

A Patient's Guide

Follow-Up Care for Breast Cancer



Recommendations of
the American Society
of Clinical Oncology



The American Society of Clinical Oncology (ASCO) is a nonprofit organization which represents more than 10,000 cancer professionals worldwide; the Society offers scientific and educational programs and a wide range of other initiatives intended to foster the exchange of information about cancer.

Follow-Up Care for Breast Cancer

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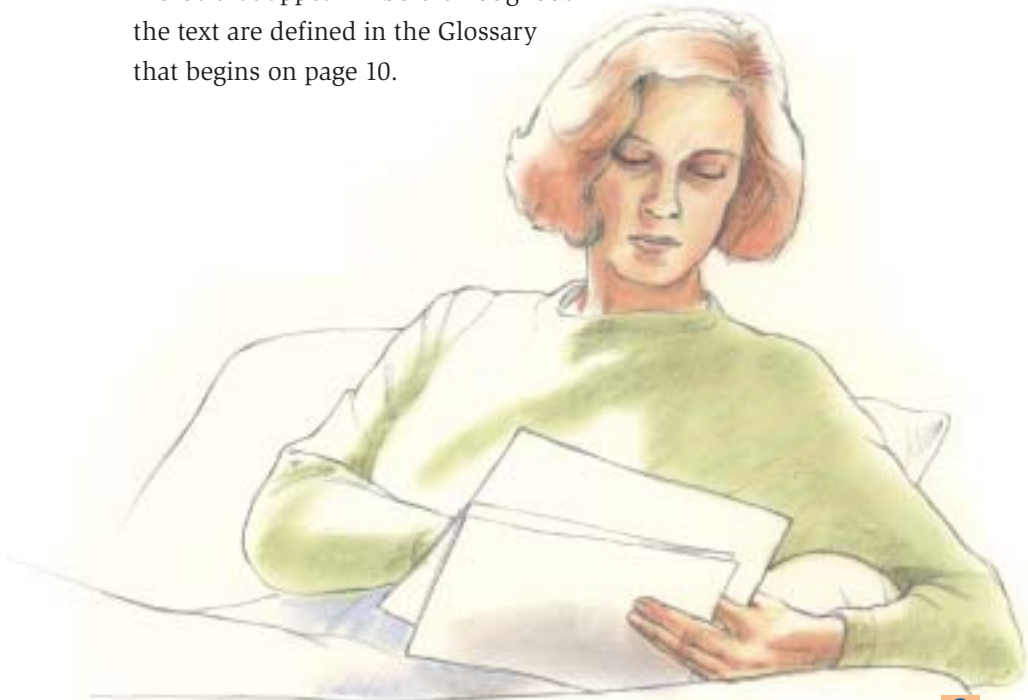
A Patient's Guide to Follow-Up Care for Breast Cancer

Recommendations of the American Society of Clinical Oncology

There are many tests that can be, and often are, conducted as part of medical care following treatment for breast cancer. However, some of these tests are of limited value, while others are important components of your health plan.

The American Society of Clinical Oncology (ASCO) developed the following guidelines to help you and your doctors make decisions about your continuing health care. It's important to remember, however, that every woman who has breast cancer is different, and these guidelines are not meant to replace your or your doctor's judgment. The final decisions you and your doctor make will be based on your individual circumstances.

