



**Care Plan
For Brigitte Breast**

Printed on: 8/8/2015

Breast, Brigitte

MRN: 00IGRT44

DOB: 3/29/1965 (49Y)

Care Plan

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Dear Brigitte Breast,

We believe that continued care after cancer treatment provides the greatest opportunity for patients and their families to adjust to the "new normal" that a cancer diagnosis requires. To address this care, we have established a nurse practitioner run Survivorship Clinic which, in collaboration with each patient's healthcare team members, will address the unique issues of cancer survivors.

Primary aims of this clinic are to provide you with the appropriate information and education regarding your cancer treatment and the management of any symptoms from your diagnosis or treatment. Most importantly, you will receive the appropriate monitoring and self-care education to maintain your health, monitor for disease recurrence and ensure the highest quality of life possible.

You are receiving a care plan that takes into account what we know about your health and cancer care to date. Content may be added or removed from this document as your condition changes and as time passes. We want you to be a part of the team working to maintain your health and well-being and will work with you to gain access to programs and services that support you in this.

To schedule follow up visits, or if you have any questions, please contact me at 555-555-1212 or via email at anne.shirley@hospital.com.

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TM-1

Treatment Summary

To support you with your continued medical care, we have created a summary of the cancer treatment provided to you. If you are reviewing a printed copy of the treatment summary, there may have been updates since the document was last printed. If you are reviewing the treatment summary through Equicare CS, the detail represents treatment delivered to date through this institution.

This information is provided for information purposes only and may be an incomplete reflection of diagnosis and treatment information. Treatment decisions should not be made based upon this information.

Initial Clinical Findings

Imaging Study

Date: 3/24/2011; Site: Breast; Findings: positive mammogram; Provider Name: Carter, John; Institution: South Coast Regional Medical Center

Diagnosis

Malignant neoplasm of lower-inner quadrant of female breast

Diagnosis Date: 4/24/2011 (46Y); Laterality: Left; Infiltrating ductular carcinoma; T: T2; N: N0; M: M0; Comment: ER/PR+, HER2neu-, max dimension 1.3cm

Surgery

Breast Conserving Surgery (Lumpectomy)

Date: 4/23/2011; Laterality: Left ; Porter, James MD; South Coast Regional Hospital; Comment: Margins clear on pathology. Largest dimension 4.2 cm.

Lymph Node Dissection

Date: 4/23/2011; Laterality: Left ; Porter, James MD; South Coast Regional Hospital; Comment: 2 of 11 nodes found to be positive on pathological review

Breast Conserving Surgery (Lumpectomy)

Date: 4/23/2011; Laterality: Left ; Whitten, Amelia; Malco; Comment: Margins clear on pathology. Largest dimension 4.2 cm.

Chemotherapy

Doxorubicin HCl

Start Date: 4/10/2011; End Date: 6/22/2011; Cumulative Dose: 1000 mg/m2; # Cycles: 4; Freq: Daily; Fredrick, Dr. Bill; Medical Oncology Associates

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Cyclophosphamide

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Start Date: 5/10/2011; End Date: 6/22/2011; Cumulative Dose: 1000 mg/m²; # Cycles: 4; Freq: Every 28 days; Fredrick, Dr. Bill; Medical Oncology Associates

Radiation Therapy

Breast

Start Date: 7/24/2011; End Date: 6/1/2011; Delivered Dose: 50.00; Delivered Fractions: 25; External Beam; Configuration: Tangential Fields

Breast Boost

Start Date: 6/2/2011; End Date: 6/7/2011; Delivered Dose: 1000; Delivered Fractions: 5; Electron; Configuration: Direct Field

Other Medical Conditions

Hypertension

Active?: Yes ; Managed by: Porter, James MD; Comment: Well managed with anti-hypertensive and diet

Osteoporosis

Managed by: Porter, James MD

Relevant Family History

Sister

Cancer Diagnosis: Breast Cancer - Inf Duct; Age at Diagnosis: 47; Current Status: Living, without active disease; BRCA-

Mother

Cancer Diagnosis: breast ca; Age at Diagnosis: 78; Current Status: Living, with active disease

Allergies

Peanuts

Type: Food Allergy; Response: Skin Rashes/Hives

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Follow-Up Plan

Your care team has customized a follow up plan specifically for you. The following schedule shows all appointments and planned appointments as at this time. Specific dates and times will be assigned as the appointment approaches.

