

Stage III Melanoma Care Plan

What's a care plan? It's a roadmap to guide your cancer care following your diagnosis of stage III melanoma. Your care plan should:

- Summarize your diagnosis
- Provide information about the treatments you have had or are currently taking
- Tell you the best person on your medical team to contact with questions or concerns
- Provide information about symptoms or side effects you might experience and who you should call if you need help managing them
- Explain what type of follow-up care you should receive and who will be providing it

Some people ask their doctor to complete their care plan. Some fill it out with their doctor. And some choose to fill it out on their own and then ask their doctor to review it. You should do what feels most comfortable for you.

When you discuss your care plan with your doctor, you may want to think of yourself as both a patient and a self-advocate. This can include asking questions such as:

- Do I understand everything on my treatment summary and care plan?
- Is there anything I want to add to my care plan?
- Was I told all my treatment options?
- Have I asked about clinical trials?
- Have I talked to my doctor about my treatment goals?
- Have I talked to my doctor about my concerns?
- Do I know what my treatment will cost and how I will pay for it?
- Do I need to get information on pharmaceutical assistance programs?
- Do I want to get a second opinion before starting treatment?
- Do I know who I will call if I develop symptoms and side effects?
- Is there anything else I need?

Additional Information and Support:

[CANCER SUPPORT COMMUNITY](http://www.cancersupportcommunity.org) www.cancersupportcommunity.org

[AIM AT MELANOMA](http://www.aimatmelanoma.org) www.aimatmelanoma.org

[AMERICAN MELANOMA FOUNDATION](http://www.melanomafoundation.org) www.melanomafoundation.org

[MELANOMA RESEARCH ALLIANCE](http://www.curemelanoma.org) www.curemelanoma.org

[MELANOMA RESEARCH FOUNDATION](http://www.melanoma.org) www.melanoma.org

[MELANOMA INTERNATIONAL FOUNDATION](http://www.melanomainternational.org) www.melanomainternational.org

Support for My Caregiver:

[CANCER SUPPORT COMMUNITY](http://www.cancersupportcommunity.org) www.cancersupportcommunity.org

[CAREGIVER ACTION NETWORK](http://www.caregiveraction.org) www.caregiveraction.org

[NATIONAL ALLIANCE FOR CAREGIVING](http://www.caregiving.org) www.caregiving.org

[FAMILY CAREGIVER ALLIANCE](http://www.caregiver.org) www.caregiver.org

Stage III Melanoma Treatment Summary and Care Plan

GENERAL INFORMATION

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Email: _____

HEALTH CARE PROVIDERS (INCLUDING NAMES, INSTITUTION)

Primary Care Provider: _____

Surgeon: _____

Medical Oncologist: _____

Oncology Nurse: _____

Dermatologist: _____

Palliative Care Team: _____

Hospital Social Worker: _____

Pathologist: _____ Additional Care Providers: _____

Stage: IIIA IIIB IIIC

Diagnosis Date: _____

Resected (all known tumor removed) Unresectable (not all tumor removed) being treated as stage IV

TREATMENT

Surgery Yes No Surgery Date(s) (year): _____

Surgical procedure/location/findings, including sentinel lymph node biopsy results: _____

Radiation: Yes No Body area treated: _____ End Date (year): _____

Additional Notes About Surgery and Radiation: _____

SYSTEMIC TREATMENTS: TARGETED THERAPY AND IMMUNOTHERAPY

Names of Treatments Used and, if applicable, Clinical Trial Number	Start and End Dates

FAMILIAL CANCER RISK ASSESSMENT

Genetic/hereditary risk factor(s) or predisposing conditions: _____

Plan for patient's family members: _____

ONGOING CARE PLAN

Please continue to see your primary care provider for all general health care recommended for a person your age, including screening tests for other cancers such as breast, colorectal, prostate, and lung cancers.

SCHEDULE OF CLINICAL VISITS

Coordinating Provider	How often

CANCER SURVEILLANCE OR OTHER RECOMMENDED RELATED TESTS

Coordinating Provider	How often

Cancer and its treatments can cause symptoms and side effects. If you experience any symptoms or side effects, the first doctor you should contact is: _____

All cancer treatments may have associated late- and long-term side effects. The side effects that are most commonly associated with the drugs you are on include:

Name of Drug: _____

Common Side Effects: _____

Name of Drug: _____

Common Side Effects: _____

Additional Information: _____

Symptoms and Side Effects You Are Currently Experiencing: _____

Have you discussed these symptoms and side effects with a palliative care specialist? Yes No

Cancer can affect many aspects of your life. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them. Emotional and mental health Fatigue

Weight changes Stopping smoking Physical Functioning Insurance School/Work Fertility

Financial advice or assistance Memory or concentration loss Parenting Sexual functioning Body Image

A number of lifestyle/behaviors can affect your ongoing health. Some topics you may want to discuss with your doctor or nurse include: Tobacco use/cessation Diet Alcohol use Stress management

Sun exposure and sunscreen use Weight management (loss/gain) Physical activity

Prepared by: _____ Delivered on: _____

My Notes: _____

Your Cancer Journey: A stage III melanoma diagnosis means you will need to find a way to both live your life to the fullest possible while also being aware that you are at high risk for recurrence. This requires learning how to live with and alongside worry, rather than having worry rule your day-to-day experiences.