

Breast Cancer: Atypia and Lobular Carcinoma in Situ (LCIS)

Regional Follow-up Guidelines

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Breast Cancer: Atypia and LCIS: Regional Follow-up

Guidelines

The purpose of the breast cancer regional follow-up guidelines for patients with Atypia and Lobular Carcinoma in Situ (LCIS) is to ensure consistency of practice across the West of Scotland and the principles of any revision to the follow-up guideline will continue to ensure that management of patients are:

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

The guidelines 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;
- Encourage healthy lifestyle habits; and
- Detect and treat recurrent and new disease.

Follow-up practice has to be patient 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 perceived patient needs with effective utilisation of resources.

This follow-up guideline was developed as a result of work taken forward by the Family History Subgroup of the Breast MCN, chaired by Ms Sheila Stallard, Consultant Breast Surgeon, NHS Greater Glasgow and Clyde. Ms Stallard has led the development of this guideline, in conjunction with Mr James Mansell Consultant Breast Surgeon, NHS Lanarkshire and Clinical Lead of the Breast MCN.

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.

Follow-Up for Patients with Atypia and LCIS

1. They should be followed up in Family History clinics with other high risk patients
2. For women <50 Annual Mammography for 5 years or until 50 whatever is later
3. For women ≥50 Annual Mammography for 5 years.