Survivorship – Noninvasive Breast Cancer

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ELIGIBILITY

Female or male with 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
- 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 annually
- Assess for compliance with hormone therapy and assess for toxicities if appropriate

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

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

CONCURRENT COMPONENTS OF VISIT

PSYCHOSOCIAL FUNCTIONING

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.

DISPOSITION

Yes

Suspect new primary or biopsy-proven recurrence?

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

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

Department of Clinical Effectiveness V8

Approved by the Executive Committee of the Medical Staff on 06/25/2019
SUGGESTED READINGS


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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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