

Breast Cancer Survivorship Care Plan

Below please find 3 sections of the plan, note that not all items mentioned is applicable to each patient case. The plan below is typically filled out by your breast cancer care team member. The plan below should be regarded as general guideline, and clinician may recommend different measures.

Section One	General Information
Demographics	
Patient Name	
Date of birth	
Age at diagnosis	
Contact information	
Multidisciplinary team	
Medical oncologist	
Breast surgeon	
Radiation oncologist	
Primary care physician	
Ob.-Gyn.	
Plastic surgeon	
Social worker	
Care coordinator/navigator	
Section Two	Breast Cancer Primary Treatment Summary
Brief medical history	
Past medical history	
Past surgical history	
Family history	
Medications/ Allergy	
Cardiac function	
Other medical information	

Breast Cancer Survivorship Care Plan

Surgery

Date of surgery

Type of surgery

Reconstruction

Sentinel lymph biopsy

Axillary lymph node dissection

Tumor characteristics

Stage

Breast cancer Profile: ER

PR

HER2

Chemo/Biologic/Endocrine

Chemo. preop. or postop.

Regimen #1 (specify)

Start date, Finish date

Main toxicity

Dose reduction

Regimen #2 (specify)

Start date, Finish date

Main toxicity

Dose reduction

Biologic therapy (specify)

Start date, Finish date

Comments

Endocrine therapy

Start date, Finish date

Comments

Additional remarks

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Radiation therapy

Technique

Dose

Target area

Start date, Finish date

Section Three

Survivorship Care Plan

Focus Point I

Surveillance for Breast Cancer Recurrence

Physician Visits
(Specify frequency)

**Mammogram/other
Breast imaging**

Ancillary tests
(What additional tests)

Genetic Counseling
(If applicable)

Signs of recurrence
(What to look for)

Endocrine therapy
(Duration, and side effects)

Breast Cancer Survivorship Care Plan

Focus Point II	Screening for Second Primary Cancer
Gynecologic Exam	
Colonoscopy / other	

Focus Point III	Evaluation of long term physician and psychosocial late effects of treatment
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Check all applicable:

- | | |
|--|--|
| <input type="checkbox"/> Body image concerns | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Cardiac toxicity | <input type="checkbox"/> Cognitive issues |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Bone health |
| <input type="checkbox"/> Pain and neuropathy | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Premature menopause/hot flashes |

Discuss, address all applicable in table below

Problem	Management Plan

Breast Cancer Survivorship Care Plan

Focus Point IV	Health Promotion
Problem	Management recommendation
Obesity	
Physical Activity Exercise	
Nutrition	
Smoking cessation	
Focus Point V	Care Coordination
Team Member	Role assignment/ Contact info
Physicians	
Family/ Friend/ Care giver	
Personal Coach	