The ROYAL MARSDEN NHS Foundation Trust

Open access follow up treatment for breast cancer

Patient and Carer Information



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Introduction

The open access follow up programme has been specially designed by the breast unit to support you when you have completed your treatment. It is a type of follow up where you, the patient, are in control. It means that your normal routine will not be disrupted by regular hospital appointments – instead you can quickly gain access to the breast care team and hospital when you need to.

The treatment summary provides information about your diagnosis and treatment as well as how your follow up care will be organised. This includes:

- the dates of your future mammograms, if needed
- when your current treatment will be reviewed
- the dates of bone density (DEXA) scans if applicable to you
- some of the common side effects of treatment
- if breast cancer returns; signs and symptoms to report to us or your GP
- being breast and body aware
- services available to patients who have completed treatment
- further help and support and how to contact the breast care team.

Future mammograms

People who have had breast cancer have a small increased risk of developing a further cancer in the same breast (recurrence) or a new cancer in the other breast. Mammograms (breast x-rays) can often detect breast cancer before it can be felt, either by you or a health care professional. For the majority of women, mammograms are the recommended way of checking for breast cancer. Our current recommendations are that you should have annual mammograms for five years following your diagnosis, or until you reach the age at which the National Breast Screening Programme starts. These mammograms will be organised by The Royal Marsden. For a small number of women, mammography may not be appropriate and we will discuss the other options if this is the case.

Results of mammograms

After your mammogram, you will receive your results letter within two weeks. The results letter will also contain information relating to your next mammogram appointment. For this reason it is important to make sure that the hospital has your correct address and telephone number. If you do not receive your results within one month of having your mammogram, please contact us.

Sometimes, after having treatment for breast cancer, mammograms are not as easy to read; therefore we may recall you so we can carry out further assessment or investigations. We will contact you by telephone or by letter if this is the case.

Your cancer medication – hormone therapy

Patients with hormone sensitive cancers are prescribed anti-hormone tablets, also known as endocrine therapy. Anti-hormone therapy will include Tamoxifen, Letrozole and other medications such as Anastrozole and Exemestane. You will be on these tablets for five to ten years. Once you have completed the first five years we will write to you and your GP and confirm if the prescription should stop, continue or be switched.

Your **treatment summary** will confirm the date you will complete five years of hormone therapy. If you have not heard from us as you near the end of your hormone treatment, please contact the open access nurse practitioner.

Some patients will change their tablets after two or three years. For example, if you become menopausal (your periods stop) the team will sometimes advise that you are switched over to another anti-hormone treatment. We will tell you if this is the case.

You will not have to pay for tablets as you are entitled to free prescriptions. A medical exemption certificate is available from your GP surgery, hospital pharmacy or local chemist.

Treatments do change and develop all the time. If there are major changes in the way we prescribe hormone medication during the time you are on it, we will write and tell you about this and what it may mean for you. You may be invited to return to clinic to discuss this further.

Possible side effects of hormone medication

You may experience side effects that are particular to the drug you are taking. For example, as a result of taking Tamoxifen the lining of your womb may become thicker which can then cause you to develop vaginal discharge. This is common and not serious. However, if your periods have stopped and you experience unexpected vaginal bleeding, please contact either your GP or the open access nurse practitioner. Your GP may refer you to a gynaecologist.

Aromatase inhibitors such as Letrozole, Anastrozole and Exemestane can sometimes cause joint stiffness and pain. Keeping as active as possible can often help to reduce this. Vaginal dryness is a common side effect of hormone medication, in particular the aromatase inhibitors such as Letrozole, Arimidex and Exemestane. There are a number of treatments that can help with vaginal dryness including vaginal moisturisers and lubricants. These can be prescribed by a doctor, bought in a chemist or ordered online.

If you are experiencing side effects of medication such as menopausal symptoms, joint ache or vaginal dryness, please contact your open access nurse practitioner who will be able to offer further support and advice.

