

When checks happen

Relative sequence, not booked dates or equal time intervals. Baseline ECG is distinct from risk-based echo. No routine three-monthly CT or echo is implied. The team books and reviews results.

Check	Before starting	Phase 1 · weeks 1-12	Before / during AC	Surgery / postoperative	After treatment
Blood tests	FBC, renal and liver; verify GFR	Weekly before planned doses	Before each 21-day AC cycle	Before each pembrolizumab cycle	Symptoms or abnormalities determine follow-up
ECG / echo	ECG and cardiac risk review; echo if indicated	Symptoms prompt earlier assessment	Review before first doxorubicin; further echo by risk / symptoms	Review any cardiac symptoms or previous abnormalities	Risk-based cardiac follow-up
Cancer imaging	Breast/nodal imaging; staging as indicated	Clinical response review; image for concern	Assess response and plan surgery	Pathology review; agree next steps	Breast surveillance; no routine CT/markers when asymptomatic
Thyroid / hormones	Thyroid baseline	Thyroid every 3-6 weeks	Continue immune monitoring	Continue while on pembrolizumab	Delayed immune symptoms still require review
Surgery / radiation	Agree overall MDT pathway	Systemic treatment first	Complete neoadjuvant phase if appropriate	Surgery → pathology → radiation if indicated	Follow-up and late-effect support

The team arranges and reviews tests. This guide shows expected timing; it does not record completed appointments. [NCCP 00857 v3 · official regimen](#) · [ESMO 2024 early breast cancer guideline · treatment and follow-up](#) · [ESC 2022 cardio-oncology guideline · cardiac surveillance and risk](#) · [ASCO · neoadjuvant breast therapy and response assessment](#)

THE WHOLE TREATMENT JOURNEY

Pembrolizumab 200 mg + carboplatin AUC 5 / paclitaxel → AC: the whole pathway

Triple-negative breast cancer · neoadjuvant and adjuvant immunotherapy

Phase 1: four 21-day cycles; paclitaxel on Days 1, 8 and 15, carboplatin on Day 1. Phase 2: four AC cycles every 21 days. Pembrolizumab 200 mg every 21 days during chemotherapy; after surgery, nine 21-day doses or five 42-day doses (400 mg). See the whole-treatment map for monitoring and sequencing.

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	Phase 1 · weeks 1-12	Before / during AC	Surgery / postoperative	After treatment
Cancer medicines NCCP 00857	Confirm diagnosis and suitability	Four 21-day cycles: weekly paclitaxel; carboplatin AUC 5 Day 1. Pembrolizumab each cycle Day 1.	Four AC cycles every 21 days. Pembrolizumab each cycle Day 1.	Surgery → pathology; pembrolizumab: 200 mg q21 days ×9 OR 400 mg q42 days ×5, if appropriate	Review late effects and follow-up
Surgery EARLY · NEO	Discuss operation options	After systemic treatment	Plan after recovery	Lumpectomy or mastectomy as agreed	Surgical follow-up
Radiotherapy EARLY	Assess indication	Not a routine concurrent chemotherapy phase	Plan with surgery / radiation teams	After surgery if indicated; may overlap pembrolizumab if agreed	Late-effect review
Blood tests NCCP 00857	FBC, renal and liver; verify GFR	Weekly before planned doses	Before each 21-day AC cycle	Before each pembrolizumab cycle	Symptoms or abnormalities determine follow-up
ECG / echo NCCP 00857 · ESC	ECG and cardiac risk review; echo if indicated	Symptoms prompt earlier assessment	Review before first doxorubicin; further echo by risk / symptoms	Review any cardiac symptoms or previous abnormalities	Risk-based cardiac follow-up
Imaging / markers EARLY · NEO	Breast/nodal imaging; staging as indicated	Clinical response review; image for concern	Assess response and plan surgery	Pathology review; agree next steps	Breast surveillance; no routine CT/markers when asymptomatic
Thyroid / hormones NCCP 00857	Thyroid baseline	Thyroid every 3-6 weeks	Continue immune monitoring	Continue while on pembrolizumab	Delayed immune symptoms still require review

What each check is for

1 Blood tests

FBC, renal and liver tests weekly during the carboplatin/paclitaxel phase, then before every AC cycle. Continue the required blood tests before each postoperative pembrolizumab cycle.

Check safety before the planned dose.

Ask / act: Agree the booking owner, result reviewer and plan if delayed.

Sources: [NCCP 00857](#)

2 ECG / cardiac review

Baseline ECG and cardiac history/risk assessment. NCCP lists baseline echo/MUGA for age over 65 or when clinically indicated. Recheck the cardiac assessment before starting doxorubicin; echo/MUGA during treatment is driven by symptoms, risk or the agreed cardio-oncology plan. There is no automatic three-monthly echo schedule for every person on this pathway.

Check risk before and during anthracycline exposure.

Ask / act: Agree the booking owner, result reviewer and plan if delayed.

Sources: [NCCP 00857](#) · [ESC](#)

3 Cancer imaging

Record baseline breast/nodal findings and stage with imaging appropriate to the presentation. Assess clinical response during neoadjuvant treatment and use the appropriate breast imaging before surgery or sooner for concern. There is no universal three-monthly CT schedule for this early-breast pathway. After local treatment, arrange the agreed breast surveillance; routine CT/PET and tumour markers are not asymptomatic recurrence screening.

Assess response and plan local treatment.

Ask / act: Agree the booking owner, result reviewer and plan if delayed.

Sources: [EARLY](#) · [NEO](#)

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.