

# CANCER SURVIVORSHIP CHECKLIST

What you need to know as an adolescent or young adult when you are **in treatment**.

NAME

AGE

CANCER TYPE

## COMMUNICATION WITH MY HEALTH CARE TEAM

Get a full explanation of my diagnosis and care plan.

Share with my doctor what is most important to me, so my goals, values, and cultural practices may be included in my treatment plan.

Discuss any medications or supplements I am taking and how they will interact with my treatment.

Discuss my treatment options, including the benefits and side effects (both short- and long-term) of each.

Schedule all necessary appointments and get a copy.

Sign up for the online portal to access my medical chart and communicate with my care team.

Seek a second (or third) opinion if it will make me feel more comfortable about my decisions.

Ask if there is a clinical trial available that is appropriate for me. Discuss the pros and cons of participating in a clinical trial.

## CARE PLAN

Ask for a written plan of care, including:

- Frequency of treatments and tests.
- Side effects I should expect and how to manage them.
- Any disruptions I should expect to my work, family, or other responsibilities.
- Resources I can use to understand the diagnosis and treatment better.
- How, who, and when to contact my care team if I have questions or concerns.



## CAREGIVER(S)

Have a family member or friend attend appointments with me to provide support, ask questions, and take notes. Ask if audio recording the visit is permitted using a phone app or tape recorder.

Ask how a caregiver can get help or training if needed to care for me at home.

Discuss developmentally appropriate resources for my child(ren) to understand my diagnosis and treatment plan.

Discuss resources and support groups for my caregiver(s) and child(ren) to support their emotional or psychological concerns.

## SUPPORTIVE SERVICES

Ask if I will need someone to drive me to the treatment(s), and ask for help if transportation is an issue.

Ask about priority or free parking for ongoing appointments.

Discuss meal planning and nutrition resources with a nutritionist.

Make a plan to incorporate movement into daily activities like walking to the mailbox, walking the family pet, or walking around the block in the neighborhood for 10 minutes a day.

Ask if cold-capping and neuropathy mitts and booties are available.

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## SUPPORTIVE SERVICES (CONTINUED)

Discuss options for [cancer rehabilitation therapy](#) (physical therapy, occupational therapy, and speech therapy) to help prepare for treatment and proactively manage potential side effects.

Discuss options for [integrative oncology](#) (acupuncture, yoga, meditation, oncology massage, and nutrition) to manage my wellness and potential side effects.

Discuss options for **palliative care** to support symptom management and maintain quality of life.

## EMOTIONAL & MENTAL HEALTH

Discuss my emotional or psychological concerns related to my cancer diagnosis (including anxiety, depression, or other worries).

Ask for support or counseling for emotional, sexual, or relationship issues.

Identify support groups or patient advocacy groups where I can get support.

Ask to be connected to other cancer survivors who have gone through this before and would be willing to have a conversation.

## WORK & SCHOOL CONSIDERATIONS

Request information regarding my rights under the Family and Medical Leave Act (FMLA). This applies to caregivers.

Request information regarding my rights under the Americans with Disabilities Act (ADA).

Talk to my employer or school to accommodate my care plan.

Discuss whether I am dealing with any discrimination at my work or school.

## FERTILITY

Discuss how the recommended cancer treatment affects my fertility.

Self-reflect on following questions:

- How do I feel about having children in the future?
- Have I always wanted children?
- How many children do I want to have? When?
- How do I feel about adoption?
- How would I feel about using donor sperm, eggs, or embryos?
- How would I feel about having a surrogate carry and give birth to my child?
- Do I have any religious or moral concerns about technologies such as in vitro fertilization (IVF) or embryo transplantation?

Talk about how to incorporate fertility preservation into the care plan timeline.

Discuss fertility preservation options with a fertility specialist.

## FINANCIAL HEALTH

Ask for information about the costs of treatment.

Ask for resources for financial support, if needed.

Discuss any concerns regarding getting or keeping health insurance.

Ask for information about fertility preservation and family building options that are covered by insurance and grants.

Talk to my health insurance provider to enroll in any case management services or programs.

Discuss any concerns about applying for public disability or redeeming short- or long-term disability policies.

**Reference:** National Comprehensive Cancer Network, Inc. (2022). NCCN Guidelines for Patients®: Survivorship Care for Cancer-Related Late and Long-term Effects. Retrieved from <https://www.nccn.org/patients/guidelines/content/PDF/survivorship-crl-patient.pdf>

National Comprehensive Cancer Network, Inc. (2023). NCCN Guidelines for Patients®: Adolescent and Young Adult Cancer. Retrieved from <https://www.nccn.org/patients/guidelines/content/PDF/aya-patient.pdf>