



Patient Label

Patient Name: _____

Date of Birth: _____ CR#: _____

Diagnosis Date: _____

Follow-Up Recommendations Breast Cancer Patients on Aromatase Inhibitors (AIs)

- Follow-up begins at the end of primary therapy (surgery / chemotherapy / radiation)
- AIs (Anastrozole 1 mg daily, Letrozole 2.5 mg daily, Exemestane 25mg daily) are taken for 5 years and then reassess.
- AIs are contraindicated for pre/peri menopausal women

	Years 1 – 3	Years 4 – 5	Years 6+
Primary Care Visits (Family Physician / Nurse Practitioner): - History and focused examination: breast(s), chest wall, axillae, supraclavicular lymph nodes, lungs, bones, abdomen, CNS, arm for lymphedema - Assess patient's tolerance to AIs	Every 3-6 months	Every 6 months	Annually
Mammogram - 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 less than 5 years, then mammography may be omitted - In the reconstructed breast, NO routine imaging if asymptomatic (see below)	Annually	Annually	Annually
Bone Mineral Density Scan (DEXA) <u>T score < -2:</u> treat with a bisphosphonate and Vitamin D and repeat BMD q 2 years while on bisphosphonate. <u>T Score > -2 but < -1.5:</u> observe unless one other risk factor present (> age 65, current or former smoker, BMI <24, family history of hip fractures, personal history of fragility fracture, or oral steroid use for >6 months) and if so treat with a bisphosphonate <u>T Score > -1.5:</u> reassess after next DEXA scan	Do at baseline; repeat q 1-2 years while on AI. Based on BMD result, treat with a bisphosphonate according to T score.		
X-Rays, CT-US-MRI-Bone-PET Scans, tumour markers, CBC, Biochemistry	NOT performed if asymptomatic		
Aromatase Inhibitor Duration/ Oncologist Consultation	Please refer patients to CCMB by fax to 204-786-0621 for discussion after 5 years of therapy.		
Aromatase Inhibitor Issues and Suggested Management <u>Hot flashes:</u> Try bedtime dosing; add venlafaxine, gabapentin/pregabalin or clonidine; consider change of AI. <u>Arthralgias / myalgias:</u> use of acetaminophen, exercise, NSAIDs, change of AI, switch to Tamoxifen if appropriate <u>Vaginal dryness:</u> Use vaginal moisturizers & lubricants, use of intravaginal estrogens is relatively contraindicated. <u>Osteoporosis:</u> Calcium 1200 mg od from diet, supplements if needed; Vitamin D 800-2000 IU od; weight-bearing exercise; bisphosphonates if indicated. <u>Cardiovascular Risks:</u> Monitor blood pressure and cholesterol and treat if elevated.			

Physician / Nurse Practitioner Visits

- Challenges in recovery? Refer to Breast & Gyne Cancer Centre of Hope at 204-788-8080.
- 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 Aromatase Inhibitor related issues at 204-788-8014 or toll- free 1-888-660-4866.**

Common Symptoms of Recurrence or Metastases

- | | | |
|------------------------|---------------------------|---------------------------------------|
| ○ Bone pain | ○ Abdominal symptoms | ○ Fatigue |
| ○ Cough, dyspnea | ○ Mastectomy scar changes | ○ Weight loss due to lack of appetite |
| ○ Breast changes/lumps | ○ Frequent headaches | ○ Personality or visual 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.