CancerCare
MANITOBA
ActionCancerManitoba

675 McDermot Avenue
Winnipeg, Manitoba
Canada R3E 0V9

409 Taché Avenue
Winnipeg, Manitoba
Canada R2H 2A6

www.cancercare.mb.ca

Date:_____

Patient Label

Re: Follow-Up Care for

Dear_____: Fax#_____
Family Physician / Nurse Practitioner

Your patient has been seen for the management of their advanced cancer. The focus of any treatment at this time will be on managing symptoms and improving quality of life. Treatment with chemotherapy, radiation or hormonal therapy is indicated in some patients to achieve these goals.

Accompanying this letter are two documents for your clinic chart that your patient has already received.

- Advanced Cancer Care Plan
- Personalized Cancer Treatment Summary

Your patient has received a copy of the treatment summary, the advanced cancer care plan as well as a folder containing a 3 part series called "Changing Focus: Living with Advanced Cancer." These booklets contain information addressing general issues for all advanced cancer patients such as symptom management, advance care planning, as well as specific information for family/caregivers.

Your patient and their family/caregiver are welcome to access the supports available at CCMB through Patient and Family Support Services at any time at 204-787-2109.

❑ **Your patient is now being returned to you** for supervision of their advanced cancer follow-up care, including symptom management, medication management, and palliative care involvement. She/he has been asked to make an appointment with you to discuss follow-up care.

Please note that the "Advanced Cancer Care Plan" page gives specific direction for you about symptom management, advanced care planning, and referring the patient back to CCMB if there is a concern. Your patient remains welcome to access the supports available at CCMB through Patient and Family Support Services.

Your patient's primary oncology team will be available for consultation or disease concerns. The CCMB Pain & Symptom clinic is also available to assist in managing symptom issues as they arise.

❑ **Your patient will continue to have their cancer related management occur at CancerCare Manitoba and you will be informed of their status regularly by :**

❑ CancerCare Manitoba
❑ Your Community Cancer Program

These documents are for your information to support your important role in caring for this patient. Your vigilance for monitoring symptoms that may indicate disease progression is important, as well as your support around advanced care planning and emotional well-being. 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 issues and resources for advanced cancer patients can be found at: www.cancercare.mb.ca/palliativecare. Topics include:

- Family/Caregiver Resources
- Changing Focus 4 Part Series
- Information on Symptom Management
- Advanced Care Planning
- Palliative Care Resources and Forms

Some excellent resources available online for health care providers and families are the Canadian Virtual Hospice www.virtualhospice.ca, Speak Up national health planning resource http://www.advancecareplanning.ca and the WRHA Advanced Care Planning site www.wrha.mb.ca/acp. In addition please feel free to access the Cancer Question Help Line (For Health Care Providers) at 204-226-2262

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

Sincerely,

Signature

Printed Name

❑ CCMB Medical/Surgical Oncologist ❑ CCMB Radiation Oncologist ❑ Surgeon ❑ Family Physician in Oncology ❑ Other
❑ Patient Navigator ❑ Palliative Care Program

* The Follow-Up Care Plan documents are new tools created by CancerCare Manitoba. Email us for further information or with feedback/suggestions at transitions@cancercare.mb.ca.

Date Prepared: _____ (dd/mm/yr)

Personalized Cancer Summary

Patient Label

1. My Personal Information

CR #	
Date of birth (D/M/Y)	
Primary Support Person:	Name Phone #
Nursing Station Phone:	N/A ☐
Interpreter Required	Yes ☐ No ☐ Language:

2. My Cancer Team

Family Practitioner	
Primary Nurse	
Primary Oncologist	
Nurse Practitioner	
Psychosocial Provider	

3. My Cancer Information

Type of Cancer:

Diagnosis Date: (mm/yr)

Surgery

❑ No Surgery

Current Stage

Location of metastasis (where the cancer has spread):

- ❑ Abdomen
- ❑ Bone
- ❑ Brain
- ❑ Liver
- ❑ Lung
- ❑ Lymph node(s)
- ❑ Spine
- ❑ Other:

4. My Cancer Treatment

Chemotherapy / Other	Radiation Therapy
Chemotherapy (number of cycles, regimen, stop date):	Location(s) and date completed:
❑ Other:_____ *If clinical trial patient, attach trial treatment summary or current info*	☐ No Radiation

5. Advance Care Planning:

1. Has advance care planning been discussed? Yes ☐ No ☐
2. Has an advance care plan decision been made? Yes ☐ No ☐

If yes, which category has been chosen:

Comfort Care ☐ Medical Care ☐ Resuscitation ☐

6. Palliative Care Referral Submitted

- ❑ Yes Date: _____ (dd/mm/yr)
- ❑ No
- ❑ Other: _____

7. ECOG Performance Status *(Palliative Performance Scale = PPS)*

- ❑ 0 – Fully active, able to carry on all pre-disease performance without restriction (*PPS = 100%*)
- ❑ 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, eg. Light house work, office work (*PPS = 80-90%*)
- ❑ 2 – Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours (*PPS = 60-70%*)
- ❑ 3 – Capable of only limited self-care, confined to bed or chair more than 50% of waking hours (*PPS = 40-50%*)
- ❑ 4 – Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair. (*PPS = 10-30%*)

