



# Follow-up care after primary therapy

## Aims of follow-up for cancer survivors

### Preventing future cancers and other illnesses by encouraging a healthy lifestyle

Cancer survivors can benefit from advice about alcohol, obesity, exercise, smoking, diet, psychological support, UV radiation protection and bone health, just as all patients do. For cancer survivors, a healthy diet, exercise, smoking cessation, UV radiation protection and weight control may help reduce the risk of progressive and possibly recurrent disease. For example, a low-fat diet may reduce the risk of recurrent breast cancer. There is increasing evidence for the benefits of exercise and nutrition interventions.

Advice about a healthy lifestyle can help patients reduce their risk of comorbid disease such as cardiovascular disease, diabetes, obesity and osteoporosis, thereby reducing the risk of premature death.

Survivors need to be particularly aware of the dangers of obesity. In addition to diabetes, cardiovascular disease and stroke, obesity increases the risk for breast (postmenopausal), prostate, colon, pancreatic, endometrial, kidney and oesophageal cancer and leukaemia. Comorbid conditions include angina, congestive heart failure, osteoporosis and diabetes, which will be aggravated as obesity rates rise.

### Surveillance and detection

Surveillance for cancer spread, recurrence, or second cancers is

essential, along with assessment of other medical and psychosocial late effects of the cancer treatment.

This includes detecting local/regional recurrence and distant metastases. In each case, cure or long-term disease free survival may be possible. Where cure is not possible, detection enables earlier initiation of palliative treatment, which may benefit the patient.

This includes detecting unrelated new cancers, new cancers caused by the same environmental factor that caused the original cancer (e.g. smoking causing a lung cancer and a throat cancer), and cancers caused by treatment for the original cancer (e.g. endometrial cancer following tamoxifen treatment). (See our Late Effects information sheet in this series.)

Certain treatments are known to increase the risk of particular late and long-term effects. Surveillance and assessment entails understanding the risks associated with treatment, assessing the cancer survivor for emotional, physical or social needs and distress, and monitoring the cancer survivor.

### Intervention

Cancer survivors may require intervention for the consequences of cancers and its treatment. Issues such as psychological distress, fatigue, pain, lymphoedema and / or sexual dysfunction require intervention. Cancer survivors may also need assessment, management, and monitoring for cardiac and pulmonary effects if they have received treatments known to cause cardiac or pulmonary abnormalities.

## Care coordination

Coordination of care between the cancer team and general practice is essential. It is important that cancer survivors receive the same general medical checks, screenings and maintenance that all patients receive; their relationship with their general practitioner is key to receiving high-quality medical care. Their general practitioner may be best placed support the cancer survivors' chronic disease management.

## Collecting statistics

Surveillance provides an opportunity to collect statistics that will contribute to knowledge about side effects of treatment and treatment efficacy.

## Key messages

- Follow-up care after primary therapy can be referred to as 'survivorship care'.
- The essential components of follow-up care include prevention, surveillance, intervention for the consequences of cancer, and coordination of care between specialists and primary care providers.
- Follow-up may include the cancer specialist, general practitioner, cancer or practice nurse, and allied health team.



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### Procedures

Follow-up procedures include:

- regular medical check-ups including review of history and physical examination
- screening for distress, psychosocial morbidity, unmet supportive care needs
- blood testing, especially for tumour markers
- imaging tests, 'second-look' surgery, etc.

### How often and for how long?

The surveillance period is best dictated by guidelines based on knowledge of the natural history of a cancer. In some cancers, surveillance is discontinued after five years, but other cancers may require longer monitoring.

### How useful is surveillance?

Surveillance will not necessarily improve a patient's overall survival, quality of life or psychological well-being. However, it may detect a new cancer or recurrence earlier than would otherwise be the case, and permit earlier initiation of treatment. Many survivors are reassured by the follow-up process and the relationship they maintain with their doctors to take good care of their health and be alert for signs of ill-health.

### Effects on patients and the doctor-patient relationship

Doctors often provide surveillance for cancer survivors over decades, and close and caring relationships can form between the doctor and the survivor and their family.

Surveillance can provide reassurance to the survivor that the cancer has not recurred.

However, survivors may be anxious about and inconvenienced by the regular check-ups. Survivors may expect that regular check-ups will enable successful treatment if a recurrent cancer is detected, and may feel let down by their doctor if the cancer recurs and cannot be cured.

### Treating Specialist or GP?

Australian guidelines sometimes provide

a guiding recommendation on this point. For example the Cancer Council Victoria Optimal Care Pathways describe optimal care for specific tumour types. It is important, whoever undertakes the surveillance, that there is a clearly identified coordinator of surveillance: this may be the treating specialist or it may be the GP working in close contact with the specialist.

### Key points

Consider the following when planning care for the cancer survivor:

- Essential components of follow-up care include prevention, surveillance, intervention and coordination.
- Provide a written record detailing the cancer, treatment, and possible side effects of treatment, including any effects that may occur in the longer term.
- Detail the surveillance tests the survivor needs, and which health specialist will provide the tests.
- Provide information about the risks of recurrent and secondary cancers and what symptoms to be aware of.
- Provide advice on smoking, diet, exercise, alcohol, bone health, sun protection and obesity.
- Be alert for any troubling issues around employment and insurance and recommend that the survivor seeks expert advice if needed.
- Provide information about cancer support groups and helplines (information via the Cancer Council 13 11 20).
- Make sure the survivor and their family or carer knows who is coordinating their treatment and who to contact in an emergency.
- The above elements are part of the survivorship care plan. (More information is available in the Survivorship Care Planning information sheet in this series.)

This information sheet is part of a series designed for health professionals. Review the rest of the series on our website: [www.petermac.org/education/survivorship-education](http://www.petermac.org/education/survivorship-education)

If you are a cancer survivor please also see our matching series written specifically for you: [www.petermac.org/cancer-information/life-after-treatment](http://www.petermac.org/cancer-information/life-after-treatment)

### Further information

This overview was prepared with reference to:



Earle C 2007. Surveillance after primary therapy. In Ganz P (ed) 2007. Cancer survivorship today and tomorrow. New York: Springer Science+Business Media.



Hewitt M, Greenfield S, Stovall E (eds) 2006. From cancer patient to cancer survivor: lost in transition. Committee on Cancer Survivorship: Improving Care and Quality of Life. National Cancer Policy Board. Institute of Medicine (IOM) and National Research Council of the National Academies



Institute of Medicine (IOM) 2005. Cancer survivorship care planning. Fact sheet (US). Available from IOM website.



Rosenbaum E et al. 2007. Everyone's guide to cancer survivorship. Missouri: Andrews McMeel Publishing.

