Impact of Collaborative Evidence-Based Breast Cancer Survivorship Care Guidelines on Survivors and Providers

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Breast cancer survivors face many challenges stemming from both their disease and its treatment. In December 2015, the American Cancer Society and the American Society of Clinical Oncology released collaborative evidence-based breast cancer survivorship care guidelines for female breast cancer survivors and their primary care providers. This article discusses these recommendations for surveillance, screening, and management of both long-term and late effects of breast cancer and treatment.

At a Glance
• The American Cancer Society and the American Society of Clinical Oncology (ASCO) collaborative breast cancer survivorship care guidelines are based on previous recommendations from ASCO and the National Comprehensive Cancer Network.
• These guidelines contain holistic recommendations to help with the surveillance and management of both long-term and late effects of breast cancer and treatment.
• Nurses need to provide information, education, and support to assist women with following these guidelines after treatment for breast cancer.

Surveillance for Breast Cancer Recurrence or New Primary Cancer

Recommendations include a physical examination every 3–6 months for the first three years after primary therapy, followed by every 6–12 months for the next two years and then annually (Runowicz et al., 2016). Annual mammograms are the only required testing. For women with unilateral mastectomy, annual mammography on the intact breast is recommended, whereas annual mammography of both breasts is recommended for those with lumpectomies (Runowicz et al., 2016). Advanced imaging and routine laboratory testing with tumor markers is not recommended (Henry et al., 2014). Providers must educate patients to be aware of any breast or chest wall changes (e.g., rash, skin changes, pain) that may indicate local or regional recurrence, and survivors should be encouraged to continue anti-estrogen therapy as prescribed by their oncologist. This therapy, which may continue for 5–10 years, has demonstrated reduced risk of recurrence of secondary breast cancers and improved overall survival for estrogen receptor-positive breast cancers (Runowicz et al., 2016). PCPs also should review family history at frequent intervals; any new cancers in the family may increase the survivor’s risk profile. Genetic counseling should be suggested if potential hereditary risk factors are suspected (Runowicz et al., 2016).