

Dear Colleague:

As the current chair of the Breast Disease Site Group, I am writing on behalf of the medical and radiation oncologists that are actively treating breast cancer patients at Grand River Hospital, Oncology Program.

We remain committed to providing the best treatment to all the breast cancer patients in our region and we are doing our utmost to keep waiting times for newly diagnosed patients to a minimum. This is particularly important for patients who have potentially curable cancers and will require prompt initiation of adjuvant therapy.

Once these patients have completed their active treatment, they will be discharged back to your care for follow-up. We want to reassure you that this practice is evidence-based with solid data from randomized controlled trials that show that patients followed by a primary care physician versus an oncologist/surgeon do equally as well. For example, conclusions from one large study show:

- 69% of recurrences present between follow-up visits and 50% of these present to primary care first
- No increased time to diagnosis of recurrence with primary care physician follow-up
- No increased anxiety in women followed by GP
- No difference in health related quality of life in either group

There are also recommendations of the Canadian Task Force from the CMAJ 1998 and RCPSC Recommendations from 1999 to help guide best follow up practice for breast cancer patients. The essence of these recommendations is that:

- Recurrence rates are higher in the first three years, thus more frequent visits
- Local recurrence or contralateral disease is potentially curable
- There is no evidence that early detection of metastatic disease leads to curative treatment or difference in survival
- Women under 35 have higher risk of local/distant recurrence, thus more frequent visits
- No single optimal schedule of follow-up visits defined, will vary according to patient's risk
- Annual mammography is recommended
- Monthly BSE is of possible benefit
- No lab work, tumour markers or radiology should be done routinely

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When patients are discharged, they will have a discussion with their treating oncologist or Advanced Practice Nurse (APN) about appropriate follow-up. Physical examinations should include palpation of regional lymph nodes, chest exam, breast/chest wall exam, abdominal exam and any other system examination relevant to current symptoms. We do not recommend any laboratory or radiological investigations unless clinically indicated. To help primary care physicians (PCP) with the follow-up care for their patients we have included a new form called "Breast Cancer Well Follow-up assessment and guidelines". Page 1 of this form will be completed by the GRRCC Staff at the time of discharge to provide PCPs with the new baseline for your patients. Page 2 includes the guidelines for yearly assessment and how to manage new symptoms that may arise.

We stress with the patient that we will always be available to you to answer any questions regarding their care and would be more than happy to see them in the future at your request. Please direct enquiries related to well follow-up breast cancer patients at wellfollowupbr@grhosp.on.ca, you will receive a call back within 48 hours.

We greatly appreciate all your help with these patients during their active treatment and look forward to our ongoing collaboration during their follow-up. Please do not hesitate to contact me if you have any questions/comments regarding these recommendations.

Sincerely,

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