

Diffuse Large B-Cell Lymphoma Chemotherapy Treatment Plan and Summary 1

[Insert Practice Name/Info Here]

The Treatment Plan and Summary is a brief record of major aspects of cancer 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:	Diagnosis date: (/ /)	Solid organ transplant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms/signs: <input type="checkbox"/> Fevers <input type="checkbox"/> Night Sweats <input type="checkbox"/> Weight Loss <input type="checkbox"/> Other:		
Family history/predisposing conditions:		
Major co-morbid conditions:		
Biopsy site:	<input type="checkbox"/> Excisional/Incisional <input type="checkbox"/> Core needle	
Histology:		
Is this a new cancer diagnosis or recurrence?: <input type="checkbox"/> New <input type="checkbox"/> Recurrence (date: / /)		
HIV status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		Hepatitis B status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
Immunodeficiency state:		
Comments:		

STAGING

Study	Date	Findings/Details
Bone Marrow Biopsy		<input type="checkbox"/> Lymphoma <input type="checkbox"/> No lymphoma <input type="checkbox"/> Indeterminate
CT C/A/P		<input type="checkbox"/> Lymphoma <input type="checkbox"/> No lymphoma <input type="checkbox"/> Indeterminate
Lumbar Puncture		
PET/CT		
Other:		

LDH: (ULN=) <input type="checkbox"/> Normal <input type="checkbox"/> High	CD20: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
LVEF: %	Number Extranodal Sites Involved:
	List sites:
Ann Arbor Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> X (Bulk >10cm) <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> B	
Location(s) Disease:	
IPI: <input type="checkbox"/> Low (0 or 1) <input type="checkbox"/> Low Intermediate (2) <input type="checkbox"/> High Intermediate (3) <input type="checkbox"/> High (4 or 5)	
Comments:	

TREATMENT PLAN

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:	Treatment on clinical trial: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of chemotherapy regimen:		Number of planned cycles:	
Chemotherapy start date: (/ /)		Chemotherapy end date: (/ /)	
Chemotherapy intent: <input type="checkbox"/> Curative <input type="checkbox"/> Disease or symptom control			
ECOG performance status at start of treatment:		ECOG performance status at end of treatment:	
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

© 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 cancer chemotherapy treatment 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 cancer and cancer therapies 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 cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Diffuse Large B-Cell Lymphoma Chemotherapy Treatment Plan and Summary 2

[Insert Practice Name/Info Here]

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

Chemotherapy drug name	Route	Dose mg/m ²	Schedule	Cycles	Dose reduction	# Cycles admin
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	
					<input type="checkbox"/> No <input type="checkbox"/> Yes Reason/comments:	

Major side effects of this regimen:
 Hair loss
 Nausea/Vomiting
 Neuropathy
 Low blood count
 Fatigue
 Menopause symptoms
 Cardiac
 Other:

Comments:

Reason for stopping chemotherapy:
 Completed therapy
 Progression of disease on tx
 Toxicity of tx
 Comorbid illness
 Other:

Response to chemotherapy/immunotherapy¹:
 Complete
 CRu
 Partial
 Stable Disease
 Relapse/ Progression

Treatment-related hospitalization required:
 Yes
 No
 Reason for hospitalization(s):

Serious toxicities during treatment (list all):

Ongoing toxicity at completion of treatment:

Yes (enter type(s) and severity)
 No

ADDITIONAL THERAPIES PLANNED

Drug name	Comments	Date started (or to start)
		(/ /)
		(/ /)

Radiation therapy:
 Not planned
 Planned
 Administered

Region treated:

Radiation dose:

Date initiated: (/ /)

Date completed: (/ /)

Final response to radiation therapy:
 Complete
 CRu
 Partial
 Stable Disease
 Relapse/ Progression

Bone marrow transplant:
 Not planned

Planned:
 Autologous
 Allogeneic

¹ (See JCO 1999;17(4):1244 and JCO 2007;25(5):579-586.)

Diffuse Large B-Cell Lymphoma Chemotherapy Treatment Plan and Summary 3

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:

FOLLOW-UP AND SURVIVORSHIP CARE		
Follow up care	First 2 years	Coordinating Provider
Hematology - oncology visits		
Lab tests		
Imaging		
Follow up care	Years 3-5	Coordinating Provider
Hematology - oncology visits		
Lab tests		
Imaging		

Potential late effects of treatment(s):

Call your doctor if you have any of these signs and symptoms:

<p>Needs or concerns:</p> <p><input type="checkbox"/> Prevention and wellness:</p> <p><input type="checkbox"/> Emotional or mental health:</p> <p><input type="checkbox"/> Personal relationships:</p> <p><input type="checkbox"/> Fertility:</p> <p><input type="checkbox"/> Financial advice or assistance:</p> <p><input type="checkbox"/> Other:</p>	<p>Referrals provided:</p> <p><input type="checkbox"/> Dietician</p> <p><input type="checkbox"/> Smoking cessation counselor</p> <p><input type="checkbox"/> Physical therapist or exercise specialist</p> <p><input type="checkbox"/> Psychiatrist</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> Social worker</p> <p><input type="checkbox"/> Fertility specialist or endocrinologist</p> <p><input type="checkbox"/> Other:</p>
---	--

Comments