

Cancer Treatment Summary

Provided by Lynn Campbell, RN

General Information

Patient Name _____
 Patient ID _____
 Phone _____ (home) _____ (work)
 Date of Birth _____
 Age _____
 Support contact _____

Care Team

Medical Oncologist Drucker, Beverly, MD
 Surgeon Ward, Barbara, MD
 Radiation Oncologist Gidea-Addeo, Daniela, MD
 Primary Care Physician Khairkhah, Nazanine, MD

Background Information

Age at diagnosis y.o.
 Family history of cancer Cancer-related family history includes Lung cancer in her mother. There is no history of Breast cancer.

Diagnosis

Breast surgery date and type 11/ /2017: ultrasound guided left breast core biopsy,
 02 / /2018 Bilateral Mastectomy
 Tumor type Infiltrating Lobular
 Tumor size 8cm on left breast (from mastectomy)
 # Positive lymph nodes/# nodes removed Positive: 2 / Removed: 7
 Axillary dissection yes
 Sentinel node biopsy yes
 Staging information Lobular breast cancer, left (HC Code)
 Staging form: Breast, AJCC 7th Edition
 - Clinical stage from 11/ /2017: Stage IIB (T3, N0, M0)
 - Signed by Drucker, Beverly, MD on 11/ /2017
 - Pathologic: No stage assigned - Unsigned
 ER, PR, and HER2 status ER: Positive, PR: Positive, HER2: Negative
 Oncotype DX recurrence score (if applicable) 22

Treatment Summary

Pre-operative Endocrine Therapy administered? Yes Arimidex prior to surgery
 Treatment on clinical trial? No

Chemotherapy drug name	Date of completion
Taxotere (Docetaxel)	06/ /2018
Cytosan (Cyclophosphamide)	06/ /2018

Treatment Comment:

Endocrine Therapy

Aromatase inhibitor: Anastrozole, Start Date: 11/2017 Stopped 04/2018, Restarted 7/2018
 Treatment Comment:

Radiation Therapy

Treatment End Date: 9/ /18
 Treatment Comment: Total of 5000 cGy's

Breast Cancer Survivorship Plan

Provided by Lynn Catalano, RN

General Information

Patient Name _____

Patient ID _____

Medical Oncologist

Drucker, Beverly, MD

Follow Up Care Plan

Follow Up Care Test	Recommendation	Coordinating Provider
Medical history and physical (H&P) examination	Visit your oncologist every 4 to 6 months for five years, then every twelve months. Visit with your primary care provider yearly for annual physical exam	Drucker, Beverly, MD Khairkhah, Nazanine, MD
Post-treatment mammography	Schedule a mammogram one year after your first mammogram that led to diagnosis, but no earlier than 6 months after radiation therapy. Obtain a mammogram every 12 months thereafter.	Ward, Barbara, MD
Breast self-examination	Perform a breast self-examination every month. This procedure is not a substitute for a mammogram.	Self
Pelvic examination	Continue to visit a gynecologist regularly. Women on tamoxifen should have an annual gynecologic assessment every 12 months if uterus present.	Gyn
Bone Health	Women on an aromatase inhibitor or who experience ovarian failure secondary to treatment should have monitoring of bone health with a bone mineral density determination at baseline and repeat every 1 to 2 years. To help reduce risk of developing osteoporosis, survivors should: <ul style="list-style-type: none"> • Avoid smoking and excessive alcohol intake • Perform weight bearing exercise such as walking, weight lifting, riding a stationary bicycle, jogging, dancing, and any exercise where the legs are supporting the body's weight • Calcium intake of 1200-1500 mg per day plus Vitamin D 400-800 iu per day (either in dietary intake or supplements) 	Drucker, Beverly, MD
Other Cancer Screenings	<ul style="list-style-type: none"> • Colonoscopy • Skin cancer evaluation and dermatology visits • Pap smears 	Khairkhah, Nazanine, MD

Health Behavior Recommendations	<ul style="list-style-type: none"> • Evidence suggests that active lifestyle and achieving and maintaining an ideal body weight (20-25 BMI) may lead to optimal breast cancer outcome. Experts recommend at least 30 minutes of moderate to vigorous activity per day, 5 days a week. • Eat healthy, including plenty of fruits and vegetables daily. Strive to have 2/3 cup of your plate to be vegetables, fruits, whole grains and beans, while 1/3 or less should be an animal product. Choose fish and chicken and limit red meat and processed meats. • Limit alcohol intake to one drink per day for a woman and two drinks per day for a man • Practice sun safety: Use a sunscreen with an SPF of at least 30 that protects against UVA and UVB rays and is water resistant to protect against skin cancer. Apply sunscreen every two hours or after swimming or excessive sweating. • Consider using physical barriers whenever possible (ex. Hats, shirts with sleeves, avoiding direct sun during peak hours). • Keep up-to-date on general health screening tests, including cholesterol, blood pressure and glucose (blood sugar) levels. • Get an annual influenza vaccine (flu shot). • Get vaccinated with the pneumococcal vaccine if > 64 yrs old, which prevents a type of pneumonia, and re-vaccinated as determined by your healthcare team. • Get vaccinated with the shingles vaccine if > 60 yrs old • Keep up-to-date on dental and eye exams 	Oncology Dietician 203-863-3559
Genetic Counseling Referral	<ul style="list-style-type: none"> • Tell your doctor if there is a history of cancer in your family. The following risk factors may indicate that breast cancer could run in the family: • Ashkenazi Jewish heritage • Personal or family history of ovarian cancer • Any first-degree relative (mother, sister, daughter) • Two or more first-degree or second-degree relatives (grandparent, aunt, uncle) diagnosed with breast cancer • Personal or family history of breast cancer in both breasts • History of breast cancer in a male relative 	Cancer Genetics and Prevention, Yale New Haven Health 203-200-4362
Psychological, Emotional, Relational, and	The transition from active treatment to a cancer survivor can be a confusing and emotional time but also one of personal growth. Survivors often have time to process	Oncology Counselor 203-863-3704

Spiritual Aspects of Survivorship	<p>emotionally what having cancer has meant to them after treatment. Fear of recurrence is a feeling commonly experienced by survivors after treatment. Some things that might be helpful during this time include:</p> <ul style="list-style-type: none"> • Talking with other cancer survivors by attending a support group • Talking with a professional-either an Oncology Social Worker or a mental health professional. Your oncology team can assist with connecting you to someone who can help with anxiety, depression, etc. • There are many normal responses to living with uncertainty and fear of recurrence, but if you find that it prevents you from enjoying life or you have a lot of fear and feel overwhelmed, we recommend that you talk with a mental health professional 	
Late Effects From Cancer Treatment	<p>It is possible to experience some late effects from any of your cancer treatments. Whether you experience any of these varies between people and types of treatment you have received. Some examples include the following. If you develop any of these late effects/symptoms, please discuss/seek care from your oncology provider:</p> <ul style="list-style-type: none"> • Chemotherapy agents are associated with vaginal dryness, painful intercourse, reduced sexual desire and ability to achieve orgasm. Many of these issues are caused by the sudden onset of menopause, which can occur with cancer therapy • Report the following symptoms to your healthcare provider promptly: <ul style="list-style-type: none"> * more tired or weaker than usual; *shortness of breath; *loss of appetite;weight loss;*chills, fever, night sweats; *painless swelling of a lymph node; *easily bruising, nose bleeds, bleeding from the gums; *pain when urinating;urinary hesitancy (difficulty starting the stream);urinating frequently; blood in your urine 	Cancer Rehabilitation 203-863-4295