DEXA scans and bone health

After the menopause as oestrogen levels fall, women's bones often become less strong. When you are taking an aromatase inhibitor such as Letrozole, Anastrozole (arimidex) or Exemestane, this process may be accelerated. You may need one or more bone density scans (DEXA scans). These scans can tell us if you are developing bone thinning which could lead to a condition called osteoporosis. Your treatment summary will state if these are needed. Sometimes they are organised by The Royal Marsden and sometimes by the GP. We will let you know how these will be booked.

If your periods have stopped early because of your treatment, you may also need bone density scans. This can also be arranged by us or more commonly by your GP. Your treatment summary will state if these are required. Regular exercise such as walking, along with a diet high in calcium, will help to maintain bone health. During your open access consultation you will have received verbal and written information about how to look after your bones. Please contact your open access nurse practitioner if you require further information.

Possible side effects of treatment

All treatments (surgery, chemotherapy, radiotherapy and hormone therapy) have the possibility of some side effects and some of these can last longer than others. Not everyone will experience side effects and some patients may experience more difficulty with them than others. Below are some of the common side effects you may experience:

- breast discomfort or tenderness
- menopausal related side effects
- fatigue
- lymphoedema (swelling).

The Royal Marsden has a rehabilitation service which provides access to dietitians, physiotherapists, counsellors, psycho-sexual therapists and occupational therapists that have experience in helping people manage the side effects of treatment. The open access nurse practitioner will be able to discuss these issues with you and arrange referral to other staff as required.

Younger women

Younger women may have different needs at the end of treatment such as:

- the impact of treatment upon fertility
- becoming pregnant after treatment
- issues related to body image and sexuality and how this may impact upon relationships
- advice about contraception.

Bisphosphonate treatment

Some individuals will be recommended a bisphosphonate treatment. This is usually given as a drug called Zometa or Zolendronic acid which is given as an infusion every six months for three years. If your oncology team has recommended this, they will have discussed it with you in the clinic prior to you receiving this booklet. It is important that your dental health is good and regular dental checks are recommended whilst on this treatment.

There is a separate booklet available which outlines the treatment and side effects in more detail. *Bisphosphonates in early breast cancer* should be available from your Breast Care Nurse or the PALS Help Centre at The Royal Marsden at both Chelsea and Sutton.

Contraception

Even though you may not be having regular periods, you may still be able to get pregnant. Effective contraception is important. Depending on the type of breast cancer you had, you may be advised to avoid hormone based contraception such as the pill. Your GP or practice nurse will be able to recommend a local family planning centre where you can discuss your individual needs. The general advice is that you should not get pregnant for two years following treatment.

If breast cancer returns – signs and symptoms

It is important to know that survival rates for breast cancer are improving all the time (NICE 2024) and that modern breast cancer treatment is usually very successful.

However, breast cancer can sometimes return. There is no maximum time span as to when this can happen but for most people the risk reduces over time. It is important that you are aware of what to look out for and what to do if you become concerned about anything. Breast cancer can return:

- in the treated breast (local recurrence)
- in the nearby area under your arm, above your collarbone or neck area (regional recurrence)
- in the other breast (rarely)
- elsewhere in the body (distant recurrence also known as metastatic breast cancer or secondary breast cancer).

For further information on survival rates, please see the Cancer Research UK website via

www.cancerresearchuk.org/health-professional/cancer-statistics/ statistics-by-cancer-type/breast-cancer/survival

Breast awareness

Being breast aware is an important part of caring for your body. It means getting to know how your breasts look and feel, so you know what is normal for you. You can then feel more confident about noticing any changes.

We know that after having treatment for breast cancer it can take some time (up to two years) to become familiar with your treated breast. However, the better we know our bodies, the quicker we notice what is normal or not normal for us. If something feels unusual to you, please contact the nurse practitioner.

There is no right or wrong way to get to know your breasts. Try to get used to the way your breasts look and feel. You can do this around once a month, in the bath or shower, when using soap or body lotion. There is no need to change your everyday routine. You can find leaflets and websites which may be helpful; your breast care nurse can recommend some if you wish.

You know better than anyone how your breasts look and feel normally, so if you notice a change, contact the open access nurse practitioner.

