



## **Public Comment Period for Proposed Radiation Oncology Survivorship Care Plan Template**

### **Purpose**

The aim of this ASTRO-sponsored Survivorship Care Plan (SCP) template is to formulate a standardized treatment summary and survivorship care plan template that can be used across radiation oncology. Target audiences for this survivorship care plan template are **radiation oncology patients and their referring/primary care physicians**. ASTRO hopes that by advancing this content and these data elements, it will prompt conversations with the oncology and electronic medical vendor community about how to facilitate the automatic generation of these reports for patients.

This template contains the elements to fulfill the National Quality Forum (NQF) endorsed quality indicator measure: “Oncology: Treatment Summary Communication – Radiation Oncology”. In addition, this template serves as an instrument to assist in fulfilling the American College of Surgeons Commission on Cancer (CoC) Standard 3.3 of *Cancer Program Standards, 2012: Ensuring Patient-Centered Care, v. 1.2.1*, requiring radiation oncologists to provide SCP for curative intent patients.

The current version of the template is a draft that focuses on the data elements and proposes how they are to be ordered. The first two pages of the template serve as the survivorship care plan for patients and referring/primary care physicians. The last page contains technical details of radiation treatment, and when combined with the first two pages, serves as a traditional radiation treatment completion note.

While this template is intended to collect as much standardized information as possible, it is not all-inclusive. There may be additional information needed in individual situations. The final decision for collecting and maintain the necessary information in a patient’s chart is ultimately made by the physician.

### **Instructions**

Please submit comments on the data elements, order of information, missing elements or any other information you feel may be relevant to this proposed template. Comments will be accepted from January 19 – February 13. A final template is anticipated spring/summer 2015.

### **Important Notice**

If you are not able to finish the survey in one sitting you will be able to resume at another time by clicking on the same link that brought you to the survey initially. However, you must use the same computer and have not deleted the cookies in your web browser in order for your responses to be saved and be available to you when you return to the survey.

### **Technical Assistance**

Please contact Shannon Regan at [Shannon.regan@astro.org](mailto:Shannon.regan@astro.org)



## Survivorship Care Plan

### Patient History

Patient name: \_\_\_\_\_ Patient date of birth: \_\_/\_\_/\_\_\_\_

Date of radiation treatment completion: \_\_/\_\_/\_\_\_\_

Treating radiation oncologist: \_\_\_\_\_

Primary care provider: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Medical oncologist: \_\_\_\_\_

Other providers: \_\_\_\_\_

### Treatment Goals

Primary site: \_\_\_\_\_ Histology: \_\_\_\_\_

Is this a new cancer or a recurrence?  New  Recurrence

Overall Stage:  I  II  III  IV  Recurrence  
(if applicable):  A  B  C

Alternate staging system \_\_\_\_\_

*Site specific information (if applicable): E.g. for breast cancer, ER/PR/HER2 status; for prostate, Gleason score, and PSA)*

Goal of treatment:  Curative/Definitive  Not Curative/Definitive  Other \_\_\_\_\_

Surgery:  Prior to RT  Planned to follow RT  Not planned

*Optional free text box for details*

### Treatment Summary

Systemic treatment:  Yes  No

Before radiation *Optional free text box for details*

During radiation *Optional free text box for details*

After radiation *Optional free text box for details*



40 **Radiation Treatment:** Start Date: \_\_/\_\_/\_\_\_\_ End Date: \_\_/\_\_/\_\_\_\_

41 Body Area Treated *Optional free text box for details*

42 Total Dose: \_\_\_\_\_ (Gy) Total Number of Treatments: \_\_\_\_\_

43 **Prior radiation therapy (any site):**  Yes  No

44 *Optional free text box for details*

45 **On clinical trial:**  Yes  No

46 *Optional free text box for details*

48  
49 **Post Treatment**

50  
51 **Did the patient complete treatment as planned?**

52  Yes  No, due to toxicity  No, due to cancer progression  Other

53 *Optional free text box for details*

54  
55  
56 **Side effects at the end of treatment:**

57 *Free text box for details on side effects and management (interventions, medications)*

58  
59  
60 **Possible side effects which may occur later:**

61 *Free text box for details on side effects and when to seek medical care*

62  
63  
64  
65 **Follow Up Care**

66  
67 **If you have any concerns about these areas, please discuss with your doctors or nurses to seek help and advice:**

- 68  Emotional and Mental Health  Fatigue  Weight changes  Stopping smoking
- 69  Physical functioning  Insurance  Work/School  Parenting
- 70  Financial Assistance  Fertility  Sexual functioning  Memory loss

71  
72  
73 **Please discuss these lifestyle/behavior changes with your doctor or nurse to improve your overall health:**

- 74  Smoking/tobacco cessation  Healthy diet  Physical activity
- 75  Weight management (gain/loss)  Alcohol use  Sunscreen use

76  
77

78 **Next appointment:**

79  With Radiation Oncologist, in \_\_\_\_ weeks/months

80

81  None with Radiation Oncologist

82

83  With other provider(s)

*Free text*

84

85  Follow-up testing

*Free text*

86

87

88 ***Instructions given to patient (optional):***

89

90 *Optional free text box for details*

91

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92 **Additional Details for a Radiation Completion Note**

93 **Clinical or Pathologic staging?**       Clinical       Pathologic

94  
 95 **T Stage:**       T0       Tis       T1       T2       T3       T4  
 96 **(if applicable):**       A       B       C       D

97  
 98 **N Stage:**       N0       N1       N2       N3  
 99 **(if applicable):**       A       B       C

100  
 101 **M Stage:**       M0       M1  
 102 **(if applicable):**       A       B       C

103  
 104 **External beam and stereotactic radiotherapy treatments:**

105

<u>Treatment site</u>	<u>Treatment technique / Modality</u>	<u>Dose per fraction</u>	<u>Total number of fractions</u>	<u>Total dose</u>	<u>Start Date</u>	<u>End Date</u>	<u>Fractions per day</u>	<u>Fractions per week</u>
e.g. Site 1					__/__/__	__/__/__		
e.g. Site 2								
<i>Total</i>								

106  
 107 ***Special technical considerations (if relevant):***

- 108      • *4D techniques*
- 109      • *Image guidance*
- 110      • *Simulation technique*
- 111      • *Image fusion during planning*
- 112      • *Prescription point*

113  
 114 **Brachytherapy treatments:**

<u>Treatment site</u>	<u>Treatment technique (LDR/HDR/other)</u>	<u>Isotope</u>	<u>Dose per fraction</u>	<u>Total number of fractions</u>	<u>Total dose</u>	<u>Start Date</u>	<u>End Date</u>	<u>Fractions per week</u>

115  
 116 **Applicator used (for HDR only):** \_\_\_\_\_

117  
 118 ***Special technical considerations (if relevant):***

- 119      • *Simulation technique*
- 120      • *Image fusion during planning*
- 121      • *Prescription point*
- 122

123 **Treatment interruptions:** Yes No

124

125

*Optional free text box for details*

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