



Cancer Survivorship Care Plan

This Survivorship Care Plan will facilitate cancer care following active treatment. It may include important contact information, a treatment summary, recommendations for follow-up care testing, a directory of support services and resources, and other information. [1]

Survivorship Care Plan for Breast Cancer

Prepared by: NearSpace, Inc. on 9/4/2008

General Information

Patient Name	Jane Doe
Patient ID	#121365
Phone	707-555-1211
Date of birth	9/10/1963
Age at diagnosis	45
Support contact	John Doe, 707-555-1212

Care team	
Medical oncologist	Dr. Patricia Ganz, 707-555-1210
General/breast surgeon	Dr. McDermon, 707-555-1213
Radiation therapist	Dr. Vascedio, 707-555-1214
Plastic surgeon	Dr. Roman, 707-555-1215
Primary care physician	Dr. Vorgis, 707-555-1216
OB-GYN	Dr. Drexel, 707-555-1217
Nurse/nurse practitioner	Faith Berght, 707-555-1218
Mental health/social worker	Mary Kratz, 707-555-1219
Other	



Background Information

Family history	Multiple relatives
Genetic testing	Ordered, Results:
Major comorbid conditions	Migraine headaches
Echocardiogram or MUGA result	EF = 65%
Additional comments	No notable surgical findings.

Left breast	
Definitive breast surgery	Mastectomy, on 5/6/2008
Lymph nodes	5 removed, 2 positive
Tumor type & stage	Infiltrating ductal, T1, N1
Pathologic stage	Stage II
ER status	Negative
PR status	Negative
HER2 status	Negative

Right breast	
Definitive breast surgery	Mastectomy, on 5/6/2008
Lymph nodes	8 removed, 3 positive
Tumor type & stage	Mixed, T1, N1
Pathologic stage	Stage III
ER status	Negative
PR status	Negative
HER2 status	Negative



Treatment Plan & Summary

Patient's height	157.5 cm	
	Pre-treatment	Post-treatment
Patient's weight	50.8 kg	54.4 kg
Patient's BSA	1.49 m ²	1.54 m ²
Patient's BMI	20.5	22.0
Date last menstrual period	6/2/2008	
Comments		Dose reduction due to sepsis.

Regimen	TAC Docetaxel (Taxotere) 75 mg/m ² iv d1 Doxorubicin (Adriamycin) 50 mg/m ² iv d1 Cyclophosphamide (Cytoxan) 500 mg/m ² iv d1 Q3w x 6 cycles Filgrastim (Neupogen) support	
Chemotherapy agents	# cycles	% dose reduction
Docetaxel	6	25% in cycle 6
Doxorubicin	6	
Cyclophosphamide	6	25% in cycle 6
Filgrastim support		

Anthracycline administered	Doxorubicin, 430 mg (279 mg/m ²)
Treatment on clinical trial	No
Chemotherapy treatment period	6/14/2008 - 10/20/2008
Possible side effects of regimen	Anemia, Fatigue, Hair loss, Infertility, Low blood count, Menopause symptoms, Nausea/vomiting, Neuropathy, Sores in mouth
Reconstruction	Planned: Yes
Radiation therapy	Planned: Yes, completed: 12/20/2008, dose:
Growth factor given	Yes
Grade 3 or higher toxicities	Anemia, Dehydration, Mucositis, Neutropenia, Sepsis, Thrombocytopenia
Hospitalization for toxicities	Yes
Neurotoxicity impairing activities	No
Early termination of treatment	NA—treatment completed



Biologic therapy	Planned: No, Prescribed: No
------------------	-----------------------------

Follow-Up Care

Test	Frequency	Provider to contact
Medical history/physical exam: Yrs 1-3	Every 3 months	Dr. Vorgis
Medical history/physical exam: Yrs 4,5	Every 6 months	
Post-treatment mammography	Every year	
MRI	Every 3 years	
Bone densitometry	Every 3 years	
Pelvic examination	Every year	
Genetic counseling referral	Recommended	Dr. Smithey
Breast self-examination	Every month	

Preventive care recommendations	Bone health, Cholesterol monitoring/management, Diet, Exercise, Mental health, Weight management
---------------------------------	--

ASCO Surveillance Guidelines

Medical history and physical (H&P) examination
 Visit your doctor every three to six months for the first three years after the first treatment, every six to 12 months for years four and five, and every year thereafter.

Post-treatment mammography
 Schedule a mammogram one year after your first mammogram that led to diagnosis, but no earlier than six months after radiation therapy. Obtain a mammogram every six to 12 months thereafter.

Breast self-examination
 Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.

Pelvic examination
 Continue to visit a gynecologist regularly. If you use tamoxifen, you have a greater risk for developing endometrial cancer (cancer of the lining of the uterus). Women taking tamoxifen should report any vaginal bleeding to their doctor.



Cancer Survivorship Care Plan

Coordination of care

About a year after diagnosis, you may continue to visit your oncologist or transfer your care to a primary care doctor. Women receiving hormone therapy should talk with their oncologist about how often to schedule follow-up visits for re-evaluation of their treatment.

