

Patient Label

675 McDermot Avenue
Winnipeg, Manitoba
Canada R3E 0V9

409 Taché Avenue
Winnipeg, Manitoba
Canada R2H 2A6

www.cancercare.mb.ca

Date: _____

Re: Follow-Up Care for

Dear _____:
Family Physician / Nurse Practitioner / Surgeon

Your patient has completed treatment for melanoma and has no evidence of recurrent disease.

Your patient is now being returned to you for the supervision of their cancer follow-up care, including skin and lymph node checks, as well as for their general medical care. You may wish to engage a dermatologist for an initial assessment of your patient, at your discretion. Your patient has been asked to make an appointment with you in the next month to discuss their health and on-going follow-up schedule.

This information has also been shared with the patient's dermatologist (listed on page 4, if applicable).

Attached is a patient specific melanoma follow-up care plan. It includes a flowsheet of the follow-up schedule, a summary of the patient's diagnosis and treatment, and guidelines for you about physical examinations, and referring the patient back to CCMB should there be an indication of recurrence. Your patient has also received this document. Your patient has completed treatment for colorectal cancer and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that your patient has already received.

More information for health care providers about follow-up care issues and resources for colorectal cancer patients can be found on the CCMB website: www.cancercare.mb.ca/followupcare/	
◆ Skin Cancer Checks	◆ Screening Recommendations for Family
◆ Sun Safety	◆ Cancer Problems, Side Effects and resources
◆ Cancer Recurrence	◆ Overall Wellness following cancer
◆ Other Medical Test & Cancer Screening	◆ Cancer Support and Resources

Your patient remains welcome to access the supports available at CCMB through Patient and Family Support Services.

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

CCMB Medical Oncologist CCMB Radiation Oncologist Surgeon

CC: Dermatologist (If applicable)

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



Follow-Up Care Plan Part 1 Treatment Summary

Date Prepared:

Cancer Team	
FP or NP	
CCMB Primary Nurse	
Surgeon	
Dermatologist (If applicable)	
Primary Support Person (name & phone)	
Nursing Station Phone:	
Interpreter Required:	
Cancer Information	
Staging at the Time of Diagnosis	
Staging System	
<p>Stage 1: All tumours under 1 mm thick, or 1-2 mm thick without ulceration</p> <p>Stage 2: Tumours over 1 mm thick with ulceration, or all tumours over 2 mm thick</p> <p>Stage 3: Tumour has spread to the lymph nodes</p> <p>Stage 4: Tumour has spread (metastasized) to other parts of the body</p>	
Surgery	
Surgery Date:	
<input type="checkbox"/> Wide Local Excision <input type="checkbox"/> Sentinel Lymph Node Biopsy	
Current Medications	
Medication History	
Complementary & Integrative Medicines	
Persistent Health Issues from Treatment	
<input type="checkbox"/> Nerve Damage (numbness, tingling) <input type="checkbox"/> Lymphedema <input type="checkbox"/> Chronic Discomfort <input type="checkbox"/> Seroma at lymph node biopsy site <input type="checkbox"/> Dry/Itchy Skin <input type="checkbox"/> Decreased range of motion	
Other Comments	

FOLLOW-UP RECOMMENDATIONS

Cancer Question? Expert Help for Primary Care Providers (Physicians/Nurse Practitioners)
 call-text ► 204-226-2262 email ► cancerquestion@cancercare.mb.ca

FOLLOW-UP	STARTING ON DATE OF SURGERY	YEAR 1, 2	YEAR 3+
Medical Follow-Up Care Appointment <i>Focused history & physical including skin and lymph node checks</i>		Every 6 months	Annually
Bloodwork		Not Routine	Not Routine
Diagnostic Imaging: CT Imaging, X-Ray, MRI, Ultrasound		Not Routine	Not Routine

OVER 50% OF MELANOMA RECURRENCES ARE FOUND BY THE PATIENT. Your patient has had a brief discussion on self-skin checks during their appointment at CancerCare Manitoba, please continue further education/reminders with your patient as needed.

Medical Appointments

- A focused history and physical with skin and lymph node checks performed at each visit. Surgical scars and the surrounding area should be given particular monitoring for changes.
- Primary care providers may consider referring patients to a dermatologist for an initial assessment/follow-up if the patient is anxious or has higher risk moles to be checked.
- Inquire about new symptoms or change in overall health.

Bloodwork

- Blood tests, such as blood counts (CBCs) are **NOT recommended** for follow-up surveillance.

Diagnostic Imaging: CT Imaging, X-Ray, MRI, Ultrasound

- Diagnostic imaging is **not** routinely performed as part of follow-up surveillance.

Monitoring

- Check surgical scars and the surrounding area for changes. For example, new subcutaneous nodules in the surrounding area of the primary excision site, changes in scar, new pigmented lesions surrounding the excision site, new axillary lumps,
- Melanoma recurrence can show itself in a variety of ways, although recurrence or metastasis are unlikely in Stage I Melanoma patients.

Referrals to CancerCare Manitoba

- Fax referrals to the CCMB Referral Office 204-786-0621. Please **do NOT send letters directly to the Oncologist**, as this may delay the patient's appointment if that doctor is unavailable.

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Stage 1 Melanoma Follow-Up Tests & Appointments for:

DOB:

CR#:

Date of Surgery:

All dates are targets only. Your doctor may schedule tests earlier or later than what is recommended here

This schedule is for people who are feeling well and will help discover any return of the cancer as soon as possible.

If you are not feeling well enough for these tests, or if you have any symptoms listed in **Part 2 of your Follow-Up Care Plan**, please contact your family physician or nurse practitioner.

	Procedure	Health Care Provider
Y E A R	• Medical Appointment	Oncologist
	TRANSITIONAL APPOINTMENT	
1	• Medical Appointment	Name:
Y E A R	• Medical Appointment	Name:
	• Medical Appointment	
2		
Y E A R	• Medical Appointment	Name:
3		
Y E A R	• Medical Appointment	Name:
4		
Y E A R	• Medical Appointment	Name:
5+		