



### **MROQC Two-Week Follow-Up Visit for Breast Patients**

At the October 9<sup>th</sup>, 2015 consortium meeting, the clinical champions discussed the issue of timing of follow up visits for breast patients. Because we do not routinely see breast patients until three months following the end of treatment, we may be missing the time point when patients receiving a hypofractionated schedule of treatment suffer the majority of their side effects (pain and desquamation). To be more accurate in the analysis of the breast data, we must capture a more relevant time point for these patients, particularly since we are seeing more, and encouraging our sites to treat more patients with this regimen. To make the comparison of toxicity between the hypofractionated and conventionally treated patients we must see ALL patients back at two weeks following end of treatment. Therefore, the following schedule should be followed at all MROQC sites:

- All breast patients will be scheduled for a two-week follow up appointment following the end of treatment which will include:
  - Patient Survey (B4)
  - Physician Assessment (B10) – Can be completed by physician or a nurse, nurse practitioner or physician assistant who has been trained by the physician to complete the toxicity assessment.
  
- Reminder: MROQC required follow up appointments for breast patients include:
  - Two week
  - Three month
  - Twelve month (*no longer optional 10.13.17*)
  
- The MROQC FTE Model will remain the same. In November of 2012, we collectively decided to omit the one-month follow-up visit. Currently the FTE model accommodates three follow-up time points (2wk/3m/12m).
  
- IRB Considerations: In the current MROQC protocol (v.08.01.16), we have stated that breast patients will return at 2 weeks, three months and 12 months following treatment to complete patient surveys and physician toxicity assessments.