



Follow Up after Treatment for Early Breast Cancer Surgical Breast Cancer Follow Up Programme

After your post-operative recovery is completed, breast surgical follow up will be at 6 months post diagnosis, 12 months, and subsequently annually, usually under the care of the specialist team for 5 years.

Whilst the frequency of follow up visits is standard, the surgical breast cancer follow up programme is in other ways tailored to the individual, and varies, including by which doctor you see when you attend for your routine breast cancer review appointments, depending on the 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 and 12 months post diagnosis	Miss Jane O'Brien
2	Annual	Miss Jane O'Brien / Dr Cathie Poliness
3-5	Annual	Dr Cathie Poliness
6+	Annual	GP / Dr Cathie Poliness

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. 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 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 a radiation oncologist. Regular physical checks and breast imaging can detect 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 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 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. Whilst Breastscreen Victoria will screen women with a past history of breast cancer after 5 years, however standard two view mammography only is performed, 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 the Breast Centre Team, our strong preference is that 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, and the appropriate action taken. In order to ensure that the results of annual surveillance breast imaging is available to patients at the time of their consultation, due to the large number of patients attending for follow up, "same-day imaging" can unfortunately be routinely offered only to elderly patients, and those from outside metropolitan Melbourne. All other patients are requested to undergo their imaging at least 3-5 days prior to their appointment.

Recommended follow up: Followed 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. 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
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.
- 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 is 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
- 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 mammograms/ultrasounds, you won't normally have routine scans and tests. This is because 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 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 tablet treatment might have on your bone strength, it may be recommended that you have regular bone density scans every two 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 circumstance.