Survivorship – Invasive Breast Cancer

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.

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

CONCURRENT COMPONENTS OF VISIT

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

Consider the following:
- Bone health
- Cardiac screening
- Patient education regarding symptoms including radiation therapy complications if appropriate
- Sexual health/fertility

MONITORING FOR LATE EFFECTS
- Sexual health/fertility
- Fatigue assessment
- Neuropathy assessment
- Assess for cognitive dysfunction
- Gynecological assessment if on tamoxifen

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

PSYCHOSOCIAL FUNCTIONING
- Distress management
- Body image
- Financial stressors
- Social support

Assess for:
- Distress management
- Body image
- Financial stressors
- Social support

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

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 hormonal therapy
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, and skin cancer screening
7 Based on Centers for Disease Control and Prevention (CDC) guidelines

Department of Clinical Effectiveness V7
Approved by the Executive Committee of the Medical Staff on 08/29/2017
SUGGESTED READINGS


Howell, A. (2005). Results of the ATAC (Arimidex, Tamoxifen, Alone or in Combination) trial after completion of 5 years’ adjuvant treatment for breast cancer. The Lancet, 365(9453), 60.


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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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