

Recommended Follow-Up for Breast Cancer Survivors:

Below you will find evidence based follow-up guideline for breast cancer survivors; references are included.

The guideline outlines the tests required for follow-up surveillance. This guideline has been developed using the best available evidence.

The guideline represents a consensus opinion of *Cancer Care Nova Scotia's* Breast Cancer Site Team and should not be interpreted as strict rules for practice. The guidelines will be revised as the evidence changes.

The purpose of follow-up surveillance is twofold:

- to detect new primary breast cancers
- to detect loco-regional and metastatic recurrence

Early detection of either a new or recurrent breast cancer is important as surgery is more likely to be curative at an early stage.

Patients on routine surveillance have been discharged from the Nova Scotia Cancer Centre. Primary care providers/surgeons can contact the patient's treating oncologist at any time if this is felt to be indicated by the patient or their physician.

Typical reasons for re-referral include:

- suspected recurrence of disease
- suspected significant treatment-related side effects

Patients with local or regional disease should be referred back to the surgeon who performed the patient's original breast surgery.

Patients with regional or distant disease should be referred back to the Nova Scotia Cancer Centre.

Guidelines for Routine Breast Cancer Follow-Up

Recommendations	Year 1	Year 2	Year 3	Year 4 & 5
Primary Care Practitioner visit – clinical evaluation should include a breast examination and a lymph node examination of the neck and axillary regions.	Every 4 months	Every 4 months	Every 4 months	Every 6 months
Diagnostic mammogram	Annually			

Additional recommendations:

Other than mammography, we do not recommend any other routine or scheduled investigations such as blood work, bone scans, CT or PET scans. These have not demonstrated any survival benefit. However, patients should have appropriate investigations if a breast cancer relapse is suspected clinically.

We recommend patients maintain a healthy lifestyle, balanced diet and regular activity. Obesity, smoking and excessive alcohol use have been linked with increased recurrence rates and poorer outcomes.

Calcium and vitamin D supplementation as per the Canadian Guidelines for postmenopausal women.

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