

# SWAG Cancer Alliance GP Treatment

## Summary: Breast Surgery

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
------	------	--------	-------------	--------

<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: Curative/Symptom 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 completion of surgical treatment only and discussion in the specialist breast MDT. It may change with subsequent consultations and if so you will be notified by the consultant or breast care nurse.		
<b>Local/Distant</b>	<b>No</b>	
<b>Summary of treatment and relevant dates</b>	<b>Need to state – Operation, Side of Operation, Date of Operation, Postoperative Complications and Histology if not already in place</b>	

<b>Comments:</b>
<p><b>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</b></p> <p><b>In future may be at risk of:</b></p> <p><b>Short term</b>            Recurrent seroma – please contact breast care nurse if any concern            Infection of breast / wound site / seroma – please contact breast care nurse if any concerns            Increased risk of developing thromboembolic disease such as deep vein thrombosis or pulmonary embolism – attend A and E if concerned</p> <p><b>Longer Term</b>            Shoulder stiffness – list of arm exercises given to patient. If stiffness persists needs referral to physiotherapist            Lymphoedema of arm – if this is suspected please contact the breast care nurses for assessment and referral to specialist services            Change in sensation to the breast and upper arm – no specific action needed            Chest wall discomfort – requires simple analgesia  <b>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</b></p>
<b>Alert symptoms that require referral back to specialist team</b>
<p><b>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</b></p> <ul style="list-style-type: none"> <li>• Unexplained weight loss, loss of appetite or lethargy</li> <li>• Unexplained new shortness of breath or persistent cough</li> <li>• Unexplained new, persistent bone pain for more than 2 weeks</li> <li>• New breast lumps, breast thickening, axillary lumps, blood stained nipple discharge, new nipple inversion or lumps above the clavicle</li> <li>• Hypercalcaemia or abnormal liver function tests on biochemical profiles or radiologically proven metastatic disease should prompt urgent referral</li> <li>• Signs / symptoms of metastatic spinal cord compression - <b>MSCC Co-Ordinator: Oncology On Call Registrar (provide number)</b></li> </ul> <p><b>If on tamoxifen please add – unexplained vaginal bleeding – needs urgent referral to gynae team</b></p>

**Secondary Ongoing Management Plan (Tests Appointments etc.)**

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

**State if for –**

**Radiotherapy – this treatment will be co-ordinated by (insert relevant treatment centre e.g. Bristol Haematology and Oncology centre / Cheltenham/ Taunton)**

**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)**

<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: Breast Care Nurses (provide number) Out of hours: Leave message on Breast Care Nurse answerphone</b>	

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

**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)** 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 was curative 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.

If the patient has a post-operative problem within 4 weeks of surgery they should contact their breast care nurse on the number above.

**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.**