



<b>Chemotherapy</b>	<b>Surgical</b>
Fatigue Neuropathy Cognitive dysfunction Weight gain Sexual dysfunction Psychological distress Ovarian failure with associated menopausal symptoms Osteoporosis from premature ovarian failure Increased risk of leukemia after anthracycline-based chemotherapy Increased risk of cardiac dysfunction after anthracycline-based chemotherapy and/or trastuzumab	Numbness Weakness Pain Loss of range of motion Lymphedema
<b>Hormone Therapies</b>	<b>Radiation</b>
Tamoxifen Hot flashes Increased risk of stroke Increased risk of uterine cancer Increased risk of blood clots Aromatase inhibitors Increased risk of osteoporosis Increased risk of fractures Vaginal Dryness Arthralgias	Fibrosis Breast Pain Telangiectasia Atrophy Poor cosmetic outcome Cardiac late effects (left breast irradiation)
	<b>Targeted Therapies</b>
	Trastuzumab: cardiac dysfunction
<b>Surveillance for long-term and late effects; patients should report the following persistent signs &amp; symptoms</b>	
Hot flashes and other menopausal symptoms Swelling of arm or leg Fractures Palpitations Shortness of breath Chest pain	
<b>Clinical Assessments</b>	
Assess for lymphedema Assess reconstruction problems/cosmetic recovery Assess for menopausal symptoms and sexual dysfunction Screen for depression Address infertility concerns Assess for risk of osteoporosis at onset of menopause, and then every 18-24 months Bone density studies indicated for: Patients age 65 years or over Patients age 60-64 years with risk factors (family history, prior nontraumatic fracture) Postmenopausal patients on aromatase inhibitor All women with chemotherapy-induced early menopause Monitor for cardiac dysfunction as clinically indicated	

