

Transfer of Care Letter

Breast Cancer
Patient

SAMPLE



[DATE]

Re: Transfer of Care

Dear [ARIA: Insert Name],

You have had surgery for breast cancer and may also have finished other treatments and follow-up at the Cancer Centre. Finishing cancer treatment is a time of change. We want you to know that even when you finish your treatment(s) and are no longer being seen at the cancer center regularly, you are not alone! Help and support is available.

There are things you can start or continue to do to manage your health care and improve your well-being. The information in this letter, along with the supports, resources and suggestions in the book [After Treatment: Information and Resources to Help You Set Priorities and Take Action](#), can help prepare you to move forward and live your best.

Follow-up Appointments and Tests

Since we feel you are doing well, we will use a **Primary Care** model for your follow-up. This means that your primary health care provider (family doctor or nurse practitioner) can safely do your breast cancer follow-up from now on.

For your breast cancer follow-up:

- **Have a mammogram** of your breast(s) every year. If you've had a complete mastectomy or complete mastectomy with reconstruction, mammograms are not needed on that side.
- **An exam** of your breast(s) and/or chest wall (mastectomy site) and armpits every 6 months for 2 years, and then once a year after that.
- If you wish, you can perform a self-examination of your breast(s), chest wall, and armpits every month.
- Tell your doctor immediately about any new worrisome breast lumps, skin lumps, or other symptoms that do not go away.

Remember, it is your responsibility to book your follow-up visits with your primary care provider so they can arrange the tests you need.

We will send them a summary of your cancer treatment and follow-up recommendations so they are aware of what to do for follow-up.

If you need a family doctor, you can find one by calling Health Link Alberta (811) or going to: www.ahs.ca/709.asp. Once you have a doctor, let them know they can view the health care provider follow-up recommendations at www.ahs.ca/guru.

Manage Side Effects from Treatment

Most side effects will get better over the next several weeks and months, but it is important to tell your care team about any side effects or emotional concerns so they can help you. The [After Treatment](#) book has suggestions for managing common side effects. If you need more information, your Cancer Centre has detailed patient education materials for many different side effects.

Know the Signs and Symptoms of Breast Cancer Recurrence

Review the list of general symptoms to watch for in the [After Treatment](#) book. Below are some symptoms specific to breast cancer. If these symptoms start and do not go away, call your primary care provider right away. You may need tests to see if the cancer has come back.

- New lump in your breast or in neck or in armpit
- New rash or nodule on your chest wall; changes near or along the surgical scar
- New and persistent: bone pain, shortness of breath or cough, abdominal discomfort, or headache

Support and General Recommendations

As you move forward, you may have questions about what is next, what you should do to take care of yourself, or how to improve your well-being. We hope that along with your primary care physician, the [After Treatment](#) book will help you during this time of change, answer your questions, and give you the information and supports you need.

Recommended Resources:

- [After Treatment: Information and Resources to Help You Set Priorities and Take Action](#) (book) — the oncology care team will give you this book at the end of your treatment
- **Sources of Help** (booklet) – pick one up at your Cancer Centre or view online at <http://www.ahs.ca> (search “sources of help”)

Counselling and Support:

Many patients find counselling services or support groups helpful when adjusting to life after cancer. They can help with things such as communication, stress management, coping with treatment side effects, mood changes, quality of life, body image, sexual health, or loneliness. If you would like to set up a counselling appointment, please pick the closest location from the list below and call to make an appointment:

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: 780-538-7372	Red Deer: 403-343-4485	

Healthy Lifestyle Recommendations

You will find recommendations and information on ways to improve your well-being in the [After Treatment](#) book.

Specific Concerns for Breast Cancer Patients

Endocrine Therapy

Endocrine therapy such as tamoxifen, anastrozole (Arimidex®), letrozole (Femara®) and exemestane (Aromasin®) is prescribed for estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer. Endocrine therapy works by blocking the hormones to keep the cancer from growing. This therapy is recommended for at least five years (up to 10 years) to reduce the risk of your breast cancer from coming back.

