Lymphoma

Regional Follow-up Guideline
1. Introduction

The purpose of the Lymphoma Regional Follow-up Guideline is to promote consistency of practice across the West of Scotland (WoS) and to ensure that patients who have a high chance of cure from their underlying lymphoma receive appropriate follow-up care. This follow-up guideline has been developed for those patients with curable lymphomas eg Hodgkin lymphoma, diffuse large B cell lymphoma and Burkitt lymphoma who achieve complete remission with initial therapy.

The principles of any revision to the follow-up guideline will continue to ensure that management of patients after initial treatment for lymphoma is:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guideline continues to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Provide psychological and supportive care;
- Encourage healthy lifestyle habits; and
- Detect and treat recurrent disease.

Follow-up practice has to be patient-centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

2. Background

In May 2016, a pilot project was undertaken on behalf of the WoS Haemato-oncology Managed Clinical Network to review and redesign lymphoma follow-up practice in the WoS. Although clinical evidence to support any single follow-up strategy was limited, it suggested that there was little justification for routine clinical assessment beyond two years for this patient cohort. A new risk-stratified, person-centred model of follow-up was developed which proposed a reduction in planned follow-up from 5 years to 2 years, reducing hospital clinic appointments by at least 37%. It also introduced the use of holistic needs assessments (HNA) / care plans, treatment summaries and discharge summaries in the follow-up pathway to improve support for patients transitioning from acute to community/self care. The results from this project were presented to the Regional Cancer Clinical Leads Group and the Regional Cancer Advisory Group in June 2017 who endorsed this new supportive, patient-centred, risk-stratified model of follow-up for inclusion in a revised lymphoma regional follow-up guideline.
3. New Risk Stratified Follow-up Pathway

The new follow-up pathway is detailed in Figure 1. Supporting documents (HNA/Care plan - Appendix 1 and Treatment Summary - Appendix 2) are completed at specific time points on the patient pathway. Completed documents are given to the patient and copied to the patient’s GP and case notes. All patients should have full restaging evaluation on completion of first line therapy to confirm remission status and a post therapy check up at 6-8 weeks to ensure that all acute toxicity has subsided. Patients who receive radiotherapy should also be reviewed by Clinical Oncology at the end of treatment to assess recovery from any acute toxicity. These patients will be referred back to haematology for subsequent follow-up. All patients in complete remission after first line treatment should follow the new pathway. Patients who obtain complete remission after BEAM autologous peripheral stem cell transplant follow a modified pathway (see section 4 and Figure 2).

A checklist has been provided to facilitate patient review at follow-up clinic appointments (Appendix 3). After 2 years of follow-up, patients who remain in remission may be discharged from the clinic (Appendix 4). Particular points to note at discharge:

- Hodgkin Lymphoma patients should be aware that if a blood transfusion is required in the future they should receive irradiated blood and blood components. This is a lifelong requirement.

- All female patients who received mediastinal radiotherapy < 36 years of age should undergo breast screening to commence at age 25 years if treated < 17 years or 8 years post treatment if treated between 17 and 35 years. Pathway for referral to breast screening to be agreed at local Board level.

Patients already on the original follow-up pathway should be transferred to the new follow-up pathway at the next scheduled visit. Table 1 details the actions required during this transition.

Table 1: Transition to New Follow-up Pathway

<table>
<thead>
<tr>
<th>Point on current pathway when transferred to new pathway</th>
<th>Documents/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year post treatment</td>
<td>Complete a Treatment Summary and the CNS will perform a HNA and give folder with 3rd party organisations.</td>
</tr>
<tr>
<td>&gt; 1 year and &lt; 2 years post treatment</td>
<td>CNS will perform a HNA and give folder with 3rd party organisations, then at end of 2 years a further HNA will be performed and Clinic Discharge Summary given as per pathway.</td>
</tr>
<tr>
<td>2-4 years post treatment</td>
<td>CNS will perform a HNA and a Clinic Discharge Summary given with information on 3rd party organisations.</td>
</tr>
<tr>
<td>5 years post treatment</td>
<td>Discharge as per Lymphoma Follow-up Guideline v2.0 (November 2014).</td>
</tr>
</tbody>
</table>
Figure 1: Risk stratified follow-up pathway for curative lymphoma patients who obtain complete remission with initial therapy

