

## Survivorship Care Plan for Immuno-Oncology Therapies

## TREATMENT SUMMARY

Name of Patient:

Oncologist:

Contact Info:

## DIAGNOSIS

Cancer Type/Location/Pathology:

Ex. Poorly differentiated carcinoma of the left breast; ki-67 of 30%

Diagnosis Date:

Stage:

I      II      III      IV

Not applicable

## TREATMENT WITH IMMUNOTHERAPY

Names of Agent(s) Used:

Completion Date:

(n/a, if ongoing)

Side Effects Experienced:

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Clinical Trial?

Yes      No

Initiation and Completion Dates: (If treatment is ongoing, choose "Current".)

Initiation: \_\_\_\_\_ Completion: \_\_\_\_\_ Current

Clinical Trial Information: Name/# of trial, expected f/u, study-specific contact names/numbers, etc.

Persistent symptoms or treatment side effects

Yes      No      If yes, explain below

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## FOLLOW-UP CARE PLAN

### LATE/LONG-TERM EFFECTS OF SYSTEMATIC IO THERAPY

Common Side Effects: Gastrointestinal: Diarrhea, colitis, acute pancreatitis Pneumonitis: Inflammation in the lungs Dermatologic: Rashes and itchiness	Endocrine: Diabetes, thyroid Musculoskeletal: Arthralgia, arthritis Cardiovascular: Pericarditis, myocarditis, arrhythmia Kidney infections	
Need for Ongoing (Maintenance) Treatment for Cancer:      Yes      No      Unknown		
Additional Treatment Name	Planned Duration	Possible Side Effects

### GENERAL PHYSICAL AND PSYCHOSOCIAL SUPPORT ASSESSMENT FOR IO SURVIVORS

Area	Focus	Recommendation
Cancer Specific Follow-Up	Imaging Other:	
Physical Well-Being	Diet Exercise Health screenings Other:	
Sexual Health	Fertility Sexual side effects Intimacy/Relationship Other:	
Psychosocial Well-Being	Common: Anxiety and depression Changing sense of self Fatigue and burn out Other:	
Financial Assessment	Hardship related to cost of medical treatments Hardship related to non-medical costs Other:	
Palliative Care	Pain management Other:	
Other		
Other		