

Date: \_\_\_\_\_

Patient Label

Re: Follow-Up Care for

Dear \_\_\_\_\_:  
Family Physician / Nurse Practitioner /

Your patient has completed treatment for \_\_\_\_\_ 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 \_\_\_\_\_ Cancer
- Personalized Cancer Treatment Summary

Your patient has also received a folder containing \_\_\_\_\_ 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 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. She has 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 at 1-866-561- 1026 ext 2109.

Your patient will continue to have their \_\_\_\_\_ cancer follow-up care, prescriptions and imaging organized by: **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. **Therefore**, your vigilance for symptoms that may indicate recurrence is 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.

More information for health care providers about follow-up care issues and resources for ovarian, fallopian tube and peritoneal cancer patients can be found on the web at [www.cancercare.mb.ca/followupcare/](http://www.cancercare.mb.ca/followupcare/). Topics include:

- |   |  |
|---|--|
| ◆ Cancer Recurrence                           | ◆ Diet & Nutrition                     |
| ◆ Other Medical Tests                         | ◆ Exercise & Activity                  |
| ◆ Cancer Problems, Side Effects and Resources | ◆ 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 Surgical Oncologist       CCMB Radiation Oncologist       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](mailto:transitions@cancercare.mb.ca).

**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		• Medical Appointment
	<i>1 year + 6 months</i>	• Medical Appointment
	<b>1 year + 9 months</b>	• Medical Appointment
	<b>2 years</b>	• Medical Appointment
Y E A R 3	<b>2 years +</b>	• Medical Appointment
	<b>2 years +</b>	• Medical Appointment
	<b>3 years</b>	• Medical Appointment
Y E A R 4	<b>3 years + 6 months</b>	• Medical Appointment
	<b>4 years</b>	• Medical Appointment
Y E A R 5	<b>4 years + 6 months</b>	• Medical Appointment
	<b>5 years</b>	• Medical Appointment

## 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)

FOLLOW-UP	YEAR 1, 2,	YEAR 3	YEAR 4, 5
<b>Medical Follow-Up Care Appointment:</b> <i>Focused history &amp; physical, bimanual pelvic and rectal exam</i>	Every 3 months	Every 4 or 6 months	Every 6 months
<b>Bloodwork:</b> <i>CA125 if initially elevated (Only if concerning symptoms are present)</i>	Not routine	Not routine	Not routine
<b>CT Imaging (infused):</b> <i>Chest / Abdomen / Pelvis (Only if concerning symptoms are present)</i>	Not routine	Not routine	Not routine
<b>Monitoring:</b> <i>Possible Side Effects of Treatment</i>	Sexual Function; Peripheral Neuropathy (nerve pain), Bowel and Bladder Function (including ostomy care), Memory and Concentration Issues		

### Medical Appointments

- A focused history and physical with abdominal assessment including bimanual pelvic and rectal examination.
- Inquire about new symptoms such as abdominal, back, or pelvic pain or pressure, nausea/indigestion, abdominal bloating, increased abdominal size, anorexia or early satiety, urinary changes such as increased urgency and/or frequency, bowel changes such as constipation, diarrhea, or thin/pencil like stools.

### Bloodwork

- Routine CA 125's have not been shown to improve overall survival therefore are routinely not done unless concerning symptoms arise. CA125 *may* be drawn at each visit in Years 1, 2 and 3, if initially elevated, however this is typically only if the patient requests it.
- For a CA125 result above the upper limit of normal, repeat the test in 4-6 weeks.
- Other blood tests, such as liver function tests (LFTs) and blood counts (CBCs) are NOT recommended for follow-up.

### CT Imaging

- Follow-up CT imaging of the abdomen and pelvis is performed **only** for patients if symptomatic for recurrence or if indicated by physical exam.

### Monitoring

- Chemotherapy induced peripheral neuropathy usually resolves with time, and can be treated by using tricyclics (desipramine, nortriptyline), anti-convulsants (gabapentin, pregabalin), opioids or SSNRI's (venlafaxine).

### Referrals to CancerCare Manitoba

- Contact the Gyne-Oncology team at 204-787-2071 if you are concerned about symptoms of recurrence.
- 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

**Cancer Team and Key Contacts**

GyneOnc Physician: \_\_\_\_\_

CCMB Nurse: \_\_\_\_\_

CCMB Nurse Practitioner: \_\_\_\_\_

Primary Support Person (name & phone) \_\_\_\_\_

Nursing Station Phone: \_\_\_\_\_

Interpreter Required

**Surgery**

Surgery Date: \_\_\_\_\_

Total Abdominal Hysterectomy

Subtotal Abdominal Hysterectomy

Bilateral Salpingo-oophorectomy

Salpingectomy

Oophorectomy

Omentectomy

Other: \_\_\_\_\_

Lymph Node Detail
Lymph Nodes With Cancer: _____
Lymph Nodes Removed: _____

**Cancer Information**

Type of Ovarian Cancer	Type of Other Cancer
<input type="checkbox"/> Epithelial	<input type="checkbox"/> Fallopian Tube
<input type="checkbox"/> Germ Cell	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Sex Cord or Stromal Cell	

**Staging at Time of Surgery (Based on Pathology)**

I     II     III     IV

**FIGO Cancer Staging System**

**Stage I:** Tumor confined to ovaries (or fallopian tubes)

**Stage II:** Tumor involves 1 or both ovaries (or fallopian tubes) with pelvic extension (below the pelvic brim) or primary peritoneal cancer

**Stage III:** Tumor involves 1 or both ovaries with cytologically or histologically confirmed spread to the peritoneum outside the pelvis and/or metastasis to the retroperitoneal lymph nodes

**Stage IV:** Distant metastasis excluding peritoneal metastasis

**Chemotherapy**

No Chemotherapy

Neoadjuvant Carboplatin and Paclitaxel (3 cycles)

Adjuvant Paclitaxel + Carboplatin (\_\_\_\_cycles)

Carboplatin + Docetaxel (6 cycles)

Single Agent Carboplatin (6 cycles)

Other: \_\_\_\_\_

Date Completed \_\_\_\_\_

# of Cycles Completed: \_\_\_\_\_

Toxicity

Patient Declined

Peripheral Neuropathy

Other \_\_\_\_\_

**Radiation**

Radiation Site: \_\_\_\_\_

Date Completed: \_\_\_\_\_

No Radiation Required

**Medication:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Renewal Requirements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complimentary Therapies/Traditional Medicine:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Persistent Health Issues After Treatment**

Fatigue

Peripheral Neuropathy (numbness, tingling or pain from nerve damage)

Sexual function

Bowel

Bladder Function

Memory and Concentration Issues

Other: \_\_\_\_\_

**CA125 Blood Test**

Date of Most Recent Test: \_\_\_\_\_

Location of Test: \_\_\_\_\_

Next CA125 Due: \_\_\_\_\_

Please Order

Already ordered with a copy to Family Physician

Location of Test: \_\_\_\_\_

Not required

**Other Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_