Does my patient need a scan?

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2023 Cancer Preceptorship

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ASCO SPECIAL ARTICLE

Breast Cancer Follow-Up and Management After Primary Treatment: American Society of Clinical Oncology Clinical Practice Guideline Update

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Summary

RECOMMENDED MODES OF BREAST CANCER SURVEILLANCE	
History/Physical Exam	Every 3 to 6 months for the first 3 years after primary therapy; every 6 to 12 months for years 4 and 5, then annually.
Patient Education	Counsel patients about the symptoms of recurrence including new lumps, bone pain, chest pain, abdominal pain, dyspnea or persistent headaches.
Referral for Genetic Counseling	Criteria to recommend referral include Ashkenazi Jewish heritage; history of ovarian cancer in patient or any first- or second-degree relative; any first degree relative with a history of breast cancer diagnosed before age 50; two or more first- or second-degree relatives diagnosed with breast cancer; patient or relative with diagnosis of bilateral breast cancer; or, history of breast cancer in a male relative.
Breast Self-Exam	All women should be counseled to perform monthly breast self-examination.
Mammography	First post-treatment mammogram 1 year after the initial mammogram that leads to diagnosis, but no earlier than 6 months after definitive radiation therapy. Subsequent mammograms should be obtained as indicated for surveillance of abnormalities.
Pelvic Examination	Regular gynecologic follow-up is recommended for all women. Patients who receive tamoxifen should be advised to report any vaginal bleeding to their physicians.
Coordination of Care	Continuity of care for breast cancer patients is encouraged and should be performed by a physician experienced in the surveillance of cancer patients and in breast examination, including the examination of irradiated breasts. If follow-up is transferred to a PCP, the PCP and the patient should be informed of the long-term options regarding adjuvant hormonal therapy for the particular patient. This may necessitate re-referral for oncology assessment at an interval consistent with guidelines for adjuvant hormonal therapy.
BREAST CANCER SURVEILLANCE TESTING - NOT RECOMMENDED	
Routine blood tests	CBCs and liver function tests are not recommended
Imaging Studies	Chest x-ray, bone scans, liver ultrasound, CT scans, FDG-PET scans, and breast MRI are not recommended
Tumor markers	CA 15-3, CA 27.29 and CEA are not recommended.

Case NH age 44

- L) breast cancer Oct 2015
- WLE + SLNB
- 10mm, G2 invasive carcinoma; ER/PR+/HER2-
- 0/2 nodes
- Adjuvant chemo
- RT to breast
- Endocrine therapy
- Pre-existing fibromyalgia /sinusitis

- FU
- L) chest wall/shoulder pain
- R) chest wall pain
- Fatigue
- Urinary symptoms
- Vaginal bleeding
- Pain clinic
- Bone scan 2017, 2022
- MRI shoulder 2017
- Gyne USS 2017, 2021
- Renal USS and CT IVP 2021

Case JD age 64

- L) breast cancer 2018
  - Multi-focal 16mm, 12mm G1&2
  - ER/PR+/HER2-
  - 3/33 nodes +
- Adjuvant chemotherapy
  - POTS, neuropathy, PE
- Endocrine therapy

- FU
- Limited activities due to tachycardia, fatigue, pain, weakness
- 74 radiological investigations since diagnosis
- Referrals: rheum/ cardiol/resp/ortho/ OT/physio/pain clinic

Case HS-H aged 62

- 2009: L) breast cancer
  - 3mm ILC within >100mmDCIS
- 2011: R) breast cancer
  - 10mm IDC, node –ve
- 2019: L) axillary nodal recurrence
  - ALND 2/20 nodes ER/PR+/HER2-
  - Chemo
  - Endocrine therapy

- FU
- “perfect”
- Routine CT 10/2020: N
- Routine CT 2/2021: N
- Bone scan 3/2021: N
- Routine CT 8/2022: ?pulm mets

Case MV age34

- L) breast cancer Nov 2020
- Mastectomy + SLNB:
  - 14mm, G3 invasive carcinoma; ER weak +/PR-/HER2-
  - ¾ node
- Adjuvant chemo
- Delayed axillary clearance > additional 2/9 nodes
- Extended adjuvant chemo to April 2022

- gradual recovery since completion of therapy but has not regained former energy or stamina
- - has not resumed work
- - trace residual neuropathy esp finger-tips
- - regular menses resumed 2 months ago
- various aches over past month - ? precipitated by unusual physical activtiy (IKEA!)
- - around chest wall, now improving
- - low back/hips - currently using analgesia; has occurred in past and has resolved with chiropractor
- booked to chiropractor next week
- regular lymphoedema follow-up
- examined at surg clinic last week
- aiming for pregnancy as soon as safe (ie this year)
- interested in reconstruction but likely after any pregnancy

- discussed follow-up and time course of concerning symptoms
- - no need for investigations at present but would consider CT/bone scan if noted symptoms persist beyond 1 month