



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 Uterine 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 \_\_\_\_\_ cancer follow-up care and imaging organized by:**

**CancerCare Manitoba Team**

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 share care between CancerCare Manitoba and you** for supervision of their cancer follow-up 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 endometrial/uterine 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 following uterine cancer    |
| ◆ Other Medical Tests & Screening                     | ◆ Exercise & Activity following uterine cancer |
| ◆ Uterine Cancer Problems, Side Effects and Resources | ◆ Uterine 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](mailto:transitions@cancercare.mb.ca).



## Uterine Cancer 5 Year Follow-Up Tests & Appointments for

Patient Label

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

|                       |                    | Procedure             |
|-----------------------|--------------------|-----------------------|
| Y<br>E<br>A<br>R<br>1 | 0 + 3 months       | • Medical Appointment |
|                       | 0 + 6 months       | • Medical Appointment |
|                       | 0 + 9 months       | • Medical Appointment |
|                       | 1 year             | • Medical Appointment |
| Y<br>E<br>A<br>R<br>2 | 1 year + 3 months  | • Medical Appointment |
|                       | 1 year + 6 months  | • Medical Appointment |
|                       | 1 year + 9 months  | • Medical Appointment |
|                       | 2 years            | • Medical Appointment |
| Y<br>E<br>A<br>R<br>3 | 2 years + _____    | • Medical Appointment |
|                       | 3 Years            | • Medical Appointment |
| Y<br>E<br>A<br>R<br>4 | 3 years + 6 months | • Medical Appointment |
|                       | 4 years            | • Medical Appointment |
| Y<br>E<br>A<br>R<br>5 | 4 years + 6 months | • Medical Appointment |
|                       | 5 years            | • Medical Appointment |

**Follow-up care is completely transferred to the primary care provider on the 6th year post treatment**

|                       |         |                       |
|-----------------------|---------|-----------------------|
| Y<br>E<br>A<br>R<br>6 | 6 years | • 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 well women physical exam is recommended)

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

#### Medical Appointments

- A focused history and physical with abdominal assessment, lymph node survey including speculum exam bimanual and pelvic rectal examination
- A Pap test should occur in accordance to Manitoba screening guidelines
- Inquire about new symptoms such as vaginal bleeding or changing in vaginal discharge 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.
- Concerns of vaginal abnormality should be biopsed - refer or call Gyne-Oncology team

#### Bloodwork

- Routine bloodwork is not recommended for the purpose of uterine cancer follow-up, as no tests have been shown to detect uterine cancer early

#### 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.
- If a CT suggests recurrence, notify the Gyne-Oncologist on call by paging them at 204-787-2071. Include all relevant lab & imaging results.

#### Monitoring

- Chemotherapy induced peripheral neuropathy usually resolves with time, and can be treated with tricyclics (desipramine, nortriptyline), anti-convulsants (gabapentin, pregabalin), or opioids

#### Referrals to CancerCare Manitoba

- If patient has been discharged from CCMB, fax a new referral to the CCMB Referral Office at 786-0621
- 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.
- If concerns on diagnostics, exams, or biopsy, **call the Gyne-Oncologist on-call at 204-787-2071.**



## Follow-Up Care Plan Part 1 Treatment Summary

|                                      |            |
|--------------------------------------|------------|
| Patient Label or Today's Date: _____ |            |
| Name: _____                          |            |
| Birthdate: _____                     | CR#: _____ |

| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Cancer Team</th> </tr> <tr> <td style="width: 20%;">Primary Care Practitioner</td> <td></td> </tr> <tr> <td>Primary Gynecologic Oncologist</td> <td></td> </tr> <tr> <td>Radiation Oncologist</td> <td></td> </tr> <tr> <td>CCMB Primary Nurses</td> <td></td> </tr> <tr> <td>CCMB Nurse Practitioner</td> <td></td> </tr> <tr> <td>Psychosocial Oncology Clinician</td> <td></td> </tr> <tr> <td>Primary Support Person (Name &amp; Number)</td> <td></td> </tr> </table>   | Cancer Team  |  | Primary Care Practitioner   |  | Primary Gynecologic Oncologist   |          | Radiation Oncologist                            |  | CCMB Primary Nurses   |  | CCMB Nurse Practitioner                        |  | Psychosocial Oncology Clinician   |  | Primary Support Person (Name & Number)  |              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Surgery</th> </tr> <tr> <td colspan="2">Surgery Date: _____</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Total Abdominal Hysterectomy<br/> <input type="checkbox"/> Bilateral Salpingo-oophorectomy<br/> <input type="checkbox"/> Salpingectomy<br/> <input type="checkbox"/> Oophorectomy<br/> <input type="checkbox"/> Omentectomy<br/> <input type="checkbox"/> Lymph Node Dissection<br/> <input type="checkbox"/> Other: _____         </td> </tr> </table> | Surgery   |  | Surgery Date: _____   |   | <input type="checkbox"/> Total Abdominal Hysterectomy<br><input type="checkbox"/> Bilateral Salpingo-oophorectomy<br><input type="checkbox"/> Salpingectomy<br><input type="checkbox"/> Oophorectomy<br><input type="checkbox"/> Omentectomy<br><input type="checkbox"/> Lymph Node Dissection<br><input type="checkbox"/> Other: _____ |                                  |
|---|--|--|---|--|--|----------|---|--|---|--|--|--|---|--|---|--------------|--|---|--|---|---|---|----------------------------------|
| Cancer Team   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Primary Care Practitioner   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Primary Gynecologic Oncologist  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Radiation Oncologist  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| CCMB Primary Nurses   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| CCMB Nurse Practitioner   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Psychosocial Oncology Clinician   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Primary Support Person (Name & Number)  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Surgery   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Surgery Date: _____   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> Total Abdominal Hysterectomy<br><input type="checkbox"/> Bilateral Salpingo-oophorectomy<br><input type="checkbox"/> Salpingectomy<br><input type="checkbox"/> Oophorectomy<br><input type="checkbox"/> Omentectomy<br><input type="checkbox"/> Lymph Node Dissection<br><input type="checkbox"/> Other: _____   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Cancer Information</th> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Type of Endometrial/Uterine Cancer</th> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Endometrioid Adenocarcinoma<br/> <input type="checkbox"/> Serous Adenocarcinoma<br/> <input type="checkbox"/> Sarcoma<br/> <input type="checkbox"/> Other<br/> <input type="checkbox"/> High Grade<br/> <input type="checkbox"/> Low Grade         </td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">Staging at Time of Surgery (Based on Pathology)</th> </tr> <tr> <td colspan="2"> <input type="checkbox"/> I    <input type="checkbox"/> II    <input type="checkbox"/> III    <input type="checkbox"/> IV         </td> </tr> <tr> <th colspan="2" style="background-color: #cccccc;">FIGO Endometrial/Uterine Cancer Staging System</th> </tr> <tr> <td colspan="2"> <i>Stage I: Tumor found only in the body of the uterus</i><br/> <i>Stage II: Tumor has spread to the cervical stroma but has not spread beyond the uterus</i><br/> <i>Stage III: The cancer has spread beyond the uterus, but is still in pelvic area</i><br/> <i>Stage IV: The cancer has spread to mucosa of the rectum or bladder, or to lymph nodes in the groin area, and/or to distant organs</i> </td> </tr> </table> | Cancer Information   |  | Type of Endometrial/Uterine Cancer  |  | <input type="checkbox"/> Endometrioid Adenocarcinoma<br><input type="checkbox"/> Serous Adenocarcinoma<br><input type="checkbox"/> Sarcoma<br><input type="checkbox"/> Other<br><input type="checkbox"/> High Grade<br><input type="checkbox"/> Low Grade  |          | Staging at Time of Surgery (Based on Pathology) |  | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV |  | FIGO Endometrial/Uterine Cancer Staging System |  | <i>Stage I: Tumor found only in the body of the uterus</i><br><i>Stage II: Tumor has spread to the cervical stroma but has not spread beyond the uterus</i><br><i>Stage III: The cancer has spread beyond the uterus, but is still in pelvic area</i><br><i>Stage IV: The cancer has spread to mucosa of the rectum or bladder, or to lymph nodes in the groin area, and/or to distant organs</i> |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Chemotherapy</th> <th style="background-color: #cccccc;">Radiation</th> </tr> <tr> <td> <input type="checkbox"/> No Chemotherapy<br/> <input type="checkbox"/> Neoadjuvant Carboplatin and Paclitaxel (3 cycles)<br/> <input type="checkbox"/> Adjuvant Paclitaxel + Carboplatin (___ cycles)<br/> <input type="checkbox"/> Carboplatin + Docetaxel (___ cycles)<br/> <input type="checkbox"/> Single Agent Carboplatin (___ cycles)<br/> <input type="checkbox"/> Other: _____         </td> <td>           Radiation Site:<br/> <input type="checkbox"/> Whole Pelvis<br/> <input type="checkbox"/> Vaginal Vault<br/> <input type="checkbox"/> Date Completed: _____<br/> <input type="checkbox"/> No Radiation Required         </td> </tr> <tr> <td>           Date Completed: _____<br/>           # of Cycles Completed: _____<br/>           Reason for stopping early:<br/>           - Toxicity<br/>           - Patient Declined         </td> <td style="background-color: #cccccc;"> <b>Complementary &amp; Integrative Medicine</b> </td> </tr> <tr> <td></td> <td style="background-color: #cccccc;"> <b>Medication Reconciliation</b> </td> </tr> </table> | Chemotherapy | Radiation  | <input type="checkbox"/> No Chemotherapy<br><input type="checkbox"/> Neoadjuvant Carboplatin and Paclitaxel (3 cycles)<br><input type="checkbox"/> Adjuvant Paclitaxel + Carboplatin (___ cycles)<br><input type="checkbox"/> Carboplatin + Docetaxel (___ cycles)<br><input type="checkbox"/> Single Agent Carboplatin (___ cycles)<br><input type="checkbox"/> Other: _____ | Radiation Site:<br><input type="checkbox"/> Whole Pelvis<br><input type="checkbox"/> Vaginal Vault<br><input type="checkbox"/> Date Completed: _____<br><input type="checkbox"/> No Radiation Required | Date Completed: _____<br># of Cycles Completed: _____<br>Reason for stopping early:<br>- Toxicity<br>- Patient Declined | <b>Complementary &amp; Integrative Medicine</b> |   | <b>Medication Reconciliation</b> |
| Cancer Information  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Type of Endometrial/Uterine Cancer  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> Endometrioid Adenocarcinoma<br><input type="checkbox"/> Serous Adenocarcinoma<br><input type="checkbox"/> Sarcoma<br><input type="checkbox"/> Other<br><input type="checkbox"/> High Grade<br><input type="checkbox"/> Low Grade   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Staging at Time of Surgery (Based on Pathology)   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| FIGO Endometrial/Uterine Cancer Staging System  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <i>Stage I: Tumor found only in the body of the uterus</i><br><i>Stage II: Tumor has spread to the cervical stroma but has not spread beyond the uterus</i><br><i>Stage III: The cancer has spread beyond the uterus, but is still in pelvic area</i><br><i>Stage IV: The cancer has spread to mucosa of the rectum or bladder, or to lymph nodes in the groin area, and/or to distant organs</i>   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Chemotherapy  | Radiation  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> No Chemotherapy<br><input type="checkbox"/> Neoadjuvant Carboplatin and Paclitaxel (3 cycles)<br><input type="checkbox"/> Adjuvant Paclitaxel + Carboplatin (___ cycles)<br><input type="checkbox"/> Carboplatin + Docetaxel (___ cycles)<br><input type="checkbox"/> Single Agent Carboplatin (___ cycles)<br><input type="checkbox"/> Other: _____   | Radiation Site:<br><input type="checkbox"/> Whole Pelvis<br><input type="checkbox"/> Vaginal Vault<br><input type="checkbox"/> Date Completed: _____<br><input type="checkbox"/> No Radiation Required |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Date Completed: _____<br># of Cycles Completed: _____<br>Reason for stopping early:<br>- Toxicity<br>- Patient Declined   | <b>Complementary &amp; Integrative Medicine</b>  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
|   | <b>Medication Reconciliation</b>   |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Persistent Health Issues After Treatment</th> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Fatigue<br/> <input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage)<br/> <input type="checkbox"/> Sexual function<br/> <input type="checkbox"/> Bowel and Bladder Function<br/> <input type="checkbox"/> Memory and Concentration Issues<br/> <input type="checkbox"/> Other: _____         </td> </tr> </table>   | Persistent Health Issues After Treatment   |  | <input type="checkbox"/> Fatigue<br><input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage)<br><input type="checkbox"/> Sexual function<br><input type="checkbox"/> Bowel and Bladder Function<br><input type="checkbox"/> Memory and Concentration Issues<br><input type="checkbox"/> Other: _____ |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">Genetics</th> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Tumour/HC<br/> <input type="checkbox"/> Discussed<br/> <input type="checkbox"/> Consulted<br/> <input type="checkbox"/> N/A<br/> <input type="checkbox"/> Serous Adenocarcinoma<br/> <input type="checkbox"/> Strong Family History of: Endometrial, Colon, Ovarian, Gastric, Pancreatic, Small intestine, Brain or Skin Cancer.<br/>           Note: Most uterine cancers are NOT related to a genetic mutation.         </td> </tr> </table> | Genetics |   | <input type="checkbox"/> Tumour/HC<br><input type="checkbox"/> Discussed<br><input type="checkbox"/> Consulted<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Serous Adenocarcinoma<br><input type="checkbox"/> Strong Family History of: Endometrial, Colon, Ovarian, Gastric, Pancreatic, Small intestine, Brain or Skin Cancer.<br>Note: Most uterine cancers are NOT related to a genetic mutation. |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Persistent Health Issues After Treatment  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> Fatigue<br><input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage)<br><input type="checkbox"/> Sexual function<br><input type="checkbox"/> Bowel and Bladder Function<br><input type="checkbox"/> Memory and Concentration Issues<br><input type="checkbox"/> Other: _____   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| Genetics  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <input type="checkbox"/> Tumour/HC<br><input type="checkbox"/> Discussed<br><input type="checkbox"/> Consulted<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Serous Adenocarcinoma<br><input type="checkbox"/> Strong Family History of: Endometrial, Colon, Ovarian, Gastric, Pancreatic, Small intestine, Brain or Skin Cancer.<br>Note: Most uterine cancers are NOT related to a genetic mutation.  |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
| <b>Other Comments</b>   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |
|   |  |  |   |  |  |          |   |  |   |  |  |  |   |  |   |              |  |   |  |   |   |   |                                  |