

Breast Cancer Treatment Planner

Use the table below to enter your proposed plan step by step in chronological order e.g. if surgery is proposed first, then place surgery at the top of the table, then use the opposit space to explain. You may not need all the steps space available.

Steps	Explanation
<i>First step:</i> <i>Date:</i>	
<i>Second step:</i> <i>Date:</i>	
<i>Third step:</i> <i>Date:</i>	
<i>Fourth step:</i> <i>Date:</i>	
<i>Fifth step:</i> <i>Date:</i>	
<i>Sixth step:</i> <i>Date:</i>	

Final Summary

Pathology

Tumor Type:

Tumor Size:

E-R

P-R

HER2

, remark

Lymph Node, how many positive

, total biopsied

Other information from pathology report summary such as tumor margins, grade, lymphovascular invasion, multiple tumors, please enter below

Genomic Profile

Test Name:

Test Result

Stage

Tumor p

Lymph node p

Mets.

, Stage

Genetic Screening

Test Name:

Test Result

Other Patient information: *enter age information, and other medical conditions/issues.*

Calendar

Your team will help you fill out the calendar below, please make sure that you understand it, and have a friend or family follow with you. Use the space below, to enter treatment medications, also keep list of important phone numbers close by.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Notes:

Contact	Phone Number

Medicine	Dose	Direction

