Transitional Appointments:

Sending Them Off with a Smile and a Golden Handshake
(And welcoming them home with open arms.)
Faculty/Presenter Disclosure

Faculty: Dr Erika Möller M.B.Ch.B. DA (SA)

Relationships with commercial interests:
None

Disclosure of Commercial Support:
None
Potential for conflict(s) of interest:
None

Mitigating Potential Bias
Not applicable
Learning objectives

At the end of this session, participants will be able to:

• Define transitional appointment.
• Identify the patient population eligible for a transitional appointment.
• Describe the advantages of transitioning patients back to their primary caregivers.
• List the diagnostic tests and clinical follow-up required for patients after treatment.
Transitional Appointment

Patient identified by Oncologist (completed adjuvant therapy)
Booked in clinic with Oncologist/FPO and nurse as a “Transitional Appt”
Care plan folder prepared (Parts 1, 2, 3)
Care plan discussed with the patient and permission obtained
Patient screened for distress (COMPASS- ESAS)
Care plan faxed to patient’s health care team
Patient referred back to primary care provider for follow up care.
Five-year survival rates for colon cancer:
Epidemiology, and End Results (SEER) database between 1991 and 2000 were as follows:

- Stage I (T1-2N0) – 93 percent
- Stage IIA (T3N0) – 85 percent
- Stage IIB (T4N0) – 72 percent
- Stage IIIA (T1-2 N1) – 83 percent
- Stage IIIB (T3-4 N1) – 64 percent
- Stage IIIC (N2) – 44 percent
- Stage IV – 8 percent
Five-year survival rates for all stages of colon and rectal cancer are 65 percent.

30-40% of rectal cancer patients will relapse, most within 3 years and almost all within 5 years from diagnosis.

So follow up is important!
FP & Oncology outcomes

- Trials comparing FP with Oncologist follow-up found NO DIFFERENCES in:
  - time periods in diagnosis of recurrence.2
  - rates of serious clinical events related to recurrences.3
  - health related QoL.4

1Grunfeld E, Earle E. J Nat Cancer Inst Monographs. 2010
2Grunfeld E, Mant D, Vessey MP, Fitzpatrick R. Family Practice. 1995
Cancer survivors are less likely than matched controls to received recommended care for chronic conditions.\(^1\)

Angina / CHF / COPD

Survivors are less likely to receive some types of preventative measures.

- Fewer A1c measures
- Screening for cancers other than the index one

\(^1\)Earle CC, Neville BA. Cancer. 2004
After completion of acute care, more than 1/3 of patients did NOT know who was in charge of their care.  

Confusion should not be part of patient care.
Colo-rectal patients:

### Follow up and Surveillance Recommendations after Colonoscopy
Adapted from the 2008 Joint Guidelines from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology.

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Recommendations**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative colonoscopy with no additional risk factors for CRC (includes hyperplastic polyps and those with positive FOBT and negative colonoscopy)</td>
<td>Rescreen in 10 years</td>
</tr>
<tr>
<td>1 – 2 tubular adenomas &lt; 1 cm</td>
<td>Rescope in 5 – 10 years</td>
</tr>
<tr>
<td>More than 2 tubular adenomas or any advanced adenoma*</td>
<td>Rescope in 3 years; rescope every 5 years when polyp clearance is achieved. Consider referral for genetic testing if &gt; 10 adenomas</td>
</tr>
<tr>
<td>Post-curative resection for CRC</td>
<td>Colonoscopy end of year 1 (within 6 months if colon is not cleared preoperatively); rescope at 3 years then every 5 years indefinitely if the outcome is normal</td>
</tr>
<tr>
<td>Colon was not cleared of polyps; an incomplete polypectomy or removal of an advanced adenoma</td>
<td>Consider rescopying in 3 to 6 months</td>
</tr>
</tbody>
</table>

** Follow up or surveillance may vary according to clinical judgment.
# 5-Year Follow-Up Recommendations

## Stage II & III Colon and Rectal Cancer

### Follow-up Recommendations* 

*If a patient is not a candidate for surgery or systemic therapy because of severe comorbid conditions, surveillance tests should not be performed. A treatment plan from the specialist should have clear directions on an appropriate follow-up by a nonspecialist.

