

# CANCER SURVIVORSHIP CHECKLIST

What you need to know as an adolescent or young adult **living with advanced & metastatic cancer.**

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 can be included in my care plan.

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

Discuss the pros and cons of participating in a clinical trial.

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

If I may wish to have children in the future, discuss my fertility options before treatment.

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

## FERTILITY

Discuss how the recommended cancer treatment affects my fertility.

Ask for information if it is possible to take a break from treatment to get pregnant?

Discuss fertility preservation options with a fertility specialist.

## CARE PLAN

Ask for a written plan of care, including:

- Frequency of treatments and tests.
- Short-term treatment side effects I should expect and how to manage them.
- Long-term treatment side effects and actions to take when symptoms arise.
- 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.
- Screening for progression, recurrence, or new cancers.

## 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 for my caregiver(s) to support their emotional or psychological concerns.

**(Continued on Next Page)**

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## SUPPORTIVE SERVICES

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

Discuss diet, exercise, or other health recommendations.

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.

## WORK & SCHOOL CONSIDERATIONS

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

## EMOTIONAL & MENTAL HEALTH

Discuss my emotional or psychological concerns (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.

## 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 reproductive health 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 regarding qualifying for social security disability.

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

## ESTATE & LEGACY PLANNING

Discuss end-of-life care planning.

Ask for resources to obtain a living will, power of attorney, and a last will and testament.

Identify and plan any legacy letters or video recordings for family members and friends.

**Reference:** 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>