Survivorship – Noninvasive Breast Cancer

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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

- Female or male with noninvasive breast cancer, 6-24 months from date of diagnosis
- NED

CONCURRENT COMPONENTS OF VISIT

- 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\(^2,3\) 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

SURVEILLANCE

Consider the following based on risk factors:
- Bone health\(^5\) (see Breast Cancer Survivorship: Bone Health algorithm)
- Sexual health/fertility
- Gynecologic assessment if on tamoxifen
- Patient education regarding symptoms including radiation therapy complications if appropriate

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

See Page 2

CONCURRENT COMPONENTS OF VISIT

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DISPOSITION

- Suspect new primary or biopsy-proven recurrence?
  - Yes
    - See evaluation for recurrence in Breast Cancer – Invasive Stage I-III algorithm
  - No
    - Continue survivorship monitoring

Refer or consult as indicated

SUMMARY

- \(^1\) Completion of all treatment with the exception of hormonal agents
- \(^2\) Diagnostic mammography for up to 5 years post diagnosis then screening mammography thereafter
- \(^3\) 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. Alternating mammography and MRI breast every 6 months is suggested if feasible.
- \(^5\) All postmenopausal women (especially those on aromatase inhibitors) and premenopausal women on ovarian suppression

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 Note that the data supporting these guidelines are outdated (as per our internal analysis) and additional imaging is not recommended by the National Comprehensive Cancer Network (NCCN) survivorship guidelines.
- \(^5\) Dense breast is defined as heterogeneously dense or extremely dense
- \(^5\) All postmenopausal women (especially those on aromatase inhibitors) and premenopausal women on ovarian suppression

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

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Department of Clinical Effectiveness V10

Approved by the Executive Committee of the Medical Staff on 03/21/2023
CONCURRENT COMPONENTS OF VISIT

Patient education, counseling, and screening:
- Lifestyle risk assessment¹
- Cancer screening²
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- Consider cardiovascular risk reduction³
- Genetic screening (if not already done) (see Genetic Counseling algorithm, NCCN, and USPSTF guidelines)
- Vaccinations⁴ as appropriate

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

DISPOSITION

Refer or consult as indicated

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¹ See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
² Includes cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate (if appropriate), and skin cancer screening
³ Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
⁴ Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


Cho, N., Han, W., Han, B.-K., Bae, M.S., Ko, E. K., Nam, S.J., ... Moon, W.K. (2017). Breast cancer screening with mammography plus ultrasonography or magnetic resonance imaging in women 50 years or younger at diagnosis and treated with breast conservation therapy. *JAMA Oncology*, 3(11), 1495-1502. doi:10.1001/jamaoncol.2017.1256


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SUGGESTED READINGS - continued


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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:

Core Development Team Leads
Abenaa Brewster, MD (Breast Medical Oncology)
Gabriel N. Hortobagyi, MD (Breast Medical Oncology)
Kelly Hunt, MD (Breast Surgical Oncology)
Wei Yang, MD (Breast Imaging)

Workgroup Members
Beatriz Adrada, MD (Breast Imaging)
Carlos H. Barcenas, MD (Breast Medical Oncology)
Isabelle Bedrosian, MD (Breast Surgical Oncology)
Therese Bevers, MD (Clinical Cancer Prevention)
Olga N. Fleckenstein, BS*
Katherine Gilmore, MPH (Cancer Survivorship)
Thoa Kazantsev, MSN, RN, OCN*
Jessica Leung, MD (Breast Imaging)
Tanya Moseley, MD (Breast Imaging)
Amy Pai, PharmD*
Simona Shaitelman, MD (Radiation Oncology)
Nina Tamirisa, MD (Breast Surgical Oncology)
Debu Tripathy, MD (Breast Medical Oncology)
Vicente Valero, MD (Breast Medical Oncology)
Gary Whitman, MD (Breast Imaging)

*Clinical Effectiveness Development Team