



RE: Uterine Cancer Follow-up for _____

Dear _____

_____ has completed treatment for uterine cancer and has no evidence of recurrent disease. Accompany this letter are two documents for your clinic chart that your patient has already received.

- Follow-Up Recommendations for Uterine Cancer
- Personalize Cancer Treatment Summary

Your patient has also received a folder containing Uterine Cancer Follow-up Care Information and a "Moving Forward after Cancer Treatment" booklet addressing general issues for all cancer survivors, such as diet, exercise, and emotional recovery.

Your patient will continue to have their uterine cancer follow-up care and imaging organized by the Gynecology Team at CancerCare Manitoba.

These documents are for your information to support your important role in caring for this patient. Many cancer recurrences present to the FP/NP **first** even when the patient is being followed at the cancer centre. Your vigilance for symptoms that may indicate recurrence is therefore important, as well as your support around their emotional and physical recovery, the management of their other medical conditions and their needs for health promotion and prevention. You will be sent updated information if the patient's follow-up care is transferred to you in the future.

More information for health care providers about follow-up care issues and resources for uterine cancer patients can be found on the web at www.cancercare.mb.ca/followupcare

Thank you very much for your care and commitment to the care of cancer patients and their families.

Sincerely,

CCMB Gyne-Oncology



Follow-Up Recommendations for Uterine Cancer

Cancer Question? Expert Help for Primary Care call·text ► 204-226-2262 email ► cancerquestion@cancercare.mb.ca

FOLLOW-UP

	Years 1 & 2	Year 3	Years 4 & 5	Year 6+
Medical Follow-Up Care Appointment: Focused history & physical, bimanual pelvic and rectal exam	Every 6 months	Every 6 months	Every 6 months	Yearly
Blood work Creatinine and Creatinine Clearance if abnormal at completion of treatment to be done by primary care provider	Not Routine	Not Routine	Not Routine	Not Routine
CT Imaging (infused): PET/Chest/ Abdomen / Pelvis(Only if concerning) symptoms are present	Not Routine	Not Routine	Not Routine	Not Routine
Monitoring: Possible side effects of treatment	Sexual function, bowel and bladder function, memory and concentration issues & psychosocial issues.			

Medical Appointments

- A focused history and physical with abdominal assessment, lymph node survey including speculum exam bimanual and pelvic rectal examination
- A Pap test should occur in accordance to Manitoba screening guidelines. If cervix was surgically removed, from the vaginal vault.
- Inquire about new symptoms such as vaginal bleeding or changes in vaginal discharge abdominal, back, or pelvic pain or pressure, nausea/indigestion, abdominal bloating, increased abdominal size, anorexia or early satiety, urinary changes such as increased urgency and/or frequency, bowel changes such as constipation, diarrhea, or thin/pencil like stools.

Bloodwork

- Routine bloodwork is not recommended for the purpose of uterine cancer follow-up, as no tests have been shown to detect uterine cancer early

CT Imaging

- Follow-up CT imaging of the abdomen and pelvis is performed **only** for patients if symptomatic for recurrence or if indicated by physical exam.
- If a CT suggests recurrence, notify the Gyne-Oncologist on call by paging them at 204-787-2071. Include all relevant lab & imaging results.

Referrals to CancerCare Manitoba

- If patient has been discharged from CCMB, fax a new referral to the CCMB Referral Office at **786-0621**
- Patient will be contacted in 2-3 working days (target) once referral is received. Please **do NOT send letters directly to the the physician.**
- If concerns on diagnostics, exams, or biopsy, **call the Gyne-Oncologist on-call at 204-787-2071.**

****You may be asked to share care on an alternating visit basis. If this is the case, your patient will schedule those follow-up appointments directly with you. ****



Uterine Cancer 5+ Year Follow-Up Appointment Schedule

Uterine Cancer 5+ Year Follow-Up Appointment Schedule			
Year 1	0 + 6 months	• Medical Appointment	Gyne-Oncology Team
	1 year	• Medical Appointment	Gyne-Oncology Team
Year 2	1 year + 6 months	• Medical Appointment	Gyne-Oncology Team
	2 years	• Medical Appointment	Gyne-Oncology Team
Year 3	2 years + 6 months	• Medical Appointment	Gyne-Oncology Team
	3 years	• Medical Appointment	Gyne-Oncology Team
Year 4	3 years + 6 months	• Medical Appointment	Gyne-Oncology Team
	4 years	• Medical Appointment	Gyne-Oncology Team
Year 5	4 years + 6 months	• Medical Appointment	Gyne-Oncology Team
	5 years	• Medical Appointment	Gyne-Oncology Team

Follow-up care is completely transferred to the primary care provider on the 6th year post treatment

Year 6	Discharged from CancerCare Manitoba	• Medical Appointment	Primary Care Provider
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Follow-Up Care Plan Part 1 Treatment Summary

Cancer Team

Primary Care Practitioner
Primary Gynecologic Oncologist
CCMB Primary Nurses
CCMB Nurse Practitioner
Psychosocial Oncology Clinician
Primary Support Person (Name & Number)

Cancer Information

Type of Endometrial/Uterine Cancer:
Staging at Surgery (based on exam): Stage I

FIGO Endometrial/Uterine Cancer Staging System

Stage I: Tumor found only in the body of the uterus

Stage II: Tumor has spread to the cervical stroma but has not spread beyond the uterus

Stage III: The cancer has spread beyond the uterus, but is still in pelvic area

Stage IV: The cancer has spread to mucosa of the rectum or bladder, or to lymph nodes in the groin area, and/or to distant organs

Surgery

Complementary & Integrative Medicines:

Medications:

Medication History (Inactive):

Current Medication (Active):

Renewal Requirements: Please continue to renew all medications unrelated to uterine cancer treatment/screening.

Persistent Health Issues after treatment:

Genetics

Additional comments:

Important caution: This is a summary document whose purpose is to review the highlights of the cancer diagnosis and treatment experience for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer, radiotherapy and chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for breast cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.