

OVARIAN CANCER CHECKLIST

PATIENTS

This document will serve as a tool to help you navigate your ovarian cancer care with your health care team. The different sections include information important to your care and items you should discuss and track on with your health care team throughout your cancer journey.

| | | | |
|--|--|---|--|
| <p>SECTION 1 UNDERSTAND YOUR FAMILY HISTORY OF CANCER</p> | <p>SECTION 2 COMPLETE WITH YOUR PCP OR OB/GYN</p> | <p>SECTION 3, 4, 5 COMPLETE WITH YOUR GYNECOLOGIC ONCOLOGIST</p> | <p>SECTION 6 SPACE FOR ADDITIONAL NOTES AT APPOINTMENTS</p> |
|--|--|---|--|

Please see the **NCCN Epithelial Ovarian Cancer Guideline for Patients** for additional educational information: <https://www.nccn.org/patients/guidelines/content/PDF/ovarian-patient.pdf>

SECTION 1 – FAMILY HISTORY

Family history of cancer is important. Talk to your family members and take notes about the history of cancer in your family. You will be asked about this throughout your care:

- Who had cancer?
(first degree or second degree relative)
- What kind of cancer?
- Age at cancer diagnosis?
- Have they had genetic testing?
If you had genetic testing, please share these results with your providers (see section 4).

1ST

1ST DEGREE BLOOD RELATIVES

PARENTS
SIBLINGS
CHILDREN

2ND

2ND DEGREE BLOOD RELATIVES

GRANDPARENTS
GRANDCHILDREN
AUNTS/UNCLES
NIECES/NEPHEWS

SECTION 2 – WORKING WITH YOUR PRIMARY CARE PROVIDER (PCP) OR OB/GYN

Name of Provider: _____ Phone Number: _____

| BLOOD TEST RESULTS | | |
|--------------------|--------|------|
| BLOOD VALUES | RESULT | DATE |
| CA-125 VALUE: | | |
| CEA VALUE: | | |
| OTHER: | | |
| | | |
| | | |

Bring copies of any test results you have received.

TEST RESULTS

Did you have a CT Scan of the Abdomen/Pelvis? YES NO (Date of scan: _____)

If YES, the following 2 bullets apply:

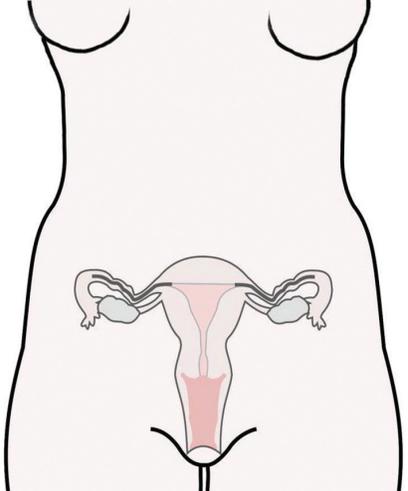
- If you have a print-out of the radiologist report of the results of your CT Scan, or a copy of the CT Scan, bring it to your appointment with a gynecologic oncologist.
- A copy of your CT Scan will be requested electronically by the oncologist's office if you do not have it

If NO:

- keep your appointment with the gynecologic oncologist.

SECTION 3 – WORKING WITH YOUR GYNECOLOGIC ONCOLOGIST

Name of Gynecologic Oncologist: _____ Phone Number: _____

| CANCER STAGING: TYPE OF CANCER _____ | STAGE _____ |
|---|---|
| BRIEF OVERVIEW OF STAGING I. The Cancer is only in the ovaries or fallopian tubes. II. The cancer involves 1 or both of the ovaries or fallopian tubes and has spread below the pelvis or it is peritoneal cancer. III. The cancer involves 1 or both of the ovaries or fallopian tubes, or it is peritoneal cancer. It has spread to the peritoneum outside the pelvis and/or lymph nodes in the retroperitoneum (lymph nodes along the major blood vessels, such as the aorta) behind the abdomen. IV. The cancer has spread to organs outside the abdominal area. IV-A. The cancer has spread to the fluid around the lungs IV-B. The cancer has spread to the liver or to organs beyond the abdomen, including lymph nodes in the groin outside the abdominal cavity | <p>This image is for your gynecologic oncologist to draw the locations of disease.</p>  |

Complete staging information can be found at the American Cancer Society's website:
<https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging/staging.html>

SECTION 4 – GENETIC TESTING

Name of Gynecologic Counselor: _____ Phone Number: _____

Does my ovarian cancer have genetic component? YES NO

If there is a genetic component, what gene is mutated: _____

Are there additional steps I should take based on my genetic testing results?

Yes

notify family members of genetic cancer risk

follow up with providers on additional cancer risk

other _____

No

SECTION 5 – TREATMENT

Your gynecologic oncologist can explain more about sequence of treatment and regimen. When chemotherapy is given before surgery to shrink the cancer, it is called “neoadjuvant chemotherapy.”

SURGICAL TREATMENT

Surgery: _____ Surgery Date: _____

| CHEMOTHERAPY | DATE | NOTES |
|--------------|------|-------|
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CLINICAL TRIALS

A clinical trial is a research study that involves people to find new ways to improve cancer care, such as with prevention, diagnosis, treatment and managing side effects.

- There are clinical trials available for different types and stages of cancer
- Enrollment in a clinical trial is always voluntary
- Clinical trials can sometimes be an option for those who have had many treatments

Did my provider talk about clinical trials? YES NO

Am I enrolled in a clinical trial? YES NO

