



About Survivorship

WHAT TO EXPECT:

At the end of active treatment, your safety net of regular, frequent contact with the health care team ends. As a survivor, you may experience:

- Relief that treatment is over
- Uncertainty about the future
- Loss of usual support
- Increased anxiety
- Fear that the cancer will come back after treatment
- Guilt about surviving, having lost friends and loved ones to cancer
- Physical, psychological, sexual or fertility problems
- Relationship struggles (family, friends, coworkers, etc.)
- A social network that now feels inadequate

CHANGED RELATIONSHIPS:

When active treatment is over, some of your needs may change and relationships may shift:

- Some friends may become close, while others distance themselves
- Ignored relationship problems prior to cancer diagnosis can resurface
- Families can become overprotective or may have exhausted their ability to be supportive

What you can do:

- Realize the entire family changes from the cancer experience in many ways
- Maintain open and ongoing communication with family and friends
- Seek support and guidance from support groups, elders, traditional healers, etc.

GETTING BACK TO WORK:

You may have taken time off work or reduced your work schedule during your treatment. Going back to a regular work schedule is a sign of getting back to a normal routine and lifestyle.

At work, you may find that:



- You may be treated differently than before your cancer diagnosis and treatment
- Coworkers may want to help you but do not know how, or you may not need their help

What you can do:

- You have the power to decide if and when you have a conversation about your cancer diagnosis and treatment with coworkers
- You may want to anticipate questions coworkers may ask during and after your treatment and how to respond to the questions (if you decide to answer)

LIFE AFTER TREATMENT:

After treatment, you can experience a range of emotions. Here are some suggestions that might help:

- Let your health care team know about your concerns
- Keep notes about any symptoms you have and bring those to follow-up visits
- Talk to a counselor, elder, support group, traditional healer, etc.
- Have a follow-up cancer care plan

TAKE CARE OF YOUR MIND AND BODY:

- Find ways to help yourself relax (e.g. yoga, meditation, smudging, etc.)
- Exercise. Moderate exercise (e.g. walking, biking, swimming, etc.) can help reduce anxiety and depression. It may also improve your mood and boost your self-esteem
- Write your feelings down in a journal or notebook
- Give back. Some people like to channel their energy by volunteering and helping others. Being productive in this way may give you a sense of meaning and lets you turn your attention to others
- Talk to others. Share feelings with your friends and family. Join a support group
- Eat a healthy diet. Talk to a dietician or nutritionist about the foods you should eat to stay healthy and maintain your strength
- Seek comfort from spirituality. Many survivors have found their faith, religion, or sense of spirituality to be a source of strength
- Take part in clubs, classes, or social gatherings. Getting out of the house may help you focus on other things besides cancer and the worries it brings

Sources: American Society of Clinical Oncology (2018). About survivorship. Retrieved from <https://www.cancer.net/survivorship/about-survivorship>; National Cancer Institute (n.d.) Survivorship: A new normal. Retrieved from <https://www.cancer.gov/about-cancer/coping/survivorship/new-normal>





Survivorship Care Plan

This Survivorship Care Plan is provided to help organize your health care records and share them with your primary care provider. This is not a detailed or comprehensive record of your care.

PERSONAL INFORMATION

Name:

Date of Birth:

Tribal Affiliation:

Phone Number:

Email:

HEALTH CARE PROVIDERS

Primary Care Provider:

Phone/Email:

Surgeon:

Phone/Email:

Radiation Oncologist:

Phone/Email:

Medical Oncologist:

Phone/Email:

Traditional/Holistic Healer:

Phone/Email:

Other:

Phone/Email:



FAMILY CANCER RISK ASSESSMENT

Genetic/hereditary risk factors or predisposing conditions:	
Genetic Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Genetic Testing Results:

TREATMENT SUMMARY

DIAGNOSIS	
Cancer Type:	
Diagnosis Date:	Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A

