



Date: _____

Patient Label

○ 675 McDermot Avenue
 Winnipeg, Manitoba
 Canada R3E 0V9

Re: Follow-Up Care for

○ 409 Taché Avenue
 Winnipeg, Manitoba
 Canada R2H 2A6

Dear _____ :

Family Physician / Nurse Practitioner / Surgeon

www.cancercare.mb.ca

The above patient has completed treatment for _____ lymphoma 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 for _____ lymphoma
- Personalized Cancer Treatment Summary

The patient has also received a folder containing Lymphoma 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.

The patient is now being returned to you for supervision and follow-up care, including blood work and physical examination as well as general medical care. She/he 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.

The patient remains welcome to access the support available at CCMB through Patient and Family Support Services (204-787-2109).

The patient will continue to have their cancer follow-up care, prescriptions and imaging 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 lymphoma patients can be found on the CCMB website: www.cancercare.mb.ca/followupcare/ Topics include:

- | | |
|--|---|
| ◆ Cancer Recurrence | ◆ Diet & Nutrition following lymphoma |
| ◆ Other Medical Tests & Cancer Screening | ◆ Exercise & Activity following lymphoma |
| ◆ Lymphoma Patient Support and Resources | ◆ Lymphoma Problems, Side Effects and Resources |
| ◆ Cancer Transitions 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

* 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.

V 1.9 April 2015

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 FP or NP Hematologist/Oncologist Radiation Oncologist CCMB Primary Nurse Primary Support Person (name & phone) Nursing Station Phone: Interpreter Required:		Pathology <input type="checkbox"/> Lymph Node Biopsy Biopsy Date: Biopsy Site: <input type="checkbox"/> Bone Marrow Biopsy and aspirate Biopsy Date: <input type="checkbox"/> Involved <input type="checkbox"/> Not involved <input type="checkbox"/> Not done <input type="checkbox"/> Other diagnostic procedure/biopsy Date: Details:	
Cancer Information Indolent Lymphoma <input type="checkbox"/> Follicular <input type="checkbox"/> Waldenstroms <input type="checkbox"/> Marginal Zone <input type="checkbox"/> MALT <input type="checkbox"/> Indolent B Cell NHL not otherwise specified		Chemotherapy <input type="checkbox"/> No Chemotherapy <input type="checkbox"/> R-CHOP (rituximab, cyclophosphamide, vincristine, doxorubicin, prednisone) <input type="checkbox"/> BR (bendamustine + rituximab) <input type="checkbox"/> R-CVP (rituximab, cyclophosphamide, vincristine, prednisone) <input type="checkbox"/> Maintenance rituximab <input type="checkbox"/> Other:	
Staging at the Time of Diagnosis <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> II <input type="checkbox"/> B <input type="checkbox"/> III <input type="checkbox"/> E <input type="checkbox"/> IV		Radiation <input type="checkbox"/> No Radiation required <input type="checkbox"/> Radiation site: <input type="checkbox"/> Date Completed:	
Ann Arbor Staging System Stage I: one group of lymph nodes Stage II: 2 or > groups of nodes affected above or below diaphragm Stage III: 2 or > groups of nodes affected both above and below the diaphragm Stage IV: involvement of at least one organ A: Absence of B symptoms B: Presence of B symptoms E: Extranodal involvement		Persistent Health Issues from Treatment <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:	
Diagnostic Imaging (Post Treatment) Date: <input type="checkbox"/> PET scan <input type="checkbox"/> CT scan <input type="checkbox"/> Ultrasound <input type="checkbox"/> MUGA scan Date of Most Recent CT/PET scan:		Other Comments: 	
		Complimentary/ Traditional Medicines:	
		Medications (include renewal requirements):	

Indolent Non-Hodgkins Lymphoma 8 Year Follow-Up Tests & Appointments for:

Last Name _____, First Name _____

DOB: _____

CR#: _____

Date of Last Chemotherapy: _____

(Year 1 Follow up starts at the start of maintenance rituximab)

