ASCO's Library of Treatment Plans and Summaries Expands

In September 2007, the American Society of Clinical Oncology (ASCO) added the Breast Cancer Adjuvant Treatment Plan and Summary Template to the growing online library of chemotherapy documentation, care coordination, and cancer survivorship resources. The breast cancer template joins the Colon Cancer Adjuvant Treatment Plan and Summary, developed under the leadership of Deborah Schrag, MD, Professor, Dana-Farber Cancer Institute. Both are reproduced on the pages that follow.

“The development of the treatment plan and summary templates represent an important step forward for medical oncologists and for our patients,” according to Patricia A. Ganz, MD, Professor at the University of California Los Angeles Schools of Medicine and Public Health, Chair of ASCO's Quality of Care Committee, and lead of the breast template development team. “Both groups benefit from tools that help improve documentation of oncology treatments and facilitate communication among providers and patients.”

Two recent publications have highlighted the need for improved documentation related to chemotherapy administration in the medical oncology office. In one, researchers from ASCO's National Initiative on Cancer Care Quality (NICCQ) found that it was often difficult to find complete documentation of the chemotherapy administered to patients with breast and colorectal cancer.¹ The second, the Institute of Medicine report, “From Cancer Patient to Cancer Survivor: Lost in Transition,” described cancer survivors' need for clear documentation of the cancer treatments they received.²

The treatment plan and summary templates can be used for both physician-to-patient and physician-physician communication, streamlining the documentation process. The documentation is intended as a two-step process: (1) when a patient embarks on a new chemotherapy regimen, the medical oncologist completes the treatment plan section of the template, and (2) when a patient completes a chemotherapy regimen, the oncologist prepares the treatment summary. In both instances, completing the form should trigger a discussion with the patient about his or her care. The treatment plan and summary templates are not intended to replace more detailed chart documentation.

Development Process

The development of the Breast Cancer Adjuvant Treatment Plan and Summary Template followed the same path as the colon cancer template. First, a development team of ASCO volunteers representing breast cancer experts, survivorship experts, community and academic practitioners, and patient advocates was convened (for a list of the development team

members; www.asco.org/breasttreatmentsummary). The development group prioritized the data elements needed to provide a brief but clinically meaningful synopsis of the patient's clinical characteristics, the plan for adjuvant treatment, the treatment actually provided, major toxicities, and key information for survivorship care.

The working draft was distributed widely to relevant ASCO committees and feedback was incorporated into a pilot template. This template was pilot tested in both academic and community settings. Written feedback and completed, deidentified templates were provided to the development team, which used the feedback to generate the final published version.

How to Navigate and Use the ASCO Templates

Two main types of templates are available: Integrated treatment plan and summary templates. These forms are useful for oncologists that intend to document the patient's plan of care before administration, and then document the summary of care received following chemotherapy treatment. Completing both the plan and summary on this form provides the most opportunity for facilitating communication and care coordination. The reproduced templates on the pages that follow are integrated treatment plan and summary templates meant for this two-step completion.

Recognizing that documentation of the plan may be unfeasible for some patients and settings, ASCO has published templates that encapsulate the main components of the plan (eg, the patient's clinical information and the plan for chemotherapy) into a stand-alone document to be completed at the conclusion of treatment.

Several versions also are available on www.asco.org/treatmentsummary, including: (1) a customizable Microsoft (Microsoft Corp, Redmond, Washington) Word file most appropriate for printing and written completion, and (2) a “fillable” Microsoft Word form meant for electronic completion. Microsoft Excel versions and Web-enabled versions of the template documents are in development.

Survivorship Plans

As companion pieces to both the breast and colon templates, ASCO published one-page survivorship care plans that provide evidence-based guidance for follow-up care. These documents are drawn directly from ASCO's guidelines, “Colorectal Cancer Surveillance: 2005 Update of an American Society of Clinical Oncology Practice Guideline” and “American Society of Clinical Oncology 2006 Update of

the Breast Cancer Follow-up and Management Guideline in the Adjuvant Setting.” The survivorship plans may be appended to completed treatment plan/summary templates, if desired. Development of survivorship plans is not intended for future disease-specific templates for which ASCO surveillance guidelines do not exist.

EHR Integration

Chemotherapy plan and summary documentation can be most efficiently created in the electronic environment, drawing data elements entered throughout the course of care into printable reports. ASCO has challenged electronic health records (EHR) vendors with oncology products to integrate plan and summary reports into their systems. “The initial response has been very promising,” said Dr Ganz. “All of the data elements included in the treatment plan and summary should be captured in a good oncology EHR product anyway. The ability to click a button and generate a treatment plan or treatment summary report should be a basic function of oncology EHRs. This is an example of a product specification that will help oncologists adopt improved and streamlined processes of care when we implement EHR systems.” (For more information about EHR activities, visit www.asco.org/EHR).

