

## SWAG Cancer Alliance GP Treatment

### Summary: Breast Radiotherapy

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

<b>Comments:</b>
<b>Add in patient specific information around side-effects experienced from radiotherapy</b>
<p><b>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</b></p> <p><b>Possible treatment consequences and/or late effects:</b></p> <p><b>Acute Effects (During or shortly after radiotherapy)</b></p> <ul style="list-style-type: none"> <li>Discomfort or tightness in breast</li> <li>Soreness of skin - Skin in the treatment area may become red, itchy and sore during the two weeks following treatment. . If itching occurs, 1% Hydrocortisone Cream is recommended for short term use of up to one week (unless the skin is broken). Antibiotics may be necessary if there is evidence of infection, but this is uncommon. It is normal for there to be a green / yellow exudate which can accompany the break-down of skin.</li> <li>Fatigue – It is beneficial to get a small amount of exercise each day to help manage fatigue.</li> <li>Skin Breakdown - For broken skin polyurethane dressings (e.g. Allevyn Gentle) should be used to provide optimum wound healing environment and reduce risk of further trauma to the vulnerable skin. Hydrogels (e.g. Purilon Gel) may be used in conjunction, to assist with debridement. Skin care to continue until the skin reaction has settled.</li> <li>Sore throat (with lymph node treatment only) - mild analgesia if required e.g. Paracetamol and /or Ibuprofen</li> </ul> <p><b>Late effects</b></p> <p>Stiffer texture of breast</p> <p>Telangiectasia – Tiny spidery red blood vessels appearing later in treated area</p> <p>Swelling/ pain/ tenderness</p> <p><b>Possible rare late effects</b></p> <p>Micro fractures of ribs</p> <p>Lung Fibrosis</p> <p>For left sided cancers very small increased risk of late cardiac damage – refer to cardiology</p>
<b>Alert symptoms that require referral back to specialist team</b>

**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)**

**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 –**

**Chemotherapy – this treatment will be co-ordinated by (insert relevant treatment centre)**

**Herceptin – this treatment will be co-ordinated by (insert relevant treatment centre)**

**Endocrine therapy as documented below**

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

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

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

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

<b>Referrals made to other services:</b>			<b>Tick relevant boxes or advise secretary which boxes to tick</b>
AHP	Menopause/Endocrine support	Sexual dysfunction therapist	
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.**