






Breast Cancer Follow-up Care Schedule

Surveillance Strategy	Year 1	Year 2	Year 3	Year 4 and after
History and Clinical exam 	every 6–12 months	every 6–12 months	every 6–12 months	Every 12 months
Mammography 	12 months	12 months	12 months	12 months
Bone Density 	no	yes	no	yes
	Bone density every 2 years for: <ul style="list-style-type: none"> • Postmenopausal women on aromatase inhibitors • Premenopausal women on ovarian function suppression, post-chemotherapy amenorrhea, aromatase inhibitors. 			
Not recommended for asymptomatic patients	<ul style="list-style-type: none"> • Routine labs and imaging if you are well • Routine Tumour markers e.g. CA 15-3, CEA • Advanced functional imaging e.g. PET-CT scan • Regular x-rays or scans <p>* These tests have not been shown to benefit patients who have no cancer-related symptoms.</p>			

Breast Cancer Follow-up Care:

Care for people diagnosed with cancer does not end when active treatment has finished. Your health care team will continue to check that the cancer has not come back, manage any side effects, and monitor your overall health. This is called follow-up care.

Your follow-up care may include regular physical examinations, medical tests, or both. Doctors want to keep track of your recovery in the months and years ahead. In some instances, patients may be able to visit a survivorship clinic that specialize in the post-treatment needs of people diagnosed with breast cancer.

Watching for recurrence

One goal of follow-up care is to check for a recurrence, which means that the cancer has come back. Cancer recurs because small areas of cancer cells may remain undetected in the body. Over time, these cells may increase in number until they show up on test results or cause signs or symptoms.

During follow-up care, a doctor familiar with your medical history can give you personalized information about your risk of recurrence. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the cancer does return and will help you make decisions about your treatment.

Breast cancer can come back in the breast or other areas of the body. Generally, a recurrence is found when a person has symptoms or an abnormal finding during a physical examination. The symptoms depend on where the cancer has recurred and may include:

- A lump under the arm or along the chest wall.
- Pain that is constant, worsening, and not relieved by over-the-counter medication.
- Bone, back, neck, or joint pain, fractures, or swelling, a possible sign of bone metastases.
- Headaches, seizures, dizziness, confusion, personality changes, loss of balance, changes in vision, possible signs of brain metastases.
- Chronic coughing, shortness of breath, or trouble breathing, possible symptoms of lung metastases.
- Abdominal pain, itchy skin or rash, or yellow skin and eyes from a condition called jaundice, which may be associated with liver metastases.
- Changes in energy levels, such as feeling ill or extremely tired.
- Having a low appetite and/or weight loss.
- Nausea or vomiting.

Your doctor will ask specific questions about your health at your follow-up care appointments. Regular follow-up care recommendations depend on several factors including the type and stage of cancer originally diagnosed and the types of treatment given.

The anticipation before having a follow-up test or waiting for test results can add stress to you or a family member.

Managing long-term and late side effects

Most people expect to experience side effects when receiving treatment. However, it is often surprising to survivors that some side effects may linger beyond the treatment period. These are called long-term side effects. Other side effects called late effects may develop months or even years afterwards. Long-term and late effects can include both physical and emotional changes.

Talk with your doctor about your risk of developing such side effects based on the type of cancer, your individual treatment plan, and your overall health. If you had a treatment known to cause specific late effects, you may have certain physical examinations, scans, or blood tests as part of your follow-up care to help find and manage them.

- **Long-term effects of surgery.** After a mastectomy or lumpectomy to treat early-stage or locally advanced breast cancer, the breast may be scarred and may have a different shape or size than before surgery. Or, the area around the surgical site may become hardened. If lymph nodes were removed as part of the surgery or affected during treatment, **lymphedema** in the arm, chest wall, or breast may occur, even many years after treatment. This is a life-long risk for survivors.
- **Long-term effects of radiation therapy.** Some survivors experience breathlessness, a dry cough, and/or chest pain 2 to 3 months after finishing radiation therapy. That is because radiation therapy can cause swelling and a hardening or thickening of the lungs called fibrosis. These symptoms may seem similar to the symptoms of pneumonia but do not go away with antibiotics. The symptoms can be treated with medications called steroids. Most people fully recover with treatment. Talk with your doctor if you develop any new symptoms after radiation therapy or if the side effects are not going away.
- **Long-term effects of trastuzumab and/or chemotherapy.** People who received trastuzumab or certain types of chemotherapy called anthracyclines may be at risk of heart problems. Talk with your doctor about the best ways to check for **heart problems**. They also have a risk of other long-term side effects, such as menopausal symptoms, fatigue, chemo-brain, permanent numbness and tingling of the fingers and toes, and weight gain.
- **Long-term effects of hormonal therapy.** Women taking tamoxifen should have yearly pelvic exams, because this drug can slightly increase the risk of uterine cancer. Tell your doctor or nurse if you notice any abnormal vaginal bleeding or other new symptoms since you may need additional tests to learn more about the cause. Women who are taking an AI, such as anastrozole, exemestane, or letrozole, should have a bone density test periodically during treatment, as these drugs may cause some bone weakness or bone loss.

In addition, women recovering from early-stage or locally advanced breast cancer can have other side effects that may continue after treatment. However, these can often be managed with medications or other options. Women recovering from early-stage or locally advanced breast cancer may also experience the following **long-term effects**:

- Menopausal symptoms, such as hot flashes
- Joint pain
- Fatigue
- Mood changes

Vaginal dryness and a lowered sex drive are also common side effects during or after treatment for early-stage and locally advanced breast cancer. Talk with your doctor about these or other sexual health concerns. Treatment is individualized for the patient and the type of cancer and may be best managed by a gynecologist working with your oncologist.