

cervical cancer survivorship plan



Patient Name:

DOB:

Medical Record Number:

Diagnosis:

Stage:

Cancer Histology: *(squamous, melanoma, adenocarcinoma, etc.)*

Pathology:

Genetic Testing:

Your Treatment Team

List relevant provider names and contact information (Gyn Onc, Rad Onc, Med Onc, Navigator, Physician Assistant, Nurse Practitioner, Oncology Nurse, Social Worker)

Treatment Summary:

Below is a personalized treatment summary and care plan for you and your health care providers to use as a reference from this point forward with regards to the cancer care you received, what to expect, and the future follow-up visits and tests you are going to need. Include the following if relevant: date of diagnosis; surgical procedure name, date; radiation, type, total dose, field, route, technique, starting and ending dates; chemotherapy, drugs, doses, numbers of cycles, starting and ending dates; additional treatment not included above; date of completion of primary therapy; disease status at completion of primary therapy (extent of clinical response); recurrence risk (low/high); treatment on clinical trial (provide specifics)

Potential Common Side Effects of Treatment

Some common side effects of treatment may include **post-surgical pain, fatigue, lymphedema, menopause, fluid retention, weight gain, changes in sexuality, pain with intercourse, vaginal dryness, depression/anxiety, and numbness/tingling**. If you experience these, please talk to your health care providers about available therapies that may help your symptoms.

Leg swelling: Minimal to pronounced lower leg swelling can occur. Symptom control with compression hose, lymphedema massage or specialized physical therapy can improve these symptoms.

Sexual intimacy issues: Vaginal dryness, tightening 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.

Emotional Health: Emotional health is important to your overall well-being. Many women who are treated for cancer express concern of body image and intimacy following treatment. We encourage you to contact the support team at your cancer center for ways to improve these feelings.

Follow-Up Care Plan for Cervical Cancer

Routine follow-up care and monitoring for problems after cervical cancer will be provided by your primary oncology team (gynecologic oncologist, medical oncologist, surgical oncologist, and/or radiation oncologist). You should work with your oncology team to keep current with your follow-up care.

Once you have had cervical cancer, we encourage you to allow us to monitor your health. We want to take care of problems that might be from cancer.

We want to help you manage any effects of treatment. There is a chance that cancer can come back. The vast majority of recurrences will be detected in the 2-3 years after treatment. The recommended surveillance or follow-up after diagnosis is summarized in the table below. Patients at the highest risk will need to be seen more frequently. The goal of surveillance after treatment for cervical cancer is to detect disease if it returns as early as possible. The most useful tools for detecting recurrence include a thorough evaluation of symptoms and a physical examination which includes a complete pelvic examination (visual inspection of the vulva, speculum exam, bimanual, and rectovaginal examination). Pap tests may be used to detect other lower genital tract dysplasia or pre-cancer. Imaging is generally reserved for those with signs or symptoms concerning for disease recurrence.

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, abdominal or pelvic pain, leg pain or lymphedema/leg swelling, change in bowel or bladder habits, unexplained fatigue or weight loss, persistent cough or other concerns.**

Follow Up Recommendation Intervals

| Symptom review and examination | Time from completion of primary therapy | | | |
|--------------------------------|---|-------------------|----------------|----------|
| | 0-1 Years | 1-2 Years | 2-5 Years | >5 Years |
| Low risk patients | Every 6 months | Every 6-12 months | Yearly | Yearly |
| High risk patients | Every 3 months | Every 3 months | Every 6 months | Yearly |
| Pap Test | Consider yearly for detection of lower genital tract dysplasia/neoplasia (insufficient evidence for detection of cancer recurrence) | | | |
| Radiology Tests | Reserved for suspicion of recurrence (CT or PET) | | | |

Recommended Screening Tests

Recommendations for screening for other medical problems and other cancers should be a shared responsibility between you, your oncology team, and your primary care provider. Talk to your health care providers about who will be performing which screening tests and make sure that you stay current with your recommended screening tests.

Breast cancer: For the average risk patient, screening for breast cancer with a mammogram and clinical examination is recommended every 1-2 years beginning at age 40. If you undergo genetic testing and are found to be positive for a gene that increases your personal risk of breast cancer, your provider will discuss screening options with you.

Colorectal cancer: For the average risk patient, screening for colon cancer is recommended beginning at age 50. Talk to your health care provider about the various screening strategies (colonoscopy, sigmoidoscopy, stool testing for blood, etc) to determine the best option for you.

Osteoporosis: Bone mineral density testing is typically recommended after age 65 or in younger women with medical conditions or use of medications associated with low bone mass or bone loss. Talk to your health care provider to determine when you should have your bone density tested.

Recommended Wellness and Preventive Health

Healthy behaviors and attention to wellness is important after cancer treatment.

See your primary care health care provider at least once a year. Continue all standard non-cancer related health care with your primary care provider as recommended. Call your health care provider if new problems or symptoms persist for more than 2 weeks.

Nutrition: Eat a variety of healthy foods. Strive to have 2/3 of your plate be vegetables, fruits, whole grains and beans, while 1/3 or less should be an animal product. Choose whole grains, poultry, fish, nuts, beans, and low-fat dairy products when possible; limit intake of high fat foods, sugary desserts, alcoholic beverages, processed meat, or red meat.

Exercise: Strive to exercise at least 30-45 minutes 5 or more days per week, adjusting the intensity of exercise to your tolerance.

Maintain a healthy body weight. Talk to your health care provider if you are overweight or underweight. Obesity is associated with cancer recurrence and can cause other illnesses including but not limited to diabetes, sleep apnea, and heart disease.

Sun safety: Use sunscreen with SPF 30 or higher.

Get a **flu vaccine** every year.

Emotional Distress: Many patients experience emotional distress after the diagnosis and treatment of cancer. Please talk with your health care provider if you are experiencing any issues with anxiety, depression or any changes in your emotions.

Practical Issues: A cancer diagnosis may impact finances and work or school. In addition, many people can have issues with insurance after a diagnosis of cancer. Discuss any concerns regarding practical issues due to your cancer diagnosis with your health care provider.

Smoking cessation: Discuss strategies to help you quit smoking or using tobacco products with your health care provider.

Calcium: Food sources of calcium are ideal, but if unable to meet daily requirements through diet, a supplement can be taken to total 1200 mg per day. Calcium citrate supplements are preferred for patients who also take stomach acid-lowering medicines. Take these supplements with food to enhance absorption. Dietary and supplementation doses of calcium should not exceed 2000 mg daily.

Vitamin D: The recommended dose of Vitamin D is 800-1000 IU daily. Food sources of vitamin D are ideal, but few choices exist. Vitamin D 400 IU is commonly found in combination with calcium supplements, or within a multivitamin. Vitamin D is also available by itself in the form of cholecalciferol or “D3” (preferred) or ergocalciferol “D2”. All sources of dietary and supplemental vitamin D should not exceed 5,000 IU daily.

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SGO developed these resources as an outgrowth of the paper “An update on post-treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) recommendations.” The paper was published in the July 2017 issue of *Gynecologic Oncology*.



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