



## Follow Up after Treatment for Early Breast Cancer The Breast Centre Surgical Breast Cancer Follow Up Programme

After your post-operative recovery is completed, breast surgical follow up will be at 6 & 12 months post diagnosis, and subsequently annually, usually under the care of your specialist team for the first 5 years, with discharge to the care of your GP at 5 years. Whilst the frequency of your follow up visits is standard, the surgical breast cancer follow-up programme is in other ways tailored to the individual, including which doctor you will see when you attend for your routine breast cancer review appointments, and will depend on your clinical circumstances, such as the type of surgery you underwent and the nature of your breast cancer pathology. Patients who have undergone more complex surgical procedures may require longer term follow up by the breast surgeon, while some lower risk patients, particularly those from outside Melbourne, may elect to be discharged to the care of their general practitioner prior to the usual 5 year mark.

YEAR	FOLLOW UP	DOCTOR
1	6 months post diagnosis	Miss Jane O'Brien
1	12 months post diagnosis	Miss Jane O'Brien / Breast Physician *
2-5	Annual	Breast Physician
6+	Annual	GP (TBC/Breast Physician only in selected cases)

\*The term **Breast Physician** is used generically for any doctor other than Jane in the longterm followup clinic, and was initially coined because the first doctor to co ordinate the long term follow up clinic was not a specialist surgeon, although subsequently, all doctors termed "**Breast Physician**" have in fact been specialist breast surgeons themselves, and the term has been retained for clerical purposes.

When you reach the end of treatments that involve regular visits to hospital, such as chemotherapy or radiotherapy, you will still continue to have ongoing regular follow-up appointments. Regular follow-up is strongly recommended after treatment for early breast cancer. The purpose of follow-up care is to help maintain good health after treatment, which includes coping with side effects of treatment, advice on exercise and diet, reducing the risk of recurrence and checking for any signs of local recurrence.

Women diagnosed with early breast cancer have an increased risk of the cancer coming back in the breast (or the chest wall after mastectomy) and of developing breast cancer in the opposite breast. After your treatment for breast cancer you will be regularly followed up by your breast surgeon, medical oncologist and perhaps also by your radiation oncologist. Regular physical checks and breast imaging can detect any recurring or new cancer in the breast at an early stage, and regular follow-up aims to ensure that if breast cancer comes back in the breast/chest wall area that it is promptly detected and treated.

Cancer Australia defines the aims and objectives of follow up:

- Detect and treat local recurrence
- Deal with adverse effects of treatment
- Provide psychological support
- Screen for new primary breast cancer
- Review and update family history
- Observe outcomes of therapy
- Review treatment including the potential for new therapies.

Regular follow up also allows your doctor to check for and manage any side effects from treatment that might develop after you have finished treatment. Other issues that may need to be considered are those related to fertility, including pregnancy, contraception and menopausal symptoms. In patients with a significant family history of breast cancer, consideration should be given to referral to a genetic service for further assessment. Women who develop arm lymphoedema require referral for appropriate treatment. Some women find it reassuring to have regular check-ups, while other women feel very anxious around the time of their follow up appointments. Both reactions are normal.

**What do follow up appointments involve?** Appropriate follow up after a diagnosis of early breast cancer involves regular physical examinations and breast imaging. A physical examination of the breast/chest area where the cancer was, and of your opposite breast will be performed.

**Mammograms and Ultrasound scans:** If you have had breast conserving surgery: a mammogram + ultrasound of both breast is recommended 12 months after diagnosis, and continued annually, and if you have had a mastectomy, a mammogram + ultrasound of your remaining/ opposite breast is also recommended once a year. Breast MRI is not currently recommended as part of the **routine** breast cancer follow up imaging, but may be considered in certain circumstances, and attracts a Medicare rebate in women whose breast cancer diagnosis occurred **before** the age of 50. Whilst Breastscreen Victoria will screen women with a past history of breast cancer after 5 years post diagnosis, standard two view mammography only is performed in most Breastscreen facilities, and our recommendation is that all women with a past history of breast cancer continue to be imaged indefinitely on an annual basis via a symptomatic imaging service with **3D mammography (including tomosynthesis) and ultrasound**, under the supervision of either your breast surgeon or general practitioner.

