Guideline Resource Unit
guru@ahs.ca

End of Treatment Letter

Breast Cancer

Physician

Cancer Care Alberta

www.ahs.ca/guru

[DATE]

Re: End of Treatment

Dear Dr. _____,

Your patient [ARIA: Insert Name] has received treatment(s) 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 breast 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 Breast Cancer Recurrence

The Cancer Centre will organize and monitor:

- **Diagnostic mammography** of intact breast(s) should be performed annually. First post-treatment mammogram should be 1 year after diagnostic mammogram (and at least 6 months after radiotherapy), then annually. Reconstructed breasts (autologous tissue or implants) or non-reconstructed chest wall post-mastectomy do not require any form of imaging surveillance. Supplemental breast ultrasound can be added to mammography in the setting of extremely dense breast tissue (American College of Radiology category D) and/or at the discretion of the reading radiologist.
- **Periodic clinical examination** should specifically include examination of the breast(s)/chest wall, supraclavicular and axillary lymph nodes in addition to routine clinical examination. Clinical examinations should be performed **every 6 months for 2 years then annually thereafter.**
- There is no evidence to support the use of breast self-examination (BSE) as a cancer screening method. To learn more about recognizable signs and symptoms of breast cancer, visit the Screening for Life website.
- No other routine surveillance investigations (e.g. lab work, tumour markers, diagnostic imaging) are recommended for asymptomatic patients.

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

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.

Symptom	Action / Investigation
New mass in breast or armpit, changes in the contour/shape/size of the breast, nipple retraction, or swelling of the breast or arm	Mammography +/- ultrasound +/- needle biopsy
New suspicious rash, bleeding or nodule on nipple or chest wall, mastectomy scar changes	Refer to surgeon for evaluation and biopsy
New palpable lymphadenopathy	Refer to surgeon or interventional radiology for biopsy
New persistent bone pain	Plain x-ray of affected site(s) and bone scan
New persistent cough or dyspnea	Chest x-ray and/or CT chest
New hepatomegaly or RUQ abdominal pain or jaundice	Ultrasound and/or CT scan of abdomen and liver enzymes
New onset seizures	Seizure management (as required) and CT/MRI brain
Back pain with limb weakness, change in sensation, change in reflexes, or loss of bowel/bladder control	MRI spine
New persistent headache or new concerning neurologic deficits	CT / MRI brain
Altered level of consciousness, nausea, vomiting, and/or pain with symptomatic hypercalcemia	IV hydration and bisphosphonate therapy
Unexpected constitutional symptoms (severe fatigue, unexplained weight loss)	Workup for any identifiable or treatable causes of fatigue and weight loss (e.g. anemia, liver dysfunction, thyroid or cardiac dysfunction), imaging investigations according to local symptoms and laboratory abnormalities as appropriate (e.g. liver ultrasound/CT abdomen if abnormal liver enzymes).

Complications and Late Effects of Breast Cancer Treatment

Following treatment for breast 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
Fatigue	• 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. • Consider referral to Alberta Cancer Exercise Program (www.albertacancerexercise.com)
Peripheral neuropathy	• taxane-chemotherapy	Chemotherapy related peripheral neuropathy should improve over months. Painful paresthesias may respond to gabapentin or amitriptyline. If neuropathy is progressive/persistent consider additional investigations and referral to neurology.
Lymphedema	• axillary dissection • radiation	Early symptoms include heaviness or discomfort close to lymph node removal site and may be present with/without overt swelling. Referral to local rehabilitation services (e.g. physiotherapy) or a rehabilitation oncology clinic can be made. (Arthur Child: 587-231-5701, CCI: 780-432-8710).
Cardiac dysfunction	• anthracycline-chemotherapy • trastuzumab	If patient is symptomatic or has clinical signs treat accordingly and evaluate further with ECG and MUGA or echocardiogram. Consider referral to cardiology if significant abnormalities are noted.
Acute Leukemia / Myelodysplasia	• chemotherapy	If concerning clinical symptoms perform CBC + differential (with peripheral blood smear) and refer to hematology if significant persistent cytopenias or blast cells are noted.
Deep venous thrombosis (DVT) or pulmonary embolus (PE)	• Tamoxifen	Confirm with ultrasound of affected extremity (DVT) or CT for PE. Stop Tamoxifen and commence anticoagulation. Consult medical oncologist for direction.
Endometrial carcinoma	• Tamoxifen	Endometrial ultrasound, endometrial biopsy if abnormal vaginal bleeding. Stop Tamoxifen. Refer to gynecology and consult medical oncologist for direction. Routine surveillance ultrasounds in asymptomatic individuals is discouraged.
Osteopenia/ Osteoporosis	• aromatase inhibitors	Bone density assessment (DEXA scan) and management as per OP guidelines.

