

Date: _____

Patient Label

Re: Follow-Up Care for

Dear _____
Family Physician / Nurse Practitioner

○ 675 McDermot Avenue
Winnipeg, Manitoba
Canada R3E 0V9

○ 409 Taché Avenue
Winnipeg, Manitoba
Canada R2H 2A6

www.cancercare.mb.ca

The above patient has completed treatment for _____ leukemia and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that the patient has already received.

- Follow-Up Recommendations
- Personalized Cancer Treatment Summary

The patient has also received a folder containing Leukemia 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.

The patient will continue to have their cancer follow-up care organized by CancerCare Manitoba for the duration of 5 years. At 5 years post treatment, the ongoing follow-up care management of this patient will be your responsibility and all general primary care and cancer screening guidelines should be followed. More information on this can be found on page 3 of this plan.

These documents are for your information to support your important role in caring for this patient.. Many cancer recurrences present to the primary care provider 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 when the patient's follow-up care is transferred to you in the future. The patient remains welcome to access the support available at CCMB Patient and Family Support Services (204-787-2109).

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

- ◆ Cancer Recurrence
- ◆ Other Medical Tests & Cancer Screening
- ◆ Leukemia Patient Support and Resources
- ◆ Moving Forward After Cancer Treatment Wellness Program
- ◆ Diet & Nutrition following leukemia
- ◆ Exercise & Activity following leukemia
- ◆ Leukemia Problems, Side Effects and Resources

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

Sincerely,

CCMB Hematologist/Oncologist CCMB Nurse Practitioner CCMB Physician Assistant

* 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.

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Cancer Question? Expert Help for Primary Care call-text ► 204-226-2262
Email ► cancerquestion@cancercare.mb.ca



Follow-Up Care Plan Part 1 Treatment Summary

Patient Label or Today's Date: _____

Name: _____

Birthdate: _____ CR#: _____

Cancer Team		Pathology	
Radiation Oncologist		<input type="checkbox"/> Bone Marrow Biopsy and aspirate Date: _____ <input type="checkbox"/> Other diagnostic procedure/biopsy Date: _____ Details: _____	
Hematologist/Oncologist			
Physician Assistant			
Primary Nurse			
Primary Support Person (name & phone)			
Nursing Station Phone:			
Interpreter Required:	<input type="checkbox"/>		
Cancer Information		Chemotherapy	Radiation
<input type="checkbox"/> Acute Myeloid Leukemia <input type="checkbox"/> Acute Lymphoblastic Leukemia <input checked="" type="checkbox"/> Acute Promyelocytic Leukemia		<input type="checkbox"/> 7+3 induction (cytarabine, daunorubicin) <input type="checkbox"/> HIDAC 18 (high dose cytarabine) <input type="checkbox"/> AL4 <input type="checkbox"/> Arsenic Trioxide + ATRA <input type="checkbox"/> Hyper CVAD <input type="checkbox"/> POMP Maintenance (vincristine, prednisone, 6-MP, methotrexate) <input type="checkbox"/> Other: _____	<input type="checkbox"/> No Radiation required <input type="checkbox"/> Radiation site: _____ <input type="checkbox"/> Date Completed: _____
			Persistent Health Issues from Treatment
Blood Work Post Treatment		# Cycles completed: _____ Reason for stopping early: <input type="checkbox"/> Toxicity <input type="checkbox"/> Pt Declined <input type="checkbox"/> Other _____ Result: <input type="checkbox"/> CR (complete response)	<input type="checkbox"/> Fatigue <input type="checkbox"/> Peripheral Neuropathy (numbness, tingling or pain from nerve damage) <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Neutropenia <input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Adverse drug/treatment reactions <input type="checkbox"/> Drug Effect: _____ <input type="checkbox"/> Other: _____
CBC Date and Result _____ Biochemistry Date and Result _____			
Other Comments:			
Complimentary/ Traditional Medicines:	Medications (include renewal requirements)	Next oncology visit and blood work due:	



Patient Label

Follow-Up Recommendations Acute Leukemia

- Year 1 Follow-up begins at the date of transition appointment

	First 6 months	6 months – 1 year	1-3 years	3-5 years	5 years +
Oncology Visits (Hematologist/Physician Assistant): -focused assessment of symptoms of relapse	Every 3 months	Every 3 months	Every 6 months	Yearly	N/A
Primary Care Visits (Primary Care Provider) - non-oncology physical assessment including general primary care and cancer screening protocols (i.e diabetes, hypertension, etc.)	At minimum once annually	At minimum once annually	At minimum once annually	At minimum once annually	At minimum once annually including a CBC and biochemistry profile
Blood Work done by Hematologist/Physician Assistant: -Full biochemistry profile, CBC	Monthly	Every 3 months	Every 6 months	Yearly	Done by Primary Care Provider
Bone Marrow Biopsy, PML-RAR alpha gene rearrangement test	Not performed as part of routine follow up				

Physician / Physician Assistant Visits

- Encourage Vitamin D 1000-2000 IU daily.
- Encourage patients with a leukemia diagnosis to receive the annual influenza vaccination.
- Most patients who are 1 year post treatment are eligible to receive the shingles vaccination. Patients with persistent immune suppression or who are taking immunosuppressant medications SHOULD AVOID this vaccine.
- Medication update including complementary therapies.
- Encourage smoking cessation, healthy heart, sun sense, and routine cancer screening for cervical, colorectal and breast cancer.
- Abnormal symptoms or signs should be investigated with exam, lab and imaging.
- Encourage patient to seek medical attention regarding any worrisome symptoms **without waiting** for their next regular appointment.

Common Symptoms of Relapse/Recurrence

- Unexplained weight loss
- Bleeding or easy bruising
- Drenching night sweats
- Fevers in the absence of infection
- Recurrent infections
- Fatigue or shortness of breath

What to do if concerned about cancer recurrence

- Complete blood work and full physical exam.
- Page the leukemia/BMT attending physician on-call through the Health Sciences Centre Paging at 204-787-2071

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Use of these guidelines should not preclude use of the practitioner's independent clinical judgment, nor should it replace consultation with the appropriate specialist.
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