Signs and symptoms

Everyone has aches and pain, but when you have had breast cancer, you may be more aware of them and may be concerned that any pain is related to cancer.

Below is a summary of symptoms that you may wish to report to either the open access nurse practitioner or your GP, should they develop. If you experience any of these symptoms it does not necessarily mean that your cancer has returned as they can be caused by many other common conditions, but it may mean that you should get them checked out by the breast team.

Having a recurrence or a new cancer can be frightening, but it is important to remember that if breast cancer returns, it can usually be treated.

Summary of symptoms

Please contact us if you experience:

- a lump or a swelling in your breast, in the skin after a mastectomy, above your collarbone or in the neck area, or under your arm
- any skin changes including dimpling, puckering, redness or raised spots on your breast or mastectomy scar
- nipple discharge
- lymphedema (affected side arm swelling).

Or if you experience:

- any new, ongoing pain in any part of your body, especially in your back or hips, that does not improve with painkillers and which is often worse at night
- pins and needles and/or a loss of sensation or weakness in your arms or legs
- unexplained weight loss and loss of appetite
- a constant feeling of nausea

- discomfort or swelling under your ribs or across your upper abdomen
- a dry cough or a feeling of breathlessness
- severe headaches, usually worse in the morning.

Breast reconstruction and prosthesis

If you have had a mastectomy and decided against reconstruction but change your mind at a later date, please contact us to discuss delayed reconstruction. If you have had radiotherapy, we will advise you to wait at least a year after completion of radiotherapy. In some cases surgery can be offered to correct unequal breast sizes – the nurse practitioner can refer you back to clinic if you wish to discuss this further. It is natural for breasts (treated and untreated) to change over time. If you need advice about your prosthesis or bra fittings, please contact us.

Feelings and emotions

Everyone will have different feelings when they no longer need to see their medical team regularly. Some people feel relieved that they can start to get their lives back to normal, others may be concerned about what can happen in the future and anxious about losing contact with the hospital where they received their treatment. Many worry about the cancer coming back. This is very normal and usually these anxieties lessen with time.

Realising that there is a problem and getting help is the most important thing you can do. While it is normal to feel low from time to time, sometimes you may find the way you are feeling is interfering with your enjoyment of life. If you are finding it difficult to cope, your nurse practitioner may be able to arrange an appointment for counselling. It may also help to contact a local or national support organisation such as Breast Cancer Care or Macmillan Cancer Support. Please see their contact details on page 17.

The open access telephone service

Once you have entered the open access follow up programme, you should call the open access nurse practitioner about any new symptoms that you are concerned about or other issues you may have. The aim of the telephone service is to provide helpful advice and allow you to have rapid access back to the breast team as required.

Our commitment to you

If the nurse practitioner feels the symptoms you are experiencing may represent a new cancer diagnosis or be related to your previous cancer diagnosis, an appointment will be arranged at one of our clinics usually within two weeks of telephoning us. If necessary, further investigations may be organised and an outpatient appointment will be arranged to receive the results. For patients continuing to experience side effects of treatment, there are a number of other clinics and support services which you can be referred or signposted to.

Sometimes, verbal advice (via the telephone service) may replace the need for an outpatient appointment. In these cases, a written letter will be sent to you and your GP. We hope that this enhances and promotes your ability to care for yourself once treatment has been completed and enables you to benefit from the team's expertise as required.

The telephone service is open Monday to Friday, 9am–5pm and may be answered by a Macmillan support worker or a nurse practitioner. If your call is not answered immediately please leave your name, hospital number and a short message and your call will be returned by the end of the working day.

Life after treatment

Once treatment is over, people often want to know what they can do to stay healthy. You may have questions about your diet, exercise and general wellbeing which we would be happy to address. Some of the specialist services we offer focus on:

- stress management and general relaxation
- counselling and support
- lymphoedoma
- menopausal side effects, including acupuncture for hot flushes
- fertility issues
- sexuality issues
- body image issues
- Look good feel better workshops.