8. Current Emotional Symptoms

❑ Agitation	❑ Intimacy/Sexuality
❑ Anxiety	❑ Other:
❑ Depression	❑ Other:

9. Current Physical Symptoms

❑ Abdominal distention (stomach swelling)	❑ Mouth sores
❑ Anorexia (Lack of appetite)	❑ Muscle weakness
❑ Balance issues	❑ Nausea (Upset stomach)
❑ Bladder/Bowel incontinence (Loss of bladder/bowel control)	❑ Neuropathy (Damage to nerves)
❑ Bleeding	❑ Pain
❑ Confusion	❑ Shortness of breath (Difficulty breathing)
❑ Concentration/Memory issues	❑ Skin rash
❑ Constipation (Trouble moving bowels)	❑ Sleep disturbance (Trouble sleeping)
❑ Cough	❑ Swallowing problems
❑ Diarrhea	❑ Vision problems
❑ Edema (Swelling)	❑ Vomiting
❑ Fatigue (Feeling tired)	❑ Wound care
❑ Hemoptysis (Coughing up blood)	❑ Other: _____
❑ Hypercalcemia (High calcium level in the blood)	❑ Other: _____
❑ Loss of weight	❑ Other: _____

Additional Comments:

Changing Focus
Living with Advanced Cancer

Advanced Cancer Care Plan

CARE PLAN	ACTIONS
Advance Care Planning & Decision Making	• Ongoing discussion to identify goals of care and desire for treatment • Complete advance care plan and revise as indicated • Discuss a health care directive and ensure a proxy (substitute decision maker) is determined
Symptom Assessment & Management	• Perform a thorough symptom assessment at each clinic appointment. Adjust medications as required. • Assess common symptoms, such as pain, feeling tired (fatigue), lack of appetite (anorexia), upset stomach (nausea and vomiting), shortness of breath (dyspnea), trouble moving bowels (constipation), depression, trouble sleeping and confusion.
Medical Management	• Discuss how medications will be ordered and managed if the patient is unable to physically come to your clinic. • Ordering blood work and tests should be based on current goals of care after a discussion with the patient about the burdens and benefits.
Palliative Care Involvement	• Determine patients goals of care and when/if application to the local Palliative Care Program should be sent (if not already linked with program) • Access Palliative Care Consultation services as required.
Progression of Disease	• Inform patient about physical changes and signs of cancer progression.
Emotional Impacts of Cancer	• Address emotional impacts of cancer with patient and family. • Access CancerCare Manitoba's (CCMB) Patient and Family Support Services at 204-787-2109 for assistance, referrals, or information. • Check for resources available with your local Palliative Care Program. • Encourage the patient and family to utilize the Changing Focus series provided to them.

Drug Programs - The patient can be on either the Palliative Care Drug Access Program or the Home Cancer Drug Program, not both. For assistance with managing drug access, contact the CancerCare Manitoba Pharmacy at 204-787-1902. If a person with Indian Status is having delays or denials with First Nations, Inuit Health Branch's (FNIHB) Non-Insured Health Benefits (NIHB) program, please contact the CCMB Patient Access Coordinator at 204-787-4986 or toll-free at 1-855-881-4395

Cancer Emergencies to Look Out For

Venous Thrombosis (blood clot in a vein) – may develop more frequently in patients diagnosed with cancer
- o Pain and swelling in the leg or arm
- o Redness or increased warmth to the area where clot occurs
- o Trouble breathing
- o Sharp chest pain
- o Fast pulse
- o Bloody cough

Spinal Cord Compression – may occur with bone metastases in the spine
- o Pain that can spread to the neck, arms, buttocks, or down the legs
- o Loss of bowel or bladder control or change in bowel or urinary habits
- o Muscle weakness (heaviness) in the legs
- o Tingling or cramping in the arms, hands, or legs
- o Loss of sensation in the feet or legs

Superior Vena Cava Syndrome – may occur if tumor or enlarged lymph nodes press on the vein close to the heart
- o Swelling of the face, neck, upper body, and arms
- o Difficulty breathing
- o Coughing
- o Headache and lightheadedness

**NOTE FOR PATIENTS: Go to your emergency department or nursing station if you experience any of these symptoms.
Not all patients will encounter the above three emergencies.

For Health Care Providers ONLY

Physician Consultation for Oncology Issues:
- o CCMB oncologist on call: 204-787-2071 for urgent consultation

Physician Consultation for Symptom Management and Palliative Care Issues:

Physicians or Nurse Practitioners from anywhere in the province may contact:
- o CCMB Pain & Symptom physician on call (Mon-Fri, office hours) at: 204-237-2033 for suggestions on managing symptoms
- o The WRHA Palliative Care Program physician on call (available 24/7) through St. Boniface Paging: 204-237-2053

Referrals to CancerCare Manitoba (CCMB)
- o Fax referrals to the CCMB Referral Office at 204-786-0621
- o Patient will be contacted in 2-3 working days (target) once referral is received. Please do NOT send letters directly to the Oncologist, as this may delay the patient's appointment if that doctor is unavailable for some reason.