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Clinical Tools and Resources

Breast Cancer Follow-Up and Management after Primary Treatment

AMERICAN SOCIETY OF CLINICAL ONCOLOGY
CLINICAL PRACTICE GUIDELINE UPDATE

Introduction

- This clinical practice guideline provides recommendations on the follow-up and management of asymptomatic patients with breast cancer who have completed primary therapy with curative intent.
- The guideline was originally published in 1997 and updated in 1999 and 2006.
- ASCO convened an Update Committee to review the results of a systematic review to determine whether the guideline recommendations needed to be updated.

Guideline Methodology: Systematic Review

- A systematic review of the literature was conducted using MEDLINE and the Cochrane Collaboration Library.
  - Date parameters: March 2006 through March 2012
  - General search terms: breast neoplasms, surveillance, follow-up
  - Designs: RCTs, systematic reviews (with or without meta-analyses), clinical practice guidelines (with systematic reviews)
- The ASCO Update Committee reviewed evidence from new publications that met the selection criteria.

Modes of Surveillance Covered

- History, physical examination
- Patient education
- Genetic counseling
- Breast self-examination
- Mammography
- Pelvic examination
- Coordination of care
- Routine blood tests (CBC, automated chemistry studies)
- Imaging studies (chest x-rays, bone scan, ultrasound of the liver, computed tomography, FDG-PET scanning, breast MRI)
- Breast cancer tumor marker testing (CA 15-3, CA 27.29, carcinoembryonic antigen [CEA])

Recommendations

- There were no revisions to the ASCO guideline recommendations.
- The guideline continues to recommend regular clinical evaluation in conjunction with mammography as the foundation upon which breast cancer follow-up should be based.

RECOMMENDATION

History/Physical Exam and Patient Education

- All women should have a careful history and physical examination.

Years After Primary Therapy	History & Physical Exam Occurs:
1, 2, 3	Every 3 to 6 months
4, 5	Every 6 to 12 months
6+	Annually

- Health care providers should counsel patients about the symptoms of possible recurrence:
  - **New lumps**
  - **Bone pain**
  - **Chest pain**
  - **Dyspnea**
  - **Abdominal pain**
  - **Persistent headaches**

RECOMMENDATION

Referral for Genetic Counseling

- Women at high risk for familial breast cancer syndromes should be referred to genetic counseling.‡

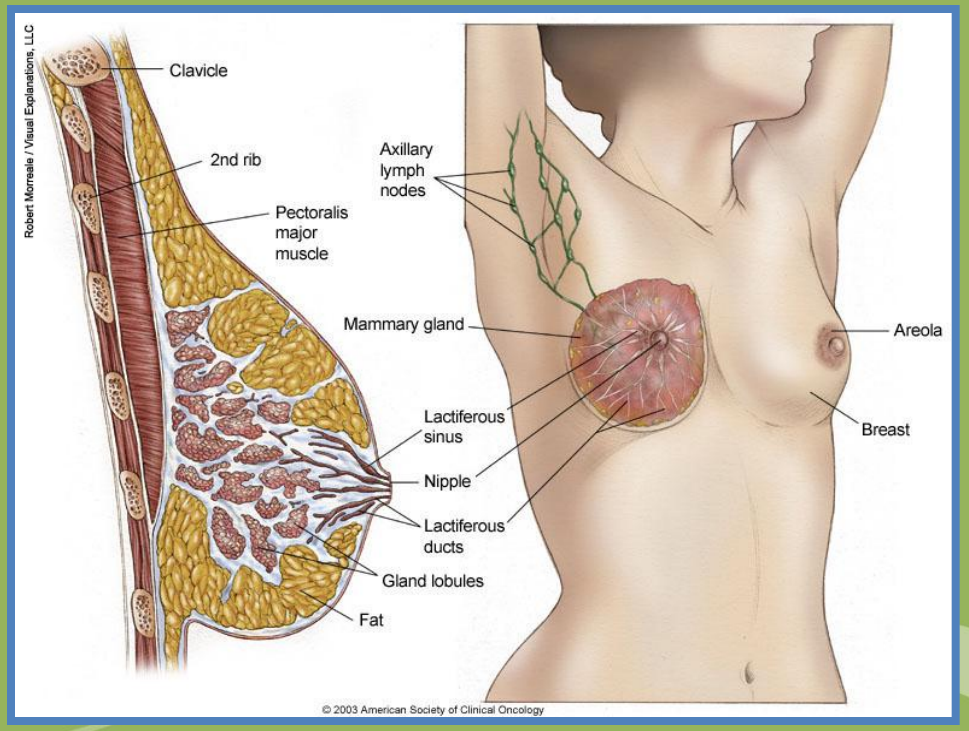
Criteria for Genetic Counseling Referral
▶ Ashkenazi Jewish heritage
▶ History of ovarian cancer at any age in the patient or any first- or second-degree relatives
▶ Any first degree relative with a history of breast cancer diagnosed before the age of 50
▶ Two or more first- or second-degree relatives diagnosed with breast cancer at any age
▶ Patient or relative with diagnosis of bilateral breast cancer
▶ History of breast cancer in a male relative

