Noninvasive breast cancer 6-24 months from date of diagnosis and NED

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

Years 1-5:
- History and physical with clinical breast exam every 6-12 months
- Diagnostic mammogram annually

Years 6 and up:
- History and physical with clinical breast exam annually
- Screening mammogram annually
- Assess for compliance with hormone therapy and assess for toxicities

SUSPECT new primary or biopsy-proven recurrence?
Yes
See evaluation for recurrence in Breast Cancer - Invasive Algorithm
No
Continue survivorship monitoring

CONCURRENT COMPONENTS OF VISIT

MONITORING FOR LATE EFFECTS

Consider the following:
- Bone health (see Breast Cancer Survivorship: Bone Health Algorithm)
- Patient education regarding symptoms including radiation therapy complications if appropriate
- Lymphedema assessment
- Sexual health/fertility
- Gynecologic assessment if on tamoxifen

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 (see Hepatitis Screening and Management – HBV and HCV Algorithm)
- Consider cardiovascular risk reduction
- 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

Refer or consult as indicated

NED = no evidence of disease
1 Completion of all treatment with the exception of hormonal agents
2 Consider tomosynthesis/3D mammogram
3 Premenopausal women on tamoxifen or hormonal therapy
4 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice
5 Includes cervical (if appropriate), colorectal, liver, lung, pancreatic, and skin cancer screening
6 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health
7 Based on Centers for Disease Control and Prevention (CDC) guidelines

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.

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.
SUGGESTED READINGS


Survivorship – Noninvasive Breast Cancer

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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Breast 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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