

## Breast Cancer Survivorship Care Plan v3 10/09

<b>Patient Name:</b>		<b>Medical Oncologist Name:</b>	
FOLLOW-UP CARE TEST	RECOMMENDATION	PROVIDER TO CONTACT	
Medical history and physical (H&P) examination (see below)	Visit your doctor every three to six months for the first three years after the first treatment, every six to 12 months for years four and five, and every year thereafter.		
Post-treatment mammography (see below)	Schedule a mammogram one year after your first mammogram that led to diagnosis, but no earlier than six months after radiation therapy. Obtain a mammogram every six to 12 months thereafter.		
Breast self-examination	Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.		
Pelvic examination	Continue to visit a gynecologist regularly. If you use tamoxifen, you have a greater risk for developing endometrial cancer (cancer of the lining of the uterus). Women taking tamoxifen should report any vaginal bleeding to their doctor.		
Coordination of care	About a year after diagnosis, you may continue to visit your oncologist or transfer your care to a primary care doctor. Women receiving hormone therapy should talk with their oncologist about how often to schedule follow-up visits for re-evaluation of their treatment.		
Genetic counseling referral	<p>Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family:</p> <ul style="list-style-type: none"> <li>• Ashkenazi Jewish heritage</li> <li>• Personal or family history of ovarian cancer</li> <li>• Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50</li> <li>• Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer</li> <li>• Personal or family history of breast cancer in both breasts</li> <li>• History of breast cancer in a male relative</li> </ul>		

### YEARLY BREAST CANCER FOLLOW-UP & MANAGEMENT SCHEDULE

**Visit Frequency for H&P Years 1-3:**     3 months         6 months        *(choose one)*  
**Years 4-5:**                                 6 months         12 months      *(choose one)*

**Visit Frequency for Mammography:**     6 months         12 months      *(choose one)*

VISIT FREQUENCY	HISTORY AND PHYSICAL	MAMMOGRAPHY
3 <sup>rd</sup> Month (if applicable)		
6 <sup>th</sup> Month (if applicable)		
9 <sup>th</sup> Month (if applicable)		
12 <sup>th</sup> Month (if applicable)		

- Notes:**
- **Risk:** You should continue to follow-up with your physician because the risk of breast cancer returning continues for more than 15 years after remission, and because, if you have not had bilateral mastectomies, you are at higher risk to develop a new, unrelated, breast cancer at some time in the future.
  - **Symptoms of Recurrence:** Report these symptoms to your doctor: new lumps, bone pain, chest pain, shortness of breath or difficulty breathing, abdominal pain, or persistent headaches.
  - **Not Recommended:** The following tests are not recommended for routine breast cancer follow-up: breast MRI, FDG-PET scans, complete blood cell counts, automated chemistry studies, chest x-rays, bone scans, liver ultrasound, and tumor markers (CA 15-3, CA 27.29, CEA). Talk with your doctor about reliable testing options.

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The Survivorship Care Plan recommendations are derived from the 2006 Update of the Breast Cancer Follow-Up & Management Guideline in the Adjuvant Setting. This plan is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this plan is voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/breastfollowup>.