		Procedure	Health Care Provider
Year 1	+ 6 months	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO
	+9 months	<ul style="list-style-type: none"> • Order CT Scans for 1 year visit: Head/Neck/Chest/Abdomen/Pelvis (as applicable*) 	Oncologist/FPO
	+1 year	<ul style="list-style-type: none"> • Medical Appointment • Blood Test • CT Scan Results 	Oncologist/FPO
	+1 year 6 months	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO
	+1 year 9 months	<ul style="list-style-type: none"> • Order CT Scan for 2 year visit: Head/Neck/Chest/Abdomen/Pelvis (as applicable*) 	Oncologist/FPO
Year 2	+2 years	<ul style="list-style-type: none"> • MAINTENTANCE RITUXIMAB COMPLETED • Medical Appointment • Blood Test • CT Scan Results • ARRANGE TRANSITION APPOINTMENT 	Oncologist/FPO
	+2 years 6 months	<ul style="list-style-type: none"> • Medical Appointment • Blood Test • DO TRANSITIONAL APPOINTMENT 	Oncologist/FPO
Year 3	+3 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
	+3 years 6 months	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
Year 4	+4 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
	+4 years 6 months	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
Year 5	+5 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
Year 6	+6 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
Year 7	+7 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician
Year 8	+8 years	<ul style="list-style-type: none"> • Medical Appointment • Blood Test 	Oncologist/FPO/Family Physician

* Once CT's have documented complete remission, no further imaging is required unless relapse is suspected.



Patient Label

Patient Name: _____

Date of Birth: _____ CR#: _____

Diagnosis Date: _____

**Follow-Up Recommendations
Indolent Lymphoma Patients**

- Year 1 Follow-up begins at the start of maintenance rituximab

	Years 3 – 5 post completion of therapy	Years 6+
Primary Care Visits (Family Physician / Nurse Practitioner): -History and focused examination: lymph nodes (pre/post auricular, cervical, supra/infraclavicular, axillary, inguinal), spleen/liver, skin exam -Patient reported B-symptoms (fever, night sweats, unintentional weight loss)	Every 6 months	Annually
Blood work: CBC, electrolytes, creatinine, liver functions including LDH TSH, T3, T4 (if previous neck radiation) SPEP (serum protein electrophoresis) for patients with Waldenstroms Macroglobulinemia Persistently *elevated LDH in conjunction with positive clinical findings may be indicative of relapsed lymphoma	Every 6 months	Annually
X-Rays, CT- US- MRI- Bone- PET Scans	NOT performed if asymptomatic	

Physician / Nurse Practitioner Visits

- Encourage Vitamin D 1000-2000 IU daily.
- Encourage patients with a lymphoma diagnosis to receive the annual influenza vaccination.
- Most patients who are 6 months 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 cancers. Patients treated for lymphoma are at higher risk for developing second cancers.
- Abnormal symptoms or signs should be investigated with exam, lab and imaging.
- Encourage patient to see MD/NP regarding any worrisome symptoms **without waiting** for their next regular appointment.

Common Symptoms of Relapse/Recurrence

- Unexplained weight loss
- New or enlarged lymph nodes
- Drenching night sweats
- Persistent, unexplained symptoms such as shortness of breath and abdominal pain
- Recurrent infections

What to do if concerned about cancer recurrence

- Investigate with imaging of the area (CT recommended), complete blood work and full physical exam.
- Please initiate investigations and a surgical referral to confirm pathology (when applicable) and fax a referral to the CCMB Referral Office at **204-786-0621** and indicate if patient is highly symptomatic. Patient will be contacted within 2-3 working days.

FOLLOW-UP CHECKLIST

Year	1		2		3		4		5		6+
Month	6	12	6	12	6	12	6	12	6	12	12
History & Physical											
Blood work											

Use of these guidelines should not preclude use of the practitioner's independent clinical judgment, nor should it replace consultation with the appropriate specialist. V. April 2015