



Cancer Surveillance Care Map - Part 1

Physical Activity
Per week:
Aerobic: ≥75 mins. (vigorous) or ≥150 mins. (moderate)
AND Strength: ≥2 days

Nutrition
Healthy Proteins and Fats
Fruits/Vegetables

Alcohol Use
Avoid Alcohol

Cannabis Use
All Types (Non-prescribed):
Quit/Reduce

Tobacco Use
Cigarettes/e-Cigarettes /Tobacco Products
Quit/Reduce

Mental Health
Depression, Anxiety and Distress

Primary Prevention and Screening - See Primary Prevention and Screening Care Maps

No personal hx of prostate cancer

Prostate Ca Surveillance

PSA Screening
As indicated by follow-up/care plan q6-12mo for 5yrs, then q1yr
OR
As indicated by follow-up/care plan q3-6mo for 1yr, then q6mo for 1yr, then q1yr

AB: As per documented recurrence risk*
Low/Intermediate - q6-12mo for 5yrs, then q1yr
High - q6mo

ON: Surgery as primary tx - q3mo for 1yr, then q6mo for 1yr, then q1yr
Non-surgical primary tx -** q6mo for 2yrs, then q1yr

Refer to PCP if elevated or rising PSA levels

PP connect with PCP if not within recommended intervals

*See chart for documented risk
**Non-surgical primary tx may include radiation tx, cryotherapy or high-intensity focused ultrasound.

No personal hx of breast cancer

Breast Ca Surveillance

Breast tissue present?
(does not include reconstructed breasts)

High risk?
(see reverse side for criteria)

Yes

No

Routine Mammogram & MRI
As indicated by follow-up/care plan q1yr
OR
ON: refer to OBSP High Risk Screening Program

Routine Mammogram
As indicated by follow-up/care plan q1yr
OR
NS: q4mo for 3yrs after tx, then q6mo for 2yrs, then q1yr

Medical Examination*
As indicated by follow-up/care plan q3-6mo for 3yrs after tx, then q6-12mo for 2yrs, then q1yr
OR
AB: q6mo for 2yrs after tx, then q1yr

ON: q6-12mo for 3yrs after tx, then q1yr
NS: q4mo for 3yrs after tx, then q6mo for 2yrs, then q1yr

Patients who have received a double mastectomy may still have breast tissue present

PP connect with PCP if not within recommended intervals

If patient interested in breast self-exam, provide info tool on breast awareness and connect with PCP to discuss

Encourage reporting of any abnormal vaginal bleeding to PCP

Refer to PCP if progressive rises are observed

Goal Setting & Modifiable Risk Factor Reduction

Nutrition and/or Physical Activity
Encourage improvement; Referral to counseling, program or discussion with PCP

Alcohol/Tobacco/Cannabis
Encourage reduction/cessation; Referral for counseling, program or discussion with PCP

Mental Health
Review positive effects of alcohol and cannabis reduction/cessation, physical activity and good nutrition

No personal hx of colorectal cancer

Colorectal Ca Surveillance

Colonoscopy
As indicated by follow-up/care plan
OR
Within 1 yr of surgery or ASAP if complete colonoscopy was not performed pre-operatively
AND
Repeat as indicated by findings or q5yrs if normal
AB and NS: Repeat q3-5yrs as indicated by findings

CEA
As indicated by follow-up/care plan q3-6mo for 3yrs then q6mo for 2yrs
AB and NS: q3-6mo for 3yrs then q6mo for 2yrs

CT Scan
As indicated by follow-up/care plan
OR
Abdominal and chest q1yr for 3yrs or if at high risk for recurrence q6-12mo for 3 yrs
Patients with rectal Ca - also pelvic CT at discretion of physician
AB: Abdominal, chest and pelvis (CAP) q1yr for 2 yrs then optional in Y3
ON: CAP at Y1 and Y3 or at 18mo then at discretion of treating physician
NS: CAP q1yr for 3yrs then at discretion of treating physician

Medical Examination*
As indicated by follow-up/care plan q3-6mo for 5yrs
OR
q3-6mo for 3yrs then at the discretion of treating physician
NS: q3-6mo for 3yrs then q6mo for 2yrs
See chart for documented risk of recurrence. Patients may be determined to be high-risk due to hereditary genetic features (e.g. HNPCC, FAP) or personal hx of other conditions.

Refer to PCP if progressive rises are observed

PP connect with PCP if not within recommended intervals

Rectosigmoidoscopy q6mo for 2-5yrs

Primary tumor in rectum AND did not receive pelvic radiation?

Yes

No

Refer to PCP if progressive rises are observed

PP connect with PCP if not within recommended intervals

High Risk Definition for Breast Cancer Survivors

Risk Factor

Elevated Risk

- ☒ Two or more 1st or 2nd degree relatives with breast or ovarian cancer **OR**
- ☒ One 1st or 2nd degree relative with breast cancer before age 50 (pre-menopausal) **OR**
- ☒ Family history of both breast and ovarian cancer **OR**
- ☒ One or more 1st or 2nd degree relatives with two cancers (breast and ovarian cancer or two independent breast cancers) **OR**
- ☒ Male relatives with breast cancer

Family History

- ☒ Cancer-predisposing mutations is either BRCA1 or BRCA2 **OR**
- ☒ Untested 1st degree relative (parent, sibling or child) of a person with a BRCA mutation **OR**
- ☒ Mutations of the TP53 gene (Li-Fraumeni syndrome) **OR**
- ☒ Mutations of the PTEN gene (Cowden and Bannayan-Riley-Ruvalcaba syndromes) **OR**
- ☒ 1st degree relative (parent, sibling or child) of a person with a TP53 and/or PTEN gene mutation

Genetics

Clinical Indicators

- Lifetime risk of recurrence is $\geq 20\%$ as defined by BRCAPRO or other models that are largely dependent on family history **OR**
- Treated with radiation to the chest between ages 10 and 30

Ontario - High risk criteria includes:

- Criteria marked with ☒ above **OR**
- Personal hx of breast or ovarian cancer **OR**
- Treated with radiation to the chest before age 30 and at least 8yrs ago

Common SERMs

- ☒ Tamoxifen (Novalex®, Tamofen®)
- Raloxifene (Evista®)

Common Aromatase Inhibitors

- ☒ Anastrozole (Arimidex®)
- ☒ Exemestane (Aromasin®)
- ☒ Letrozole (Femara™)

Common ADTs

- Abiraterone Acetate (Zytiga®)
- Apalutamide (Erleada®)
- Bicalutamide (Casodex®)
- ☒ Buserelin Acetate (Suprefact®)
- Darolutamide (Nubeqa®)
- Degarelix (Firmagon®)
- Enzalutamide (Xtandi®)
- Flutamide

- ☒ Goserelin Acetate (Zoladex®)
- ☒ Leuprolide Acetate (Lupron®, Lupron Depot®, Eligard®)
- Nilutamide (Anandron®)
- Triptorelin Pamoate (Trelstar®)

☒ **Consider bone health**

Abbreviations & Definitions

BC - Breast Cancer
CA - Cancer
CAP - Chest, Abdomen and Pelvis
CEA - Carcinoembryonic Antigen
CT - Computed Tomography
FH - Family History

Hx - History
OBSP - Ontario Breast Screening Program

PCP - Primary Care Provider
PP - Prevention Practitioner
PSA - Prostate-Specific Antigen
SERMs - Selective Estrogen Receptor Modulators
Tx - Treatment