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 ☐II ☐III ☐IV ☐Not applicable		
Gleason Score:	PSA at Diagnosis:	
Clinical Trial: ☐ Yes ☐No Name/Number:		
Treatment <u>Completed</u>		
Surgery:	Surgery Date(s) (year):	
Surgical procedure/location/findings:		
External beam radiation: ☐ Yes ☐No	Prostate/Seminal Vesical only: ☐ Yes ☐No	End Date (year):
	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 completion of treatment: □ No □ Yes (enter type(s)) :		
Treatment <u>Ongoing</u>		
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

Cancer Surveillance or other Recommended Tests		
Coordinating Provider	Test	How Often
	PSA (Prostate Specific 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 blood pressure, blood sugar, cholesterol)
- Mood swings
- Osteoporosis
- Painful urination
- Rectal Pain
- Shortening of the penis
- Skin irritation or darkening
- Sterility
- Tiredness
- Trouble voiding or passing urine (urinary retention)
- Urinary frequency
- Other:

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.