Guideline Resource Unit
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Transfer of Care Letter

Hematologic Cancer

Physician

Alberta Health Services

https://www.albertahealthservices.ca/info/cancerguidelines.aspx

[DATE]

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:

Frequency	2-5 years since treatment completion	5+ years since treatment completion
Every 6 months until 5 years post-treatment	• **Clinical exam**: lymph nodes, thyroid, heart, lungs, abdomen, skin • **Lab work**: CBC & differential, calcium, electrolyte panel, creatinine, LFTs, LDH	
Annually	• **TSH** (if thyroid was irradiated) • Influenza immunization • If intrathoracic disease, chest x-ray • Skin examination for possible non-melanomatous skin cancers	• **Clinical exam**: lymph nodes, thyroid, heart, lungs, abdomen, skin • **Lab work**: CBC & LDH • **TSH** (if thyroid was irradiated) • Influenza immunization
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.		

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:

Complications	Treatment-related causes	Actions
Fatigue	• 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.

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. (Arthur Child: 587-231-5701; 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):

Calgary: 587-231-3570	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	• Body mass index (BMI): 18.5-25 kg/m^2 • 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.

	• 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	• 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	• 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	• 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/ for more information.

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 the program at 780-391-7664.

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