Follow-Up	Target	Scheduled	Status	Provider	History and Phy	Cardiac Imaging	Mammogram Follo	Health Couns
6m	4/19/2011	4/20/2011	Completed	Connor, John	<input checked="" type="checkbox"/>			
1y	10/17/2011	10/20/2011	Completed	Connor, John	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1y/6m	4/18/2012	4/21/2012	Completed	Connor, John	<input checked="" type="checkbox"/>			
2y	10/16/2012	10/19/2012	Completed	Connor, John	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2y/6m	4/18/2013	4/21/2013	Completed	Connor, John	<input checked="" type="checkbox"/>			
3y	10/17/2013	10/17/2013	Completed	Fredericks, Bill	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3y/6m	4/19/2014	4/25/2014	Completed	Connor, John	<input checked="" type="checkbox"/>			
4y	10/17/2014				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4y/6m	4/19/2015				<input type="checkbox"/>			
5y	10/17/2015				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6y	10/16/2016				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7y	10/17/2017				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8y	10/17/2018				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9y	10/17/2019				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10y	10/16/2020				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Care Team

We believe that you are the cornerstone of your care team. Effective communication between all members of your team will enable the best communication regarding your care.

The members of your care team are as follows:

Name	Title	Contact
Connor, John	Radiation Oncologist	South Coast Regional Medical Center 400 University Blvd South Coast, Virginia, 90322 (443)230-9999
Demo, Nurse	Patient Navigator	South Coast Regional Medical Center 400 University Blvd South Coast, Virginia, 90322 (443)230-9999 SCRMCMC@local.com
Demo, PCP	Family Physician	Suite 455 - 310 South Wynde South Coast, Virginia, 90332 (443)234-1289 PCP@localhost.com
Fredericks, Bill	Medical Oncologist	South Coast Regional Medical Center 422 University Blvd South Coast, Virginia, 90322 (443)230-9999

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Education Materials

Your care team has identified the educational information they feel is most appropriate for you based upon your diagnosis, treatment and other factors related to your care. The appropriateness of this information may change over time, and your care team will update the material as required.

Diagnosis - Breast Cancer

Biopsy for Breast Cancer

Patient's Description

Lumps or suspicious areas in the breast are often noticed by physical exam or screening mammogram. When something like this is found, more investigation is necessary to find out if the area is cancerous.

A biopsy of the area is done with the goal of removing some of the tissue for closer examination. A specially trained doctor (a pathologist) will look at the tissue and decide whether the cells are cancerous. A biopsy is the only test that can tell for sure if a lump or suspicious area is cancer.

Preparation for a Biopsy

Usually no special preparation is needed. Local anesthetic is used for most biopsies. No special eating or drinking instructions are necessary. Medications should be taken as usual. Your doctor will tell you if any special instructions should be followed.

When going to the hospital for the biopsy, dress in warm comfortable clothes that are easy to remove. Do not bring any valuables or jewelry. You may want to have a friend accompany you.

Most biopsies will be done in about one hour. You will have to stay in the department for a brief time after the biopsy to make sure that you are all right. After that, you are able to go home.

Most people feel some anxiety when having a procedure like this. Rest assured that your health care team will do as much as they can to make sure you are comfortable during the procedure and do not experience excessive pain.

Methods for Doing a Biopsy

There are many different biopsy techniques. Your doctor will try to use one that is going to be as easy as possible for you. The technique that is used will depend on many factors such as the size and the location of the area. In all cases, anesthetic is used to numb the breast. This is to reduce pain and discomfort during the procedure.

Fine Needle Aspiration (FNA) biopsy : this is the least invasive technique. You will be asked to lie on a table. The doctor will feel for the lump and guide a very thin needle to the right place. The doctor will use the needle to draw out some cells.

Core Needle biopsy : this technique is very similar to FNA. However, with a core biopsy, the needle is larger. The needle will be inserted several times into the suspicious area. Each time a cylinder of tissue (a core) will be removed. This technique provides more tissue for examination.

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Vacuum Assisted biopsy : this may also be known by its brand name, Mammotome or MIBB. This technique is like a core biopsy except a special probe is inserted into the suspicious area only once. The probe will vacuum tissue out of the area. For a vacuum assisted biopsy, you will lie face down on an exam table which has special openings in it. The breasts are placed through the openings.

Incisional biopsy: this type of biopsy is like a minor surgery. You will likely be given a medication to relax you. It may make you drowsy. A doctor will make a small cut in the skin in order to remove a piece of the suspicious area. Sometimes this type of biopsy is needed if a previous biopsy was unclear.

