

# Follow-up Care of Breast Cancer Patients

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# Disclosures

- **Employment:** none
- **Leadership:** none
- **Consulting:** Genomic Health, Celgene, Amgen
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- **Ownership:** none
- **Research funding:** none
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# Breast cancer scenario – Mrs. L

- Mrs. L is a 66 yo, post-menopausal woman
- Normal screening mammograms 1995-2013
- Left breast abnormality detected on mammogram
- Core Bx = invasive lobular carcinoma
  - ER+ PR+ Her2-negative
- Left partial mastectomy + SLNBx
  - pT3 (5.1 cm) pN1 (2/2 sentinel nodes), margins +
- Completion bilateral mastectomy and left ALND
  - Margins negative, 2 of 9 nodes involved
- Staging investigations for metastatic disease, including CT scan and bone scan, were negative

# Breast cancer scenario – Mrs. L

- Oncologist indicates a high risk of recurrence, upwards of 50% in the next 10 years
  - Recommends adjuvant chemo, and radiotherapy
- Treatment completed 10 months after her first biopsy
- Adjuvant hormonal therapy initiated
  - Bone density indicates T = -2.3 in femoral neck
  - Plan for 2-3 years Tamoxifen followed by 2-3 years Aromatase inhibitor
  - Accompanied by bisphosphonate

# Breast cancer scenario – Mrs. L

- After all of that...
  - You receive a discharge letter from BC Cancer requesting you to kindly follow-up with Mrs. L

# Overview

- Breast cancer overview
- Survivorship issues for breast cancer patients
  - Screening for recurrence
  - Preventing recurrence
  - Managing medications
  - Other health issues

# Breast cancer overview

- Breast cancer is extremely common
  - Most common cancer type in women
  - 1 in 8 women is expected to develop breast cancer
  - Estimated 3800 new breast cancer cases in 2017

# Breast cancer overview

- Breast cancer survival rates are good
  - 5-year relative survival rate of 88% if diagnosed between 2005-2009
- The number of breast cancer survivors continues to rise dramatically
  - In 2004 there were ~18,000 survivors
  - In 2014 there were ~24,000 survivors
- The care of these patients must be shared between family physicians and specialists



# Breast cancer overview

- Most common cancers diagnosed among BC cancer survivors

Cancer Group	Females	Males	Total
Prostate	0	25,300	25,300
Breast	24,444	166	24,610
Colorectal	7,061	8,654	15,715
Melanoma (Skin)	3,447	3,687	7,134
Bladder	1,629	5,166	6,795
Lung	3,339	2,756	6,095
Non-Hodgkin Lymphoma	2,705	3,198	5,903
Uterus	5,095	0	5,095
Leukemia	1,488	2,336	3,824
Kidney	1,099	1,992	3,091
Thyroid	2,293	769	3,062
Oral	977	2,033	3,010
All Cancers	62,567	65,059	127,626

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# Survivorship

- What is “survivorship”?
  - Is it Life after cancer?
  - Is it Living with cancer?
  - Does it imply being cancer free?
  
- “Living with, through, and beyond cancer”
  - Begins at diagnosis
  - Includes people who continue to receive treatment to reduce recurrence or manage chronic disease

# Survivorship

- Survivorship issues for breast cancer patients are broad
  - Screening for recurrence
  - Preventing recurrence
  - Managing medications
  - Managing related concerns
    - Neuropathy, lymphedema, sexuality, fertility, menopause
  - Other health issues
    - Bone health, heart disease, diet, exercise, smoking, alcohol, mental health, relationships

