

Transfer of Care Letter

Breast Cancer

Physician



[DATE]

Re: Transfer of Care

Dear Dr. _____,

Your patient [ARIA: Insert Name] has had surgery for breast cancer and may also have received other treatments at the Cancer Centre. Your patient is now being transitioned back to you for ongoing breast cancer surveillance in addition to their regular care.

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

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

Surveillance for Breast Cancer Recurrence

We ask that you now organize:

- **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). Reconstructed breasts (autologous tissue or implants) or non-reconstructed chest wall post-mastectomy do not require any form of imaging surveillance.
- **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**.
- Patients **may** perform **self-examination** of their breasts and axillae every month.
- No other routine surveillance investigations (e.g. lab work, tumour markers, diagnostic imaging) are recommended for asymptomatic patients.

Please be aware of these potential symptoms of breast cancer recurrence and recommended actions:

Symptoms / Signs	Actions / Investigations
<ul style="list-style-type: none"> • new mass in breast 	mammography +/- ultrasound (+/- biopsy)
<ul style="list-style-type: none"> • new suspicious rash or nodule on chest wall 	refer to surgeon, dermatology or interventional radiology for consideration of biopsy
<ul style="list-style-type: none"> • new palpable lymphadenopathy 	refer to surgeon or interventional radiology for biopsy
<ul style="list-style-type: none"> • new persistent bone pain 	plain x-ray of affected site(s) and bone scan
<ul style="list-style-type: none"> • new persistent cough or dyspnea 	chest x-ray and/or CT chest
<ul style="list-style-type: none"> • new hepatomegaly or RUQ abdominal pain or jaundice 	ultrasound and/or CT scan of abdomen and liver enzymes
<ul style="list-style-type: none"> • new persistent headache or new concerning neurologic deficits 	CT/MRI brain
<ul style="list-style-type: none"> • new onset seizures 	seizure management (as required) and CT/MRI brain

<ul style="list-style-type: none"> back pain with limb weakness, change in reflexes, change in sensation, or loss of bowel/bladder control 	MRI spine
<ul style="list-style-type: none"> symptomatic hypercalcemia 	iv hydration and bisphosphonate therapy

Patients presenting with any symptoms or signs of recurrence should be investigated and if recurrence confirmed, referred back to the Cancer Centre.

Complications and Late Effects of Breast Cancer Treatment

Following treatment for breast cancer, your patient may present with some of the complications outlined below. Please continue to monitor and address concerns related to cancer therapy.

Complication	Treatment – related causes	Actions
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 .
Peripheral neuropathy	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> axillary dissection radiation 	Early symptoms include arm 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)
Cardiac dysfunction	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Tamoxifen 	Confirm with ultrasound of affected extremity (DVT) or CT for PE. Stop Tamoxifen and commence anticoagulation. Consult medical oncologist for direction.
Endometrial carcinoma	<ul style="list-style-type: none"> 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.
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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
- **Sources of Help Booklet:** www.ahs.ca (search “sources of help”)

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: 780-538-7372	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 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.

Once the patient is transferred from the cancer center back to your care **you may write refill prescriptions for these medications to be dispensed through the cancer centre pharmacy or fax the prescription to the cancer centre for it to be mailed to the patient.** 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 (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.
 - 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 encouraged to report any changes in their family history of cancer. All women from high-risk families should be offered a referral for genetic counselling. For more information, see the Alberta Health Services Clinical Genetic Services pages at:

- Calgary/Edmonton: <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1056804>
 - Referral form: <https://www.albertahealthservices.ca/frm-19619.pdf>

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 Breast Tumour Team