



ONTARIO 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 judgement 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.^{1,2,4}

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 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 Breast axillary and/or supraclavicular masses/lesions Bone pain Cough Abnormal vaginal bleeding (for women taking tamoxifen) Vague constitutional symptoms such as: <ul style="list-style-type: none"> Fatigue Unexplained weight loss Anorexia <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> <p>c) Health promotion and disease prevention counselling, including (but not limited to):</p> <ul style="list-style-type: none"> Diet, exercise, smoking status, alcohol, sun safety, mental health, sexual health, and other informational needs Patients may also be assessed for other special issues, including: fertility, genetic testing, cardiotoxicity, bone health, musculoskeletal health, pain, and neuropathy⁴ 	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 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 	Every 12 months	Every 12 months

Special Considerations^{1,3,4,5}

Breast magnetic resonance imaging (MRI) for high risk women in Ontario Breast Screening Program (OBSP):¹

- Breast cancer survivors who are thought to be at **high risk** should be referred to Cancer Care Ontario's OBSP High Risk Screening Program for assessment of their eligibility to participate in the program. The OBSP screens eligible high risk breast cancer patients with 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 for referral to participate in the High Risk OBSP:
 - 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

For additional information on the OBSP and requisition details, please visit: 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 inhibitors¹³
- 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^{3,4}

Breast self-exam (BSE):¹

- Breast self-examination should be taught to patients who express this preference

Survivors of Childhood, Adolescent, and Young Adult Cancers: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

Tests NOT Recommended for Routine Surveillance¹⁴

- 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-related: pain, numbness or stiffness
- Irradiation-related: erythema, swelling, tenderness and skin edema
- Lymphedema
- Menopausal symptoms associated with systemic therapy

For additional information and resources on symptom and side-effect management, please refer to Cancer Care Ontario's Symptom Management Guides available at: 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: 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. 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. 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. 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