

Breast Cancer Adjuvant Treatment Plan and Summary v 3 10/09

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.

Patient name:		Patient DOB: (/ /)	
Practice site:		Medical record number:	
Patient phone:	Patient cell:	Patient email:	
Hem-onc provider name:		Hem-onc phone:	
Support contact name:		Support contact phone:	

BACKGROUND INFORMATION

Age at diagnosis:	Breast cancer site: <input type="checkbox"/> Left breast <input type="checkbox"/> Right breast <input type="checkbox"/> Bilateral		
Family history:	<input type="checkbox"/> None <input type="checkbox"/> 2 nd degree relative <input type="checkbox"/> 1 st degree relative <input type="checkbox"/> Multiple relatives		
Definitive breast surgery: Date: (/ /) Type: <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Mastectomy/immediate recon			
# lymph nodes removed (total – sentinel node + dissection):		# lymph nodes positive:	
Axillary dissection: <input type="checkbox"/> Yes (/ /) <input type="checkbox"/> No		Sentinel node biopsy: <input type="checkbox"/> Yes (/ /) <input type="checkbox"/> No	
Notable surgical findings/comments:			
Tumor type: <input type="checkbox"/> Infiltrating ductal <input type="checkbox"/> Infiltrating lobular <input type="checkbox"/> Mixed lobular/ductal <input type="checkbox"/> Other:			
T stage: <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		N stage: <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	
Stage: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		Oncotype DX recurrence score (if applicable):	
ER status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		PR status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
		HER2 status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Major comorbid conditions:			
Echocardiogram or MUGA result prior to chemotherapy (if obtained): EF= %			

ADJUVANT TREATMENT PLAN

ADJUVANT TREATMENT SUMMARY

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: in/cm	Pre-treatment weight: lb/kg	Post-treatment weight: lb/kg			
Pre-Treatment BSA:	Date of last menstrual period: (/ /)	Date of last menstrual period: (/ /)			
Name of regimen:					
Treatment on clinical trial: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pre-operative chemo administered: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start Date: (/ /)		End Date: (/ /)			
Chemotherapy drug name	Route	Dose	Schedule	Dose reduction needed	Number of cycles administered
				<input type="checkbox"/> No <input type="checkbox"/> Yes Reasons/comments	
				<input type="checkbox"/> No <input type="checkbox"/> Yes Reasons/comments	
				<input type="checkbox"/> No <input type="checkbox"/> Yes Reasons/comments	
				<input type="checkbox"/> No <input type="checkbox"/> Yes Reasons/comments	

ADJUVANT TREATMENT PLAN	ADJUVANT TREATMENT SUMMARY
Possible side effects of this regimen: <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:	Anthracycline administered: <input type="checkbox"/> Doxorubicin mg/m ² <input type="checkbox"/> Epirubicin mg/m ²
Radiation therapy planned: <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: (/ /)	Serious toxicities during treatment (list all): Hospitalization for toxicity during treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Neurotoxicity that impairs activities of daily living: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reconstruction planned: <input type="checkbox"/> Yes <input type="checkbox"/> No Date completed: (/ /)	Reason for stopping chemotherapy: <input type="checkbox"/> Completed therapy <input type="checkbox"/> Progression of disease on tx <input type="checkbox"/> Toxicity of tx <input type="checkbox"/> Comorbid illness <input type="checkbox"/> Other:
	Disease status at end of treatment (check all that apply): <input type="checkbox"/> No evidence of disease <input type="checkbox"/> Persistently elevated tumor marker <input type="checkbox"/> Possible recurrence based on imaging <input type="checkbox"/> Evidence of persistent/ Recurrent disease
ENDOCRINE THERAPY	
<input type="checkbox"/> None	
<input type="checkbox"/> Tamoxifen	Start date: (/ /) Stop date: (/ /)
<input type="checkbox"/> Aromatase inhibitor Medication:	Start date: (/ /) Stop date: (/ /)
<input type="checkbox"/> Ovarian suppression Medication/method:	Start date: (/ /) Stop date: (/ /)
<input type="checkbox"/> Other: Medication:	Start date: (/ /) Stop date: (/ /)
TRASTUZUMAB (HERCEPTIN) THERAPY	
Trastuzumab (Herceptin) planned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trastuzumab (Herceptin) prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-trastuzumab ejection fraction: % (/ /)	Most recent ejection fraction: % (/ /)
	Planned or completed dates of trastuzumab therapy: Start date (/ /) End date (/ /)
ONCOLOGY TEAM MEMBER CONTACTS	SURVIVORSHIP CARE PROVIDER CONTACTS
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Provider:	Provider:
Name:	Name:
Contact Info:	Contact Info:
Pre-treatment comments	Post-treatment comments

© 2009 American Society of Clinical Oncology. All rights reserved.

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.