Cancer Question? Expert Help for Primary Care call text: 204-226-2862 email: cancercuestion@cancercare.mb.ca

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Starting On Date of Surgery</th>
<th>Year 1, 2, 3</th>
<th>Year 4, 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Follow-up Care Appointment</td>
<td></td>
<td>Every 3 months</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>Bloodwork</td>
<td>Carcinoembryonic Antigens (CEA) &amp; other blood tests are not routine</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>CT Imaging (Infused):</td>
<td>Chest / Abdomen / Pelvis</td>
<td>Annually</td>
<td>Not routine</td>
</tr>
<tr>
<td>Chest X-Ray, FUBT</td>
<td></td>
<td>Not routine</td>
<td>Not routine</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>1 year after initial surgery</td>
<td>5 years after initial surgery, every 5 years indefinitely (if no polyps)</td>
<td></td>
</tr>
</tbody>
</table>

**Monitoring**: 

- Rectal Cancer: Bowel, bladder and sexual function; Peripheral Neuropathy (numb pain) 

**Possible Side Effects of Treatment**: 

CancerCare Manitoba 

**NOTE**: Year 1 of follow-up is the 12-month period beginning on the date of the patient's surgery.

**INTERSECT: FOLLOW UP WITH CEA, CT AND COLONOSCOPY CONFERS AN OVERALL SURVIVAL ADVANTAGE OF 7 – 10%**

**Medical Appointments**

- A focused history and physical with rectal and perineal examination is performed at each visit.
- Most recurrences occur in the liver, lungs and pelvic. Patients should be asked about new symptoms such as pain, nausea, dyspepsia, persistent cough, and new bladder or bowel symptoms.
- Surgeons will commonly review patients post-operatively along with the family physician.

**Bloodwork**

- CEA is measured every three months in Years 1, 2, and 3, then every six months in Years 4 & 5.
- Other blood tests, such as liver function tests (LFTs) and blood counts (CBCs) are NOT recommended for follow-up.
- For a CEA result above the upper limit of normal, repeat the test in 4-6 weeks. If level is still rising, refer patient to CCMB by faxing a referral to 204-786-0621 and ordering an infused CT of the thorax, abdomen and pelvis (+ Createview) with a copy of the results to be sent to CCMB.
- Note: CEA levels may be increased if the patient is a smoker or in the presence of other cancers or diseases such as hepatitis, liver injury, paraganglioma, or chronic inflammatory conditions.

**CT Imaging**

- Follow-up CT imaging of the chest, abdomen, and pelvis for rectal cancer is performed only for patients who may be eligible for surgery with curative intent, and only for the first three years.
- If a CT suggests recurrence, refer to CancerCare Manitoba at 204-786-0621. Include all relevant lab & imaging results.

**Chest X-ray**

- Chest X-ray is not routinely performed as part of follow-up surveillance.

**Colonoscopy**

- Follow-up colonoscopy is performed about one year after surgery, or about one year after the first complete colonoscopy if this was done after surgery due to bowel obstruction at the time of diagnosis.
- If colonoscopy reveals metastatic lymph nodes, further follow-up is at the discretion of the endoscopist (usually within 12 months).
- For patients who have not received pelvic irradiation, colonoscopy should be performed every 5 years (every 3 years for 5 years) to check for local recurrence.

**Monitoring**

- Peripheral neuropathy from capecitabine usually resolves, and can be treated with gabapentin (Neurontin), nortriptyline, anxiolytics, or tricyclics.
- See Follow-up Care Plan Part 2 (Section 8 & 13) for suggestions re bowel and sexual side effects.

**Referrals to CancerCare Manitoba**

- For referrals to the CCMB Referral Office at 204-786-0621
- Patient will be contacted in 2-3 working days; once referral is received. Please do NOT send letters directly to the Oncologist, as this may delay the patient’s appointment if that doctor is unavailable for some reason.

