



Modified Cancer Care Ontario's Breast Cancer Follow-up Care Clinical Guidance Summary

What is follow-up care?

Follow-up care after the completion of cancer treatment is important to help maintain good health, which consists of activities and processes related to the following major areas: prevention of recurrent and new cancers; surveillance for cancer spread, recurrence, or second cancers; management of the consequences of cancer treatment (e.g., side effects, late effects); and, coordination of care. Surveillance includes monitoring for cancer recurrence or second cancers, and assessing the physical and psychosocial consequences of cancer and its treatment on the survivor. Surveillance should be coordinated and conducted in accordance with evidence-based clinical guidelines.

Purpose:

The purpose of this guideline summary document is to serve as an informational tool for health professionals who are engaged in the follow-up care of breast cancer patients who have completed curative-intent treatment and are clinically disease-free. This information is based on a summary of current evidence-based recommendations from provincial and international clinical practice guidelines, existing published literature, and the consensus of provincial cancer experts where evidence is insufficient. These recommendations are not exhaustive nor intended to replace the independent clinical judgment of the treating professional, and should be considered in accordance with available resources and/or individual patient's needs.

Intended patient population:

Adult breast cancer survivors who require follow-up care after treatment for breast cancer^{1,2}.

Breast Cancer Follow-up Care Surveillance

Recommended Tests ^{1,2,3}	Year 1-3	Year 4+
<p>Medical follow-up care appointment:^{1,3}</p> <p>a) Medical history, updated family history at each visit (refer as appropriate to cancer genetics) and physical examination where indicated, with a focus on:</p> <ul style="list-style-type: none"> • Breasts, regional lymph nodes, chest wall, lungs and abdomen • Arms should be examined for lymphedema <p>b) Any new and persistent or worsening signs/symptoms to watch for, especially:</p> <ul style="list-style-type: none"> • Breast lumps • Mastectomy scar changes • Assess for lower extremity unilateral swelling, tenderness, or erythema • Breast axillary and/or supraclavicular masses/lesions • Bone pain • Abnormal vaginal bleeding (for women taking tamoxifen) • Neurologic symptoms (i.e., headache, motor dysfunction, stroke-like symptoms, nausea, etc.) • Fatigue affecting ADLs/IADLs • Persistent and/or worsening cough/shortness of breath • Persistent nausea and/or vomiting <p>Note: For patients that present with symptoms that could suggest recurrence, investigations should be performed and a referral back to the appropriate specialist should be considered.</p>	Every 6-12 months	Every 12 months

Breast Cancer Follow-up Care Surveillance

Recommended Tests ^{1,2,3}	Year 1-3	Year 4+
<p>c) Review of current anti-estrogen therapies:</p> <ul style="list-style-type: none"> Tamoxifen Aromatase inhibitors: Letrozole, Anastrozole, Exemestane (+/-Zoladex) <p>d) Prevention counseling, including (but not limited to):</p> <ul style="list-style-type: none"> Diet and exercise (may decrease breast cancer recurrence risk) Alcohol use (may increase breast cancer recurrence risk) Promote smoking cessation <p>Note: Please refer to full ASCO guidelines for further information or details.</p>	Every 6-12 months	Every 12 months
<p>Mammography:^{1,2}</p> <ul style="list-style-type: none"> All breast cancer survivors without metastatic disease and in otherwise good health should receive surveillance mammography, unless they have had a bilateral mastectomy. Mammography for surveillance of women who have had breast reconstruction post-mastectomy is not recommended, but there may be a possible benefit in women who have had reconstructions using tissue from another place on their body (i.e., autologous reconstruction), and who have a moderate to high chance of breast cancer occurring again. <p>Note: Women who have had a previous diagnosis of breast cancer cannot be referred to the OBSP program. Referral for routine imaging must be made by a physician. Additionally, review and refer as per recommendation on previous radiology reports (i.e., bone mineral density or ultrasounds).</p>	Every 12 months	Every 12 months

Special Considerations

Breast magnetic resonance imaging (MRI)¹ for high risk women as per CCO guidelines:

- Breast cancer survivors who are thought to be at high risk should be referred for annual breast mammography and MRI (or, if MRI is not medically appropriate, screening breast ultrasound). This kind of testing is based on scientific evidence and ensures that high risk women receive the benefits of organized screening.
- Women ages 30 to 69 who meet any of the following criteria may be considered high risk:
 - Is known to have a gene mutation (e.g., BRCA1, BRCA2)
 - Is a first-degree relative (parent, brother, sister or child) of someone who has a gene mutation (e.g., BRCA1, BRCA2)
 - Has a personal or family history of breast or ovarian cancer
 - Has had radiation therapy to the chest to treat another cancer or condition (e.g., Hodgkin's lymphoma) before age 30 and at least 8 years ago