- **Hodgkin Lymphoma**
  - **Diffuse Large B-Cell Lymphoma**
  - **Burkitt Lymphoma**

First clinic appointment: 6-8 weeks after treatment

- If result of CT scan shows remission:
  - Treatment Summary given (by Consultant)
  - Continue on pathway

Next clinic appointment: in 3 months (approx 5 months post treatment)

- HNA & Care Plan (completed by CNS and followed up as required)
- Health Promotion
- Information given about 3rd party organisations (folder given with information by CNS)

4 monthly clinic appointment for 2 years + Review by CNS (if required)

After 2 Years:

- Clinical Remission

HNA & Care Plan + Discharge Summary + Health Promotion + Discharge

**Patients Excluded from Pathway**

- Not in remission
- Evidence of relapsing disease
- Auto (see section 4) / TBI
- Clinical judgement
- Clinical Trial Patients
- < 25 years at time of treatment being managed in TYA Unit
- Lymphocyte predominant HL

* Patients < 25 years at time of treatment being managed outwith TYA Unit can be included at Clinician’s discretion.
4. **Follow-up Pathway Post BEAM Autologous Peripheral Blood Stem Cell Transplant**

A separate follow-up pathway has been developed for curative lymphoma patients who obtain a complete remission after BEAM autologous peripheral blood stem cell transplant (Figure 2). These patients no longer attend a bone marrow transplant clinic post transplant and are discharged back to the referring hospital for ongoing follow-up. A discharge letter is given to the Patient, GP and local Haematologist regarding their treatment and information is given regarding vaccination and irradiated blood components. Patients will undergo CT scanning at their local hospital to confirm remission status. All patients in complete remission will follow the new pathway. HNA/Care plans are completed at specific time points on the patient pathway (Appendix 1) and a discharge summary will be completed at the end of 2 year follow-up (Appendix 5).

Completed documents are given to the patient and copied to the patient’s GP and case notes.
Figure 2: Risk stratified follow-up pathway for curative lymphoma patients who obtain complete remission after BEAM autologous peripheral stem cell transplant
5. References:


## Appendix 1: HNA and Care Plan

### National Cancer Survivorship Initiative – Concerns checklist

#### Identifying your concerns

<table>
<thead>
<tr>
<th>Physical concerns</th>
<th>Practical concerns</th>
<th>Spiritual or religious concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing difficulties</td>
<td>Caring responsibilities</td>
<td>Loss of faith or other spiritual concerns</td>
</tr>
<tr>
<td>Passing urine</td>
<td>Work and education</td>
<td>Loss of meaning or purpose of life</td>
</tr>
<tr>
<td>Constipation</td>
<td>Money or housing</td>
<td>Not being at peace with or feeling regret about the past</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Insurance and travel</td>
<td></td>
</tr>
<tr>
<td>Eating g or appetite</td>
<td>Transport or parking</td>
<td></td>
</tr>
<tr>
<td>Indigestion</td>
<td>Contact/communication</td>
<td></td>
</tr>
<tr>
<td>Sore or dry m outth</td>
<td>with NHS staff</td>
<td></td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>Lawn dry/housework</td>
<td></td>
</tr>
<tr>
<td>Sleep problems/nightmares</td>
<td>Washing and dressing</td>
<td></td>
</tr>
<tr>
<td>Tired/exhausted or fatigued</td>
<td>Preparing meals/drinks</td>
<td></td>
</tr>
<tr>
<td>Swollen tummy or limb</td>
<td>Grocery shopping</td>
<td></td>
</tr>
<tr>
<td>High temperature or fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting around (walking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tingling in hands/feet</td>
<td></td>
<td></td>
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<tr>
<td>Pain</td>
<td></td>
<td></td>
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<tr>
<td>Hot flush/ex/sweating</td>
<td></td>
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<tr>
<td>Dry, itchy or sore stains</td>
<td></td>
<td></td>
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<tr>
<td>Wound care after surgery</td>
<td></td>
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<tr>
<td>Changes in weight</td>
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<tr>
<td>Memory or concentration</td>
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<tr>
<td>Taste/sight/hearing</td>
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<tr>
<td>Speech problems</td>
<td></td>
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<tr>
<td>My appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex/intimacy/fertility</td>
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</tbody>
</table>

