ASCO Treatment Summary and Survivorship Care Plan for Non-Small Cell Lung Cancer

General Information						
Patient Name: Patient DOB:						
Patient phone: Email:						
Health Care Providers (Including Names, Institution)						
Primary Care Provider:				·		
Surgeon:						
Radiation Oncologist:						
Medical Oncologist:						
Other Providers:						
Treatment Summary						
Diagnosis						
Cancer Type/Location/Histology Subtype: Non-Small Cell Lung Cancer				Diagnosis Date (year):		
Stage: II III III Not applicable						
Treatment <u>Completed</u>						
Surgery I Yes     No       Surgery Date(s) (year):						
Surgical procedure/location/findings:						
Radiation 🗆 Yes 🗆 No Body area treated: End			End	Date (year):		
Systemic Therapy (chemotherapy, hormonal therapy, other) $\Box$ Yes $\Box$ No						
Systemic merupy (enemoticity), infinitial therapy, other) in res     End Dates (year)       Names of Agents Used     End Dates (year)						
Carboplatin						
□ Cisplatin						
□ Gemcitabine						
Paclitaxel/Docetaxel     Pemetrexed						
□ Other						
Persistent symptoms or side effects at completion of treatment:  No  Yes (enter type(s)):						
Treatment <u>Ongoing</u>						
Need for ongoing (adjuvant) treatment for cancer  Yes  No				Descible Cide offerste		
Additional treatment name	Planne	ed duration		Possible Side effects		
Follow-up Care Plan						
Schedule of Clinical Visits						
Coordinating Provider	When/How often					
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Cancer Surveillance or Other Recommended Tests					
Coordinating Provider	Test	How Often			
Please continue to see your primary care	provider for all general health care reco	ommended for a (man) (woman) your			
age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:					
1. Anything that represents a brand new symptom;					
2. Anything that represents a persistent symptom;					
3. Anything you are worried about that might be related to the cancer coming back.					
Possible late- and long-term effects that someone with this type of cancer and treatment may experience:					
Constipation					
Esophageal stricture					
Hearing loss					
-					
<ul> <li>Kidney problems</li> <li>Peripheral neuropathy or numbness and tingling</li> </ul>					
<ul> <li>Preumonitis or inflammation of the lu</li> </ul>					
<ul> <li>Pulmonary fibrosis or scarring</li> </ul>	ing (5-6 months after treatment)				
<ul> <li>Trouble with or painful swallowing</li> </ul>					
Cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas,					
please speak with your doctors or nurses					
7 1	Insurance	Sexual Functioning			
	Memory or concentration loss	Stopping Smoking			
-	Parenting	□ Weight changes			
	Physical functioning	□Other			
	]School/work				
A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or					
developing another cancer. Discuss these recommendations with your doctor or nurse:					
	Physical activity	-			
	Sun screen use				
<b>o</b> ,	Tobacco use/cessation				
	<pre>Weight management (loss/gain)</pre>				
Resources you may be interested in:					
• <u>www.cancer.net</u>					
• Other:					
Other comments:					
Other comments: Prepared by:	Delivered on:				

- This Survivorship Care Plan is a cancer treatment summary and follow-up plan and is provided to you to keep with your health care records and to share with your primary care provider or any of your doctors and nurses.
- This summary is a brief record of major aspects of your cancer treatment not a detailed or comprehensive record of your care. You should review this with your cancer provider.