While you are being followed up by the Breast Centre Team, our strong preference is that if at all possible, your breast imaging is undertaken here in Melbourne by one of our preferred imaging providers, details of which are provided when you are recalled for your review, so that in the event of an imaging abnormality being identified, we will be notified promptly, and the appropriate action taken. Due to the large number of patients attending for follow up, "same-day imaging" can unfortunately no longer be routinely offered, and in order to ensure that the results of annual surveillance breast imaging are available to patients at the time of their consultation, patients are requested to undergo their imaging at least **7 days** prior to their appointment.

**\*Please Note:** We usually act quickly to notify patients in whom a significant imaging abnormality has been identified, however due to the large number of patients attending for routine breast cancer review each month, we are **NOT** able to notify patients of normal/innocent routine imaging results prior to attending for their clinical consultation. It is practice policy that these results will **not** be given out over the phone, so please do not phone the office for results.

The standard period of specialist surgical follow up after treatment for early breast cancer is 5 years, following which patients are routinely discharged from The Breast Centre to the care of their general practitioners, who supervise any ongoing annual breast imaging. Some patients wish to continue their annual follow up through The Breast Centre after 5 years, however due to ever increasing numbers, our capacity to accommodate this is now **extremely** limited, except for those patients who are eligible for annual Medicare rebatable MRI, who need to continue attending, as Medicare dictates that breast MRIs must be requested by a specialist, in order to attract a rebate. It has also becoming progressively more difficult over time to offer same day imaging to even our elderly country patients attending for annual review. As our priority for both clinic appointments and imaging availability has to be patients with a new breast cancer diagnosis and those within the 5 year window post diagnosis, we are unfortunately no longer able to offer same day imaging to **ANY** patients who attend for routine follow up through The Breast Centre who are more than 5 years post diagnosis, and we apologise for any inconvenience this may cause.

**Recommended follow up:** Follow-up visits usually alternate between your breast surgeon, medical oncologist, and perhaps also a radiation oncologist. A commonly recommended overall follow up programme is set out below. Please Note: Not every patient may need to be monitored this closely.

### Overall Breast Cancer Follow Up Programme (includes breast surgeon, medical oncologist +/- radiation oncologist)

	1st 2 years	Years 3-5	After 5 years
Clinical Review and Examination	Every 3-6 months	Every 6-12 months	Annual
Breast Imaging (Mammography and Ultrasound +/- MRI)	12 months post diagnosis	Annual	Annual

#### Key points:

- It is more likely that you will find a cancer that has come back or spread than your doctor (with the exception of "in breast" local recurrences following breast conserving surgery, which are usually detected on annual breast imaging).
- If you notice a new lump or experience new symptoms, you should report this promptly, and not just wait until your next routine visit. Everyone develops aches and pains.
- It is hard for you not to worry if you do experience pain or other symptoms, however, in the majority of cases, these will not mean the cancer has returned.

#### Tell your doctor if you experience the following symptoms:

- New lump(s) in the breast, on the chest wall or under the arm.
- Unusual changes at the site of your surgery or in the scar itself
- Bone pain eg pain in the back that does not improve with painkillers.
- Chest pain
- Abdominal pain
- Unexplained rash on the breast
- Unexplained weight loss and a loss of appetite or a constant feeling of nausea
- A dry persistent cough or a feeling of breathlessness.
- Severe headaches - especially if worse in the mornings.

**Other Scans and Tests** Apart from regular mammogram/ultrasound +/- MRI, other scans and tests are not routinely required in the absence of symptoms. This is because large studies have to date **NOT** shown them to be associated with an improvement in overall survival. Further investigations will therefore not be undertaken routinely unless you have symptoms which require investigation. If you have had an early menopause due to your breast cancer treatment, or your specialist team has concerns about the affect your anti-hormonal tablet treatment might have on your bone strength, it may be recommended that you have regular, 2 yearly bone density scans. The tests listed below are **NOT** therefore currently recommended on a routine basis for asymptomatic patients as part of their standard regular follow-up care, because they have **NOT** been shown to lengthen the life of a person with breast cancer:

- Blood tests- including liver function tests and serum tumour markers
- Chest x-ray
- Bone scan
- Liver ultrasound
- Computed tomography (CT) scan
- Positron emission tomography (PET) scan

These recommendations are not meant to replace your doctors' judgment, and recommendations may vary depending on your individual circumstance.