

End of Treatment Letter

Tumour Team
Physician



[DATE]

Re: End of Treatment

Dear Dr. [Insert Physician Name],

Your patient [Insert Patient Name] has completed active cancer treatment(s) at our Cancer Centre. Your patient's initial follow up will be provided by their **oncology treatment team**. We anticipate your patient will be followed up within the cancer system for [Insert XX months/years]. 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 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 Cancer Recurrence

The oncology care team will do active surveillance for recurrence of the current cancer but does not conduct any other cancer prevention or cancer screening procedures. While we are providing your patient with active surveillance for their current cancer, the patient may present to your primary care location with signs and symptoms that may signal a cancer recurrence.

Patients reporting a new incidence, or escalation of any of the following general symptoms should be directed back to their oncology treatment team for further assessment:

- Rapidly enlarging lymph nodes
- Unexplained weight loss with or without loss of appetite
- Unexplained fevers
- New persistent bone pain
- New persistent cough or dyspnea
- Drenching night sweats
- CBC abnormalities or rising LDH
- New persistent headaches or new concerning neurologic deficits

Please follow-up with the referring oncologist/cancer treatment team regarding specific signs/symptoms of cancer recurrence to watch for in your patient.

Monitoring for Complications

Following treatment for 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 to facilitate the required referrals.

General Complications of Cancer Treatment

Complications	Actions
Fatigue	<ul style="list-style-type: none"> 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)
Lymphedema	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. (Calgary: 403-476-2910, Edmonton: 780-432-8710).
Peripheral neuropathy	Peripheral neuropathy should improve over months. Patients may present with tingling and numbness, pain or discomfort, or decreased hot/cold sensation.
Chronic GI symptoms	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	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.
Fertility/sexual dysfunction	<ul style="list-style-type: none"> Some patients may experience sexual or fertility problems following cancer treatment. The Oncology and Sexuality, Intimacy, and Survivorship (OASIS) program assists patients to manage physical and emotional concerns. To refer patients to the OASIS program, contact: <ul style="list-style-type: none"> Calgary and Southern Alberta - 403-355-3246 Edmonton and Northern Alberta - 780-432-8260
Menopausal symptoms	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.

Please refer to the [After Treatment](#) book for detailed patient support resources and information following cancer treatment.

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: 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. Visit [Cancer Care Alberta's supportive care and living well](#) website or the [After Treatment](#) book for more information.

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.
------------------------	---

Physician Support

The following resources provide support and information for physicians:

- Primary Health Care Resource Centre:
<https://www.albertahealthservices.ca/info/page11929.aspx>
- Specialist Link (Calgary/Southern Alberta): <https://www.specialistlink.ca/>
- ConnectMD (Edmonton/Northern Alberta): <https://www.pcnconnectmd.com/>
- Treatment and follow up guidelines:
<https://www.albertahealthservices.ca/info/cancerguidelines.aspx>

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.