Excisional biopsy : this type of biopsy is a type of surgery. You will likely be given a medication to relax you. It may make you drowsy. A doctor will remove the entire suspicious area as well as a small rim of normal tissue.

For all of these biopsies, if the lump cannot be felt, the doctor will use some imaging equipment to assist. This can include x-rays, CT, MRI, or ultrasound. In some cases, a metal clip or wire is put into the breast during the biopsy. This is to mark the location where the tissue was taken. If surgery is done later, the clip will be removed.

After the Biopsy

The most common side effects after a biopsy are bleeding from the site of the needle injection or incision. Any bleeding should stop in a short time after the biopsy (within hours). You may also have some bruising and soreness of the breast. In some women, it can be severe. It is unlikely that you will need pain medication unless you have had an excisional biopsy. Infection of the incision is also a possibility. Signs of infection are: fever, chills, redness of the wound site, tenderness or swelling of the area and drainage of fluid from the wound.

Links

Mayo Clinic

<http://www.mayoclinic.com/health/breast-biopsy/MY00301/DSECTION=what-you-can-expect>

Radiology Information

[http://www.radiologyinfo.org/en/search/searchresults.cfm?cx=013745369032243915465%3Aubyxx9gpbwy&cof=FORID%3A11&q=breast+biopsy&sa =](http://www.radiologyinfo.org/en/search/searchresults.cfm?cx=013745369032243915465%3Aubyxx9gpbwy&cof=FORID%3A11&q=breast+biopsy&sa=)

John Hopkins

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/breast_biopsy_92,P07763/

What is Breast Cancer?

Patient's Description

Breast cancer is the abnormal growth of cells in the breast. Current research suggests that women have a lifetime risk of developing breast cancer of 1 in 8, with the risk increasing with age. Although both women and men can develop breast cancer, it is very uncommon in men, occurring at a rate of approximately 1 in 1,000.

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Breast cancer is identified by the type of breast tissue that the cancer starts in. The breast is made up of milk ducts, glands and fatty tissue. Ductal cancers start in the milk ducts and lobular cancers start in the glands. One characteristic of cancer cells is that they infiltrate the local tissues and can spread to other parts of the body.

Non-aggressive breast changes that have not spread beyond the ducts or lobules are referred to as "in-situ" changes. The two changes most common encountered are "ductal carcinoma in situ" (DCIS) or "lobular carcinoma in situ" (LCIS). Although non-aggressive, DCIS will often be treated as these changes can become more aggressive over time. LCIS is not cancer, but having LCIS presents a higher risk of developing breast cancer in either breast in the future.

Breast cancer is often detected through breast self-exam, a clinical breast exam by your healthcare provider or by screening mammography. When a breast mass is identified, a biopsy will be performed to obtain a sample of the mass. The biopsy may remove a small piece of the mass or attempt to remove the full tumor. If the biopsy results indicate that the mass is cancerous, as much of the remaining tumor as possible will be removed during a follow-up procedure. Lymph nodes under the arm on the affected side will also be removed to look for signs of cancer spread.

When the pathologist is studying the tissue sample, a variety of tests can be performed on the tumor:

- Hormone receptor status (ER/PR status) - Estrogen receptor (ER) and Progesterone receptor (PR) status provides an indication of whether the tumor responds (grows) in an environment with estrogen or progesterone. If ER or PR status is positive, your healthcare provider may suggest that hormone therapy be included in your treatment.
- HER2 status - HER2 stands for Human Epidermal Growth Factor Receptor 2. HER2 is a protein that indicates that the tumor may be an aggressive tumor. Targeted therapies may be recommended for HER2 positive breast cancers. Tumors that are negative for estrogen, progesterone and HER2 are called "triple negative breast cancer".
- Tumor grade - the grade of the tumor reflects how similar to normal breast cells the tumor cells appear. Well-differentiated cells appear similar to normal cells. Poorly-differentiated cells appear very abnormal.
- Stage - tumor staging takes into account the size of the tumor and whether or not local or distant spread is detected at the time of diagnosis. There are various staging systems that can be used, but the most common ones used to stage breast cancer are Stage 0-4 (with 0 being in-situ disease and 4 being advanced disease) or TNM staging where T reflects the tumor size, N the presence of spread to local lymph nodes and M the evidence of distant spread of the cancer, called "metastases".

