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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਭਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

Patient Initiated Follow-Up after Treatment for Primary Breast Cancer

Breast Unit



Patient Initiated Followed Up (PIFU)

Patient name:

Hospital number:

Monday to Friday 8.30 - 16.30pm
Contact Number 01932 726856
asp-tr.patientnavigator@nhs.net

This information is for patients on the Patient Initiated Follow-Up programme

The Patient Initiated Followed up (PIFU) 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. It is based on evidence showing that there is no advantage to regular, fixed time follow up in hospital for well women after treatment for breast cancer.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net

If you remain concerned, the team can also advise upon how to make a formal complaint.

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CREST Cancer Support Charity

Tel: 01784 446298

<https://www.crestcancer.org.uk/>

Welfare and Benefits Advisor

macmillan@citiahants.org

0344 847 7727

Look Good. Feel Better Work Shops:

Contact Fountain Centre on 01483 406618

Breast Cancer Now

Free Helpline: 0808 800 6000

<https://breastcancer.org/>

Macmillan Cancer Support

Free helpline: 0808 808 0000

<https://www.macmillan.org.uk/>

Maggie's: Cancer Caring Centres

Charing Cross Hospital, Fulham Palace Road,
London, W6 8RF

Tel: 0207 386 1750

<https://www.maggies.org/>

The Jarvis Breast Screening Unit

Stoughton Road, Guildford, Surrey

Tel: 03332002062

The Ashford and St. Peter's Hospitals Switchboard

Tel: 01932 872000

This information is a summary of the consultation and is for you to keep

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
- the dates which you started and should complete your anti-cancer medication
- 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

Your future mammograms

People who have had breast cancer are at 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 detect breast cancer before it is able to 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. The current recommendations are that you should have

annual mammograms for five years following a diagnosis or for younger women until the age of 50 years.

Results of mammograms

After your mammogram, you will receive your results letter within two weeks. The results letter will also contain the month and year of your next mammogram appointment. The exact date will be communicated to you by a phone call from radiology shortly before the actual mammogram. 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 the patient navigator helpline.

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 if this is the case.

The NHS Breast Screening Programme

A screening invitation is sent every three years to all women between the ages of 50 and 70 years. Age extensions are currently being rolled out nationally to start screening at 47 years and continue until 73 years. If you have recently undergone treatment for breast cancer and receive an invitation to attend for a screening mammogram during the time you are attending the hospital, please cancel the appointment with the NHS Breast

Useful Contacts

Patient Navigator

Please contact this number with any breast concerns
01932 726856

asp-tr.patientnavigator@nhs.net

Breast care nurses / Clinical Nurse Specialist

Ashford Hospital **01784 884411**

Lymphoedema Service

Faith Cockroft **01932726856**

Prosthesis Fitting

Ashford Hospital **01784 884411**

To change a mammogram appointment

Ashford Hospital **01784 884477** or **01784 884473**

Ashford Breast Cancer Support Group

June Edwards 07903595622

The Mulberry Centre

Tel: 0208 321 6300

<https://themulberrycentre.co.uk/>

The Fountain Centre, St. Luke's Cancer Centre

Tel: 01483 406618

<https://www.fountaincentre.org/>

Finally

If you are worried about something to do with your breast cancer, or the treatment that you have had for it, please contact your key worker or breast care nurse. They would rather see you with something that turns out to be nothing, than for you to be at home worrying. They are there to help you, so please call if you have any questions or concerns.

Screening Unit, telling them that you are receiving regular mammograms at the hospital after treatment for breast cancer.

After your annual mammograms

- If you are aged over 50 years: after five years of follow-up at the hospital, you are advised to attend the National Breast Screening Programme and receive mammograms every three years through your local screening service.
- If you are aged under 50 years: after five years of up we will recommend that you continue with annual mammograms within the hospital until invited for routine screening. You will then be offered mammograms every three years through your local NHS Breast Screening service.
- If you are aged 70 years or over: after five years of follow up, you may not routinely be called for screening, however you can continue to have mammograms every three years by requesting an appointment. Please contact your local NHS Breast Screening Unit or GP to arrange this.

