

NCI COMMUNITY CANCER CENTERS PROGRAM

Breast Cancer Survivorship Care Plan

Patient Name:		
FOLLOW-UP CARE TEST	RECOMMENDATION	PROVIDER TO CONTACT
Medical history and physical (H&P) examination (see below)	Visit your doctor every three to six months for the first three years after the first treatment, every six to 12 months for years four and five, and every year thereafter.	
Post-treatment mammography (see below)	Schedule a mammogram one year after your first mammogram that led to diagnosis, but no earlier than six months after radiation therapy. Obtain a mammogram every six to 12 months thereafter based on the guidance of your physician.	
Breast self-examination	Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.	
Pelvic examination	Continue to visit a gynecologist regularly (at least annually). If you use tamoxifen, you have a greater risk for developing endometrial cancer (cancer of the lining of the uterus). Women taking tamoxifen should report any vaginal bleeding to their doctor.	
Coordination of care	About a year after diagnosis, you may continue to visit your oncologist or transfer your care to a primary care doctor. Women receiving hormone therapy should talk with their oncologist about how often to schedule follow-up visits for re-evaluation of their treatment.	
Genetic counseling referral	Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family: <ul style="list-style-type: none"> • Ashkenazi Jewish heritage • Personal or family history of ovarian cancer • Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50 • Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer • Personal or family history of breast cancer in both breasts • History of breast cancer in a male relative 	

YEARLY BREAST CANCER FOLLOW-UP & MANAGEMENT SCHEDULE

Visit Frequency for H&P Years 1-3: **3 months** **6 months** *(circle one)*
Years 4-5: **6 months** **12 months** *(circle one)*

Visit Frequency for Mammography: **6 months** **12 months** *(circle one)*

VISIT FREQUENCY	HISTORY AND PHYSICAL	MAMMOGRAPHY
3 rd Month (if applicable)		
6 th Month (if applicable)		
9 th Month (if applicable)		
12 th Month (if applicable)		

- Notes:**
- **Risk:** You should continue to follow-up with your physician because the risk of breast cancer continues for more than 15 years after remission.
 - **Symptoms of Recurrence:** Report these symptoms to your doctor: new lumps, bone pain, chest pain, shortness of breath or difficulty breathing, abdominal pain, or persistent headaches.
 - **Not Recommended:** The following tests are not recommended for routine breast cancer follow-up: breast MRI, FDG-PET scans, complete blood cell counts, automated chemistry studies, chest x-rays, bone scans, liver ultrasound, and tumor markers (CA 15-3, CA 27.29, CEA). Talk with your doctor about reliable testing options.

Adopted from American Society of Clinical Oncology Breast Cancer Treatment Summary
The Survivorship Care Plan recommendations are derived from the 2006 Update of the Breast Cancer Follow-Up & Management Guideline in the Adjuvant Setting. This plan is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this plan is voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/breastfollowup>.