Patient Support and General Recommendations

Your patient has received an After Treatment book and the Newly Diagnosed book with resources to help.

Counselling and Support: If you feel your patient would benefit from social, psychological or spiritual counselling, resources are available from the following sources (Community Cancer Centre patients should call the nearest Associate or Tertiary site):

Calgary: 587-231-3570	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:

Lifestyle factor	Recommendations
Body weight	Maintain a healthy weight

Physical activity & movement	Follow Canada's 24-hour Movement Guidelines:
	• Physical Activity: Performing a variety of types and intensities of physical activity which includes:
	  • **Moderate to vigorous aerobic physical activities** such that there is an accumulation of at least 150 minutes per week
	  • Muscle strengthening activities using major muscle groups at least twice a week
	  • Several hours of **light physical activities**, including standing
	  ○ Sleep: Getting 7 to 9 hours of good-quality sleep on a regular basis, with consistent bed and wake-up times
	  ○ Sedentary Time: Limiting sedentary time to 8 hours or less, which includes:
	  ▪ No more than 3 hours of recreational screen time
	  ▪ Breaking up long periods of sitting as often as possible
	• Visit the American College of Sports Medicine Guidelines for more information on exercise prescriptions for common side effects from cancer and cancer treatment

Nutrition	Follow Canada's Food Guide: Eat a variety of healthy foods each day: • Have plenty of vegetables and fruits • Eat protein foods • Make water your drink of choice • Choose whole grain foods
Alcohol	Follow Canada's Low Risk Alcohol Drinking Guidelines: Reduce long-term health risks by drinking no more than: • 10 drinks a week for women, with no more than 2 drinks a day most days • 15 drinks a week for men, with no more than 3 drinks a day most days • Plan non-drinking days every week to avoid developing a habit
Smoking	Practice smoking cessation. For help contact Alberta Quits 1-877-710-QUIT(7848) or www.albertaquits.ca
Sun exposure	Avoid harmful exposure, use sunscreen and wear sunglasses, do not use indoor tanning beds, check skin regularly and report changes to your physician.

Bone Health	• Patients should be encouraged to maintain good "bone health" measures such as:
	  ○ Performing regular weight-bearing, balance and strengthening exercises
	  ○ Smoking cessation
	  ○ Vitamin D: 1000 - 2000 IU per day
	  ○ Calcium (dietary and supplements): 1000-1200 mg per day if postmenopausal (preferably from dietary sources)

Specific Concerns for Breast Cancer Patients

Endocrine Therapy

For patients with ER+ breast cancer who have been initiated on adjuvant endocrine therapy (e.g. either single agent or sequential agent – tamoxifen and/or aromatase inhibitor), encourage endocrine therapy adherence and assess for side effects and complications.

Typically, endocrine therapy is prescribed for 5 years in total – however, selected patients may be offered extended duration of therapy beyond 5 years. **The exact endocrine therapy regimen will be**

decided in consultation with your patient and communicated to your patient and yourself in a separate notation. If you and/or your patient have any questions in this regard, please contact your patient's medical oncologist for additional clarification.

Potential side effects or complications of endocrine therapy:

- **Tamoxifen** commonly causes hot flashes and (non-bloody) vaginal discharge. It increases the risk for rare complications such as venous thrombotic events, endometrial cancer, cataracts, and possibly stroke. Patients with persistent, abnormal vaginal bleeding should be referred to a gynecologist for further evaluation given the theoretical risk of endometrial cancer.
- **Aromatase inhibitors (e.g. anastrozole, letrozole, exemestane**) commonly cause hot flashes, arthralgias, and vaginal dryness. These drugs also increase the risk of osteopenia and/or osteoporosis. Patients currently taking aromatase inhibitors should be monitored with a **baseline and regular bone density assessment** and treated and monitored according to current Canadian Osteoporosis Guidelines (www.osteoporosis.ca).