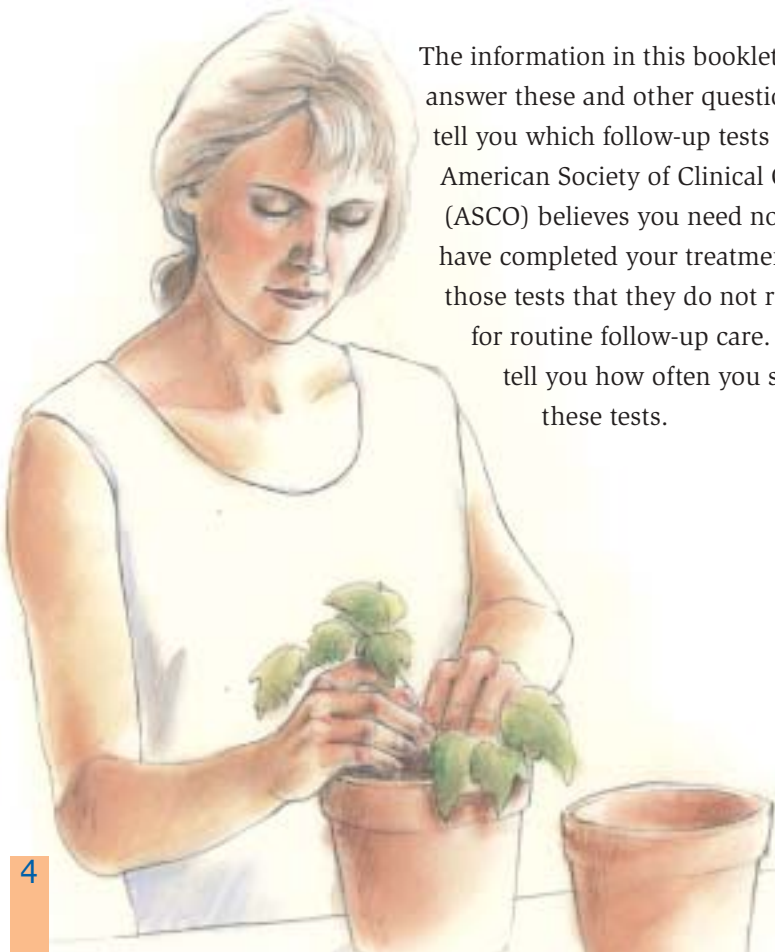
Words that appear in **bold** throughout the text are defined in the Glossary that begins on page 10.



When Treatment Ends – What Then?

The end-of-treatment day has finally come. Obviously, this is what you've been waiting for, and yet, you may be feeling lonely, perhaps even abandoned, a little scared, and certainly wondering what will happen next. You've heard about and met women who have remained cancer free for years, even decades. But, you've probably also met women whose breast cancer **recurred**, sometimes within months or a year or two after they finished treatment. Now that you are no longer in active treatment, you are probably wondering how you can give yourself the best chance for remaining cancer free. You're probably asking yourself such questions as: "Which tests do I need to have so that I get the best care?" and "How often should I be monitored by my doctor for recurrence of cancer and for how long?"

The information in this booklet will help to answer these and other questions. It will tell you which follow-up tests the American Society of Clinical Oncology (ASCO) believes you need now that you have completed your treatment, and those tests that they do not recommend for routine follow-up care. It will also tell you how often you should have these tests.



Follow-Up Care

Most **recurrent breast cancer** is suspected or found by women themselves, and the majority of recurrences are detected between scheduled medical visits. So, once your treatment has ended, it is important to get appropriate follow-up care.

Certain symptoms may indicate that your breast cancer has recurred. You need to know what these symptoms are. If you experience any of these symptoms, it is important to see your doctor immediately so that they can be evaluated and appropriate follow-up care can begin. These symptoms include:

- **chronic** bone pain or tenderness
- skin rashes, redness, or swelling
- new lumps in your breasts or chest
- changes in your breasts
- chest pain and any shortness of breath
- persistent abdominal pain
- changes in weight, especially weight loss

When choosing the doctor to handle your follow-up care, consider choosing the one with whom you feel most comfortable.

Continuity of Care

The majority of breast cancer recurrences happen within the first 5 years after **primary therapy**. Medical history taking and physical exams are the most common methods of discovering a recurrence. So, one of the most important things you can do is to maintain **continuity of care** and on-going and honest communication with your doctor. Your combined efforts will help in detecting a recurrence earlier.

