Follow-up care plan after treatment for breast cancer

A guide for General Practitioners
This leaflet provides information for GPs on the follow-up care required by women who had breast cancer.

It is for patients who were treated with curative intent, have completed their treatment and have had no recurrence after five years.

Breast cancer is the most common invasive cancer in Irish women. Lifetime risk is 1 in 8. Survival is increasing and over 80% are disease free 10 years after diagnosis.

Women who had breast cancer are at risk of recurrence and of developing a new breast cancer. Most recurrences (over 80%) happen within five years of diagnosis, and are usually identified by the woman herself.

Patients with breast cancer are managed by the specialist breast service until all treatment is complete. Treatment can last for five years post-diagnosis. This includes the time-frame where the risk of recurrence is greatest.

Patients who have completed their treatment, and who have had no further disease detected, still require ongoing follow-up as there is a chance of recurrence or a new primary breast cancer. This follow-up care involves having an annual mammogram and a yearly clinical check-up. This check-up can be provided by the GP just as well as by the specialist breast service.
What is the role of the GP in providing follow-up care for patients with breast cancer?

Follow-up care requires collaboration between the patient, the GP and the specialist breast service. This is to ensure adherence to the agreed follow-up care plan. It includes managing the woman’s expectations, empowering her to seek the support she requires and to be responsible for her general health.

The GP components of follow-up care for a woman who had breast cancer include:

- conducting an annual clinical examination to detect any early signs of recurrence or a new cancer;
- reviewing the woman’s medical history and any recent health events;
- discussing the results of the NORMAL annual mammogram with the woman;
- providing general health advice and encouraging breast awareness;
- providing support;
- updating the woman’s family history;
- providing advice on the prevention of lymphoedema; and
- recording the results of each episode of follow-up care.

If you have concerns about a recurrence, a new breast cancer or sequelae of treatment, contact the Symptomatic Breast Clinic using the referral form and outlining the patient’s past history.
**What is needed by the woman**

**Investigation**
Imaging – a mammogram is needed annually
The woman will have her annual mammogram approximately one month before she makes the appointment to see the GP for a check up.

**Check up**
Patient check up and clinical examination – recommended annually

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**GP responsibilities**

Discuss the results of the normal mammogram with the woman when she attends for her check up

Ask about:
- Symptoms or signs of recurrence
- Side effects of treatment
- Family history
- Menopausal status
- Medications
- Other health conditions

Examine the woman’s:
- Breasts
- Chest wall
- Lungs
- Abdomen
- Supraclavicular and axillary lymph nodes
- Spine

Assess if there are any psycho-social issues, e.g. depression, anxiety or family concerns

Promote cancer prevention behaviours:
- not smoking
- limiting alcohol intake
- maintaining a healthy body weight eating a healthy diet
- taking regular exercise.

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**Responsibility of others**

The woman is responsible for attending the hospital for her mammogram

The hospital is responsible for:
- giving the woman a yearly mammogram appointment
- performing the mammogram
- giving the result of the NORMAL mammogram to the GP and the woman, in a timely manner
- organising further patient investigations if the mammogram result is a source of concern and to inform the GP of this

The woman is responsible for attending the GP for her annual check up

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What are the patient and hospital responsibilities in the follow-up care plan?

The patient’s responsibility is to:

• have an annual mammogram;

• attend the GP for her annual check-up and clinical examination approximately one month after the mammogram;

• ensure she gets results of the normal mammogram; and

• record the results of the annual mammogram and the check-up in the breast diary that is provided for her.

The hospital / symptomatic breast clinic’s responsibility is to:

• inform the GP in writing when the patient is being discharged to the GP for follow up;

• provide the GP with a discharge summary, detailing the cancer diagnosis, treatment and any side-effects / complications;

• provide contact details for the symptomatic breast clinic;

• provide an urgent appointment if the GP has concerns about the patient; and

• discuss the follow-up plan with the patient and outline her responsibilities.
The hospital x-ray department’s responsibility is to:

- arrange and perform the annual mammogram;
- inform the GP and the patient of normal results in a timely manner; and
- inform the woman if the mammogram result is a source of concern and organise further investigations and appointments.

Are further tests needed?

Intensive follow-up involving routine chest x-rays, bone scans, CT, PET or MRI scans, and/or blood tests including full blood count, biochemistry or tumour markers does not confer any additional survival benefit or increase quality of life. (Level I evidence). They are not recommended in a woman who has no symptoms.

Further tests should only be considered if a recurrence is being investigated. They will be carried out by the hospital / symptomatic breast clinic. If the GP finds any clinical abnormality suggestive of breast cancer, the patient must be referred to the symptomatic breast clinic for urgent assessment. The breast referral form can be used.

1 Level I evidence: evidence gleaned from at least one properly conducted randomised controlled trial, meta-analyses or systematic review
HIQA Guidance states that:

Patients shall be encouraged to report new symptoms promptly, without waiting for the next scheduled appointment.

There shall be an open access policy to enable GPs or other healthcare professionals to refer patients back to the breast care team without delay if they suspect recurrent cancer or problems related to treatment for breast cancer.

Mammography and a clinical examination shall be offered to patients yearly.

Routine diagnostic tests to screen for distant metastases in asymptomatic patients shall not be performed.