Following treatment for breast cancer, regular follow-up appointments will take place to monitor for any signs of cancer recurrence or spread. Follow-up may be performed by your cancer doctor (s), by survivorship clinics or by your primary-care physician. Your healthcare providers will discuss ongoing follow-up with you as you complete treatment.

Links

Additional information about breast cancer may be found at:

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American Cancer Society (<http://www.cancer.org/>)

BreastCancer.org (<http://www.breastcancer.org/>)

Cancer.net (<http://www.cancer.net/>)

National Cancer Institute (<http://www.cancer.gov/>)

National Comprehensive Cancer Network (<http://www.nccn.com/>)

National Institutes of Health (<http://www.nlm.nih.gov/medlineplus/breastcancer.html>)

Susan G. Komen for the Cure (<http://www.komen.org/>)

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Side Effects - Breast Cancer

Common Side Effects of Breast Cancer Treatment

Patient's Description

Side effects during cancer treatment are related to the type of treatment you receive. Some common side effects of treatment for breast cancer include:

- Fatigue - fatigue is one of the most common side effects of all cancer treatment. Fatigue will generally improve in the weeks following treatment.
- Emotional distress or depression - receiving a diagnosis of cancer is a shock for you and your family or friends. It may take some time for you and those individuals supporting you to adjust to this information. Distress and depression may cause a number of physical symptoms such as fatigue, difficulty sleeping, loss of appetite or enhanced appetite, emotional changes and lack of interest in regular activities.
- Reproductive sterility and symptoms of menopause - Many chemotherapy and hormone therapy treatments for breast cancer cause symptoms similar to menopause as they are designed to make your body unfriendly to cancer cells. These symptoms may be more severe than those experienced during natural menopause. You may experience hot flashes, night sweats, vaginal dryness or discharge, insomnia or mood swings as your body adjusts to these hormonal changes
- Weight changes - many women experience modest weight gain following chemotherapy or during hormone therapy treatment. Reducing your calorie intake and increasing physical activity are recommended to manage weight changes.
- Changes in sexuality - a decrease in sexual desire or interest commonly occurs during treatment. This change has a number of possible and partial causes. Induced menopause, vaginal dryness, fatigue and depression are common causes of sexual changes.
- Cancer recurrence and secondary cancers - a recurrence of breast cancer or the development of another cancer may occur after cancer treatment. Your healthcare providers will recommend the appropriate surveillance plan for your individual situation to monitor for recurrence or the development of cancer.

Your healthcare providers will provide information on the anticipated side effects for your individual treatment.

The following symptoms may indicate urgent concerns. Contact your healthcare provider immediately if you experience any of the following:

- Difficulty catching your breath or pain when breathing
- Blood in your urine, especially during chemotherapy treatment
- Changes in consciousness, including fainting, difficulty awakening, new onset of headaches or increased clumsiness
- Bone or joint pain that is not controlled with your usual pain reliever

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Additional information on common side effects of breast cancer treatment can be found at:

American Cancer Society: Breast Cancer - http://www.cancer.org/docroot/CRI/CRI_2x.asp?sitearea=&dt=5

BreastCancer.org - <http://www.breastcancer.org/treatment/>

Herceptin.com: Herceptin side effects - <http://www.herceptin.com/index.jsp?hl=en&client=firefox-a&hs=vBR&rls=org.mozilla:en-US:official&q=breast+cancer+side+effects&start=10&sa=N>

National Cancer Institute: Tamoxifen Fact Sheet - <http://www.cancer.gov/cancertopics/factsheet/Therapy/tamoxifen>

National Women's Health Information Center - <http://www.womenshealth.gov/faq/breast-cancer.cfm>

Susan G. Komen for the cure - <http://www.komen.org/>

webMD: Side effects of Breast Cancer Treatment - <http://www.webmd.com/breast-cancer/guide/treatment-side-effects>

How is Breast Cancer Treated?

Patient's Description

There are many different treatment options for breast cancer and your healthcare team will provide you with the options appropriate to your individual situation. Treatment suitability is based upon a number of factors, such as type of breast cancer, location and size of tumor, your general health and any previous treatment you may have received. The following types of treatment are commonly used to treat breast cancer:

Surgery for Breast Cancer

The breast tumor can be removed through either mastectomy (surgery where the entire affected breast is removed) or through breast conserving surgery, also called "lumpectomy". To obtain similar results to mastectomy, a lumpectomy must be followed by radiation therapy to the affected breast. The choice of surgical procedure will depend upon the size of the tumor, the number of tumors, your prior treatment history and your personal preference.

