

Diagnosis and Treatment of Patients with Primary and Metastatic Breast Cancer

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Guidelines Breast
Version 2009.1.0

Breast Cancer Follow-Up



Breast Cancer Follow-Up

- **Version 2002:**
Thomssen / Scharl
- **Version 2003–2008:**
**Bauerfeind / Bischoff / Blohmer / Böhme
/ Costa / Diel / Hanf / Heinrich / Oberhoff**
- **Version 2009:**
Gerber/Janni

Further
Information

References

Breast Cancer Follow-Up Objectives

Oxford / AGO

LoE / GR

Early detection of potentially curable events

- | | | | |
|---|----|---|----|
| ➤ In-breast recurrence | 1a | B | ++ |
| ➤ Loco-regional recurrence after mastectomy | 1a | B | ++ |
| ➤ Contralateral breast cancer | 1a | B | + |
| ➤ Unrelated site malignancies
(colon Ca, endometrial Ca) | 2a | C | + |

Psycho-social aspects of support and counseling

- | | | | |
|---|----|---|----|
| ➤ Second opinion on primary therapy | 2c | B | ++ |
| ➤ Treatment of therapy-related side-effects | 2b | B | ++ |
| ➤ General counseling (genetics, HRT etc.) | 2c | C | + |

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Re-evaluation of current adjuvant therapy

5 D ++

Early detection of distant disease

➤ **Early detection of symptomatic distant disease 3b C +**

➤ **Detection of asymptomatic distant disease
by intensified surveillance**

1a A -

Further
Information

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Routine Follow-Up Examinations in Asymptomatic Patients

Recommended tests:

- **History (specific symptoms)**
- **Physical examination**
- **Breast self-examination**
- **Mammography**
- **Sonography of the breast**
- **MRI of the breast in case of inconclusive conventional imaging**
- **Pelvic examination**

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1a	A	++
1a	B	++
5	D	+/-
1a	A	++
2a	B	++
3b	B	+
5	D	++

Routine Follow-Up Examinations in Asymptomatic Patients

Not recommended tests:

	<u>Oxford / AGO LoE / GR</u>		
➤ Magnetic resonance imaging (MRI) of the breast	3b	B	-
➤ Routine biochemistry (incl. tumor markers)	1a	A	-
➤ Ultrasound of the liver	1a	A	-
➤ Bone scan	1a	A	-
➤ Chest X-ray	1a	A	-
➤ CT of chest, abdomen and pelvis	2a	D	-
➤ Detection of isolated/circulating tumor cells	2a	D	-*
➤ PET	2b	B	-
➤ Whole body MRI	2b	B	-

*study participation recommended

Early Detection of Potentially Curable Events

Local recurrence & in-breast recurrence:

- Incidence 7–20%
 (depending on time of F/U)
- **Breast self-examination** 2a B ++
- **Physical examination, mammography & US** 1a B ++
- **Magnetic resonance imaging (MRI)** 3b B +/-

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Contralateral breast cancer:

- **Rel. risk: 2,5–5**
- **Incidence: 0,5–1,0 %/year**
- **Breast self-examination** ++
- **Physical examination, mammography & US** 1a A ++

Further Information

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Unrelated site carcinoma:

- Colon RR 3,0; endometrium RR 1,6
 ovary RR ca. 1,5
- Screening for secondary malignancies
 according to current guidelines ++
- Pelvic examination and PAP smear 5 D ++
- Routine endometrial ultrasound / biopsy 1b B -

Breast Cancer Follow-Up

First 6 Months after Primary Treatment

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Assessment of treatment related side effects:

2c C ++

- Axillary seroma, radiogenic dermatitis, arm-shoulder morbidity ...
- Lymph edema, reduced mobility, menopausal symptoms, osteoporosis, pain ...

Assessment of patients' concerns:

4 C +

- Fear of recurrences, familial risk, pregnancy and contraception, sexuality, quality of life ...
- Menopause, nutrition, physical exercise ...

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Psycho-social support and counseling for improvement of psychological situation:

- | | | | |
|---|-----------|----------|------------|
| ➤ Through support groups | 1b | A | + |
| ➤ Through specialized „breast care nurse“ | 2b | B | +/- |

Increasing likelihood of cure:

- | | | | |
|---|-----------|----------|------------|
| ➤ By supportive interventions of specialists | 2b | B | +/- |
| ➤ By trusted third party | 2c | C | +/- |
| ➤ Routine follow-up in hospitals vs. general practice | 1c | D | +/- |

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Follow-Up Care for Breast Cancer

Recommendations for asymptomatic pts. (modified ASCO guidelines 2006)

Clinical follow-up	Follow-Up*					Screening
	1	2	3	4	5	
Years after primary therapy						
History, physical examination, counseling	every 3 months			every 6 months		every 12 months
Self-examination	monthly					
Imaging modalities and biochemistry	indicated only by complaints, clinical findings or suspicion of recurrence					
Mammography	BCT	every 6 (-12) months		every 12 months		
	MRM	every 12 months				

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