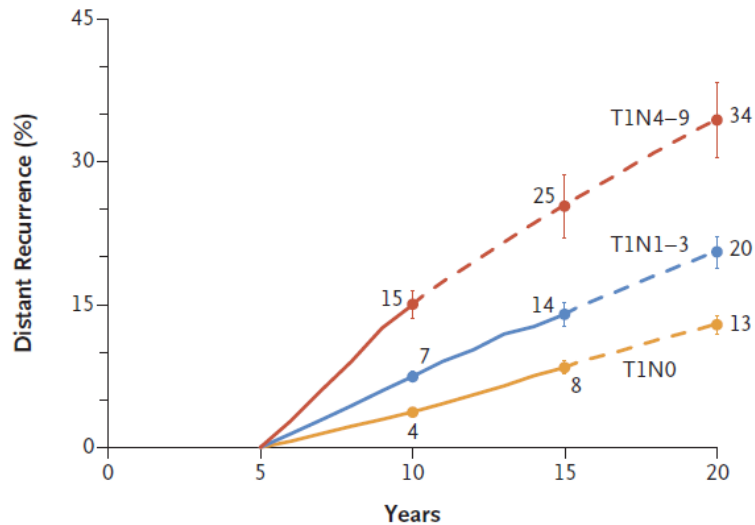
# Overview

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# Screening for recurrence

- Early stage ER+ breast cancer has significant long-term risk of relapse after 5y adjuvant tx

