**Breast Cancer Survivorship Care Plan**

**Prepared by:**

**Date of Preparation:**

|  |  |
| --- | --- |
|  |  |
| **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:**                                                            |
|   |   |
| **Surgical Procedures** |   |
| **Date** | **Procedure** |
|  |  |
|  |  |
|   |   |
|   |   |
| **Reconstruction surgery**  **Y**□**N**  |   |
|   |   |
| **Radiation Therapy** |   |
| **Date Started:**  | **Radiation Dose**  |
| **Date Completed:**  |   |
|   |   |
|  |  |
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| --- | --- |
| **Chemotherapy/Biotherapy** |   |
| **Date Started:**  | **Date Completed:**  |
| **Drug Names** | **Cycles/Dose** |
|  |   |
|  |   |
|   |   |
| **Endocrine Therapy**  | **Date Started**  |
|   |  |
|   |   |
|   |   |
| **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 |
|   |   |
|   |   |
| **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 |  |