# After Breast Cancer, How Much Testing Do You Really Need? The New 2026 Follow-Up Guidelines Explained

By April Spencer, M.D.
Board-Certified Breast Cancer Surgeon
Beyond October™ Breast Health Education Series

Finishing breast cancer treatment can bring relief, gratitude, and a new kind of uncertainty. Many women ask the same questions: How often should I see my cancer team? Should I receive a PET scan every year? Do I still need mammograms? Would a tumor-marker blood test or circulating tumor DNA test find a recurrence sooner?

In July 2026, the American Society of Clinical Oncology (ASCO) published an updated guideline on follow-up and surveillance after primary breast cancer treatment. Its central message is important: surveillance should be based on a patient's individual risk of recurrence and ongoing needs, not a one-size-fits-all schedule.

## Follow-up is not the same for every patient

The updated ASCO guideline supports a risk-based approach. A woman treated for a small, hormone receptor-positive, node-negative cancer may not require the same intensity of follow-up as someone with inflammatory breast cancer, residual disease after neoadjuvant chemotherapy, or another higher-risk presentation.

Risk can also change with time. Triple-negative and HER2-positive cancers tend to have a greater recurrence risk during the first several years after diagnosis, while hormone receptor-positive disease can carry a longer-term risk. Ongoing therapy, treatment side effects, age, other medical conditions, emotional needs, and access to care also influence the appropriate follow-up plan.

ASCO's update preserves the foundations of follow-up care:

- A regular medical history and physical examination
- Mammographic surveillance when breast tissue remains
- Prompt evaluation of new or persistent symptoms
- Follow-up intensity matched to recurrence risk and clinical needs
- Coordination among oncology, breast surgery, survivorship, primary care, and gynecology teams

Some lower-risk patients may eventually transition to annual follow-up through a survivorship or primary care setting. Patients at higher risk, including some with locally advanced disease or residual disease after preoperative treatment, may need closer oncology surveillance.

## Do you still need mammograms after breast cancer?

If you had breast-conserving surgery and still have breast tissue, mammography generally remains the cornerstone of imaging surveillance. The timing of the first post-treatment mammogram and future frequency should be coordinated with your breast surgeon, medical oncologist, and radiation oncologist.

After a bilateral mastectomy, routine screening mammograms are generally not performed because nearly all breast tissue has been removed. However, a new lump, skin change, chest-wall abnormality, or other symptom still requires evaluation. Imaging may be ordered for a specific clinical concern.

Women who had a unilateral mastectomy usually continue screening of the remaining breast.

For selected lower-risk women age 50 or older who remain recurrence-free after breast-conserving surgery, the guideline allows consideration of mammography every one to two years after the first three years. This is a shared decision, not an instruction to stop paying attention to breast health.

## Who may need breast MRI?

Breast MRI is not necessary for every woman after breast cancer treatment, but it may be considered when mammography alone may be insufficient or when the risk of another breast cancer is elevated.

Factors that may support supplemental MRI include certain inherited genetic variants, a history of chest radiation at a young age, very dense breasts, diagnosis before age 50, invasive lobular cancer, or a prior cancer that was not visible on mammography. The decision should be individualized, because MRI can detect additional abnormalities but can also result in false-positive findings, additional imaging, and biopsies.

## Should you receive routine PET scans, CT scans, or bone scans?

For an asymptomatic patient who has completed curative-intent treatment and has no clinical evidence of disease, routine imaging to search for distant metastases is not recommended for the overall population. This includes regularly scheduled PET, CT, and bone scans performed only for surveillance.

More testing is not automatically better care. Routine scans can reveal incidental findings that cause anxiety and lead to additional procedures without evidence that they improve outcomes for asymptomatic patients.

That does not mean symptoms should be ignored. New, persistent, or unexplained symptoms should be evaluated promptly and may justify targeted imaging. Examples include persistent bone pain, shortness of breath, unexplained weight loss, new neurologic symptoms, abdominal pain or swelling, persistent headaches, or a new chest-wall or breast finding.

## What about routine laboratory tests and tumor markers?

Routine complete blood counts, chemistry panels, and tumor markers such as CEA, CA 15-3, or CA 27.29 are not recommended solely to look for recurrence in an otherwise asymptomatic patient.

These tests may be appropriate for other medical reasons or when symptoms and clinical findings warrant evaluation. The distinction is important: a test used to investigate a concern is different from repeatedly testing every patient without a clinical indication.

## What about Signatera and circulating tumor DNA?

Circulating tumor DNA, or ctDNA, is one of the most discussed developments in cancer surveillance. These blood tests attempt to detect small fragments of tumor-associated DNA that may indicate molecular residual disease.

The technology is promising, but ASCO does not currently recommend routine ctDNA testing outside a clinical trial to monitor for breast cancer recurrence or direct treatment in patients without clinical evidence of disease. A positive result can create substantial fear, and we do not yet have sufficient evidence that changing treatment solely because of a ctDNA result improves survival or other meaningful outcomes.

This area is evolving quickly. Ongoing trials are evaluating whether ctDNA-guided surveillance and treatment decisions improve outcomes. For now, patients considering these tests should have a careful discussion about their limitations, possible consequences, costs, and whether a clinical trial is available.

## Follow-up should address more than recurrence

Good post-treatment care is not only about searching for cancer. It should also identify and manage the physical and emotional effects of treatment, including:

- Arm swelling or lymphedema
- Shoulder stiffness or reduced range of motion
- Neuropathy, fatigue, sleep disruption, or cognitive changes
- Bone health during certain endocrine therapies
- Menopausal symptoms, sexual health concerns, and fertility needs
- Heart health after certain chemotherapy, radiation, or HER2-directed treatments
- Anxiety, depression, and fear of recurrence
- Medication adherence and treatment-related side effects

This is where survivorship becomes thriving. A thoughtful follow-up plan protects health without allowing unnecessary tests to dominate life after treatment.

## Questions to ask at your next visit

Bring these questions to your breast cancer team:

1. What is my current risk of local, regional, or distant recurrence?
2. How often should I be examined, and by which members of my healthcare team?
3. What breast imaging do I need, and how often?
4. Do my breast density, age at diagnosis, family history, or genetic results support MRI?
5. Which symptoms should I report immediately?
6. What long-term treatment effects should we monitor?
7. Do I have a written survivorship care plan?

## Moving forward Beyond October™

The goal of surveillance is not to order every available test. It is to deliver the right care, at the right interval, for the right patient - while listening carefully when something changes.

Beyond October™ extends breast health education beyond a single awareness month and beyond the completion of treatment. Continue learning with April Spencer, M.D., through the Beyond October™ breast health video series and community on YouTube:

**https://youtube.com/@draprilspencer?si=h78bGbUb_crPJiu6**

From Breast Health to Best Health™

## Medical note

This article provides general education and does not replace individualized medical advice. Follow-up and surveillance decisions should be made with your breast cancer team based on your diagnosis, treatment, recurrence risk, symptoms, and overall health.

## References


1. Nahleh Z, et al. Breast Cancer Follow-Up and Surveillance After Primary Treatment: ASCO Guideline Update. Journal of Clinical Oncology. Published online July 16, 2026. https://pubmed.ncbi.nlm.nih.gov/42462191/
2. American Society of Clinical Oncology. ASCO Guidelines. https://www.asco.org/guidelines
3. Lockwood CM, et al. Circulating Tumor DNA Testing in Solid Tumors and Lymphoma: ASCO Guideline. JCO Oncology Practice. 2026.