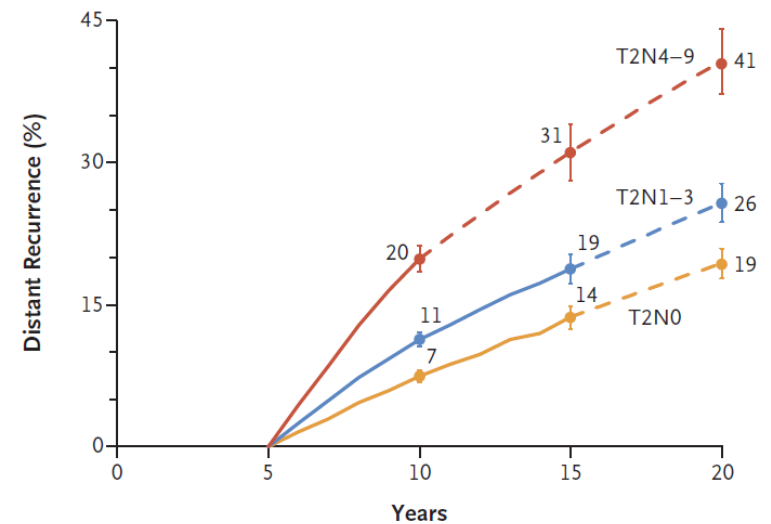
A T1 Stage



No. at Risk

T1N4-9	3,832	1193	214	32
T1N1-3	14,342	5138	817	154
T1N0	19,402	8020	2345	440

B T2 Stage

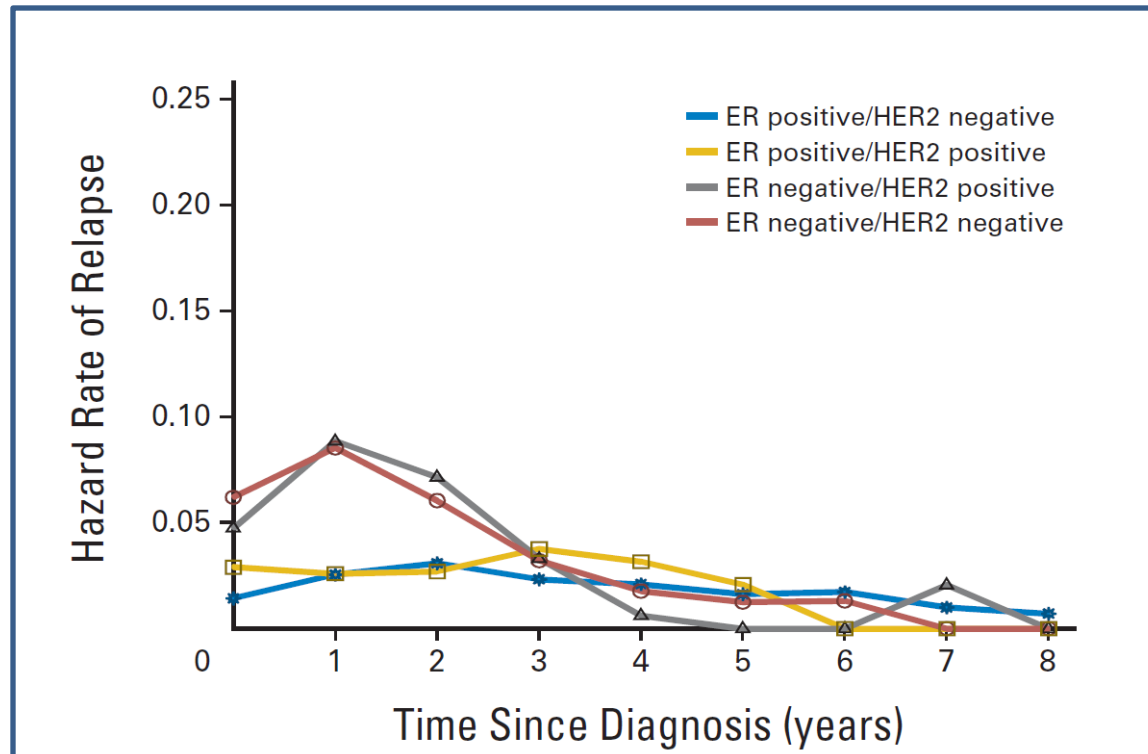


No. at Risk

T2N4-9	4,952	1517	285	51
T2N1-3	10,950	3551	614	114
T2N0	9,445	3901	1129	218

# Screening for recurrence

- Timing of recurrence of early stage breast cancer varies by receptor status



# Screening for recurrence

- Physician visits every 6 months x 5 years, then yearly
- History
  - Breast, axilla or skin changes
  - New symptoms, esp. unexplained and persistent
  - Medication adherence
  - New medications
  - Updated family history
- Physical exam
  - Breasts (chest wall), axilla, lymph nodes
  - Heart, lungs, spine, abdomen



# Screening for recurrence

- Imaging
  - Diagnostic mammography qYearly
  - MRI
    - If very high risk (BRCA1/2)
    - Dense breast tissue
    - Lobular cancer
    - Occult primary on mammogram

# Screening for recurrence

- Early detection of recurrence can be curative
  - In-breast recurrence
  - Chest wall, or lymph node recurrence
  - Limited regional recurrence
  - Oligometastatic disease

# Overview

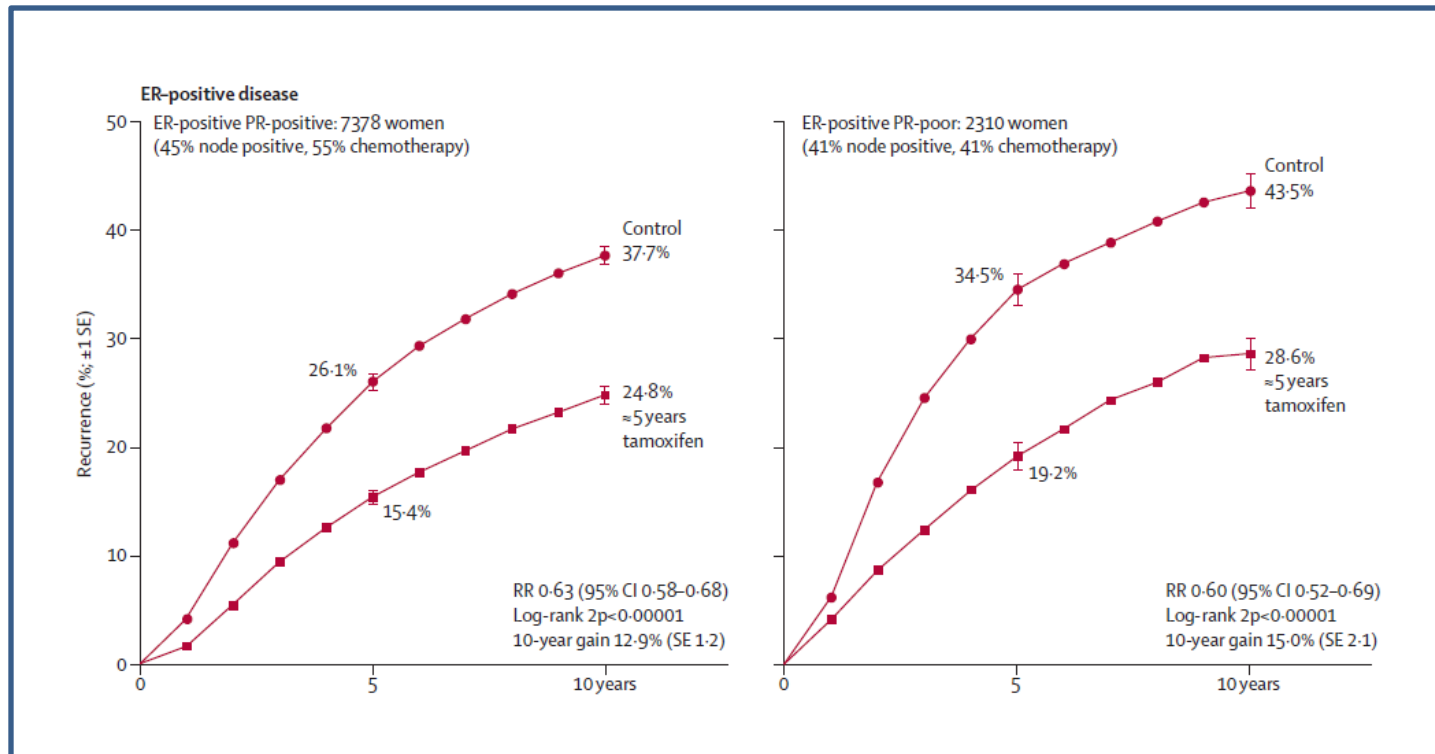
- Breast cancer overview
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# Hormonal therapy