#### Family/relationship concerns

- Partner
- Children
- Other relatives/friends

#### Emotional concerns

- Difficulty making plans
- Loss of interest/activities
- Unable to express feelings
- Anger or frustration
- Guilt
- Hopelessness
- Loneliness or isolation
- Sadness or depression
- Worry, fear or anxiety

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Please mark the scale to show the overall level of concern you’ve felt over the past week.

You may also wish to score the concerns you have ticked from 1 to 10.

---

![Scale]

Lowest

Highest
### Care plan

<table>
<thead>
<tr>
<th>Completed by:</th>
<th>Date:</th>
<th>Designation:</th>
<th>Contact details:</th>
</tr>
</thead>
</table>

#### Level 1: Score 0–3 Mild concerns
Discuss sources of concern with the patient, include information, contact details and monitor.

#### Level 2: Score 4–6 Moderate concerns
As above for level 1 and provide information and discuss with a colleague if necessary and signpost to support. Use second level assessment tool if appropriate e.g. HADs.

#### Level 3: Score 7–10 Significant concerns
As above in Level 1 and 2 and use second level assessment tool if appropriate e.g. HADs and refer to specialist services if required.

#### Overall score on the scale:

<table>
<thead>
<tr>
<th>Main concerns</th>
<th>Score</th>
<th>Description of concern</th>
<th>Plan of action</th>
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<tbody>
<tr>
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</tbody>
</table>

Counts sent to: GP [ ] Patient [ ]

Next review due:
Appendix 2: Treatment Summary (excluding BEAM auto)

TREATMENT SUMMARY

We have summarised your diagnosis, treatment and ongoing management plan below. It includes symptoms that you should be aware of and who to contact. Your GP will also receive a copy of this summary.

Section 1: Patient Details

<table>
<thead>
<tr>
<th>CHI:</th>
<th>Surname:</th>
<th>First name(s):</th>
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</thead>
</table>

Consultant: 
Hospital:

Diagnosis: 
Date of completion of treatment:

Date of Diagnosis:

Section 2: Summary of Treatment

<table>
<thead>
<tr>
<th>Chemotherapy regimen:</th>
<th>No. of courses:</th>
<th>Total Anthracycline Dose: mg/m² (If applicable)</th>
</tr>
</thead>
</table>

Radiotherapy area treated: 
Dose: 
Date of completion:

Any problems related to treatment (include current toxicities and long term problems from treatment):

Treatment Aim: Curative

Current medications (ongoing hospital initiated drugs only):

Pre-existing relevant co-morbidities:
Section 3: Secondary Care ongoing management plan

Reviewed every 4 months at Haematology Clinic for 2 years then discharged.

Add any further relevant follow-up information:

Possible Treatment Toxicities/Late Effects
(Rare possibilities which Patient and GP should to be aware of)

- Infertility/Menopause
- Cardiac – long term cardiovascular risk
  (Important to avoid risk factors, eg smoking; high blood pressure; diabetes)
- Hypothyroidism
  (If received radiotherapy to neck or chest area)
- Secondary Cancers
  (common cancers: breast;lung;skin – important to engage in available NHS screening programmes)
- Infectious Complications
  (If you have had a splenectomy or radiotherapy to spleen)

These may be managed within primary care or trigger a referral to a specialist team when necessary.

Section 4: Contact for re-referrals or queries

First Contact: CNS (insert name and telephone number):

Second Contact: Haematology Secretary telephone number:

Section 5: Referrals made to other services

Please list:

Possible Treatment Toxicities/Late Effects
(Rare possibilities which Patient and GP should to be aware of)

- Infertility/Menopause
- Cardiac – long term cardiovascular risk
  (Important to avoid risk factors, eg smoking; high blood pressure; diabetes)
- Hypothyroidism
  (If received radiotherapy to neck or chest area)
- Secondary Cancers
  (common cancers: breast;lung;skin – important to engage in available NHS screening programmes)
- Infectious Complications
  (If you have had a splenectomy or radiotherapy to spleen)

These may be managed within primary care or trigger a referral to a specialist team when necessary.
**Section 6: Required GP actions**

Annual flu vaccination as per GP vaccination programme.

