MaineHealth CANCER CARE NETWORK
SUPPORTED BY THE HAROLD ALFOND® FOUNDATION

Breast Cancer Survivorship Guideline

Original Date: 12-4-18 | Review Date:

MaineHealth Breast Oncology Work Group

BREAST SURVEILLANCE GUIDELINES: General			
	NCCN	**ASCO/ACR**	**Comments**
History and Physical	Years 1-5: 1-4 times per year	Years 1-3: ASCO: Every 3-6 months ACR: 4-6 weeks after last day of XRT	Follow-up visit by discipline:
•History of present illness: symptoms, signs	>5 years: annual	Years 3-5: every 6-12 months	Rad Onc-3 month (and 1 year)*
•Clinical breast exam		>5 years: annual	Surgical oncology: At office visit, 4-6 months, 1 year, (then annually to 5 years)*
•No symptoms of lymphedema			Medical oncology: 3-6 months for 5 years, then annually
•Assess & encourage adjuvant treatments compliance (e.g. endocrine therapy)			* optional
Genetic Risk Evaluation			
•Family history review			
•consider genetics			
Imaging			**Consider:**
Mammogram, surveillance/screening			
•Breast conserving therapy patients or unilateral mastectomy	•Annual	•Annual	•"Diagnostic" mammogram over "screening" in first 1-5 years
•Mastectomy with reconstruction	•No routine imaging	•No routine imaging	
Adjunct imaging (US, MRI)		•High-risk patients only	•MRI for mammogram occult
Staging (BS+CT scan vs PET)	•No routine imaging without symptoms	•No routine imaging without symptoms	•No imaging needed to assess implant integrity
DEXA (postmenopausal, premature menopause, endocrine therapy patients)	•Baseline then periodically	•Baseline then every 2 years	
Labs	•No routine to screen for metastatic disease without symptoms	•No routine to screen for met disease without symptoms	PCP guidelines for annual labs by age
			Consider:
			Annual vitamin D

BREAST SURVEILLANCE GUIDELINES: Treatment-Specific			
	NCCN	**ASCO**	**Comments**
Tamoxifen therapy	•Compliance	•Compliance	
	•Annual gynecologic exam (+ uterus)	•Annual gynecologic exam (post-menopause + uterus)	
		•DEXA (see Imaging)	
Aromatase Inhibitor therapy	•Compliance	•Compliance	
	•DEXA (see Imaging)	•DEXA (see Imaging)	

BREAST SURVEILLANCE GUIDELINES: Long-Term & Late Effects			
	NCCN	**ASCO**	**Comments**
Cardiac Toxicity (anthracycline-induced)	High risk:	•Monitor lipid levels	Consider:
	•Clinical screening for HF within 1 year after completing anthracycline treatment **	•Educate on cardiac risk factors	Echo Q 6mo for 2 years then with symptoms
		•Encourage reporting of symptoms	
Lymphedema	•Baseline measurements pre-treatment (by CLT if possible)	•Patient education on risk reduction	Recommended:
	•Assess symptoms each H&P (swelling frequency/ severity, pain, range of motion, strength)	•Referral to CLT with symptoms	Using MH Breast standardized patient education
	•Referral to CLT if symptoms		
Body Image		•Assess for appearance concern	Endorse ASCO guidelines
		•Offer adaptive devices (wigs, prosthesis)	
		•Offer surgery when appropriate (reconstruction/ revision)	
		•Refer to psychosocial care	
Cognitive Impairment	•Ask about symptoms	•Ask about symptoms	
	•Assess for reversible causes (depression, meds, insomnia, fatigue)	•Assess for reversible causes (depression, meds, insomnia, fatigue)	
	•Focal neuro deficit, high risk for metastatic disease or brain primary consider neuroimaging	•Referral for neurocognitive assessment and rehab	
Distress, Depression & Anxiety	•Screen at regular intervals	Assess patient	
	•Consider referral to mental health services	Higher risk conduct more probing assessment:	
		•Young	
		•Prior mental health disease	
		•Low socio-economic status	
		Offer in-office counseling, pharmacotherapy, referral to mental health	
Fatigue	•Screen at regular interval:	•Screen annually	See specific guidelines for management of contributing factors
	Severity scale (0-10)	•Take a fatigue history (onset, severity, factors)	
	•>3:	•Treat contributing factors	
	H&P	•Labs	
	Labs: CBC w/diff, CMP, TSH	•Provide general advice	
	Imaging- only if high recurrence risk, symptoms of recurrence	•Promote regular physical activity	
	ECHO- consider if received cardio-toxic treatments		
	•Treat contributing factors		