- Recall Mrs. L...
- Adjuvant hormonal therapy initiated
  - Bone density indicates  $T = -2.3$  in femoral neck
  - Plan for 2-3 years Tamoxifen followed by 2-3 years Aromatase inhibitor
  - Accompanied by bisphosphonate

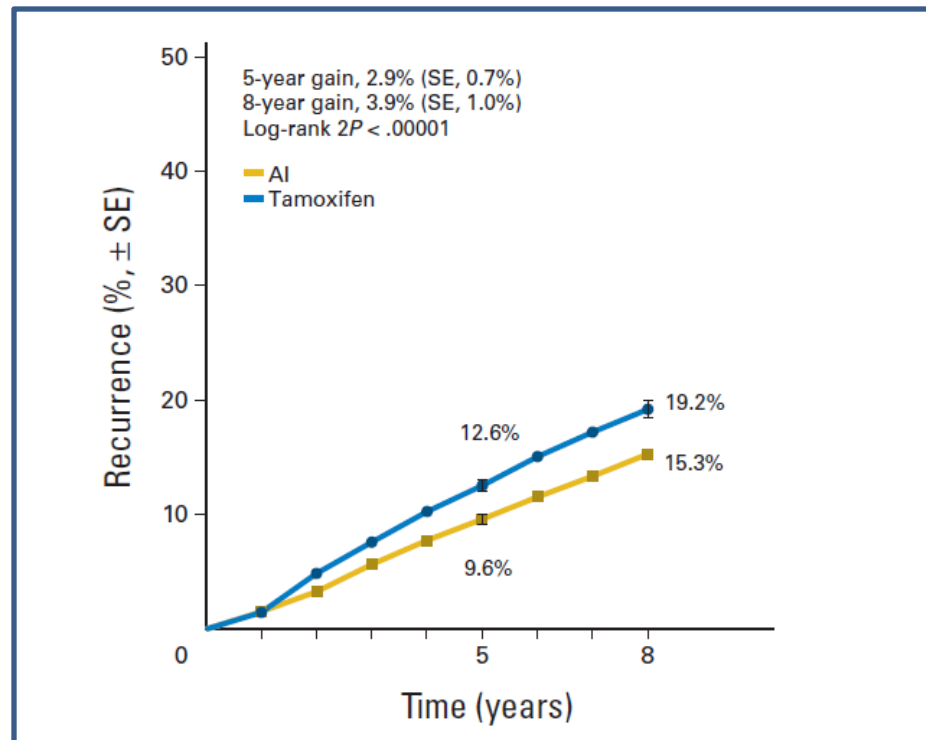
# Hormonal therapy

- Adjuvant tamoxifen for ~5 years reduces risk of ER+ breast cancer recurrence



# Hormonal therapy

- Adjuvant aromatase inhibitor for ~5 years reduces recurrence rates further compared to tamoxifen for post-menopausal women

