ASCO Treatment Summary and Survivorship Care Plan for Breast Cancer

General Information	
Patient Name:	Patient DOB:
Patient phone:	Email:
Health Care Providers (Including Names, Institution)	
Primary Care Provider:	
Surgeon:	
Radiation Oncologist:	
Medical Oncologist:	
Other Providers:	

Treatment Summary		
Diagnosis		
Cancer Type/Histology Subtype: Left/Right/Both Breast Cancer Receptors: ☐Estrogen positive; ☐Progesterone Positive; ☐HER2 positive		Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐Not applicable		
Treatment <u>Completed</u>		
Surgery: ☐ Yes ☐No	Surgery Date(s) (year):	
Surgical procedure/findings: Lymph node removal: ☐Axillary Dissection ☐ Sentinel Biopsy		
Radiation: ☐ Yes ☐No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other): ☐ Yes ☐No ☐ Before surgery ☐ After surgery		

Names of Agents Used	End Dates (year)
☐5-Fluorouracil	
☐Carboplatin	
☐ Cyclophosphamide	
☐ Docetaxel	
☐ Doxorubicin	
☐ Epirubicin	
☐ Methotrexate	
☐Paclitaxel	
☐ Pertuzumab	
☐Trastuzumab	
☐ Other	

Treatment <u>Ongoing</u>		
Additional treatment name	Planned duration	Possible Side effects
☐ Tamoxifen		Hot flashes and vaginal discharge (common); endometrial cancer, serious blood clots and eye problems (all very rare). Other rare side effects may occur.

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- This summary is a brief record of major aspects of your cancer treatment not a detailed or comprehensive record of your care. You should review this with your cancer provider.

☐ Aromatase Inhibitors (anastrozole, exemestane and letrozole)		Hot flashes, joint/muscle aches, vaginal dryness and bone loss (common); hair thinning (rare) Other rare side effects may occur.
☐ GnRH agonist (Zoladex, Lupron) for ovarian suppression		Hot flashes and vaginal dryness (common); other rare side effects may occur.
Other:		

Persistent symptoms or side effects at completion of treatment:

Fatigue: □ No □ Yes
Menopausal symptoms: □ No □ Yes
Numbness: □ No □ Yes
Pain: □ No □ Yes
Psychosocial/Depression: □ No □ Yes
Other (enter type(s)):

Familial Cancer Risk Assessment

Breast and or ovarian cancer in 1st or 2nd degree relatives: □ Yes □ No

Received Genetic counseling: □ Yes □ No Genetic testing: □ Yes □ No Genetic testing results:

Follow-up Care Plan

Your follow-up care plan is design to inform you and primary care providers regarding the recommended and required follow-up, cancer screening and routine health maintenance that is needed to maintain optimal health.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:
Weakening of the heart presenting as shortness of breath and swelling of legs (rare < 5%); and bones become weak and at risk for fracture (osteoporosis). It is important to remember that these symptoms can be due to other causes like diabetes or with normal aging. If these or any other new symptoms occur bring these to attention of your health care provider.

These symptoms should be brought to the attention of your provider:

1. Anything that represents a brand new symptom;
2. Anything that represents a persistent symptom;
3. Anything you are worried about that might be related to the cancer coming back.

Please continue to see your primary care provider for all general health care recommended for a woman your age such as routine immunizations, and routine non-breast cancer screening like colonoscopy or bone density exams. Consult with your health care provider about prevention and screening for bone loss using bone density tests.

Schedule for Clinical Visits

Coordinating Provider	When/How often

Cancer Surveillance Or Other Recommended Tests

Coordinating Provider	TEST	How often
	Mammogram	Annually
	MRI breast	As indicated by provider
	Pap/pelvic exam	As indicated by provider
	Colonoscopy	As indicated by provider
	Bone Density	Every 2 years if on an aromatase inhibitor or as indicated by your provider

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Breast cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.

☐Anxiety or depression	☐Insurance	☐Sexual Functioning
☐Emotional and mental health	☐Memory or concentration loss	☐Stopping Smoking
☐Fatigue	☐Parenting	☐Weight changes
☐Fertility	☐Physical functioning	☐Other
☐Financial advice or assistance	☐School/work	

A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:

☐Alcohol use	☐Physical activity	☐Other
☐Diet	☐Sun screen use	
☐Management of my medications	☐Tobacco use/cessation	
☐Management of my other illnesses	☐Weight management (loss/gain)	

Resources you may be interested in:

- www.cancer.net
- Other:

Other comments:

Prepared by: Delivered on:

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