

**Cancer Care Ontario's Position on
Guidelines for Breast Cancer Well Follow-up Care**

Preamble

Over the past three decades there has been great progress in the early diagnosis and treatment of breast cancer, leading to better survival. In 2008, over 60,000 women in Ontario were living with breast cancer¹. As the number of women living longer with breast cancer increases, it will be an important priority to continue to provide high-quality well follow-up care for these survivors.

Despite the rich evidence on optimal follow-up care for patients with breast cancer, there is still significant variation in the way follow-up care is provided in Ontario. For example, half of breast cancer survivors have greater than recommended surveillance imaging for metastatic disease, and one-quarter have fewer than recommended surveillance mammograms². To improve patient experience, outcomes and ensure cost-effective care, CCO recommends that evidence-based breast cancer well follow-up guidelines be implemented across the province.

Context for this Position Statement

Consultation with key opinion leaders suggests that the existing guidance from the Canadian Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer is strong and current. Rather than developing new guidelines, CCO is endorsing the existing guidelines. Regional Cancer Programs will use the Canadian Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer to implement new models of breast cancer follow-up care. The endorsed guideline will be used to develop quality indicators and to set targets for delivering well follow-up care to breast cancer survivors in Ontario.

¹ Cancer Care Ontario (Ontario Cancer Registry 2009) 2010 [available on-line]

<https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=84235>

² Grunfeld E, Hodgson D, Del Giudice M, et al: Population-based longitudinal study of follow-up care for breast cancer survivors. *J Oncol Practice* 6(4): 174-181, 2010

Cancer Care Ontario's Position

The evidence supports the fact that most of breast cancer patients requiring well follow-up care can be safely provided by primary care physicians. Therefore, Cancer Care Ontario endorses the recommendations from Canada's Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer^{3,4}.

Breast cancer survivors who are thought to be at high risk should be referred to CCO's *Ontario Breast Screening Program (OBSP) High Risk Screening Program* for assessment of their eligibility to participate in the program⁵.

For individuals who have completed curative breast cancer treatment and have no symptoms of cancer recurrence, routine blood tests for certain biomarkers (e.g., CEA, CA 15-3, CA 27-29) and advanced imaging tests (PET, CT, and radionuclide bone scans) should not be routinely used to screen for cancer recurrences⁶. However, these tests may be appropriately ordered by physicians to investigate symptoms.

Evidence shows that well-follow up care provided by the primary care physician is as effective as care provided by the specialist oncologist. It is likely to be more convenient for the patients and is potentially less costly⁷. Most of the breast cancer survivors who have completed primary therapy (hormonal treatment still ongoing) and have no ongoing treatment issues, can be successfully followed up by primary care physicians. Within an institutional setting, the care can be provided in a nurse practitioner-led model⁸. In addition, patients need rapid access to the cancer system if necessary.

Although PET, CT and radionuclide bone scans have been shown to have clinical value for certain cancers, such as colorectal cancer, for women with breast cancer who have undergone curative treatment, these tests have not been shown to improve survival. Moreover, false-positive results can lead to invasive procedures, over-treatment, and misdiagnosis that can severely impact an individual's quality of life⁵.

³ 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


⁴ Steering Committee on Clinical Practice Guidelines for the Care Treatment of Breast Cancer: Clinical practice guidelines for the care treatment of breast cancer 9. Follow-up for treatment for breast cancer. CMAJ 158:S65-S70, 1998

⁵ <http://www.cancercare.on.ca/obsphighrisk>

⁶ Schnipper L, Smith T, et al: American Society of Clinical Oncology identifies five key opportunities to improve care and reduce costs: the top five list for oncology. J Clin Oncol 30(14): 1715-1724, 2012

⁷ Grunfeld E, Levine M, Coyle D, et al: Randomized trial of long-term follow-up for early-stage breast cancer: A comparison of family physician versus specialist care. J Clin Oncol 24(6): 848-855, 2006

⁸ Sussman J, Souter LH, et al: Models of care for cancer survivorship. PEBC. CCO. 2012 (in-print)



For improved care coordination, a successful handover process from specialist oncologists to next care is as effective as a comprehensive survivorship care plan⁹. CCO recognizes that a targeted approach is necessary to enable this transition.

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- Dr. Maureen Trudeau, co-chair Disease Site Group, Breast Cancer
- Members of Cancer Care Ontario's New Models of Breast Cancer Well Follow-Up Care Working Group

⁹ Grunfeld et al. Evaluating survivorship care plans: results of a randomized clinical trial of patients with breast cancer. *J Clin Oncol* 2011; 29:4755-4762