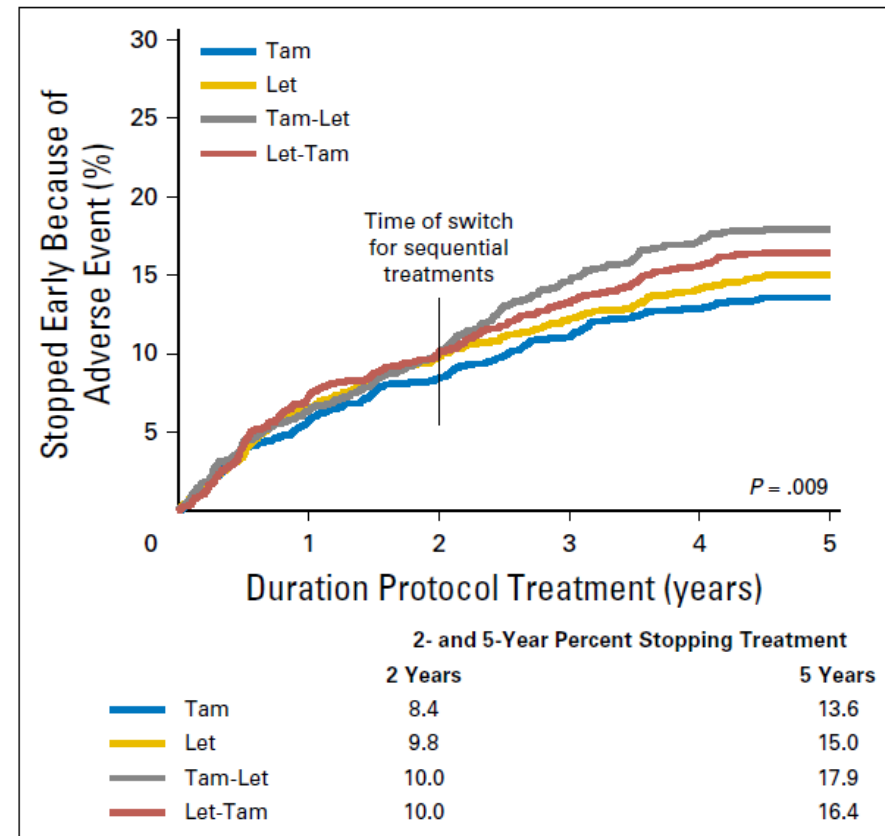


# Hormonal therapy

- What are options for hormonal therapy?
  - Tamoxifen ( $\pm$ OFS) x 5y
  - Tamoxifen x 10 y
  - Aromatase inhibitor ( $\pm$ OFS) x 5 y
  - Aromatase inhibitor x 10 y
  - Tamoxifen x 2-5 y  $\rightarrow$  Aromatase inhibitor x 2-5 y
- Compliance / adherence is a challenge!

