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| **General Information** | | | | | | | | |
| Patient Name: | | | | | Patient DOB: | | | |
| Patient phone: | | | | | Email: | | | |
| **Health Care Providers** (Including Names, Institution) | | | | | | | | |
| Primary Care Provider: | | | | | | | | |
| Surgeon: | | | | | | | | |
| Radiation Oncologist: | | | | | | | | |
| Medical Oncologist: | | | | | | | | |
| Nurse: | | | | | | | | |
| Other Providers: | | | | | | | | |
| **Treatment Summary** | | | | | | | | |
| **Diagnosis** | | | | | | | | |
| Primary Site:  ☐ Ovarian ☐Fallopian Tube ☐ Primary Peritoneal  Histology Subtype:  ☐High Grade Serous ☐Endometrioid ☐Clear Cell ☐Mucinous  ☐Low Grade Serous ☐Other: | | | | | | | | Date of Diagnosis (year): |
| Stage: ☐I ☐II ☐III ☐ IV | | | | | | | | |
| **Treatment** | | | | | | | | |
| Surgery ☐ Yes ☐No  Surgery prior to chemotherapy ☐ Yes ☐No | | | | Surgery Date(s) (year): | | | | |
| Surgical procedure  Hysterectomy and bilateral salpingo- oophorectomy ☐ Yes ☐No  Omentectomy ☐ Yes ☐No  Lymphadenectomy ☐ Yes ☐No  Bowel Resection ☐ Yes ☐No  Other: | | | | | | | | |
| Residual disease after surgery  ☐ Yes ☐No | | | | | | Number of cycles Chemotherapy | | |
| Systemic Therapy (chemotherapy, bevacizumab, other) ☐ Yes ☐No  If yes, route of administration:  Intravenous Only ☐ Yes ☐No  Intraperitoneal ☐ Yes ☐No  Clinical Trial ☐ Yes ☐No  If yes, details: | | | | | | | | |
| Names of Agents Used | | | | | | | | End Dates (year) |
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| Maintenance therapy with a PARP inhibitor ☐ Yes ☐No  Name of PARP inhibitor: | | | | | | | |  |
| Persistent symptoms or side effects at completion of treatment: □ No □ Yes:  Menopausal Symptoms ☐ Yes ☐No Hormone Replacement Therapy Recommended ☐ Yes ☐No | | | | | | | | |
| **Familial Cancer Risk Assessment** | | | | | | | | |
| Genetic/hereditary risk factor(s) : | | | | | | | | |
| Genetic counseling: □ Yes □ No Genetic testing results: | | | | | | | | |
| Molecular Diagnostics on Tumor for HRD or Somatic BRCA or Other ☐ Yes ☐No  Testing results: | | | | | | | | |
| **Follow-up Care Plan** | | | | | | | | |
| Need for ongoing maintenance treatment ☐ Yes ☐ No | | | | | | | | |
| Additional treatment name | | | Planned duration | | | | Possible Side effects | |
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| **Schedule of clinical visits\*** | | | | | | | | |
| Coordinating Provider | When/How often | | | | | | | |
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| **Cancer surveillance or other recommended related tests\*\*** | | | | | | | | |
| Coordinating Provider | | What/When/How Often | | | | | | |
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| Please continue to see your primary care provider for all general health care recommended including cancer screening tests. Any symptoms should be brought to the attention of your provider:   1. Anything that represents a brand new symptom; 2. Anything that represents a persistent symptom; 3. Anything you are worried about that might be related to the cancer coming back. | | | | | | | | |
| Possible late- and long-term effects that someone with this type of cancer and treatment may experience: | | | | | | | | |
| Ovarian cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.  ☐ Emotional and mental health ☐ Fatigue ☐ Weight changes ☐Stopping smoking  ☐ Physical Functioning ☐ Insurance ☐ School/Work ☐Financial advice or assistance  ☐ Memory or concentration loss ☐ Parenting ☐ Fertility ☐ Sexual functioning  ☐ Numbness in hands and feet  ☐ Other: | | | | | | | | |
| A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:  ☐ Tobacco use/cessation ☐ Diet  ☐ Alcohol use ☐ Sunscreen use  ☐ Weight management (loss/gain) ☐ Physical activity  ☐ Breast cancer screening ☐ Colon cancer screening | | | | | | | | |
| Resources you may be interested in:   * Cancer.net * Other: | | | | | | | | |
| Other comments: | | | | | | | | |
| Prepared by:  Delivered on:  \*\*Follow up recommendations for patients who have completed treatment  **0-2 years 2-3 years 3-5 years >5 years**  System Review and Physical Exam Every 3-4 months Every 4-6 months Every 6 months Yearly  CA125 # at each visit optional optional optional optional  Imaging only if indicated because of symptoms/physical signs /rising CA125  These need to be modified for patients on maintenance PARP inhibitors as monitoring of blood counts etc needed  # Discuss the pros and cons of CA125 testing | | | | | | | | |