

---

## Managing Your Health Care After Cancer

The end of cancer treatment does not mean the end of seeing your cancer care team. Long-term follow-up visits and tests will likely continue for many more years. You'll also need routine check-ups and health screenings. Here are some things you can do and things you should know.

- [Keep your health insurance](#)
- [Keep your follow-up visits with your cancer care team](#)
- [Get the tests your cancer care team suggests](#)

### Keep your health insurance

You already know that having cancer costs a lot of money. You also might have had to change your [work schedule or job status](#)<sup>1</sup> because of the side effects of certain treatments. Your partner may have had to [take time off work](#)<sup>2</sup> to help you. These changes affect your finances.

Even though money may be tight, keep your [health insurance](#)<sup>3</sup> if at all possible after you've finished cancer treatment. You'll need regular follow-up care for many years. Unless you are over 65 and can get [Medicare](#)<sup>4</sup>, it can be hard to get medical insurance, especially if the cancer comes back. Insurance costs a lot, but cancer treatment is even more costly. There are some options for uninsured people who need cancer treatment, but they're not easy to get and they're expensive.

### Keep your follow-up visits with your cancer care team

While there's no guarantee that seeing your cancer care team regularly will keep the

cancer from coming back, it will help find any recurrence as early as possible. The earlier cancer is found, the easier it is to treat. It's also reassuring to know that your cancer care team is watching you closely to be sure there are no signs of cancer recurrence. Continue to talk with your cancer care team. Let them know how you're feeling and discuss any concerns you might have. One of the greatest benefits you will get from the follow-up visits with your team will be peace of mind.

## Get the tests your cancer care team suggests

You'll need to have tests (like blood tests and [imaging tests](#)<sup>5</sup>) done as part of your follow-up after cancer treatment. These will help your cancer care team be sure that you stay in remission (which means you have no signs of cancer). The tests will also help find cancer that's come back or even a [new cancer](#)<sup>6</sup> as soon as possible. The tests needed will vary depending on the type of cancer you had.

For instance, if you had prostate cancer that was treated with surgery or radiation, follow-up tests might include prostate-specific antigen (PSA) blood tests every 6 months for the first 5 years. Testing is often done at least yearly after that, and bone scans or other imaging tests would be done any time it looked like the cancer might be back.

The follow-up for early-stage bladder cancer may include a visit to your cancer care team every 3 to 6 months for the first year, then at regular intervals after that. During these visits, your doctor will likely do a cystoscopy (look at the inside of your bladder with a cystoscope – a slender tube with a lens and a light) and/or other imaging tests, blood tests, and collect a urine sample to check for bladder cancer cells.

As you can see, the follow-up schedule is based on the type of cancer. Talk to your cancer care team about what your follow-up care is going to be, what's expected of you, and what you can expect of them during this time.

It's tempting to avoid all the appointments and tests required in follow-up. By the time you've completed treatment for cancer, you may be tired of being a cancer patient – you may just want to forget about this part of your life and move on. It's understandable to want to avoid tests and providers that make you think about cancer and the possibility that it has returned. This is a natural impulse, but not a wise choice.

## Hyperlinks

1. [www.cancer.org/cancer/survivorship/coping/working-during-cancer-treatment.html](http://www.cancer.org/cancer/survivorship/coping/working-during-cancer-treatment.html)

2. [www.cancer.org/cancer/financial-insurance-matters/health-insurance-laws/family-and-medical-leave-act.html](http://www.cancer.org/cancer/financial-insurance-matters/health-insurance-laws/family-and-medical-leave-act.html)
3. [www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance.html](http://www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance.html)
4. [www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance/government-funded-programs/medicare.html](http://www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance/government-funded-programs/medicare.html)
5. [www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests.html](http://www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests.html)
6. [www.cancer.org/cancer/survivorship/long-term-health-concerns/second-cancers-in-adults.html](http://www.cancer.org/cancer/survivorship/long-term-health-concerns/second-cancers-in-adults.html)

Last Revised: February 12, 2016

### Written by

The American Cancer Society medical and editorial content team  
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy ([www.cancer.org/about-us/policies/content-usage.html](http://www.cancer.org/about-us/policies/content-usage.html)).

**cancer.org | 1.800.227.2345**