

# Shared Care Plan

After treatment for low-risk endometrial cancer, it is important to have follow-up visits with your shared care team\* to check whether the cancer has come back, monitor any side effects of treatment and receive practical and emotional support.

Shared follow-up and survivorship care is when your care after treatment is shared between your specialist team and primary care practitioner/s.

Information in this Shared Care Plan will help your primary care practitioner/s and specialist team manage your follow-up care together.

## This Shared Care Plan:

- ▶ is not intended to be a complete patient history or treatment plan and does not replace the need for ongoing professional medical advice
- ▶ should be used in combination with a discussion about your individual needs and preferences; and
- ▶ does not replace existing referral arrangements between GPs, specialists and other health professionals.

The Shared Care Plan is to be completed in collaboration with you, your specialist team and your primary care practitioner/s and will become active after review and mutual agreement. All members of the shared care team have an important role in providing supportive care as part of shared follow-up and survivorship care.

## FOR PATIENTS:

Please take the Shared Care Plan with you when you visit any member of your shared care team. If you notice any new or unusual symptoms between follow-up appointments, do not wait until your next scheduled appointment.

See your GP as soon as possible so that the cause of the symptom can be explored.



\* Shared care team refers to members of the specialist multidisciplinary gynaecological cancer team (specialist team; including but not limited to gynaecological oncologists, medical oncologists, radiation oncologists, gynaecologists, nurses and/or allied health professionals) and the primary care practitioner/s (including General Practitioner (GP) and primary health care nurse).

# Shared Care Plan

## Section A1

Patient name				Date of birth	
<b>PATIENT DETAILS AND CONTACT INFORMATION</b>					
Patient name				Date of birth	
Email address					
Address			State	Postcode	Mobile no.
					Home/Work no.
Electronic Medical Record (eMR) number					
Support contact				Mobile no.	
Relationship				Home/Work no.	
<b>GP DETAILS AND CONTACT INFORMATION</b>					
GP name					
Practice address			State	Postcode	Phone no.
					Fax no.
Email					
<b>LEAD SPECIALIST TEAM AND CONTACT INFORMATION: Main contact for questions related to follow-up care</b>					
Specialist name/ clinic				Specialty	
Hospital/clinic address			State	Postcode	Phone no.
					Fax no.
Email					
<b>OTHER HOSPITAL CONTACTS</b>					
Specialist name				Specialty	
Hospital/clinic				Phone no.	
Specialist nurse				Specialty	
Hospital/clinic				Phone no.	
Cancer nurse/ cancer coordinator					
Hospital/clinic				Phone no.	
<b>COMMENCEMENT OF SHARED CARE</b>					
<b>Patient agreement</b>	<b>I have agreed to this Shared Care Plan.</b>				
	Patient's name	_____			
	Patient's signature	_____	Date	_____	
<b>Health professional agreements</b>	<b>I have agreed to this Shared Care Plan.</b>				
	GP's name	_____			
	GP's signature	_____	Date	_____	
	Lead specialist's name	_____			
	Lead specialist's signature	_____	Date	_____	
Case conference attended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Shared care team meeting summary attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		

# Shared Care Plan

Patient name

Date of birth

## Section A2

### DIAGNOSIS & HISTORY SUMMARY to be completed by the specialist

Diagnosis date	Age at diagnosis	
Histological diagnosis	Stage	
	Grade	
Menopausal status at diagnosis	<input type="checkbox"/> Pre <input type="checkbox"/> Peri <input type="checkbox"/> Post <input type="checkbox"/> Unknown	
Menopausal status at commencement of shared care	<input type="checkbox"/> Pre <input type="checkbox"/> Peri <input type="checkbox"/> Post <input type="checkbox"/> Unknown	
Family history of cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes include the number of affected maternal and paternal relatives, and indicate whether affected by breast or ovarian cancer.	
		Maternal relatives
		Paternal relatives
	1st degree	
	2nd degree	
	Distant	
Are there clinical indicators of Lynch Syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have Lynch Syndrome markers been targeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral for genetic counselling or family clinic?	<input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No	Date
Other health conditions/ relevant information*		
Current medications		
Known allergies		

\*include details of additional known factors that may impact on patient's risk of recurrence or approach to follow-up care.



# Shared Care Plan

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## Section A3

### TREATMENT SUMMARY to be completed by the specialist

<b>Surgery</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please indicate which surgery below	
	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Bilateral salpingo-oophorectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Lymphadenectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gynaecological oncology Surgical team name		Phone no.
Surgical team name		Phone no.
<b>Radiotherapy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Start date		End date
Radiation oncologist		Phone no.
<b>Systemic therapy*</b>	<input type="checkbox"/> Yes (provide details) <input type="checkbox"/> No	
Gynaecological and/or medical oncologist name		Phone no.
<b>Patient goals</b>		
Patient wellbeing goals / priorities		
<b>Issues requiring other specialist / allied health involvement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Issue		Health professional contact
Issue		Health professional contact
Issue		Health professional contact

\*if the patient has received systemic therapies (chemotherapy or hormone therapy), the patient may not be at low-risk of recurrence and may not be suitable for shared follow-up care.



# Shared Care Plan

Patient name

Date of birth

## Section B

### Shared follow-up and survivorship care appointment summary following treatment for low-risk endometrial cancer

Date of development of follow-up schedule / /

To be completed and agreed by the specialist and GP at commencement of shared care to document all planned monitoring. Follow-up visits should be planned for a minimum of two years.

