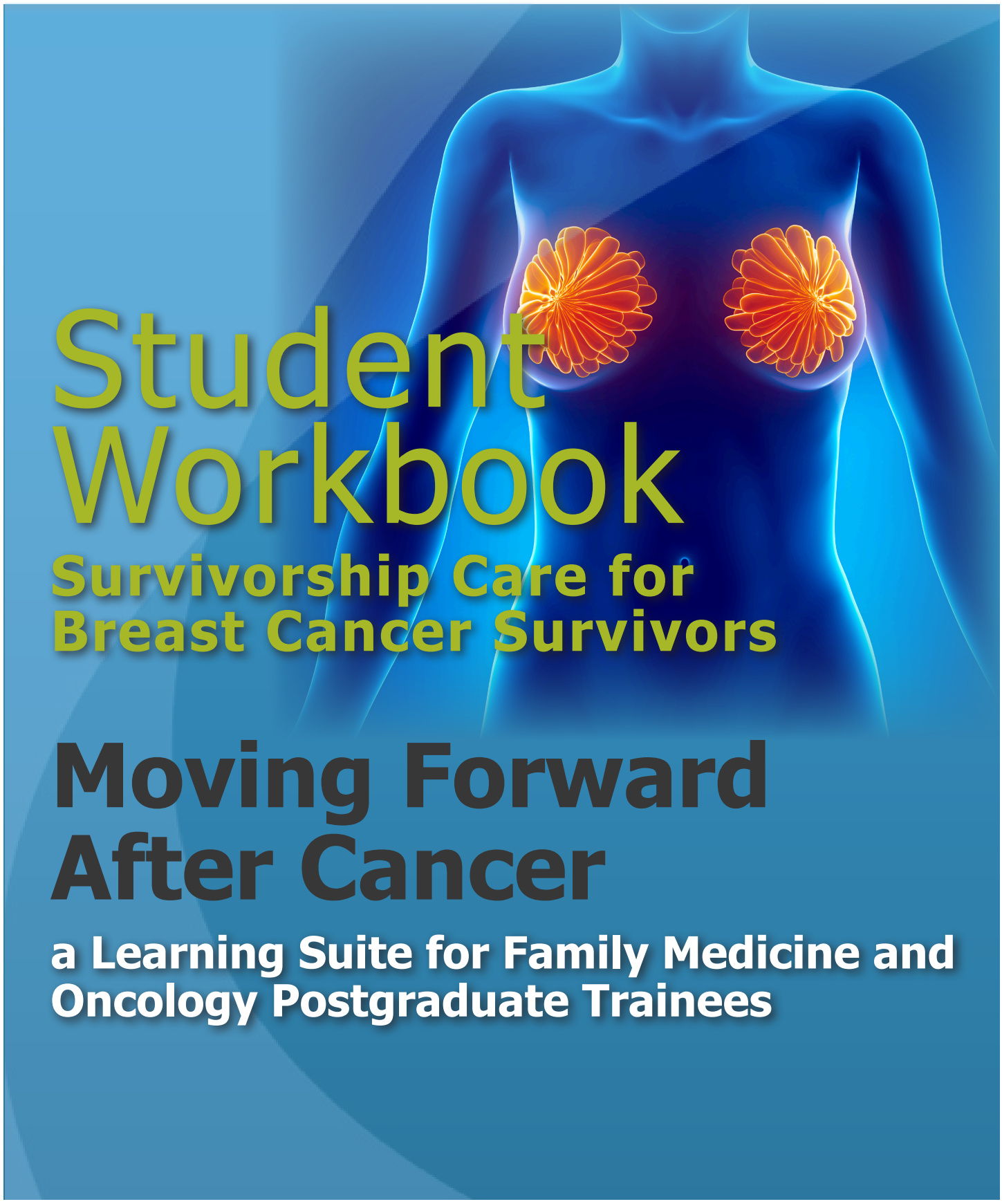

Student Workbook

Survivorship Care for Breast Cancer Survivors

Moving Forward After Cancer

a Learning Suite for Family Medicine and Oncology Postgraduate Trainees

integrating primary care + cancer care in survivorship

An initiative of / Une initiative du

CANADIAN PARTNERSHIP AGAINST CANCER

PARTENARIAT CANADIEN CONTRE LE CANCER

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FIRST EDITION

Access to the complete *Moving Forward After Cancer* curriculum is available on the University of Manitoba Continuing Professional Development website, at:
https://www.cpd-umanitoba.com/elearning/moving-forward-after-cancer/

