BILINGUAL CANCER SURVIVORSHIP SUMMIT 2026

Survivorship Checklist

A resource for people affected by cancer and their caregivers — to prepare for follow-up care, understand life after treatment, and find support.

1 · MY HEALTH HISTORY

● BACKGROUND & FAMILY HISTORY

Family history of cancer ☐ Yes ☐ No
Who and what type: _____

Known genetic or hereditary risk factor ☐ Yes ☐ No
Specify: _____

Genetic counseling completed ☐ Yes ☐ No
Counselor / clinic: _____ Date: _____

Genetic testing done ☐ Yes ☐ No
Results / gene(s) identified: _____ Date of testing: _____

A cancer diagnosis in the family may mean your relatives should start screening earlier.
Encourage them to speak with their own doctor.

● MY DIAGNOSIS

Cancer type: _____ Location: _____ Date of diagnosis: _____
Stage: _____ Treating oncologist / hospital: _____

● TREATMENT HISTORY

Check all that apply:

Surgery ☐ Yes ☐ No
Radiation therapy ☐ Yes ☐ No
Chemotherapy ☐ Yes ☐ No
Hormonal therapy ☐ Yes ☐ No
Targeted therapy ☐ Yes ☐ No
Immunotherapy ☐ Yes ☐ No
Combination therapy ☐ Yes ☐ No
Fertility preservation (cryopreservation) ☐ Yes ☐ No

Other treatment or clinical trial: _____

2 · FOLLOW-UP CARE & MONITORING

Questions to ask your healthcare team:
□ What follow-up visits will I need, and how often?
□ What tests, scans, or blood work are recommended for me?
□ Do I need screening for other cancers based on my treatment history or genetics?
□ At what age and how often should I be screened for other cancers?
□ What symptoms or changes should I report between visits?
□ Are there newer monitoring tools for my cancer type? (e.g. MRD, ctDNA)
□ How could test results affect my care?
□ Should my genetic testing be updated or repeated? How often?
□ Can I get a written copy of my follow-up care plan?

3 · SIDE EFFECTS & SYMPTOMS

Don't ignore new or ongoing symptoms — report them to your care team. Ask what options are available to improve your quality of life.
Check anything you are currently experiencing:

□ Fatigue
□ Nausea or vomiting
□ Pain or neuropathy
□ Sleep problems
□ Skin or tissue changes
□ Loss of appetite
□ Other: _____

□ Mood changes or depression
□ Anxiety or fear
□ Breathing difficulties
□ Memory or concentration
□ Low blood cell counts
□ Infections

□ Urinary problems
□ Digestive problems
□ Menopausal symptoms
□ Sexual health concerns
□ Heart problems
□ Weight changes

4 · CLINICAL TRIALS & RESEARCH

Questions to ask your healthcare team:
□ Is there a clinical trial available for my cancer type?
□ Could a trial be an option now or in the future?
□ Where can I find reliable information about clinical trials?
□ When should we revisit this conversation?

5 · SELF-ADVOCACY

□ Bring a list of questions to every appointment
□ Bring a caregiver, family member, or friend to important visits
□ Keep a record of your tests, treatments, and appointments
□ Speak up when something doesn't feel right
□ Ask for referrals to support services when you need them

Bring this checklist to your next appointment · Share it with your caregiver