

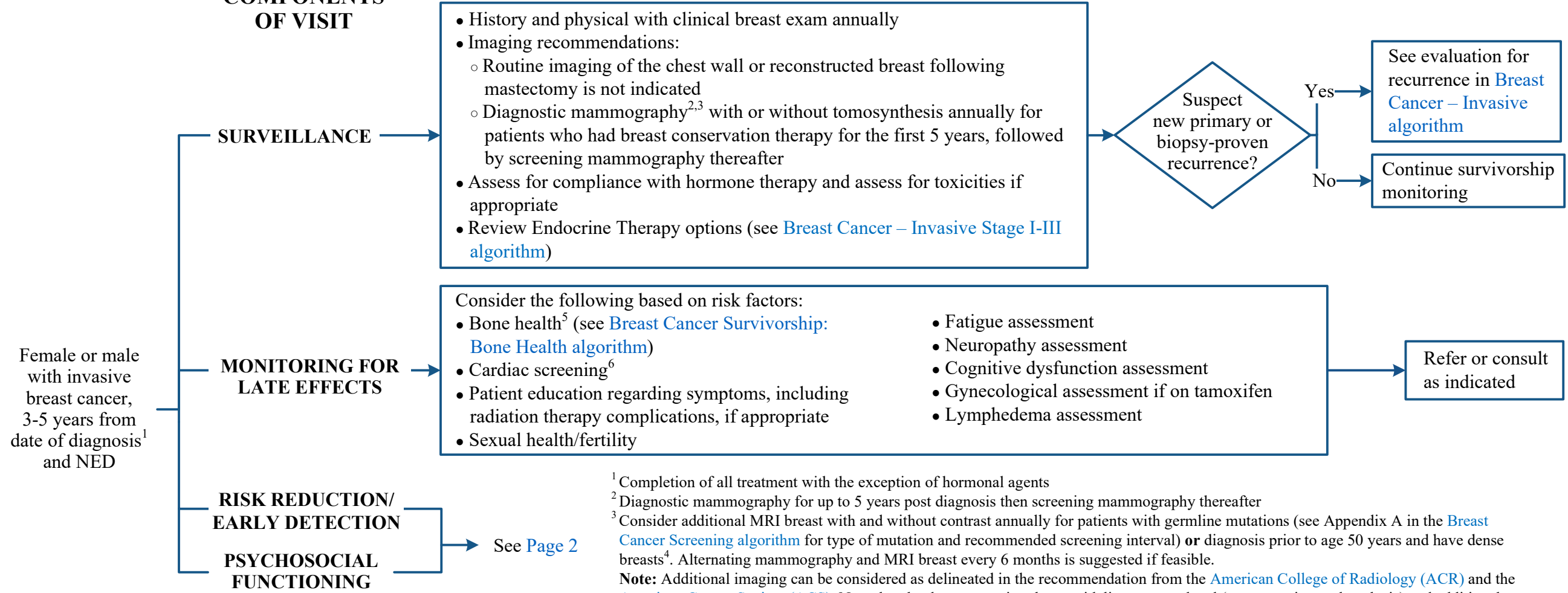
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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 the patient has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.

**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

**DISPOSITION**



Female or male with invasive breast cancer, 3-5 years from date of diagnosis<sup>1</sup> and NED

**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

**RISK REDUCTION/EARLY DETECTION**

**PSYCHOSOCIAL FUNCTIONING**

- History and physical with clinical breast exam annually
- Imaging recommendations:
  - Routine imaging of the chest wall or reconstructed breast following mastectomy is not indicated
  - Diagnostic mammography<sup>2,3</sup> with or without tomosynthesis annually for patients who had breast conservation therapy for the first 5 years, followed by screening mammography thereafter
- Assess for compliance with hormone therapy and assess for toxicities if appropriate
- Review Endocrine Therapy options (see [Breast Cancer – Invasive Stage I-III algorithm](#))

- Consider the following based on risk factors:
- Bone health<sup>5</sup> (see [Breast Cancer Survivorship: Bone Health algorithm](#))
  - Cardiac screening<sup>6</sup>
  - Patient education regarding symptoms, including radiation therapy complications, if appropriate
  - Sexual health/fertility
  - Fatigue assessment
  - Neuropathy assessment
  - Cognitive dysfunction assessment
  - Gynecological assessment if on tamoxifen
  - Lymphedema assessment

Suspect new primary or biopsy-proven recurrence?