ASCO Guidelines for Follow-Up Care

Tests Recommended by ASCO for Routine Follow-up Care

Breast Self-Examination

You should perform a monthly **breast self-examination (BSE)** that includes a careful check of your breasts for any new lumps, redness, or swelling. This is particularly important if you have had breast surgery of any kind (**mastectomy** with or without reconstruction or **implant**, or **lumpectomy**). If you have never been trained in BSE, and especially if you have had breast surgery, you will probably want to get instruction on how to do a correct BSE from your doctor or nurse so that you will be able to tell the difference between a lump, normal breast tissue, and implant material.

Patient History

Your doctor should take a careful medical history every 3 to 6 months for the first 3 years after your primary therapy. That's because 60% to 80% of all breast cancer recurrences are detected within the first 3 years after therapy. For the next 2 years, histories can be taken every 6 to 12 months. After 5 years, your doctor will take your history annually.

Physical Exam

You should have a careful physical exam every 3 to 6 months for the first 3 years after your primary therapy; then every 6 to 12 months for the next 2 years; then annually.

During your physical exam, your doctor will look for any physical changes that relate to your general health and/or any symptoms that may suggest your cancer has recurred or has spread to another part of your body (systemic disease). In addition to performing a careful breast exam, your doctor will carefully examine your entire chest wall and check for **lymph node** involvement. Your doctor will also check

for any **pulmonary** or **neurologic** abnormalities, liver enlargement, or bone tenderness that may signify **metastasis**. For example, he or she will likely ask about your general health and about any unusual symptoms you may have experienced. Your doctor will also probably listen to your heart and lungs as well as check your abdomen, neck, and other areas for swelling.

Mammography

Any woman with a prior diagnosis of breast cancer should have yearly **mammograms**. If you have had breast-conserving therapy (lumpectomy), you should have your first **post-treatment** mammogram 6 months after completion of radiation; then annually, or as indicated by your doctor. If you have had a mastectomy, you still need to have a mammogram of the remaining breast. Some physicians may also prescribe a **mammography** of the tissue remaining at the site of the mastectomy. Similarly, some physicians may prescribe a mammography if you have an implant.

Pelvic Exam

Every woman should have a pelvic exam at regular intervals. For most women, this will be yearly. If you have had a total abdominal **hysterectomy** and oophorectomy (removal of your ovaries), this may be done less often. Your periodic pelvic exams should include a **Pap test** as well as rectal and vaginal exams. If you take or have taken **tamoxifen** for prevention, you could be at increased risk for **endometrial** and uterine cancer, and your physician will ask you specifically about vaginal discharge or bleeding. These questions should also be asked during the routine history that is taken at your follow-up visits. There is no need for routine endometrial **biopsies**.

ASCO Guidelines for Follow-Up Care, Con't

If you are in good physical condition and have no symptoms, there are some tests that are not recommended for use at each follow-up exam because they have not been shown to affect survival. Some have been shown to miss the existence of cancer or to indicate cancer when it is not present and some are also costly. Keep in mind, however, that some of these tests, such as the complete blood count (CBC) and the chemistry studies, will be routinely performed during regular annual physical examinations.

Tests Not Recommended by ASCO for Routine Follow-up Care:

Chest X-ray – x-ray used to view the chest to check for tumors in the lungs

Bone Scan – test used to evaluate the entire skeleton to check for cancer in the bones

Ultrasound of Liver – use of high frequency sound waves to check for the presence of solid or **cystic** tumors in the liver

Computed Tomography (CT) Scan – also referred to as computerized axial tomography (CAT), used to evaluate the chest, abdomen, and pelvis for tumors

Breast Cancer Tumor Markers CA 15-3, CA 27.29, and CEA – increases in these markers are measured as a method of detecting recurrence

Complete Blood Count (CBC) – measures hemoglobin level (the amount of oxygen in red blood cells), hematocrit (the percentage of red blood cells in whole blood), total and differential WBC (white blood cell) count, and platelet (structures that help coagulate blood) count

Chemistry Studies – tests for liver and kidney function, protein, albumin, and calcium levels

As stated earlier, each person's situation is different, and you and your doctors will decide which of these tests are appropriate in your case.

