Follow up care for people with early breast cancer - A guide for GPs

Summary

People who have been treated for breast cancer are at increased risk of local, regional or distant recurrence or development of a new primary breast cancer in the ipsilateral or contralateral breast.

Follow up care is essential following completion of active treatment for early breast cancer and may be undertaken by specialists or GPs

Psychosocial issues, anxiety and depression are common following diagnosis and treatment for breast cancer and an individual's needs may change over time

Follow up care includes managing the patient's expectations and empowering them to request or seek the care, support or information she needs.

Purpose of follow up care

The purpose of follow up care following treatment for early breast cancer includes:

- early detection of local, regional or distant recurrence
- screening for a new primary breast cancer (in the ipsilateral or contralateral breast)
- detection and management of psychosocial distress, anxiety or depression
- detection and management of treatment-related side effects
- reviewing and updating family history information
- observation of outcomes of therapy
- reviewing treatment, including new treatments that may be appropriate for the patient
- promoting a healthy lifestyle

Supporting evidence for shared care

Shared care is the joint participation of primary and specialty care physicians in the planned delivery of care and has been successfully and safely implemented across a range of health settings including diabetes, paediatric oncology and obstetric care.

For people with breast cancer, follow up care provided by a general practitioner (GP) has been found to be a safe and effective alternative to specialist follow up with no differences in survival outcomes, breast cancer recurrences or serious clinical events.

Cancer Australia's Shared care demonstration project implemented from 2009-11 indicated shared care to be a feasible model of follow up care for early breast cancer which can improve access to care and promote the provision of care in line with best practice recommendations.

Role of the GP

A GP may undertake some or all aspects of follow up care in collaboration with specialists. Effective communication with the patient and members of their multidisciplinary team is important to ensure adherence to the agreed follow up plan. Regardless of who undertakes follow up care, GPs should be aware of potential sequelae of breast cancer treatment and remain alert for issues requiring further investigation.

Commencement of shared care:

At the commencement of shared care it is the responsibility of the GP to:

- Agree that the patient is suitable for shared care
- Collaboratively develop the Shared Care Plan with the patient's specialist and the patient

Care of the patient requires coordination through timely and effective **communication.** It is the responsibility of the GP to:

- Ensure that a detailed treatment summary has been received from the specialist when the patient commences shared care
- **RECORD ANY FOLLOW UP CARE AND RESULTS** provided by the primary care team on the **Follow-up visits and outcomes form**; **an update of any follow up care and results in relation to each follow up visit should be sent to the specialist noting and significant change in the patient's medical status**
- Refer the patient via the **Rapid Access Request** to the specialist if there are symptoms, signs or imaging results suggestive of breast cancer recurrence or for advice about any aspect of patient care as required, including reporting adverse events

Role of the specialist team

At the commencement of shared care it is the responsibility of the specialist team to:

- agree that the patient is suitable for shared care
- initiate communication with the patient's GP
- collaboratively develop the Shared Care Plan with the patient's GP and the patient

Care of the patient requires coordination through timely and effective communication. It is the responsibility of the specialist team to:

- Provide the GP with a detailed treatment summary by completing the Shared Care Plan, including the histopathology report and key results
- Record any follow up care and results provided by the specialist team on the Shared Care Plan; an update of any follow up care and results in relation to each follow up visit should be sent to the GP noting any significant change in the patient's medical status
- Agree to be available to provide specialist consultation or advice as required by the GP, according to the urgency of the GP's request; the Rapid Access Request should be used to support this process
- Alert the GP to new treatments, potentially relevant to a particular patient which may require a specialist consultation.

What does follow up care involve?

The standard follow up schedule recommended by Monash Health is provided in Table 1. There is no evidence to indicate the optimal duration for which follow up should be continued. This should be discussed between the patient and the health professionals involved in their care.

Intensive follow up involving chest x-rays, bone scans and /or blood tests including full blood count, biochemistry or tumour markers does not confer any survival benefit or increase quality of life compared to a standard follow up schedule (Level 1 evidence).

Table 1 Recommended follow up schedule following treatment for early breast cancer

Method	<2 years post active treatment	3 – 5 years post active treatment	>5 years post active treatment
History and clinical examination	3-6 monthly	6-12 monthly	Every 12 months
Mammography (and ultrasound if indicated)	Every 12 months	Every 12 months	Every 12 months
Chest x-ray, bone scan, CT, PET, or MRI scans, full blood count, biochemistry and tumour markers	Only if clinically indicated on suspicion of recurrence		

Additional information is available at www.canceraustralia.gov.au

Resources to support shared care

Specialist and primary care clinicians involved in the delivery of shared care follow up care will be provided with key resources to support quality care and are available on the GP page of the Monash Health website at www.monashhealth.org

Shared Care Plan

An individualised care plan that contains the key elements required to provide ongoing comprehensive care to a patient who has received treatment for early breast cancer.

Rapid Access Request

Access to urgent specialist consultation is as integral part of shared care. It is supported by a template to facilitate communication between the GP and specialist if a specific clinical issue requires urgent specialist advice or consultation.

Medicare Benefits Schedule rebates

The Medicare Benefits Schedule (MBS) includes items to financially support clinician involvement in shared care. Details of relevant MBS items can be accessed via www.health.gov.au/mbsonline