Follow-up Care of Breast Cancer Patients

Dr. Simon D. Baxter, MD, FRCPC
Medical Oncologist
BC Cancer – Kelowna
Clinical Instructor, Dept of Medicine
University of British Columbia
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Disclosures

• **Employment:** none

• **Leadership:** none

• **Consulting:** Genomic Health, Celgene, Amgen

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• **Ownership:** 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

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

• Breast cancer overview

• Survivorship issues for breast cancer patients
  – Screening for recurrence
  – Preventing recurrence
  – Managing medications
  – Other health issues
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
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Screening for recurrence

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

Pan, H et al. NEJM. 2017. 377:1836-46
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

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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 (±OFS) x 5y
  – Tamoxifen x 10 y
  – Aromatase inhibitor (±OFS) x 5 y
  – Aromatase inhibitor x 10 y
  – Tamoxifen x 2-5 y → 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

<table>
<thead>
<tr>
<th></th>
<th>5 yrs Aromatase Inhibitor</th>
<th>10 yrs Aromatase Inhibitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>New-onset osteoporosis</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Bone fracture</td>
<td>9%</td>
<td>14%</td>
</tr>
</tbody>
</table>

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 – 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
Thank you!

• Questions / Comments ?