# Update on Follow-up Guidelines for Breast Cancer: What does the evidence say?

Dr. Val Geddes,
GPO, BC Cancer Agency

# Disclosures

- No disclosures related to this presentation
- Celgene 2016 – honorarium for GI symposium at CAGPO

# What guidelines are in current use?

- ASCO December 2015 (JCO)
- ESMO (2015)
- Alberta (2015), Manitoba (2014), Ontario(2015)
- BC Cancer Agency (2016)

# BCGuidelines.ca

*"By BC Physicians, for BC Physicians"*

2013

# Breast Cancer

- Why follow up?
  - To detect early local recurrences or contralateral breast cancer
  - To evaluate and treat therapy-related complications
  - To motivate patients on ongoing hormonal treatments
  - To provide psychological support and information in order to enable a return to normal life.

# Who will follow up and when:
## Oncologist, GPO or GP?

Most medical oncologists continue to follow breast cancer patients up to 5 years

- Some may discharge to PCP earlier
- Variables: geography, recurrence risk, patient & oncologist preference, regional standards
- ensure patient can be advised re: changes in anti-estrogen therapy or anti-Her2 therapy as further evidence arises

# Case - WS

- 68y dx 2013; rheum fever in past
- Left, T2N0 (0/3 sentl nodes), grade 3, ER/PR neg, Her2 positive
- L mastectomy with reconstruction, clear margins no LVI, no dermal involvemt – no RT
- Chemo with docetaxel & cyclophosphamide
- Herceptin – maintenance finished late 2014 (2y)

What follow up issues?

# WS – follow up

- Imaging:   what, when and where
- History & physical

# Guidelines: imaging and visits

Evidence: 2A

- Yearly mammography
  - Ipsilateral (after conserving sx) and contralateral
  - diagnostic exams

- History & physical exam
  - Every 3 - 6 months in first 3 years,
  - every 6 – 12 months for the next 2 years, and
  - annually thereafter
  - Breast / chest wall, nodes, lungs, spine, liver

# WS cont'd

- Herceptin
- Chemo – docetaxel

# WS – cont'd

She asks for tumor markers and blood work: she wants "everything"

# What NOT to do for asymptomatic patients?

- Routine labs “... have not been shown to improve survival outcomes or QoL in asymptomatic patients”
  - ASCO guidelines 2015

- “**Testing** in addition to annual screening mammography is NOT recommended”
  - ASCO Guidelines 2013

- “There is good evidence AGAINST promoting **BSE** ”
  - Canadian Clinical Practice Guidelines 2009, Baxter et al.

# Routine investigations in asx'c patients: why not?

- There is no demonstrated survival advantage
- There is evidence of harm

Del Turco M, Palli D, Cariddi A, et al:
Intensive diagnostic follow-up after treatment of primary breast cancer: A randomized trial. JAMA 271:15931597, 1994

The GIVIO investigators:
Impact of follow-up testing on survival and health-related quality of life in breast cancer patients. A multicenter randomized controlled trial.
JAMA. 271:1587-1592, 1994

# Case - LB

- 56 y dx 2010
- pT1cN0, grade 2, lobular features, ER positive, Her2 negative
- R mastectomy: sentl nodes (0/3) + axillary (0/4)
- No RT
- TailorX trial – Oncotype DX = 21 (14%)
  - Randomized to Endocrine Only arm – no chemo
  - Tamoxifen 2010 – 2015
  - Letrozole (AI) 2015 – present (plan for 5 years)

Follow up?

# LB – cont’d

Surgical: lymphedema

Systemic: AI now

- Adherence
- Bone density

Tamoxifen in past

# LB – cont'd

Request:

**MRI** rather than mammography

as it's more sensitive and her cancer wasn't seen well on mammogram

# When is MRI imaging indicated?

- MRI is more sensitive but increased false positives
- "...if the probability of missing a cancer with mammography alone is sufficiently high" ASCO 2015
- Level 2A evidence
- If high risk (> 20% lifetime risk of second primary)
  - BRCA1 & 2 positive
  - Very strong family history

Saslow D, Boetes C, Burke W, et al:
American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography.
CA Cancer J Clin 57:75-89, 2007

# Case - SM

- 54y pT2N0  triple neg (ER/PR & Her2 negative)
- Mastectomy & reconstruction; 0/9 sentl nodes
- ACTG chemo = Adriamycin (doxorubicin),<br>cyclophosphamide,<br>paclitaxel (Taxol)
- Severe, bilateral pneumonia post cycle #5
- BRCA 1 & 2 pending

# SM – cont'd

- Acute effects - pneumonia
- Cardiac risk - anthracyclines
- Neuropathy - taxane
- BRCA1/2 positive
- High risk, triple negative cancer

# Longterm & Late effects of Breast cancer treatment

- Body image concerns
- Lymphedema
- Cardiotoxicity
- Cognitive impairment, distress, fatigue
- Bone health / musculoskeletal health
- Neuropathy
- Infertility
- Sexual health / premature menopause
- Care coordination, health promotion, information & resources

- Cases – imaging and follow up visits, routine investigations
- Surveillance - ensuring patient is asymptomatic
- Longterm & late effects of breast cancer & treatment