Transfer of Care Letter

Hematologic Cancer

Physician

https://www.albertahealthservices.ca/info/cancerguidelines.aspx
Re: Transfer of Care

Dear Dr. ________________,

Your patient [ARIA: Insert Name] has received treatment(s) for Indolent Non-Hodgkin Lymphoma (iNHL) at the Cancer Centre and is now being transitioned back to you for ongoing iNHL surveillance in addition to their regular care.

Your patient is in [Insert Year] year of their follow up surveillance.

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

### Surveillance for Indolent Non-Hodgkin Lymphoma Recurrence

As part of the minimum recommended follow-up, we ask that you organize:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>2-5 years since treatment completion</th>
<th>5+ years since treatment completion</th>
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</thead>
<tbody>
<tr>
<td>Every 6 months until 5 years post-treatment</td>
<td>• <strong>Clinical exam</strong>: lymph nodes, thyroid, heart, lungs, abdomen, skin</td>
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<tr>
<td></td>
<td>• <strong>Lab work</strong>: CBC &amp; differential, calcium, electrolyte panel, creatinine, LFTs, LDH</td>
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<tr>
<td>Annually</td>
<td>• <strong>TSH</strong> (if thyroid was irradiated)</td>
<td>• <strong>Clinical exam</strong>: lymph nodes, thyroid, heart, lungs, abdomen, skin</td>
</tr>
<tr>
<td></td>
<td>• Influenza immunization</td>
<td>• <strong>Lab work</strong>: CBC &amp; LDH</td>
</tr>
<tr>
<td></td>
<td>• If intrathoracic disease, chest x-ray</td>
<td>• <strong>TSH</strong> (if thyroid was irradiated)</td>
</tr>
<tr>
<td></td>
<td>• Skin examination for possible non-melanomatous skin cancers</td>
<td>• Influenza immunization</td>
</tr>
<tr>
<td>Primary malignancies are more common in survivors of iNHL, especially non-melanoma skin cancers. All other secondary cancer screening should be according to standard practice.</td>
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</tbody>
</table>

**Monitor for relapse**: During the clinical exam, careful attention should be paid to lymph nodes; abnormal lymphadenopathy includes any new supraclavicular lymphadenopathy, any enlarging tonsillar, axillary, or inguinal lymphadenopathy > 2 cm that persists for more than 2 weeks, and any enlarging lymphadenopathy at other sites >1 cm that persists for more than 2 weeks. Rapidly enlarging lymph nodes may be a sign of transformation to an aggressive lymphoma. Monitor for progressive splenomegaly.

**Routine CT scanning is not recommended for asymptomatic patients who have been treated for lymphoma. Radiological imaging is recommended for patients with new symptoms or with new or enlarging lymphadenopathy.**
Indolent lymphomas may relapse years or decades after prior remission. If a new lymph node is noted after discharge from cancer care, this would likely not be an emergency but should be communicated back to the cancer center or treating oncologist.

Please be aware of these potential symptoms of iNHL recurrence:

- Unexplained weight loss with or without loss of appetite
- Early satiety
- Unexplained fevers
- Drenching night sweats
- CBC abnormalities or rising LDH

Patients presenting with any symptoms or signs of recurrence should be investigated (with full staging CT scans) and referred back to the treating oncologist.

Complications and Late Effects of Indolent Non-Hodgkin Lymphoma Treatment

During each clinical visit, patients should be reviewed for complications related to their treatment.

- iNHL patients are at increased risk for **secondary cancers**, including thyroid, breast, lung, upper GI, AML, melanoma, and cervical cancer. Screening as appropriate is indicated (e.g. mammogram and Pap tests). Patients should be counselled about the risks of smoking and excessive UV exposure, encouraged to perform skin self-exams, and advised to report any suspicious symptoms to their physician.
- **Gonadal function and fertility** may be impacted by treatment. Assessments (e.g. testosterone, LH, FSH) should be based on symptoms. Referral to a sexual health expert and/or fertility specialist is warranted if your patient has concerns.
- **Dental caries** are a risk for patients who received neck or oropharyngeal radiation due to decreased salivation. Patients should have regular dental follow-up and make their dentist aware of the radiation treatment.
- Patients who received thyroid radiation are at risk for **hypothyroidism**. Patients with elevated TSH levels should be treated with lifelong T4 replacement. Patient with clinical hypothyroidism should be treated with lifelong thyroid replacement.
- Chemotherapy and mediastinal or neck radiation therapy may cause **cardiac and cerebrovascular dysfunction/disease**. Patients should be counselled about modifiable risk factors such as body weight, physical activity, smoking, diabetes, and nutrition. Please contact the Cardio-oncology clinic at 403-956-2673 if your patients have concerns related to cardio-oncology.
- **Hypertension and hypercholesterolemia** should be aggressively managed if present.

The table below outlines some other common general complications of cancer treatment:

<table>
<thead>
<tr>
<th>Complications</th>
<th>Treatment-related causes</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>• Chemotherapy</td>
<td>Fatigue should start to improve within months of treatment completion. Persistent or recurrent fatigue warrants further work-up to rule out other potential causes.</td>
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<tr>
<td></td>
<td>• Radiation</td>
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Last revised: June, 2023
### Peripheral neuropathy
- **Vinca alkyloid chemotherapy**

Peripheral neuropathy should improve over months.

### Lymphedema
- **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 a rehabilitation oncology clinic can be made. (Calgary: 403-476-2910/ Edmonton: 780-432-8710).

### Psychosocial distress
- **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.

### Menopausal symptoms
- **Radiation**
- **Chemotherapy**
- **Surgery**
- **Hormones**

Some patients will experience new symptoms of menopause after treatment.

## 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

### 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):

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Other Communities visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary</td>
<td>403-355-3207</td>
<td><a href="http://www.ahs.ca/cpn">www.ahs.ca/cpn</a> and click:</td>
</tr>
<tr>
<td>Lethbridge</td>
<td>403-388-6814</td>
<td></td>
</tr>
<tr>
<td>Edmonton</td>
<td>780-643-4303</td>
<td></td>
</tr>
<tr>
<td>Medicine Hat</td>
<td>403-529-8817</td>
<td></td>
</tr>
<tr>
<td>Grande Prairie</td>
<td>825-412-4200</td>
<td>Provincial Cancer Patient Navigation</td>
</tr>
<tr>
<td>Red Deer</td>
<td>403-343-4485</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>Modifiable Lifestyle Factor</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Body Weight                 | - 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           | - 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                   | - Avoid sugary drinks and foods.  
- Eat a variety of vegetables, fruits, whole grains, and legumes. |
### Specific Concerns for Indolent Non-Hodgkin Lymphoma Patients

#### Potential for Relapse
Indolent lymphomas may relapse years or decades after prior emission, monitor for new enlarged lymph nodes after discharge from the cancer center and refer back to the treating oncologist if new nodes are detected.

#### Sexual Health Concerns
Treatment for lymphoma can impact your patient’s *gonadal function and fertility*. Assessments (e.g. testosterone, LH, FSH) should be based on symptoms. Referral to a sexual health expert and/or fertility specialist is warranted if your patient has concerns with sexual function, health, relationships, and sometimes distress over body image.

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

At any time if you have any concerns or are in need of more information please call the referring oncologist at [Insert phone number].

We appreciate your partnership in caring for this patient.

Sincerely,

*The Alberta Hematology / Lymphoma Tumour Team*