

SWAG Cancer Alliance GP Treatment Summary: Lung Radical Radiotherapy/ Stereotactic Ablative Radiotherapy (SABR) - delete as appropriate

National Cancer Survivorship Initiative (NCSI) - Working in Partnership



Department of Health



NHS Improvement

Name	Born	Gender	Hospital No	NHS No
------	------	--------	-------------	--------

Diagnosis:	Information will already be in place		
Date of Diagnosis:			
Organ/Staging:			
Treatment Aim:	Drop Down Options: Curative	Indicate from drop down treatment plan	
Treatment Aim Comments:			
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 lung clinical nurse specialist			
Local/Distant	Insert relevant sites		
Summary of treatment and relevant dates	State what radiotherapy 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 radiotherapy
<p>The following to be used for all patients UNLESS YOU STATE OTHERWISE:</p> <p>Possible treatment consequences and/or late effects:</p> <p>Acute Effects (During or shortly after radiotherapy)</p> <ul style="list-style-type: none"> • Fatigue • Breathlessness • Cough • Temporary flare-up of chest pain • Difficulty swallowing / Painful swallowing • Skin irritation <p>Late effects</p> <ul style="list-style-type: none"> • Lasting fatigue • Respiratory capacity may be reduced resulting in permanent breathlessness • Chest wall pain/rib fracture • Angina • Brachial plexopathy • Radiation induced malignancy
Alert symptoms that require referral back to specialist team
<p>The following will be automatically inserted UNLESS YOU STATE OTHERWISE:</p> <ul style="list-style-type: none"> • Radiation Pneumonitis - can occur 4-12 weeks post radiotherapy and mimics the signs and symptoms of a chest infection. No response to antibiotics, responsive to steroids. Can be fatal - refer to Acute Oncology or Respiratory Hot Clinic (amend as per local service) • Persistent pain which is uncontrolled with simple analgesia – consider increased analgesia following the analgesic ladder and refer to Oncology Team for further advice and management • Frequent episodes of haemoptysis / difficulty breathing / signs and symptoms of PE – refer to Oncologist • Dysphagia, loss of appetite/ anorexia (weight loss of >10%) • Signs / symptoms of metastatic spinal cord compression - MSCC Co-Ordinator: Oncology On Call Registrar (provide number)

Secondary Ongoing Management Plan (Tests Appointments etc.)

Follow up with Oncologist as required/ 6 week telephone follow up with SABR radiographer

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: Yes or No	Indicate Yes/ No
DS1500 application completed	Drop Down Options: Yes or No	Indicate Yes/ No
Prescription Charge exemption arranged	Drop Down Options:	Indicate Yes/ No
Contacts for re-referrals or queries: In Hours/Out of hours	Contacts for re-referrals or queries: In Hours: Radiotherapy Aftercare Service (provide number) Out of hours: Acute Oncology Service 24 hour advice line (provide number) Lung 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

None required

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 lung 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 the future risk of relapse as much as possible. He/ she understands that if they have any symptoms of concern they should contact the lung clinical nurse specialists who will advise on an appropriate course of action. 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 lung clinical 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.