BREAST SURVEILLANCE GUIDELINES: Long-Term & Late Effects, *continued*			
	NCCN	**ASCO**	**Comments**
Cognitive Function	•Focused history: deficits, onset, education level attained, caregiver assessment		
	•Obtain neuroimaging if high risk for metastatic disease to brain		
	•Clarify type of impairment: attention span, multitasking, incomplete tasks, word finding, trouble remembering		
	•Assess contributing factors: meds, depression, pain, fatigue, use of altering agents (alcohol)		
	•Provide patient/family validation of experience, reassurance often not progressive, support self-management and coping strategies, share general strategies for management (see guidelines)		
Pain/Neuropathy	•Screen at regular intervals (see guidelines)	Screen at regular intervals with simple pain scale	
		Offer interventions as necessary	
		Refer to appropriate specialist	
Menopause	•Screen at regular intervals	Screen at regular intervals	
	•H&P	Refer those of childbearing age who experience infertility to a specialist in reproductive endocrinology and infertility as soon as possible	
	•Rule out other cause of menopausal symptoms (e.g. thyroid dysfunction)	For vasomotor, offer SNRIs, SSRIs, gabapentin, lifestyle modifications and/or environmental modifications	
	•LH, FSH, prolactin, serial estradiol levels as clinically indicated		
	•For vasomotor – consider low-dose anti-suppressants, anti-convulsants, neuropathic pain reliever, and certain anti-hypertensive drugs, acupuncture, exercise, weight loss, yoga, hypnosis, etc.		

BREAST SURVEILLANCE GUIDELINES: Long-Term & Late Effects, *continued*			
	NCCN	**ASCO**	**Comments**
Sexual Function	Screen at regular intervals	Screen at regular intervals	
- Vaginal dryness	Consider non-hormonal moisturizers/lubricants, local estrogen treatment (cautionary) and pelvic evaluation for atrophy	Offer non-hormonal lubricants and moisturizers	
- Urogenital			
- Dyspareunia			
- Libido, Problem with orgasm		Refer for psychoeducational support, group therapy, sexual counseling, marital counseling or intensive psychotherapy, when appropriate	
BREAST SURVEILLANCE GUIDELINES: Health Promotion			
	NCCN	**ASCO**	**Comments**
Weight management	Evaluate weight status at regular intervals including BMI	Promote achieve and maintain a healthy weight	
	Evaluate involuntary weight change	If overweight or obese, suggest limiting consumption of high-calorie foods and beverages	
Physical activity	Promote aiming for 150 minutes moderate activity or 75 minutes of vigorous activity	Promote aiming for 150 minutes moderate activity or 75 minutes of vigorous activity	
	Promote strength training 2 or more days a week	Promote strength training 2 or more days a week	
	Promote stretching 2 days or more a week		
Nutrition	Assess current dietary patterns and eating habits at regular intervals	Promote achieve a dietary pattern high in vegetables, fruits, whole grains, and legumes, low in saturated fats, and limited in alcohol consumption	
Smoking cessation		Promote avoidance of smoking; refer those who smoke to cessation counseling and resources	
Immunization	Consider and encourage administration of inactivated vaccines or vaccines made of purified antigens, bacterial components, or genetically engineered recombinant antigens in all cancer and transplant survivors at usual doses and schedules		