Breast cancer treatment aims to get rid of all cancer cells, but sometimes a few remain in the body. These cells can then grow and cause the cancer to return (recur). If this happens, the goal is to find the cancer as soon as possible. Cancer can recur just a few months after treatment or years later. Most cases of recurrent breast cancer develop 3-5 years after treatment.

**WILL MY CANCER RETURN?**

There is no way to know if your breast cancer will return. However, your chance of developing recurrent breast cancer is greater if you had:

- Breast cancer before 60 years of age.
- Breast cancer that involved the lymph nodes.
- A tumor that was bigger than 2 inches (5 cm).
- A high-grade tumor. These are tumors that grow more quickly than other types of tumors.
- A close tumor margin. This means the space between the tumor and normal, noncancerous cells was small.
- Inflammatory breast cancer.
- HER2 cancer.
- Surgery to remove the tumor but not the entire breast (*lumpectomy*) and no radiation therapy.

**SYMPTOMS OF RECURRENT BREAST CANCER**

Examine your breasts every month. You may find it helpful to do this on the same day each month and mark your calendar as a reminder. Let your health care provider know immediately if you have any signs or symptoms of recurrent breast cancer. Signs and symptoms of recurrent breast cancer vary. It depends on where the cancer is and how the original cancer was treated.

Symptoms of a cancer that comes back in the same spot (*local recurrence*) after a lumpectomy or a recurrence in the opposite breast may include:

- A new lump or thickening in the breast.
- A change in the way the skin of the breast looks (such as a rash, dimpling, or wrinkling).
- Redness or swelling of the breast.
- Changes in the nipple (such as it may be red, puckered, swollen, or leaking fluid).

Symptoms of a recurrence after breast removal surgery (*mastectomy*) may include:

- A lump or thickening under the skin.
- A thickening around the mastectomy scar.

Symptoms of a cancer that comes back in the lymph nodes near the breast (*regional recurrence*) may include:

- A lump under the arm or above the collarbone.
- Swelling of the arm.
- Pain in the arm, shoulder, or chest.
- Numbness in the hand or arm.

Symptoms of cancer that comes back in an area of the body far away from the original cancer site (*distant recurrence*) may include:

- A cough that does not go away.
- Trouble breathing or shortness of breath.
- Pain in the bones or the chest. This is pain that lasts or does not improve with rest and medicine.
- Headaches.
- Sudden vision problems.
• Dizziness.
• Nausea or vomiting.
• Weight loss.
• Persistent abdominal pain.
• Changes in bowel movements or blood in the stool.
• Yellowing of the skin or eyes (jaundice).
• Blood in the urine or bloody vaginal discharge.

FOLLOWING UP WITH YOUR HEALTH CARE PROVIDER

Decide who your primary health care provider will be. Most people continue to see their cancer specialist (oncologist) every 3-6 months for the first year after cancer treatment. At some point, you may want to go back to seeing a family health care provider instead of your oncologist for regular checkups. Many women do this about 1 year after getting a breast cancer diagnosis. You would still need to see your oncologist as directed. You should also:

• Keep a schedule of appointments for the tests and exams you need (including physical exams, breast exams, and exams of the lymph nodes).
• For the first 3 years after being treated for breast cancer, see your health care provider every 3-6 months.
• In the fourth and fifth years after being treated for breast cancer, see your health care provider every 6-12 months.
• From 5 years on after your breast cancer treatment, see your health care provider at least once a year.
• Continue to have regular breast X-rays (mammograms), even if you had a mastectomy.
  ◦ Get a mammogram 1 year after the mammogram that first detected breast cancer.
  ◦ Get a mammogram every 6-12 months after that or as often as your health care provider suggests.
• Have a pelvic exam every year or as often as your health care provider suggests.
• Some tests are not recommended for routine screening. Someone recovering from breast cancer does not need to have these tests if there are no problems. The tests have risks, such as radiation exposure, and can be costly. The risks of these tests are thought to be greater than the benefits:
  ◦ Blood tests.
  ◦ Chest X-rays.
  ◦ Bone scans.
  ◦ Liver ultrasound.
  ◦ CT.
  ◦ MRI.
  ◦ Positron emission tomography (PET scan).

SEEK MEDICAL CARE IF:

• You have any signs or symptoms of recurrent breast cancer.
• You are taking a medicine prescribed to treat your breast cancer and have vaginal bleeding.
• You discover new lumps in your breast.
• You have headaches, or bone, chest, or abdominal pain.
• You have shortness of breath.
• You have a cough that does not go away.
• You have discharge from your nipple.
• You have a rash on your breast.

SEEK IMMEDIATE MEDICAL CARE IF:

• You have trouble breathing.
• You have chest pain.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.