In addition to the removal of the breast tumor, staging surgery may be recommended. Staging surgery is intended to determine whether the cancer may have spread beyond the breast. Lymph node biopsy is commonly performed to stage breast cancer. In this procedure, the lymph nodes under the arm ("axillary lymph nodes") on the affected side are removed and examined for the presence of cancer cells. An alternative staging surgery is a "sentinel lymph node biopsy". In this procedure, radioactive dye is injected into the breast tissue surrounding the nipple. This dye is passed from the breast tissue to the lymphatic system and the surgeon is able to identify the first lymph node in the underarm area that the dye passes through. This node is the sentinel node. The sentinel node is then surgically removed and examined, rather than the removal and examination of a number of lymph nodes. The presence of cancer cells in the lymph nodes

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indicates that the cancer has spread beyond the breast.

Radiation Therapy for Breast Cancer

When breast conserving surgery is selected, radiation therapy to the affected breast will be included in your treatment to treat any cancer cells that may be remaining in the breast. Radiation therapy is the use of ionizing radiation to alter cell growth and reproduction.

Radiation therapy is delivered five days per week (generally Monday through Friday) over 4-8 weeks. Your radiation oncologist may offer you an alternative to daily treatment that includes temporary radiation implants to the breast. This is called "brachytherapy". Your radiation oncologist will discuss the appropriate treatment options with you.

Chemotherapy for Breast Cancer

Cancer that has spread beyond the breast may be treated with chemotherapy. Chemotherapy is systemic cancer treatment, meaning that it travels through the body to treat cancer cells. The results of your initial surgery and staging surgery will give your oncologists an indication of whether chemotherapy is appropriate to your individual situation. The appropriateness of chemotherapy is not always straightforward. In this situation, you will be informed of the possible advantages and disadvantages of including chemotherapy in your treatment and will work with your oncologists to make a decision.

The specific side-effects you may experience from chemotherapy will depend on the specific drugs delivered.

Hormone Therapy for Breast Cancer

When the breast tumor is examined by the pathologist after removal, tests will be performed to determine whether the presence of the female sex hormones are likely to encourage the growth of the cancer. This test identifies the Estrogen Receptor (ER) status and the Progesterone Receptor (PR) status of the tumor. ER positive (ER+) tumors are more likely to grow in an estrogen rich environment and PR positive (PR+) tumors are more likely to grown in a progesterone rich environment. ER+ and PR+ tumors are more similar to normal breast tissue than tumors that test negative for these hormones.

Medications that modify the way the cells respond to estrogen or progesterone may be recommend for ER+ and PR+ tumors. Tamoxifen® is an example of a hormone therapy medication that may be recommended for breast cancer.

Targeted Therapies

Approximately 25% of breast cancer tumors test positive for the Human Epidermal Growth Factor receptor 2 (HER2). HER2 positive (HER2+) tumors may be more aggressive than tumors testing negative for this protein. Herceptin® is a medication that may be used in addition to other treatment for HER2 positive breast cancer. Herceptin® is delivered by intravenous injection. One possible side-effect of Herceptin® is heart damage. Studies of your heart function will generally be performed before this treatment begins.

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HER2 status is based upon a threshold value and even tumors that are HER2 negative have a HER2 value greater than zero. Your healthcare providers can help you interpret your diagnostic report.

Links

Additional information may be found by searching "breast cancer treatment" on the following websites:

American Cancer Society: Breast Cancer (http://www.cancer.org/docroot/CRI/CRI_2x.asp?sitearea=&dt=5)

BreastCancer.org (<http://www.breastcancer.org/treatment/>)

Herceptin.com: Herceptin side effects (<http://www.herceptin.com/index.jsp?hl=en&client=firefox-a&hs=vBR&rls=org.mozilla:en-US:official&q=breast+cancer+side+effects&start=10&sa=N>)

National Cancer Institute: Tamoxifen Fact Sheet
(<http://www.cancer.gov/cancertopics/factsheet/Therapy/tamoxifen>)

National Women's Health Information Center (<http://www.womenshealth.gov/faq/breast-cancer.cfm>)

Oncolink - (www.oncolink.org)

Susan G. Komen for the cure - (www.komen.org)

webMD: Side effects of Breast Cancer Treatment - (<http://www.webmd.com/breast-cancer/guide/treatment-side-effects>)

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Potential Late Effects - Breast Cancer

Chemo Brain

Patient's Description

Cognitive dysfunction or "chemo brain" is a term that has been created to describe a subtle decrease in cognitive function in some patients who have received chemotherapy. The relationship between chemotherapy and cognitive dysfunction continues to be investigated and its exact cause is not yet understood.

