

Follow up Colon/Breast Cancer

Multiple studies (*references below) have “all concluded that there is no survival or quality of life benefit from a more intensive surveillance strategy as compared to follow-up programs that are based on regular physical exams and mammography alone” for breast cancer. The same conclusion is true for many other cancers with a few exceptions (colon cancer is one).

The following guidelines are based on research and the consensus of experts in the American Society for Clinical Oncology.

Colon Cancer

Initial Staging before surgery: CT scan of abdomen; Liver function tests; CEA
Depending on cancer stage and clinical status adjuvant chemotherapy may be part of initial treatment.

After treatment with curative intent:

CEA blood test every 3 mo for stage II or III for 3 years; evaluate elevated test with scan and/or colonoscopy

CT scan of abdomen and chest at 1, 2 and 3 yr (sonogram of liver every 6mo if high risk of liver metastases)

Colonoscopy at 3yr then q5 yr

Office Visits every 3-6mo for 3 yrs; every 6 mo thereafter: assess recurrence risks (85% of recurrences occur within 3yr)

These recommendations are based upon research that shows improved survival for early treatment of recurrences, specifically surgical treatment.

Routine CBC and liver function tests, stool quaiac or CXR are not recommended

Breast Cancer

After initial treatment with curative intent (which may include a combination of surgery and/or radiotherapy and/or chemotherapy, regardless of being on adjuvant hormone treatment) the following program is recommended by ASCO.

Office visits every 3-6 months for 3 years; every 6-12 months for 2 years, then annually. Emphasis is on history of symptoms (pain, weight change, shortness or breath and cough, neurologic changes) and physical exam of the breast/breast area, chest, heart and abdomen.

Mammogram every year (following lumpectomy every 6 months to follow post treatment changes until stable); MRI is not routinely recommended except for known BRCA mutation carriers.

Bone density should be checked “periodically” though interval not defined for women with premature menopause or on aromatase inhibitors.

Not Recommended: routine CBC, breast cancer tumor markers (e.g., CA 15-3, CEA), Bone Scans, PET scans, CT scans, CXR. These test may be done to evaluate symptoms.

*References: Rojas, MP et al. Follow-up strategies for women treated for early breast cancer. Cochrande Database Syst Rev 2000; CD0011768

Rosselli Del Turco, M et al Intensive diagnostic follow-up after treatment of primary breast cancer. JAMA 1994; 271:1593
Palli, D et al Intensive vs clinical follow-up after treatment of primary breast cancer: 10-year update of a randomized trial. JAMA 1999; 281:1586

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