

*The Treatment Plan and Summary provide a brief record of major aspects of breast cancer adjuvant treatment. This is not a complete patient history or comprehensive record of intended therapies.*

<b>Medical oncology provider name:</b>					
<b>Patient name:</b>			<b>Patient ID:</b>		
<b>Patient DOB:</b> ( ___ / ___ / ___ )		<b>Age at diagnosis:</b>		<b>Patient phone:</b>	
<b>Support contact name:</b>					
<b>Support contact relationship:</b>			<b>Support contact phone:</b>		
<b>BACKGROUND INFORMATION</b>					
<b>Breast cancer site:</b> <input type="checkbox"/> Left breast <input type="checkbox"/> Right breast <input type="checkbox"/> Bilateral					
<b>Family history:</b> <input type="checkbox"/> None <input type="checkbox"/> 2 <sup>nd</sup> degree relative <input type="checkbox"/> 1 <sup>st</sup> degree relative <input type="checkbox"/> Multiple relatives					
<b>Definitive breast surgery:</b> Date:( ___ / ___ / ___ ) <b>Type:</b> <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Mastectomy/immediate recon					
<b># lymph nodes removed:</b>			<b># lymph nodes positive:</b>		
<b>Axillary dissection:</b> <input type="checkbox"/> Yes ( ___ / ___ / ___ ) <input type="checkbox"/> No			<b>Sentinel node biopsy:</b> <input type="checkbox"/> Yes ( ___ / ___ / ___ ) <input type="checkbox"/> No		
<b>Notable surgical findings/comments:</b>					
<b>Tumor type:</b> <input type="checkbox"/> Infiltrating ductal <input type="checkbox"/> Infiltrating lobular <input type="checkbox"/> Other: _____					
<b>T stage:</b> <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T4c <input type="checkbox"/> T4d			<b>N stage:</b> <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3		
<b>Pathologic stage:</b> <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III			<b>Oncotype DX recurrence score (if applicable):</b>		
<b>ER status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<b>PR status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative		<b>HER2 status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<b>Major comorbid conditions:</b>					
<b>Echocardiogram or MUGA result prior to chemotherapy (if obtained):</b> EF= _____ %					
<b>ADJUVANT TREATMENT PLAN</b>			<b>ADJUVANT TREATMENT SUMMARY</b>		
<i>White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy</i>					
<b>Height:</b> _____ in/cm		<b>Pre-treatment weight:</b> _____ lb/kg		<b>Post-treatment weight:</b> _____ lb/kg	
<b>Pre-Treatment BSA:</b>		<b>Date last menstrual period:</b> ( ___ / ___ / ___ )		<b>Date last menstrual period:</b> ( ___ / ___ / ___ )	
<b>Name of regimen:</b>					
<b>Start Date:</b> ( ___ / ___ / ___ )			<b>End Date:</b> ( ___ / ___ / ___ )		
<b>Treatment on clinical trial:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Chemotherapy Drug Name</b>	<b>Route</b>	<b>Dose</b>	<b>Schedule</b>	<b>Dose reduction needed</b>	<b>Number of cycles administered</b>
				<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
				<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
				<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
				<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>Possible side effects of this regimen:</b> <input type="checkbox"/> Hair loss <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Neuropathy <input type="checkbox"/> Low blood count <input type="checkbox"/> Fatigue <input type="checkbox"/> Menopause symptoms <input type="checkbox"/> Cardiac symptoms <input type="checkbox"/> Other:			<b>Anthracycline administered:</b> <input type="checkbox"/> Doxorubicin _____ mg/m <sup>2</sup> <input type="checkbox"/> Epirubicin _____ mg/m <sup>2</sup>		
			<b>Serious toxicities during treatment (list all):</b>		
<b>Radiation therapy planned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date completed:</b> ( ___ / ___ / ___ )			<b>Hospitalization for toxicity during treatment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<b>Neurotoxicity that impairs activities of daily living:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Reconstruction planned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date completed:</b> ( ___ / ___ / ___ )			<b>Reason for stopping adjuvant treatment:</b>		

