Checklist for Follow-Up: DCIS

Please assess your patient using the following schedule:

<table>
<thead>
<tr>
<th>Clinical Examination</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5+</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) breast</td>
<td>q 6 months</td>
<td>q 6 months</td>
<td>q 12 months</td>
<td>q 12 months</td>
<td>q 12 months</td>
</tr>
<tr>
<td>(2) chest wall</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
</tr>
<tr>
<td>(3) lymph nodes</td>
<td>q 6 months</td>
<td>q 6 months</td>
<td>q 6 months</td>
<td>q 6 months</td>
<td>q 6 months</td>
</tr>
<tr>
<td>supraclavicular axillary</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
</tr>
<tr>
<td>(4) lungs</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
</tr>
<tr>
<td>(5) liver</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
<td>Date: _________ Findings: ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic Mammography</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>q 12 months</td>
<td>q 12 months</td>
<td>q 12 months</td>
<td>q 12 months</td>
<td>q 12 months</td>
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<tr>
<td>Date: _________</td>
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</tr>
</tbody>
</table>

Other routine investigations (e.g. lab work, diagnostic imaging, tumor markers etc.) are not recommended if the patient is asymptomatic.

Referral to the cancer centre is requested in the event of a confirmed metastatic recurrence. Contact the cancer centre:

- **Cross Cancer Institute (Edmonton):** 780-432-8732 for emergent or urgent referrals or 780-432-8681 for fax referrals
- **Tom Baker Cancer Centre (Calgary):** 403-521-3512 for emergent or urgent referrals or 403-521-3245 for fax referrals
- **Province-wide – AB Cancer Line:** 1-888-432-8865