

Transfer of Care Letter

Head and Neck Cancer

Physician



[DATE]

Re: Transfer of Care

Dear Dr. _____,

Your patient [Insert name] has received treatment(s) for Head/Neck cancer and is now being **transitioned** back to you for ongoing routine Head/Neck cancer surveillance in addition to their regular care.

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

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

Surveillance for Head and Neck Cancer Recurrence

- **Yearly Chest X-Ray** (Anterior-Posterior as well as Lateral Views) to screen for evidence of pulmonary metastatic disease or new pulmonary neoplasms.
- **Yearly Serum Thyroid Stimulating Hormone (TSH)** levels. If your patient was treated with radiation therapy as part of their Head & Neck cancer treatment regimen, they are at elevated risk of developing hypothyroidism.
- **Periodic Clinical Examination:** If the patient is less than 5 years post cancer treatment and no longer has follow-up appointments with the oncology team, clinical examinations should be performed **every 6 months up to 5 years from treatment then annually thereafter**. This includes specific examination of the head and neck including:
 - Neck palpation
 - Oral cavity examination in addition to routine physical examination
 - Patients may perform self-examination of their head and neck region every month
- Regular preventative age-appropriate health screening (i.e., Pap smear, clinical breast examination, blood sugars) is recommended.

Patients presenting with any symptoms or signs of recurrence should be investigated further and referred back to the treating oncologist.

Possible Symptoms of Head and Neck Cancer Recurrence and Recommended Actions

Symptoms / Signs	Actions / Investigations
New mass in head or neck	Refer back to the oncology treatment team for neck ultrasound +/- fine needle aspirate (FNA) biopsy.
New suspicious lesion or mass in oral cavity or oropharynx	Refer to surgeon for consideration of biopsy.
New palpable lymphadenopathy	Refer to surgeon for biopsy.

New ear pain or throat/neck pain	Perform detailed head and neck examination for signs of recurrence. Refer to surgeon or treating oncologist for further assessment.
New persistent cough or dyspnea	Perform chest x-ray and refer to oncologist for any signs suggestive of cancer recurrence.
Unexplained weight loss	Perform detailed nutrition history and detailed head and neck exam.

Patients with confirmed recurrence should be referred back to the nearest cancer centre or their initial treating oncologic surgeon.

- Edmonton (Cross Cancer Institute): 780-407-7052
- Calgary (Tom Baker Cancer Centre): 403-521-3587

Complications and Late Effects of Head and Neck Cancer Treatment

Following treatment for Head/Neck cancer, your patient may present with some of the complications outlined below. Please continue to monitor and address concerns related to cancer therapy during the follow-up period.

Complications	Treatment-related causes	Actions
Fatigue	<ul style="list-style-type: none"> • Radiation • Chemotherapy 	<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).
Dysphagia or Odynophagia	<ul style="list-style-type: none"> • Radiation • Surgery 	<ul style="list-style-type: none"> • Difficulty with eating and drinking is often due to altered anatomy related to surgical removal of cancers or changes caused by radiation. • Issues with oral intake should improve within the first 3 months of treatment completion, some patients may experience symptoms longer and should be encouraged to follow-up with a speech language pathologist and registered dietician. • Persistent issues warrant further work up to rule out other causes. • Referral to local speech language pathology services can be made (TBCC 403-944-1256, CCI 780-432-8288).
Lymphedema	<ul style="list-style-type: none"> • Neck Dissection • Radiation 	<ul style="list-style-type: none"> • Early symptoms include neck discomfort and may be present with/without overt swelling. • Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic can be made (Calgary: 403-476-2910/ Edmonton: 780-432-8710).
Xerostomia (dry mouth)	<ul style="list-style-type: none"> • Radiation • Neck Dissection • Surgery 	<ul style="list-style-type: none"> • Symptoms of dry mouth and altered taste begin to improve within weeks after radiation, but may take more than 1 year post-radiation to maximally improve. • Some degree of chronic dry mouth post radiation is common. This can be improved by increasing water intake,

