



Breast Cancer Treatment Summary

Cancer Care Northwest
684-7200

| Surgery | |
|--------------------------------------|--|
| Surgeon | |
| Surgery Date and Type | |
| Reconstructive Surgery Date and Type | |

| Pathology Results | |
|-----------------------------------|--|
| Type of Breast Cancer & Site | R__ L__ |
| Stage/Grade | |
| (T) Tumor Size (N) Lymph Nodes | |
| Hormone Status | ER+ __ ER-__ PR+__ PR-__ HER2+ __ HER2-__ |

| Chemotherapy | |
|--|--|
| Medical Oncologist | |
| # of prescribed treatments/completed | |
| Reason if not completed or modifications | |

| Chemotherapy Drugs including Herceptin | Date Completed |
|--|--|
| | Last dose on: |
| | Last dose on: |
| | Last dose on: |
| Hormonal Therapy | Start and End Dates |
| | Click here to enter a date. Click here to enter a date. |
| | Click here to enter a date. Click here to enter a date. |

| Radiation | |
|----------------------------|--|
| Radiation Oncologist | |
| # of prescribed treatments | |
| # of completed treatments | |
| Reason if not completed | |

| | |
|----------------------|-----------------------------|
| Start Date | Click here to enter a date. |
| End Date | Click here to enter a date. |
| Field (area treated) | |
| Total Dose Received | |

| Multidisciplinary Services Provided at Cancer Center | | | | | |
|--|--|-----------------------------------|---|--|--|
| <input type="checkbox"/> Supportive Care | <input type="checkbox"/> BLISS Clinic (Sexual Health Clinic) | <input type="checkbox"/> Genetics | <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Transition Clinic |

| Follow Up Recommendations | | | | |
|---|--|------|----------|-----------------|
| Test | Frequency | Last | Next Due | Comment |
| Medical History, Physical Exam, Breast Exam | - once every 4-6 months until <<enter mos/year 3>> -once every 6 months until <<enter mos/year 5>> -then once every year in <<enter month>> | | | Appt with PHCP: |
| Mammogram | Yearly | | | |

| What to watch For |
|--|
| <p>Contact your primary health care provider if you notice any of the following:</p> <ul style="list-style-type: none"> • New breast mass • Rash or lump on the chest wall or under arms • New/ persistent bone pain • New /persistent cough or shortness of breath • Right upper abdominal pain • New or persistent swelling in affected arm or under arm |

| Notes |
|-------|
| |

Date: _____

Signature: _____

For more information contact the Transition Clinic at 684-7200.
 Supportive Care~ social worker, registered dietitian, & smoking cessation available at 684-7310.
 Sexuality Clinic~ BLISS at 684-7288

Please visit our website for more cancer information
www.nw.mycancerguide.ca ~~access code~~ northwest

Guidelines

1. To be completed electronically by the physician leading the transition clinic