

Transfer of Care Letter

Cervical Cancer

Physician



[DATE]

Re: Transfer of Care

Dear Dr. _____,

Your patient [ARIA: Insert name] has received treatment(s) for cervical cancer at the Cancer Centre and is now being **transitioned** back to you for ongoing cervical 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 cervical cancer surveillance, and are intended to assist you in providing optimal cervical cancer follow-up care for your patient; these recommendations are not intended to be a substitute for clinical judgment.

Surveillance for Cervical Cancer Recurrence

We ask that you organize follow-up according to the schedule below commencing at year XXX.

- The frequency of surveillance depends on the stage of the cancer and the patient's individual situation. In general, follow-up is recommended every 3-6 months for the first 2-3 years, then annually. Please review the detailed progress notes for your patient's stage and the exact schedule recommended for your patient.
- General assessment including complete history and physical exam, elicitation of symptoms, speculum exam, and digital pelvic +/- rectal exam.
- Vaginal or cervical vault cytology examination is recommended annually except in patients treated with radiotherapy; there is little evidence to support the routine use of vaginal or cervical vault cytology in patients treated with radiotherapy. Pap smears are not a substitute for a careful pelvic examination.
- Patients with an **abnormal cytology** result should be referred for **colposcopy**. Please follow the [TOP guideline](#) recommendations for cervical cancer screening and referral.
- Symptomatic patients should undergo appropriate tests to rule out a recurrence.

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

- Change in bowel habits
- Detection of a mass
- Persistent pain, especially in the abdomen, pelvis, or lower back
- Unexplained vaginal bleeding or discharge
- Unexplained weight loss
- Urinary symptoms

Patients who display symptoms suggestive of recurrence should undergo biopsy and/ or imaging. Patients with confirmed recurrence should be referred back to their original Cancer Centre/oncologist. Referrals can be faxed to the Gynecologic Oncology triage coordinator at: Tom Baker Cancer Centre 403-521-3245 or Cross Cancer Institute 780-432-8681.

Complications and Late Effects of Cervical Cancer Treatment

Complication	Treatment – related causes	Actions
Bladder dysfunction	<ul style="list-style-type: none"> • Chemoradiation • Surgery 	Symptoms such as urinary incontinence, retention, frequency, urinary tract infection, and hematuria should be treated as appropriate. Referral to urology for ongoing management can be considered.
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.
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.
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. (Calgary: 403-476-2448/ Edmonton: 780-432-8710).
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.
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.

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: 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. 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 / Dietary Supplements	<ul style="list-style-type: none"> • 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 dietary/food sources).
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 screeningforlife.ca for more information.

Specific Concerns for Cervical Cancer Patients

Sexual Dysfunction: Treatment for cervical cancer treatment can have significant impact on sexual function and health. Hysterectomy may result in decreased vaginal length and lubrication, resulting in painful intercourse. Nerve damage can also affect arousal and ability to orgasm. Pelvic radiation can cause vaginal dryness, hot flashes, and decreased lubrication. 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®). Hormone therapy (with progesterone if uterus intact) is not contraindicated in these patients and can be considered for symptom relief as well.

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 flashes, intimacy problems, and distress. To refer patients to the OASIS program, contact:

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

Menopause: Some patients treated for cervical cancer may experience early menopause as a result of radiation treatment or removal of the ovaries. Patients are encouraged to report concerns regarding managing menopausal symptoms with their treatment team. Other suggestions are included in the [After Treatment](#) book.

HPV (Human Papillomavirus) Vaccine: Patients who have had cervical cancer do not need to get the HPV vaccine. For more information, visit screeningforlife.ca.

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