

Your Breast Cancer Surgery

Treatment Summary and Survivorship Care Plan

GENERAL INFORMATION		
Patient name:	Patient DOB:	
Patient phone:	E-mail:	
Health Care Providers (including names, institution)		
Primary care provider:		
Surgeon:		
Radiation oncologist:		
Medical oncologist:		
Physical therapist:		
Plastic/reconstructive surgeon:		
Counselor/therapist:		
Other Providers:		
Treatment Completed		
Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery date(s):	
Surgical procedure/findings:		
Lymph node removal: <input type="checkbox"/> Axillary dissection <input type="checkbox"/> Sentinel biopsy		
Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Area treated:	Treatment end date:
Systemic therapy (chemotherapy, hormone therapy, other): <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Before surgery		<input type="checkbox"/> After surgery
Name of agents used:	End dates:	
Treatment Ongoing		
Additional treatment:	Start date:	Possible side effects:
Side effects of treatment:		
Tired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Menopausal symptoms: <input type="checkbox"/> Yes <input type="checkbox"/> No	Numbness: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Depression: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Familial Cancer Risk Assessment		
Breast or ovarian cancer in 1st or 2nd degree relatives? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Received genetic counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Genetic testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Genetic testing result:

In collaboration with these ACS programs

Continued on next page



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FOLLOW-UP CARE PLAN

Possible long-term effects that someone with this type of cancer and treatment may experience:

- Weakening of the heart presenting as shortness of breath and swelling of legs (rare < 5%);
- Bones become weak and at risk for fracture (osteoporosis).

These symptoms can be due to other causes like diabetes or aging.

Call your doctor if you are worried about any treatment side effects or signs of the cancer coming back:

- Anything that represents a brand new or persistent symptom.
- Anything you are worried about that might be related to the cancer coming back.

See your primary care provider for all routine immunizations, and non-breast cancer screening, like colonoscopy or bone density exams.

Breast Cancer Surveillance or Other Recommended Tests

Coordinating Provider	TEST	How Often
	Mammogram after Lumpectomy	Mammogram of the treated breast 6 to 12 months after radiation treatment ends. ¹
	Mammogram after mastectomy	Annual Mammogram on the remaining breast. ¹
	Pap/pelvic exam	Screening for cervical cancer every 3 years aged 21 to 29 years; every 3 years for women aged 30 to 65 years; every 5 years with high-risk human papilloma-virus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). ²
	Colon and rectal screening	Screening for colorectal cancer starting at age 50 years until age 75 years. ²
	Bone density	Every 2 years if on an aromatase inhibitor or as indicated by your provider.

¹American Cancer Society, October 3, 2019

²United States Preventive Services Task Force

Schedule for Cancer Visits

Provider	When/How Often

Breast cancer survivors may experience issues with the areas listed below. Talk with your health care team to find out how you can get help.

- | | | |
|---|---|---|
| <input type="checkbox"/> Anxiety or depression | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sexual functioning |
| <input type="checkbox"/> Emotional and mental health | <input type="checkbox"/> Memory or concentration loss | <input type="checkbox"/> Stopping smoking |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Parenting | <input type="checkbox"/> Weight changes |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Physical functioning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Financial advice or assistance | <input type="checkbox"/> School/work | |

Talk with your healthcare provider to develop a plan to best manage your health and decrease the risk of cancer coming back.

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Physical activity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diet | <input type="checkbox"/> Sunscreen use | |
| <input type="checkbox"/> Management of my medications | <input type="checkbox"/> Tobacco use/cessation | |
| <input type="checkbox"/> Management of my other illnesses | <input type="checkbox"/> Weight management (loss/gain) | |

Go to [facs.org/yourbreastsurgery](https://www.facs.org/yourbreastsurgery) for a list of resources and support groups available to assist breast cancer survivors.

- Here are a few:
- American Cancer Society [cancer.org](https://www.cancer.org)
 - American Society of Clinical Oncology (ASCO) [cancer.net](https://www.cancer.net)
 - Living Beyond Breast Cancer [lbbc.org](https://www.lbbc.org)

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