A review of new publications by the Update Committee for the American Society of Clinical Oncology found that the guidelines for the follow-up and management of patients with breast cancer who have completed treatment are still sound.

The current recommendations from the American Society of Clinical Oncology (ASCO) for the follow-up and management of patients with breast cancer who have completed treatment with the intent to cure are sound, according to a review of new publications by the Update Committee for ASCO.¹

In 1997, the first ASCO guideline on breast cancer follow-up and management in asymptomatic patients after primary curative therapy was published. Updated guidelines were then published in 1999 and 2006. After reviewing and analyzing new data from 14 new publications that met inclusion criteria, the Update Committee concluded that the evidence was not compelling enough to warrant any changes to the 2006 guideline recommendation.² All of these recommendations, which are highlighted in the Table, are designed not only to improve cancer care but also to reduce cost. The Update Committee did identify a need for studies of the clinical usefulness of breast cancer tumor marker testing, which ultimately would lead to the development of tumor marker testing guidelines that are risk-based or tumor subtype specific (eg, triple-negative breast cancer). Another area needing more research is the effectiveness and quality of different models of survivorship care and ways to identify which patients would benefit from a specific models of care or from a new model of care tailored to the needs of a patient.

### Table. Breast Cancer Follow-Up and Management Guidelines

<table>
<thead>
<tr>
<th>Mode of Surveillance</th>
<th>Recommendation</th>
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</thead>
<tbody>
<tr>
<td>History/physical examination</td>
<td>Careful history and physical examination every 3-6 mo for the first 3 y after primary therapy, then every 6-12 mo for the next 2 y, then annually</td>
</tr>
<tr>
<td>Patient education</td>
<td>Counsel patients about symptoms of recurrence (eg, new lumps, bone pain, chest pain, dyspnea, abdominal pain, persistent headaches)</td>
</tr>
<tr>
<td>Referral for genetic counseling</td>
<td>Refer women at high risk for familial breast cancer syndromes for genetic counseling according to the US Preventive Services Task Force recommendations³</td>
</tr>
<tr>
<td>Breast self-examination</td>
<td>Should be performed monthly</td>
</tr>
<tr>
<td>Mammography</td>
<td>First post-treatment mammogram should occur no earlier than 6 mo after definitive radiation therapy. Order subsequent mammograms every 6-12 mo for surveillance of abnormalities. Yearly mammograms are recommended if stability of mammographic findings is achieved after completion of locoregional therapy</td>
</tr>
<tr>
<td>Pelvic examination</td>
<td>Regular gynecological follow-up is recommended for all women. Those who received tamoxifen are at increased risk for endometrial cancer and should report any vaginal bleeding to their physician. Longer follow-up intervals okay for</td>
</tr>
</tbody>
</table>
women with a total hysterectomy and oophorectomy

Coordination of care
Risk continues for 15-plus yr after primary treatment. Continuity of care is recommended and should be performed by a physician with experience in surveillance of patients with cancer and breast examination; follow-up by a PCP is okay 1 yr after diagnosis, especially in patients with early-stage breast cancer

_Not Recommended_
Routinen blood tests
Complete blood cell count and automated chemistry studies are not recommended

Imaging studies
Chest x-ray films, bone scans, ultrasound of the liver, CT scanning, fluorodeoxyglucose-positron emission tomography scanning, and breast MRI are not recommended for routine surveillance

Breast cancer tumor marker testing
Cancer antigen 15-3 and cancer antigen 27.29, as well as carcinoembryonic antigen testing, are not recommended for routine surveillance


Pertinent Point:
- After analysis of the new studies available since 2006, the ASCO guidelines from 2006 remain relevant and require no updating.


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