

When your checks happen

Cycle numbers are examples for uninterrupted three-weekly treatment. Schedule checks by elapsed time and clinical need. Moving to maintenance does not restart the cardiac-monitoring clock. The clinical team books and reviews results; this map does not track completed tests.

Check	Before this phase	Before every 21-day cycle	Week 12 · around C5	Weeks 24 / 36 · around C9 / C13	Later / treatment change
Heart pumping test · echo / MUGA	Review baseline / latest cardiac assessment and the next due date	Review symptoms; echo is not automatically needed before every infusion	Repeat at 12 weeks; earlier if symptoms or impairment	Continue every 12 weeks; preserve the existing due date	NCCP 12-weekly default while treatment continues; a different interval needs an explicit specialist plan.
Blood tests	Baseline FBC, renal and liver profile	FBC, renal and liver tests before every cycle	Continue pre-cycle blood tests	Continue pre-cycle blood tests	Follow abnormalities and the next treatment plan
Cancer imaging / markers	Record disease sites and the comparison scan	Review new symptoms at every visit	Metastatic: response scans when due under the individual plan	Individual scan interval; markers only if informative	Metastatic scans commonly every 2–4 months; not an NCCP fixed-cycle rule
ECG / bone health	ECG when indicated by cardiac assessment; DEXA only if endocrine / fracture risk indicates	No automatic every-cycle ECG or DEXA	Risk-based clinical plan	Risk-based clinical plan	Keep any separately prescribed endocrine and bone-health follow-up

The team arranges and reviews tests. This guide shows expected timing; it does not record completed appointments. [NCCP 00726 v3a · official regimen](#) · [ESC 2022 cardio-oncology guideline](#) · [cardiac surveillance and risk](#) · [ASCO · biomarkers in metastatic breast cancer](#) · [ESMO metastatic breast cancer guideline](#) · [response assessment](#)

THE WHOLE TREATMENT JOURNEY

HER2 maintenance: treatment and checks continue

Maintenance · HER2-positive metastatic / unresectable recurrent breast cancer

Pertuzumab and trastuzumab continue after the chemotherapy part of the metastatic treatment plan. Maintenance remains active treatment, with response and heart checks.

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	Earlier combination	Maintenance transition	Every 3 weeks	Regular response review	Beyond year 1
Cancer medicines NCCP 00726	Chemotherapy with HER2 treatment	Review benefit, tolerance and last dose date	Pertuzumab + trastuzumab infusions	Continue while benefit and tolerance support the plan	Ongoing treatment; no fixed one-year stopping rule
Local / endocrine care METASTATIC · EARLY	Prior surgery or radiation varies	Discuss symptom-directed local treatment	Radiotherapy only if separately indicated	Endocrine therapy may be considered if HR-positive	MDT agrees any changes
Blood tests NCCP 00726	Carry previous results forward	Blood count, kidney and liver tests	Before each cycle	Additional tests when indicated	Continue according to the active regimen
Heart ultrasound NCCP 00726 · ESC	Count from first HER2 exposure	Check latest echo and due interval	Symptoms reviewed every visit	NCCP: echo every 12 weeks	12-weekly default; interval changes require cardiac risk review
Cancer scans METASTATIC	Baseline extent documented	Use prior scans as comparison	Report new symptoms between scans	Usually every 2–4 months; modality / interval individualised	Keep a documented response-assessment plan
Tumour markers MARKERS	Consider if informative	Confirm whether used for this person	No universal marker schedule	Adjunct to symptoms and scans, never alone	Continue only when clinically useful

What each check is for

- 1** Heart ultrasound
NCCP: baseline and every 12 weeks during HER2 treatment
Checks heart function while treatment continues.
Ask / act: Ask when the next echo is due; a move to maintenance does not restart the clock.
Sources: [NCCP 00726](#) · [ESC](#)
- 2** Response imaging
Usually every 2–4 months; earlier if clinically needed
A baseline scan records where the cancer is. Response is usually reviewed every 2–4 months, adjusted for the treatment, disease pace, symptoms and previous results. CT chest/abdomen/pelvis is common when appropriate; the team chooses the imaging needed for the known sites.
Ask / act: Ask what scan is planned, when results will be discussed and who to contact for new symptoms.
Sources: [METASTATIC](#)
- 3** Tumour markers, if useful
Only if included in the individual monitoring plan
CA 15-3 or CEA may be helpful in selected metastatic cases, especially if previously raised. They support the assessment with symptoms and imaging; a marker alone does not decide whether treatment is working or should change.
Ask / act: Ask what a change means alongside the scan and clinical review.
Sources: [MARKERS](#)
- 4** Missed or delayed infusion
Whenever a treatment gap occurs
A long gap can change the required antibody loading doses.
Ask / act: Contact the team to confirm the new prescription; do not assume the old visit plan still applies.
Sources: [NCCP 00726](#)
- 5** Separate early-breast pathways
At every transition
This particular NCCP code is for metastatic/unresectable recurrent maintenance.
Ask / act: Ask the team to confirm the setting and aim on the written plan.
Sources: [NCCP 00726](#)

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.