

FOLLOW UP

After completion of the adjuvant treatment, you will need to follow up every six monthly in Tata Memorial Hospital.

At each follow up you will be examined in detail by the breast services team. You will need to undergo a mammography once in every 18 months. No additional tests will be asked for on routine basis unless specific symptoms demand investigation.

The reason for not prescribing detailed investigation is that robust evidence exists in medical literature that early detection of metastases using aggressive follow-up investigative protocols is of no benefit to patients. In other words, it means that whether metastases are detected early (using a battery of tests at each follow-up) or when they become symptomatic patients have a similar outcomes i.e. prescribing multiple investigations at each follow- up does not result in saving of lives.

REFERENCES

1. JAMA 1999 May 5 ; 281 (17) : 1586

Intensive vs clinical follow up after treatment of primary breast cancer : 10 – years update of randomized trial. National Research council project on breast cancer follow-up.

Palli D, Russo A, Saieva C, Ciatto S, Rosselli Del,Turco M, Distante V, Pacini P.

INTERVENTION : Patients in both treatment groups had physical examination and mammography, while patients of the intensive follow-up group had , in addition , chest x-ray and bone scan every 6 months.

CONCLUSIONS : Periodic chest X-ray and bone scan allow earlier detection of distant metastases, but anticipated diagnosis appears to be the only effect of intensive follow-up, and no impact on prognosis is evident after 10 years. Periodic intensive follow-up with chest X-ray and bone scan should not be recommended as a routine policy.

1. JAMA. 1994 May 25; 271 (20) : 1587-92

Impact of follow-up testing on survival and health-related quality of life in breast cancer patients. A multicenter randomized controlled trial. The GIVIO investigations.

INTERVENTION :Patients were randomly assigned to an intensive surveillance, which included physician visits and performance of bone scan, liver USC, chest X ray, and laboratory tests at regular intervals or to a control regimen, in which patients were seen by their physicians at the same frequency but only clinically indicated tests were performed. Both groups received a yearly mammogram aimed at detecting contralateral breast cancer.

CONCLUSION :Results of this trial support the view that a protocol of frequent laboratory tests and X rays / USG after primary treatment for breast – related quality of life. Routine use of these tests should be discouraged.

