

Bowel Cancer Care Plan (colon and rectal)

Personal summary of your diagnosis and planned treatment

SURNAME		URN	
GIVEN NAME		DOB	SEX
ADDRESS			
SUBURB	POSTCODE	TELEPHONE	

Bowel cancer type, stage and location

Cancer type

☐ Adenocarcinoma

☐ Other: _____

Stage

☐ Stage 1: Cancer has invaded several layers of bowel but has not spread outside the wall.

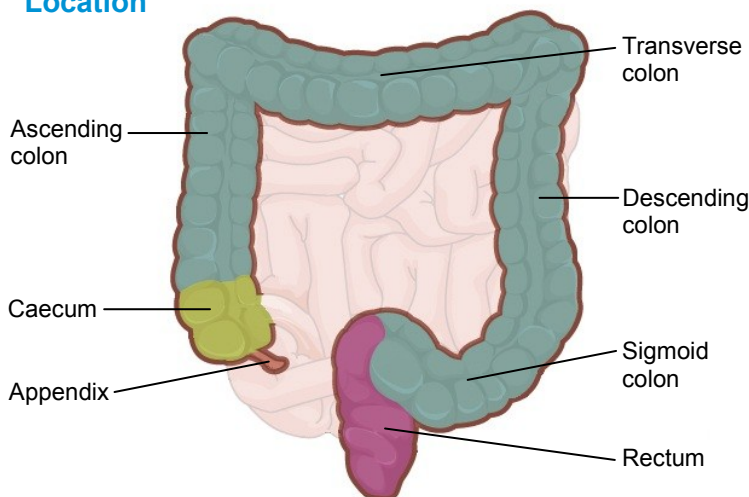
☐ Stage 2: Cancer has grown through the muscle layer of the bowel but has not spread to any lymph nodes.

☐ Stage 3: Cancer has spread to nearby lymph nodes but not to other parts of the body.

☐ Stage 4: Advanced cancer - Cancer has spread to other parts of the body, e.g. liver, lung.

Adapted from the American Joint Committee on Cancer TNM Staging System

Location



Doctors - please indicate tumour location on the image

Additional information

(e.g. 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: _____

☐ Stomal Care

Name: _____ Appointment date: _____

Other tests

☐ CT scan

Location: _____ Date: _____

☐ MRI scan

Location: _____ Date: _____

☐ PET scan

Location: _____ Date: _____

☐ Other _____

Location: _____ Date: _____

Date completed: ____/____/____

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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

Name of operation: _____

Expected operation date: _____
Expected days in hospital: _____

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

☐ Chemotherapy

☐ Other systemic therapy

Name of drug(s): _____
Number of sessions: _____
Expected start date: _____ Expected finish date: _____

☐ Radiotherapy

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 - Bowel Cancer

☐ Understanding Bowel Cancer

Clinicians - please tick leaflets that were provided

 cancer.org.au  bowelcanceraustralia.org

 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.