Version Jan 2014
CancerCare Manitoba Breast Cancer Follow-Up Guidelines

1. The usual advice is to see this patient every six months for the first five years after a breast cancer diagnosis, and annually thereafter.
2. At these visits, she needs a history and physician examination, with particular attention to the affected breast or mastectomy site, regional lymph nodes, and the contralateral breast. Common symptoms of recurrence or metastases include bone pain, cough, breast lumps, mastectomy scar changes, fatigue and anorexia.
3. A mammogram is recommended every year. No other tests (e.g., chest x-ray, bone scan, abdominal ultrasound, tumour markers, or blood work) have proven efficacy in an asymptomatic woman.
normal symptoms or signs should be evaluated appropr...

...mptoms that may represent recurrence, without waiting...
If she is on tamoxifen, anastrozole or letrozole, we request that the patient see us at the completion of her endocrine therapy.

Why?
CancerCare Manitoba Follow-Up Guidelines for Tamoxifen

1) The side effects of this drug include hot flushes, vaginal dryness, irritation, and discharge.

2) There is a 0.2% risk of thromboembolism and 1% risk of uterine cancer, and a slightly increased risk of earlier cataract formation.

3) She requires gynecological examination and a Pap tests as per Manitoba Cervix screening guidelines.

4) If she is postmenopausal, then she should see a physician promptly if there is any vaginal spotting or bleeding or abnormal discharge or pelvic pain. ALL post-menopausal bleeding requires transvaginal US and/or endometrial biopsy and referral to gynecology if concerned.

Tamoxifen is to be taken as 20 mg od for five years and then discontinued. May switch to aromatase inhibitor after 2-3 years or after 5 years if post-menopausal.

Extending tamoxifen therapy to 10 years may benefit some women. Fax a referral to CCMB for discussion with a medical oncologist at 786-0621 if patient interested.

Osteoporosis risk in pre-menopausal women. Vitamin D & Ca++
CancerCare Manitoba Letrozole Follow-Up Guidelines

1) This medication is generally very well-tolerated. Include hot flashes, arthralgias/myalgias, vaginal dryness, nausea/emesis, diarrhea, headaches. This drug is associated with an increased incidence of osteopenia/osteoporosis and fractures. Patients should be monitored 1-2 years and if there is evidence of bone loss, then patients should be appropriately treated.

5) Meanwhile, she should take calcium and vitamin D as 2.5 mg od for five years, and then discontinued. There is currently no evidence of benefit. It is recommended that patients contact our clinic, once the letrozole is finished, in order to discuss further options for hormone therapy.
CancerCare Manitoba anastrozole (Arimidex) Follow-Up Guidelines

1) This medication is generally very well-tolerated.
2) Potential side effects include hot flashes, arthralgias/myalgias, vaginal dryness, nausea/emesis, diarrhea, headaches, asthenia and rash.
3) This drug is associated with an increased incidence of osteopenia/osteoporosis and fractures.
4) Bone mineral density should be monitored 1-2 years and if there is evidence of bone loss, then patient should be appropriately treated with a bisphosphonate.
5) Meanwhile, she should take calcium and vitamin D.
6) Anastrozole is taken as 1 mg od for five years, and the discontinued. There is currently no evidence of benefit for longer use.

Please ask the patient to contact our clinic, once the anastrozole is finished, in order to discuss further options for breast cancer therapy.
Cancer-Specific Follow-Up Care Resources

Colorectal Cancer

CCMB Follow-up Recommendations

Colorectal Cancer Patient Follow-up Treatment Summary and Follow-Up Schedule Form
Patients and/or their health care providers can complete this fill-in-the-blank diagnosis and treatment summary.

"Moving Forward after Colorectal Cancer" Booklet
Includes information for colorectal cancer patients on:
- Cancer recurrence-signs to watch for
- medical tests and cancer screening
- screening recommendations for family members
- what to expect after colorectal cancer & treatment
- diet, nutrition, exercise and activity recommendations following colorectal cancer
- colorectal cancer support and resources in Manitoba

Breast Cancer

CCMB Follow-up Recommendations:

Breast Cancer Patients (not receiving hormonal therapy)
Breast Cancer Patients on Aromatase Inhibitors (AIs)
Breast Cancer Patients on Tamoxifen

Breast Cancer Patient Follow-up Treatment Summary and Follow-Up Schedule Form
Patients and/or their health care providers can complete this fill-in-the-blank diagnosis and treatment summary.

