



Society of Gynecologic Oncology Survivorship Summary

Endometrial Cancer Treatment Summary and Survivorship Care Plan

For

Patient Name: _____

DOB: ___/___/___

MR Number: _____

Cancer Treatment Team:

Gynecologic Oncologist: _____ Contact Info: _____

Radiation Oncologist: _____ Contact Info: _____

Medical Oncologist: _____ Contact Info: _____

Navigator / Social Worker: _____ Contact Info: _____

Post-Treatment Care Team:

Primary Care Provider: _____ Contact Info: _____

Cancer Surveillance Provider: _____ Contact Info: _____

Cancer History (any):

Personal: _____

Family: _____

Genetic referral: no yes (results) _____ Date: _____

Uterine Cancer Diagnosis and Treatment Summary:

Date of Diagnosis: ___/___/___

Stage: _____ % myometrial invasion _____

Histology: _____ Grade _____

Surgery: no yes on ___/___/___ (specify, procedure(s), significant pathology): _____

Radiation: no yes (specify): _____

Teletherapy: from ___/___/___ to ___/___/___; Total dose: _____ cGy; Field: _____

Brachytherapy: from ___/___/___ to ___/___/___; Total dose: _____ cGy; Technique: _____

Chemotherapy: no yes (specify drugs, doses, number of cycles): _____

Chemotherapy start date: ___/___/___ completion date: ___/___/___

Date of Completion of Primary Therapy (i.e. surgery +/- adjuvant chemo, RT or primary chemo RT): ___/___/___

Hormonal Therapy: no yes (specify drugs and doses): _____

Hormonal Therapy Start Date: ___/___/___ Completion Date: ___/___/___

Disease Status at Completion of Primary Therapy:

Complete Clinical Response / No Evidence of Disease Other: _____

Risk of Recurrence: Low High



Persistent Treatment-Associated Adverse Effects at Completion of Therapy:

It is important to recognize that not every woman experiences the following adverse events after treatment. You may not have any of these issues, a few or many adverse effects. Experiences are highly variable. Please discuss any adverse effects of cancer treatment with your cancer care team.

After SURGICAL THERAPY

Menopausal symptoms: Hot flashes, night sweats and vaginal dryness may occur. See your health care professionals about non-medication recommendations and medication-based treatment.

Leg swelling: Minimal to pronounced lower leg swelling can occur. Symptom control with compression hose, lymphedema massage or specialized physical therapy can be ordered.

Sexual intimacy issues: Vaginal dryness and scarring at the top of the vagina causing discomfort can occur. Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After RADIATION THERAPY

Vaginal dryness and vaginal tightening: Use of a lubricant and dilator can help prevent or improve vaginal symptoms.

After CHEMOTHERAPY

Numbness and tingling of extremities: Medications & acupuncture are treatment options.

After/during HORMONAL THERAPY

Increased appetite, resulting in weight gain: Close monitoring of diet and exercise is encouraged.

Fluid retention: Compression hose or medication can be used to decrease swelling.

After Cancer Treatment in General: It is not uncommon for cancer to impact other areas of your life such as relationships, work and mental health. If you develop financial concerns, resources are sometimes available to assist in these areas. Depression and anxiety can present either during or after cancer diagnosis and treatment. It is important to discuss with your physician any of these concerns so these resources can be made available to you.

Social Worker: _____

Local Cancer Support Group and Contact Information: _____

Financial Counselor and Contact Information: _____

Dietician Contact Information and Information Provided: _____

Society of Gynecologic Oncology Recommendations

Self Care Plan: What You Can Do to Stay Healthy after Treatment for Uterine Cancer

Cancer treatments may increase your chance of developing other health problems years after you have completed treatment. The purpose of this self care plan is to inform you about what steps you can take to maintain good health after cancer treatment, including coping with side effects of treatment, reducing the risk of cancer returning, and watching for signs of cancer returning or of a new cancer. Keep in mind that every person treated for cancer is different and that these recommendations are not intended to be a substitute for the advice of a doctor or other healthcare professional. Please use these recommendations to talk with your doctor and healthcare team about an appropriate follow up care plan for you.

Recommendation for Follow-Up for Uterine Cancer:

Have a medical history and physical exam that is focused on detecting signs of cancer recurrence or of new cancers, including a detailed pelvic exam (speculum, pelvic and rectovaginal; however, a routine Pap smear is not recommended for routine cancer follow up). Frequency depends on stage of cancer and other risk factors. For instance, if you had a higher stage of cancer, you may be seen more often. See the table below for general guidelines.

If you had uterine cancer once, there is a chance that it may come back or spread to other parts of your body. The risk is highest in the first two to three years after treatment, but continues for at least five years. After five years, it is recommended that you have a careful history and physical including pelvic exam (check-up) every 12 months for the rest of your life.

After cancer treatment, if you feel that something is not right with your body, see your regular doctor, physician assistant or nurse practitioner. Symptoms to report to your health care team include vaginal bleeding, rectal bleeding, weight loss without effort, new and persistent pain, new and persistent fatigue, new leg swelling, new masses (i.e., bumps in your neck or groin), new and persistent cough, new and persistent nausea and vomiting and any other concerns. If what you are feeling is urgent, and you cannot get an appointment with your regular health care team, go to an Urgent Care or Medical Walk-In Clinic. Tell the medical provider you had cancer. Show them a copy of your uterine cancer treatment summary.

Endometrial cancer surveillance recommendations

Variable	Months			Years	
	0-12	12-24	24-36	3-5	>5
Review of symptoms and physical examination					
Low risk (stage IA grade 1 or 2)	Every 6 mo	Yearly	Yearly ^a	Yearly ^a	Yearly ^a
Intermediate risk (stage IB-II)	Every 3 mo	Every 6 mo	Every 6 mo ^b	Every 6 mo ^b	Yearly ^a
High risk (stage III/IV, serous or clear cell)	Every 3 mo	Every 3 mo	Every 6 mo	Every 6 mo	Yearly ^a
Papanicolaou test/cytologic evidence	Not indicated	Not indicated	Not indicated	Not indicated	Not indicated
Cancer antigen 125	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use
Radiographic imaging (chest x-ray, positron emission tomography/computed tomography, magnetic resonance imaging)	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use	Insufficient data to support routine use
Recurrence suspected	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125	Computed tomography and/or positron emission tomography scan ± cancer antigen 125

^a May be followed by a generalist or gynecologic oncologist; ^b Consider alternating visits with a generalist and gynecologic oncologist.

Salani. Surveillance for gynecologic cancers. *Am J Obstet Gynecol* 2011.

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