

This Cancer Care Plan will facilitate cancer care following active treatment. It may include important contact information, a treatment summary, recommendations for follow-up care testing, a directory of support services and resources, and other information. [1]

Care Plan for Breast Cancer

Prepared by: Shirley Jones, RN on 3/1/2017 at Main Street Cancer Center

General Information

Patient Name	Melissa Doe
Medical record number	12347687
Phone (home)	202-547-1000
Phone (cell)	202-547-1000
Email	melissadoe@melissadoe.com
Date of birth	2/1/1950
Age at diagnosis	66
Support contact	

Care team		
Hematologist/oncologist	Dr. James Martin, 202-123-4568, drmartin@mainstreetcancer.edu	
General/breast surgeon	Dr. Anne Jones, 202-123-4569, annejones@mainstreetcancer.edu	
Radiation oncologist	Dr. Sarah Smith, 202-123-4562, sarahsmith@mainstreetcancer.edu	
Plastic surgeon		
Primary care physician		
OB-GYN		
Nurse/nurse practitioner	Shirley Jones, RN, 202-123-4567, shirleyjones@mainstreetcancer.edu	
Mental health/social worker		
Coordination of care		



Background Information

Family history	Multiple relatives	
Genetic testing	Ordered, Results: BRCA Negative	
Other health concerns	Anemia, Depression, Migraine headaches, Osteoarthritis	

Left breast		
Definitive breast surgery	Lumpectomy on 3/15/2017	
Sentinel node biopsy	Yes, 3/15/2017	
Axillary dissection	No	
Lymph nodes	0 positive	
Tumor type & stage	Infiltrating ductal, T2 (Tumor is more than 2 cm (3/4 of an inch) but not more than 5 cm (2 inches) across), N0 (Cancer has not spread to nearby lymph nodes)	
Pathologic stage	Stage II (Early cancer with a good prognosis)	
Estrogen receptor status	Positive	
Progesterone receptor status	Positive	
HER2 status	Negative	

Treatment Plan & Summary

Patient's height	66 in	66 in		
	Pre-treatment	Post-treatment		
Patient's weight	145 lb	138 lb		
Patient's BSA	1.75 m ²	1.71 m²		
Patient's BMI	23.4	22.3		

Regimen	тс
	Docetaxel (Taxotere) 75 mg/m ² iv over 30-60 min d1 Cyclophosphamide (Cytoxan) 600 mg/m ² iv over 30-60 min d1 Q3w x 4 cycles
Treatment on clinical trial	No



Therapeutic agents	# cycles	% dose reduction
Docetaxel	4	0
Cyclophosphamide	4	0

Biologic therapyPlaned: No, Administered: NoPre-operative chemo administeredNoChemotherapy treatment period4/15/2016-7/15/2016Possible side effects of regimenAnemia, Nausea/vomiting, NeuropathyReconstructionPlaned: No, Completed: NoRadiation therapyNaned: Yes, Completed: 4/15/2016Growth factor givenNoSerious toxicities during treatmentNoHospitalization for toxicitiesNoReason for stopping chemotherapyNoDisease status at end of treatmentNo evidence of diseaseEndocrine therapySo years, starting S/1/2016		
Chemotherapy treatment period4/15/2016 -7/15/2016Possible side effects of regimenAnemia, Nausea/vomiting, NeuropathyReconstructionPlanned: No, Completed: NoRadiation therapyPlanned: Yes, Completed: 4/15/2016Growth factor givenNoSerious toxicities during treatmentAnemia, Dehydration, MucositisHospitalization for toxicitiesNoReason for stopping chemotherapyCompleted therapyDisease status at end of treatmentNo evidence of diseaseEndocrine therapyAromatase inhibitor: exemestane	Biologic therapy	Planned: No, Administered: No
Possible side effects of regimenAnemia, Nausea/vomiting, NeuropathyReconstructionPlanned: No, Completed: NoRadiation therapyPlanned: Yes, Completed: 4/15/2016Growth factor givenNoSerious toxicities during treatmentAnemia, Dehydration, MucositisHospitalization for toxicitiesNoReason for stopping chemotherapyCompleted therapyDisease status at end of treatmentNo evidence of diseaseEndocrine therapyAromatase inhibitor: exemestane	Pre-operative chemo administered	No
ReconstructionPlanned: No, Completed: NoRadiation therapyPlanned: Yes, Completed: 4/15/2016Growth factor givenNoSerious toxicities during treatmentAnemia, Dehydration, MucositisHospitalization for toxicitiesNoNeurotoxicity impairing activitiesNoReason for stopping chemotherapyCompleted therapyDisease status at end of treatmentNo evidence of diseaseEndocrine therapyAromatase inhibitor: exemestane	Chemotherapy treatment period	4/15/2016 -7/15/2016
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Reason for stopping chemotherapyCompleted therapyDisease status at end of treatmentNo evidence of diseaseEndocrine therapyAromatase inhibitor: exemestane	Hospitalization for toxicities	No
Disease status at end of treatment No evidence of disease Endocrine therapy Aromatase inhibitor: exemestane	Neurotoxicity impairing activities	No
Endocrine therapy Aromatase inhibitor: exemestane	Reason for stopping chemotherapy	Completed therapy
	Disease status at end of treatment	No evidence of disease
Endocrine therapy timing 5 years, starting 8/1/2016	Endocrine therapy	Aromatase inhibitor: exemestane
	Endocrine therapy timing	5 years, starting 8/1/2016

Follow-Up Care

UPON SCREENING, THE PATIENT HAS BEEN DETERMINED TO HAVE THE FOLLOWING ISSUE(S):

Patients – Please consult your health care provider for medical advice specific to you before using any medications, supplements, or other products, and before beginning any lifestyle program.



Needs/Concerns	Suggested intervention(s)	
General anxiety	 Referral to support group, e.g. American Cancer Society (www.cancer.org, 800-227-2345), Cancer Support Community (www.cancersupportcommunity.org 888-793-9355) Referral for cognitive behavioral therapy or counseling. 	
Insomnia	As appropriate: • Instructions on sleep hygiene • Pain evaluation • Hot flash management • Treatment for anxiety	
Fatigue	 Regular physical activity (e.g., walking 20 minutes daily) Evaluation for hypothyroidism, anemia, depression 	
Decreased range of motion in shoulder	Referral to physical therapy	
Joint aches and pains	 Symptom management Consideration of switch to another aromatase inhibitor, as some can cause joint aches/pain 	
Intimacy and sexuality	 Evaluation and treatment for anxiety, depression, as appropriate Referral to counseling and/or support group to address body image concerns, such as breast asymmetry, prosthesis, e.g. the American Cancer Society's Look GoodFeel Better program (www.cancer.org, 800-227-2345) Recommendation for vaginal lubricant (Astroglide) or moisturizer (Replens, 1x every 3 days) Screening for pain with intercourse Consideration of low dose vaginal estrogen (Estring, Premarin, Estrace) provided patient is not taking an aromatase inhibitor 	

Surveillance	When/How often	Coordinating provider
Medical history/physical exam: Yrs 1-3	Every 3 months	Dr. James Martin
Medical history/physical exam: Yrs 4,5	Every 6 months	
Post-treatment mammography	Every 6 months	
Bone densitometry	Every year	
Pelvic examination	Every year	
Breast self-examination	Every month	

 Preventive care recommendations
 All preventive measures per PCP, Bone health, Colon cancer screening, Exercise



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End Notes

Note 1: Important caution.

This is a summary document whose purpose is to review the highlights of the cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.