

Breast Cancer Survivor Treatment Summary and Plan

The attached Breast Cancer Survivor Treatment Summary and Plan is a form that will summarize your cancer diagnosis and treatment. It will help you plan for your future care after your treatment is finished. This form should be used to communicate to members of your healthcare team about your cancer treatment and care after your treatment is finished. It will be especially helpful to your primary care physician and any new physicians you go to in the future. It will tell them the following about your care:

- Diagnosis and staging
- Treatment
- Possible long-term side effects
- Ongoing health issues
- Symptoms to report to your doctor
- Follow up care specific to your needs

This information may come from several different providers. You can partner with your healthcare team to complete this form. It will be easiest if you begin to fill out this form when you are first diagnosed and as you receive your cancer treatment. It may need to be updated periodically.

Breast Cancer Survivor Treatment Summary and Plan

This form provides valuable information to all of the cancer and non-cancer physicians who treat you. When completed, it provides a summary of your cancer treatment which may include multiple types of treatment given by several physicians in different settings over an extended period of time.

It also highlights areas of special interest to survivors and invites you to be a partner in your healthcare. Information on possible late effects, quality of life issues, reportable symptoms and recommendations for prevention and ongoing follow up are noted.

With the help of your healthcare providers, please use this form as an ongoing summary, entering the appropriate information as your treatment is received.

Name: _____

DOB: _____

1. Diagnosis and Staging

Date of Diagnosis: _____

- Type/Grade: _____
- Stage: _____
- Tumor size: _____
- Nodal status: _____
- Receptor status:
 - ER: - or + _____%
 - PR: - or + _____%
 - HER2: - or + _____%

2. Treatment Summary

Surgery:	
Date:	Surgery:
Date:	Surgery:
Date:	Surgery:
Breast Surgeon:	
Name:	
Address:	
Phone #:	

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Plastic Surgery:	
Date:	Surgery:
Date:	Surgery:
Date:	Surgery:
Plastic Surgeon:	
Name:	
Address:	
Phone #:	

Radiation Treatment:	
Date:	Area:
Total Dose:	
# of fractions:	
Dose per fraction:	
Clinical Trial:	
Radiation Oncologist:	
Name:	
Address:	
Phone #:	

Chemotherapy and Hormone Treatment Summary:	
Date:	Drugs:
Date:	Drugs:
Clinical Trial:	
Medical Oncologist:	
Name:	
Address:	
Phone #:	



3. Ongoing Care

A. Possible Late Effects:

B. Follow up:

- Physician follow up:
 - Breast Surgeon – Dr. _____
 - Return: _____
 - Plastic Surgeon – Dr. _____
 - Return: _____
 - Radiation Oncologist – Dr. _____
 - Return: _____
 - Medical Oncologist – Dr. _____
 - Return: _____

- Breast Self Exam
 - Monthly
 -
- Physical Exam by Physician
 - Every 3-6 months for first 3 years after treatment
 - Every 6-12 months for years 4 and 5
 - Annually there after

- Mammogram –
 - First Post Treatment Mammogram: _____
 - Annually there after if stable findings
 - More frequently if findings indicate
 - _____ Other (if physician determines necessary):

- Pelvic Exam
- _____ Annually
- _____ Other Follow up (if physician determines necessary):

C. Recommendations for Prevention:

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D. Quality of Life Issues to be addressed:

Follow up Visit Survivorship Multidisciplinary Center:
Call 302-623-4500 to schedule

Appointment date: _____ Time: _____

E. Genetic Testing:

___ Completed ___ Recommended, not yet completed ___ Not recommended

F. Reportable Symptoms:

- New lumps
- Bone pain
- Chest pain
- Shortness of breath or difficulty breathing
- Abdominal pain
- Persistent headaches