Survivorship in the Gynecologic Oncology Patient

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Walter Reed National Military Medical Center
Walter Reed National Military Medical Center
Disclosure

- I have nothing to disclose.

- Except.... I am a federal employee, the opinions I give are my own and do not represent the official position of the Department of Defense, or United States Government.
Objectives

1. Review the chief concerns noted by GYN Oncology survivors.
2. Discuss the importance of GYN Oncology survivorship specific care.
3. Review the Commission on Cancer Care (COC) requirements for Oncology Survivorship.
4. Identify the barriers to implementing survivorship treatment summaries and survivorship care plans.
Cancer Survivorship
Cancer Survivorship

- Cancer Survivorship: the “phase of care that follows primary treatment”
  - Institute of Medicine’s report (2006)
- This is the phase of care where patients often experience a loss of the strong “connection” to their care team
  - Loss of a concrete plan for follow-up
  - Who do I call?
Components of Survivorship Care

1. **Prevention**: of new cancers, and of late effects

2. **Surveillance**: for cancer spread, recurrence, or second cancers; assessment of medical and psychological late effects

3. **Intervention**: for consequences of cancer and it’s treatment
   - IE: Sexual dysfunction, pain, fatigue, psychological distress of the survivor or their caregivers
   - Concerns related to employment, insurance & disability

4. **Coordination**: between specialists and primary care providers to ensure that all survivor’s health needs are met.
Importance of GYN Oncology Survivorship Specific Care

- Noting the prior acute & late side effects of therapy, patients need a guide to their new “Normal” as well as when they can reasonable expect a resolution.

- Our BEST (and maybe ONLY) opportunity to assist patients onto a path of wellness
  - Connection with a Primary Care Team to manage non GYN Oncology related issues (normal aging, co-morbidities, etc).
  - Weight loss (especially our endometrial patients)
  - Exercise
  - Sleep apnea
  - Referrals to support services

- Regardless of the eventual outcome, we can assist our patients reach their optimum level of wellness.
  - Regain some control
### Chief Concerns of Cancer Survivors

<table>
<thead>
<tr>
<th>Concerns</th>
<th>In the past month</th>
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<tbody>
<tr>
<td>Fears of disease recurrence</td>
<td>77%</td>
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<tr>
<td>Energy level</td>
<td>57%</td>
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<tr>
<td>Difficulty remembering/concentrating</td>
<td>43%</td>
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<tr>
<td>Feeling tense or anxious</td>
<td>42%</td>
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<td>Difficulties with medical insurance</td>
<td>41%</td>
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<tr>
<td>Returning to “normal”</td>
<td>40%</td>
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<tr>
<td>Sexual functioning</td>
<td>40%</td>
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<tr>
<td>Achieving life goals</td>
<td>39%</td>
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<tr>
<td>Poor sleep</td>
<td>39%</td>
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<tr>
<td>Feeling depressed</td>
<td>37%</td>
</tr>
</tbody>
</table>

*Andrykowski, Jacobsen, et al. 1999*
Top 10 Individual Problems Identified (n=62)

- Nervousness
- Worry
- Fears
- Fatigue
- Sleep
- Sadness
- Treatment decisions
- Eating
- Pain
- Loss of interest in usual activities.

O’Connor, Moira, et al, 2017 (Feb) CJON Vol 21, #1
Fatigue

- Fatigue is a common side effect of cancer treatment
- Not everyone experiences fatigue
- The pattern may vary during the day
- Fatigue may come on suddenly
- Fatigue may decrease following treatment or persist for quite some time.

