

# New Connections

HELPING YOU FIND YOUR WAY AFTER TREATMENT



Issue 19

## Focus on Follow-up:

*Survivorship care gets more attention*



As you well know, the transition from cancer patient to cancer survivor is a time for celebration. Saying good-bye to the ordeals of treatment is a moment everyone looks forward to. As tempting as it is to “put it all behind you,” there is important follow-up care that warrants your attention, and that of your health care team.

In fall 2005, the Institute of Medicine issued a lengthy report calling on health professionals, insurers, advocates, and the government to work together to improve follow-up care for the 10 million cancer survivors in the United States.

In the report, one of the recommendations for improved care for cancer survivors was for the doctor who provided most the patient's oncology treatment to write a "Survivorship Care Plan." This would be a comprehensive summary of the patient's diagnosis and treatment (type and stage of cancer, treatment types, schedules and dosages, side effects, etc.). The "Survivorship Care Plan" also includes information on possible late and long-term effects of treatments, symptoms of such effects, information on future screening practices and other precautions a patient should take, as well as specific recommendations for healthy behaviors.

## Standardizing follow-up care guidelines

Along with more thorough instructions for follow-up care, the Institute of Medicine also called for standardization of just what that follow-up care should be.

For its part, the American Society of Clinical Oncology has developed follow-up care guidelines for several cancers and continues to develop more. Below are their guidelines for follow-up care using breast cancer as an example.

## The Breast Cancer Survivorship Care Plan

Careful history-taking, physical examination, and regular mammography form the cornerstone of breast cancer follow-up. The three, in combination, are recommended for appropriate detection of breast cancer recurrence.

- All post-treatment patients should have a careful history and physical examination performed by a physician experienced in the surveillance of cancer patients and in breast examination.
- After treatment, examinations should be performed every three to six months for the first three years, every six to 12 months for years four and five, and annually thereafter.
- For those who have undergone breast-conserving surgery, a post-treatment mammogram should be obtained one year after the initial mammogram, and at least six months after completion of radiation therapy. Thereafter, unless otherwise indicated, a yearly mammographic evaluation should be performed.
- Patients at high risk for familial breast cancer syndromes should be referred for genetic counseling.
- The use of CBCs, chemistry panels, bone scans, chest radiographs, liver ultrasounds, computed tomography scans, [18F]fluorodeoxyglucose-positron emission tomography scanning, magnetic resonance imaging, or tumor markers (carcinoembryonic antigen, CA 15-3, and CA 27.29) is not recommended for routine breast cancer follow-up in an otherwise asymptomatic patient with no specific findings on clinical examination.

## The survivor plays a part, too

Since most breast cancer recurrences are discovered by patients between doctor visits, patients are urged to notify their doctors if they experience any of the following symptoms:

- † New lumps in the breast
- † Bone pain
- † Chest pain
- † Abdominal pain
- † Shortness of breath or difficulty breathing
- † Persistent headaches
- † Persistent coughing
- † Rash on breast
- † Nipple discharge (liquid coming from the nipple)

Survivors of a variety of different types of cancer can look forward to plans such as this one in the future.

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