

BREAST CANCER WELL FOLLOW-UP ASSESSMENT

Patient Name _____	Date of Birth _____
Date of Assessment _____	Time of Assessment _____
STAGING/TESTING	
Date of Initial Histological Diagnosis _____ - Tumour Laterality <input type="checkbox"/> Right <input type="checkbox"/> Left Date of most extensive surgery _____ Type of Surgery <input type="checkbox"/> Mastectomy <input type="checkbox"/> Partial Mastectomy/Lumpectomy/Excisional Biopsy T____N____M____: Stage I, II <input type="checkbox"/> ER Status + / - <input type="checkbox"/> PR Status + / - <input type="checkbox"/> Her2 Status + / -	
MAMMOGRAM	
<input type="checkbox"/> Next mammogram due: _____	
CARDIOVASCULAR ASSESSMENT FOR PTS WHO HAVE RECEIVED TRASTUZUMAB	
Trastuzumab <input type="checkbox"/> No <input type="checkbox"/> Yes → See guidelines	
HORMONAL THERAPY TREATMENT	
<ul style="list-style-type: none"> • Hormonal Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Tamoxifen - <input type="checkbox"/> Aromatase Inhibitor (AI) 	
<u>For Patients on TAMOXIFEN</u> <ul style="list-style-type: none"> • Monitor for DVT or Pulmonary Embolism at every visit • See www.cancercare4primarycare.com for SSRI drug interaction 	
<u>For Patients on Aromatase Inhibitor</u>	
Name of Aromatase Inhibitor _____ Date Started _____ <ul style="list-style-type: none"> • Annual Cholesterol Assessment → See Guidelines • Annual Bone Mineral Density → See Guidelines • Arthralgia Management → See guidelines 	
<u>PLEASE REFER PATIENT BACK TO CANCER CENTRE BEFORE DISCONTINUING TAMOXIFEN OR AROMATASE INHIBITOR THERAPY</u>	
PATIENTS AREAS OF CONCERN	

BREAST CANCER ROUTINE ASSESSMENT AND GUIDELINES

- Medical History and Physical
- Mammogram (Starting one year after surgery and at least 6 months post end of Radiation and Annually thereafter)
- Monthly Breast Self –Examination

ASSESSMENT OF SYMPTOMS OF POTENTIAL RECURRENCE

Breast Changes No Yes → Normal Abnormal – NON-Malignant Malignant → See Guidelines

Vision Changes No Yes → See guidelines

Vaginal Bleeding on Tamoxifen No Yes → See Guidelines

Pain assessment (Bone or Abdominal) No Yes → See Guidelines

Cough and Dyspnea No Yes → See Guidelines

ROUTINE HEALTH SCREENING

- | | | |
|---|--|--|
| <input type="checkbox"/> Lymphedema Assessment
<input type="checkbox"/> Gynaecologic Assessment
<input type="checkbox"/> Colorectal Screening | <input type="checkbox"/> Diet/Weight Management
<input type="checkbox"/> Exercise
<input type="checkbox"/> Smoking Cessation (If Applicable) | <input type="checkbox"/> Sun Exposure/Skin Cancer Screening
<input type="checkbox"/> Vaccinations
<input type="checkbox"/> Genetic Screening (if Applicable) |
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GUIDELINES FOR MANAGEMENT OF NEW SYMPTOMS or SIGNS

	New Symptoms/Signs	Management
BREAST	New Mass in Breast	Mammography (possible with Biopsy) and US if suspicious for malignancy. If Positive for recurrence → Refer to Surgeon
	Rash or Nodule on chest wall	Refer to Surgeon
	Palpable Lymphadenopathy	Refer to Surgeon
PAIN (Abdomen)	Hepatomegaly or Pain in the right upper quadrant	US or CT Scan of abdomen and pelvis, plus liver enzymes
PAIN (Bone)	Arthralgia **DO NOT DISCONTINUE AI**	-Anti-Inflammatory -Glucosamine with Chondroitin
	New Persistent Bone Pain	Bone Scan and plain film of affected site/s
GYNAE	Vaginal Bleeding on Tamoxifen	-Transvaginal Ultrasound -Referral to OB/GYN for assessment
CARDIOVASCULAR/RESPIRATORY ASSESSMENT	Decreased Cardiac Function	MUGA/2D ECHO
	New Persistent Cough or Dyspnea	Chest X-RAY or Chest CT Scan
POSSIBLE SPINAL CORD COMPRESSION	Back pain with limb weakness, change in sensation, changes in reflexes, or loss of bowel or bladder control	URGENT REFERRAL TO A SPECIALIST OR INSTRUCT PATIENT TO VISIT ER
POSSIBLE CNS Lesion	New persistent headache (especially with visual changes, nausea, or seizures)	URGENT REFERRAL TO A SPECIALIST OR INSTRUCT PATIENT TO VISIT ER
SIDE EFFECTS POTENTIALLY RELATED TO AI	Bone thinning, Elevated Cholesterol, Achy Joints, Insomnia	

***AFTER 5 YEARS ON TAMOXIFEN or AROMATASE INHIBITOR
REFER PATIENT TO GRCC FOR MEDICAL ONCOLOGY ASSESSMENT**

Email wellfollowupbr@qrhosp.on.ca for further information or questions