

SWAG Cancer Alliance GP Treatment

Summary: Breast Chemotherapy

National Cancer Survivorship Initiative (NCSI) -
Working in Partnership



Department
of Health

WE ARE
MACMILLAN.
CANCER SUPPORT



NHS Improvement

Name	Born	Gender	Hospital No	NHS No
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Diagnosis:	Information will already be in place	
Date of Diagnosis:		
Organ/Staging:		
Treatment Aim:	Drop Down Options: Curative/Symptom Control/Palliative/End of life	Indicate from drop down treatment plan
Treatment Aim Comments:		
This treatment summary relates to the end of chemotherapy only and may change with subsequent consultation and if so you will be advised by the consultant or breast care nurse		
Need to state if this treatment summary relates to the end of NEOADJUVANT or ADJUVANT chemotherapy		
Local/Distant	No	
Summary of treatment and relevant dates	State what chemotherapy has been given including dates and for how long if information not already in place	

Comments:

- Add in patient specific information around side-effects experienced from chemotherapy
- Was a dose reduction was required?
- Include treatment response for non-adjuvant treatment

The following to be used for all patients UNLESS YOU STATE OTHERWISE:

Possible treatment consequences and/ or late effects:

- Increased risk of premature menopause/ infertility
- Lethargy, poor concentration and low stamina – these should all improve after treatment ends; regular exercise can help speed up recovery
- Emotional problems/anxiety/depression – advice from breast care clinical nurse specialist team, patient support groups and counselling services are available
- Increased risk of second malignancies – all patients should be advised to stop smoking and any concerning symptoms can be discussed with their breast specialist nurse
- Patient may experience taste changes – metallic/ bland taste. This usually improves over several months after chemotherapy.
- Numbness/ tingling in fingers and toes (uncommon but can be long term)

Please add in AS APPROPRIATE:

If on anthracycline based chemotherapy or herceptin- Increased risk of heart failure

If on Taxane based chemotherapy - Increased risk of peripheral neuropathy

If on tamoxifen please add in - Increased risk of developing thromboembolic disease such as deep vein thrombosis or pulmonary embolism – attend A and E if concerned

REFER TO THE [ONCOLOGY/ HAEMATOLOGY PRIMARY CARE RISK ASSESSMENT TOOL](#) FOR GUIDANCE

Alert symptoms that require referral back to specialist team**The following will be automatically inserted UNLESS YOU STATE OTHERWISE:**

- Unexplained weight loss, loss of appetite or lethargy
- Unexplained new shortness of breath or persistent cough
- Unexplained new, persistent bone pain for more than 2 weeks
- New breast lumps, breast thickening, axillary lumps, blood stained nipple discharge, new nipple inversion or lumps above the clavicle
- Hypercalcaemia or abnormal liver function tests on biochemical profiles or radiologically proven metastatic disease should prompt urgent referral
- Signs / symptoms of metastatic spinal cord compression - **MSCC Co-Ordinator: Oncology On Call Registrar (provide number)**

If on tamoxifen please add – unexplained vaginal bleeding – needs urgent referral to gynae team**Secondary Ongoing Management Plan (Tests Appointments etc.)**

Discussion with a consultant regarding the following adjuvant therapies has been recommended by the breast MDT. However, the final treatment plan may differ following further consultations and will be confirmed by the appropriate clinicians.

State if for:**Surgery following neoadjuvant chemotherapy – this treatment will be co-ordinated by (insert relevant treatment centre)****Radiotherapy – this treatment will be co-ordinated by (insert relevant treatment centre e.g. Bristol Haematology and Oncology centre / Cheltenham/Taunton)****Herceptin – this treatment will be co-ordinated by (insert relevant treatment centre)****Endocrine therapy as documented below**

Patients having had chemotherapy will be seen 6 - 8 weeks post completion of treatment.

Yearly Mammograms for X years will be arranged at **(insert relevant treatment centre)**

Indicate if referral to palliative care has been made in this space

Advise entry onto primary care palliative or supportive care register	Drop Down Options:	Indicate Yes/No
DS1500 application completed	Drop Down Options:	Indicate Yes/No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/No
Contacts for re-referrals or queries: In Hours/Out of hours	In Hours: (provide number) Out of hours: Leave message on answerphone or contact Acute Oncology Service 24 hour advice line (provide number) Breast Care Nurses (provide number)	

Referrals made to other services:

AHP	Menopause/Endocrine support	Sexual dysfunction therapist	Tick relevant boxes or advise secretary which boxes to tick
Benefits/Advice Service	Occupational Therapist	Social Worker	
Bowel or bladder Incontinence service	Other	Speech and language therapist	
Clinical Nurse Specialist	Physical activity	Stoma service	
Complementary Therapist	Physiotherapy	Support Group	
Dietitian	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review**State the following AS APPROPRIATE:**

Please continue to prescribe Tamoxifen 20mg od / Letrozole 2.5mg od / Exemestane 25mg od / Anastrozole 1mg od / Zoladex 3.6mg sc (every 4 weeks) for the next **XX** years. After which patient to be reviewed in the breast clinic. We have arranged a DEXA scan, the results of which will come to you and as agreed with the commissioners, we would be grateful if you could act on the results.

A DEXA scan may need to be repeated at 5 years if the patient remains on endocrine therapy. This will be requested by the breast care centre if it is indicated and again the results will come to the GP for action.

If the patient experiences significant side effects from their endocrine medication please ask them to contact their breast care nurse who will arrange for assessment in the breast clinic if indicated.

Summary of information given to the patient about their cancer and future progress:**The following will be inserted UNLESS YOU STATE OTHERWISE:**

..... is aware of all the details regarding her breast cancer as documented in the information above. She understands the aim of treatment is **curative (amend if required)** and that all treatments have been given with the aim of reducing her future risk of relapse as much as possible. She understands that if she has any symptoms of concern she should contact the breast care nurses who will advise on an appropriate course of action.

We do not see patients on a routine basis as we provide all our cancer patients open access to our clinics through the breast care nurses. Therefore, if they have any concerns regarding their cancer recurrence or side effects from treatment patients are welcome to contact their breast care nurse to discuss this further and an outpatient appointment with a consultant will be arranged if appropriate.

After treatment patients will receive information regarding a Holistic Needs Appointment and a date to attend a Health and Well-being Event.

Additional information relating to lifestyle and support needs:

We have explained the importance of a healthy lifestyle after cancer treatment encouraging a healthy weight, well balanced diet, minimal alcohol, regular exercise and smoking cessation.

There are many services available to support patients in their recovery and the Breast Care Nurse Specialists and our Macmillan Support Worker(s) are very happy to discuss any concerns or help with referrals

Insert relevant local information about Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, support groups etc.