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Breast Cancer Case: Amanda

Part 1

Narrative

You are seeing Amanda today in clinic. Amanda is a 58-year-old patient of yours with a Stage II (T2 [3.5 cm] N1 M0) invasive ductal carcinoma of the left breast who is nearing the end of her cancer treatment. She had a lumpectomy and sentinel node biopsy by a local surgeon, followed by adjuvant (post-surgical) chemotherapy (FEC-D) which was administered intravenously once every three weeks for six treatments at your local hospital.

This regimen is common for node positive breast cancer and includes fluorouracil, epirubicin and cyclophosphamide (FEC) given intravenously every 21 days for three cycles followed by docetaxel (D) (Taxotere©) given intravenously every 21 days for three cycles.

She tolerated the chemotherapy fairly well, although she has still some numbness and tingling in her fingertips which started towards the end of the docetaxel part of her treatment. She then had radiation treatment on weekdays for five weeks (a total of 25 treatments). These treatments finished about three months ago.

Her breast cancer was Grade II, ER and PR positive, and HER2 negative. As she is post-menopausal, she started treatment last month with anastrozole (Arimidex©), an aromatase inhibitor, to prevent cancer recurrence. She was told by her medical oncologist to take 1 mg daily for five years.

A baseline bone mineral density test was ordered and was in the normal range for her age. She is now seeing the medical oncologist every three months and has no follow-up booked with the radiation oncologist.

Amanda also has hypertension. She was diagnosed in her twenties after her first pregnancy, and takes ramipril 5 mg and hydrochlorothiazide 25 mg daily. Her blood pressure today in the office is 146/94, and her recent cholesterol profile is TChol 5.5, HDL 1.3, LDL 3.6, TG 1.1. TChol/HDL is 4.2. Her HgbA1c is 5.7% and creatinine clearance is normal. She is a 15 pack year smoker, about 1/2 pack a day, and her father had a heart attack at age 64, which he survived.

Amanda raises a concern with you, her FP, during the visit today. She telephoned an on-call doctor at the cancer centre last week when she started experiencing an intense tingling sensation in her fingers. The tingling became intense after she had been working outside on a chilly evening. She got good advice, but was told she should speak with her FP about such concerns. Today Amanda asks: “I really don’t know what to do. How am I supposed to know which doctor to call?”

Questions

Working on your own, jot down your answers to these three questions (three minutes). Next, discuss your answers in your small group (10 minutes). Finally, be prepared to share your answers and discussion with the larger group (10 minutes).

1. What is the differential diagnosis for the tingling discomfort in her fingers? What intervention might help her symptoms? Is this likely to improve?

2. What would be your goals in blood pressure and lipid management for Amanda? Is this affected by her history of cancer treatment?

3. Amanda is three months out from radiation. Make a list of the patient concerns that, in your opinion, should be addressed with her FP, and those that should be addressed with her cancer specialist at this point. How can you help Amanda identify which doctor to call, or does it matter?

Part 2

Narrative

It has now been nine months since the completion of her radiation treatment, and Amanda is doing well. Amanda's medical oncologist has indicated her readiness to transfer responsibility for Amanda's care back to her FP. Amanda is willing to accept this, but is feeling nervous with the thought of losing regular touch with her cancer specialist, and is concerned about cancer recurrence. She doesn't want anything missed.

Questions

4. When and where does breast cancer most commonly recur?

5. *What follow-up testing is recommended after breast cancer treatment? What is not recommended?*

6. *Generate a list of the information you think the oncologist should provide the FP at the time of this care transition. Should the patient get the same information?*

Part 3

Narrative

Amanda is now back seeing her FP in follow-up. During a visit today, she has a question: "I'm taking these anastrozole pills daily, but what else can I do to prevent the cancer from coming back?

Questions

7. How would you describe the effectiveness of anastrozole for post-menopausal women in terms of preventing breast cancer recurrence? How would this pharmacotherapy differ if she was pre-menopausal?

8. What lifestyle changes would you suggest to Amanda?

9. *Which resources in your community can help cancer survivors make these lifestyle changes?*