

**BREAST CANCER WELL FOLLOW-UP PATIENT HANDOUT**

<b>YEAR 1</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician every <b>4-6 months (about 3 visits)</b> <input type="checkbox"/> Mammogram (Starting one year after surgery and annually thereafter) <input type="checkbox"/> Monthly Breast Self-Examination <input type="checkbox"/> Routine Health Screening
<b>YEAR 2</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician every <b>4-6 months (about 3 visits)</b> <input type="checkbox"/> Mammogram <input type="checkbox"/> Monthly Breast Self-Examination <input type="checkbox"/> Patients on Aromatase Inhibitors → Bone Mineral Density <input type="checkbox"/> Patients on Aromatase Inhibitors → Cholesterol Assessment <input type="checkbox"/> Routine Health Screening
<b>YEAR 3</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician every <b>6 months (about 2 visits)</b> <input type="checkbox"/> Mammogram <input type="checkbox"/> Monthly Breast Self-Examination <input type="checkbox"/> Patients on Aromatase Inhibitors → Cholesterol Assessment <input type="checkbox"/> Routine Health Screening
<b>YEAR 4</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician every <b>6 months (about 2 visits)</b> <input type="checkbox"/> Mammogram <input type="checkbox"/> Monthly Breast Self-Examination <input type="checkbox"/> Patients on Aromatase Inhibitors → Bone Mineral Density <input type="checkbox"/> Patients on Aromatase Inhibitors → Cholesterol Assessment <input type="checkbox"/> Routine Health Screening
<b>YEAR 5</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician every <b>6 months (about 2 visits)</b> <input type="checkbox"/> Mammogram <input type="checkbox"/> Patients on Aromatase Inhibitors → Cholesterol Assessment <input type="checkbox"/> Routine Health Screening
<b>AFTER 5 YEARS ON TAMOXIFEN or AROMATASE INHIBITOR REFER PATIENT BACK TO GRRCC FOR MEDICAL ONCOLOGY ASSESSMENT</b>	
<b>POST YEAR 5 (ANNUALLY)</b>	<input type="checkbox"/> Medical History and Physical (Clinical Breast Exam) with Family Physician <b>Annually</b> <input type="checkbox"/> Mammogram <input type="checkbox"/> Monthly Breast Self-Examination
<b>NAMES OF AROMATASE INHIBITORS:</b>	
<ul style="list-style-type: none"> <li>• Arimidex (Anastrozole)</li> <li>• Aromasin (Exemestane)</li> <li>• Femara (Letrozole)</li> </ul>	
<b>ROUTINE HEALTH SCREENING</b>	
<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)	