

Transfer of Care Letter

Tumour Team: Hematology
Physician



[DATE]

Re: Transfer of Care

Dear Dr. [Insert Physician Name],

Your patient [Insert Patient Name] has been followed with active observation (“Watch & Wait” for Chronic Lymphocytic Leukemia (CLL) at the Cancer Centre. Your patient’s care is being **transitioned** back to you for ongoing cancer surveillance and regular care. Many patients with CLL have very indolent disease and many will never require therapy in their lifetime. As slow progression of disease has been documented for your patient, we are returning his/her CLL care to you. Please re-refer if significant clinical progression is noted that warrants therapy.

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

Surveillance for CLL Progression

We recommend laboratory monitoring and physical examination be performed annually and as directed by symptoms.

Potential symptoms of CLL progression:

- Rapidly enlarging lymph nodes
- Unexplained weight loss with or without loss of appetite
- Unexplained fevers
- Drenching night sweats
- progressive, significant cytopenias

Reasons to re-refer to the cancer centre would include:

- a. Progressive and symptomatic lymphadenopathy (documented typically by physical exam, routine radiology imaging for lymphadenopathy is NOT required)
- b. Progressive and symptomatic splenomegaly (routine radiology assessment for splenomegaly is NOT required)
- c. Progressive cytopenias (typically Hgb < 110 and/or platelets <100)
- d. Lymphocyte doubling time of less than 6 months.

Note that slow increases in WBC/lymphocytes are a normal part of the natural history of CLL as are the development of small, asymptomatic lymph nodes. These are not indications for treatment or for re-referral.

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

Complications and Late Effects of Cancer Treatment

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

Complication	Actions
Fatigue	<ul style="list-style-type: none"> 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)
Psychosocial distress	<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.
Weight loss	Monitor patients who are at risk and refer to a registered dietician as necessary.
Fertility /Sexual dysfunction	<ul style="list-style-type: none"> Some patients may experience sexual or fertility problems following cancer treatment. 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: <ul style="list-style-type: none"> Calgary and Southern Alberta - 403-355-3246 Edmonton and Northern Alberta - 780-432-8260

Specific Considerations for Patients with Early Stage CLL

- 1. Infection Risk:** Patients may be at a higher risk for infections. As such, we encourage patients to optimize vaccination for COVID-19, influenza, and pneumococcus. Non-live vaccination against shingles should also be considered.
- 2. Secondary Malignancy Risk:** CLL is associated with a higher risk for secondary malignancies, particularly non-melanoma skin cancers. We recommend annual skin screening and/or referral to dermatology and a focus on age and risk-factor-appropriate cancer screening.
- 3. Cytopenia Risk:** CLL is rarely associated with autoimmune hemolytic anemia and/or ITP. Please re-refer urgently in the setting of severe anemia or thrombocytopenia or contact the hematologist on call for advice.

Patient Support and General Recommendations

Counselling and Support: If you feel your patient would benefit from social, psychological or spiritual counselling, 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. Visit [Cancer Care Alberta's supportive care and living well](#) website for more information.

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"> • 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.

	<ul style="list-style-type: none"> • 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.

Physician Support

The following resources provide support and information for physicians:

- Primary Health Care Resource Centre:
<https://www.albertahealthservices.ca/info/page11929.aspx>
- Specialist Link (Calgary/Southern Alberta): <https://www.specialistlink.ca/>
- ConnectMD (Edmonton/Northern Alberta): <https://www.pcnconnectmd.com/>
- Treatment and follow up guidelines:
<https://www.albertahealthservices.ca/info/cancerguidelines.aspx>

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

We appreciate your partnership in caring for this patient.