



Epworth Breast Service

Follow Up after Treatment for Early Breast Cancer

When you reach the end of treatments that involve regular visits to hospital, such as chemotherapy or radiotherapy, you will still have ongoing regular follow-up appointments. These may be more frequent at first, becoming less so as time goes on.

Regular follow up is strongly recommended after treatment for breast cancer. 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, advice on exercise and diet, reducing the risk of recurrence and watching 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 radiation oncologist. Regular physical checks and mammograms can help find any recurring or new cancer in the breast at an early stage. Regular follow-up makes sure that if breast cancer comes back in the breast it is promptly detected and treated.

Cancer Australia (2010) defines the aims and objectives of follow up as:

- 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 (mammogram +/- ultrasound)

Physical examinations

A physical examination of the breast/chest where the cancer was, and of your opposite breast will be performed.

Mammograms and/or Ultrasound scans:

If you have had breast conserving surgery: a mammogram (+/- ultrasound, if appropriate) is recommended 12 months after diagnosis, and continued annually. 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 routine breast cancer follow up imaging, but may be considered in certain circumstances.

Recommended follow up

The time between appointments may vary between doctors/hospitals and may also differ for each person depending on their individual situation. Followed up visits will usually alternate between your breast surgeon, medical oncologist and perhaps also radiation oncologist. A commonly recommended follow up programme is set out below. Not everyone 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
History and examination	Every 3-6 months	Every 6-12 months	Every year
Mammogram	12 months post diagnosis	Every year	Every year

Surgical Breast Cancer Follow Up Programme

Years	Follow Up Appointments	Doctor
1 and 2	6 months, 12 months, 2 years	Breast Surgeon
3-5	Annual - 3, 4 and 5 years	Breast Physician
6+	Annual	Breast Physician or GP

Key points:

- It is more likely that you will find a cancer that has come back or spread than your doctor.
- If you notice a new lump or experience new symptoms, you should report this immediately, not wait until your next routine visit.
- Everyone develops aches and pains. It will be hard for you not to worry if you do experience pain or other symptoms. In most cases these will not mean the cancer has returned.

Tell your doctor if you experience the following symptoms:

- New lumps 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
- 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 mammograms/ultrasounds, you won't normally have routine scans and tests. This is because several large studies have shown this is not useful in finding further cancer spread and doesn't improve overall survival. Further investigations will not be done routinely unless you have symptoms which need investigation. If you have had an early menopause due to your breast cancer treatment or your specialist team has concerns about the effect your tablet treatment might have on your bone strength, it may be recommended that you have regular bone density scans every 2 years.

The following tests are **not** currently recommended for 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 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 circumstances.

