

# Screening for Recurrence and Secondary Cancers



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## KEYWORDS

• Cancer survivor • Recurrence surveillance • Secondary cancer screening

## KEY POINTS

- As cancer therapies improve, the adult cancer survivor population increases over time; however, these survivors are at increased risk of developing recurrence and secondary cancers.
- Primary care providers are increasingly responsible for monitoring cancer survivors for long-term effects of therapy as well as for cancer recurrence and secondary cancers.
- Tailored plans for surveillance for locoregional recurrence, metastatic recurrence, and secondary cancer development depend on the type of primary malignancy, treatment regimen, and presence of hereditary cancer syndromes.

## INTRODUCTION

With an estimated 15 million cancer survivors in 2016 and increasing numbers projected over the next decade, the importance of cancer surveillance and screening for secondary cancers is increasingly relevant (**Fig. 1**). Most individuals with a prior history of cancer are at least 5 years to 10 years postdiagnosis.<sup>1</sup> After treatment of their primary cancers, survivors continue to be at risk for locoregional and metastatic recurrences as well as secondary cancers. Approximately 1 in 12 cancer survivors develops a second primary malignancy at some point.<sup>2</sup> Even though the role of survivor care is falling increasingly on primary care providers (PCPs), many PCPs report feeling ill equipped to adequately manage this population.<sup>3</sup>

Recognizing these challenges, in 2005 the Institute of Medicine published its report “From Cancer Patient to Cancer Survivor: Lost in Transition”<sup>4</sup> to improve awareness of

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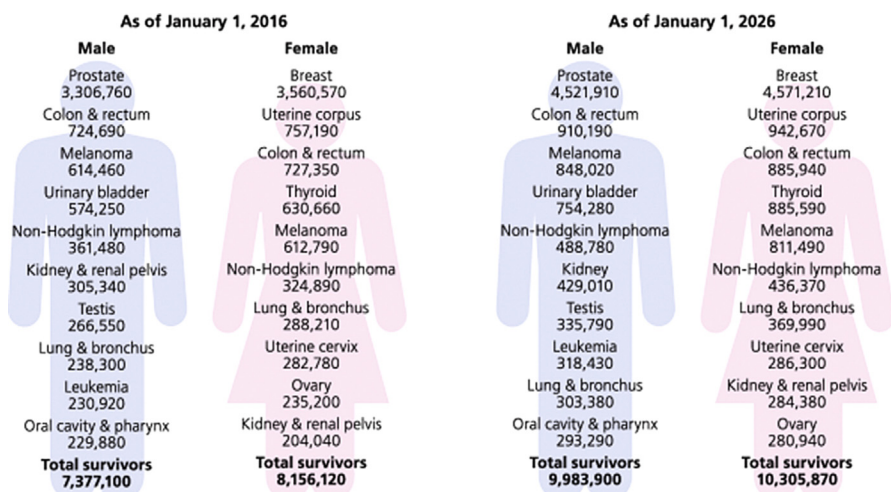
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**Fig. 1.** Cancer treatment and survivorship statistics, 2016. (From Miller KD, Siegel RL, Lin CC, et al. Cancer treatment and survivorship statistics, 2016. *CA Cancer J Clin* 2016;66[4]:273; with permission.)

survivorship as a distinct phase of cancer care. The National Comprehensive Cancer Network (NCCN) and the American Society of Clinical Oncology (ASCO) subsequently published recommendations for best practices in survivor care.<sup>5,6</sup> A key theme across these reports is the importance of a shared care model between oncologist and PCP, where there is frequent communication between providers both during cancer therapy and after. In this model, the oncologist provides the PCP with a survivorship care plan that includes a summary of the cancer and therapy, a list of potential late effects, and up-to-date recommendations for surveillance for recurrence and late effects.<sup>7</sup> Although survivorship care plans should be informed by expert guidelines, it is equally important to bear in mind patient preferences and functional status. For example, screening tests should only be performed if a patient can tolerate downstream assessment and management. Finally, the screening guidelines discussed in this article pertain to asymptomatic patients; any symptoms concerning for recurrence or secondary malignancy should supersede the guidelines and prompt immediate follow-up testing.

## SURVEILLANCE FOR RECURRENCE

### Breast Cancer

Breast cancer survivors comprise the largest group of cancer survivors; in the United States alone, there are more than 3.5 million women with a history of invasive breast cancer.<sup>1</sup> The risk of both local and distant recurrence is highest within the first few years of diagnosis but remains appreciable for many years after diagnosis, especially in cases of estrogen receptor-positive tumors.<sup>8</sup> For asymptomatic, average-risk women, ASCO recommends a history and physical examination (H&P) every 3 months to 6 months for the first 3 years after treatment, every 6 months to 12 months for years 4 and 5, and annually thereafter as well as yearly mammography of remaining breasts.<sup>9</sup> The NCCN also recommends yearly mammography.<sup>10</sup> More frequent imaging does not incur an overall survival, disease-free survival, or quality-of-life benefit.<sup>11</sup> Patients also should be educated on signs and symptoms concerning for locoregional recurrence, including new lumps, skin changes, chest pain, changes in breast shape

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