



# P A T I E N T G U I D E

CLINICAL PRACTICE GUIDELINES

October 2006

## ASCO Patient Guide: Follow-Up Care for Breast Cancer

To help doctors give their patients the best possible care, ASCO asks its medical experts to develop recommendations for specific areas of cancer care. ASCO recently updated a clinical practice guideline about follow-up care for breast cancer. This patient guide is based on ASCO's recommendations.

As you read this guide, please keep in mind that every person treated for cancer is different. These recommendations are not meant to replace your or your doctors' judgment. The final decisions you and your doctors make will be based on your individual circumstances.

In 1999, ASCO published a clinical practice guideline for follow-up care for breast cancer. This guideline was updated in 2006 to reflect developments in the follow-up care for people with breast cancer.

### Recommendations

ASCO's recommendations for breast cancer follow-up care are listed in the table "Recommendations for Follow-Up Care for Breast Cancer" at the top of page 2. The purpose of follow-up care for breast cancer is to help maintain good health after treatment, which includes coping with side effects of treatment, reducing the risk of recurrence (return of the cancer), and watching for signs of recurrence.

Most breast cancer recurrences are discovered by patients between doctor visits. Tell your doctor if you experience the following symptoms:

- New lumps in the breast
- Bone pain
- Chest pain
- Abdominal pain
- Shortness of breath or difficulty breathing
- Persistent headaches
- Persistent coughing

- Rash on breast
- Nipple discharge (liquid coming from the nipple)

The following tests are not currently recommended by ASCO for regular follow-up care because they have not been shown to lengthen the life of a person with breast cancer:

- A complete blood count (CBC) test and liver and kidney function tests
- Chest x-ray
- Bone scan
- Liver ultrasound
- Computed tomography (CT or CAT) scan
- Fluorodeoxyglucose-positron-emission tomography (FDG-PET) scan
- Breast magnetic resonance imaging (MRI) test
- Breast cancer tumor markers, such as CA 15-3, CA 27.29, and carcinoembryonic antigen (CEA)

Information in ASCO's patient education materials is not intended as medical advice or as a substitute for the treating doctor's own professional judgment; nor does it imply ASCO endorsement of any product, service, or company.

**Table. Recommendations for Follow-Up Care for Breast Cancer**

Follow-Up Care Test	Recommendation
Medical history and physical examination	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	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.
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. 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	<p>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:</p> <ul style="list-style-type: none"> <li>• Ashkenazi Jewish heritage</li> <li>• Personal or family history of ovarian cancer</li> <li>• Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50</li> <li>• Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer</li> <li>• Personal or family history of breast cancer in both breasts</li> <li>• History of breast cancer in a male relative</li> </ul>

### What This Means for Patients

The recommendations for follow-up care for breast cancer include regular physical examinations, mammograms, and breast self-examinations. The follow-up care may be provided by your oncologist or primary care doctor, as long as your primary care doctor has communicated with your oncologist about appropriate follow-up care. In addition, patients with a possible or known family history of breast cancer should be referred to a genetic counselor. Use these guidelines to talk with your doctor about an appropriate follow-up care plan for you.

### Questions to Ask the Doctor

To learn more about follow-up care for breast cancer, consider asking your doctor the following questions:

- What follow-up care plan would you recommend for me?
- What is the risk that the cancer will recur?
- Based on my personal and family medical history, do I need a referral to a genetic counselor?
- Where can I find more information about follow-up care?

For women receiving hormone therapy:

- Are there any additional symptoms I should watch for?
- What side effects are common with this treatment?
- How often should I schedule additional follow-up visits with the oncologist?

## Helpful Links

Read the entire clinical practice guideline published in the November 1, 2006 *Journal of Clinical Oncology* (JCO).