Significance of Cancer Related Fatigue

- Precedes, accompanies, and follows most malignancies and treatment
- Most commonly experienced symptom of cancer and cancer-related treatment
- Alters functional status and capacity
- Multi-causal/multi-dimensional
- Affects quality of life
Treatment Related Fatigue

- **Chemotherapy**
  - greatest 1-2 weeks post-chemotherapy
  - gradually decreases 3-4 weeks post-chemotherapy
  - increases again with subsequent dosing

- **Radiation**
  - Increases over time
  - Initially experienced intermittently
  - Becomes constant and unrelenting toward end of therapy

- **Surgery: From diagnosis to Insertion of Hardware**
  - Incidence: 100%
  - May persist up to 6 months post-operatively
  - Control of pain does not relieve fatigue

- **Biotherapy: Varies by agent**
  - Likely to produce fatigue that is more profound than other treatment modality
  - Physical and mental fatigue common
  - Dose-limiting side effect
Patient Responses to Unexpected Fatigue:

- Something is wrong – treatment isn’t working!
- They lied to me about the prognosis!
- The cancer is back! (or not responding)
- They will stop treatment because I’m not doing well!

Treatment of Fatigue:

- Stress Management
  - Management of physical causes of stress
  - Counseling
  - Meditation
  - Exercise
  - Progressive muscle relaxation
- Biofeedback
- Time management
- Patient education
Sleep & Rest

Sleep disturbances are common in the general population.

Response to:
- Illness
- Drugs
- Treatment
- Changes in environment

Management of sleep disturbances:
- Pharmacologic
- Environmental
- Cognitive/behavioral
What is “Chemo Brain?”

**Symptom list:**
- Mental fog
- Memory deficits (new or worsening)
- Slower processing speed
- Inability to maintain focus, concentration
- Language difficulties (word retrieval, in particular)
- Motor difficulties (navigation, geographic memory).

**For most people, Chemo Brain gradually disappears over time:**
- 17-34% of people continue to have problems after the end of chemotherapy
- Some neuroimaging studies show improvement/resolution of regional brain volume differences as of 3 years post-chemotherapy.

Inagaki et al, Cancer, 2007
Brain alterations in the labeled areas, measured by magnetic resonance diffusion tensor imaging, tracked with changes in cognitive function.

*J CLIN ONCOL, 30L 274-81, 2012*
### Ways to manage “Chemo Brain”

<table>
<thead>
<tr>
<th>Use a detailed daily planner. Keeping everything in one place makes it easier to find the reminders you may need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise your brain. Take a class, do word puzzles, or learn a new language.</td>
</tr>
<tr>
<td>Get enough rest and sleep.</td>
</tr>
<tr>
<td>Exercise your body. Regular physical activity is not only good for your body, but also improves your mood, makes you feel more alert, and decreases fatigue.</td>
</tr>
<tr>
<td>Eat your veggies. Studies have shown that eating more vegetables can help you maintain brain power.</td>
</tr>
<tr>
<td>Set up and follow routines. Pick a certain place for commonly lost objects and put them there each time. Try to keep the same daily schedule.</td>
</tr>
<tr>
<td>Don't try to multi-task. Focus on one thing at a time.</td>
</tr>
<tr>
<td>Track your memory problems. Keep a diary of when you notice problems and the events that are going on at the time.</td>
</tr>
<tr>
<td>Try not to focus so much on how much these symptoms are bothering you. Accepting the problem will help you deal with it.</td>
</tr>
</tbody>
</table>

Source: American Cancer Society
Sex

- 40-100% of cancer patients experience some form of sexual dysfunction
- Almost all cancer treatments have the potential to alter sexual function (surgery, chemotherapy, radiation, hormones).
- A Major QOL issue
- With intervention, up to 70% of patients can have improved function

Sexual Dysfunction in Women with Cancer

- **Chemotherapy/Hormonal therapy:** Irregular menses, early menopause, hot flashes, insomnia, irritability, depression, vaginal dryness, painful intercourse, infertility, and decreased libido.
- **Radiation/Brachytherapy:** Pelvic fibrosis, vaginal atrophy/stenosis, scarring, decreased lubrication, urinary effects, erythema, edema, ulceration, decreased elasticity, shortening, and increased irritation of the vagina.
- **Surgery:** Body image, bowel changes, ROM issues, menopause, pain, changes in vaginal size. Sensitivity, loss of nipple.
Vaginal Dryness

Vaginal Estrogens:
- Creams- use 2-3x/week
- Causes elevated systemic estrogen (highest in first 3-4 months) not recommended in breast CA pts.
- E-String: silicone ring, slow release of local estrogen over 3 months
- Vagifem: tablet inserted at night, QD x 2weeks, then bi-weekly
- Cancer risk is thought to be low for breast CA pts with ring & vaginal tablets, but no long-term studies.

