ASCO Treatment Summary and Survivorship Care Plan for Prostate Cancer

| General Information | | | | | |
|--|--------------------------------------|----------------------|-----------------------------|--|--|
| Patient Name: Patient DOB: | | | | | |
| Patient phone: Email: | | | | | |
| Health Care Providers (Including Names, Institution) | | | | | |
| Primary Care Provider: | | | | | |
| Urologic Surgeon: | | | | | |
| Radiation Oncologist: | | | | | |
| Medical Oncologist: | | | | | |
| Other Providers: | | | | | |
| Treatment Summary | | | | | |
| Diagnosis | | | | | |
| Cancer Type/Location/Histology Subtype: Prostate Cancer Diagnosis Date (year): | | | | | |
| Stage: I III III IV Not applicable | | | | | |
| Gleason Score: PSA at Diagnosis: | | | | | |
| Clinical Trial: Yes No Name/Number: | | | | | |
| Treatment <u>Completed</u> | | | | | |
| Surgery: | | ar): | | | |
| Surgical procedure/location/findings: | | | | | |
| External beam radiation: Yes No | Prostate/Seminal Vesical only: | | End Date (year): | | |
| | □ Yes □No Whole pelvis: □ Yes □No | | End Date (year): | | |
| | | | | | |
| Brachytherapy to prostate: 🗌 Yes 🗌 No | | | End Date (year): | | |
| Systemic Therapy (chemotherapy, hormonal therapy, other): Yes No Duration: | | | | | |
| Names of Agents Used | | | End Dates (year) or ongoing | | |
| Casodex | | | | | |
| Lupron (or similar LHRH agonist) | | | | | |
| 🗆 Other | | | | | |
| Persistent symptoms or side effects at cor | npletion of treatr | nent: 🗆 No 🗆 Yes (en | ter type(s)) : | | |
| Treatment <u>Ongoing</u> | | | | | |
| Need for ongoing (adjuvant) treatment fo | r cancer 🛛 Yes | 🗆 No | | | |
| | | d duration | Possible Side effects | | |
| | | | | | |
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| 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 | | |
| | PSA (Prostate S | pecific Antigen) | | | |
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| Please continue to see your primary care provider for all general health care recommended for a man 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: | | | | | |
|--|--|--|--|--|--|
| Decreased sex drive Enlarging breast tissue Erectile dysfunction Fatigue Hair loss Hot flashes Incontinence Increased body fat Loss of muscle mass Metabolic syndrome (increased pressure, blood sugar, cholester | | rine (urinary retention) | | | |
| please speak with your doctors or nurs Anxiety or depression Emotional and mental health Fatigue Fertility Financial advice or assistance A number of lifestyle/behaviors can aff | s with the areas listed below. If you have any cor es to find out how you can get help with them. Insurance Memory or concentration loss Parenting School/work fect your ongoing health, including the risk for th ese recommendations with your doctor or nurse: | Sexual Functioning Stopping Smoking Weight changes Other e cancer coming back or | | | |
| Alcohol use Diet Management of my medications Management of my other illnesses Resources you may be interested in: www.cancer.net Other: Other comments: | Physical activity Other Sun screen use Tobacco use/cessation Weight management (loss/gain) | | | | |
| 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.