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ADJUVANT TREATMENT PLAN	ADJUVANT TREATMENT SUMMARY
<b>ENDOCRINE THERAPY</b>	
<input type="checkbox"/> None <input type="checkbox"/> Tamoxifen <input type="checkbox"/> Aromatase Inhibitor <input type="checkbox"/> Other <b>Medication:</b> <b>Duration:</b>	<b>Date endocrine therapy started (or to start)</b> ( ___ / ___ / ___ )
<b>TRASTUZUMAB (HERCEPTIN) THERAPY</b>	
<b>Trastuzumab (Herceptin) planned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Trastuzumab (Herceptin) prescribed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Pre-trastuzumab ejection fraction:</b> % ( ___ / ___ / ___ ) <b>Most recent ejection fraction:</b> % ( ___ / ___ / ___ ) <b>Planned or completed dates of trastuzumab therapy:</b> Start date ( ___ / ___ / ___ )   End date ( ___ / ___ / ___ )
ONCOLOGY TEAM MEMBER CONTACTS	SURVIVORSHIP CARE PROVIDER CONTACTS
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Provider:</b>	<b>Provider:</b>
Name:	Name:
Contact Info:	Contact Info:
<b>Pre-treatment comments</b>	<b>Post-treatment comments</b>

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 Important caution: this is a summary document whose purpose is to review the highlights of the breast cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with breast cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for breast cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

## Breast Cancer Survivorship Care Plan v3 10/09

<b>Patient Name:</b>		<b>Medical Oncologist Name:</b>	
<b>FOLLOW-UP CARE TEST</b>	<b>RECOMMENDATION</b>	<b>PROVIDER TO CONTACT</b>	
Medical history and physical (H&P) examination (see below)	Visit your doctor every three to six months for the first three years after the first treatment, every six to 12 months for years four and five, and every year thereafter.		
Post-treatment mammography (see below)	Schedule a mammogram one year after your first mammogram that led to diagnosis, but no earlier than six months after radiation therapy. Obtain a mammogram every six to 12 months thereafter.		
Breast self-examination	Perform breast self-examination every month. This procedure is not a substitute for a mammogram.		
Pelvic examination	Continue to visit a gynecologist regularly. If you use Tamoxifen, you have a greater risk for developing endometrial cancer (cancer of the lining of the uterus). Women taking Tamoxifen should report any vaginal bleeding to their doctor.		
Coordination of care	About a year after diagnosis, you may continue to visit your oncologist or transfer your care to a primary care doctor. Women receiving hormone therapy should talk with their oncologist about how often to schedule follow-up visits for re-evaluation of their treatment.		
Genetic counseling referral	<p>Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family:</p> <ul style="list-style-type: none"> <li>• Ashkenazi Jewish heritage</li> <li>• Personal or family history of ovarian cancer</li> <li>• Any first-degree relative (mother, sister, daughter) diagnosed with breast cancer before age 50</li> <li>• Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer</li> <li>• Personal or family history of breast cancer in both breasts</li> <li>• History of breast cancer in a male relative</li> </ul>		

### YEARLY BREAST CANCER FOLLOW-UP & MANAGEMENT SCHEDULE

<b>Visit Frequency for H&amp;P Years 1-3:</b>	<b>3 months</b>	<b>6 months</b>	<i>(circle one)</i>
<b>Years 4-5:</b>	<b>6 months</b>	<b>12 months</b>	<i>(circle one)</i>

<b>Visit Frequency for Mammography:</b>	<b>6 months</b>	<b>12 months</b>	<i>(circle one)</i>
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VISIT FREQUENCY	HISTORY AND PHYSICAL	MAMMOGRAPHY
3 <sup>rd</sup> Month (if applicable)		
6 <sup>th</sup> Month (if applicable)		
9 <sup>th</sup> Month (if applicable)		
12 <sup>th</sup> Month (if applicable)		

<b>Notes:</b>
<ul style="list-style-type: none"> <li>• <b>Risk:</b> You should continue to follow-up with your physician because the risk of breast cancer returning continues for more than 15 years after remission, and because, if you have not had bilateral mastectomies, you are at higher risk to develop a new, unrelated, breast cancer at some time in the future.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Symptoms of Recurrence:</b> Report these symptoms to your doctor: new lumps, bone pain, chest pain, shortness of breath or difficulty breathing, abdominal pain, or persistent headaches.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Not Recommended:</b> The following tests are not recommended for routine breast cancer follow-up: breast MRI, FDG-PET scans, complete blood cell counts, automated chemistry studies, chest x-rays, bone scans, liver ultrasound, and tumor markers (CA 15-3, CA 27.29, CEA). Talk with your doctor about reliable testing options.</li> </ul>

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The Survivorship Care Plan recommendations are derived from the 2006 Update of the Breast Cancer Follow-Up & Management Guideline in the Adjuvant Setting. This plan is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this plan is voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/breastfollowup>.