Note: For additional information and requisition details, please visit:

<https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/breast-cancer-high-risk-women>

Bone mineral density (BMD):

- Screening recommended for patients who are post-menopausal, or are pre-menopausal with risk factors of osteoporosis, or are taking aromatase inhibitors.^{1,3}
- Baseline dual-energy x-ray absorptiometry (DEXA) scans should be repeated every 2 years for women taking an aromatase inhibitor, premenopausal women taking tamoxifen and/or a gonadotropin-releasing hormone (GnRH) agonist, and women who have chemotherapy induced, premature menopause.³

Note: Recommendation to complete Bone Mineral Density scan (DEXA) at the same diagnostic imaging site if possible

[\(https://www.nof.org/patients/diagnosis-information/bone-density-examtesting/\)](https://www.nof.org/patients/diagnosis-information/bone-density-examtesting/)

Breast self-exam (BSE):¹

- Breast self-examination should be taught to patients

Survivors of childhood, adolescent, and young adult cancers who develop breast cancer:⁵

- Adults who have a history of pediatric, adolescent, and/or young adult cancers (i.e., diagnosis and treatment prior to age 30) are at increased risk for additional late effects and should also be followed according to the Long-Term Follow-Up Guidelines published by the Children's Oncology Group.
- Note: For additional information and resources please visit: <https://www.childrensoncologygroup.org>

Breast Cancer Follow-up Care Surveillance

Tests NOT Recommended for Routine Surveillance^{1,4}

- Routine blood tests for certain biomarkers (e.g., CEA, CA15-3, CA27-29) are NOT recommended
- Advanced imaging tests (e.g., PET, CT, radionuclide bone scans) are NOT recommended
- Routine laboratory and radiographic investigations should NOT be carried out for the purpose of detecting distant metastases

Common Long-term and Late Effects^{1,3,4}

Physical:

- Surgery and/or Radiation-related: pain, numbness, stiffness or decreased range of motion
- Radiation-related: changes in pigmentation, swelling, tenderness and skin edema
- Lymphedema
- Musculoskeletal pain

For additional information and resources on symptom and side-effect management, please refer to Cancer Care Ontario's Symptom Management Guides available at: <https://www.cancercareontario.ca/en/symptom-management>

Psychosocial:

- Psychological distress (e.g., depression, anxiety, worry, fear of recurrence)
- Cognitive side-effects
- Changes in sexual function/fertility
- Challenges with body and/or self-image, relationships, and other social role difficulties
- Return to work concerns and financial challenges

For additional information and resources on psychosocial oncology care management, please refer to Cancer Care Ontario's Psychosocial Oncology Guides available at: <https://www.cancercareontario.ca/en/guidelines-advice/modality/psychosocial-oncology-care>

Note: For additional information and resources on breast cancer follow-up care, please refer to the Breast Cancer Survivorship Tool developed by the College of Family Physicians of Canada

References

1. Cancer Care Ontario's Position on Guidelines for Breast Cancer Well Follow-up Care based on: Grunfeld E, Dhesy S. -Thind, Mark Levine, Clinical practice guidelines for the care and treatment of breast cancer: follow-up after treatment for breast cancer (summary of the 2005 update). CMAJ • 172 (10), 2005. <https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/37786>
2. Muradali D, Chiarelli AM, Kennedy EB, Eisen A. Breast Screening for Survivors of Breast Cancer. Toronto (ON): Cancer Care Ontario; 2015 October 27. Program in Evidence-based Care Evidence Summary No.: 15-15. <https://www.cancercareontario.ca/en/content/breast-screening-survivors-breast-cancer>
3. Eisen, A. Personal Communication, February 8, 2019. Ontario Breast Cancer Lead, CCO Breast Cancer Advisory Committee.
4. Runowicz C, Leach C, Henry N, Henry K, Mackay H, Cowen-Alvarado R et al. American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. Journal of Clinical Oncology 34, no. 6 (February 20 2016) 611-635. <https://ascopubs.org/doi/pdf/10.1200/JCO.2015.64.3809>
5. Children's Oncology Group. Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers. Version 5.0; October 2018. survivorshipguidelines.org/pdf/2018/COG_LTFU_Guidelines_v5.pdf

Adapted from Cancer Care Ontario's Position Statement on Guidelines for Breast Cancer Well Follow-Up Care <https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/37786>

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