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Winnipeg, Manitoba
Canada R3E 0V9

○ 409 Taché Avenue
Winnipeg, Manitoba
Canada R2H 2A6

www.cancercare.mb.ca

Date: _____

Patient Label

Re: Follow-Up Care for

Dear _____:
Family Physician / Nurse Practitioner / Surgeon

Your patient has completed treatment for breast 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 breast cancer
- Personalized Cancer Treatment Summary

Your patient has also received a folder containing Breast 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 mammograms and prescription of their tamoxifen or aromatase inhibitor (if applicable) 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 consider sending a copy of mammogram results to the patient's surgeon to keep them in the loop.

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 will continue to have their cancer follow-up care, prescriptions and mammograms organized by:

- Physicians at CancerCare Manitoba
- Physicians at the local Community Cancer Program

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.

More information for health care providers about follow-up care issues and resources for breast cancer patients can be found on the CCMB website: www.cancercare.mb.ca/followupcare/

Topics include:

- | | |
|--|--|
| ◆ Cancer Recurrence | ◆ Diet & Nutrition following breast cancer |
| ◆ Other Medical Tests & Cancer Screening | ◆ Exercise & Activity following breast cancer |
| ◆ Screening recommendations for family | ◆ Breast Cancer Patient Support and Resources |
| ◆ Breast Cancer Problems, Side Effects and Resources | ◆ Moving Forward after Breast Cancer Patient Program |

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 Family Physician in Oncology

CC: Surgeon

* 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

Patient Label or Today's Date: _____

Name: _____

Birthdate: _____ CR#: _____

Cancer Team		Surgery	
FP or NP		Surgery Date: _____	
Surgeon		<input type="checkbox"/> Right <input type="checkbox"/> Left	Lymph Node Detail Lymph Nodes Removed: _____
Medical Oncologist		<input type="checkbox"/> Lumpectomy	
Radiation Oncologist		<input type="checkbox"/> Mastectomy	Lymph Nodes with Cancer: _____
CCMB Primary Nurse		<input type="checkbox"/> Sentinel Lymph Node Biopsy	
Plastic Surgeon		<input type="checkbox"/> Axillary Lymph Node Dissection	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Immediate Reconstruction	
		<input type="checkbox"/> Prophylactic Mastectomy (non-cancerous breast)	
Cancer Information		Chemotherapy	Radiation
Type of Breast Cancer		<input type="checkbox"/> No Chemotherapy <input type="checkbox"/> FEC-D: fluorouracil (5FU), epirubicin, cyclophosphamide, docetaxel, 6 cycles <input type="checkbox"/> FEC4-D4: FEC-D, 8 cycles <input type="checkbox"/> TC: docetaxel & cyclophosphamide <input type="checkbox"/> EC: epirubicin & cyclophosphamide <input type="checkbox"/> AC: doxorubicin & cyclophosphamide <input type="checkbox"/> AC + T: AC + docetaxel <input type="checkbox"/> Other: _____ Date Completed _____	<input type="checkbox"/> No Radiation <input type="checkbox"/> Chest Wall / Breast <input type="checkbox"/> Lymph Nodes Date Completed: _____ <div style="border: 1px solid black; padding: 2px; text-align: center;"><input type="checkbox"/> Herceptin</div> Finish Date: _____ Date of Last MUGA: _____ Result: _____
<input type="checkbox"/> Ductal	ER: <input type="checkbox"/> Pos <input type="checkbox"/> Neg		
<input type="checkbox"/> Lobular	PR: <input type="checkbox"/> Pos <input type="checkbox"/> Neg		
<input type="checkbox"/> Other:	HER2: <input type="checkbox"/> Pos <input type="checkbox"/> Neg		
Staging at Time of Surgery (based on pathology)		<input type="checkbox"/> Hormonal Therapy <input type="checkbox"/> tamoxifen <input type="checkbox"/> anastrozole <input type="checkbox"/> letrozole <input type="checkbox"/> exemestane <input type="checkbox"/> other	Estimated Finish Date: _____ <div style="border: 1px solid black; padding: 5px;">Persistent Side Effects from Treatment</div> <input type="checkbox"/> Fatigue <input type="checkbox"/> Skin Rash <input type="checkbox"/> Arm lymphedema <input type="checkbox"/> Pain <input type="checkbox"/> Edema, generalized <input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage) <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Other: _____
<input type="checkbox"/> IA <input type="checkbox"/> IIB	T: N: M:		
<input type="checkbox"/> IB <input type="checkbox"/> IIIA			
Initial Clinical Staging (if chemo is first treatment)			
<input type="checkbox"/> IA <input type="checkbox"/> IIB	T: N: M:		
<input type="checkbox"/> IB <input type="checkbox"/> IIIA			
<input type="checkbox"/> IIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC			
Pathologic Staging System "Tumour-Node-Metastases" (TNM)			
Stage I: Tumour is less than 2cm, no spread to lymph nodes Stage II: 2cm or larger tumour with no spread to lymph nodes -or- tumour is smaller than 5cm with spread to 1-3 lymph nodes Stage III: 5cm or larger tumour with spread to nodes -or- a tumour of any size with spread to nearby tissues or with 4 or more involved nodes	Tis carcinoma in situ T0 no evidence of primary tumour T 1-3: size of the tumour T4: tumour with tissue extension N 0: no regional lymph nodes involved N 1: Metastases in 1-3 lymph nodes N 2: Metastases in 4-9 lymph nodes N 3: Metastases in 10+ lymph nodes M 0: no spread to other parts of the body		
Diagnostic Mammogram		Other Comments	
Date of Most Recent Mammogram: _____ o Location of Test: _____ Next Mammogram Due: _____ <input type="checkbox"/> Please Order <input type="checkbox"/> Already ordered with a copy to Family Physician o Location of Test: _____			

Important caution: This is a summary document whose purpose is to review the highlights of the cancer diagnosis and treatment experience for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer, radiotherapy and chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for breast cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.