



Cancer Survivorship Patient Education on Post-Treatment Care

Surveillance Education

How often will my doctor see me after my cancer treatment is completed?

Your doctors may examine you according to the following typical schedule. A patient's particular schedule is case dependent, so you may be seen more/less frequently:

- Year 1: every 1-3 months
- Year 2: every 2-6 months
- Years 3-5: every 4-8 months
- After 5 years: every 12 months

Which Doctor should I see?

Often in the first few years, all of your treating physicians will examine you. Depending on your status, your team may elect to alternate visits between physicians. Ultimately it will be up to your individual physicians to decide how often they wish to see you. That being said, you should at least be seeing one of the providers according to the above schedule as recommended by NCCN (National Comprehensive Cancer Network) guidelines. It is important to see your dentist to help prevent and manage oral/dental concerns, as well as participate in your surveillance care.

What imaging will I require during my surveillance period and when should I get it?

- Your doctor may order new baseline imaging within 3-6 months after treatment completion. The imaging can be in the form of PET (Positron Emission Tomography) scan, CT (Computed Tomography) scan or MRI (Magnetic resonance imaging) scan depending on the type of primary cancer treatment and your doctor's judgment.
- Routine imaging after this 6 month period for asymptomatic patients is somewhat controversial. Some benefits of routine surveillance imaging may be the possibility of increased survival if "silent" recurrences are caught early and the reassurance that is provided by normal test results. However, surveillance testing can lead to patient anxiety and unnecessary radiation exposure. Your doctor and team may discuss these issues with you.
- Chest CT surveillance imaging is recommended for patients who are 50 years or older with more than a 20 pack-year history of smoking. The test is called a "low dose screening" chest CT scan which can be done yearly. Your surveillance doctor will discuss this recommendation in detail with you.

What other tests should I have done during surveillance?

- Head and neck cancer patients may have thyroid hormone testing every 6-12 months if they have received radiation. Sometimes EBV (Epstein Barr Virus) bloodwork is recommended if you have nasopharyngeal cancer.
- It is typically beneficial to undergo speech/swallowing evaluation and rehabilitation in order to offset long-term side-effects of your cancer treatment. Your doctor will monitor you for signs and symptoms of aspiration or trouble swallowing.
- You may require more frequent and detailed oral and dental evaluations especially if you have dry mouth from radiation.
- You may be referred for a nutrition evaluation by a registered dietitian if there are ongoing weight loss problems.
- If you are currently smoking or abusing alcohol, proper referral may be ordered to help you quit.
- Your team may continue to screen you for distress and depression and provide a survivorship care plan for you.
- *Surveillance Education and follow-up may be insurance dependent*



Cancer Survivorship

Patient Education on Post-Treatment Care

When should I call my cancer doctor?

- New symptoms of hoarseness, problems swallowing, neck, mouth or throat pain that have not resolved within 2-4 weeks
- Unexplained weight loss
- Oral bleeding or coughing up of blood

References

Heineman TE, Kuan EC, St. John MA. When should surveillance Imaging Be performed After Treatment for head and neck cancer? *Laryngoscope* 2017; 127:533-534.

Deutschman MW, Sykes KJ, Harbison J, Cabrera-Mufly C, Shnyder L. The impact of Compliance in Posttreatment Surveillance in head and Neck Squamous Cell carcinoma. *JAMA Otolaryngol Head Neck Surg.* 2015; 141(6): 519-525.

Roman BR, Goldenberg D, Givi B, The Education Committee of the American Head and Neck Society (AHNS). *Head Neck.* 2016; 38: 168-174.

National Comprehensive Cancer Network. Head and Neck Cancers NCCN Guidelines Version 2.2017. Available at: https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck_blocks.pdf. Accessed February 4, 2018