PLWC Guide to Breast Cancer

## Resources

People Living With Cancer ([www.plwc.org](http://www.plwc.org)) is the comprehensive, oncologist-approved cancer information website from ASCO. Visit PLWC to find guides on more than 120 types of cancer and cancer-related syndromes, clinical trials information, coping resources, information on managing side effects, a live online chat series, medical illustrations, cancer information in Spanish, the latest cancer news, and much more. For more information about ASCO's patient information resources, call toll free 888-651-3038.

### **American Cancer Society**

1599 Clifton Rd., NE  
Atlanta, GA 30329-4251  
Toll Free: 800-ACS-2345  
(800-227-2345)  
TTY: 866-288-4327  
Phone: 404-320-3333  
[www.cancer.org](http://www.cancer.org)

### **Breastcancer.org**

111 Forrest Ave., #112  
Narberth, PA 19702  
[www.breastcancer.org](http://www.breastcancer.org)

### **CancerCare**

275 Seventh Ave.  
New York, NY 10001  
Toll Free: 800-813-HOPE  
(800-813-4673)  
Phone: 212-712-8400  
[www.cancercare.org](http://www.cancercare.org)

### **HER2 Support Group**

6973 Mimosa Dr.  
Carlsbad, CA 92009  
Phone: 760-602-9178  
[www.her2support.org](http://www.her2support.org)

### **Living Beyond Breast Cancer**

10 E Athens Ave., Ste. 204  
Ardmore, PA 19003  
Toll Free: 888-753-LBBC  
(888-753-5222)  
Phone: 610-645-4567  
[www.lbbc.org](http://www.lbbc.org)

### **National Cancer Institute**

Public Inquiries Office  
Building 31, Rm. 10A31  
31 Center Dr., MSC 2580  
Bethesda, MD 20892-2580  
Toll Free: 800-4-CANCER  
(800-422-6237)  
TTY: 800-332-8615  
Phone: 301-435-3848  
[www.cancer.gov](http://www.cancer.gov)

### **Nueva Vida, Inc.**

2000 P St., NW, Ste. 740  
Washington, DC 20036  
Phone: 202-223-9100  
[www.nueva-vida.org](http://www.nueva-vida.org)

### **Sisters Network, Inc.**

8787 Woodway Dr., Ste. 4206  
Houston, TX 77063  
Toll Free: 866-781-1808  
Phone: 713-781-0255  
[www.sistersnetworkinc.org](http://www.sistersnetworkinc.org)

### **The Susan G. Komen Breast Cancer Foundation**

5005 LBJ Freeway, Ste. 250  
Dallas, TX 75244  
Toll Free: 800-IM-AWARE  
(800-462-9273)  
Phone: 972-855-1600  
[www.komen.org](http://www.komen.org)

### **Y-ME National Breast Cancer Organization, Inc.**

212 W Van Buren St., Ste. 1000  
Chicago, IL 60607  
Toll Free:  
800-221-2141 (English)  
800-986-9505 (Spanish)  
Phone: 312-986-8338  
[www.y-me.org](http://www.y-me.org)

### **Young Survival Coalition**

61 Broadway, Ste. 2235  
New York, NY 10006  
Phone: 646-257-3000  
[www.youngsurvival.org](http://www.youngsurvival.org)

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The American Society of Clinical Oncology (ASCO) is the world's leading professional organization representing physicians of all oncology subspecialties who care for people with cancer. ASCO's more than 20,000 members from the United States and abroad set the standard for patient care and lead the efforts to discover more effective cancer treatments, increase funding for clinical and translational research, and, ultimately, improve cancer care for the estimated 10 million people diagnosed with cancer worldwide each year. ASCO publishes the *Journal of Clinical Oncology* (JCO), the preeminent, peer-reviewed, medical journal on clinical cancer research, and produces People Living With Cancer ([www.plwc.org](http://www.plwc.org)), a comprehensive consumer website providing oncologist-vetted cancer information to help patients and families make informed health-care decisions.



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[www.asco.org](http://www.asco.org)  
[www.plwc.org](http://www.plwc.org)  
[www.jco.org](http://www.jco.org)  
[www.ascofoundation.org](http://www.ascofoundation.org)

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