least 2 days per week\textsuperscript{11}. Observational data suggests a potential survival benefit of physical activity and numerous systematic reviews have shown health benefits from exercise, including mitigating treatment-related side effects and QoL improvement.

Breast cancer survivors should maintain ideal body weight (BMI 20–25) for optimal overall health and breast cancer outcome. Sixty percent of breast cancer survivors are overweight or obese (have a body mass index of at least 25). Weight loss improves QoL and mitigates treatment-related symptoms\textsuperscript{11}.

\section*{4) Task 4: Care coordination}

As mentioned before, several RCTs show that follow-up delivered by primary care physicians is as effective as specialist’s follow-up\textsuperscript{16,59}. It is recommended that the primary care physician should communicate with the oncology team and obtain a treatment summary and survivorship care plan\textsuperscript{59}. Continuous communication and cooperation between primary care physician and the oncology team is crucial to ensure that follow-up is evidence based. Coordination of the treatment protocol (ET switches or duration of ET) is the responsibility of the oncology team.

\section*{Conclusions}

There is a large number of women alive with a history of breast cancer. Given that, evidence based follow-up strategy has a large economic impact. A number of major organizations have evaluated the evidence relating to surveillance and issued recommendations for evidence-based follow-up. Recommendations, as can be seen in Table 1, are consistent among organizations.

Current guidelines for the optimal surveillance for breast cancer recurrence involve routine follow-up history taking and physical examination, yearly mammography of any retained breast and monitoring for treatment related complications. Patients on tamoxifen should have yearly gynecologic assessment, possibly with a gynecological ultrasound. Patients on aromatase inhibitors or treatment related menopause should have regular bone mineral density evaluation. The guidelines are very consistent in not recommending surveillance radiographs, CT-MRI scans, ultrasounds, blood counts, blood chemistries, tumor markers, radionuclide scans for asymptomatic patients. Patients who have symptoms or physical findings concerning recurrence should have a focused evaluation appropriate for the organs of concern. Recommendations are consistent among organizations. But recent data evaluating the progress in imaging technologies and in treatment of metastatic disease is lacking and constant updated research for the optimal breast cancer follow-up is encouraged.

\begin{table}[ht]
\centering
\caption{Criteria for referral for genetic counseling\textsuperscript{24}}
\begin{tabular}{ll}
\hline
Age of diagnosis ≤50 years & \\
History of ovarian cancer at any age or in any first or second-degree relative & \\
A first-degree relative who had breast cancer diagnosed ≤50 years & \\
Two or more first or second-degree relatives diagnosed with breast cancer at any age & \\
Those with at least one grandparent of Ashkenazi Jewish origin & \\
Diagnosis of bilateral breast cancer & \\
History of breast cancer in a male relative & \\
Any survivor diagnosed at age ≤60 years with triple-negative breast cancer & \\
\hline
\end{tabular}
\end{table}

\section*{References}

2. DeSantis CE, Lin CC, Mariotto AB et al, Cancer treatment and survivorship statistics. CA Cancer