Pink NOTES

A resource guide for primary care

Evidence based guidelines for breast cancer patient follow-up and side effects

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Post Diagnosis	Physical exam	Mammogram (unless mastectomy)
1–2 years	every 4 months	yearly
3–5 years	every 6 months	yearly
thereafter	yearly	yearly

History and physical exam should focus on symptoms of local or distant disease. Frequent sites of metastasis include liver, lung and bone.

The history should include:

- Medication compliance if the patient is prescribed anti-estrogen therapy
- Return of menses unless previous hysterectomy
- Bone pain
- Fatigue / dyspnea
- Unexplained weight loss, GI complaints, abdominal pain, ascites
- Arm swelling on the affected side
- New headaches, neurological symptoms
- New nodules or masses

The physical exam should include:

- Assessment of lymph nodes in the head and neck region
- Breast or chest wall examination including palpation of the scar and axillary nodes
- Assessment for lymphedema
- Respiratory and cardiac assessment
- Abdominal exam

Mammograms:

- Generally recommended to be done annually for at least ten years after diagnosis. Please refer to discharge instructions for the specific patient
- If patient has had reconstruction, mammograms are NOT recommended
- If an abnormality is detected on a clinical exam, it should be investigated further even in the context of a normal mammogram

Bloodwork, X-ray, bone scans, Ultrasounds and CT scans are only recommended for new, unexplained symptoms and are NOT part of recommended surveillance.

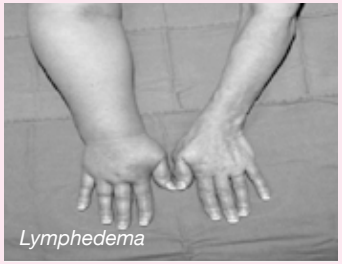
Bone mineral density scans:

- Recommended for patients receiving treatment with aromatase inhibitors (anastrazole, exemestane, letrozole)
- Baseline scan is suggested at initiation of therapy and then 2–3 years later if first scan is normal

Lymphedema can occur any time after treatment, even years later.

Risk factors include:

- Being overweight
- Large number of nodes excised
- Radiation to axilla


Lymphedema

First line treatment is a compression garment; lymphatic massage therapy may be helpful.

Patients are eligible through the Assistive Devices Program to receive 75% coverage for two garment sets every 4 months. The initial prescription must be signed by a specialist and subsequent renewals can be signed by the family practitioner.

High risk patients should be screened by doing comparison measurements 10 cm above and below antecubital crease. A difference of 2 cm or more should be referred for treatment.

London Regional Cancer Program has a weekly Lymphedema Clinic. Patients can be referred through New Patient Referral.

Fax number: 1-888-509-4484 or 519-685-8664

Fatigue / Dyspnea is a common side effect of cancer treatment.

Recommendations:

- The only proven intervention for benign fatigue is exercise. Usually improves with time; if it persists longer than 6 months post treatment, other causes such as those listed below should be ruled out

More serious cancer or cancer treatment related causes can include:

- Thromboembolic events
- Recurrence of the disease
- Changes in heart function related to anthracycline chemotherapeutic agents and / or Herceptin
- Refer the patient back to the cancer program for management of these issues

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Weight gain is a common side effect for patients who have received:

- Chemotherapy
- Endocrine suppression therapy with tamoxifen, anastrazole, letrozole, or exemestane

It is potentiated by other side effects of treatment such as arthralgia and hot flashes.
Other causes of weight gain (e.g. depression and thyroid dysfunction) should be ruled out.

Recommendations:

- Calorie restricted diet
- Regular cardiovascular exercise, preferably weight bearing
- Refer the patient for dietary counselling
- Refer to local exercise and fitness programs aimed at breast cancer survivors

Hot flashes are related to hormonal changes as a result of chemotherapy, endocrine therapy or menopause. They usually improve over time though some women may experience difficulty for years.

Recommendations:

Pharmacological interventions can include:

- Venlafaxine 37.5 to 75 mg once daily (safe for use with tamoxifen)
- Citalopram 20 mg (safe for use with tamoxifen)
- Clonidine 0.05 mg
- Oxybutynin 2.5 mg od or bid (off label use)
- Gabapentin – start with 100 mg od and titrate up over 1 month to maximum dose of 300 mg tid; side effects often limit use

Herbal remedies are strongly **discouraged** as most that are recommended for hot flashes contain estrogen related compounds.

