

Oesophagogastric (Oesophageal and Stomach) Cancer Care Plan

Personal summary of your diagnosis and planned treatment

SURNAME		URN	
GIVEN NAME		DOB	SEX
ADDRESS			
SUBURB		POSTCODE	TELEPHONE

Oesophagogastric cancer type, stage and location

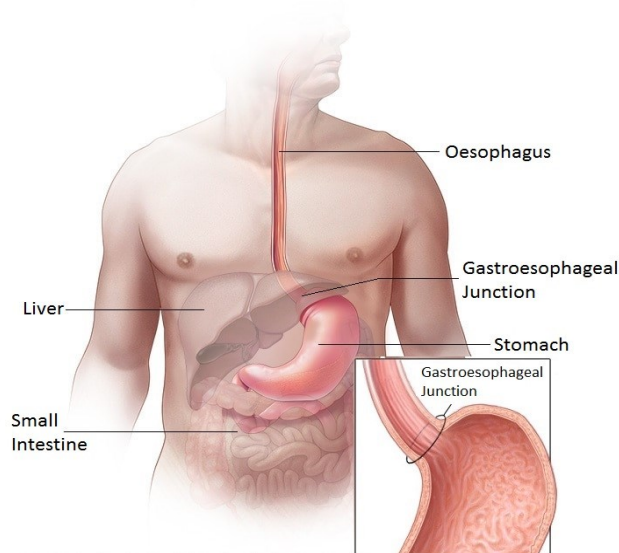
Cancer type

☐ Adenocarcinoma ☐ Squamous Cell Carcinoma ☐ Other: _____

- ☐ **Stage 1:** Cancer is found only in the stomach or the oesophageal wall lining.
- ☐ **Stage 2 & 3:** Cancer has spread deeper into the layers of the stomach or oesophageal walls and to nearby lymph nodes.
- ☐ **Stage 4:** Cancer has spread beyond the oesophageal/stomach wall to other parts of the body, such as bones or lungs, or to distant lymph nodes.

Adapted from the American Joint Committee on Cancer TNM Staging System

Location



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

Doctors - please indicate tumour location on the image

Additional information

(e.g. gene mutation testing results, tumour size)

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]

☐ Surgeon

Name: _____ Appointment date: _____

☐ Medical Oncologist (chemotherapy specialist)

Name: _____ Appointment date: _____

☐ Radiation Oncologist (radiotherapy specialist)

Name: _____ Appointment date: _____

☐ Other service

Name: _____ Appointment date: _____

Tests

☐ Endoscopic ultrasound (EUS)

Location: _____ Date: _____

☐ CT Scan

Location: _____ Date: _____

☐ PET scan

Location: _____ Date: _____

☐ Laparoscopy (for stomach cancer)

Location: _____ Date: _____

☐ Other (please specify)

Location: _____ Date: _____

Oesophageal and Stomach 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.

☐ Radiotherapy

Number of sessions: _____
Planned dose: _____ Gy units
Expected start date: _____
Expected finish date: _____

☐ Surgery

Expected operation date: _____

Name of operation: _____
Pre-Surgical Session/Consultation: _____
Post-Surgery Follow-up: _____

Doctors - please indicate extent of operation on image on previous page.

☐ Other Systemic therapy

Number of sessions: _____
Expected start date: _____
Expected finish date: _____

☐ Chemotherapy

Name of drug(s): _____
Number of sessions: _____
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 - Oesophagogastric Cancer
- ☐ Understanding Stomach & Oesophageal Cancers

Clinicians - please tick leaflets that were provided

 cancer.org.au  gicancer.org.au
 pancare.org.au/upper-gi-cancers

Your GP is a key source of support and advice, and can refer you to other support services if required. Your GP can work in partnership with your specialists in providing ongoing care.

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.

- | | |
|-------------------------------------------------|----------------------|
| <input type="checkbox"/> Dietitian | Referral date: _____ |
| <input type="checkbox"/> Physiotherapist | Referral date: _____ |
| <input type="checkbox"/> Psychologist | Referral date: _____ |
| <input type="checkbox"/> Social Work | Referral date: _____ |
| <input type="checkbox"/> Stoma Nurse | Referral date: _____ |
| <input type="checkbox"/> Other (please specify) | Referral date: _____ |

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.