‡ *U.S. Preventive Services Task Force, Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility, Annals of Internal Medicine, 2005*

RECOMMENDATION

Breast Self-Examination

- Counsel all women to perform monthly breast self-examination (BSE)
- Inform patients that BSE does not replace mammography as a breast cancer surveillance tool



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RECOMMENDATION

Mammography

- Post-treatment mammograms should be performed adhering to the following schedule:

Post-Treatment Mammogram Schedule	
First	No earlier than 6 months after definitive radiation therapy
Subsequent	Every 6 to 12 months for surveillance of abnormalities
Subsequent (Conditional)	Yearly if stability of mammographic findings is achieved after completion of locoregional therapy

RECOMMENDATION

Pelvic Examination

- Regular gynecologic follow-up is recommended for all women.
- Patients who receive tamoxifen therapy are at increased risk for developing endometrial cancer and should be advised to report any vaginal bleeding to their physicians.
- Longer follow-up intervals may be appropriate for women who have had a total hysterectomy and oophorectomy.

RECOMMENDATION

Coordination of Care

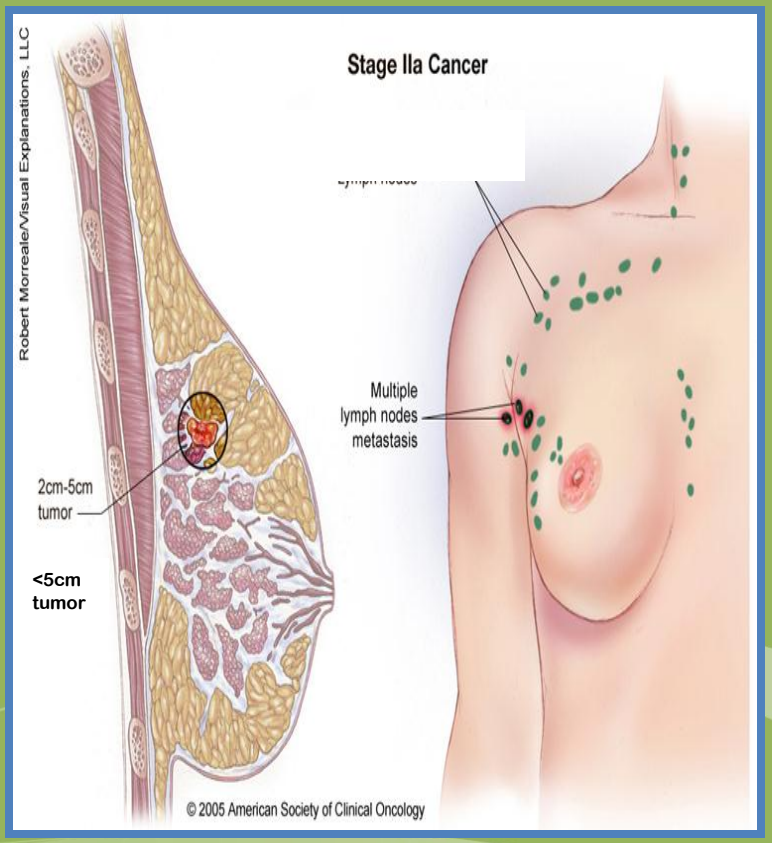
- Risk of breast cancer recurrence continues through **15 years** after primary treatment and beyond.

- Any physician performing continuity of care for breast cancer survivors should be experienced in:
  - ► Surveillance of patients in cancer
  - ► Breast examination (including irradiated breasts)

- Follow-up by a PCP seems to lead to the same health outcomes as specialist follow-up, with good patient satisfaction.

Coordination of Care (cont'd)

- Patients with early stage breast cancer (tumor <5cm and fewer than 4 positive nodes) who desire follow-up exclusively by a PCP may be transferred approximately 1 year post-diagnosis.
- If care is transferred to a PCP, both the PCP and the patient should be informed of the appropriate follow-up and management strategy.
- If the patient is receiving adjuvant endocrine therapy, she will need to be re-referred for oncology assessment.



