West of Scotland Cancer Network

Breast Cancer
Managed Clinical Network

Breast Cancer

Regional Follow-up Guideline

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Breast Cancer Regional Follow-up Guideline Review

The purpose of the breast cancer regional follow-up guidelines is to ensure consistency of practice across the west of Scotland. The principles of any revision to the follow-up guideline will ensure that management of patients after initial treatment for breast cancer is:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective;
- Efficiently delivered.

The guideline will continue to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Provide psychological and supportive care;
- Support and motivate patients to continue endocrine therapy;
- Enable and encourage healthy lifestyle habits;
- Detect and treat recurrent and new disease.

Follow-up practice has to be person centred and ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing patient needs with effective utilisation of resources.

A review of the existing Regional Breast Cancer follow up guideline was initiated in November 2024, and undertaken by Mr Keith Ogston and Dr Karen Gray. Appraisal of the published evidence and guidance on the management of breast cancer follow up indicates that the current WoSCAN guideline remains in line with the published guidance which informed the 2017 update.

The guidelines were reviewed and discussed by the west of Scotland Breast MCN Advisory Board in May 2025, where it was acknowledged that an update to this document may be required in 12 months' time, in anticipation of forthcoming Mammo50 trial results and expected update to Royal College of Radiologists guidance.

These regional guidelines are recommended by the Breast Cancer MCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

West of Scotland Breast MCN - Regional Follow Up Consensus Guideline

This consensus guideline should be used as a minimum standard, for the majority of patients, when considering local implementation.

Common Pathway after Surgery/Chemotherapy/Radiotherapy Treatment

On completion of initial treatment i.e. surgery/radiotherapy (whichever occurs last) patients will have an 'Exit Interview' carried out by a member of the breast team: Consultant; Specialty Doctor; or Clinical Nurse Specialist (CNS).

At this interview patients should be given:

- A copy of their diagnosis and treatment summary (TS) based upon the National Cancer Survivorship Initiative Treatment Summary (Appendix 1). A copy of the TS should also be copied to the patients GP;
- Advice about specific lifestyle recommendations: weight loss/dietary advice; alcohol intake; physical activity; and smoking cessation;
- Resource information for the above;
- Contact details for the breast CNS and local support groups and reassurance that they can contact the breast CNS with any concerns.

Patients receiving treatment for breast cancer should be offered a holistic needs assessment (HNA) and care plan by a suitably trained individual. It is anticipated that this would be led by the breast CNS, but could be performed by any member of the clinical team according to local arrangements. An HNA can be completed via a digital system and asynchronously however, care planning must be completed with the individual.

Outpatient follow up

- Routine annual (or more frequent) outpatient appointments need not be given;
- Routine clinical breast examination has not been shown to be clinically effective and is not recommended as standard;
- Units may still choose to use regular outpatient appointments but it is anticipated this would be as a means to deliver mammography, DXA and endocrine therapy review;
- Regular outpatient appointments may be appropriate in a small cohort of patients whose clinical need for this option will be identified at the MDT or exit interview;
- Consider appropriate point of contact if patient is in a care home setting.

Mammography

- Annual mammogram to 5 years or to age 50 whichever occurs last; i.e. if patient is under 50 at year 5 they should continue with annual mammograms until they turn 50;
- Mammography beyond 5 years in the over 50s can be delivered every 3 years through the National Screening Programme;
- Women over the age of 70 can self-refer to Breast Screening every 3 years;
- Men should have mammographic surveillance of residual breast tissue;
- For patients who have had a mastectomy, annual mammograms should be undertaken for 5 years.

Patients in gene carrier/higher risk family history groups should continue with imaging as recommended by the 2014 Familial Breast Cancer Report published by HIS.

Ultrasound

- This modality should not be offered for routine surveillance

MRI

- If a patient has had Wide Local Excision (WLE) surgery for mammographically occult tumour and this has been confirmed at MDT by radiology, then as a minimum either:
    - in addition to surveillance mammography, MRI annually for 5 years, could be offered.
      OR
    - annual surveillance mammography for 5 years or until patient turns 50, whichever is later, is recommended.

Endocrine treatment

- Patients on endocrine treatment should have a review of their treatment at 5 years. This may be performed at an outpatient appointment (including a virtual clinic) or in an MDT setting, with written advice to patient and GP.

DXA

- Baseline and follow up DXA should be arranged and results reviewed for patients taking aromatase inhibitors. Intervals between DXA scans depends on advice from bone metabolism service for each individual patient.
- Patients receiving adjuvant bisphosphonate therapy do not require regular DXA. DXA scanning should be organised after completion of bisphosphonate therapy if continuing on aromatase inhibitors.

Requirements for all models of follow up:

- Safe IT recall systems;
- Ready access to breast CNS;
- Robust access back into the breast service via the breast CNS;
- Available clinic slots for rapid access: can be triaged to clinics with or without instant imaging;

DNA Protocol

Patients failing to attend for imaging should be flagged back to the clinical team for action as per existing local arrangements.

Appendix 1	Treatment Summary Template (Adapted from National Cancer Survivorship Initiative)

Dear Patient x

cc General Practitioner

Re: Patient name, address, CHI
This patient has now completed their initial treatment for breast cancer and a summary of their diagnosis, treatment and ongoing management plan is outlined below. The patient has a copy of this summary.

<table>
<tr><td>Diagnosis</td><td>Date of diagnosis</td><td>Staging
Local/Distant</td></tr>
<tr><td colspan="2">Summary of Treatment and relevant dates</td><td>Treatment aim</td></tr>
<tr><td colspan="3">Possible treatment toxicities and/or late effects</td></tr>
<tr><td colspan="2">Alert Symptoms that require referral back to specialist team</td><td>Contacts for referrals or queries

In Hours

Out of Hours</td></tr>
<tr><td colspan="2">Secondary Care Ongoing Management Plan (tests, appointments etc)</td><td>Other service referrals made:
(delete as necessary)

District Nurse
AHP
Social Worker
Dietician
Clinical Nurse Specialist
Psychologist
Benefits/Advice Service
Other</td></tr>
<tr><td colspan="3">Required GP actions (eg ongoing medication)</td></tr>
<tr><td colspan="3">Summary of information given to the patient about their cancer and future progress</td></tr>
<tr><td colspan="3">Additional information including issues relating to lifestyle and support needs</td></tr>
<tr><td colspan="3">Completing Doctor/CNS:

Date</td></tr>
</table>