Emerging from the Haze

This is an on-line course relating to cognitive and memory issues caused by cancer treatment. Some may refer to this as 'chemo brain' or 'brain fog' and can happen to people following cancer treatment. It is managed by the Occupational Therapy department. Please see contact details on page 16. You can contact them directly or contact the Open Access Nurse who can refer you.

Moving Forward after Breast Cancer

Breast Cancer Now run moving forward courses which are in person and on-line. You can self refer to these courses by contacting Breast Cancer Now directly. Please see contact number on page 17. Further information can be found on their website:

breastcancernow.org/movingforward

Welfare and benefits advice

If you are experiencing issues with housing, employment, immigration, financial or welfare benefits, you can get help by contacting the welfare rights advisor. Please see contact details on page 17.

If there are other issues which concern you that are not offered here, please discuss them with the open access nurse practitioner who will be able to advise you on where to get help and support and information.

Useful contacts

Open access nurse practitioner Sutton and Chelsea Tel: 020 7811 8114

Breast care nurses

Sutton Tel: 020 8661 3027 Chelsea Tel: 020 7808 2813

Lymphoedema Service:

Sutton Tel: 020 8661 3504 Chelsea Tel: 020 7808 2981

Nutrition and Dietetic Service

(including Spring into Action Clinic)

Sutton Tel: 020 8661 3066 Chelsea Tel: 020 7808 2814

Physiotherapy Service

Sutton Tel: 020 8661 3098 Chelsea Tel: 020 7808 2821

Occupational Therapy Service

Sutton Tel: 020 8661 3090 Chelsea Tel: 020 7808 2830

Outpatients

Sutton Tel: 020 8661 3430 Chelsea Tel: 020 7811 8194/2431

To change a mammogram appointment

Tel: 020 7811 8114

Welfare rights advisor

Sutton Tel: 020 8642 6011 Chelsea Tel: 020 7808 2484

Chaplains

Sutton Tel: 020 8661 3074 Chelsea Tel: 020 7808 2818 We can also put you in touch with our hospital multi-faith chaplains who would be happy to talk to you about any spiritual issues you may have.

Look Good.....Feel Better Workshops

Tel: 020 7808 2949 (available for up to one year after finishing treatment) Website: www.lookgoodfeelbetter.co.uk/workshops-near-me/

Breast Cancer Care Now

Free Helpline: 0808 800 6000 Website: *www.breastcancercare.org.uk*

Macmillan Cancer Support

Free Helpline: 0808 808 0000 Website: *www.macmillan.org.uk*

Future Dreams Breast Cancer Support

Tel: 020 4558 2950 Website: *www.futuredreams.org.uk*

Maggie's: Cancer caring centres

Charing Cross Hospital Tel: 020 7386 1750 The Royal Marsden, Sutton Tel: 020 3982 3141 Website: www.maggiescentres.org

The South East Cancer Help Centre

Tel: 020 8668 0974 Website: *www.sechc.org.uk*

The Macmillan Butterfly Centre

Epsom Hospital Tel: 01372 735 456 Website: www.epsom-sthelier.nhs.uk/cancercare

NHS Cancer Screening Programme

Tel: 0114 271 1060 Email: info@cancerscreening.nhs.uk

The Jarvis Breast Screening Unit

Stoughton Road Guildford Tel: 0333 200 2062

SW London Breast Screening

The Rose Centre St George's Hospital London Tel: 020 8725 4868

West London Breast Screening

Charing Cross Hospital Tel: 020 3758 2024

The Royal Marsden Switchboard

Sutton Tel: 020 8642 6011 Chelsea Tel: 020 7352 8171

The Royal Marsden Help Centre – PALS

(Patient Advice and Liaison Service) Tel: 0800 783 7176 Email: *patientcentre@rmh.nhs.uk*

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre Telephone: Chelsea 020 7811 8438 / 020 7808 2083 Sutton 020 8661 3759 / 3951 Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

The patient information service is generously supported by The Royal Marsden Cancer Charity. royalmarsden.org Registered Charity No.1095197



Revised July 2024. Planned review July 2027 © The Royal Marsden NHS Foundation Trust BR-1088-06





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