# **CANCER SURVIVORSHIP CHECKLIST**

What you need to know when you have finished treatment.

NAME

**AGE** 

**CANCER TYPE** 

#### **CARE PLAN**

Ask for a written treatment summary and care plan for me and my current and future health care providers. This should include what my treatment was and plans for future tests and visits.

Discuss with my health care team important topics, including:

- What recovery from my treatment will be like.
- Any physical or emotional concerns I still have after treatment ends.
- Short- and long-term treatment side effects and actions to take when symptoms arise.
- Screening for recurrence or for new cancers.
- Diet, exercise, and other health recommendations.

Review the completed plan with a member of my oncology care team to assure that I understand it.

### COMMUNICATION WITH MY HEALTH CARE TEAM

Discuss with my health care team who will manage my care after treatment ends — a member of the oncology team, my primary care physician, or both — using the care plan.

Discuss how my care will be coordinated with my primary care doctor. Ensure my primary care provider understands the required follow-up care specific to my diagnosis and treatment.

Schedule all necessary appointments and get a copy.



### **GOALS OF HEALTHY LIVING**

Be physically active and avoid inactivity.

Eat healthy foods.

Achieve and maintain a healthy body weight.

Don't smoke, chew or sniff tobacco. If I smoke or vape, seek help to quit.

Practice sun safety daily by using sunscreen and do not use tanning beds.

Prioritize getting eight hours of sleep.

See my primary care provider on a regular basis.

### SUPPORTIVE SERVICES

Discuss and seek a referral for a **survivorship clinic** to support my recovery after treatment.

Discuss options for <u>cancer rehabilitation therapy</u> (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.

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MOTIONAL & MENTAL HEALTH	NOTES
Discuss my emotional or psychological concerns (including anxiety, depression, or other worries).	
Prioritize activities that benefit mental health (e.g. therapy, mediations, yoga, or journaling).	
Discuss the fear of recurrence and ways to manage anxiety related to scans and tests.	
Ask for support or counseling for emotional, sexual, or relationship issues.	
Identify support groups or patient advocacy groups where I can get support. Find meaning or make sense of my cancer experience in order to thrive with other cancer survivors.	
VORK & SCHOOL CONSIDERATIONS	
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 facing any problems at work or school as a result of my treatment.	
Discuss whether I am dealing with any discrimination at my work or school.	
INANCIAL HEALTH	
Discuss financial concerns with my care team, especially if financial concerns may make it difficult for me to follow my post-treatment care recommendations.	
Ask for resources for financial support, if needed.	
Discuss any concerns regarding keeping health insurance.	

#### Reference:

National Comprehensive Cancer Network, Inc. (2020). NCCN Guidelines for Patients\*: Survivorship Care for Cancer-Related Late and Long-term Effects. Retrieved from <a href="https://www.nccn.org/patients/guidelines/content/PDF/survivorship-crl-patient.pdf">https://www.nccn.org/patients/guidelines/content/PDF/survivorship-crl-patient.pdf</a>

National Comprehensive Cancer Network, Inc. (2020). NCCN Guidelines for Patients\*: Survivorship Care for Healthy Living. Retrieved from <a href="https://www.nccn.org/patients/guidelines/content/PDF/survivorship-hl-patient.pdf">https://www.nccn.org/patients/guidelines/content/PDF/survivorship-hl-patient.pdf</a>

