**Breast Cancer Survivorship Care Plan**

**Prepared by:**

**Date of Preparation:**

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|  | |  |
| **Personal Information** | |  |
| **Name:** | | **Date of Birth:** |
| **Date of Diagnosis:** | | **Age at Diagnosis:** |
| **Height:** | **Weight:** | **BMI (Body Mass Index Ideal 19-25):** |

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| **Diagnosis Information** | | | | | | |
| **Right Breast** □**Left Breast □       Diagnosis:** | | | | | | |
| **Stage at Diagnosis:** | | | | | **Oncotype DX Score:** | |
| **Pathologic Stage:  T  N  M** | | | | | **Clinical Stage:   T N  M** | |
| **Sentinel Node Dissection:** □ **Y**  **N** | | | | | **Axillary Node Dissection:** □ **Y** □ **N** # Nodes | |
| **Number of Positive Nodes:** | | | | | **Number of Negative Nodes:** | |
| **ER:** | **PR:** |  | | | **HER2:** |  |
| **Genetic testing:**  **Y** □ **N** | | | **Results:** | | | |
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| **Surgical Procedures** | | |  | | | |
| **Date** | | | | **Procedure** | | |
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| **Reconstruction surgery**  **Y**□**N** | | | |  | | |
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| **Radiation Therapy** | | | |  | | |
| **Date Started:** | | | | **Radiation Dose** | | |
| **Date Completed:** | | | |  | | |
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| **Chemotherapy/Biotherapy** |  |
| **Date Started:** | **Date Completed:** |
| **Drug Names** | **Cycles/Dose** |
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| **Endocrine Therapy** | **Date Started** |
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| **Treatment Intent and Response** |  |
| **Intent:** | **Reason Treatment stopped:** |
| □Curative           Palliative | □Completed treatment   Toxicity      Other |
| **Disease status at end of treatment:** | □  Complete Remission/NED     Partial Response |
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| **Medical Team** |  |
| Medical Oncologist/ Hematologist |  |
| Surgeon |  |
| Primary Care Physician |  |
| Radiation Oncologist |  |
| Survivorship Nurse Practitioner |  |

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| **Late Effects/Risks** | **Screening/Follow-up Recommendations** |
|      Premature menopause        Hot Flashes □       Vaginal pain/dryness □       Sexual Dysfunction □       Body Image Changes □       Arthralgias □       Fatigue □ (Should improve over the next 3-6 months with mild residual effects)       Mental Fog/forgetfulness □ (Should improve over the next 3-6 months with mild residual effects)       Sleep/Wake Disturbance □ (Often seen with chemotherapy and at time persists following completion of treatment)       Unplanned Weight Gain □(May occur 20-30% of the time)       Neuropathy        Osteoporosis□       Osteopenia □       Secondary Cancers □       Cardiac Dysfunction □       Lymphedema □       Contracture of limb □ | Genetic Testing/ Counseling   Colonoscopy beginning at age 50 □  Exercise 150 minutes per week □  Maintain healthy BMI of 19 to less than 25 □  Eat a plant-based diet with 5 or more servings of fruits and vegetables daily □  Get the personal & emotional support you need □ |
| **Follow Up Schedule** | |
| History and physical exam every 4 to 6 month for years 1, 2 and 3 |  |
| History and physical exam every 6 to 12 months for years 4 and 5 |  |
| History and physical exam annually after 5 yrs |  |
| Follow Up with Surgeon |  |
| Breast Self Exam |  |
| Mammogram |  |
| Pelvic Exam |  |
| Bone Densitometry |  |
| Vitamin D level |  |