ASCO Treatment Summary and Survivorship Care Plan for Cervical Cancer

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

Treatment Summary	
Diagnosis	
Histology Subtype: ☐Squamous cell carcinoma ☐adenocarcinoma ☐neuroendocrine ☐other:	Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐IV ☐Not applicable	
Treatment <u>Completed</u>	
Surgery: ☐ Yes ☐No	Surgery Date(s) (year):
Surgical procedure/findings: Lymph node removal: ☐Pelvic lymph node dissection ☐ Biopsy only ☐ Sentinel node biopsy ☐not applicable	
Radiation: ☐ Yes ☐No	End Date (year):
Concurrent Chemoradiotherapy (CCRT): ☐ Yes; with ☐Cisplatin; ☐Taxane and Platinum; ☐5-FU+Cisplatin; ☐Other agents NACT: ☐ Before surgery ☐ After surgery	

Treatment <u>Ongoing</u>

Additional treatment name	Planned duration	Possible Side effects
		Hot flashes and vaginal discharge (common); endometrial cancer, serious blood clots and eye problems (all very rare). Other rare side effects may occur.
Other:		

Persistent symptoms or side effects at completion of treatment:

Fatigue: □ No □ Yes	Lymphedema: □ No □ Yes
Numbness: □ No □ Yes	Urinary Difficulties: □ No □ Yes
Psychosocial/Depression: □ No □ Yes	Menopausal symptoms: □ No □ Yes
Bowel Dysfunction: □ No □ Yes	Pain: □ No □ Yes
Sexuality and Body Image: □ No □ Yes	Other (enter type(s)):

- This Survivorship Care Plan is a cancer treatment summary and follow-up plan and is provided to you to keep with your health care records and to share with your primary care provider or any of your doctors and nurses.
- 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.

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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:

If your treatment was hysterectomy with lymph node biopsy and/or dissection, swelling of legs is likely to occur. If your treatment was including RT, problem of bladder and/or rectum is likely to occur (incontinence, leakage, hemorrhage, constipation etc.). 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 person 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
	Pap/pelvic exam	Annually
	CT	As indicated by provider
	Pelvic MRI	As indicated by provider

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

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

Resources you may be interested in:

- Cancer.Net
- Other:

Other comments:

Prepared by: Delivered on:

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