Follow up protocol UAT

A follow up protocol is difficult to define but the following is proposed as a guide:

Year 1	1-2 monthly
Year 2	2-4 monthly
By Year 5	6 monthly – annually

At year 5, patients can be discharged if they wish or remain under annual follow up.

Patients can bring forward their appointments at any time if they have a concern and have the contact details of the team.

Patients are followed up by the treating team(s) at the treatment centres (CMFT, Pennine, UHSM, Christie). In some instances, follow-up may be done in the local diagnostic centre, usually due to patient travelling issues and possibly in the situation of a low grade, low stage, completely excised tumour.

Indications for referral back to the MDT include

- representation with any of the listed signs and symptoms on the guidelines for referral of suspected cancer document
- any unusual signs / symptoms not explained as post treatment related
- identification of any lesion (local, regional or distant) on interim imaging investigations.

The treatment centre support team will be expected to provide all items of care to the patient to the point that they are discharged from active treatment. From then on, the local support teams will take on this role, to include CNS support, dietetics, speech and language therapy, psychological support, physiotherapy etc

Follow-up thyroid

This is more likely to be carried out by the local surgical team. Patients who have undergone external beam radiotherapy will also be followed-up by the oncology team at the Christie. A risk categorization document is in existence and likewise, high risk patients may also be subject to both surgical and oncological follow-up.