

Patient Label

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CR#: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

## Follow-Up Recommendations Breast Cancer Patients on Tamoxifen

- Follow-up begins at the end of primary therapy (surgery / chemotherapy / radiation)
- Tamoxifen 20mg daily for 5-10 years based on oncologist assessment.

	Years 1 – 3	Years 4 – 5	Years 6+
<b>Primary Care Visits (Family Physician / Nurse Practitioner):</b> - History and focused examination: breast(s), chest wall, axillae, supraclavicular lymph nodes, lungs, bones, abdomen, CNS, arm for lymphedema, - Assess patient's tolerance to Tamoxifen and menopausal status (patient not considered post-menopausal until one year of amenorrhea and confirmed LH, FSH and Estradiol blood work). Tamoxifen can inaccurately suggest menopause. - Regular gynecological follow up – assess for irregular bleeding and other issues associated with Tamoxifen	Every 3-6 months	Every 6 months	Annually
<b>Mammogram **Not required for patients who have had a double mastectomy**</b> - Begin one year after the mammogram that led to diagnosis, but not earlier than 6 months after radiation treatment - More frequently if recommended by radiologist - Performed at a diagnostic mammography facility, not by BreastCheck - If life expectancy is 5 years or less, then mammography may be omitted - In the reconstructed breast, NO routine imaging if asymptomatic (see below)	Annually	Annually	Annually
<b>Non-hormonal methods of contraception</b>	Pregnancy is contraindicated while taking Tamoxifen, Suggest condoms/ spermicide jelly, non-hormonal IUD. If patient wants to pursue pregnancy, please refer back to the oncologist for a discussion.		
<b>X-Rays, CT- US- MRI- Bone-PET Scans, tumour markers, CBC, Biochemistry</b>	NOT performed if asymptomatic		
<b>Tamoxifen Duration/ Oncologist Consultation</b>	If the patient has been on tamoxifen for a total of 5 years, please refer the patient to CCMB for a discussion regarding switching to an Aromatase Inhibitor or extending Tamoxifen therapy to 10 years. Fax a referral to CCMB at 204-786-0621.		
<b>Tamoxifen Issues and Suggested Management</b> <u>Medication Interactions:</u> Please review any antidepressants the patient is taking as some interfere with the efficacy of Tamoxifen. <u>Hot flashes:</u> Try morning dosing; add venlafaxine, gabapentin/pregabalin or clonidine. <u>Vaginal dryness:</u> Use vaginal moisturizers & lubricants, use of intravaginal estrogens is relatively contraindicated. <u>Increased vaginal discharge:</u> Increased discharge can be common but if symptomatic test to rule out infection. <u>Risk of uterine cancer:</u> Risk of 0.2% – 0.3% per year for post-menopausal women. ALL post-menopausal bleeding requires transvaginal US and/or endometrial biopsy and referral to gynecology if concerned. <u>Risk of venous thromboembolism:</u> Risk is 0.2% per year. Encourage smoking cessation, be vigilant for VTE symptoms. <u>Vision Changes:</u> Risk of early cataract formation is very low; however Manitoba Health covers the cost of basic eye exams for women on Tamoxifen every one to two years.			

### Physician / Nurse Practitioner Visits

- Challenges in recovery? Refer to Breast & Gyne Cancer Centre of Hope at 204-787-2970.
- Abnormal symptoms or signs should be investigated with exam, lab and imaging.
- Encourage patient to see MD/NP regarding any worrisome symptoms **without waiting** for their next regular appointment.
- **Patients can consult with the Breast Cancer Patient & Family Educator for assistance with managing Tamoxifen related issues at 204-787-4130 or toll-free 1-866-561-1026.**

### Common Symptoms of Recurrence or Metastases

- |                        |                           |                                 |
|------------------------|---------------------------|---------------------------------|
| ○ Bone pain            | ○ Abdominal symptoms      | ○ Fatigue                       |
| ○ Cough, dyspnea       | ○ Mastectomy scar changes | ○ Anorexia or weight loss       |
| ○ Breast changes/lumps | ○ Frequent headache       | ○ Personality or vision changes |

### What to do if concerned about cancer recurrence

- New breast abnormality? Order diagnostic mammogram AND refer back to original surgeon urgently, even if mammogram is read as normal. In reconstructed breast? Refer to plastic surgeon, consider ultrasound or MRI.
- Evidence of distant metastases? Please initiate investigations and fax a referral to the CCMB Referral Office at **204-786-0621** and indicate if patient is highly symptomatic. Patient will be contacted within 2-3 working days.