It is very important to take this medication for the prescribed amount of time. Your cancer doctor will prescribe your endocrine therapy while you are being seen at the cancer centre. Side effects of endocrine therapy often feel similar to symptoms of menopause because the goal of treatment is to stop or block the hormones in your body. If you have side effects that are difficult to manage, talk to your doctor.

Your endocrine therapy will be dispensed **free of charge** to you from the **Cancer Center Pharmacy**. Bring your prescription (or ask your doctor's office to fax refill prescriptions) to your Cancer Centre Pharmacy. If you live out of town, check to see if the Cancer Center Pharmacy can mail your medication to you.

Possible Side Effects of Endocrine Therapy:

- The most common side effect for most endocrine therapy is **hot flashes**
- For **Tamoxifen**: there are some very rare but serious side effects that can happen. Follow these recommendations:

RARE side effect	Symptoms to watch for:	Recommendations
Cancer of the uterus	Vaginal bleeding that doesn't go away, or unusual vaginal discharge with blood	STOP Tamoxifen and call your family doctor for medical advice
Blood clots in veins	One-sided swollen or painful leg (or rarely arm)	STOP Tamoxifen and seek immediate medical attention
Blood clot in lung	Sudden feeling of shortness of breath, chest pain, or coughing up blood	STOP Tamoxifen and seek immediate medical attention

- For **Aromatase Inhibitors** (such as anastrozole, letrozole, or exemestane) you may have muscle aches or pain and joint pain or swelling. It may also cause your bones to thin (osteopenia) or become fragile (osteoporosis) over time. This can increase your risk of breaking a bone. Take vitamin D and calcium supplements and exercise regularly.
- If you are post-menopausal, talk to your family doctor about monitoring your **bone density**. If you are diagnosed with thin bones, or are at high risk for breaking a bone, your doctor may prescribe you medications to help strengthen your bones.

Bisphosphonate Therapy

Some postmenopausal women with breast cancer may be prescribed bisphosphonate medications (clodronate, zoledronic acid) for 2-5 years to help prevent their breast cancer from coming back. Bisphosphonates also help improve bone density and reduce the risk of having a fracture. Tell your dentist that you are on bisphosphonate before having any procedures. See your dentist if you have a persistent mouth sore or persistent pain in a tooth or your jaw.

Menopause

Menopause is the time when you stop having menstrual periods because of changes in your body's hormone levels. For people who have treatment for breast cancer, endocrine therapy (hormone therapy) can cause menopause symptoms and chemotherapy can cause early menopause. Hormone replacement therapy is not recommended for women with breast cancer because it can increase the chance of the cancer returning. Symptoms, such as hot flashes, can be managed with non-hormone therapies and vaginal dryness can be managed with non-hormonal vaginal moisturizer (see sexual health section). Other suggestions are included in the [After Treatment](#) book.

Family Planning

We do not recommend becoming pregnant while on endocrine therapy. Sometimes your menstrual cycle (periods) will stop during treatment. This does not necessarily mean you are in menopause. The younger you are, the more likely your periods will return after treatment and the older you are, the more likely they will not return. Non-hormonal forms of birth control (such as condoms, IUD) are recommended.

If you are considering pregnancy, talk to your doctor to find out the right timing for you and if you need a referral to a fertility specialist.

Sexual Health Concerns

Treatment for breast cancer can impact your sexual function, health, relationships, and sometimes causes distress over body image. There are things you can do to help manage physical concerns, such as vaginal dryness and hot flashes. Physical changes may be managed with a mastectomy bra or prosthesis or for some women, with breast reconstruction. Strategies and support are also available to help you and your partner with intimacy problems, distress, and adjusting to these

changes. See the Counselling and Support numbers listed in the section above or contact the **Oncology and Sexuality, Intimacy, and Survivorship (OASIS)** program:

- Calgary and Southern Alberta - 403-355-3246
- Edmonton and Northern Alberta - 780-432-8260

Resources for low sexual desire, women’s sexual health (including vaginal dryness) and fertility are available at your Cancer Centre or online at www.myhealth.alberta.ca (search “cancer and sexuality”).

Ongoing Care

If there are any concerns about your treatment or cancer returning, your family doctor will refer you back to us.

Sincerely,

Your Breast Cancer Care Team

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