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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

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Female or male with noninvasive breast cancer 6-24 months from date of diagnosis¹ and NED

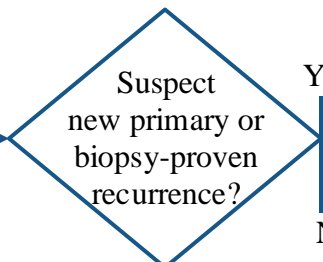
SURVEILLANCE

Years 1-5:

- History and physical with clinical breast exam every 6-12 months
- Diagnostic mammogram annually²
- Assess for compliance with hormone therapy and assess for toxicities if appropriate

Years 6 and up:

- History and physical with clinical breast exam annually
- Screening mammogram annually²
- Assess for compliance with hormone therapy and assess for toxicities if appropriate



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

Continue survivorship monitoring

MONITORING FOR LATE EFFECTS

Consider the following:

- Bone health³ (see [Breast Cancer Survivorship: Bone Health algorithm](#))
- Patient education regarding symptoms including radiation therapy complications if appropriate
- Sexual health/fertility
- Gynecologic assessment if on tamoxifen

RISK REDUCTION/EARLY DETECTION

Patient education, counseling, and screening:

- Lifestyle risk assessment⁴
- Cancer screening⁵
- 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 reduction⁶
- Genetic screening (if not already done) (see [Genetic Counseling algorithm](#))
- Vaccinations⁷ as appropriate

Refer or consult as indicated

PSYCHOSOCIAL FUNCTIONING

Assess for:

- Distress management (see [Distress Screening and Psychosocial Management algorithm](#))
- Body image
- Financial stressors
- Social support

NED = no evidence of disease

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 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](#), [prostate](#) (if appropriate), 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](#)

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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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