Complete as required and note that patient will be reviewed at clinic in the first 2 years.

Please list any GP actions:

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**Section 7: Summary of information given to patient about their cancer and future progress**

Holistic Needs Assessment (HNA) to be completed at next clinic appointment and information will be given regarding 3rd party organisations and health and wellbeing.

Please add details of any further information given to the patient:

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**Section 8: Additional information including issues relating to lifestyle and support needs**

Educate patient on avoidance of sunburn and use of skin protection (SPF30 or above). Attend GP if new skin lesions develop.

Add any relevant information, e.g. special transfusion requirements:

```
Irradiated blood and blood components for Hodgkin Lymphoma patients
(This is a lifelong requirement)
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**Consultant Name:**

**Signature:**

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Copy to GP and Patient
Copy in case notes
### Appendix 3: Clinic Visit Checklist

| Symptoms | • Ask about general well being and new symptoms, particularly B symptoms.  
| • Other investigations should be arranged in response to new symptoms/signs of disease, abnormal routine investigations or in the context of trial protocols.  
| • Encourage patient to make earlier appointment if new problems arise. |
| Medicines | Ask about current medications. |
| Examination | Examine for peripheral lymphadenopathy, hepatomegaly, splenomegaly and abdominal masses |
| WHO Performance | Record WHO performance status |
| FBC, BIO, LDH | Check FBC and biochemical profile, including LDH |
| TFT | Check thyroid function tests annually if previous radiotherapy to neck or mediastinum. |
| Fertility/Menses | • Enquire about menstruation and menopausal symptoms – if troublesome symptoms consider referral to gynaecology.  
| | • Check baseline FSH/LH in women who are >35 yrs when receiving chemotherapy if periods not returned within 3-6 months. |
| New Diagnoses | Record any new diagnoses, including second malignancy, occurring since previous visit |
| Cardiovascular Risks | Ensure patients >45 years who received anthracycline drugs and/or mediastinal radiotherapy are attending their GP for monitoring of blood pressure, cholesterol and glucose at least annually. Consider referral to cardiology if patient has clinically concerning symptoms.  
| | Echocardiogram  
| | • Consider if clinical suspicion of cardiotoxicity in patients treated with anthracycline or mediastinal radiotherapy.  
| | • Consider repeating prior to discharge if base line pre-chemotherapy echocardiogram showed abnormalities and patient received anthracycline-containing chemotherapy. |
| Vaccines (GP) | • Ensure all patients receive GP recommended vaccines.  
| | • Post transplant patients may need additional vaccines – refer to policy.  
| | • Patients post splenectomy or radiotherapy to the spleen require appropriate vaccinations eg pneumovax, haemophilus influenza and meningococcal vaccines. |
| Lifestyle | Advise on smoking cessation, exercise, avoidance of sunburn (investigate any suspicious skin lesions promptly). |
| NHS Screening | • Ensure uptake of all NHS screening programmes e.g. cervical, breast, colorectal.  
| | • Encourage all females to examine their breasts regularly. |
| Dental Health | Ensure patients are receiving careful dental follow-up, especially those who had previous neck or oropharyngeal irradiation |
Appendix 4: Clinic Discharge Summary (excluding BEAM Auto)

CLINIC DISCHARGE SUMMARY

The treatment you have had for your lymphoma has gone very well and you no longer need to attend a clinic on a regular basis.

We have summarised your diagnosis, treatment and on-going management plan below. It includes symptoms that you should be aware of and who to contact. Your GP will also receive a copy of this summary.

We may want to contact you in the future to ask how you are. If you are happy for us to do this, please let the secretaries know if you change address. Their telephone number is:

Section 1: Patient Details

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<tr>
<th>CHI:</th>
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<th>First name(s):</th>
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<tr>
<th>Consultant:</th>
<th>Hospital:</th>
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<tr>