Interventions for Vaginal Dryness

- Vaginal lubricants
  - Use before/during sex
  - Water soluble, water-silicone based (careful in shower!!)
  - Petroleum based can damage condoms & encourage vaginal infection.
- Vaginal Moisturizer
  - Replens: 3xweek
Radiation Induced Vaginal Stenosis

- Radiation for cervical & endometrial cancer- or to the pelvic region, risk for fibrosis/stenosis.
- Increased risk w/brachytherapy.
- Decreased blood supply leads to dry/tender/less elastic tissue that may close off vagina.
- Women who are sexually active should try to remain sexually active.
- Vaginal dilators (with or without estrogen cream), for life. Start use approx 4 weeks post RTX.
- Educate on use & care of dilators.
  - Use in foreplay
Development of a Nurse Led GYN Oncology Survivorship Clinic: A Feasibility Study
(IRBNet 409135)
What is a Nurse Led Model?

- The continuity of cancer care is significantly enhanced when primary care NP’s and Oncology NP’s are involved in patient care across settings. (Cooper, Loeb & Smith, 2010).

- Advanced practice nurses can provide long-term cancer surveillance while also promoting health maintenance in the cancer survivorship population.
Objectives/Research Questions

1. What is the feasibility of a GYN/Oncology Survivorship Program in a military treatment facility?
2. What are the main quality of life concerns of women during their participation in the Survivorship program?
3. Does participation in the Survivorship Program affect psychological distress?
4. What is the patients’ experience and level of satisfaction with the Survivorship program?
Hypotheses

- The Survivorship Program will collect significant data that will be highly effective in the care of at risk GYN Oncology patients.
- The program monitoring method will increase compliance with follow-up care and screening recommendations as outlined in the Survivorship Care Plan.
- Participation in the program will reduce psychological distress in part by providing ongoing support, education, symptom management and coordination of care.
  - thus promoting increased confidence and sense of control during the vulnerable period of transition from active treatment.
- The identification of quality of life concerns can be used to identify unmet needs and potential resources for program improvement.
- The program will be acceptable to patients.
Research Design & Methods

- **Design:** The proposed study is a descriptive, proof of concept, study of a Survivorship Program conducted within WRNMMC.
- **A single group pilot study, including both quantitative and qualitative approaches, will be utilized to meet the study aims and answer the research questions.**
- **This pilot study will be conducted with military beneficiaries who have completed primary treatment and have not experienced a recurrence during the initial treatment period.**
- **Participants will complete three self-administered questionnaires to assess quality of life and psychological distress at baseline, 3, 6, 9 and 12 months. They will complete the Client Satisfaction Questionnaire at the end of the program and participate in an exit interview.**
- **Approximately 30 women will be enrolled and followed over a 12 month period.**
Data Collection Tools

- **REDCap (Research Electronic Data Capture)**
  - The [Personal Data Form (PDF)](http://example.com/pdf) is a self-report instrument documenting demographics, military status, and current symptoms.
  - The [Clinical Data Form (CDF)](http://example.com/cdf) documents cancer diagnoses, treatments, symptoms, complications during therapy, disease status, comorbidities, medications, and specialty clinics attended.
  - **PROMIS Anxiety, PROMIS Depression, PROMIS Pain Interference**: Used to assess psychological distress (PROMIS-A & PROMIS-D) and the consequences of pain on relevant aspects of persons’ lives (PROMIS-PI).
  - **Quality of Life - Cancer Survivors (QOL-CS) Questionnaire**: physical well being, psychological well being, social well being and spiritual well being.
  - **Hospital Anxiety and Depression Scale (HADS)**: Measure of psychological distress. (2 Subscales to measures anxiety & depression)
  - **Client Satisfaction Questionnaire-8 (CSQ-8)**: The CSQ is an 8 item scale that assesses satisfaction with services and includes a few open-ended questions.
    - Satisfaction with the program will be assessed at the end of the study or time of last visit.
**Patient completes adjuvant treatment**

