

Shared Care Plan

Patient name

Date of birth

Section C

Actions to be taken during follow-up visits

Outcomes of each follow-up appointment should be shared between the lead specialist and the patient's GP using the standard form of communication for the health service.

FOLLOW-UP ACTION	WHAT TO LOOK FOR/DISCUSS	
Clinical breast examination for early detection of local, regional or distant recurrence* <i>*Local recurrences are commonly diagnosed when patients are asymptomatic</i>	<input type="checkbox"/> Check weight	<input type="checkbox"/> Examine regional lymph nodes
	<input type="checkbox"/> Examine breast or chest wall and axilla (ipsilateral and contralateral), looking for new lumps or thickening, skin changes, and nipple discharge	<input type="checkbox"/> Check arm on the treated side for lymphoedema, cording, or signs of brachial plexus symptoms
	<input type="checkbox"/> Check for any areas of bone pain	<input type="checkbox"/> Examine chest and abdomen
	<input type="checkbox"/> Check for any new skin changes e.g., bruising, bleeding, infection	<input type="checkbox"/> If indicated, perform neurological examination and check for signs of raised intracranial pressure
Check for symptoms of distant recurrence	<input type="checkbox"/> Bone pain	<input type="checkbox"/> Abdominal pain or jaundice
	<input type="checkbox"/> Shortness of breath, persistent and worsening cough or haemoptysis	<input type="checkbox"/> Headaches, especially on waking and/or associated with nausea or focal neurological symptoms
	<input type="checkbox"/> Unexplained changes in weight, fatigue or anorexia	<input type="checkbox"/> Persistent unexplained pain or discomfort
	<input type="checkbox"/> Night sweats	
Identify / review psychosocial issues	<input type="checkbox"/> Distress	<input type="checkbox"/> Anxiety
	<input type="checkbox"/> Cognitive changes	<input type="checkbox"/> Depression
	<input type="checkbox"/> Fear of cancer recurrence	<input type="checkbox"/> Financial hardship
	<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)
Identify / review side effects of treatment	<input type="checkbox"/> Review treatment history (see section A3 of this Shared Care Plan)	<input type="checkbox"/> Side effects may vary depending on treatment type and may vary over time
Update family history	<input type="checkbox"/> Ask about any new occurrence of breast, ovarian, pancreatic, or prostate cancer among relatives	
Update menopausal status	<input type="checkbox"/> Ask about menopausal symptoms	<input type="checkbox"/> Consider need for osteoporosis screening if not already done
Review other health conditions	<input type="checkbox"/> Includes existing or new health conditions	



Shared Care Plan

Patient name

Date of birth

Section C continued

Actions to be taken during follow-up visits

Outcomes of each follow-up appointment should be shared between the lead specialist and the patient's GP using the standard form of communication for the health service.

FOLLOW-UP ACTION

WHAT TO LOOK FOR/DISCUSS

Review all medications

Review medications and check medication adherence

Discuss modifiable lifestyle factors for the prevention of recurrent and new cancers

Smoking cessation

Alcohol consumption

Diet and weight management

Exercise

Investigations and referrals

Mammogram¹ (and ultrasound if indicated²)

Check previous result and confirm date of next mammogram (and ultrasound if indicated)

Other investigations³

As clinically indicated

Rapid access request

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

1. First mammogram 12 months post diagnosis

2. Ultrasound may be used in addition to mammography when indicated on clinical or radiological grounds. Consider ultrasound in addition to mammography for younger women, women with dense breasts and those whose initial breast cancer could not be detected by mammography

3. Use of MRI may be considered in specific high-risk groups. Other planned reviews as clinically indicated. This may, for example, include a bone density (DXA) scan.

