

Treatment Summary
Insert GP Contact Details

Insert Trust Logo and Address

Dear Dr X

Re: Add in patient name, address, date of birth and NHS number

Your patient has now completed their initial treatment for cancer and a summary of their diagnosis, treatment and ongoing management plan are outlined below. The patient has a copy of this summary.

Diagnosis: Prostate cancer	Date of Diagnosis: xxxxxx	Organ/Staging xxxxx TMN Local/Distant
Summary of Treatment and relevant dates: Low dose Brachytherapy Implants		Treatment Aim: Cure
Possible treatment associated effects: Urinary frequency Urinary retention Hematuria Impotence Loss of ejaculate Rectal bleeding Tiredness/Fatigue PSA Bounce between 18 -24 months		Advise entry onto primary care palliative or supportive care register No
		DS 1500 application completed No Prescription Charge exemption arranged No – but information given
Alert Symptoms that require referral back to specialist team: Bothersome LUTS, unresponsive to medical therapy Visible hematuria New bone pain present for more than 6 weeks or worsening long standing bone pain.		Contacts for re referrals or queries: In Hours: [add phone number] CNS team Out of hours: GP
		Other service referrals made: (delete as nec) District Nurse AHP Social Worker Dietician Clinical Nurse Specialist Psychologist Benefits/Advice Service Other
Secondary Care Ongoing Management Plan: (tests, appointments etc) 3 monthly PSA requesting performed by PSA tracker and results checked by CNS, for first year, then 6 monthly until 5 years post implant. Yearly testing from year 5 – 10. Recall to clinic is arranged if PSA becomes greater than nadir +2ng/ml, or 3 consecutive rises or if patient raises concerns. Patient is registered on the STAR project, to promote self-supported management. He has the option to complete Holistic Needs Assessments via My Health Record and access lifestyle advice and local support agencies.		
Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening) Prescribing of treatment for erectile dysfunction or LUTS as needed		
Summary of information given to the patient about their cancer and future progress: Likely to be cured but will require PSA testing for 10 years, any rise in PSA may require further investigations and subsequent treatment, such as MRI scan, prostate biopsy or may need to commence hormonal therapy.		
Additional information including issues relating to lifestyle and support needs: Workshop booked for XXXXXX to introduce self-supported management. Patient to liaise with surgery to book PSA tests. To contact CNS team [add phone number] if any concerns		

Completing Health Care Professional

Signature:

Date:

GP READ CODES FOR COMMON CANCERS (For GP Use only). Other codes available if required.
(Note: System codes are case sensitive so always ensure codes are transcribed exactly as below).

System 1	(5 digit codes)	All other systems	Version 3 five byte codes (October 2010 release)
Diagnosis:		Diagnosis	
Lung Malignant Tumour	XaOKG	Malignant neoplasm of bronchus or lung	B22z.
Carcinoma of Prostate	X78Y6	Malignant neoplasm of prostate	B46..
Malignant tumour of rectum	XE1vW	Malignant neoplasm of Rectum	B141.
Bowel Intestine	X78gK	Malignant neoplasm of Colon	B13..
Large Bowel	X78gN	Malignant neoplasm of female breast	B34..
Female Malignant Neoplasia	B34..	Malignant neoplasm of male breast	B35..
Male Malignant Neoplasia	B35..		
Histology/Staging/Grade:		Histology/Staging/Grade:	
Histology Abnormal	4K14.	Histology Abnormal	4K14.
Tumour grade	X7A6m	Tumour staging	4M...
Dukes/Gleason tumour stage	XaOLF	Gleason grading of prostate Ca	4M0..
Recurrent tumour	XaOR3	Recurrence of tumour	4M6..
Local Tumour Spread	X7818		
Mets from 1°	XaFr.	Metastatic NOS	BB13.
Treatment		Treatment	
Palliative Radiotherapy	5149.	Radiotherapy tumour palliation	5149.
Curative Radiotherapy	XalpH	Radiotherapy	7M371
Chemotherapy	x71bL	Chemotherapy	8BAD.
Radiotherapy	Xa851		
Treatment Aim:		Treatment Aim:	
Curative procedure	Xallm	Curative treatment	8BJ0.
Palliative procedure	XaiL3	Palliative treatment	8BJ1.
Treatment toxicities/late effects:			
Osteoporotic #	Xa1TO	At risk of osteoporosis	1409.
Osteoporosis	XaELC	Osteoporosis	N330.
Infection	Xa9ua		
Ongoing Management Plan		Ongoing Management Plan	
Follow up arranged (<1yr)	8H8..	Follow up arranged	8H8..
Follow up arranged (>1yr)	XaL..		
No FU	8HA1.	No follow up arranged	8HA..
Referral PRN	8HAZ.		
Referrals made to other services:		Referrals made to other services:	
District Nurse	XaBsn	Refer to District Nurse	8H72.
Social Worker	XaBsr	Refer to Social Worker	8H75.
Nurse Specialist	XaAgq		
SALT	XaBT6		
Actions required by the GP		Actions required by the GP	
Tumour marker monitoring	Xalqg	Tumour marker monitoring	8A9..
PSA	Xalqh	PSA	43Z2.
Osteoporosis monitoring	XalSd	Osteoporosis monitoring	66a..
Referral for specialist opinion	Xalst		

Advised to apply for free prescriptions	9D05	Entitled to free prescription	6616.
Cancer Care Review	Xalyc	Cancer Care Review	8BAV.
Palliative Care Review	XalG1	Palliative Care Plan Review	8CM3.
Medication:		Medication:	
New medication started by specialist	XEOhn	Medication given	8BC2.
Medication changed by specialist	8B316	Medication changed	8B316
Advice to GP to start medication	XaKbF		
Advice to GP to stop medication	XaJC2		
Information to patient:		Information to patient:	
DS1500 form claim	XaCDx	DS1500 completed	9EB5.
Benefits counselling	6743.	Benefits counselling	6743.
Cancer information offered	XalmL	Cancer information offered	677H.
Cancer diagnosis discussed	XalpL	Cancer diagnosis discussed	8CL0.
Aware of diagnosis	XaQly		
Unaware of prognosis	XaVzE		
Carer aware of diagnosis	XaVzA		
Miscellaneous:		Miscellaneous:	
On GSF palliative care framework	XaJv2	On GSF Palliative Care Framework	8CM1.
GP OOH service notified	Xaltp	GP OOH service notified	9e0..
Carers details	9180.	Carer details	9180.