She enrolls into the GYN Oncology Nurse-led survivorship program

Completes the baseline instruments (using a tablet)

The information is reviewed with the patient by the APN

Physical & GYN exam completed by a GYN Nurse Practitioner

The APN will review the collected data, then with the patient develop the survivorship care plan, and develop a plan for action with appropriate referrals.

Information is then entered into the database with reminders set to notify nurse of pending issues/appts/etc.
Military Significance

• The inclusion of primary care providers and delineation of care responsibilities in the SCP may also facilitate coordination of care and management of co-morbidities and late effects of treatment.

• Military patients and their families are by definition mobile. Improvement in their follow-up care, especially with their frequent duty station changes could be applied across other disease continuums.
Military Significance (cont.)

- This descriptive feasibility pilot study can be the basis for further research including a Phase II study; the development of a comprehensive follow-up system that will improve oncology survivorship care across military treatment facilities.
- The findings from this study will support the implementation of an integrated computer system for tracking of survivors with reminders for both staff and patients.
- If this study supports the feasibility of implementing a nurse-led survivorship program in the GYN Oncology survivorship setting, the model may be expanded to other cancer types within the military and then potentially DOD wide.
Study Conclusions (so far)

- Study recruitment/enrollment has concluded.
- Patients like continuity & having time to discuss feelings/concerns.
  - Some appointments ran long, especially in beginning.
- Patients express trepidation at not seeing their GYN Oncologist for 1 year.
- Originally thought that starting sooner after therapy was better than later, but found that perhaps either starting later (pts that had chemo/rtx) or using a mixed model improved satisfaction.
- Pts not as excited about receiving the treatment summary as they are the care plan. Expect tx summary to be in EMR. Satisfaction with SCPs now improving with changes made due to patient feedback.
- The EMR!!!! Not helpful, unable to download ANY data, no ability to improve the EMR in the future. Makes SCP creation time consuming.
- Improved compliance with seeing PCM.
Survivorship Care Plans
Is a written plan, initiated by the oncology nurse, should address the cancer type, treatment summary, follow-up appointments, recommendations dates for follow-up appointments and tests, potential side effects and late effects; and how they should be treated, as well as recommendations for ongoing adjuvant therapy, a schedule for surveillance for cancer recurrence and screening for other cancers, and referrals to specialists for management of identified needs.

(Landier, 2009)
Commission on Cancer Care Requirements

Standard 3.3: Survivorship Care Plan:

- Patients with Stage 0 or IV or metastatic disease, though survivors by varying definitions are not required to receive a SCP under Standard 3.3. However, programs may choose to provide SCPs to metastatic patients.
- Patients who are pathologically diagnosed but never treated or seen for follow-up by the accredited program are not required to receive a SCP from the facility providing diagnosis.

Implementation of the standard and required percentage of SCPs provided must follow the schedule as outlined:

- January 1, 2015–December 31, 2015: Implement process to provide SCPs to $\geq 10$ percent of eligible patients who have completed treatment.
- End of 2016: Provide SCPs to $\geq 25$ percent of eligible patients who have completed treatment.
- End of 2017: Provide SCPs to $\geq 50$ percent of eligible patients who have completed treatment.
- End of 2018 and on: Provide SCPs to $\geq 75$ percent of eligible patients who have completed treatment.
Barriers to Implementation

- Time (can take 1-3 hours to complete) and then 30-60 mins to deliver.
  - Lack of reimbursement for time to create SCPs
- ELECTRONIC MEDICAL RECORDS!
  - Those that cannot populate a care plan
  - Incorrect/incomplete original data entered
  - Multiple care providers without continuity of documentation
- Appropriate staffing: experienced nurses that can create SCP with time to achieve goals.
Society of Gynecologic Oncology (SGO)
Survivorship Toolkit
### SGO Endometrial Care Plan Template (pg. 1)

