Survivorship – Invasive Breast Cancer

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. This algorithm is provided as informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, 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.

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**ELIGIBILITY**

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

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**CONCURRENT COMPONENTS OF VISIT**

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

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**SURVEILLANCE**

**MONITORING FOR LATE EFFECTS**

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

- Fatigue assessment
- Neuropathy assessment
- Assess for cognitive dysfunction
- Gynecological assessment if on tamoxifen

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**RISK REDUCTION/EARLY DETECTION**

- Consider the following:
  - Gynecologic screening (See Cervical Cancer Screening Algorithm)
  - Colorectal screening (See Colorectal Cancer Screening Algorithm)
  - Diet/weight management counseling (See Adult Nutrition Algorithm)
  - Exercise/activity (See Physical Activity Algorithm)
  - Tobacco cessation counseling (See Tobacco Cessation Algorithm)
  - Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)
  - Vaccinations including HPV (See HPV Vaccination Algorithm)
  - Genetic screening (if not already done)

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**PSYCHOSOCIAL FUNCTIONING**

- Assess for:
  - Distress (See Distress Screening and Psychosocial Management Algorithm)
  - Financial stressors

- Body image
- Social support

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**Suspect new primary or biopsy-proven recurrence?**

- Yes
  - Refer or consult as indicated
  - Consider the following:
    - Bone health (See Breast Cancer Survivorship: Bone Health Algorithm)

- No
  - Continue survivorship monitoring

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**CONCURRENT COMPONENTS OF VISIT**

1. Completion of all treatment with the exception of hormonal agents
2. Consider tomosynthesis/3D mammogram
3. Premenopausal women on hormonal therapy

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**NED** = no evidence of disease

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

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SUGGESTED READINGS


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 medical, radiation and surgical oncologists.

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