TREATMENT	
Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Date:
Surgery Description (<i>procedure, location, findings, ect</i>):	
Radiation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: End Date:
Body Area Treated:	
Systemic Therapy (<i>chemotherapy, hormonal therapy, etc.</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Agents/Medications Used:	End Date:
Side Effects at Completion of Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>enter type(s)</i>):	



Possible late- and long-term effects that you may experience with this type of cancer and treatment:

As a cancer survivor, you may experience issues with the areas listed below. If you have concerns in these or other areas speak with your health care team to find out how you can help with them:

- | | | |
|--|---|---|
| <input type="checkbox"/> Emotional and mental health | <input type="checkbox"/> Stopping smoking | <input type="checkbox"/> School/Work |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Physical Functioning | <input type="checkbox"/> Financial advice or assistance |
| <input type="checkbox"/> Weight changes | <input type="checkbox"/> Insurance | <input type="checkbox"/> Memory or concentration loss |
| <input type="checkbox"/> Sexual functioning | <input type="checkbox"/> Fertility | <input type="checkbox"/> Parenting |

Other:

A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:

- | | |
|--|--|
| <input type="checkbox"/> Tobacco use/cessation | <input type="checkbox"/> Diet |
| <input type="checkbox"/> Sunscreen use | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Weight management (loss/gain) |

Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:

1. Anything that represents a brand new symptom
2. Anything that represents a persistent symptom
3. Anything you are worried about that might be related to the cancer coming back





Questions to Ask Your Health Care Team

ABOUT CHEMOTHERAPY

Which chemotherapy drugs will be used?

How often will I need treatment?

How long will I undergo treatment?

How long will each treatment take?

Will I need someone to accompany me to my treatment appointments?



Will you be able to provide me with a doctor's note for these visits?

Can you describe the treatment process?

Will I be able to return to work after a treatment session?

What are the potential side effects of this particular therapy?

Will the side effects impact my work?

How can I best manage the side effects?

Are there restrictions on activities before, during or after chemotherapy?





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Questions to Ask Your Health Care Team

ABOUT RADIATION THERAPY

How does radiation work?

Can you describe the procedure?

Where will treatment take place?

When will treatment take place?

How long will the treatment take?

How many treatments will I need?

What are the potential side effects?



How can I best manage the side effects?

Are there any remedies to help alleviate the discomfort associated with the effects of radiation therapy?

Can I work while receiving radiation?

Are there any restrictions before, during or after radiation?





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Questions to Ask Your Health Care Team

ABOUT SURGERY

Can you describe the procedure?

How long will I be in the hospital?

How long will recovery take?

When can I return to normal daily activity?

Will I receive medical documentation I can give to my employer?

What are the potential side effects and will they impact my normal daily activity?



How can I best manage the side effects?

Are there any restrictions before or after surgery?

Will I need additional treatment after surgery?





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Questions to Ask Your Health Care Team

ABOUT COMPLEMENTING TRADITIONAL/HOLISTIC HEALING

Can you work with my traditional/holistic healer?

How can I practice traditional Native healing at this clinic/hospital? (*e.g., burning sage or other traditional medicines, praying before/during/after treatment, singing with or without a hand drum*)

How can this therapy be complemented with my traditional/holistic healing?

Can my traditional/holistic healer be present before, during, and/or after treatments?

Can you work with my traditional/holistic healer about my cancer care plan?



Can I call with questions about the impact of my traditional healing on my cancer care plan?





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Questions to Ask Your Employer

ABOUT WORK AND CANCER

Is there a formal process in place for requesting reasonable accommodations?

Can I get more comfortable/suitable furniture?

Can I take extra breaks or rests during work? Can I change to a flex- or part-time schedule?

Is there a formal process in place for requesting medical leave?

Is there any precedent or formal policy for taking time off?

Do you offer access to a donated pool of vacation time?

Can I take time off for treatment?



What are the health insurance implications if I stop working?

