ASCO Treatment Summary and Survivorship Care Plan for Non-Small Cell Lung 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/Location/Histology Subtype: Non-Small Cell Lung Cancer	Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐Not applicable	

Treatment Completed

Surgery ☐ Yes ☐No	Surgery Date(s) (year):	
Surgical procedure/location/findings:		
Radiation ☐ Yes ☐No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other) ☐ Yes ☐No		

Names of Agents Used	End Dates (year)
☐ Carboplatin	
☐ Cisplatin	
☐ Gemcitabine	
☐ Paclitaxel/Docetaxel	
☐ Pemetrexed	
☐ Vinorelbine	
☐ Other	

Persistent symptoms or side effects at completion of treatment: □ No □ Yes (enter type(s)) :

Treatment Ongoing

Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No

Additional treatment name	Planned duration	Possible Side effects

Follow-up Care Plan

Schedule of Clinical Visits

Coordinating Provider	When/How often

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Cancer Surveillance or Other Recommended Tests		
Coordinating Provider	Test	How Often

Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests. Any 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.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

- Constipation
- Esophageal stricture
- Hearing loss
- Kidney problems
- Peripheral neuropathy or numbness and tingling
- Pneumonitis or inflammation of the lung (3-6 months after treatment)
- Pulmonary fibrosis or scarring
- Trouble with or painful swallowing

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:

- www.cancer.net
- Other:

Other comments:

Prepared by: Delivered on:

- 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.