New Guideline Addresses Long-Term Needs of Breast Cancer Survivors

Third in continuing series providing guidance on managing long-term effects of cancer and its treatment

December 7, 2015–A new breast cancer survivorship care guideline created by the American Cancer Society and the American Society of Clinical Oncology provides guidance to primary care and other clinicians in caring for the estimated 3.1 million female adult survivors of breast cancer in the United States.

The guideline is the third in a continuing series of guidelines to provide guidance on identifying and managing potential physical and psychosocial long-term and late effects of cancer and its treatment, as well as other key elements of adult post-treatment survivorship care. Previous guidelines address the needs of survivors of prostate and colorectal cancers.It is published early online in *CA: A Cancer Journal for Clinicians*.

The guideline recommends that breast cancer patients should undergo regular surveillance for breast cancer recurrence, including evaluation with a detailed cancer-related history and physical examination, and should be screened for new primary breast cancer consistent with guidelines. At the same time, data do not support performing routine laboratory tests or imaging tests, except mammography when indicated, in asymptomatic patients to evaluate for breast cancer recurrence.

The guideline also recommends that primary care clinicians counsel patients about the importance of maintaining a healthy lifestyle, monitor for post-treatment symptoms that can adversely affect quality of life, and counsel patients to adhere to endocrine therapy.

In addition to recommendations about screening tests and lifestyle factors, the guideline includes information on a broad range of other issues, from cognitive impairment and body image to fatigue and care coordination.

“Breast cancer survivors face potentially significant impacts of cancer and its treatment and deserve high-quality, comprehensive, coordinated clinical follow-up care,” write the authors. “Primary care clinicians must consider each patient’s individual risk profile and preferences of care to address physical and psychosocial impacts.”

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