

Table 1. Comparison of guidelines recommendations for surveillance of women following primary therapy of breast cancer

	NCCN [10]	ACS/ASCO [11, 14]	ESMO [8]	Canadian Breast Cancer Initiative [12]	German Cancer Society and German Society for Gynecology and Obstetrics 13
history and physical examination	1–4 times/year as clinically appropriate for 5 y, then annually	every 3-6 mo for the first 3 y every 6-12 mo for the next 2 y, and annually thereafter	every 3–4 mo in the first 2 years, every 6 mo from years 3–5 and annually thereafter	according to individual patient's needs	every 3 mo in the first 3 years, every 6 mo in years 4 and 5, and annually thereafter
mammography	annual mammography	annual mammography	Annual ipsilateral and/or contralateral mammography with ultrasound is recommended	annually	Annual mammography with ultrasound is recommended
breast self exam	-	monthly	-	if a woman wishes	-
gynecologic assessment	Every 12 mo for women on tamoxifen if uterus present	regular gynecologic follow up	For patients on tamoxifen, an annual gynaecological examination possibly with a gynaecological, ultrasound, by an experienced gynaecologist is recommended	for women on tamoxifen, important to ask about vaginal bleeding	-
bone health assessment	ongoing monitoring of bone health	-	Regular bone density evaluation is recommended for patients on AIs	Bone mineral density testing for postmenopausal or premenopausal with risk factors for osteoporosis, or on aromatase inhibitors	-
encourage active life style and ideal BMI	ongoing	ongoing	ongoing	ongoing	ongoing
encourage adherence to endocrine therapy	ongoing	ongoing	ongoing	ongoing	ongoing
Blood counts	Not recommended	Not recommended	Not recommended	Not recommended	Not recommended
Blood chemistrie	in asymptomatic patient	in asymptomatic patient	in asymptomatic patient	in asymptomatic patient	in asymptomatic patient
Tumor markers					
Routine imaging of chest abdomen or bone					
Breast MRI					