

Transfer of Care Letter

Endometrial Cancer

Physician



[DATE]

Re: Transfer of Care

Dear Dr. _____,

Your patient [ARIA: Insert name] has received treatment for endometrial cancer at the Cancer Centre and is now being **transitioned** back to you for ongoing endometrial cancer surveillance in addition to their regular care.

Your patient is in XXX year of their follow up surveillance.

The evidence-based recommendations below outline the standard follow-up procedures for endometrial cancer surveillance, and are intended to assist you in providing optimal endometrial cancer follow-up care for your patient; these recommendations are not intended to be a substitute for clinical judgment.

Surveillance for Endometrial Cancer Recurrence

As part of the minimum recommended follow-up, we ask that you organize:

- General assessment including complete history, elicitation of symptoms, speculum exam, and pelvic-rectal exam. The frequency of surveillance appointments depends on the stage of the cancer and the patient's individual situation. ***Please review the detailed progress notes for your patient's stage and the exact schedule you should follow:***
 - **Stage IA or IB, grade 1 or 2:** every **6 months** for **3 years** after treatment completion, **then annually in years 4 and 5.**
 - **Stage IA or IB, grade 3, or stage II or higher:** every **4 months for 3 years** after treatment completion, **then every 6 months during years 4 and 5.**
- Papanicolaou testing is not useful for detecting recurrences and is not recommended. Other routine tests and imaging are not recommended.

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

- Abdominal distension
- Detection of a mass
- Diarrhea, nausea, or vomiting
- Fatigue
- Persistent cough
- Persistent pain, especially in the abdomen, pelvis, or back/flank
- Swelling
- Unexplained vaginal bleeding or discharge
- Unexplained weight loss
- Urinary or bowel obstruction

Patients presenting with any symptoms or signs of recurrence should be investigated and referred back to the treating oncologist.

Complications and Late Effects of Endometrial Cancer Treatment

Complications	Treatment-related causes	Actions
Fatigue	<ul style="list-style-type: none"> Chemotherapy Radiation 	Fatigue should start to improve within months of treatment completion. Persistent or recurrent fatigue warrants further work-up to rule out other potential causes.
Peripheral neuropathy	<ul style="list-style-type: none"> Taxane chemotherapy 	Peripheral neuropathy should improve over months.
Lymphedema	<ul style="list-style-type: none"> Surgery Radiation 	Early symptoms include leg heaviness or discomfort and may be present with/without overt swelling. Referral to local rehabilitation services (e.g. physiotherapy) or lymphedema clinic can be made. (Arthur Child: 587-231-5701; CCI: 780-432-8710).
Chronic GI symptoms	<ul style="list-style-type: none"> Radiation Surgery 	Symptoms such as chronic diarrhea, fecal leakage, and pain should be treated as appropriate. Referral to GI for ongoing management can be considered.
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 Surgery 	Vaginal shortening, pain, decreased lubrication, and decreased arousal may occur. See below for more information.
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.

Patient Support and General Recommendations

Other resources available to your patient are as follows:

- 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: 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:

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.
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.

Specific Concerns for Endometrial Cancer Patients

Menopause Symptoms: Most endometrial cancers occur in post-menopausal women. Some patients will experience new symptoms of menopause after treatment. The use of hormone replacement therapy (HRT) in these women is controversial and there is little evidence about its safety. Women with low-risk disease may be acceptable candidates for HRT after appropriate discussion about benefits and side effects with the patient. In women with high risk disease or other contraindications to HRT, non-hormonal options are preferable. 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® or RepaGyn®). If non- hormonal therapies do not help, discussion about local/topical vaginal estrogen (low dose, for shortest duration to alleviate symptoms) (e.g. Estrin® or Vagifem®) could be considered. For refractory vaginal or other sexual health symptoms, referral to gynecology and/or sexual health experts should be considered.

Genetic Counselling: Patients should be informed to report any changes in their family history of cancer to their physician. A small percentage of endometrial cancers may be caused by an inherited predisposition to cancer. All women with a strong family history of cancer should be offered a referral to genetic counselling. For referral information, see the AHS Clinical & Metabolic Genetics Program webpage:

www.albertahealthservices.ca/info/Page15513.aspx

Sexual Health Concerns: The Oncology and Sexuality, Intimacy, and Survivorship (OASIS) program assists patients to manage physical and emotional concerns such as pain with sexual intercourse, vaginal dryness, hot flushes, intimacy problems, and distress. To refer patients to the OASIS program, contact the program at 780-391-7664.

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