<th>Diagnosis:</th>
<th>Date of completion of treatment:</th>
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<tr>
<th>Date of Diagnosis:</th>
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Section 2: Summary of Treatment

<table>
<thead>
<tr>
<th>Chemotherapy regimen:</th>
<th>No. of courses:</th>
<th>Total Anthracycline Dose: mg/m² (If applicable)</th>
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<table>
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<tr>
<th>Radiotherapy area treated:</th>
<th>Dose:</th>
<th>Date of completion:</th>
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<thead>
<tr>
<th>Any problems related to treatment:</th>
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</table>

<table>
<thead>
<tr>
<th>Treatment aim: Curative</th>
<th>Current medications (ongoing hospital initiated drugs only):</th>
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<table>
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<tr>
<th>Pre-existing relevant co-morbidities:</th>
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</tbody>
</table>
# Possible Treatment Toxicities / Late Effects

(Rare possibilities which Patient and GP should be aware of)

<table>
<thead>
<tr>
<th>Toxicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility/Menopause</td>
</tr>
<tr>
<td>Cardiac – long term cardiovascular risk</td>
</tr>
<tr>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>Secondary cancers</td>
</tr>
<tr>
<td>Infectious complications</td>
</tr>
</tbody>
</table>

*These may be managed within Primary Care or trigger a referral to a specialist team when necessary.*

# Alert Symptoms that require referral back to Specialist Team

- **B-symptoms** (fevers/drenching night sweats and/or unexplained weight loss)
- New unexplained widespread itch
- New lymph gland swelling
- Falling blood counts (For GP reference)
- Rising LDH (For GP reference)

## Section 3: Recommendations for GP in addition to GP Cancer Care Review

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
</tr>
<tr>
<td>Thyroid Function Test Annually Yes ☐ No ☐</td>
</tr>
<tr>
<td>Any swelling/lymphadenopathy should be discussed with Haematologist and consider re-referral for investigation</td>
</tr>
<tr>
<td>BP, cholesterol/glucose monitoring annually from age of &gt;45 years old if received anthracycline chemotherapy and/or mediastinal radiotherapy. Consider referral to cardiology if patient has clinically concerning symptoms.</td>
</tr>
<tr>
<td>Health protection measures – annual flu vaccination as per GP vaccination programme. Routine dental check-up. Advice on skin protection.</td>
</tr>
<tr>
<td>Cancer screening – breast, bowel, cervical as per NHS screening programmes.</td>
</tr>
<tr>
<td>Breast screening for patients receiving mediastinal radiotherapy &lt;36 years of age (Check with patient that they have received an appointment regarding this)</td>
</tr>
<tr>
<td>Has the patient had: Splenectomy: Yes ☐ No ☐</td>
</tr>
<tr>
<td>Has the patient had: Radiotherapy to Spleen: Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

If ‘Yes’, patient requires Pneumovax, Haemophilus Influenza and Meningococcal vaccines
Section 4: Additional information including issues relating to lifestyle and support needs

Educate patient on avoidance of sunburn and use of skin protection (SPF 30 or above). To attend GP if new skin lesions develop.

Add any relevant information, e.g. special transfusion requirements:

**Irradiated blood and blood components for Hodgkin Lymphoma patients**

(This is a lifelong requirement)

Section 5: Referrals made to other services

Please list:

Section 6: Secondary Care ongoing management plan

Discharged from Haematology clinic. Quick access back into system if required.

**Contact for re-referrals or queries:**

GP first contact (insert name/telephone number):

Haematology contact telephone number:

Section 7: Summary of information given to patient about their cancer and future progress

Please add any relevant details including written information given to patient:

**Holistic Needs Assessment (HNA) completed** Yes ☐ No ☐

If yes, please send copy of HNA and Care Plan to GP.

**Consultant Name:**  
**Signature:** Physical Signature Required  
**Date:**

**CNS Name:**  
**Signature:** Physical Signature Required  
**Date:**

Copy to GP and Patient  
Copy in case notes
Appendix 5: Clinic Discharge Summary – BEAM Auto

CLINIC DISCHARGE SUMMARY

