



Breast Cancer Well Follow-up Care

This resource for primary care providers is based on the American Society of Clinical Oncology (ASCO®) practice guideline tool. It provides recommendations on the follow-up and management of asymptomatic patients who have completed primary therapy with curative intent for breast cancer. The full practice guideline is available at: <http://www.asco.org/guidelines/breastfollowup>

Practice guidelines do not account for individual variation among patients. Patients transitioned to a primary care provider from the South East Regional Cancer Program will have an accompanying physician discharge letter outlining the individual treatment received to date as well as specifics about possible endocrine treatment.

Follow Up Recommendations for Asymptomatic Breast Cancer Survivors

All women should have careful history and physical examination according to the following:

Years after Primary Therapy	History & Physical Exam Occurs:
1, 2, 3	Every 3 to 6 months
4, 5	Every 6 to 12 months
6+	Annually

Women should be advised to perform monthly breast self-examinations.

Providers should counsel patients about symptoms of possible recurrence. This includes:

- New lumps
- Bone pain
- Chest pain
- Dyspnea
- Abdominal pain
- Persistent headaches

Patients who receive tamoxifen should be advised to report any vaginal bleeding.

Post Treatment Mammogram Schedule

Post treatment mammograms should be performed adhering to the following schedule:

Post-Treatment Mammogram Schedule	
First	1 year after mammogram that lead to diagnosis but no earlier than 6 months after completion of radiation therapy.
Subsequent	Annually



Follow Up Recommendations for Asymptomatic Breast Cancer Survivors: Summary

Recommended Modes of Breast Cancer Surveillance	
History/Physical Exam	Every 3 to 6 months for the first 3 years after treatment. Every 6 to 12 months for years 4 and 5. Then annually.
History	The history should include enquiry regarding: <ul style="list-style-type: none"> ➤ Medication compliance if the patient is prescribed anti-estrogen therapy. ➤ Fatigue/dyspnea, unexplained weight loss, neurological symptoms abdominal pain, arm swelling, new nodules or masses, return of menses and bone pain.
Physical	The physical exam should include: <ul style="list-style-type: none"> ➤ Assessment of lymph nodes in the head and neck region. ➤ Respiratory, cardiac and abdominal exam. ➤ Breast and chest wall examination including palpation of the scar and axillary nodes. ➤ Regular gynecologic exam especially in patients on tamoxifen
Breast Self-Exam	All women should be counseled to perform monthly breast self-examination.
Mammography	First post-treatment mammogram 1 year after the initial mammogram that lead to diagnosis, but no earlier than 6 months after definitive radiation therapy. Subsequent mammography annually.
Breast Cancer Surveillance Testing – <u>Not</u> Recommended	
Routine Blood Tests	CBCs and liver function tests are not recommended.
Imaging Studies	Chest x-ray, bone scans, liver ultrasound, CT scans, FDG-PET scans and breast MRI are not recommended.
Tumor Markers	CA 15-3, CA 27.29 and CEA are not recommended.