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Testing that is NOT recommended

Routine Blood Tests

The following blood tests are NOT recommended for breast cancer surveillance:

- ✕ Complete blood cell count (CBC)
- ✕ Automated chemistry studies

Imaging Studies

The following imaging studies are NOT recommended for routine breast cancer surveillance:

- ✕ Chest x-rays
- ✕ Bone scans
- ✕ Ultrasound of the liver
- ✕ Computed tomography
- ✕ FDG-PET scanning
- ✕ Breast MRI

Breast Cancer Tumor Marker Testing

- The following tumor markers are **NOT recommended** for routine surveillance of breast cancer patients after primary therapy*

  - ✕ CA 15-3, CA 27.29
  - ✕ CEA

**The ASCO Breast Cancer Tumor Markers Panel has published guideline recommendations for selected tumor markers. (Harris L. et al. Journal of Clinical Oncology, Vol 25, No 33 [November 20], 2007: pp. 5287-5312)*

Summary

RECOMMENDED MODES OF BREAST CANCER SURVEILLANCE	
History/Physical Exam	Every 3 to 6 months for the first 3 years after primary therapy; every 6 to 12 months for years 4 and 5, then annually.
Patient Education	Counsel patients about the symptoms of recurrence including new lumps, bone pain, chest pain, abdominal pain, dyspnea or persistent headaches.
Referral for Genetic Counseling	Criteria to recommend referral include Ashkenazi Jewish heritage; history of ovarian cancer in patient or any first- or second-degree relative; any first degree relative with a history of breast cancer diagnosed before age 50; two or more first- or second-degree relatives diagnosed with breast cancer; patient or relative with diagnosis of bilateral breast cancer; or, history of breast cancer in a male relative.
Breast Self-Exam	All women should be counseled to perform monthly breast self-examination.
Mammography	First post-treatment mammogram 1 year after the initial mammogram that leads to diagnosis, but no earlier than 6 months after definitive radiation therapy. Subsequent mammograms should be obtained as indicated for surveillance of abnormalities.
Pelvic Examination	Regular gynecologic follow-up is recommended for all women. Patients who receive tamoxifen should be advised to report any vaginal bleeding to their physicians.
Coordination of Care	Continuity of care for breast cancer patients is encouraged and should be performed by a physician experienced in the surveillance of cancer patients and in breast examination, including the examination of irradiated breasts. If follow-up is transferred to a PCP, the PCP and the patient should be informed of the long-term options regarding adjuvant hormonal therapy for the particular patient. This may necessitate re-referral for oncology assessment at an interval consistent with guidelines for adjuvant hormonal therapy.
BREAST CANCER SURVEILLANCE TESTING - NOT RECOMMENDED	
Routine blood tests	CBCs and liver function tests are not recommended
Imaging Studies	Chest x-ray, bone scans, liver ultrasound, CT scans, FDG-PET scans, and breast MRI are not recommended
Tumor markers	CA 15-3, CA 27.29 and CEA are not recommended.

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Conclusions and Future Research

- No new evidence was compelling enough to warrant revisions to any of the guideline recommendations. The Update Committee will continue to monitor the literature for new evidence that may warrant revisiting the recommendations.
- Further research is needed to:
  - **determine the comparative effectiveness of different modes of breast cancer surveillance**
  - **determine the ideal frequency and duration of follow-up**
  - **establish the clinical utility of tumor marker testing for the follow-up and management of breast cancer**
  - **evaluate the effectiveness of different models of survivorship care and identify subsets of patients who would benefit from particular models of care**

Patient-Clinician Communication

- The Update Committee encourages health care providers to have an open dialogue with patient, as part of a comprehensive treatment planning process
  - ASCO Cancer Treatment Plans and Summary templates are available at http://www.asco.org
- At a minimum, the discussion should include:
  - consideration of scientific evidence
  - weighing individual risks with potential harms and benefits
  - patient preferences

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Additional ASCO Resources

- The guideline updates, this slide set, follow-up planning and management aids, and additional tools are available at: http://www.asco.org/guidelines/breastfollowup

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Patient Resources

- Resources on this topic are available for patients:
  - ASCO's website for patients: http://www.cancer.net
  - American Cancer Society : http://www.cancer.org

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This resource is a practice tool for physicians based on an ASCO® practice guideline. The practice guideline and this presentation are not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients and may not reflect the most recent evidence. This presentation does not recommend any particular product or course of medical treatment. Use of the practice guideline and this resource is voluntary. The full practice guideline and additional information are available at http://www.asco.org/guidelines/breastfollowup.