



Memorial Sloan Kettering
Cancer Center

Memorial Sloan Kettering Cancer Center Cancer Treatment Summary and Care Plan

Name:
Date:
Attending MD:

MRN:
Service:
Survivorship APP:

Cancer History

Diagnosis Date:
Diagnosis:
Stage:

Surgery (date, description, laterality, surgeon):

Chemotherapy and Immunotherapy (chemo regimen, drug name(s), start date, finish date):

Radiation Therapy (location, start date, finish date, delivered dose):

Hormone Therapy (drug, start date, current status):

ONCOLOGY FOLLOW UP PLAN **Follow up testing (per service)**

Visit Schedule

- Survivorship NP**
- Every 6 months
- Every 12 months
- Other

- Surgeon**
- Every 6 months
- Every 12 months
- Other

- Medical Oncology**
- Every 6 months
- Every 12 months
- Other

- Radiation Oncology**
- Every 6 months
- Every 12 months
- Other

Screening Recommendations

Colorectal:

- Colonoscopy every 10 years
- Colonoscopy per gastroenterologist (pts with polyps or fam hx)
- Other

Prostate:

- Screening per guidelines by age and PSA results
- Other

Breast:

- Annual Mammogram
- Annual MRI
- Other

Cervical:

- Annual Pap Smear
- Pap smear every 2-3 years
- Pap smear and HPV-DNA test
- Other

Eligible for Lung Cancer Screening:

- Yes
- No

Counseling

- Recommended a goal of 30 minutes of vigorous exercise 5x/week
- Maintain heart healthy diet
- Maintain healthy body weight
- Annual influenza vaccine
- Pneumococcal vaccination
- Avoid sun, use sunscreen regularly
- Perform regular self breast exam
- Smoking cessation counseling
- Remain tobacco free
- Limit alcohol intake to less than 5 drinks per week
- Bone health maintenance with calcium and vitamin D
- Osteoporosis screening

SUMMARY OF CANCER TREATMENT

Name:		Date of Birth:	
Cancer Diagnosis #1:			
Treatment center:		Age at Diagnosis:	
Date of diagnosis:		Date of completion of therapy:	
Radiation Therapy			
Date Start	Date Stop	Field	Dose (cGy)
Chemotherapy:			

Cancer Diagnosis #2:	
Treatment center:	
Date of diagnosis:	Age at diagnosis:
Surgery	
Date	Procedure

Cancer Diagnosis is #3:	
Treatment center:	
Date of diagnosis::	Age at diagnosis:
Surgery	
Date	Procedure

Potential Late Effects	Screening Recommendations**

**Screening recommendations adapted from
 The CureSearch Children's Oncology Group Long-Term Follow-Up Guidelines
<http://www.survivorshipguidelines.org>.

For any questions, please contact:
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