In patients with a previous history of invasive breast cancer and osteopenia/osteoporosis: EVISTA® (raloxifene) should **NOT** be prescribed for management of osteopenia/osteoporosis. In cases where osteopenia/osteoporosis treatment is indicated, consideration for an alternate bone targeted agent (e.g. bisphosphonate or RANK-ligand inhibitor) should be used instead.

Bisphosphonate Therapy:
Some postmenopausal patients may be prescribed bisphosphonate therapy (clodronate 1600 mg po daily or zoledronic acid 4 mg IV every 6 months) for 2 to 5 years as part of their breast cancer treatment. Clodronate prescriptions need to be filled at a community pharmacy. Patients on adjuvant zoledronic acid will have appropriate lab monitoring and will be treated at the cancer centre. Given the small risk for osteonecrosis of the jaw, we counsel patients to inform their dentist of bisphosphonate therapy use prior to procedures and to see their dentist in the event of persistent mouth ulcer, or tooth or jaw pain. **The exact bisphosphonate therapy regimen will be decided in consultation with your patient and communicated to your patient and yourself in a separate notation. If you and/or your patient have any questions in this regard, please contact your patient's medical oncologist for additional clarification.**

Sexual Health:

- **Menopause Symptoms**: Endocrine therapies commonly cause menopausal symptoms and chemotherapy may lead to early menopause. Oral estrogens (such as hormone replacement therapy) are not recommended in patients with a prior history of breast cancer due to concern for increasing breast cancer recurrence. Hot flashes which interfere with sleep and daily function can be managed with non-hormone therapies (e.g. venlafaxine or gabapentin). Vaginal dryness can be managed with a dual purpose non-hormonal vaginal moisturizer and lubricant (e.g. Replens®). Although effective for vaginal dryness, more information is needed

about the long-term safety of topical vaginal estrogens following a breast cancer diagnosis. For refractory vaginal or other sexual health symptoms, referral to gynecology and/or a sexual health expert should be considered for a detailed evaluation and discussion of risks versus benefits. In some cases where non-hormonal treatment does not provide sufficient relief of symptoms, a low dose of estrogen may be considered as well as a referral to gynecology and/or sexual health experts for a detailed discussion of the potential benefits (local symptom relief) and potential side effects (including theoretical risk of breast cancer recurrence).
    - Oncology and Sexuality, Intimacy, and Survivorship (OASIS) referral form: http://www.albertahealthservices.ca/frm-19189.pdf
- **Self-Image**: For some women, breasts are an important part of their self-image. Psychological counselling may be helpful for improving body image satisfaction, addressing relationship concerns and reducing sexual dysfunction. Patients may be interested in an external breast prosthesis (prescription required) or breast reconstruction (referral to Plastic Surgery).
- **Family Planning**: Pregnancy while on endocrine therapy is contraindicated. The absence of regular menses does not equate to menopause in all cases. Non-hormonal contraception is generally recommended (i.e. condoms, IUD) while the patient is on breast cancer treatment (radiotherapy, chemotherapy and endocrine therapy). There is an increased risk of sub-fertility / infertility and premature menopause in women who have had previous chemotherapy. Referral to a fertility specialist may be considered.

Genetic counselling:

- Patients should be informed to report any changes in their family history to their physician. All women from high-risk families should be offered a referral to genetic counselling. For more information, visit the Hereditary Cancer Clinic.
    - Calgary referral – Alberta Referral Directory - Service At Facility Data Entry
    - Edmonton referral - Alberta Referral Directory - Service At Facility Data Entry

At any time if you have any concerns or are in need of more information please call the **referring oncologist at [Insert Contact Number]**.

We appreciate your partnership in caring for this patient.

Sincerely,
The Alberta Provincial Breast Tumour Team