Head and Neck Cancer Treatment Summary

Patient Name:
DOB:
MRN:
Telephone #:
Email:

Care Team

Provider	Name	Telephone Number
Nurse Navigator		
Head and Neck Surgeon		
Radiation Oncologist		
Medical Oncologist		
Reconstructive Surgeon		
Primary Care Physician		
Dentist		
Pain Management		
Speech Pathologist		
Social Worker		
Nutrition Support		
Other:		
Other:		

Tumor Characteristics

Date of Pathologic Diagnosis: **Date of Completion of Definitive Therapy:**

Side: □ Left □ Right □ Bilateral □ N/A **TNM Stage: T_____ N_____ M_____**

Subsite: □ Lip □ Buccal Mucosa □ Floor of Mouth □ Alveolar Ridge □ Oral tongue □ Retromolar Trigone
□ Hard Palate □ Nasal Cavity □ Paranasal Sinus (Specify_____) □ Nasopharynx (EBV □+/□-)
□ Soft Palate □ Tonsil □ Base of Tongue □ Cervical Esophagus □ Supraglottic Larynx □ Glottic Larynx
□ Subglottic Larynx □ Pyriform Sinus □ Posterior Pharyngeal Wall □ Parotid Gland
□ Submandibular Gland □ Facial Skin □ Neck Skin □ Scalp Skin □ Unknown Primary
□ Other:_____

Pathology: □ Squamous Cell Carcinoma □ Other_____ HPV/p16 Status: □ + □ - □ N/A

Adverse Pathologic Features: □ Positive Margins □ Close Margins* □ Perineural Invasion
□ Lymphovascular Invasion □ Extracapsular Nodal Extension
□ Skullbase Invasion □ Soft tissue invasion (List:_____)
□ Other_____

*The designation 'Close margin' is ill-defined and may be used for cancer-free margins from 2-5 mm

Treatment Details

Surgery

Surgery Performed: □ Yes □ No **Procedure Date(s):**
Treating Institution:

Procedure(s) Performed:

Radiation

Radiation Therapy Performed: □ Yes □ No **Start Date:_____** **End Date:_____**
Treating Institution:

Field	Dose	Notes:

Systemic

Chemotherapy Administered: □ Yes □ No

Drug Name	Route	Dose	Schedule	Dose reduction	# Cycles
				□ Yes _____% □ No	
				□ Yes _____% □ No	

Other

Clinical Trial Participant: □ Yes □ No **Sponsor Name:** _____ **Identfier/NCT #:**_____
Brief Description:_____

Other Treatments Received: