Colon Cancer Adjuvant Treatment Plan and Summary v3 10/09

The Treatment Plan and Summary provide a brief record of major aspects of colon cancer adjuvant chemotherapy. 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: | **Cancer detection:** ☐ Screening ☐ Symptoms ☐ Incidental
Site in colon: ☐Right ☐Transverse ☐ Left ☐ Sigmoid
Predisposing conditions: ☐ None ☐ Inflammatory bowel disease ☐FAP ☐ HNPCC
Family history: ☐ None ☐ 2nd degree relative ☐ 1st degree relative ☐ Multiple relatives
Pre-op colonoscopy to cecum: ☐Yes ☐No | **Other lesions:** ☐None ☐ Low risk polyps ☐ High risk polyps
Primary colon operation: ☐ | **Date of surgery:** (/ /)
Surgery type: ☐ Elective ☐Emergent | **CEA pre-op:** | **CEA post-op:**
Stage: ☐IIA ☐IIB ☐IIIA ☐IIIB ☐IIIC | **T stage:** ☐ T1 ☐ T2 ☐T3 ☐ T4 | **N stage:** ☐ N0 ☐N1 ☐N2
Number of lymph nodes removed: | **Number of lymph nodes positive:**
Notable pathology findings:
Notable surgical findings/complications: | **Ostomy:** ☐Yes ☐No
Major comorbid conditions:

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
Name of regimen: | **Pre-treatment BSA:**
Treatment on clinical trial: ☐Yes ☐ No
Start Date: (/ /) | **End Date:** (/ /)

Bio/Chemotherapy drug name	Route	Dose	Schedule	Dose reduction needed	Number of cycles administered
				☐ No ☐ Yes Reasons/comments:	
				☐ No ☐ Yes Reasons/comments:	
				☐No ☐ Yes Reasons/comments:	
				☐ No ☐ Yes Reasons/comments:	

Treatment tolerance: | **Number of cycles containing oxaliplatin:**
Hospitalization for toxicity during treatment: ☐ Yes ☐ No

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Important caution: this is a summary document whose purpose is to review the highlights of the colon 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 colon 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 colon cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

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Reason for stopping chemotherapy: ☐ Completed therapy ☐ Progression of disease on treatment ☐ Toxicity of treatment ☐ Comorbid illness ☐ Other:______________________________	**Disease status at end of treatment (check all that apply):** ☐ No evidence of disease ☐ Persistently elevated tumor marker ☐ Possible recurrence based on imaging ☐ Evidence of persistent/ Recurrent disease
Hypersensitivity reaction: ☐ None ☐ Mild ☐ Moderate ☐ Severe	
ADJUVANT TREATMENT PLAN	**ADJUVANT TREATMENT SUMMARY**
Central venous catheter placement needed: ☐ Yes ☐ No	**Neuropathy at end of treatment (Grade):** ☐0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
ECOG performance status at start of treatment: ☐0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	**ECOG performance status at end of treatment:** ☐0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Nutritional status at start of treatment: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐Poor	**Nutritional status at end of treatment:** ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐Poor
Special circumstances:	
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:
Provider:	**Provider:**
Name:	Name:
Contact Info:	Contact Info:
Provider:	**Provider:**
Name:	Name:
Contact Info:	Contact Info:
Pre-treatment comments	**Post-treatment comments**

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