Outcomes of Family Physician Follow-Up Care for Early-Stage Breast Cancer Similar to Specialty Care

Grunfeld E, Levine MN, Julian JA, et al. Randomized trial of long-term follow-up for early-stage breast cancer: a comparison of family physician versus specialist care. J Clin Oncol 2006;24:848–55.

Study Overview

Objective. To compare outcomes of cancer follow-up care provided by family physicians versus specialists in patients treated for early-stage breast cancer.

Design. Multicenter, randomized controlled trial.

Setting and participants. Patients with early-stage breast cancer who had completed adjuvant treatment (chemotherapy and/or radiation) at least 3 months prior to enrollment who were disease-free and 9 to 15 months postdiagnosis were enrolled at 6 regional cancer centers in Ontario, Canada. Adjuvant hormonal therapy was allowed to continue during the study. Patients were randomized to specialty cancer care follow-up (CC group) or follow-up care with a family physician (FP group). Family physicians were provided guidelines on recommended follow-up care. Patients were observed until their 5-year anniversary after random assignment or until June 2003, whichever came first. Family physicians referred patients back to the cancer center if a recurrence or new primary breast cancer developed.

Main outcome measures. The primary endpoint was the rate of recurrence-related serious clinical events (SCEs), defined as spinal cord compression, pathologic fracture, hypercalcemia, uncontrolled local recurrence, brachial plexopathy, or poor functional status. A secondary endpoint was health-related quality of life.

Main results. 968 women were enrolled; 483 patients were allocated to the FP group and 485 to the CC group. Baseline characteristics were generally well-matched between groups. Median follow-up was 3.5 years (balanced between groups). In the FP group, there were 54 recurrences or new contralateral breast cancers (11.2%) and 29 deaths (6.0%) compared with 64 recurrences or new contralateral breast cancers (13.2%) and 30 deaths (6.2%) in the CC group. These differences were not statistically significant. In the FP group, 17 patients (3.5%) experienced an SCE compared with 18 patients (3.7%) in the CC group (0.19% difference [95% confidence interval, –2.26% to 2.65%]). No statistically significant differences were detected between groups on any of the health-related quality of life measures ($P < 0.05$).

Conclusion. Breast cancer follow-up by family physicians does not negatively impact the rate of recurrence-related SCEs.

Commentary

The majority of women diagnosed with early-stage breast cancer who are treated with standard therapies (surgery, chemotherapy, radiation, and/or hormonal therapy) will experience long-term survival [1]. Medical oncologists often serve as the primary providers of follow-up care for women after treatment for breast cancer [2]. This follow-up care routinely consists of history taking, physical examinations (including breast examinations), and mammography. For women who received chemotherapy and/or hormonal treatment, surveillance often includes monitoring of blood counts, hepatic transaminases, and bone density and gynecologic referral for pelvic examinations (for women on tamoxifen who have an increased risk for uterine cancer).

Grunfeld and colleagues compared standard oncologic follow-up care with care provided by family physicians. The cohorts were well-balanced in terms of baseline features in this large prospective randomized trial, particularly in breast cancer staging and types of treatment delivered. The authors concluded that patients in the FP group experienced similar rates of recurrent or new disease and mortality. They also postulate that family physicians may be able to provide more convenient and less expensive care than specialists.

This study's strengths include its size and randomized design. As well, the SCEs were reviewed by an external panel that was blinded to cohort assignment. However, the study does not help in defining when these SCEs occurred for individual patients—whether patients in 1 cohort had problems found and addressed earlier than the other cohort. Such differences could have potential impacts on times to disease progression and breast cancer–related survival. As well, recurrences beyond 5 years were not captured in this trial. The study did not address the issues of patient convenience or cost savings, 2 important reasons cited by the

authors for using family physicians in follow-up care. One last point worth mentioning is that 45% of patients declined participation. The reasons for this represent important areas for additional study.

Applications for Clinical Practice

Follow-up care after treatment for early-stage breast cancer includes regular clinical evaluations (history and physical examinations) and mammograms as well as gynecologic, laboratory, and bone density assessments where appropriate.

—Review by David R. Spigel, MD

References

1. Burstein HJ, Winer E. Primary care for survivors of breast cancer. N Engl J Med 2000;343:1086–94.
2. de Bock G, Bonnema J, Zwaan R, et al. Patient's needs and preferences in routine follow-up after treatment for breast cancer. Br J Cancer 2004;90:1144–50.