![SGO Endometrial Care Plan Template](image-url)
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-medications 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 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: ________________________________

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SGO Endometrial Care Plan Template (pg. 3)
## Survivorship Calendar

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### Important Numbers

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Gynecologic Oncologist</td>
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<td></td>
<td></td>
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<tr>
<td>Medical Oncologist</td>
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<td>Radiation Oncologist</td>
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<tr>
<td>Nurse Navigator</td>
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<td>Social Worker</td>
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<tr>
<td>Local Support Group</td>
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<td>Financial Counselor</td>
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<td>Dietician</td>
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<tr>
<td>In case of emergency</td>
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</table>
# SGO Survivor Information Card

## Endometrial Cancer Survivor Information Card

<table>
<thead>
<tr>
<th>Name:</th>
<th>Medical Record Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage:</td>
<td>Histology:</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Primary surgery</td>
</tr>
<tr>
<td>Physician:</td>
<td>Gynecologic Oncologist:</td>
</tr>
<tr>
<td>Contact numbers:</td>
<td>Gynecology Clinic: XXX-XXX-XXXX</td>
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<tr>
<td></td>
<td>After hours number: XXX-XXX-XXXX</td>
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<tr>
<td></td>
<td>Navigator: XXX-XXX-XXXX</td>
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</tbody>
</table>

## Endometrial Cancer Low Risk Information Card

**Surveillance Plan:**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 months</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>12 months and after</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

**Call your doctor if you have:**

- Bleeding from the vagina or blood in stool or urine
- Abdominal bloating or swelling
- New and persistent pain, nausea/vomiting
- Persistent cough/shortness of breath
- Any other concerns

## Endometrial Cancer Intermediate Risk Information Card

**Surveillance Plan:**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 months</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>12 months-5 years</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>&gt;5 Years</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

**Call your doctor if you have:**

- Bleeding from the vagina or blood in stool or urine
- Abdominal bloating or swelling
- New and persistent pain, nausea/vomiting
- Persistent cough/shortness of breath
- Any other concerns
Endometrial Cancer Survivor Information Card

Name: 
Stage: 
Treatment: Primary surgery
Adjuvant radiation
Physicians: Gynecologic Oncologist:
Radiation Oncologist:
Medical Oncologist:
Contact numbers: Gynecology Clinic: XXX-XXX-XXXX
After hours number: XXX-XXX-XXXX
Navigator: XXX-XXX-XXXX

Endometrial Cancer Survivor Information Card

<table>
<thead>
<tr>
<th>Surveillance Plan:</th>
<th>0-24 months</th>
<th>2-5 Years</th>
<th>&gt;5 Years</th>
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</thead>
<tbody>
<tr>
<td>Review of Symptoms and Exam</td>
<td>Every 3 months</td>
<td>Every 6 months</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

Call your doctor if you have:
- Bleeding from the vagina or blood in stool or urine
- Abdominal bloating or swelling
- New and persistent pain, nausea/ vomiting
- Persistent cough/shortness of breath
- Any other concerns

Endometrial Cancer High Risk Information Card

Ovarian Cancer Survivor Information Card

Name: 
Stage: 
Treatment: Primary surgery, Neoadjuvant chemotherapy
Adjuvant chemotherapy Interval surgery
Physicians:
Gynecologic Oncologist:
Medical Oncologist:
Contact numbers: Gynecology Clinic: XXX-XXX-XXXX
After hours number: XXX-XXX-XXXX
Navigator: XXX-XXX-XXXX

