[DATE]

Re: End of Treatment

Dear Dr. ________________,

Your patient [ARIA: Insert name] has completed active treatment(s) at our Cancer Centre for endometrial cancer. Your patient’s initial follow up will be provided by their oncology treatment team. The frequency and duration of the oncology team’s surveillance depends on the stage of the cancer and the patient’s individual situation.

We anticipate your patient will be followed up within the cancer system for XXX months/years. This letter outlines:

- The follow up procedure 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 endometrial cancer surveillance.

SURVEILLANCE FOR ENDOMETRIAL CANCER RECURRENCE

- General assessment
- Elicitation of symptoms
- Speculum exam
- Pelvic-rectal exam

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

While we are providing your patient with active surveillance for their endometrial cancer; the patient may present to your primary care location with signs and symptoms that may signal an endometrial cancer recurrence. Patients reporting a new incidence, or escalation of any of the symptoms below should be directed to contact their oncology treatment team for further assessment and follow up.

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

View the gynecologic oncology clinical practice guidelines at www.ahs.ca/guru
MONITORING FOR COMPLICATIONS

Following treatment for endometrial 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.**

<table>
<thead>
<tr>
<th>Complication</th>
<th>Treatment-Related Causes</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>• Radiation</td>
<td>Fatigue should start to improve within months of treatment completion.</td>
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<tr>
<td></td>
<td>• Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>Taxane chemotherapy</td>
<td>Peripheral neuropathy should improve over months.</td>
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<tr>
<td>Lymphedema</td>
<td>• Lymph node dissection</td>
<td>Early symptoms include leg heaviness or discomfort and may be present with/without overt swelling. Patient should be encouraged to notify the oncology treatment team for referral</td>
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<tr>
<td></td>
<td>• Radiation</td>
<td></td>
</tr>
<tr>
<td>Chronic GI symptoms</td>
<td>Radiation</td>
<td>Symptoms such as chronic diarrhea, fecal leakage, and pain should be treated as appropriate.</td>
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<tr>
<td>Psychosocial distress</td>
<td>• Stress of cancer treatment</td>
<td>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.</td>
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<tr>
<td></td>
<td>• Fear of recurrence</td>
<td></td>
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<tr>
<td></td>
<td>• Post-treatment adjustments</td>
<td></td>
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<tr>
<td>Sexual dysfunction</td>
<td>• Radiation</td>
<td>Some patients may experience decreased libido, loss of intimacy with their partners or pain with sexual activities. Further assessment should be done to rule out depression. Encourage patients to notify the oncology treatment team for referral to sexuality/intimacy resources within the cancer center.</td>
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<tr>
<td></td>
<td>• Chemotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Surgery</td>
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</tr>
<tr>
<td></td>
<td>• Hormones</td>
<td></td>
</tr>
<tr>
<td>Menopausal symptoms</td>
<td>• Radiation</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>• Chemotherapy</td>
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<tr>
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</table>

REFERRALS FOR CANCER RELATED SYMPTOM MANAGEMENT

Specialized cancer symptom management clinics exist within the provincial cancer system. Patients who have been treated for endometrial cancer may require support from any or all of the following specialized clinics:

- **Lymphedema clinic:** For symptoms related to leg heaviness, swelling or discomfort.
- **Gastroenterology clinic:** For chronic GI symptoms.
- **Dieticians:** To address concerns related to adequate nutritional intake.
- **Genetic counseling:** In Alberta, all endometrial cancer patients are screened for lynch syndrome. Patients with positive test results will be referred to genetic counselors for further assessment and follow-up.

View the gynecologic oncology clinical practice guidelines at [www.ahs.ca/guru](http://www.ahs.ca/guru)
PATIENT SUPPORT AND GENERAL RECOMMENDATIONS

Other resources available to your patient in the surveillance period are as follows:

Cancer support groups and resources such as:
- Alberta Health Services: www.ahs.ca
- American Society for Clinical Oncology (patient site): www.cancer.net
- Canadian Cancer Society: www.cancer.ca or 1-888-939-3333
- Cancer and Work: www.cancerandwork.ca/
- Information and Resources for Early stage Cervical Cancer Survivors in Alberta (booklet provided to patient by oncology care team at end of active treatment)
- Living Well with Cancer-Related Fatigue: www.myhealth.alberta.ca/Alberta/cancer-fatigue
- Living Your Best Life With and Beyond Cancer: www.myhealth.alberta.ca/Alberta/cancer-lybl
- Wellspring: Calgary: www.wellspringcalgary.ca / Edmonton: www.wellspringedmonton.ca

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
- Edmonton: 780-643-4303
- Grande Prairie: 780-538-7372
- Lethbridge: 403-388-6814
- Medicine Hat: 403-529-8817
- Red Deer: 403-343-4485
- Other Communities visit www.ahs.ca/Cancer.asp and click: Provincial Cancer Patient Navigation
  - Cancer Chat Canada (professional led on-line support group) – https://cancerchat.desouzainstitute.com/
  - Cancer Connection (peer support) – www.cancerconnection.ca
  - Young Adult Cancer Canada – www.youngadultcancer.ca

Healthy Lifestyle Recommendation: Healthy Lifestyle Recommendations: Your patient is encouraged to lead a healthy lifestyle. AHS Cancer Wellness Clinics provide free services to all cancer patients and their families who wish to stop using tobacco and alcohol, and/or modify a sedentary lifestyle. A physician referral is required: www.albertahealthservices.ca/frm-20354.pdf.

- Edmonton (Cross Cancer Institute)  780-432-8236
- Calgary (Holy Cross Site)  403-476-2988

Here are some evidence informed recommendations about modifiable lifestyle factors for your information

<table>
<thead>
<tr>
<th>Modifiable Lifestyle Factor</th>
<th>Recommendations</th>
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| Body weight                 | • Body mass index (BMI): 18.5-25 kg/m²  
|                             | • Waist circumference: less than 80 cm for women. |
| Physical activity | Try to be active for 2.5 hours (150 minutes) every week.  
|                  | Spread out your exercise throughout the day and week, such as 30 minutes 5 days a week.  
|                  | Focus on moderate (brisk walking) to vigorous activity (jogging). |
| Nutrition / dietary supplements | Avoid sugary drinks and foods.  
|                                | Eat a variety of vegetables, fruits, whole grains, and legumes (beans).  
|                                | 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.  
|                                | Vitamin D: 1000 - 2000 IU per day.  
|                                | Calcium: 1000-1200 mg per day if postmenopausal (preferably from diet). |
| Bone health | Calcium and Vitamin D recommendations as above.  
|             | Treatment and follow up as per Canadian Osteoporosis Guidelines. |
| Alcohol | Limit excessive consumption (<1 drink/day, <3 drinks/week). |
| Smoking | If you smoke, try to quit. For help contact Alberta Quits 1-877-710-QUIT (7848) or visit [www.albertaquits.ca](http://www.albertaquits.ca) and [www.ahs.ca/guru](http://www.ahs.ca/guru) for the clinical practice guideline. |
| Sun exposure | Avoid excessive sun or UV exposure.  
|               | Use sunscreen and sunglasses.  
|               | Advise against the use of indoor tanning beds.  
|               | Check skin regularly for suspicious lesion. |
| Immunizations | Annual non-live influenza vaccination unless contraindicated.  
|               | Other vaccinations as appropriate. |
| Other cancer screening | Age-appropriate screening such as breast, colorectal and other cancers.  
|                       | Refer to [www.screeningforlife.ca/healthcare-providers-resources/](http://www.screeningforlife.ca/healthcare-providers-resources/) for more information. |

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