"Moving Forward after Breast Cancer" Booklet
Includes information for breast cancer patients on:
- Cancer recurrence-signs to watch for
- medical tests and cancer screening
- screening recommendations for family members
- what to expect after breast cancer & treatment
- diet, nutrition, exercise and activity recommendations following breast cancer
- breast cancer support and resources in Manitoba
**Lymphoma**

CCMB Follow-up Recommendations

*Lymphoma Patient Follow-up Treatment Summary and Follow-Up Schedule Form - Indolent*

*Lymphoma Patient Follow-up Treatment Summary and Follow-Up Schedule Form - Hodgkins & DLBCL*

Patients and/or their health care providers can complete this fill-in-the-blank diagnosis and treatment summary.

**Moving Forward After Lymphoma**

Includes information for lymphoma patients on:

- Cancer recurrence-signs to watch for
- Medical tests and cancer screening
- Screening recommendations for family members
- What to expect after breast cancer & treatment
- Diet, nutrition, exercise and activity recommendations following lymphoma
- Lymphoma support and resources in Manitoba

**Ovarian, Fallopian Tube, and Peritoneal Cancer**

CCMB Follow-up Recommendations

*Ovarian, Fallopian Tube, and Peritoneal Cancer Patient Follow-up Treatment Summary and Follow-Up Schedule Form*

Patients and/or their health care providers can complete this fill-in-the-blank diagnosis and treatment summary.

**Moving Forward After Gynecological Cancer (Ovarian, Fallopian Tube, and Peritoneal)**

Includes information for gynecological patients on:

- Cancer recurrence-signs to watch for
- Medical tests and cancer screening
- Screening recommendations for family members
- What to expect after breast cancer & treatment
- Diet, nutrition, exercise and activity recommendations following Ovarian, Fallopian Tube, and Peritoneal Cancer
- Ovarian, Fallopian Tube, and Peritoneal Cancer support and resources in Manitoba
Care Plan: 3 Parts

**Part 1: PERSONALIZED CARE PLAN**

- Generated out of ARIA/or PDF
- “Transition” letter generated and signed by oncologist/FPO
- Who the patient needs to make appointments with and when
- Recommendations for imaging and lab testing
- Signs and symptoms the patient and family practitioner can watch out for.
- Patient’s medical history as a cancer patient – stage, diagnosis, treatment
  - Copy given to the patient and faxed to patient’s health care team (FP,NP, etc...)
Part 2: CANCER SPECIFIC RESOURCES

• What the patient should watch for
• Follow up care and side effects
• What to expect with/post treatment
• Emotional and psychological impacts of cancer and treatment
• Diet and nutrition
• Exercise and activity
• Cancer type specific supports and resources available in Manitoba
Part 3: GENERAL CANCER RESOURCES

- Feeling well after treatment
- Emotional impact of cancer and treatment
- Primary care, medical tests and screening
- Reducing risk of recurrence
- Sleeping well
- Home cancer drug program
- Managing skin changes after treatment
- Health care decisions and considering the future
- Additional resources and supports available in Manitoba
Moving Forward after Cancer Treatment

Follow-Up Care Plan

PART 3 OF 3

Information and resources for cancer patients in Manitoba after completion of treatment.
Colorectal (stage II-III patients) completed and rolled out provincially
Breast (stage I-III patients) completed and rolled out provincially

In Pilot:
- Advanced cancer
- Lymphoma
- Gynaecology

Next in Line:
- BMT
- Leukemia
- Thoracic
2014 Report

- Total of **364 transition appointments** (Jan 1 – Dec 31 2014)
- 140 were colorectal
- 224 were breast
- 116 of these appointments were conducted at a community cancer program site (CCP)
- 46 were conducted at a Winnipeg Regional Health Authority Oncology Program site
- That is an **increase of 385%** since 2013 (75 done in 2013).
- Between January 1 and August 1, 2015, **a total of 239 transition appointments**
Tara Carpenter-Kellett
Transitions Program Manager
204-787-4251
tcarpenterkellett2@cancercare.mb.ca
transitions@cancercare.mb.ca

Dr. Joel Gingerich
Medical Director
204-787-1510
jgingerich@cancercare.mb.ca
Thank you!

Questions?