Genetic counseling referral

Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family:

- Ashkenazi Jewish heritage
- Personal or family history of ovarian cancer
- Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50
- Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer
- Personal or family history of breast cancer in both breasts
- History of breast cancer in a male relative

Not Recommended

The following tests are not recommended for routine breast cancer follow-up: breast MRI, FDG-PET scans, complete blood cell counts, automated chemistry studies, chest x-rays, bone scans, liver ultrasound, and tumor markers (CA 15-3, CA 27.29, CEA). Talk with your doctor about reliable testing options.

ASCO® Survivorship Care Plan Surveillance Guidelines. ©2008 American Society of Clinical Oncology®.

Symptoms to Watch For

Patient should report these signs and symptoms if persistent:

- Abdominal pain
- Arm swelling
- Bone pain
- Chest pain
- Fractures
- Hot flashes or other menopausal symptoms
- New lumps
- Palpitations
- Persistent headaches
- Shortness of breath or difficulty breathing
- Swelling in legs

ASCO® Survivorship Care Plan Surveillance Guidelines. ©2008 American Society of Clinical Oncology®.



Potential Late Effects of Cancer Treatment

You may experience the following effects after cancer treatment.

- **Surgery:**
Numbness, weakness, pain, loss of range of motion (ROM), or arm swelling (lymphedema).
- **Chemo/Biotherapy:**
Fatigue, ovarian failure with associated menopausal symptoms, neuropathy, cognitive dysfunction, weight gain, psychological distress, and sexual dysfunction; increased risk of leukemia (after anthracycline based therapy), osteoporosis from premature ovarian failure, increased risk of cardiac dysfunction secondary to anthracycline and/or trastuzumab.
- **Radiation:**
Breast pain, fibrosis, telangiectasia, atrophy, poor cosmetic outcome.
- **Hormone therapies:**
Tamoxifen—hot flashes, increased risk of blood clots, uterine cancer, and stroke.
Aromatase inhibitors—increased risk of osteoporosis and fracture.

Patricia A. Ganz and Erin E. Hahn, J Clin Oncol 26: 759-767.

Resources for Physicians

Late Effects of Cancer Treatment and Survivorship:

Strategies for Primary Care and Oncology Care Providers

A free online Continuing Medical Education (CME) Program available through September 2009, providing 3.0 AMA PRA Category 1 Credits. This educational program has been designed to promote understanding regarding late effects of cancer treatment and survivorship and their role in the long-term surveillance in order to reduce adverse health outcomes of cancer Survivors.

cemedicus.com/cancersurvivorship, click "Launch Activity" link to begin the activity.

Cancer Care for the Whole Patient:

Meeting Psychosocial Health Needs – October 2007

The report by the Institute of Medicine studies the delivery of psychosocial services to cancer patients and their families and identifies ways to improve it.

IOM.edu



Cancer Survivorship Care Plan

Cancer Survivorship Care Planning – November 2005

A report by the Institute of Medicine, based on *From Cancer Patient to Cancer Survivor: Lost in Translation*, 2006, details the elements of a survivorship care plan as well as frequent questions Survivors may ask.

IOM.edu

From Cancer Patient to Cancer Survivor:

Lost in Transition Report Recommendations – November 2005

The recommendations in this report, taken from the Institute of Medicine's report, *From Cancer Patient to Cancer Survivor: Lost in Transition*, are directed to cancer patients and their advocates, health care providers and their leadership, health insurers and plans, employers, research sponsors, and the public and their elected representatives.

IOM.edu

American Society of Clinical Oncology® Chemotherapy Treatment and Summary Templates

Developed by volunteer oncologists, these treatment plan and summary templates for breast and colon cancer can be downloaded in a modifiable format allowing oncologists to customize and adapt them to suit their own practices.

ASCO.org

Children's Oncology Group Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent and Young Adult Cancers

These guidelines provide recommendations for screening and management of late effects that may potentially arise as a result of therapeutic exposures used during treatment for pediatric malignancies. They were developed as a resource for clinicians who provide ongoing healthcare to survivors of pediatric malignancies. The screening recommendations in these guidelines are appropriate for asymptomatic survivors of childhood, adolescent, or young adult cancer presenting for routine exposure-based medical follow-up.

survivorshipguidelines.org

Resources for Patients

American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity for Cancer Prevention

Updated every five years, this document is a short version of the ACS Nutrition and Physical Activity Guidelines. It includes how to maintain a healthy weight and how to stay active.

Cancer.org



Cancer Survivorship Care Plan

CancerCare

CancerCare is a national nonprofit group that gives free support services to those affected by cancer: people with cancer, caregivers, children, loved ones and those who have lost loved ones. These programs include counseling, education, financial and practical help. They are given at no cost by trained social workers. Founded in 1944, CancerCare helps more than 91,000 people each year. And each year, as many as 1.6 million people visit the website to learn more and find resources.

Call 1-800-813-HOPE (4673), send an e-mail to info@cancer.org, or visit the website at cancer.org.