The standard follow-up schedule suggested by Cancer Australia is provided below to plan follow-up appointments.

Patient name \_\_\_\_\_ Date of birth / /

TIME SINCE TREATMENT FOR LOW-RISK ENDOMETRIAL CANCER	DATE	PURPOSE OF VISIT	PROVIDER NAME AND DISCIPLINE (GP OR SPECIALIST)
<b>Years 1-2 (every 3-6 months) Low-risk endometrial cancer follow-up</b>	/ /		
<ul style="list-style-type: none"> <li>• history and physical examination for symptoms (including abdominal, pelvic and gynaecological)</li> <li>• identify, monitor and manage the effects of treatment, co-morbidities and secondary prevention</li> <li>• assess level of psychosocial distress</li> </ul>			
Other planned reviews/monitoring as clinically required*	/ /		
<b>Year 3 (every 6-12 months) Low-risk endometrial cancer follow-up</b>	/ /		
<ul style="list-style-type: none"> <li>• history and physical examination (including abdominal, pelvic and gynaecological)</li> <li>• digital vaginal examination and if feasible, examination by speculum</li> <li>• identify, monitor and manage the effects of treatment, co-morbidities and secondary prevention</li> <li>• assess level of psychosocial distress</li> </ul>			
Other planned reviews/monitoring as clinically required*	/ /		



# Shared Care Plan

Patient name

Date of birth

Section B cont.

Shared follow-up and survivorship care appointment summary following treatment for low-risk endometrial cancer

TIME SINCE TREATMENT FOR LOW-RISK ENDOMETRIAL CANCER	DATE	PURPOSE OF VISIT	PROVIDER NAME AND DISCIPLINE (GP OR SPECIALIST)
Years 4-5 (every 12 months) Low-risk endometrial cancer follow-up	/ /		
<ul style="list-style-type: none"> <li>• history and physical examination (including abdominal, pelvic and gynaecological)</li> <li>• digital vaginal examination and if feasible, examination by speculum</li> <li>• identify, monitor and manage the effects of treatment, co-morbidities and secondary prevention</li> <li>• assess level of psychosocial distress</li> </ul>			
Other planned reviews / monitoring as clinically required*			

Cancer Australia's suggested follow-up schedule for asymptomatic women following treatment for early stage low-risk\* endometrial cancer

METHOD	YEARS 1 AND 2	YEAR 3	YEARS 4-5
History and clinical examination	Every 3-6 months	Every 6-12 months	Every 12 months

\*as identified by the treating shared care team



# Shared Care Plan

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## Section C

### Actions to be taken during follow-up visits

Outcomes of each follow-up visit should be communicated and shared between the lead specialist and the patient's primary care team practitioner/s to maintain up to date and timely information.

### PATIENT DETAILS AND CONTACT INFORMATION

Patient name

Date of birth

Address

Mobile no.

State

Postcode

Home/Work no.

To be completed by the health professional provider. Start a new page for each follow-up visit. Additional forms can be downloaded from [canceraustralia.gov.au](http://canceraustralia.gov.au)

Diagnosis date

/ /

Date of this follow-up visit

Date of previous follow-up visit

Practitioner name and discipline

### FOLLOW-UP AIMS

### COMPLETED

### NO CHANGE

### ISSUES IDENTIFIED AT THIS VISIT

Check for symptoms of distant recurrence  
• Physical examination, including gynaecological examination, pelvic examination, abdominal examination




Identify / review side effects of treatment  
• Review treatment history (see section A3 of this Shared Care Plan)  
• Side effects may vary depending on treatment type and may vary over time




Identify/ review ongoing co-morbidities




Identify / review psychosocial issues




Distress

Anxiety

Cognitive changes

Depression

Fear of cancer recurrence

Financial hardship



# Shared Care Plan

Patient name

Date of birth

Section C cont.

FOLLOW-UP AIMS	COMPLETED	NO CHANGE	ISSUES IDENTIFIED AT THIS VISIT
	<input type="checkbox"/>		Fertility
	<input type="checkbox"/>		Work
	<input type="checkbox"/>		Sexuality (including sexual function, loss of libido, body image and relationships)
	<input type="checkbox"/>		Relationships (e.g. partner, children)
Update family history • Ask about any new occurrences of cancer among relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update menopausal status • Ask about menopausal symptoms • Consider need for osteoporosis screening if not already done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update other health conditions • Includes existing or new health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review medications • Review medications and check medication adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss modifiable lifestyle factors for the prevention of recurrent and new cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weight management <input type="checkbox"/> Exercise <input type="checkbox"/> Alcohol <input type="checkbox"/> Smoking

**Other surveillance methods:**

Note cervical cancer screening or vaginal cytology, blood tests and imaging (including X-ray, CT, PET, MRI scans) are not routinely recommended unless indicated on suspicion of recurrence.

**Refer to specialist gynaecological cancer unit for further investigation if recurrence is suspected.**

**INVESTIGATION AND REFERRALS**

Referral(s) following this visit  Yes  No If yes, discipline:

Rapid Access Request actioned?  Yes  No Next follow-up visit:

• To be used when follow-up raises a clinical issue requiring urgent specialist consultation

