

[Insert Practice Name/Info Here]

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

Patient name:	Patient ID:
Medical oncology provider name:	
Patient DOB: (/ /)	Patient phone:
Support contact name:	
Support contact relationship:	Support contact phone:

BACKGROUND INFORMATION

Diagnosis: screening symptom/signs other _____

Tobacco use: No Yes, past Yes, current
 If current, cessation counseling provided?: Yes No Patient unwilling

Major comorbidities:

Location: RUL RML RLL LUL/lingula LLL

Relevant preoperative findings:

Definitive surgery: Date: (/ /) Type
 Procedure: lobectomy sleeve resection pneumonectomy wedge or partial lobectomy open VATS

Notable surgical findings/comments:

Completeness of resection: R0 R1 R2

TNM stage: T1 T2 T3 T4 N0 N1 N2 N3 M1

Pathologic stage: Ia Ib IIa IIb IIIa IIIb

Final pathologic details:

Molecular or genetic studies:

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:	Chemotherapy start date: (/ /)	Chemotherapy end date: (/ /)
ECOG performance status at start of treatment: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	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	

Chemotherapy Drug Name	Route	Dose mg/m ²	Schedule	Dose reduction	# doses administered
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	
				<input type="checkbox"/> Yes % <input type="checkbox"/> No	

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

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

TREATMENT PLAN (CONTINUED)			TREATMENT SUMMARY (CONTINUED)
Non-chemotherapeutic Agents	Route	Purpose/Goal	Comments

Reason for stopping treatment: Completion Toxicity Progression Other:

Treatment-related hospitalization required:

Yes No

Grade 3/4 toxicities during treatment (list all):

Ongoing toxicity at completion of treatment:

Yes (enter type(s) and grade(s))

No

RADIATION THERAPY

Radiation therapy: Not planned

Planned

Administered: Reason N2 disease Positive margins

Date initiated: (/ /)

Date completed: (/ /)

ADDITIONAL THERAPIES

Therapy	Comments	Date started (or to start)
		(/ /)
		(/ /)
		(/ /)

ONCOLOGY TEAM MEMBER CONTACTS

SURVIVORSHIP CARE PROVIDER CONTACTS

Provider: Surgeon

Name:

Contact Info:

Provider:

Name:

Contact Info:

Provider: Medical Oncologist

Name:

Contact Info:

Provider:

Name:

Contact Info:

Provider: Radiation Oncologist

Name:

Contact Info:

Provider:

Name:

Contact Info:

Provider:

Name:

Contact Info:

Provider:

Name:

Contact Info:

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

FOLLOW-UP AND SURVIVORSHIP CARE		
Provider with primary responsibility for follow up care:		
Follow up care	When/How Often?	Coordinating Provider
Medical oncology visits		
Imaging – Chest CT w/contrast	Every 6 months for 2 years	
Non-contrast chest CT	2 years or more after diagnosis: Annually	
Cancer screening (based on individual risk)		
• All patients – Colonoscopy		
• Women – Mammogram		
• Women – Pap smear		
• Men – PSA/DRE		
Potential late effects of treatment(s):		
Call your doctor if you have any of these signs and symptoms:		
Needs or concerns: <input type="checkbox"/> Smoking cessation: <input type="checkbox"/> Prevention and wellness: <input type="checkbox"/> Emotional or mental health: <input type="checkbox"/> Personal relationships: <input type="checkbox"/> Fertility: <input type="checkbox"/> Financial advice or assistance: <input type="checkbox"/> Other:	Referrals provided: <input type="checkbox"/> Pulmonary rehabilitation <input type="checkbox"/> Smoking cessation counselor <input type="checkbox"/> Physical therapist or exercise specialist <input type="checkbox"/> Dietician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Social worker <input type="checkbox"/> Other:	
Comments:		