Ovarian Cancer Survivor Information Card

<table>
<thead>
<tr>
<th>Surveillance Plan:</th>
<th>0-24 months</th>
<th>24-36 months</th>
<th>Years 3-5</th>
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</thead>
<tbody>
<tr>
<td>Review of Symptoms and Exam</td>
<td>Every 3 months</td>
<td>Every 4-6 months</td>
<td>Every 6 months</td>
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<tr>
<td>CA-125</td>
<td>Optional</td>
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</table>

Call your doctor if you have:
- New and persistent pain
- Abdominal bloating or swelling
- Persistent cough/shortness of breath
- New and persistent nausea/vomiting
- Any other concerns

Ovarian Cancer Information Card

Review your self-care plan to maintain a healthy lifestyle and continue routine general health surveillance.
WRNMMC GYN Onc Endometrial Care Plan Template (pg. 1)
Innovations in Gynecologic Cancer Care

WRNMMC GYN Onc Endometrial Care Plan Template (pg. 2)

### Endometrial Cancer Treatment Summary & Survivorship Care Plan

<table>
<thead>
<tr>
<th>Resources</th>
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<td><a href="http://www.sgo.org/patients-caregivers-survivors">www.sgo.org/patients-caregivers-survivors</a></td>
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<td><a href="http://www.soric.org/patients-survivors">www.soric.org/patients-survivors</a></td>
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<td><a href="http://www.foundationsforwomen.org">www.foundationsforwomen.org</a></td>
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### GYN Oncology Follow-Up Calendar

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Endometrial Cancer Treatment Summary & Survivorship Care Plan

Standard Recommendations for Follow-Up for Uterine Cancer

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.

Oncology Provider Care:

Have a medical history and physical exam that is focused on detecting signs of cancer recurrence or of new cancer, 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., lump in your neck or groin), new and persistent cough, 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.

Primary Care Provider Care:

Please continue to see your primary care provider for all general health care recommended for a woman your age, including screening tests and treatment for chronic conditions (e.g. cholesterol, thyroid, blood pressure, diabetes, osteoporosis, etc.).

The following 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.

Potential Persistent Late- and Long-Term Effects: that someone with this type of cancer and treatment may experience.

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.

WRNMMC GYN Onc Endometrial Care Plan Template (pg. 3)
Innovations in Gynecologic Cancer Care

WRNMMC GYN Onc Endometrial Care Plan Template (pg. 4)
WRNMMC GYN Onc Endometrial Care Plan COMPLETED (pg. 1)
WRNMMC GYN Onc Endometrial Care Plan COMPLETED (pg. 2)
Resources

- AICR: American Institute for Cancer Research: Cancer Survivor Series
  [www.aicr.org/patients-survivors](http://www.aicr.org/patients-survivors)
- American Cancer Society: [www.cancer.org](http://www.cancer.org)
- ASCO Survivorship Booklet: [www.Cancer.net/survivorship](http://www.Cancer.net/survivorship)
- Everything Nobody Tells You About Cancer Treatment and Your Sex Life from A to Za Za Zoom: [http://kanwa.org/sexual-health/a-z-guide](http://kanwa.org/sexual-health/a-z-guide)
- Foundation for Women’s Cancer: [www.foundationforwomenscancer.org](http://www.foundationforwomenscancer.org)
- Journey forward: [www.journeyforward.org](http://www.journeyforward.org) (Electronic SCPs)
- Gynecologic Oncology Group: [www.gog.org](http://www.gog.org)
- National Cancer Institute: [www.nci.nih.gov](http://www.nci.nih.gov)
- Oncology Nursing Society: [www.ons.org](http://www.ons.org)
- Surgical Oncology Group [www.sgo.org/patients-caregivers-survivors](http://www.sgo.org/patients-caregivers-survivors)
  - Survivorship Toolkit
  - Treatment Summary & Survivorship Care Plan Templates
  - Survivorship Calendar & Pocket information cards
GYN ONC Survivorship Team:
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Sarah Bernstein RN, MS, AOCN, (P.I.)
Stephanie Smith RN, BSN
Whitley Lucio, BA, Research Asst.
Chris St. Clair RN, NP (A.I.)
Thank you!

Fort Pierce, Florida