

# Lung Cancer Care Plan

Personal summary of your diagnosis and planned treatment

SURNAME		URN	
GIVEN NAME		DOB	SEX
ADDRESS			
SUBURB		POSTCODE	TELEPHONE

## Lung cancer type, stage and location

### ☐ Non-small cell cancer type

Subtype: ☐ Adenocarcinoma ☐ Squamous cell carcinoma  
☐ Large cell carcinoma ☐ Other: \_\_\_\_\_

### ☐ Small cell cancer type

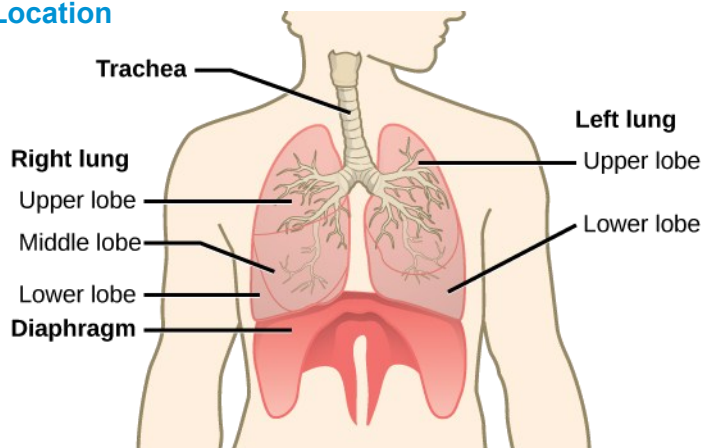
### Mutation type

☐ EGFR ☐ ALK ☐ KRAS ☐ Other: \_\_\_\_\_ ☐ None ☐ Not required

- ☐ Stage 1: Cancer only in the lung and has not spread to any lymph nodes.  
☐ Stage 2: Cancer in the lung and nearby lymph nodes.  
☐ Stage 3: Cancer has spread to lymph nodes outside of the lungs, but within the chest  
☐ Stage 4: Advanced disease - Cancer has spread outside of the chest

Adapted from the American Joint Committee on Cancer TNM Staging System

### Location



Doctors - please indicate tumour location on the image

### Additional information

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## What happens next? When you have appointments to see other doctors please bring this sheet with you.

### See other doctors

[Please note - not all specialties may be required]

☐ Medical Oncologist (chemotherapy specialist)

Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_

☐ Radiation Oncologist (radiotherapy specialist)

Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_

☐ Surgeon

Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_

☐ Other service: \_\_\_\_\_

Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_

### Other tests

Doctors - please list type of test, location and dates if known

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# Lung Cancer Care Plan

## Your key contact person is:

Name: \_\_\_\_\_  
Role: \_\_\_\_\_  
Phone: \_\_\_\_\_

AFFIX PATIENT LABEL

## Proposed treatment

This is a *proposed* treatment plan only. It may change due to a number of factors, such as further information from tests.

### ☐ Surgery

#### ☐ Lobectomy

A lobe of the lung is removed.

#### ☐ Wedge resection

Only part of the lobe is removed.

#### ☐ Pneumonectomy

One whole lung is removed.

Expected operation date: \_\_\_\_\_

Expected days in hospital: \_\_\_\_\_

### ☐ Chemotherapy

### ☐ Other systemic therapy

Name of drug(s): \_\_\_\_\_

Number of sessions: \_\_\_\_\_

Expected start date: \_\_\_\_\_ Expected finish date: \_\_\_\_\_

### ☐ Radiotherapy

Site: ☐ Chest ☐ Bone ☐ Brain ☐ Other \_\_\_\_\_

Number of sessions: \_\_\_\_\_ Planned dose: \_\_\_\_\_ Gy units

Expected start date: \_\_\_\_\_ Expected finish date: \_\_\_\_\_

**Side effects** - The side effects below can sometimes happen with the treatment listed above. There may be others that are not listed below. Please speak to your doctor about other side effects that you might experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ☐ See also - EviQ patient information sheets

## Questions about your proposed treatment and prognosis

What is the intended outcome of my treatment?

\_\_\_\_\_  
\_\_\_\_\_

What can I do to help with my treatment?

\_\_\_\_\_  
\_\_\_\_\_

## Support & information


The contact person listed at the top of this page can provide you with further information, or direct you to where to find it. The leaflets and websites below are also sources of reliable information.

☐ What to Expect - Lung Cancer

☐ Understanding Lung Cancer

*Clinicians - please tick leaflets that were provided*

 [cancer.org.au](http://cancer.org.au)  [lungfoundation.com.au](http://lungfoundation.com.au)

 Telephone support is available through the **Cancer Council 13 11 20** service. Specially trained staff are available to answer your questions about cancer and offer emotional and practical support.

### Support service referrals

Your doctors and nurses might refer you to other services to provide support before, during and after your treatment. Your referrals are listed below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your **GP** is also a key source of support and advice, and can refer you to other support services if required.