



Date: _____

Patient Label

Re: Follow-Up Care for

Dear _____:
Family Physician / Nurse Practitioner /

Your patient has completed treatment for cervical cancer and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that your patient has already received.

- Follow-Up Recommendations for Cervical Cancer
- Personalized Cancer Treatment Summary

Your patient has also received a folder containing Cervical Cancer Follow-up Care Information and a “Moving Forward after Cancer Treatment” booklet addressing general issues for all cancer survivors, such as diet, exercise, and emotional recovery.

Your patient will continue to have their cervical cancer follow-up care and imaging organized by:

Physicians at CancerCare Manitoba

These documents are for your information to support your important role in caring for this patient. Many cancer recurrences present to the FP/NP first even when the patient is being followed at the cancer centre. Your vigilance for symptoms that may indicate recurrence is therefore important, as well as your support around their emotional and physical recovery, the management of their other medical conditions and their needs for health promotion and prevention. You will be sent updated information if the patient’s follow-up care is transferred to you in the future.

Your patient will now alternate care between CancerCare Manitoba and you

for supervision of their cancer follow-up care, including blood work and physical examination as well as for their general medical care. They have been asked to make an appointment with you in the next month to discuss follow-up care.

Please note that the “Follow-Up Recommendations” page gives specific direction for you about physical examinations, tests, managing test results and referring the patient back to CCMB if there is a concern of recurrence. Your patient remains welcome to access the supports available at CCMB through Patient and Family Support Services.

Your patient is now being returned to you for supervision of their cancer follow-up care, including blood work and physical examination as well as for their general medical care.

They have been asked to make an appointment with you in the next month to discuss follow-up care. Please note that the “Follow-Up Recommendations” page gives specific direction for you about physical examinations, tests, managing test results and referring the patient back to CCMB if there is a concern of recurrence. Your patient remains welcome to access the supports available at CCMB through Patient and Family Support Services.

More information for health care providers about follow-up care issues and resources for cervical patients can be found on the web at www.cancercare.mb.ca/followupcare/. Topics include:

- | | |
|--|---|
| ◆ Cancer Recurrence | ◆ Diet & Nutrition following cervical cancer |
| ◆ Other Medical Tests & Screening | ◆ Exercise & Activity following cervical cancer |
| ◆ Cervical Cancer Problems, Side Effects and Resources | ◆ Cervical Cancer Patient Support and Resources |

Thank you very much for your care and commitment to the care of cancer patients and their families.

Sincerely,

CCMB Gyne-Oncology Team

* The Follow-Up Care Plan documents are new tools created by CancerCare Manitoba. Email us for further information or with feedback/suggestions at transitions@cancercare.mb.ca.



Cervical Cancer 5+ Year Follow-Up Tests & Appointments for

Patient Label

Date of Last Treatment (= Day 0 for schedule below):

		Procedure
Y E A R 1	0 + 3 months	• Medical Appointment
	0 + 6 months	• Medical Appointment
	0 + 9 months	• Medical Appointment
	1 year	• Medical Appointment
Y E A R 2	1 year + 3 months	• Medical Appointment
	1 year + 4 - 6 months	• Medical Appointment
	1 year + 8 - 9 months	• Medical Appointment
	2 years	• Medical Appointment
Y E A R 3	2 years + 4 - 6 months	• Medical Appointment
	2 years + 8 months - 3 years	• Medical Appointment
	3 years	• Medical Appointment
Y E A R 4	3 years + 6 months	• Medical Appointment
	4 years	• Medical Appointment
Y E A R 5	4 years + 6 months	• Medical Appointment
	5 years	• Medical Appointment
Y E A R 6	Discharged from CancerCare Manitoba 6 years	• Medical Appointment with primary care provider

FOLLOW-UP RECOMMENDATIONS*

Cancer Question? Expert Help for Primary Care call-text ► 204-226-2262 email ► cancerquestion@cancercare.mb.ca
(after 5 years of surveillance, annual physical exam is recommended)

Discharged from
CancerCare



FOLLOW-UP	YEAR 1, 2,	YEAR 3	YEAR 4, 5	Year 6+
Medical Follow-Up Care Appointment: <i>Focused history & physical, bimanual pelvic and rectal exam</i>	Every 3 months	Every 4-6 months	Every 6 months	Yearly
Bloodwork: <i>Creatine and Creatine Clearance if abnormal at completion of treatment to be done by primary care provider</i>	Not routine	Not routine	Not routine	Not routine
CT Imaging (infused): <i>PET/Chest / Abdomen / Pelvis (Only if concerning symptoms are present)</i>	Not routine	Not routine	Not routine	Not routine
Monitoring: <i>Possible Side Effects of Treatment</i>	Sexual Function, Bowel and Bladder Function, Memory and Concentration Issues & Psychosocial issues			

Medical Appointments

- A focused history and physical with abdominal assessment including bimanual and pelvic rectal examination, lymph node survey
- Inquire about new symptoms such as vaginal bleeding, chest, back, or pelvic pain or pressure, unexplained cough or shortness of breath, anorexia, sudden weight loss, urinary changes such as increased urgency and/or frequency

Bloodwork

- Other blood tests, such as liver function tests (LFTs) and blood counts (CBCs) are NOT recommended for routine follow-up

CT Imaging

- Follow-up PET CT, or other CT imaging of the abdomen and pelvis. This may be performed by Gyne-Oncologist if indicated symptoms should be investigated with imaging; most commonly CT.

Monitoring

- Sexual functioning
- Gastrointestinal dysfunction
- Bladder issues
- Psychosocial Functioning

Referrals to CancerCare Manitoba

- Contact the Gyne-Oncology team at 204-787-2071 if you are concerned about symptoms of recurrence
- Contact the Gyne Cancer Patient and Family Educator for supports at 204-788-8080
- Patient will be contacted in 2-3 working days (target) 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.



Patient Label or Today's Date: _____

Name: _____

Birthdate: _____ CR#: _____



Follow-Up Care Plan Part 1 Treatment Summary

Patient Label

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Renal Insufficiency related Cisplatin induced Nephrotoxicity

Persistent Health Issues After Treatment

Creatine:

Creatine Clearance: _____

Next Creatine and Creatine Clearance due: _____

- Not Required
- Requires referral to nephrology
- Referred to nephrologist Dr: _____
- Appointment Pending
 - Already ordered with a copy to Family Physician

Seen on: _____

- Sexual Function
- Bowel
 - Constipation
 - Diarrhea
- Bladder Function
- Treatment Induced Menopause
- Memory and Concentration Issues
- Other:

Other Comments:



Patient Label

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