Keeping Your Information Current

ASCO evaluates new cancer treatments as they develop. To be sure that the information you have is current, please call ASCO at (888) 651-3038 or (703) 299-0150. This and other ASCO consumer guides can be found under the People Living with Cancer section of *ASCO OnLine* at: www.asco.org.



Glossary

biopsy: removal and examination of a sample of tissue under a microscope to check for cancer cells

breast self-examination: careful examination by a woman of her breasts to look for changes and/or abnormalities in the breast tissue

chronic: lasting; of long duration

continuity of care: continuation of health care following active treatment

cyst: any closed cavity or sac, normal or abnormal, lined by epithelium (the covering of internal and external surfaces of the body), especially one that contains a liquid or a semisolid material

cystic: having the characteristics of a cyst

endometrial: of or pertaining to the membrane that lines the uterus

hysterectomy: surgical removal of the uterus

implant: silicone rubber sacs, which are filled with silicone gel or sterile saline, used for breast reconstruction after mastectomy

lumpectomy: surgical removal of only the cancerous mass in the breast

lymph node: small bean-shaped organ that acts as a filter to collect bacteria and other foreign substances; lymph nodes are connected by lymphatic vessels throughout the body

mammogram: x-ray of the breast produced by mammography

mammography: the technology that detects breast tumors

mastectomy: surgical removal of the breast or portion(s) of the breast

metastasis: spread of cancer cells from the original site to other parts of the body

neurologic: refers to the nervous system

Pap test: test that looks for various conditions, particularly malignant (cancerous) and premalignant, of the female genital tract (cancer of the vagina, cervix, and endometrium)

post-treatment: after treatment has ended

primary therapy: treatment of a disease, such as breast cancer, the first time it occurs

pulmonary: refers to the lungs

recurred (recur, recurrence): reappearance of a disease and its symptoms after it has been in **remission**

recurrent breast cancer: breast cancer that has become active after successful treatment of the primary cancer

remission: a reduction or decrease in the symptoms of a disease; the period of time during which the reduction or decrease occurs

tamoxifen: chemotherapy drug used in the treatment of breast cancer and prevention of recurrent breast cancer

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Atlanta, GA 30329
(800) ACS-2345
www.cancer.org

American Society of Clinical Oncology (ASCO)

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(888) 651-3038 or (703) 299-0150
www.asco.org

Cancer Care, Inc.

1180 Avenue of the Americas
New York, NY 10036
(800) 813-HOPE
www.cancerinc.org

National Alliance of Breast Cancer Organizations (NABCO)

9 East 37th Street, 10th Floor
New York, NY 10016
(800) 719-0154
www.nabco.org

National Cancer Institute (NCI)

National Institutes of Health
Office of Cancer Communication
Building 31, Room 10A24
9000 Rockville Pike
Bethesda, MD 20892
(800) 4-CANCER
www.nci.nih.gov

Susan G. Komen Breast Cancer Foundation

5005 LBJ Freeway, Suite 370
Dallas, TX 75244
(972) 855-1600
www.komen.org

Supporting Clinical Cancer Research and Education Around the World

The ASCO Foundation is a not-for-profit corporation based in Alexandria, Virginia, dedicated to furthering clinical cancer research and education. The Foundation works to advance careers in clinical cancer research through its fellowship grant program and to communicate important advances in clinical cancer, science and treatment to oncologists via a broad range of educational programs. The Foundation's ultimate goal is to produce the next generation's leaders in the field of clinical oncology.

The ASCO Foundation has received a generous contribution from its charter sponsor, Ortho Biotech Inc., but still needs your help to fund these important research and education programs.

For more information, or to make a contribution to the ASCO Foundation, please contact:

American Society of Clinical Oncology

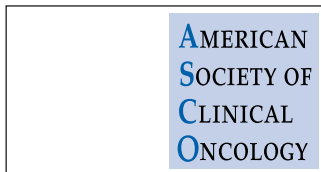
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