|  |  |
| --- | --- |
| **Head and Neck Cancer****Treatment Summary** | Patient name:DOB:MRN:Telephone:Email: |
| Care Team | **Provider Name Telephone** |
| Nurse NavigatorHead & Neck SurgeonRadiation OncologistMedical OncologistReconstructive SurgeonPrimary Care PhysicianDentistPain ManagementSpeech PathologistSocial WorkerNutrition SupportOther: |
| Tumor Characteristics | **Tumor type:** □Squamous cell carcinoma □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TNM classification:** T\_\_\_ N\_\_\_ M\_\_\_ **Prognostic stage:** \_\_\_ |
| **Side:** □Left □Right □Bilateral □N/A |
| **Primary Tumor Site:** □Thyroid □Lip & Oral Cavity (subsite: \_\_\_\_\_\_\_\_\_\_\_\_) □Nasopharynx □Hypopharynx □HPV-mediated oropharynx (specify site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □Nasal cavity & paranasal sinuses□Non-HPV oropharynx (specify site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □Larynx (specify site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)□Mucosal melanoma □Cutaneous (specify site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □Major salivary gland (specify: \_\_\_\_\_\_\_\_\_\_\_\_) □Unknown primary □Other: |
| **Marker status:**  | HPV/ p16 status □ **+** □ **-** | EBV status □ **+** □ **-** | Other: |
| **Date of Pathologic Diagnosis:** | **Date of Completion of Definitive Therapy:** |
| **Adverse features:** □Positive margin □Close margin\* □Peri-neural invasion □Lympho-Vascular invasion □Extra-Nodal Extension □Skull-base invasion □Soft-tissue invasion (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*The designation ‘Close margin’ is ill-defined and may be used for cancer-free margins of 2-5mm |
| Treatment Details | Surgery | **Therapeutic surgery performed:** □Yes □No  | **Treating Institution:** |
| **Procedure(s):**  | **Procedure date(s):** |
|  |  |
|  |  |
|  |  |
| Radiation | **Radiation therapy:** □Yes □No  | **Treating Institution:** |
| **Start date:**  | **Stop date:**  |
| **Field** | **Dose** | **Notes** |
|  |  |  |
|  |  |  |
|  |  |  |
| Systemic | **Chemotherapy:** □Yes □No |
| **Drug name** | **Route** | **Dose** | **Schedule** | **Dose reduction** | **# Cycles** |
|  |  |  |  | □Yes \_\_\_\_ % □No |  |
|  |  |  |  | □Yes \_\_\_\_ % □No |  |
| Other | **Clinical trial participant:** □Yes □No | **Sponsor:** | **Identifier/ NCT#:** |
| Brief description of trial: |
| **Other treatments received:** |

|  |
| --- |
| **Treatment Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Follow-up Care Plan: Schedule of Clinical Visits** |
| **Months After Treatment Completion Date** | **Provider** | **Appointment Date** | **Testing to be done** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Please continue to see your primary care provider for all general health care recommendations for your age, sex, and risk-based cancer screening. Any cancer symptoms should be brought to the attention of your cancer provider:** 1. Anything that represents a brand new symptom (never had it before);
2. Anything that represents a persistent or worsening symptom (lasting >2 weeks and/or not resolving);
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 are listed below. If these develop or worsen please discuss them with your cancer provider:**☐ Dry Mouth (Xerostomia) ☐ Carotid artery disease and Stroke ☐ Pneumonia☐ Low Energy/Thyroid Function (Hypothyroidism) ☐ Radiation necrosis of the jaws ☐ Dental Decay☐ Difficulty swallowing (Dysphagia) ☐ Altered taste (Dysgeusia) ☐ Lymphedema☐ Nerve damage (Neuropathy) ☐ Difficulty opening mouth (Trismus) ☐ Cataracts☐ Difficulty speaking or voicing (Dysarthria) ☐ Shoulder dysfunction ☐ Change in Appetite |
| **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.**☐ Anxiety or depression ☐ Insurance ☐ Sexual Functioning☐ Emotional and mental health ☐ Memory or concentration loss ☐ Stopping Smoking ☐ Fatigue ☐ Parenting ☐ Weight changes ☐ Fertility ☐ Physical functioning ☐ Social Withdrawal☐ Financial advice or assistance ☐ School/work ☐ 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:**☐ Alcohol use ☐ Physical activity ☐ Colon Cancer Screening ☐ Diet ☐ Sun screen use ☐ Breast Cancer Screening☐ Management of my medications ☐ Tobacco use/cessation ☐ Management of my other illnesses ☐ Weight management (loss/gain) |
| **Resources you may be interested in:** * American Head and Neck Society (AHNS): <https://www.ahns.info/resources/education/patient_education/>
* American Cancer Society (ACS): <https://www.cancer.org/>
* [www.cancer.net](http://www.cancer.net)
 |
| **Other comments:** |
| **Prepared by: Delivered on:**  |