

Clinical Oncology Encounter Worksheet

Clerk: _____ Staff: _____

Presentation

Describe the presenting signs and symptoms which ultimately led to the diagnosis of malignancy. If incidentally found, list some signs and symptoms which that particular malignancy could have caused.

Baseline Assessment

Describe the investigations completed and final diagnosis including histological type, stage (TNM), grade, primary site (if known). Document the ECOG performance status (0-4).

Communication of diagnosis and prognosis

Describe the specific elements of this discussion according to the "SPIKES" format (Setting, Perception, Invitation, Knowledge, Empathy, Strategy). Document the treatment intent, anticipated success rates, and (if applicable) prognosis given to the specific patient, and look up median values for this stage, grade, and type of cancer (see references below).

Treatment plan options

Outline the treatment options (including intents, duration, and types of treatment) offered this patient. List all involved allied health as well. What patient-specific comorbidities, if any, influenced the choices offered?

Treatment complication (if applicable – if none, look up a plausible scenario that could happen).

Describe the treatment leading to this complication, document the severity, and the treatment of the complication.

Quality of Life assessment and review of symptoms

Have the patient complete the Edmonton Symptom Assessment Scale (see below) and document the scores here. For any item marked >6/10, document what you or your team will do to address this.

Existential issues

Describe the patient's and the family's (if available) hopes and fears, and document one specific way you as a physician might be able to offer this patient support. Also document what this patient lists as sources of support.

Quick Test

Define Febrile Neutropenia ____ °C ____ Neutr.count – List one choice of initial antimicrobial drug _____

Workup of suspected cord compression: Give ____ mg IV of _____, urgent _____, consult _____

Hypercalcemia: Calcium correction formula _____, Hydration: _____ Drug _____

Brain tumour with ↑ intracranial pressure: 3 symptoms/signs _____

Why is D-Dimer not helpful in the workup of PE/DVT in a cancer patient? _____

Reference material

TNM staging tables can be obtained from UpToDate.com

ECOG Performance Scale*

| Grade | ECOG |
|--------------|--|
| 0 | <i>Fully active, able to carry on all pre-disease performance without restriction</i> |
| 1 | <i>Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work</i> |
| 2 | <i>Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours</i> |
| 3 | <i>Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours</i> |
| 4 | <i>Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair</i> |
| 5 | <i>Dead</i> |

* As published in Am. J. Clin. Oncol.:

Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity And Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982.

Edmonton Symptom Assessment Scale – guide to filling it out at

<http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13262>

Actual questionnaire at

<http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13846>

Reading material around cancer cases

<http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/default.htm>

Questions? If you have any further questions about the teaching around your case, please do not hesitate to contact your Consultant or one of the Undergraduate Oncology Co-Directors: Dr. Belal Ahmad (Radiation Oncology) or Dr. Michael Sanatani (Medical Oncology).