Legislation to Promote and Recognize Plan and Summary Development

The National Coalition for Cancer Survivorship (NCCS) is a strong advocate for cancer patients’ need for clear documentation and communication regarding their treatment and survivorship care. Beyond participating in ASCO’s

template development, NCCS has actively promoted the Comprehensive Cancer Care Improvement Act of 2007 (HR 1078), introduced in February 2007 by Representatives Lois Capps (D-CA) and Tom Davis (R-VA). This legislation would establish a new Medicare service for the development of a treatment plan at the beginning of primary therapy, a care summary and follow-up care plan at the end of therapy, and related communications with the patient. “HR 1078 is fortunate to have the support of ASCO, more than 35 NCI-designated cancer centers, and 30 leading cancer research, support, and advocacy organizations,” said Ellen Stovall, President and CEO of NCCS. All of us diagnosed with cancer know how important it is to have a coordinated approach to our cancer treatment, and when enacted, this legislation will boost the quality of cancer care for Medicare beneficiaries and influence the delivery of care to all cancer survivors.”

Next Steps

In 2008, ASCO will continue to build the library of chemotherapy treatment plan and summary resources. A generic cancer template will soon be posted, as well as lung cancer and other disease-specific templates. The ASCO Quality of Care Committee welcomes feedback from template users regarding feasibility of implementation and/or specific data fields. Questions or comments can be sent via e-mail, to: cancerquality@asco.org.

DOI: 10.1200/JOP.0816001

References

1. Malin JL, Schneider EC, Epstein AM, et al: Results of the National Initiative for Cancer Care Quality: How can we improve the quality of cancer care in the United States? *JCO* 24:626-634, 2006

2. Institute of Medicine Committee on Cancer Survivorship: From Cancer Patient to Cancer Survivor: Lost in Transition. Washington, DC, National Academies Press, 2005

Register Now: 2008 Gastrointestinal Cancers Symposium

The 2008 Gastrointestinal Cancers (GI) Symposium (January 25-27, 2008, Orlando, FL) is your best opportunity to learn about the newest strategies in prevention, screening, and treatment of gastrointestinal cancers. The GI symposium offers educational sessions and abstract presentations focused on each type of GI cancer, including esophagus, stomach, hepatobiliary, pancreas, small bowel, colon, and rectum. Save time by signing up for the Virtual Meeting and Audio Podcast when registering online.

To register and order educational materials, visit www.gicasymposium.org.

Breast Cancer Adjuvant Treatment Plan and Summary v 1.0 09/07 1

The Treatment Plan and Summary provide a brief record of major aspects of breast cancer adjuvant treatment. This is not a complete patient history or comprehensive record of intended therapies.

Medical oncology provider name:					
Patient name:			Patient ID:		
Patient DOB: (/ /)		Age at diagnosis:		Patient phone:	
Support contact name:					
Support contact relationship:			Support contact phone:		
BACKGROUND INFORMATION					
Family history: ☐ None ☐ 2 nd degree relative ☐ 1 st degree relative ☐ Multiple relatives					
Definitive breast surgery: Date: (/ /) Type: ☐ Lumpectomy ☐ Mastectomy ☐ Mastectomy/immediate recon					
# lymph nodes removed:			# lymph nodes positive:		
Axillary dissection: ☐ Yes (/ /) ☐ No			Sentinel node biopsy: ☐ Yes (/ /) ☐ No		
Notable surgical findings/comments:					
Tumor type: ☐ Infiltrating ductal ☐ Infiltrating lobular ☐ Other: _____					
T stage: ☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b ☐ T4c ☐ T4d			N stage: ☐ N0 ☐ N1 ☐ N2 ☐ N3		
Pathologic stage: ☐ 0 ☐ I ☐ II ☐ III			Oncotype DX recurrence score (if applicable):		
ER status: ☐ Positive ☐ Negative		PR status: ☐ Positive ☐ Negative		HER2 status: ☐ Positive ☐ Negative	
Major comorbid conditions:					
Echocardiogram or MUGA result prior to chemotherapy (if obtained): EF= %					
ADJUVANT TREATMENT PLAN			ADJUVANT TREATMENT SUMMARY		
<i>White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy</i>					
Height: in/cm		Pre-treatment weight: lb/kg		Post-treatment weight: lb/kg	
Pre-Treatment BSA:		Date last menstrual period: (/ /)		Date last menstrual period: (/ /)	
Name of regimen:					
Start Date: (/ /)			End Date: (/ /)		
Treatment on clinical trial: ☐ Yes ☐ No					
Chemotherapy Drug Name	Route	Dose	Schedule	Dose reduction needed	Number of cycles administered
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
Possible side effects of this regimen: ☐ Hair loss ☐ Nausea/Vomiting ☐ Neuropathy ☐ Low blood count ☐ Fatigue ☐ Menopause symptoms ☐ Cardiac symptoms ☐ Other:			Anthracycline administered: ☐ Doxorubicin _____ mg/m ² ☐ Epirubicin _____ mg/m ² Serious toxicities during treatment (list all):		
Radiation therapy planned: ☐ Yes ☐ No Date completed: (/ /)			Hospitalization for toxicity during treatment: ☐ Yes ☐ No Neurotoxicity that impairs activities of daily living: ☐ Yes ☐ No		
Reconstruction planned: ☐ Yes ☐ No Date completed: (/ /)			Reason for stopping adjuvant treatment:		

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 Important caution: this is a summary document whose purpose is to review the highlights of the breast cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with breast cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for breast cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Breast Cancer Adjuvant Treatment Plan and Summary v 1.0 09/07 2

The Treatment Plan and Summary provide a brief record of major aspects of breast cancer adjuvant treatment. This is not a complete patient history or comprehensive record of intended therapies.

