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What a Survivorship Prescription Looks Like

No template exists for surviving cancer, so after treatment ends, many survivors go home without an understanding of what's next. Without a standard of care for monitoring survivors, they may not receive the necessary follow-up care needed to ensure the best quality of life and long-term survival. But some oncologists have stepped up and are pushing for a survivorship prescription for every person diagnosed with cancer. Here's an example of a survivorship prescription for a woman diagnosed with breast cancer.

START: Primary care physician refers the patient to an oncologist to investigate lump felt in right breast

Step 1: Cancer specialist: Diagnosis and staging

Name: Jane Doe

Birthdate: 4/13/1967

Date of diagnosis: 5/11/2006

Diagnosis: Stage 2A invasive ductal carcinoma; three of 15 nodes positive; centrally located lesion

Step 2: Treatment summary

Surgery: Lumpectomy and removal of three lymph nodes

Chemotherapy: Four cycles of Adriamycin/Cytosan followed by Taxol

Radiation: Four weeks of radiation

Hormone Therapy: Five years of tamoxifen

Complications/side effects: Nausea and vomiting (grade 1); hair loss; fatigue

Step 3: Ongoing care plans

A. Long-term and late effects monitoring needed:

Surgical: Lymphedema (check arm for redness, swelling, impaired range of motion)

Chemotherapy: Fatigue; minimal cognitive dysfunction; weight gain; sexual dysfunction; increased risk of bone marrow damage and/or heart dysfunction after anthracycline-based therapy

Radiation: Breast pain; muscle atrophy

B. Surveillance for recurrence:

Clinical:

1. Monthly self-breast exam (report new lumps on breasts, chest and/or arm pits)

2. History and physical breast exam every three to six months after treatment for first three years, then every six to 12 months for the next two years, then annually
3. Annual pelvic exam

Imaging:

Annual mammogram (women treated with breast-conserving therapy should have their first post-treatment mammogram six months after completion of radiation therapy, then annually)

Surveillance for secondary cancers:

Report bone tenderness; pain; cough; shortness of breath (data not sufficient to recommend routine bone scans, blood counts or CT scans)

Recommendations for prevention:

1. Genetic counseling
2. Exercise program/low-fat diet
3. Osteoporosis prevention therapy
4. Smoking cessation

Psychosocial issues that need addressing:

1. Body image
2. Depression
3. Fear of recurrence

C. Identify physician responsible for monitoring toxicity, recurrence and other issues:

Primary care physician:

1. Address physical/emotional needs
2. Deliver chronic care needs that are feasible in the primary care setting
3. Refer for periodic evaluations and issues requiring specific expertise
4. Consult with specialists in areas of uncertainty

Cancer specialist:

1. Provide guidance and specialized treatment as needed
2. Keep primary care physician informed of treatment plan
3. Option to return patient to primary care physician for implementation of plan and for care of other health needs

Other specialists:

1. Genetic counselor
2. Dietitian
3. Physical therapist
4. Psychologist
5. Cardiologist