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Follow up: could we follow up patients without any exam?

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Over decades, the follow up of patients, curatively treated for operable breast cancer, was based on frequent testing. Testing comprised history taking with clinical examination every 3-6 months and various imaging procedures and blood tests at least ones in 6-12 months. The purpose of such "intensive follow up" was the attempt to diagnose recurrence as early as possible, hoping that treatment results of earlier recognized pathological condition should be better. In the 90's, the new opinion emerged, based on awareness of incurability of metastatic disease. In the new minimalist strategy of follow up, the main goal is earlier diagnosis of potentially curable local relapses and new breast tumors. Periodical clinical examination and mammography once a year were advised as standard, without imaging procedures and blood tests. Randomized studies from the late 80's, comparing a standard follow up with an "intensive" follow up, found that an intensive approach with earlier recognition of metastatic disease and earlier start with treatment does not obtain better outcome. Today, all official guidelines (ESMO, ASCO, NICE and other national guidelines) recommend that careful history taking, clinical examination and mammography are sufficient. Recently published results of randomized studies confirmed that such approach enables detection of early-stage second breast cancers in the asymptomatic phase, with the result of improved overall survival. Other tests being performed in asymptomatic patients with an idea of earlier recognition of metastatic disease, do not add to better prognosis, and they can even be harmful, because false pathologic reports or dubious results induce additional diagnostic procedures, invasive diagnostics and sometimes even over-treatment. Patients should not be left without medical surveillance, necessary for early detection of treatable recurrence, detection and treatment of side effects of previous therapy, and psychosocial support. Ideally, medical surveillance of breast cancer patients should be performed by general practitioners - family physicians. Indeed, because of the lack of oncological education of this branch, patients are still oriented to oncological clinics.

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