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Late Effect	Population at Risk	Risk	Interventions
Cancer recurrence	All women with a history of breast cancer	Varies by stage and tumor characteristics	Mammography, physical examination
Second primary cancer	All women with a history of breast cancer	Varies by treatment, age and genetic predisposition (women with BRCA ^a mutations are at higher risk)	Mammography, pelvic examination, general physical examination, patient education
Psychosocial distress and depression	All women with a history of breast cancer	Approximately 30 percent experience distress at some point; distress declines over time	<ul style="list-style-type: none"> • Assessment for distress/depression • Some psychosocial interventions are effective in reducing distress/depression
Arm lymphedema	Women who had axillary dissection and/or radiation therapy	Across treatments and time since treatment, approximately 12 to 25 percent of women develop lymphedema	Massage and exercise (manual lymphatic drainage), use of elastic compression garments, complex decongestive therapy
Premature menopause and related infertility and osteoporosis	<ul style="list-style-type: none"> • Women who received adjuvant chemotherapy (e.g., alkylating agents such as cyclophosphamide) • Women with BRCA mutations who elect oophorectomy 	Risk depends on the chemotherapy regimen, the cumulative dose, and patient age (see details below)	<ul style="list-style-type: none"> • New reproductive technologies for infertility • Diagnostic and preventive strategies for osteoporosis • Assessment of sexual function
Symptoms of estrogen deprivation (e.g., hot flashes, sweats, vaginal discharge)	Women taking endocrine therapy	More than half report symptoms, although mild in most cases	Promising non-hormone treatments include antidepressants, dietary changes, and exercise
Weight Management	Women who had adjuvant chemotherapy and experience menopause	Roughly half report weight gain of 6 to 11 pounds; one-fifth report weight gain of 22 to 44 pounds	Diet/exercise interventions "Heart Healthy" lifestyle behaviors
Cardiovascular disease	<ul style="list-style-type: none"> • Women receiving specific therapies (e.g., anthracycline chemotherapy, trastuzumab [Herceptin]) • Premenopausal women with ovarian failure following chemotherapy 	<ul style="list-style-type: none"> • Congestive heart failure develops in 0.5 to 1 percent of women • Increased risk of atherosclerosis 	<ul style="list-style-type: none"> • Symptomatic women should have a symptom-directed cardiac work-up; routine screening of cardiac function is not recommended • Preventative strategies for heart disease
Fatigue	Women with breast cancer	Reported in one-third of survivors 1 to 5 years after diagnosis. Prevalence similar to that seen in women in the general population of same age. A subgroup of survivors has more severe and persistent fatigue.	Exercise programs appear promising
Cognitive changes	Women who received adjuvant chemotherapy	Estimates vary, but up to one-third of women report cognitive changes. New evidence suggests onset may precede chemotherapy treatment.	Evidence lacking
Risk to family members	All survivors	An estimated 5 to 10 percent of women with breast cancer have a hereditary form of the disease Likelihood increases to 20 percent in women with multiple factors	Genetic counseling

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<i>Late Effect</i>	<i>Population at Risk</i>	<i>Risk</i>	<i>Interventions</i>
Sexuality (decrease in libido and dryness)	Women who had adjuvant chemotherapy or HRT	Predicting the risk of infertility to each individual is often impossible. Risk is dependent on the drug(s) used, dosage received, duration of use, and the individual's age at the time of administration.	<ul style="list-style-type: none"> • Assessment of sexual function • Referrals to appropriate care providers
Spirituality	All women with a history of breast cancer	<p>Some survivors have reported that the cancer experience has led them to re-examine their spiritual beliefs and contributed to changes in their life and relationships.</p> <p>Surviving Cancer is more like a spiritual journey that teaches how to change your life and your relationships.</p>	<ul style="list-style-type: none"> • Referrals to spiritual care advisors

^aBRCA genes (e.g., BRCA1 and BRCA2) are genes that normally help to suppress cell growth. A person who inherits an altered version of the BRCA genes has a higher risk of getting breast, ovarian, or prostate cancer.

^bPossible Late Effects Among Breast Cancer Survivors (IOM. 2006. *From Cancer Patient to Cancer Survivor: Lost in Transition*. Hewitt, M, Greenfield S, Stovall E, eds. Washington DC: National Academies Press pgs. 82-83)

National Cancer Survivorship Resources

American Cancer Society
Community-based voluntary Organization that provides research, education, and advocacy for the community.

1-800 ACS-2345

www.cancer.org

Cancer Information Service
CIS answers questions about cancer, clinical trials, cancer-related services, and cancer survivorship.

1-800-4-CANCER

<http://cis.nci.nih.gov/>

National Cancer Institute

1-800 422-6237

www.cancer.gov or
<http://cancercontrol.cancer.gov/ocs/resources>

American Society of Clinical Oncology

1-888-273-3508

www.cancer.net/patient/Survivorship

Facing Forward: Life after Cancer Treatment
This publication covers post-treatment issues Such as follow-up medical care, physical and emotional changes, changes in social relationships, and workplace issues.

www.cancer.gov/cancertopics/life-after-treatment

Local Cancer Survivorship Resources

These guidelines are a resource to the physician and are not intended to substitute for the independent professional judgment of the treating physician. Adopted from Institute of Medicine Survivorship Care Plan.