

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		Diagnosis Date (year):
Receptors: <input type="checkbox"/> Estrogen positive; <input type="checkbox"/> Progesterone Positive; <input type="checkbox"/> HER2 positive		
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> Not applicable		
Treatment Completed		
Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No		Surgery Date(s) (year):
Surgical procedure/findings:		
Lymph node removal: <input type="checkbox"/> Axillary Dissection <input type="checkbox"/> Sentinel Biopsy		
Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Body area treated:	End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other): <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Before surgery <input type="checkbox"/> After surgery		
Names of Agents Used	End Dates (year)	
<input type="checkbox"/> 5-Fluorouracil		
<input type="checkbox"/> Carboplatin		
<input type="checkbox"/> Cyclophosphamide		
<input type="checkbox"/> Docetaxel		
<input type="checkbox"/> Doxorubicin		
<input type="checkbox"/> Epirubicin		
<input type="checkbox"/> Methotrexate		
<input type="checkbox"/> Paclitaxel		
<input type="checkbox"/> Pertuzumab		
<input type="checkbox"/> Trastuzumab		
<input type="checkbox"/> Other		
Treatment Ongoing		
Additional treatment name	Planned duration	Possible Side effects
<input type="checkbox"/> Tamoxifen		Hot flashes and vaginal discharge (common); endometrial cancer, serious blood clots and eye problems (all very rare). Other rare side effects may occur.

- 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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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.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anxiety or depression          | <input type="checkbox"/> Insurance                    | <input type="checkbox"/> Sexual Functioning |
| <input type="checkbox"/> Emotional and mental health    | <input type="checkbox"/> Memory or concentration loss | <input type="checkbox"/> Stopping Smoking   |
| <input type="checkbox"/> Fatigue                        | <input type="checkbox"/> Parenting                    | <input type="checkbox"/> Weight changes     |
| <input type="checkbox"/> Fertility                      | <input type="checkbox"/> Physical functioning         | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Financial advice or assistance | <input type="checkbox"/> 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:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Alcohol use                      | <input type="checkbox"/> Physical activity             | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diet                             | <input type="checkbox"/> Sun screen use                |                                |
| <input type="checkbox"/> Management of my medications     | <input type="checkbox"/> Tobacco use/cessation         |                                |
| <input type="checkbox"/> Management of my other illnesses | <input type="checkbox"/> Weight management (loss/gain) |                                |

Resources you may be interested in:

- [www.cancer.net](http://www.cancer.net)
- Other:

Other comments:

Prepared by:

Delivered on:

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