

SWAG Cancer Alliance GP Treatment

Summary: Breast Palliative Care

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:		
Insert patient name has been diagnosed with metastatic disease		
Local/Distant	Insert relevant sites	
Summary of treatment and relevant dates		Add in treatment given if not already in place

Possible treatment consequences and/or late effects			
At Risk Of:			
Cardiovascular Disease	Peripheral Neuropathy	Spinal Cord Compression	Tick relevant boxes or advise Secretary which boxes to tick
Osteoporosis	Lymphoedema		

May Experience:			
Hormonal affects	Changes in cognitive function	Faecal – urgency, frequency, or incontinence	Tick relevant boxes or advise secretary which boxes to tick
Fatigue	Changes in sexual function or infertility	Urinary – urgency, frequency, incontinence, poor stream	
Insomnia	Anxiety or depression		
Comments: Add in patient specific information around possible side-effects from disease and/ or treatments			

Patient may experience the following:

- Increased risk of premature menopause/infertility
- Lethargy, poor concentration and low stamina
- Emotional problems/anxiety/depression – advice from breast care clinical nurse specialist team, patient support groups and counselling services are available

Please add in specific symptoms patient may experience depending on location of metastatic disease:

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 - Increased risk of developing thromboembolic disease such as deep vein thrombosis or pulmonary embolism – attend A and E if concerned

Alert symptoms that require referral back to specialist team

The following will be automatically inserted UNLESS YOU STATE OTHERWISE:

- Any symptoms of possible disease progression including persistent anorexia and nausea, persistent bone pain, jaundice, persistent cough or shortness of breath, persistent headache
- Signs / symptoms of metastatic spinal cord compression - **MSCC Co-Ordinator: Oncology On Call Registrar (provide number)**

Secondary Ongoing Management Plan (Tests Appointments etc.)

Patients receiving palliative treatments will be routinely followed up at - **insert treatment centre**. Future treatments will depend on the patients' symptoms and any disease progression and may include chemotherapy, radiotherapy, endocrine treatment and Herceptin.

Advise entry onto primary care palliative or supportive care register	Drop Down Options: = Yes or No	Indicate Yes /No
DS1500 application completed	Drop Down Options: = Yes or No	
Prescription Charge exemption arranged	Drop Down Options: = Yes or No	Indicate Yes/ No
Contacts for re-referrals or queries: In Hours Out of Hours	Contacts for re-referrals or queries: In Hours: If within 6 weeks of oncology treatment - provide telephone number After 6 weeks – refer back to treating consultant or via oncology registrar on call - provide telephone number Out of Hours: Oncology Registrar On Call - provide telephone number/bleep	

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	
Dietician	Prosthetics service	Vocational Rehabilitation (work)	
District Nurse	Psychologist	Wig service	

Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening):

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)

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 that her cancer is incurable and that she has received treatment with the aim of prolonging survival and controlling symptoms. She is aware that if she has any symptoms of concern she should contact the breast care nurses who will advise on an appropriate course of action.

Additional information relating to lifestyle and support needs:

We have explained the importance of trying to maintain a healthy lifestyle 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, support groups etc.