ADJUVANT TREATMENT PLAN	ADJUVANT TREATMENT SUMMARY
ENDOCRINE THERAPY	
☐ None ☐ Tamoxifen ☐ Aromatase Inhibitor ☐ Other Medication: Duration:	Date endocrine therapy started (or to start) (/ /)
TRASTUZUMAB (HERCEPTIN) THERAPY	
Trastuzumab (Herceptin) planned: ☐ Yes ☐ No	Trastuzumab (Herceptin) prescribed: ☐ Yes ☐ No Pre-trastuzumab ejection fraction: % (/ /) Most recent ejection fraction: % (/ /) Planned or completed dates of trastuzumab therapy: Start date (/ /) End date (/ /)
ONCOLOGY TEAM MEMBER CONTACTS	
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Provider: Name: Contact Info:	Provider: Name: Contact Info:
Pre-treatment comments	
Post-treatment comments	

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<p><i>The Treatment Plan and Summary provide a brief record of major aspects of colon cancer adjuvant chemotherapy. This is not a complete patient history or comprehensive record of intended therapies.</i></p>					
Provider name:					
Patient name:			Patient ID:		
Patient DOB: (/ /)		Age at diagnosis:		Patient phone:	
Support contact name:					
Support contact relationship:			Support contact phone:		
BACKGROUND INFORMATION					
Cancer detection: ☐ Screening ☐ Symptoms ☐ Incidental					
Site in colon: ☐ Right ☐ Transverse ☐ Left ☐ Sigmoid					
Predisposing conditions: ☐ None ☐ Inflammatory bowel disease ☐ FAP ☐ HNPCC					
Family history: ☐ None ☐ 2 nd degree relative ☐ 1 st degree relative ☐ Multiple relatives					
Pre-op colonoscopy to cecum: ☐ Yes ☐ No		Other lesions: ☐ None ☐ Low risk polyps ☐ High risk polyps			
Primary colon operation:			Date of surgery: (/ /)		
Surgery type: ☐ Elective ☐ Emergent		CEA pre-op:		CEA post-op:	
Stage: ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IIIC		T stage: ☐ T1 ☐ T2 ☐ T3 ☐ T4		N stage: ☐ N0 ☐ N1 ☐ N2	
Number of lymph nodes removed:			Number of lymph nodes positive:		
Notable pathology findings:					
Notable surgical findings/complications:					Ostomy: ☐ Yes ☐ No
Comorbidities:					
ADJUVANT TREATMENT PLAN			ADJUVANT TREATMENT SUMMARY		
<i>White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy</i>					
Height: in/cm	Pre-treatment weight: lb/kg		Post-treatment weight: lb/kg		
Pre-treatment BSA:					
Name of regimen:					
Treatment on clinical trial: ☐ Yes ☐ No					
Start Date: (/ /)			End Date: (/ /)		
Bio/Chemotherapy Drug Name	Route	Dose	Schedule	Dose reduction needed	Number of cycles administered
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	
				☐ Yes ____% ☐ No	
Possible side effects of this regimen:			Number of cycles containing oxaliplatin:		
☐ Hair loss ☐ Neuropathy ☐ Low blood count ☐ Fatigue ☐ Diarrhea ☐ Dehydration ☐ Nausea/Vomiting ☐ Other:			Serious toxicities during treatment (list all):		
			Hospitalization for toxicity during treatment: ☐ Yes ☐ No		
			Reason for stopping adjuvant treatment:		
			Disease status at end of treatment: ☐ No evidence of disease ☐ Possible recurrence ☐ Recurrence		

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Important caution: this is a summary document whose purpose is to review the highlights of the colon cancer chemotherapy treatment plan for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with colon cancer and adjuvant chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for colon cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

<div> <div>ADJUVANT TREATMENT PLAN</div> <div> Central venous catheter placement needed: ☐ Yes ☐ No </div> <div> ECOG performance status at start of treatment: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 </div> <div> Nutritional status at start of treatment: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor </div> <div>Special circumstances:</div> </div>		<div> <div>ADJUVANT TREATMENT SUMMARY</div> <div> Neuropathy at end of treatment (Grade): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 </div> <div> ECOG performance status at end of treatment: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 </div> <div> Nutritional status at end of treatment: ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor </div> </div>	
<div> <div>ONCOLOGY TEAM MEMBER CONTACTS</div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> </div>		<div> <div>SURVIVORSHIP CARE PROVIDER CONTACTS</div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> <div> <div>Provider:</div> <div>Name:</div> <div>Contact Info:</div> </div> </div>	
<div>Pre-treatment comments</div>		<div>Post-treatment comments</div>	

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