

Breast Cancer

Routine Imaging Guidelines

In Situ carcinoma

Ductal carcinoma in Situ DCIS

- After surgery Mammogram every 12 months, after radiation mammogram every 6 – 12 months.
- PET is not recommended
- MRI Breast

Lobular Carcinoma in Situ LCIS

- Mammogram every 6 – 12 months. PET is not recommended

Invasive Carcinoma

Inflammatory Breast Cancer

- Breast MRI
- CT chest, Abdomen and Pelvis
- Recurrent Phylloides tumor Chest CT

Stage I, IIA, IIB IIIA all M0 (See Breast Cancer Staging Below)

Initial Evaluation and Staging

- Breast MRI
- Bone scan if Alkaline Phosphatase is elevated or there are bone symptoms
- CT of chest for symptoms or findings in chest

CT or MRI of abdomen and pelvis if

- abdominal symptoms or findings on physical examination
- abnormal liver functions
- elevated alkaline phosphatase

Routine Surveillance

- No routine studies have been recommended by ASCO or NCCN, studies should be approved for adequate clinical cause.

Stage IIIA, IIIB and IIIC all M0 (See Breast Cancer Staging Below)

Initial Evaluation

- Breast MRI
- Bone scan if Alkaline Phosphatase is elevated or there are bone symptoms
- CT of chest for symptoms or findings in chest
- CT or MRI of abdomen and pelvis
- PET/CT

Routine Surveillance

- No routine studies have been recommended by ASCO or NCCN, studies should be approved for adequate clinical cause.

Stage IV and Recurrent Disease (See Breast Cancer Staging Below)

Surveillance for Recurrence, and for any Stage IV

- Bone scan
- CT or MRI abdomen
- CXR
- Mammogram yearly
- PET/CT if other studies are equivocal. (See NCCN Breast Guidelines, V2,2012 p BINV-14)

References

1. NCCN Clinical Practice Guidelines in Breast Cancer V.2.2012 accessed 7/22/11
2. NCCN Clinical Practice Guidelines in Breast Cancer V.2.2010 accessed 8/11/10
3. NCCN Clinical Practice Guidelines in Breast Cancer V.1.2009 accessed 1/20/09
4. H. J. M. Jacobs , J. A. A. M. van Dijck , E. M. H. A. de Kleijn , L. A. L. M. Kiemeney , and A. L. M. Verbeek Routine follow-up examinations in breast cancer patients have minimal impact on life expectancy: A simulation study *Ann Oncol* 12: 1107-1113.
5. Khatcheressian, James L., Wolff, Antonio C., Smith, Thomas J., Grunfeld, Eva, Muss, Hyman B., Vogel, Victor G., Halberg, Francine, Somerfield, Mark R., Davidson, Nancy E. American Society of Clinical Oncology 2006 Update of the Breast Cancer Follow-Up and Management Guidelines in the Adjuvant Setting *J Clin Oncol* 2006 24: 5091-5097
6. Breast Cancer Surveillance Guidelines Thomas J. Smith *Journal of Oncology Practice* Jan 1, 2013:65-67.
7. Spick, Claudio, et al. "Rate of malignancy in MRI-detected probably benign (BI-RADS 3) lesions." *American Journal of Roentgenology* 202.3 (2014): 684-689.

Breast Cancer Staging

Stage 0

- Tis, N0, M0

Stage I

- T1, N0, M0

Stage IIA

- T0, N1, M0
- T1, N1, M0
- T2, N0, M0

Stage IIB

- T2, N1, M0
- T2, N0, M0

Stage IIIA

- T0, N2, M0
- T1, N2, M0
- T2, N2, M0
- T3, N2, M0

Stage IIIB

- T4, N0, M0
- T4, N1, M0
- T4, N2, M0

Stage IIIC

- T any, N3, M0

Stage IV

- T any, N any, M1