Vaginal dryness / dyspareunia:

- Can become a significant problem with the use aromatase inhibitors (letrozole, anastrazole, exemestane)

Recommendations:

- Use of vaginal moisturizer (e.g. Replens TM) three times weekly **AND** a thick lubricant prior to sexual activity
- Estrogen containing products are generally **NOT** recommended including topical preparations
- Refer severe problems to a gynecologist

Peripheral Neuropathy

Use of chemotherapeutic agents such as paclitaxel (Taxol) and docetaxel (Taxotere) may cause:

- Numbness
- Tingling
- “Pins and needles” pain affecting the fingers, toes and feet

Some patients may experience late onset. Usual treatments for neuropathic pain may not be effective. Usually peripheral neuropathy resolves over time – months to years.

Refer intractable cases back to LRCP Pain Clinic through New Patient Referral.

Arthralgia:

- Arthralgia and myalgia are common complaints in patients receiving therapy with aromataseinhibitors (letrozole, anastrazole, and exemestane)
- Described as joint stiffness, pain in the wrists, hips, knees and ankles improving over the day
- Usually decreases over the first 1-2 years of treatment

Recommendations:

- Maintain an exercise program
- Physiotherapy
- Massage therapy
- Anti-inflammatories

Some patients may require a change in therapy to another agent – Please refer back to the oncologist

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Tamoxifen: development of endometrial carcinoma must be ruled out.

Recommendations:

- Trans-vaginal ultrasound is highly recommended. Please refer the patient to the gynecologist if endometrial thickness is more than 10 mm or if there is persistent bleeding
- Ensure adequate method of birth control

Aromatase inhibitor: (anastrazole, exemestane, letrozole)

- Return of menses may signal return of ovarian function

Recommendations:

- Stop the drug use immediately
- Ensure adequate method of birth control
- Refer back to the oncologist

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Normal changes post radiation:

- Hyper pigmentation in the treated area
- Small broken blood vessels called telangiectasia can appear (even years later)
- Thickened skin with increased density of the breast tissue for patients with lumpectomy
- Adherence of skin to the underlying fascia for patients with mastectomy
- Defined thickening around the scar can be present initially and gradually subsides over time as surgical changes resolve
- Some patients may have persistent seromas
- Axillary cording may develop and be observed as a thick visible cord stretching from the anterior axilla to the upper arm or even distally beyond the elbow

Abnormal changes:

- New lumps in the breast tissue, scar, axilla or neck nodes
- New erythema
- New pain
- New nipple retraction or dimpling

Recommendations:

- Please refer the patient for imaging and to a surgeon for assessment / biopsy
- If unsure about thickening of skin, please refer to the surgeon

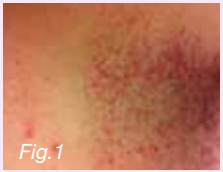
Fig.1

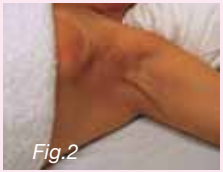
Fig.2

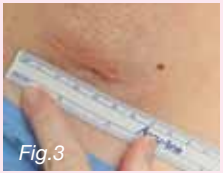
Fig.3


Fig.4

Figure 1: Telangiectasia
Figure 2: Axillary Cording
Figure 3: Seroma
Figure 4: Hyper-pigmentation

Accelerated bone loss can be caused by:

- Chemotherapy
- Use of aromatase inhibitors such as anastrazole, letrozole or exemestane

Recommendations:

- Bone mineral density scans are recommended every 2 – 3 years
- Weight bearing exercise, cessation of smoking if appropriate and limited caffeine intake
- Sufficiency of calcium in diet and / or use of supplements
- Calcium 500 mg daily if risk of heart disease
- 1200 mg daily if osteopenic or osteoporotic
- Vitamin D: 1000 – 2000 iu daily
- May require bisphosphonate therapy if osteoporotic

Psychosocial concerns can include anxiety / depression, fear of recurrence, relationship concerns, body image, genetic risk, spirituality, and other specific issues. Some family practitioners may wish to use a quick screening tool in their own evaluation to identify any concerns that emerge post treatment. In some cases, multiple vague physical symptom complaints may be an indicator of poor post treatment psychological adjustment.

Recommendations:

- Rule out underlying physical diagnosis
- Treat anxiety / depression. For patients receiving Tamoxifen please keep in mind that many antidepressants can reduce the efficacy. Venlafaxine and citalopram are usually less likely to cause a problem
- Non pharmacological resources can include referral to counselling or psychotherapy, relaxation training, cognitive behavioural therapy, supportive-expressive therapy, or psycho-educational interventions

Contacts:

London Regional Cancer Centre – Supportive Care Program
Assessment and referral to community resources, telephone: 519-685-8622

Community counselling Agencies and other resources:

Day Counselling	519-434-0077
Family Counselling Services	519-433-0183
Wellspring Support Groups	519-438-7379
Canadian Cancer Society Peer Support	1-888-939-3333

Check with patient to see if they have private counselling coverage through Employer Benefits.