The treatment you have had for your lymphoma has gone very well and you no longer need to attend a clinic on a regular basis.

We have summarised your diagnosis, treatment and on-going management plan below. It includes symptoms that you should be aware of and who to contact. Your GP will also receive a copy of this summary.

We may want to contact you in the future to ask how you are. If you are happy for us to do this, please let the secretaries know if you change address. Their telephone number is:

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</tr>
<tr>
<td>Date of Diagnosis:</td>
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</tbody>
</table>

Section 2: Summary of Treatment

<table>
<thead>
<tr>
<th>Chemotherapy regimen:</th>
<th>No. of courses:</th>
<th>Total Anthracycline Dose: mg/m² (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiotherapy area treated:</td>
<td>Dose:</td>
<td>Date of completion:</td>
</tr>
<tr>
<td>Transplant: Autologous Peripheral Blood Stem Cell Transplant</td>
<td>Conditioning chemotherapy: BEAM (Carmustine, Etoposide, Cytarabine, Melphalan)</td>
<td>Date of transplant:</td>
</tr>
</tbody>
</table>

Any problems related to treatment:

Treatment aim: Curative

Current medications (ongoing hospital initiated drugs only):

Pre-existing relevant co-morbidities:
Possible Treatment Toxicities / Late Effects
(Rare possibilities which Patient and GP should be aware of)

- Infertility/Menopause
- Cardiac – long term cardiovascular risk
  (Important to avoid risk factors, e.g. smoking; high BP; diabetes)
- Hypothyroidism
  (If received radiotherapy to neck or chest area)
- Secondary cancers
  (common cancers: breast; lung; skin – important to engage in available NHS screening programmes)
- Infectious complications
  (If you have had a splenectomy or radiotherapy to spleen)

**These may be managed within Primary Care or trigger a referral to a specialist team when necessary.**

Alert Symptoms that require referral back to Specialist Team

- B-symptoms
  (fevers/drenching night sweats and/or unexplained weight loss)
- New unexplained widespread itch
- New lymph gland swelling
- Falling blood counts (For GP reference)
- Rising LDH (For GP reference)

---

**Section 3: Recommendations for GP in addition to GP Cancer Care Review**

- Health Promotion
  (Smoking cessation; weight control; exercise)
- Thyroid Function Test Annually Yes ☐ No ☐
  (at risk of developing hypothyroidism)
- Any swelling/lymphadenopathy should be discussed with Haematologist and consider re-referral for investigation
- BP, cholesterol/glucose monitoring annually from age of >45years old if received anthracycline chemotherapy and/or mediastinal radiotherapy. Consider referral to cardiology if patient has clinically concerning symptoms.
- Health protection measures – annual flu vaccination as per GP vaccination programme. Routine dental check-up. Advice on skin protection.
- Cancer screening – breast, bowel, cervical as per NHS screening programmes
- Breast screening for patients receiving mediastinal radiotherapy <36 years of age
  (Check with patient that they have received an appointment regarding this)
- Has the patient had: Splenectomy: Yes ☐ No ☐
  Has the patient had: Radiotherapy to Spleen: Yes ☐ No ☐

If ‘Yes’, patient requires Pneumovax, Haemophilus Influenza and Meningococcal vaccines
Section 4: Additional information including issues relating to lifestyle and support needs

Educate patient on avoidance of sunburn and use of skin protection (SPF 30 or above). To attend GP if new skin lesions develop.

Add any relevant information, e.g. special transfusion requirements:

**Irradiated blood and blood components for Hodgkin Lymphoma patients**

(This is a lifelong requirement)

Section 5: Referrals made to other services

Please list:

Section 6: Secondary Care ongoing management plan

Discharged from Haematology clinic. Quick access back into system if required.

**Contact for re-referrals or queries:**

GP first contact (insert name/telephone number):

Haematology contact telephone number:

Section 7: Summary of information given to patient about their cancer and future progress

Please add any relevant details including written information given to patient:

**Holistic Needs Assessment (HNA) completed**  Yes [ ] No [ ]

If yes, please send copy of HNA and Care Plan to GP.

**Consultant Name:**  
**Signature:**  
**Physical Signature Required**  
**Date:**

**CNS Name:**  
**Signature:**  
**Physical Signature Required**  
**Date:**

Copy to GP and Patient

Copy in case notes