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		using xylitol based chewing gum or rinses, or potentially a trial of salagen therapy (prescription drug).
Jaw stiffness/ fibrosis	<ul style="list-style-type: none"> • Radiation • Neck dissection 	<ul style="list-style-type: none"> • Jaw stiffness, restricted range of motion and discomfort may develop months to years after radiation and surgery. • Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic can be made (Calgary: 403-476-2910/ Edmonton: 780-432-8710).
Pink to red patches of skin discoloration	<ul style="list-style-type: none"> • Radiation 	<ul style="list-style-type: none"> • Patients may experience pink to red patches of skin discoloration on the radiated site; referral to a dermatologist may be made if this is of concern.
Neck fibrosis	<ul style="list-style-type: none"> • Radiation • Neck dissection 	<ul style="list-style-type: none"> • Neck stiffness, restricted range of motion and discomfort may develop months to years after radiation and surgery. • Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic can be made (Calgary: 403-476-2910/ Edmonton: 780-432-8710).
Shoulder dysfunction	<ul style="list-style-type: none"> • Neck dissection 	<ul style="list-style-type: none"> • Shoulder dysfunction commonly occurs following neck dissection procedures, recovery may take months to years. • Referral to local rehabilitation therapy services (e.g. physiotherapy) or a rehabilitation oncology clinic can be made (Calgary: 403-476-2910/ Edmonton: 780-432-8710).
Osteoradionecrosis	<ul style="list-style-type: none"> • Radiation 	<ul style="list-style-type: none"> • Radiation may result in decay or death of treated bone. • Patients may present with oral pain, drainage or bone exposure on mandible or maxilla. Oral pain should be investigated appropriately and if suspected to have osteoradionecrosis, refer to head and neck surgeon and/or oral maxillofacial surgeon for further work up and management.
Hearing loss & tinnitus	<ul style="list-style-type: none"> • Chemotherapy • Radiation 	<ul style="list-style-type: none"> • Chemotherapy and radiation therapy may result in long term hearing deficits. • Referral to audiology is indicated if treatment related hearing loss /or tinnitus is suspected.
Psychosocial distress	<ul style="list-style-type: none"> • Stress of cancer treatment • Fear of recurrence • Post-treatment adjustments 	<ul style="list-style-type: none"> • 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.
Sleep apnea	<ul style="list-style-type: none"> • Radiation 	<ul style="list-style-type: none"> • Sleep apnea often presents as fatigue during the day. • Referral to a specialist for a sleep study or counselling is indicated.
Thyroid problems	<ul style="list-style-type: none"> • Radiation 	<ul style="list-style-type: none"> • Radiation induced hypothyroidism may occur following head & neck cancer treatment. • Routine assessment of thyroid gland function is recommended annually after radiotherapy in the neck area.
Weight loss	<ul style="list-style-type: none"> • Radiation • Surgery • Depression 	<ul style="list-style-type: none"> • Weight loss may result from difficulties swallowing and resultant decreased food intake; altered presentation of food may also affect nutritional intake. • Monitor patients who are at risk and refer to a registered dietician as necessary.

Patient Support and General Recommendations

Other resources available to your patient 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: 403-388-6840	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: 403-406-5524	

Genetic Counselling: Patients should be informed to report any changes in their family history of cancer to their physician. For referral information, see the Alberta Health Services Clinical Genetic Services pages at: www.ahs.ca/info/service

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.
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Specific Concerns for Head and Neck Cancer Patients

Self-Image: For many patients, the head and neck region is an important part of their self-image.

Psychological counselling may be helpful for improving body image satisfaction, addressing relationship concerns and reducing sexual dysfunction.

Reconstruction and Rehabilitation: The contact information below may be helpful for patients considering reconstructive/rehabilitative surgeries following Head & Neck cancer.

- Reconstruction & Rehabilitation: (iRSM) Institute for Reconstructive Medicine: 780-735-2660
- Foothills Medical Centre Dental Clinic (Calgary): 403-944-2401
- University of Alberta Dental Clinic (Edmonton): 780-407-6854
- Otolaryngology - Head & Neck Surgery (OHN) Coordinator (Calgary): 403-521-3587
- Otolaryngology - Head & Neck Surgery (OHN) Coordinator (Edmonton): 780-407-8355

Sexual Health Concerns: 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:

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

Wellspring www.wellspringcalgary.ca and www.wellspringedmonton.ca: Wellspring is a community-based support centre offering programs and services that caters to the emotional, practical, social and restorative needs of people living with cancer and their caregivers. A referral is not required to partake in Wellspring services and programs, it is a fee-free based program.

At any time if you have concerns or are in need of more information, please contact the referring oncologist/surgeon by calling the Head & Neck triage number:

- Edmonton: 780-407-7052
- Calgary: 403-521-3587

We appreciate your partnership in caring for this patient.

Sincerely,

The Head/Neck Tumour Team