



ALASKA NATIVE MEDICAL CENTER



CANCER POST TREATMENT GUIDELINES

APPROVED BY ANMC PERFORMANCE IMPROVEMENT COMMITTEE ON 06/13/02

RELEASE DATE: JUNE 2002

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THESE GUIDELINES ARE DESIGNED TO ASSIST CLINICIANS AND ARE NOT
INTENDED TO SUPPLANT GOOD CLINICAL JUDGEMENT OR TO ESTABLISH A
PROTOCOL FOR ALL PATIENTS WITH THIS CONDITION.

ALASKA NATIVE MEDICAL CENTER

CANCER POST TREATMENT GUIDELINES

COLON CANCER

- Refer to Colorectal Cancer Follow-up Guidelines, posted 2/24/2009.

GASTRIC CANCER

- The primary provider can follow patients who have had a total gastrectomy. They do not require follow-up EGDs. If a subtotal gastrectomy was done the patient will require EGD at 1, 2 and 5 years.
 - 1) H&P every 6 months for the first 2 years, then every year.
 - 2) Labs:
 - (a) CBC, Fe, TIBC and B12 levels yearly.
 - (b) Patients may become anemic after gastric resection because of decreased ability to absorb Fe and B12.
- Early detection of recurrent gastric cancer is usually not helpful improving survival.

BREAST CANCER

- Breast cancer patients can be followed by their primary care provider or by the surgery department.
 - 1) Mastectomy
 - (a) H&P every 6 months for 2 years, then H&P every year.
 - (b) Mammogram yearly
 - 2) Lumpectomy
 - (a) H&P every 6 months for 2 years, then H&P every year
 - (b) Mammogram of the involved breast at 6 months or when radiation completed.
 - (c) Subsequent mammograms every year.
- The follow up plan is the same for patients who have received chemotherapy or radiation therapy.
- There are no routine lab tests necessary.
- Except for local recurrence in lumpectomy patients early detection of recurrent breast cancer has not been shown to improve survival. Special attention should be paid to complaints of bone pain, especially in hips, or spine. Breast cancer patients are at significant risk for developing cancer in the contralateral breast.

LUNG CANCER

- The primary care provider can follow patients who have had surgery for lung cancer.
 - 1) H&P every 3 months for 2 years, then every 6 months for 3 years, then yearly.
 - 2) CXR every 3 months for 2 years, then every 6 months for 3 years, then yearly.
 - 3) There are no routine lab tests necessary.
- Patients should receive Pneumovax and yearly flu shots.
- Early detection of recurrence has not been shown to improve survival.

THYROID CANCER

- The primary provider can follow patients with thyroid cancer.
 - 1) Patients who have had a total thyroidectomy should have:
 - (a) H&P every 6 months for 2 years then yearly.
 - (b) TSH, Thyroglobulin levels every 6 months for 2 years then yearly.
 - (c) Chest X-ray every year for 5 years then prn symptoms.
- Patients with thyroid cancer who have had a subtotal thyroidectomy should have
 - 1) H&P every 6 months for 2 years then yearly.
 - 2) TSH level every 6 months for 2 years then yearly.
 - 3) Chest X-ray every year for 5 years then prn symptoms.
- Suppression of the TSH level below .1 IU/ml may help prevent recurrence.

HODGKIN'S DISEASE AND LYMPHOMA

- Usually these patients will be followed in Oncology, especially if they have a curable disease.
- Patients with curable disease will be seen in Oncology for at least two years, and then primary care physicians could do follow-up.
 - 1) Every 3 months for two years with:
 - (a) CBC
 - (b) CHEM 20 + LDH
 - (c) ESR
 - 2) CT scan of the chest abd and pelvis every 6 months
 - 3) After 2 years follow-up every 6 months for 3 more years, as above.
 - 4) Imaging studies as indicated.
 - 5) See promptly for any systemic symptoms.
 - 6) Biopsy any new suspicious nodes or lumps.

TESTIS CANCER

- These patients will be followed by Urology or Oncology for two years before they are returned to their primary care physicians for routine follow up
 - 1) In the first year following completion of therapy, see every month with:
 - (a) CBC
 - (b) CHEM 20 + LDH
 - (c) ALPHA FETOPROTEIN
 - (d) BETA HCG
 - (e) CXR
 - 2) Repeat the same strategy in the second year, only every two months.
 - 3) CT Chest, ABD, Pelvis every 4 months in the first year, twice in the second year.
 - 4) Monthly testicular self-exam.
 - 5) After the second year, see every 6 months for 3 more years—lab studies optional.

ACUTE LEUKEMIA

- Monthly CBC for two years.

MELANOMA AND OTHER SKIN CANCERS

- This can be done by primary care physicians.
 - 1) Every 6 month history and physical exam, especially skin and lymph nodes.
 - 2) Excisional biopsy of suspicious skin lesions; biopsy any suspicious nodes or lumps.

FOR PATIENTS WITH METASTATIC INCURABLE CANCERS, AND PATIENTS RECEIVING PALLIATIVE CARE

- Reassess every two to four weeks as indicated by patient and family.