

Breast cancer survivorship care plan

Patient name:

Medical oncologist name:

Follow-up care test recommendations

Medical history and physical (H&P) examination (see back)

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.

Provider to contact:

Post-treatment mammography (see back)

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.

Provider to contact:

Breast self-examination

Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.

Provider to contact:

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.

Provider to contact:

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.

Provider to contact:

Genetic counseling referral

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:

- Ashkenazi Jewish heritage
- Personal or family history of ovarian cancer
- Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50
- Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer
- Personal or family history of breast cancer in both breasts
- History of breast cancer in a male relative

Provider to contact:

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Yearly breast cancer follow-up and management schedule

Visit frequency for history and physical **Years 1-3** Three months Six months (Choose one.)

Years 4-5 Three months Six months (Choose one.)

Visit frequency for mammography Six months 12 months (Choose one.)

Visit frequency	History and physical	Mammography
Third month		
Sixth month		
Ninth month		
12th month		

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.

