

End of Treatment Letter

Cervical Cancer

Physician



[DATE]

Re: End of Treatment

Dear Dr. _____,

Your patient [ARIA: Insert Name] has had surgery for cervical cancer and may also have completed other treatments at our Cancer Centre. Your patient's initial follow up will be provided by their oncology treatment team. This letter outlines:

- Follow-up procedures that will be carried out by the oncology treatment team, and
- Relevant information for you as their primary care provider related to
 - Potential signs and symptoms of recurrence
 - Late and long-term treatment complications to be monitored for
 - Wellness supports that may be helpful to your patient
 - Other cancer screening recommendations

You will receive a **Transfer of Care Letter from the Cancer Centre** when your patient meets our criteria for full transition back to you for the remainder of their cervical cancer surveillance. This subsequent letter will outline in detail our follow up recommendations for your patient's longer term surveillance in primary care.

Surveillance for Cervical Cancer Recurrence

- General assessment
- Elicitation of symptoms
- Speculum exam
- Pelvic-rectal exam

The oncology care team will do active surveillance for recurrence of cervical cancer, but does not conduct any other cancer prevention and or cancer screening procedures.

While we are providing your patient with active surveillance for their cervical cancer; the patient may present to your primary care location with signs and symptoms that may signal a cervical cancer recurrence. **Patients reporting a new incidence, or escalation of any of the symptoms below should be directed back to their oncology treatment team for further assessment and follow up.**

Please be aware of these potential symptoms of cervical cancer recurrence:

- Change in bowel habits
- Detection of a mass
- Persistent pain, especially in the abdomen, pelvis, or lower back
- Unexplained vaginal bleeding or discharge
- Unexplained weight loss
- Urinary symptoms

Complications and Late Effects of Cervical Cancer Treatment

Following treatment for cervical cancer, your patient may present with some of the complications outlined below. The oncology treatment team will continue to monitor and address concerns related to cancer therapy during this active follow-up phase. If any of these concerns persist, escalate, or reoccur, encourage the patient to contact their oncology treatment team.

Complication	Treatment – related causes	Actions
Chronic GI symptoms	<ul style="list-style-type: none"> radiation 	Symptoms such as chronic diarrhea, fecal leakage, and pain should be treated as appropriate.
Fatigue	<ul style="list-style-type: none"> radiation chemotherapy 	Fatigue should start to improve within months of treatment completion. Persistent or recurrent fatigue warrants further work-up to rule out other potential causes. For more information please refer to the Cancer-Related Fatigue Guideline .
Lymphedema	<ul style="list-style-type: none"> lymph node dissection radiation 	Early symptoms include leg heaviness or discomfort and may be present with/without overt swelling. Referral to local rehabilitation therapy services (e.g. physiotherapy) or tertiary lymphedema clinic can be made. (TBCC: 403-476-2448); (CCI: 780-432-8710)
Menopausal symptoms	<ul style="list-style-type: none"> radiation chemotherapy surgery hormones 	Some patients will experience new symptoms of menopause after treatment. During the active follow-up phase, patients manifesting symptoms of menopause such as vaginal dryness and hot flashes will be monitored as applicable by the oncology treatment team.
Peripheral neuropathy	<ul style="list-style-type: none"> taxane chemotherapy 	Peripheral neuropathy should improve over months.
Psychosocial distress	<ul style="list-style-type: none"> stress of cancer treatment fear of recurrence post-treatment adjustments 	Increasing helplessness /hopelessness, distress, anxiety or depression may be present. Patients experiencing these symptoms should be encouraged to inform their oncology treatment team for appropriate psychosocial referral.
Sexual dysfunction	<ul style="list-style-type: none"> radiation chemotherapy surgery hormones 	Some patients may experience decreased libido, loss of intimacy with their partners or pain with sexual activities. Further assessment should be done to rule out depression. Encourage patients to notify the oncology treatment team for referral to sexuality/intimacy resources within the cancer center.

Referrals for Cancer Related Symptom Management

Specialized cancer symptom management clinics exist within the provincial cancer system. Patients who have been treated for cervical cancer may require support from any or all of the following specialized clinics:

- **Lymphedema clinic:** For symptoms related to leg heaviness, swelling or discomfort
- **Gastroenterology clinic:** For chronic GI symptoms
- **Dieticians:** To address concerns related to adequate nutritional intake

Patient Support and General Recommendations

Other resources available to your patient in the surveillance period include:

- **After Treatment Book:** Information and resources to help patients set priorities and take action following cancer treatment. It is handed to patients by the oncology team at the end of treatment

Counselling and Support: Post-treatment adjustment should be assessed. If issues are identified, treat or refer to an appropriately trained professional. Resources are available from the following sources (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

Calgary: 403-355-3207	Lethbridge: 403-388-6814	Other Communities visit www.ahs.ca/cpn and click: Provincial Cancer Patient Navigation
Edmonton: 780-643-4303	Medicine Hat: 403-529-8817	
Grande Prairie: 825-412-4200	Red Deer: 403-343-4485	

Healthy Lifestyle Recommendations: Your patient is encouraged to lead a healthy lifestyle. Here are some evidence informed recommendations about modifiable lifestyle factors for your information:

Modifiable Lifestyle Factor	Recommendations
Body Weight	<ul style="list-style-type: none"> • Body mass index (BMI): 18.5-25 kg/m² • Waist circumference: less than 80 cm for women / less than 94 cm for men.
Physical Activity	<ul style="list-style-type: none"> • Try to be active for 2.5 hours (150 minutes) every week. • Spread out exercise throughout the day and week, such as 30 minutes 5 days a week. • Focus on moderate (brisk walking) to vigorous activity (jogging).
Nutrition	<ul style="list-style-type: none"> • Avoid sugary drinks and foods. • Eat a variety of vegetables, fruits, whole grains, and legumes. • Limit consumption of red meats (such as beef, pork, and lamb), and avoid processed meats. • Limit consumption of salty foods and foods processed with salt.

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Dietary Supplements/ Bone Health	<ul style="list-style-type: none">• Vitamin D: 1000 - 2000 IU per day.• Calcium: 1000 mg per day (from all sources).• Treatment and follow up as per Canadian Osteoporosis Guidelines.
Alcohol	Limit alcohol consumption (<1 drink/day, <3 drinks/week).
Smoking	Practice smoking cessation. For help contact Alberta Quits 1-877-710-QUIT (7848) or visit www.albertaquits.ca and www.ahs.ca/guru for the clinical practice guideline.
Sun Exposure	<ul style="list-style-type: none">• Advise on avoidance of excessive or potentially harmful UV exposure.• Advocate for the use of sunscreen and sunglasses.• Advise against the use of indoor tanning beds.• Check skin regularly for suspicious lesion.
Immunizations	<ul style="list-style-type: none">• Annual non-live influenza vaccination unless contraindicated.• Other vaccinations as appropriate.
Other cancer screening	<ul style="list-style-type: none">• Age-appropriate screening such as breast, colorectal and other cancers.• Refer to www.screeningforlife.ca/healthcare-providers-resources/ for more information.

At any time if you have any concerns or are in need of more information please call the **referring oncologist at XXX**.

We appreciate your partnership in caring for this patient.

Sincerely,

The Alberta Provincial Gynecologic Oncology Tumour Team