Survivorship – Noninvasive 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.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

NONINVASIVE BREAST CANCER

MONITORING FOR LATE EFFECTS

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

Consider the following:

- Bone health¹ (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

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)

Assess for:

- Distress (See Distress Screening and Psychosocial Management Algorithm)
- Financial stressors
- Body image
- Social support

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

CONCURRENT COMPONENTS OF VISIT

Yes

See evaluation for recurrence in Invasive Breast Cancer Algorithm

No

Continue survivorship monitoring

Refer or consult as indicated

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

American Society of Clinical Oncology Clinical Practice Guideline Update on the Use of Pharmacologic Interventions Including Tamoxifen, Raloxifene, and Aromatase Inhibition for Breast Cancer Risk Reduction. Published in JCO, Vol 27, Issue 19 (July 1), 2009: 3235-3258


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 core development team:

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