team	Individual DEXA / bone follow-up

The team arranges and reviews tests. This guide shows expected timing; it does not record completed appointments. [NCCP 00722 v2 · official regimen](#) · [ESMO 2024 early breast cancer guideline · treatment and follow-up](#) · [ESC 2022 cardio-oncology guideline · cardiac surveillance and risk](#) · [NICE NG101 · bone health and follow-up](#) · [ESMO metastatic breast cancer guideline · 2026](#)

THE WHOLE TREATMENT JOURNEY

TCHP: docetaxel, carboplatin, trastuzumab and pertuzumab: the whole pathway

HER2-positive early breast cancer · before surgery

All four medicines are given by infusion on Day 1 of a 21-day cycle, for six cycles before surgery. Surgery findings guide the postoperative treatment. There is no routine take-home chemotherapy pump.

Read from left to right. Columns show stages, not equal lengths of time. This is a general plan: no dates or personal information are needed. Your team confirms which steps apply and arranges appointments.

Treatment, tests and reviews across the course

Care / check	Before starting	Cycles 1-4	Around cycle 5 / week 12	Surgery / next phase	Ongoing / follow-up
Cancer medicines NCCP	Confirm diagnosis and exact regimen	See the dose-day map: use the current regimen and active phase	Echo due; treatment review	Surgery/pathology select postoperative medicine	Review benefit / tolerance and next plan
Surgery / radiotherapy EARLY	Agree indication and sequence	No automatic concurrent radiation	Coordinate with both teams	Local treatment as indicated	Review recovery and late effects
Blood tests NCCP	Baseline FBC, renal and liver profile	Before each cycle; additional dose checks as prescribed	Continue the required pre-dose checks	Use the selected active regimen's blood-test schedule	Investigate symptoms / persistent abnormalities
Echo / cardiac checks NCCP · ESC	Baseline cardiac assessment	Earlier for symptoms / concern	Echo during neoadjuvant treatment, around cycle 5	Surgery does not restart the echo clock	Agree follow-up for the active medicine and cardiac risk
Scans / tumour markers EARLY	Baseline disease assessment	Clinical response; imaging if concern	Response review as planned; not tied to echo	Before surgery / pathology	Breast surveillance after early treatment
Endocrine / DEXA BONE	Check hormone receptors / fracture risk	Plan endocrine therapy if indicated	DEXA when relevant to bone-risk plan	Endocrine timing by the treating team	Individual DEXA / bone follow-up

What each check is for

1 Blood tests

FBC, kidney and liver profile at baseline and before every 21-day cycle. The team reviews the necessary results before a planned dose.

Check safety before the next dose.

Ask / act: Agree the booking owner, result reviewer and action if overdue.

Sources: [NCCP](#)

2 Heart tests

Check heart pumping function before starting HER2 treatment. Repeat echo or MUGA every 12 weeks: around cycle 5, then cycle 9 if 21-day cycles stay on time. Earlier checks are needed for symptoms or abnormal findings. Count elapsed time from the first HER2 dose; changing phase or route does not restart the clock.

Monitor pumping function and relevant rhythm risk.

Ask / act: Agree the booking owner, result reviewer and action if overdue.

Sources: [NCCP](#) · [HERCEPTIN](#) · [ESC](#)

3 Cancer imaging

Baseline breast and nodal imaging, with staging tests appropriate to the diagnosis. Review response during preoperative treatment and before surgery. After local treatment, arrange breast surveillance; routine CT, PET or tumour-marker testing is not the usual screening plan for someone without symptoms.

Assess response or follow-up needs.

Ask / act: Agree the booking owner, result reviewer and action if overdue.

Sources: [EARLY](#)

4 Bone health

If the cancer is also hormone-receptor positive, endocrine treatment may form part of the wider plan. Bone-density testing is linked to aromatase inhibitors, ovarian suppression and fracture risk; it is not automatically required because a HER2 medicine is prescribed. Agree baseline DEXA where indicated and individual follow-up.

Assess fracture risk where relevant.

Ask / act: Agree the booking owner, result reviewer and action if overdue.

Sources: [BONE](#)

At the next review, ask

- Which treatment phase am I in, and what happens next?
- Which test is expected next, who arranges it, and who explains the result?
- Who should I contact if an expected appointment has not arrived?

This map does not show whether a test has been ordered, booked or completed. Do not wait for a scheduled test if you develop new symptoms.