Questions and answers on follow-up care after breast cancer treatment

A guide for women and their physicians

My treatment for breast cancer is almost finished. Will I need further medical care?
Yes. Everyone who has been treated for breast cancer should continue to visit the doctor regularly for the following reasons:

- *To receive ongoing support.* Regular visits will allow you to discuss problems and deal with any side effects of treatment. Regular visits will also help you find emotional or social support if you need it. At your first visit after treatment you can work out a schedule with your treatment team for long-term care.
- *To detect any problems — especially recurring or new cancer — as soon as possible.* Cancer can recur in the breast following treatment, or a new cancer can start in your other breast. Regular physical and radiological examinations (*mammography*) can help find any recurring or new cancer in the breast at an early stage.

Who will be responsible for my follow-up care?
You will usually begin by seeing the specialist who has supervised your treatment: the surgeon, the medical oncologist or the radiation oncologist. If several specialists have been involved, some or all of them may wish to see you at first. Later, with your participation and agreement, one of the specialists or your family doctor may become responsible for coordinating your care. No matter who is coordinating your care, all of the members of your treatment team should keep you fully informed and let you know exactly what follow-up arrangements have been made and who is responsible for carrying them out.

How often should I visit the doctor?
No single schedule has been found to suit everyone. The timing of visits should be set to suit your individual needs. In general, follow-up visits should be scheduled every 3 to 6 months during the first 3 years after treatment. During the following 2 years, visits should be scheduled every 6 to 12 months. Once 5 years have passed since your treatment, you should visit your doctor once a year. It is recommended that these yearly visits continue for life.

What will happen on my follow-up visits?
Every visit should include an updating of your medical history and a physical examination. Yearly visits should also include mammography.

- *Medical history.* Your doctor will want to know about any side effects of treatment, such as swelling or tenderness in your breasts, stiffness in your shoulder or swelling in your arm, since your last visit. If you are taking tamoxifen as part of your treatment and haven't had your uterus removed (*hysterectomy*), you should tell your doctor about any vaginal bleeding — even slight spotting. This is because the risk of cancer in the lining of the uterus (*endometrial cancer*) is slightly higher for women taking tamoxifen.
- *Physical examination.* The main purpose of this examination is to look for recurrence of cancer and for new cancers in the other breast. The doctor will examine your

breasts, your chest wall and abdomen, and the lymph nodes in your armpit and collarbone areas. The doctor will also examine your arm for *lymphedema* (swelling caused by a buildup of lymphatic fluid), something that can occur after lymph nodes are removed from the armpit.

Should I have regular tests to make sure the cancer hasn't come back somewhere else?

No. The only regular test you need is a mammogram. A yearly mammogram is recommended to detect any recurrence of cancer in the treated breast and any new cancer in the other breast. The chance of a cure is better when a new breast cancer is found early.

If cancer does spread to other parts of the body, life expectancy is the same whether the cancer is detected early or not. Because little is gained from the routine use of other tests — for example, bone and liver scans, chest x-rays, blood tests, tests for tumour markers — such testing is generally not recommended.

What if I feel something is wrong between regular visits?

After treatment for breast cancer, many women will experience pain or other unpleasant symptoms. If these problems come and go, or disappear within a week or so, they are very unlikely to be related to cancer. But sometimes a problem does not go away. If you have new symptoms that continue to bother you, do not wait for your next regular appointment. Call your doctor if you have any of the following:

- new pain that won't go away
- a cough that won't go away
- a lump in either breast
- unusual changes at the site of your surgery or in the scar itself
- a tired feeling that won't go away
- loss of appetite
- tingling or numbness in the arm or hand
- swelling of the arm (even slight swelling can mean you have lymphedema, which is easier to treat if recognized early)
- any new symptom that is unusual or severe and doesn't go away

I feel that I am having difficulty thinking and remembering. Is this because of the treatment?

Some studies suggest that chemotherapy can affect your ability to think and remember. However, the studies done so far have not clearly established that this is the case. Nor have the studies determined if the change is a long-lasting one. Other factors related to your treatment — tiredness, emotional distress — can also affect thinking and remembering.

I feel very tired. Is there anything I can do?

Feeling tired is very common during treatment for breast cancer. After treatment is finished, you should feel less tired. If you do not notice any improvement over the course of several months, talk to your doctor.

I have put on weight during my treatment. Should I now try to lose weight?
Weight gain is common, particularly for women receiving chemotherapy. It is uncommon for women using tamoxifen. Although some studies suggest a relation between obesity and the recurrence of breast cancer, there is no evidence that losing weight will improve breast cancer outcomes. However, there is evidence that weight control contributes to good health, which makes it a worthwhile goal for everyone.

I have heard that my chances of getting osteoporosis are increased after being treated for breast cancer. Is this true?
Perhaps. All women are at risk of *osteoporosis* (a weakening of the bones). Women who experience early menopause because of chemotherapy are at increased risk of this condition. Although tamoxifen is not associated with osteoporosis, some other breast cancer drugs called aromatase inhibitors (such as anastrozole, letrozole and exemestane) may increase bone loss. If you have experienced early menopause or if you are taking an aromatase inhibitor, you should have a bone mineral density test to assess your bone health. This will help your doctor determine if you need treatment for osteoporosis.

I am having difficulty with sex. Is there anything I can do?
While you are receiving chemotherapy, you may feel less interested in sex, experience pain during intercourse or have trouble achieving orgasm. After you complete chemotherapy, you may experience fewer problems. Studies suggest that after treatment is finished, there is no difference in sexual problems between women treated for breast cancer and women not treated for breast cancer. In fact, some difficulties with sex may be related to menopause rather than to treatment. Talk to your doctor if you have any concerns.

I would like to have a baby. Will this affect my cancer coming back?
The answer to this question is not straightforward. At present, there is a lack of evidence that becoming pregnant can influence the chance of breast cancer recurring. Talk to your doctor if becoming pregnant is something you are thinking about.