Cancer.Net™

Cancer.Net™ is the award-winning patient information website of the American Society of Clinical Oncology® (ASCO). ASCO® is the world's leading professional organization representing physicians of all oncology subspecialties who care for people with cancer. This website provides timely, oncologist-approved information to help patients and families make informed health-care decisions. All content is subject to a formal peer-review process by more than 150 medical, surgical, radiation, and pediatric oncologists, oncology nurses, social workers, and patient advocates. In addition, ASCO® editorial staff reviews the content for easy readability. Cancer.Net™ is reviewed on an annual basis or as needed.

Cancer.Net

Employee Assistance Program (EAP)

This service is offered, for the most part, through large employer groups. EAPs help employees and their families deal with issues such as:

- Short and long-term disability
- Personal and emotional concerns
- Legal and financial advice

EAPs can give access without barriers to an open network of community resources and licensed mental health counselors. Employee contact with the EAP is kept private. To learn more, ask your employer about your company's EAP.

Facing Forward: Life After Cancer Treatment

Written by the National Cancer Institute, this booklet shares the feelings and feedback that many people have after cancer treatment. It also offers tips to help people get through this time.

cancer.gov

From Cancer Patient to Cancer Survivor: Lost in Transition - video

This short film by the Institute of Medicine features the stories of cancer survivors and supports the need for a Survivorship Care Plan.

IOM.edu or YouTube.com



Cancer Survivorship Care Plan

Heal: Living Well After Cancer

Cancer survivors can use the information in this pamphlet for the rest of their lives from the day treatment ends. Topics include:

- Cancer's after-effects
- Financial security
- Best nutrition and fitness
- Working after cancer
- Faith and belief after cancer
- Insurance strategies

healtoday.com

The LIVESTRONG™ Survivorship Center of Excellence

LIVESTRONG™ Survivorship Center of Excellence is funded by the Lance Armstrong Foundation (LAF).

These centers:

- Help people living with cancer deal with the emotional, practical and physical issues they face.
- Serve as a one-stop source of information, care and service for cancer survivors, family members and service providers.

Centers include:

*Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA,
215-615-3371*

*Dana-Farber Cancer Institute, Boston, MA,
617-632-5100*

*Fred Hutchinson Cancer Research Center, Seattle, WA,
206-667-2814*

*Memorial Sloan-Kettering Cancer Center, New York, NY,
212-639-2581*

*Ohio State University Comprehensive Cancer Center – James Cancer Hospital and
Solove Research Institute, Columbus, Ohio,
614-293-6401*

*UCLA's Jonsson Comprehensive Cancer Center, Los Angeles, CA,
310-206-1404*

*University of Colorado Cancer Center, Denver, CO,
303-239-3397*

*University of North Carolina Lineberger Comprehensive Cancer Center, Chapel Hill, NC,
919-966-7230*



Cancer Survivorship Care Plan

National Center for Complementary and Alternative Medicine (NCCAM)
NCCAM is the federal government's lead agency for scientific research on complementary and alternative medicine (CAM). The mission of NCCAM is to:

1. Explore healing practices in the context of science.
2. Train medical researchers.
3. Spread information to the public and professionals.

Call 1-888-644-6226, send an e-mail to info@nccam.nih.gov or visit the website at <http://nccam.nih.gov>

National Coalition for Cancer Survivorship (NCCS)

NCCS is the oldest survivor-led cancer advocacy organization in the country. Members advocate for quality cancer care for all Americans and empowering cancer survivors. Patient education also is a priority for NCCS, which offers the Cancer Survival Toolbox®. This award-winning audio set is provided to Survivors, caregivers and clinicians at no cost. NCCS believes access to credible and accurate patient data is vital to asking for and getting quality cancer care.

Call 1-888-650-9127 or visit the website at canceradvocacy.org.

Northern California Cancer Center (NCCC)

The NCCC is a nonprofit group that works with researchers, patients, educators, community based groups and academic centers. The NCCC is committed to preventing cancer and improving the quality of life for those living with cancer.

The NCCC studies:

- The causes of cancer
- Cancer survivorship
- Cancer screening

The NCCC manages:

- A statewide breast and cervical cancer referral service for low-income women.
- A statewide NCI-Cancer Information Service Partnership Program that focuses on improving outcomes that have to do with cancer. (This is done mainly in places where people may not be getting the medical care they need).
- A community education program for patients and families, the general public and health care providers.

Call 1-510-608-5000 or visit the website at nccc.org.



The Wellness Community

This is a global nonprofit group that gives support, education and hope to people with cancer and their loved ones. They can learn vital skills that let them regain control, reduce isolation and restore hope by taking part in professional-led support groups, workshops, nutrition and exercise programs, as well as stress reduction classes. All programs are free.

Call 1-888-793-WELL send an e-mail to help@thewellnesscommunity.org or visit the website at thewellnesscommunity.org.

Endnotes

Note 1: Important caution. This is a summary document whose purpose is to review the highlights of the cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for breast cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.