

Information for health professionals

This resource is for all members of the shared follow-up and survivorship care team, including the specialist, registrar, cancer nurse, breast care nurse, cancer care coordinator, general practitioner (GP) and primary care nurse. It provides information to health professionals to support their delivery of best practice follow-up and survivorship care for patients with early breast cancer or ductal carcinoma in situ (DCIS).

Shared follow-up and survivorship care

What is shared follow-up and survivorship care?

Shared follow-up and survivorship care involves joint participation of specialists and GPs, with support from other health professionals including nurses, in the planned delivery¹ of follow-up and survivorship care for women with early breast cancer. It comprises the following elements of care:

- ▶ An initial specialist consultation on entering follow-up care three months after end of active treatment
- ▶ Follow-up appointments shared between the specialist and GP in the first five years following completion of active treatment
- ▶ Mammography every 12 months (first mammogram 12 months after diagnosis)
- ▶ Transfer of care to the GP after five years completion of active treatment, with the GP responsible for all care, and annual mammograms conducted in private or public imaging centres.

For women with early breast cancer, follow-up care provided by a GP has been found to be a safe and effective alternative to specialist-led follow-up with no differences in survival outcomes, breast cancer recurrences or serious clinical events.²

Roles and responsibilities of the shared follow-up and survivorship care team

Both specialists and GPs have a role in supporting patients throughout the duration of their care, with support from other health professionals including nurses. In addition, specialists, GPs and nurses have specific roles and responsibilities at both the commencement and during the delivery of shared follow-up and survivorship care.

Rapid referral access

Rapid referral access is an integral part of the shared follow-up and survivorship care model. It allows the GP to refer the patient for fast track entry back to the specialist if there is suspected recurrence or if a specific clinical issue requires urgent specialist advice.

* Early breast cancer is defined as tumours of not more than five centimetres diameter, with either impalpable or palpable but not fixed lymph nodes and with no evidence of distant metastases.³

[†] Treatment for early breast cancer usually involves a combination of one or more of surgery, radiotherapy, chemotherapy, targeted or biological therapy, and hormonal (endocrine) therapy. All treatments, with the exception of hormonal therapy (which can be administered for beyond five years), are considered active treatment.

Who is suitable for shared follow-up and survivorship care?

Patients suitable for shared follow-up and survivorship care:

- ▶ Women with early breast cancer* or ductal carcinoma in situ (DCIS); and
- ▶ Have completed active treatment[†] three or more months prior; and
- ▶ May or may not still be taking endocrine (hormonal) therapies.

Patients not suitable for shared follow-up and survivorship care:

- ▶ Those diagnosed with locally advanced or secondary (metastatic) breast cancer.

Other considerations for entering shared follow-up care include the individual's risk of recurrence, needs, preferences, circumstances and health literacy.

Follow-up after breast cancer

Follow-up care is essential following completion of active treatment for early breast cancer and may be undertaken by specialists or GPs, with some aspects of care supported by other health professionals including nurses. The purpose of follow-up care includes⁴:

- ▶ 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 and late effects
- ▶ Reviewing and updating family history information
- ▶ Observation of outcomes of therapy
- ▶ Reviewing treatment, including potentially relevant new therapies
- ▶ Promotion of secondary prevention strategies (including maintaining a healthy body weight, regular exercise and limiting alcohol intake).

Information for health professionals

Evidence for shared care

Evidence⁵⁻⁷ shows that follow-up care for early breast cancer shared between a specialist and a GP:

- ▶ Is safe and effective
- ▶ Supports cancer care being delivered in accordance with evidence-based best practice
- ▶ Is acceptable to patients and health care providers
- ▶ Optimises the use of the specialist workforce
- ▶ Is cost efficient.

Shared follow-up and survivorship care has the potential to promote and support continuity of care and whole-person care. GPs and general practice are well placed to provide a central role in delivering patient-centred, best-practice follow-up and survivorship care.

Delivery of shared follow-up care

Following completion of active treatment:

- ▶ The patient is assessed for suitability for shared follow-up and survivorship care
- ▶ If suitable, a Shared Care Plan will be developed for the patient in line with the recommended follow-up schedule (Table 1)
- ▶ Agreement to the Shared Care Plan will be documented by the specialist, GP and patient
- ▶ The patient transitions to shared follow-up and survivorship care between the specialist and GP.

Information and resources to support health professionals to deliver best practice follow-up care for early breast cancer are available at canceraustralia.gov.au

Table 1: Recommended schedule for follow-up in early breast cancer

METHOD	YEARS 1 AND 2	YEARS 3-5	AFTER 5 YEARS
History and clinical examination	Every 3-6 months	Every 6-12 months	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		

*First mammogram 12 months post-diagnosis and every 12 months following. **Use of MRI may be considered in specific high-risk groups

Shared Care Plan

The Shared Care Plan is an individualised care plan that contains the key elements required to provide ongoing comprehensive follow-up care to a patient who has received treatment for early breast cancer or DCIS. It also supports communication between the specialist and GP, and their respective teams, about the patient's care.

The key components of the Shared Care Plan include:

- ▶ Details and contact information for the patient, lead specialist, GP, and other hospital contacts
- ▶ Agreement to commence shared care (to be completed by the patient, lead specialist and GP)
- ▶ A summary of the patient's diagnosis, history and treatment
- ▶ The shared follow-up appointments summary, including timing (date) and health care provider (specialist or GP)
- ▶ A list of actions to be undertaken during follow-up appointments.

Cancer nurses and primary care nurses can play an important role in supporting the development of the Shared Care Plan.

1. Smith, S. M., S. Allwright, et al. Effectiveness of shared care across the interface between primary and speciality care in chronic disease managements. *Cochrane Database Syst Rev*(3): CD004910. 2. Grunfeld E, Levine MN, Julian JA, et al. Randomized Trial of Long-Term Follow-Up for Early-Stage Breast Cancer: A Comparison of Family Physician Versus Specialist Care. *Journal of Clinical Oncology* 2006; 24:848-55. 3. National Breast Cancer Centre. Clinical practice guidelines for the management of early breast cancer (2nd edition). Commonwealth of Australia, Canberra, 2001. 4. Cancer Australia. Follow-up care for women with early breast cancer: A guide for general practitioners. Cancer Australia, Surry Hills, NSW, 2010. 5. Cancer Australia. Cancer Australia Shared care demonstration project: Evaluation report. Unpublished: Cancer Australia; 2013. 6. Cancer Australia. Evaluation of shared follow-up care for early breast cancer, 2013–2015. Unpublished 2015. 7. Cancer Australia. Evaluation of Shared Follow-up Care for Early Breast Cancer: a cost analysis of shared care versus a conventional specialist-led approach. An examination of the potential cost savings. Unpublished, 2017.