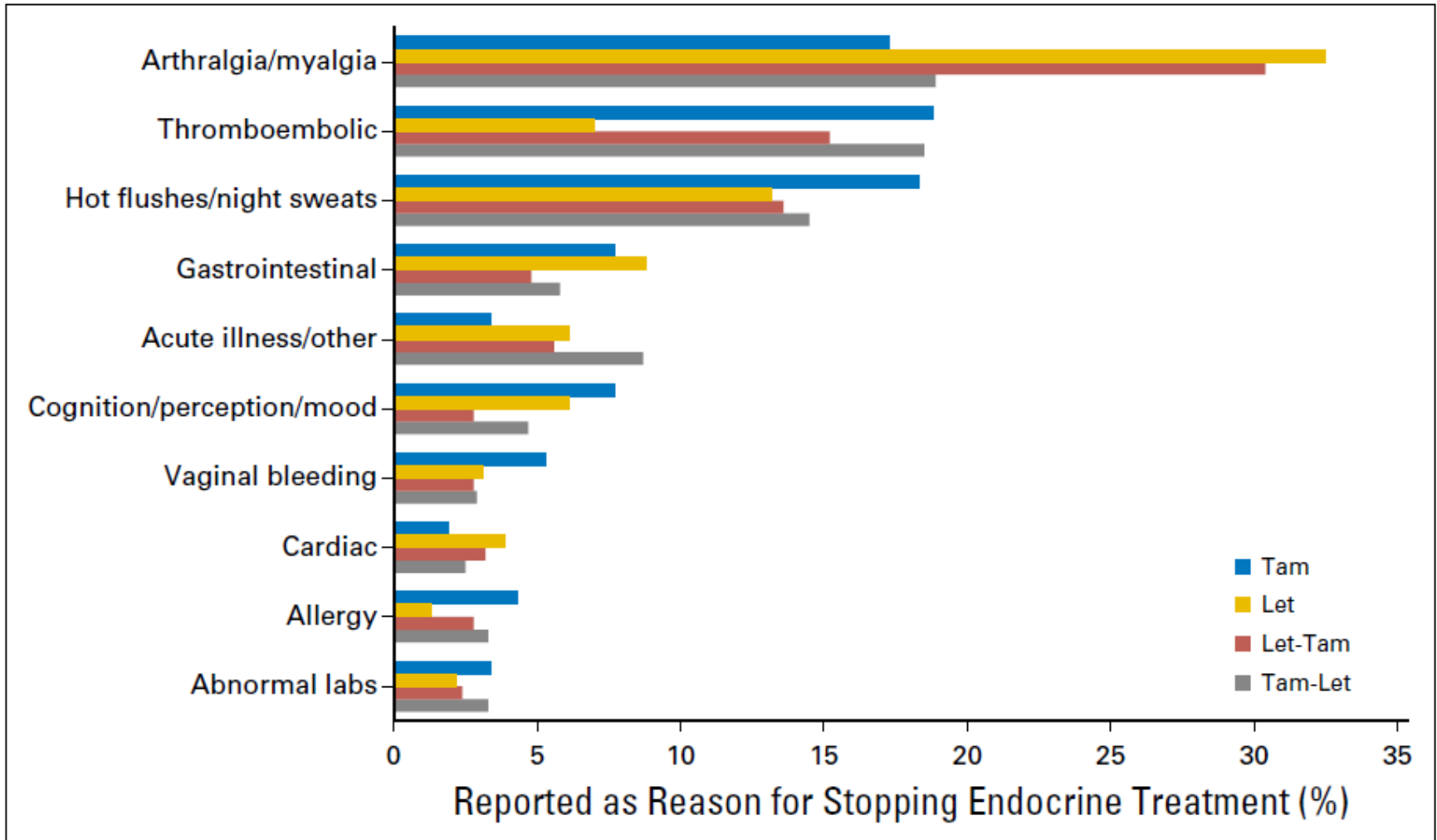
# Hormonal therapy

- Adherence
  - At least 14% of patients will stop hormonal therapy due to side effects
  - Low adherence leads to worse disease free survival





# Hormonal therapy



# Hormonal therapy

- Important to ask about adherence
  - Remind patients of the benefits
  - Explore reasons for low adherence
  - Manage side effects when possible

# Hormonal therapy

- Hot flushes
  - Avoidance of triggers, Acupuncture, SSRIs, natural health products
- Arthralgias / myalgias
  - Exercise, Analgesics, Massage, Acupuncture
- Vaginal irritation
  - Water-based lubricants, lowest-dose topical estrogens

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# Other health issues

- Bone health
  - Aromatase inhibitor use is a risk factor for osteoporosis

	5 yrs Aromatase Inhibitor	10 yrs Aromatase Inhibitor
<b>New-onset osteoporosis</b>	6%	11%
<b>Bone fracture</b>	9%	14%

# Hormonal therapy

- Bone health
  - Bone mineral density should be tested prior to starting aromatase inhibitor
  - Severe osteopenia, or osteoporosis is a relative contraindication to aromatase inhibitor

# Hormonal therapy

- Bone health
  - Ensure adequate calcium and vitamin D intake, preferably from dietary sources
  - Avoid smoking
  - Avoid glucocorticoids
  - Encourage exercise
  - Consider bisphosphonates
    - May reduce breast cancer recurrence and mortality

# Summary

- Mrs. L is doing well nearly 3 yrs after diagnosis
- She had breast reconstruction surgery
- She remains on Tamoxifen, and is managing side effects reasonably well
- She enjoyed vacationing in the tropics over the winter



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# Selected Resources

- BC Cancer – Cancer Management Guidelines – Breast Cancer Survivorship. <http://www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-guidelines/breast/breast#7-Survivorship-Care>
- BC Cancer – Your Survivorship Care Plan <http://www.bccancer.bc.ca/survivorship-site/Documents/Generic%20CP%20Electronic%20-%20revised%20June%202013.pdf>
- ASCO ANSWERS Cancer Survivorship [https://www.cancer.net/sites/cancer.net/files/cancer\\_survivorship.pdf](https://www.cancer.net/sites/cancer.net/files/cancer_survivorship.pdf)

# Thank you!

- Questions / Comments ?