Similar outcomes for different follow-up strategies in early breast cancer

Clinical Question	How effective are different follow-up strategies for distant metastases on mortality, morbidity and quality of life in women treated for early (stage I, II or III) breast cancer?
Bottom Line	Follow-up programmes (with a median follow-up time between 16 to 120 months) based on regular physical examinations and yearly mammography alone were as effective as more intensive approaches based on regular performance of laboratory and instrumental tests in terms of timeliness of recurrence detection, overall survival and quality of life. Follow-up care, regularly or on demand, performed by trained and not trained general practitioners working in an organised practice setting had comparable effectiveness to that delivered by hospital-based specialists in terms of overall survival, recurrence detection, and quality of life.
Caveat	These results should be interpreted with caution bearing in mind that the studies were conducted almost two decades ago. Allocation concealment was adequate in all but one trial; two trials were judged to be at low risk of selection bias; the blinding of the outcome assessor was not described in two trials. For one trial it was not possible to judge risk of bias because it reported no methodological information.
Context	Follow-up examinations are commonly performed after primary treatment for women with breast cancer. They may be performed by specialists or general practitioners, regularly or on demand, and may be based on routine clinical visits (physical examinations and yearly mammography), or on a more intensive surveillance (laboratory tests and imaging examinations). They are used to detect recurrences at an early (asymptomatic) stage.
Cochrane Systematic Review	Moschetti I et al. Follow-up strategies for women treated for early breast cancer. Cochrane Reviews, 2016, Issue 5. Art. No.: CD001768.DOI: 10.1002/14651858. CD001768.pub3. This review contains five studies involving 4,023 participants.

PEARLS No. 525, September 2016, written by Brian R McAvoy. C6