Yes → See evaluation for recurrence in [Breast Cancer – Invasive algorithm](#)

No → Continue survivorship monitoring

See evaluation for recurrence in [Breast Cancer – Invasive algorithm](#)

Continue survivorship monitoring

Refer or consult as indicated

See [Page 2](#)

NED = no evidence of disease  
 USPSTF = United States Preventive Services Task Force

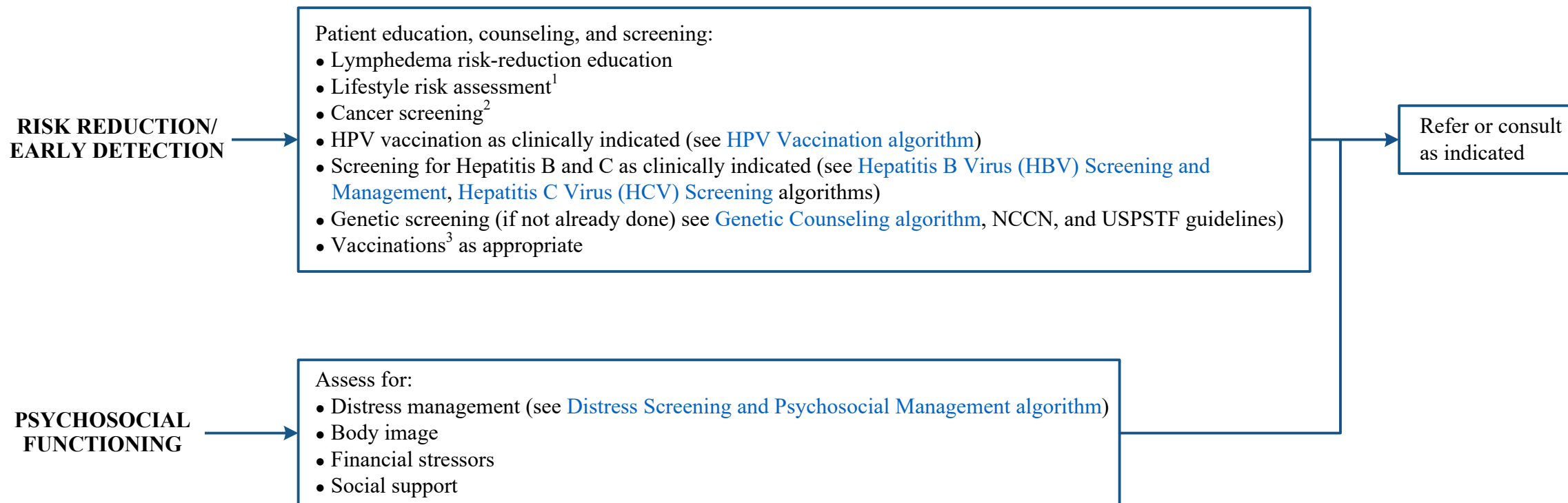
<sup>1</sup> Completion of all treatment with the exception of hormonal agents  
<sup>2</sup> Diagnostic mammography for up to 5 years post diagnosis then screening mammography thereafter  
<sup>3</sup> Consider additional MRI breast with and without contrast annually for patients with germline mutations (see Appendix A in the [Breast Cancer Screening algorithm](#) for type of mutation and recommended screening interval) **or** diagnosis prior to age 50 years and have dense breasts<sup>4</sup>. Alternating mammography and MRI breast every 6 months is suggested if feasible.  
**Note:** Additional imaging can be considered as delineated in the recommendation from the [American College of Radiology \(ACR\)](#) and the [American Cancer Society \(ACS\)](#). Note that the data supporting these guidelines are outdated (as per our internal analysis) and additional imaging is not recommended by the National Comprehensive Cancer Network (NCCN) survivorship guidelines.  
<sup>4</sup> Dense breast is defined as heterogeneously dense or extremely dense  
<sup>5</sup> All postmenopausal women (especially those on aromatase inhibitors) and premenopausal women on ovarian suppression  
<sup>6</sup> Consider use of Vanderbilt’s [ABCDE’s approach to cardiovascular health](#)

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## CONCURRENT COMPONENTS OF VISIT

## DISPOSITION



NED = no evidence of disease

USPSTF = United States Preventive Services Task Force

<sup>1</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>2</sup> Includes [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), [prostate](#) (if appropriate), and [skin cancer screening](#)

<sup>3</sup> Based on [Centers for Disease Control and Prevention \(CDC\) guidelines](#)

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## 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:

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