Cognitive dysfunction may cause difficulties with memory, attention span or concentration. It can make it more difficult to learn new skills or retrieve words. Cognitive dysfunction is similar to the confusion, loss of memory and difficulty concentrating that is also associated with fatigue, anemia or rapid-onset menopause that can result from chemotherapy, surgery or radiation therapy. In the majority of chemotherapy patients, signs of cognitive dysfunction improve over time, although some individuals experience permanent, subtle changes.

As further information and research becomes available, it may be possible to predict which patients may experience cognitive dysfunction.

Management

Cognitive dysfunction often resolves on its own over time, however there are some activities that you can perform to manage the impact.

- Avoid multitasking. Focus on one task at a time.
- Bring someone with you to doctor's appointments and important meetings
- Keep a journal
- Maintain a schedule. Doing things at the same time, in the same order
- Use notes and lists to remember things

You may find it helpful to meet with a social worker with experience supporting cancer survivors. Social workers are trained in working with people to help you cope with emotional issues and can help you create a plan to manage the impact.

When to contact your Care-Team

If you are finding it difficult to concentrate, perform multiple tasks or are having memory problems, discuss your concerns with your care provider.

There are various side effects to treatment and conditions that can cause these effects and your care provider can work with you to correctly identify the cause.

Links

American Cancer Society

<http://www.cancer.org/treatment/treatmentsandsideeffects/physicalsideeffects/chemotherapyeffects/chemo-brain>



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American Society of Clinical Oncology

<http://www.cancer.net/all-about-cancer/cancernet-feature-articles/side-effects/understanding-chemo-brain>

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Support Services - Breast Cancer

American Cancer Society - Look Good Feel Better Program

Patient's Description

The Look Good...Feel Better program is a community-based, free, national service that teaches female cancer patients beauty techniques to help restore their appearance and self-image during chemotherapy and radiation treatments. Volunteer beauty professionals lead small groups, usually consisting of 6 to 10 women, through practical, hands-on experience. Women learn about makeup techniques, skincare, nail care and options related to hair loss such as wigs, turbans and scarves. Each group program participant receives a free kit of cosmetics for use during and after the workshop.

The Look Good Feel Better program is offered throughout the year. Registration is required.

Links

Look Good, Feel Better
www.lookgoodfeelbetter.org

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Healthy Living - Breast Cancer

Mammograms After Treatment is Finished

Patient's Description

After you have finished treatment, your care team will want to perform regular tests to monitor you for recurrence or a new cancer. Following treatment, you should have annual bilateral ("both sides") mammograms. If you have had radiation therapy, your first mammogram should be no earlier than six months after you finish radiation treatment.

There are a number of different types of breast surgery that can be performed. If you have had a mastectomy, mammograms will be performed on the opposite breast and imaging may be performed on the operated side. Your care provider will discuss the preferred procedure with you given your particular circumstances. Mammograms can be performed on breasts that have been reconstructed although the procedure may be performed differently.

Mammogram is critical for continued breast health. Following treatment for breast cancer, the initial bilateral mammogram is obtained six months following treatment. Mammogram of the affected side is repeated six months later, but a bilateral mammogram at 18 months following treatment. If these three studies demonstrate stability, mammograms are performed annually from this point on.

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DOB: 3/29/1965 (49Y)

Care Plan

Printed on: 8/8/2015

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Questionnaires

Through Equicare CS, we are able to request that you complete questionnaires that will allow your care team to evaluate your condition and seek your input on your experiences. Questionnaires will be assigned by members of your care team and can be completed online through the Equicare CS (accessing the patient portal is described in the "Invitation" section of this document). If you do not have internet access, please inform your care coordinator and they will provide you with printed copies to complete.

If you are uncomfortable answering any questionnaire, please feel free to decline the request. If you should have any questions, please speak with your care coordinator.

Name	Description	Due Date
Functional Assessment of Cancer Therapy - General (FACT-G)	This questionnaire is used to understand how you are feeling. It will give us an idea of how well you are able to function on a daily basis.	8/8/2014
Sleep Disorders Screening	This questionnaire will help assess whether you are having problems sleeping properly.	8/8/2014

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Notes

This page has been provided for you to record any notes or questions you may have. You may find it helpful to record notes here between visits as a reminder to ask at the next visit or you may wish to use this page to make notes during appointments as a reminder of conversations that take place.