Survivorship – Invasive Breast Cancer

Disclaimers: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Note: Mammograms may continue as long as a woman has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.

**ELIGIBILITY**
- Female or male with invasive breast cancer 5 years from date of diagnosis and NED

**CONCURRENT COMPONENTS OF VISIT**
- History and physical with clinical breast exam annually
- Screening mammogram annually
- Assess for compliance with hormone therapy and assess for toxicities if appropriate
- Fatigue assessment
- Neuropathy assessment
- Cognitive dysfunction assessment
- Gynecological assessment if on tamoxifen
- Lymphedema assessment

**SURVEILLANCE**
- Consider the following:
  - Bone health (see Breast Cancer Survivorship: Bone Health algorithm)
  - Cardiac screening
  - Patient education regarding symptoms, including radiation therapy complications, if appropriate
  - Sexual health/fertility

**MONITORING FOR LATE EFFECTS**
- Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
- Includes cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate (if appropriate), and skin cancer screening

**RISK REDUCTION/EARLY DETECTION**
- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated
  - Genetic screening (if not already done) (see Genetic Counseling algorithm)
  - Vaccinations as appropriate

**PSYCHOSOCIAL FUNCTIONING**
- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Body image
  - Financial stressors
  - Social support

**DISPOSITION**
- Yes
  - See evaluation for recurrence in Breast Cancer – Invasive algorithm

- No
  - Continue survivorship monitoring
  - Refer or consult as indicated

---

1. Completion of all treatment with the exception of hormonal agents
2. Consider tomosynthesis
3. All postmenopausal women (especially those on aromatase inhibitors) and premenopausal women on ovarian suppression
4. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
5. See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
6. Includes cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate (if appropriate), and skin cancer screening
7. Based on Centers for Disease Control and Prevention (CDC) guidelines

**Disclaimer**
This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

***Note***
Mammograms may continue as long as a woman has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.

---

NED = no evidence of disease

**Department of Clinical Effectiveness V8**

Approved by the Executive Committee of the Medical Staff on 06/25/2019
SUGGESTED READINGS


DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Breast Cancer Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Carlos H. Barcenas, MD (Breast Medical Oncology)
Isabelle Bedrosian, MD (Breast Surgical Oncology)
Therese Bevers, MD (Clinical Cancer Prevention)
Gabriel N. Hortobagyi, MD (Breast Medical Oncology)
Kelly Hunt, MD (Breast Surgical Oncology)
Thoa Kazantsev, BSN, RN, OCN*
Jessica Leung, MD (Diagnostic Radiology – Breast Imaging)
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
Stacy Moulder, MD (Breast Medical Oncology)
Simona Shaitelman, MD (Radiation Oncology)
Debu Tripathy, MD (Breast Medical Oncology)
Vicente Valero, MD (Breast Medical Oncology)

* Clinical Effectiveness Development Team