Anti-hormone therapy

Some 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 usually be on these tablets for five years, although some patients may be advised to continue with their tablets for a longer period of time. Once you have completed five years of hormone

medication, 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 started your hormone medication and the date you will complete your hormone therapy. If haven't heard from us as you near the end of your hormone treatment, please contact the Patient Navigator

Some patients will change their tablets at some point during their treatment. 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 have told you this if this is the case. If you are one of these people, the date in which you are due to switch to another medication is confirmed on your Treatment Summary. A blood test to measure the hormone levels in your blood may be required before switching to another medication. If this is the case, we will write and let you know.

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.

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. We may request that you return to the clinic to discuss this further.

and a short message and your call will be returned by the end of the working day. Alternatively, you can email asp-tr.patientnavigator@nhs.net

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 well-being which we would be happy to address. We understand your need for support does not end when treatment finishes. Currently we are working with Breast Cancer Care to provide a **Moving Forward course** - a programme to help you adjust and adapt after treatment has completed.

Welfare and benefits advice

If you are experiencing housing, employment, immigration, financial or welfare benefits issues, you can get help by contacting the welfare and benefits advisor. The telephone number is included at the end of this booklet.

If there are other issues which concern you that are not offered here, please discuss them with your breast care nurse who will be able to advise you on where to get help and support and information if you need it.

Breast Cancer Care or Macmillan Cancer Support. Their contact details can be found at the back of this booklet.

The Open access telephone service

Once you have entered the PIFU programme you should call us to talk 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. A Macmillan support worker will also be available to offer information support over the phone once you have completed treatment.

Our commitment to you

If the breast care nurse feels that you should be seen back in one of our clinics because of any symptoms you are experiencing, we will make sure that you are offered an appointment within seven days of telephoning us. If necessary, further investigations may be organised and an out-patient appointment arranged to receive the results. Sometimes, verbal advice may replace the need for an outpatient appointment and may be supported by correspondence 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 - Friday, 8.30 - 4.30 and will be answered by a Macmillan support worker. If your call is not answered immediately, please leave your name, hospital number

DEXA scans and bone health

When you are taking an aromatase inhibitor such as Letrozole, Anastrozole or Exemestane you will require one bone density scan (DEXA scan), every two years. These scans can tell us if you are developing bone thinning which could lead to a condition called osteoporosis.

If your periods have stopped early because of your treatment, you may also need bone density scans. This can be arranged by us or more commonly by your GP. Your Treatment Summary should tell you if these are required.

Regular exercise such as walking as well as 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.

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

If you have had chemotherapy, you may possibly experience some long-term side effects such as fertility issues, effects on the heart and altered sensation in your fingers and toes (peripheral neuropathy).

If you have a concern about any of these side effects, please contact our open access telephone helpline or your breast care nurse for advice and support

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 Patient Navigator. You may need to be referred to a gynaecologist.

There is some research that suggests some drugs - including the antidepressants paroxetine (Seroxat®) and fluoxetine (Prozac®) - may cause Tamoxifen to be less effective, but this isn't certain. If you are prescribed these please tell us.

Aromatase inhibitors such as Letrozole can sometimes cause joint stiffness and pain, as well as vaginal dryness which some women find uncomfortable.

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 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 and you can be seen 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 getting a bra to fit, 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. Most people 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 breast care nurse may be able to arrange an appointment for one-to-one support or counselling. It may also help to contact a local or national support organisation such as

Summary of symptoms you may want to report:

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
- if you develop lymphoedema (affected side arm swelling)

Or if you experience:

- any new, on-going 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

If you are experiencing side effects associated with the medication, please contact our Open access telephone helpline for further support and advice.

Younger women

Younger women may have different needs at the end of treatment. There is a booklet from Breast Cancer Care called "Younger women with breast cancer". This book covers issues which may be important to you such as:

- How treatment may affect your fertility
- What happens when you are diagnosed with breast cancer during pregnancy
- The impact a breast cancer diagnosis can have on your body image and sexuality and how this may impact upon relationships as well as practical advice about contraception

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 at least two years following the end of treatment for breast cancer.

If breast cancer returns - signs and symptoms

It is important to know that survival rates for breast cancer are improving all the time 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 breast cancer can return 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)
- (rarely) in the other breast or
- elsewhere in the body (distant recurrence also known as metastatic breast cancer or secondary breast cancer)

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 not

normal for you, please contact the Open Access telephone helpline.

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 really no need to change your everyday routine. You can find leaflets and websites which may be helpful. Your breast care nurse can recommend you to 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 telephone helpline.

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. Included below is a summary of symptoms that you may want to report to either the open access telephone help line 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.

Getting 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.