

SWAG Cancer Alliance GP Treatment

Summary: Colorectal 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 colorectal clinical nurse specialist 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 or if a dose reduction was required
The following to be used for all patients UNLESS YOU STATE OTHERWISE: Possible treatment consequences: <u>Short term</u> <ul style="list-style-type: none"> Tingling and numbness in fingers and toes (peripheral neuropathy) Concentration and memory problems Appetite or taste change Fatigue Premature menopause Nail changes/discolouration <u>Late effects</u> <ul style="list-style-type: none"> Chronic pins and needles (peripheral neuropathy) Second cancer Effects on the heart or lungs
Alert symptoms that require referral back to specialist team
The following will be automatically inserted UNLESS YOU STATE OTHERWISE: <ul style="list-style-type: none"> Continuing or severe abdominal pain that does not go away with usual painkillers, or is severe or is persistent more than 2 weeks Unexplained lumps, bumps, or swellings around the scar or stoma Unexplained change in normal bowel habit that persists for longer than 4-6 weeks - especially if causing sleep disturbance waking with loose stools Unexplained loss of appetite, weight loss or increasing abdominal girth Any new and unexplained bleeding from the rectum, from the stoma, or in urine Unexplained shortness of breath or cough which lasts for more than a few weeks Bleeding or discharge from the wound site High colostomy/ileostomy output (over 1 litre) and feeling dehydrated (thirst, headaches, faint) Jaundice <p>Consider referral to a specialist colorectal /gastroenterology dietitian for advice on dietary strategies for managing gastrointestinal symptoms such as diarrhoea, urgency, constipation, wind, bloating or if adhesions are making it difficult for food to pass easily</p>

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

Secondary Ongoing Management Plan (Tests Appointments etc.)

Insert relevant surveillance schedule for CEA, CT and colonoscopy – see attached options

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 Oncology Registrar on call (provide number) Colorectal Clinical Nurse Specialists (provide number)	

Referrals made to other services:			Tick relevant boxes or advise secretary which boxes to tick
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:

Your patient experienced particular toxicities due to treatment which were managed with medications and advice as follows: **insert as appropriate**

Further side effects or ongoing issues to be anticipated in the **xx** weeks following chemotherapy and their management: **insert as appropriate**

The hospital team will arrange for the patient to receive routine surveillance CEA tests, colonoscopies and CT scans as per the attached schedule. If the patient is attending the hospital for scans then the CEA test will be carried out there. If not then the patient will be asked to attend the GP practice.

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 his/ her colorectal cancer as documented in the information above. He/ She understands the aim of treatment is **curative (amend if required)** and that all treatments have been given with the aim of reducing future risk of relapse as much as possible. He/ She understands that if they have any symptoms of concern they should contact the colorectal clinical nurse specialist who will advise on an appropriate course of action. He/ She understands the relevant surveillance schedule and how results will be delivered to them. If they have any concerns regarding their cancer recurrence or side effects from treatment, patients are welcome to contact their colorectal clinical nurse specialist 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 Colorectal Clinical Nurse Specialists are very happy to discuss any concerns or help with referrals:

Insert relevant local information about Taunton Late Effects service, stoma nurses, Cancer Information & Support centres, exercise schemes, self-management programmes, fatigue management services, support groups etc.