



SURVIVORSHIP CARE PLAN

Prescription for LIFE

Name:
DOB:
MR#

Significant Past Medical History

Cancer Diagnosis

Dx #1:

Date of Diagnosis:

Initial Stage:

TNM Staging:

Pathology Details:

Dx #2:

Date of Diagnosis:

Initial Stage:

TNM Staging:

Pathology Details:

Cancer Treatment

Surgery

Surgeon:

Phone:

DATE PROCEDURE

Surgeon:

Phone:

DATE PROCEDURE

Radiation Therapy

Radiation Oncologist:

Phone:

DATE DOSE (in cGy) TREATMENT AREA

Chemotherapy, Biotherapy, Targeted Therapy

Medical Oncologist:

Phone:

DATE RANGE REGIMEN / FREQ # CYCLES AGENTS RECEIVED

Note cumulative dose of adriamycin if received

Vascular Access Device

YES NO

Flushing Schedule:

TYPE

INSERTION DATE

REMOVAL DATE

Most Recent Disease Evaluation

DATE EXAM

FINDINGS

Major Toxicities, Events During Treatment (note whether resolved)

- 1.
- 2.

Persistent Effects Following Completion of Treatment

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Cystitis | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Constipation | <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Lymphedema | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Cognitive Dysfunction | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Difficulty with ADLs | <input type="checkbox"/> Mouth Sores | <input type="checkbox"/> Inability to work | <input type="checkbox"/> Hot Flashes |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Other Needs Identified at End of Treatment

- 1.
- 2.

Post Cancer Treatment Care

Follow-Up Schedule with Oncologist

Tests / Evaluations with each F/U visit: CBC CMP Tumor Markers Other
Disease Evaluation: CT Bone Scan PET MRI Other

Primary Care Physician:

Phone:

Late Effects to Monitor in Patients Receiving _____ (Most late effects are quite rare, occurring many months to years following treatment. Early recognition and treatment can help ensure the best possible outcome)

- Cardiomyopathy, Heart Failure, Dysrhythmias (Adriamycin, Other anthracyclines, Taxanes, High dose Cyclophosphamide, Chest XRT)
- Carotid Artery Stenosis (Neck XRT)
- Cataracts (5-FU, Busulfan, Long-term steroids, Tamoxifen, Anastrozole, Cranial XRT)
- Cognitive Impairment (Methotrexate, Velcade, Multiagent chemotherapy, Immunotherapy, Hormone therapy, Brain XRT)
- Coronary Artery Disease (Cisplatin, Other platinum, Chest XRT)
- Dental Caries, Xerostomia (Head & Neck XRT)
- Difficulty healing from trauma or surgery in the irradiated field
- Early Menopause (Taxanes, High dose cyclophosphamide, Alkylating agents, Anti-estrogen therapies, Pelvic XRT, Abdominal XRT)
- Electrolyte Disturbance [low magnesium, low potassium] (Platinums, Ifosfamide, Taxanes)
- Esophagitis, Stricture, Difficulty Swallowing, Reflux, Motility Disorders (Chest XRT, Mantle XRT)
- Fatigue (Most chemotherapy agents)
- Fibrosis of Skin, Sub-q & Deeper Tissues (XRT)
- Gastric Ulcers, Indigestion, Gastritis, Perforation (Abdominal XRT)
- GI Bleeding, Diarrhea, Pain, Tenesmus, Obstruction, Fistula (Abdominal XRT, Pelvic XRT)
- Hearing Loss (Cisplatin, Carboplatin, Head & Neck XRT)

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- Hemorrhagic Cystitis, Reduced Bladder Capacity, Nephritis (Cyclophosphamide, Ifosfamide, Low-Dose Methotrexate, Abdominal XRT, Pelvic XRT)
- Hyperglycemia (Long-term steroids)
- Hypothyroidism (Neck XRT, Mantle XRT, Brain XRT)
- Impaired Immune Function (Methotrexate, Rituxan, Campath, Fludara, Long-term steroids, High dose therapy)
- Infertility (Alkylating agents, Ara-C, Velcade, Vincas, Testicular, Pelvic XRT, Abdominal XRT)
- Kidney Impairment (Ifosfamide, Cisplatin, Methotrexate, BCNU, 5-FU, Melphalan, Mitomycin-C, Abdominal XRT, Pelvic XRT)
- Liver Dysfunction, Cirrhosis (Methotrexate, BCNU, L-asparaginase, Chlorambucil, High dose busulfan, High dose cyclophosphamide, Mithramycin, Tamoxifen)
- Lymphedema, Pain, Erythema (Breast XRT)
- MDS, Leukemia (Cyclophosphamide, Ifosfamide, Other alkylating agents, Anthracyclines, Platinums, Taxanes, Fludara, High dose therapy, Stem cell transplant, XRT)
- Myelopathies (Spinal Cord XRT)
- Osteonecrosis Femoral Head, Other Large Joints (Long-term steroids, Breast cancer pts receiving CMF; Testicular cancer pts receiving cisplatin, bleomycin, etoposide, vinblastine)
- Osteonecrosis of the Jaw (IV bisphosphonates, Head & Neck XRT)
- Osteoporosis (Cyclophosphamide, Methotrexate, Ifosfamide, Doxorubicin, Long-term steroids, Androgen deprivation in prostate pts, Aromatase inhibitors)
- Osteoradionecrosis (Head & Neck XRT, XRT to any field containing significant bony tissue)
- Pericarditis, Pericardial Effusion, Pleural Effusion, Pneumothorax, Ischemic Heart Disease, Valvular Damage (Mantle XRT, Chest XRT)
- Peripheral Neuropathy (Cisplatin, Taxanes, Oxaliplatin, Vincas)
- Proctitis (Pelvic XRT)
- Pulmonary Fibrosis, Pneumonitis (Bleomycin, BCNU, CCNU, Chlorambucil, Melphalan, Busulfan, Cyclophosphamide, Methotrexate, Oxaliplatin, Chest XRT, Mantle XRT)
- Retinal Damage, Glaucoma (Cranial XRT)
- Second Cancer in Irradiated Field
- Second Cancers, such as Bladder Cancer, Leukemia, Lymphoma (Cyclophosphamide, Other alkylating agents, BCNU, Anthracyclines, Topotecan, Irinotecan, Multiple other chemotherapy agents, Long-term steroids)
- Septic Arthritis (XRT involving hip, shoulder, other joints)
- Sexual Dysfunction (Pelvic XRT)
- Visual Disturbance (Cisplatin, Tamoxifen)
- Weight Gain (Long term steroids, Multiagent chemo for ALL, Hormonal therapies)

Screening Exams

Mammogram DATE	RESULTS	<i>Repeat yearly.</i>	
Colonoscopy DATE	MD	RESULTS	<i>Repeat every 5 years.</i>
Pap Smear DATE	MD	RESULTS	<i>Repeat yearly.</i>
PSA / Rectal DATE	MD	RESULTS	<i>Repeat _____</i>

Wellness (check all that apply)

- Smoking Cessation: Information given to pt Scheduled into class
- Physical Activity: Information given to pt Scheduled fitness appointment
- Sun Exposure: Information given to pt
- Nutrition and healthy weight management: Information given to pt Dietitian Referral

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Other

Problems Noted in Follow-Up with Oncologist (include any instructions or treatment given for problem)

- 1.
- 2.
- 3.

Contacts at Pearlman Cancer Center for Post-Treatment Issues

Social Worker: 229.259.4638

Triage Nurse: 229.259.4600, select option to speak with the nurse

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