

# Childhood Cancer Survivor With Endocrine Late Effects

## GENERAL

### Patient's contact information

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax number \_\_\_\_\_

### Patient's school/work

School/employer \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

### Patient's insurance

Provider \_\_\_\_\_

Policy number \_\_\_\_\_

### Demographic information and other

Date of birth \_\_\_\_\_

Gender \_\_\_\_\_

Current age \_\_\_\_\_

Today's date \_\_\_\_\_

## CANCER HISTORY

### Cancer diagnosis, stage, and recurrences

	Date	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Surgery (description of procedure)

	Date	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Chemotherapy received	Cumulative dose	Relevant to endocrine/ met. late effects?	Dates	Patient age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Radiation site	Cumulative dose	Relevant to endocrine/ met. late effects?	Dates	Patient age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bone marrow transplant (type)	Preparation (chemotherapy or radiation, if not described above)	Dates	Patient age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complications from all treatments	Dates	Patient age
_____	_____	_____
_____	_____	_____
_____	_____	_____

## LATE EFFECTS, OTHER DIAGNOSES, AND CURRENT TREATMENTS

Endocrine/metabolic late effects	Date of diagnosis	Current treatment

### Potential endocrine/metabolic abnormalities requiring surveillance


Non-endocrine late effects	Date of diagnosis	Current treatment

Other diagnoses	Date of diagnosis	Current treatment

## RECENT LABORATORY TEST RESULTS

	Result	Date
TSH		
Free T4		
IGF-I		
IGFBP-3		
GH stimulation testing:		
Arginine		
Insulin		
LH		
FSH		
Estradiol		
Testosterone		

	Result	Date
Total cholesterol		
HDL		
LDL		
Triglycerides		
Bone age/chronological age		
DEXA (g/cm <sup>2</sup> and Z score):		
Total body		
Body composition		
Lumbar spine		
Proximal femur		

## TARGETED RISK ASSESSMENT

Cardiovascular risk factors	Yes	No
Family history:		
Type 2 diabetes mellitus		
Hypertension		
Dyslipidemia		
Early-onset of MI or stroke		
Increased BMI or hip/waist ratio		
Hypertension		
Insulin resistance/prediabetes/diabetes		
Dyslipidemia		
<b>Cardiovascular and osteoporosis risk factors</b>		
Sedentary lifestyle		
Smoking		
Growth hormone deficiency		

Osteoporosis risk factors	Yes	No
Family history of osteoporosis		
Caucasian/Asian ethnicity		
Slight build		
Female gender		
Prolonged malnutrition		
High-dose steroids		
Methotrexate		
High-dose, multiple-drug chemotherapy		
High-dose irradiation to wt-bearing bones		
Hypogonadism		
History of low-impact fractures		
Low bone mineral density		
Low calcium intake		

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**PSYCHOBEHAVIORAL RISK ASSESSMENT**

Family history of mental health disorder

Family history of alcohol/substance abuse

Mental health issues

Eating disorders

Smoking, alcohol or drug use, sexual activity

Driving history

Overall quality of life

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**LIFE GOALS**

Educational goals

Vocational goals

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**TRANSITION OF CARE**

	<b>Transition care from:</b>	<b>To:</b>
Primary care provider(s)		
Endocrinologist(s)		
Oncologist(s)		
Gynecologist/reproductive endocrinologist/urologist		
Other		
Other		

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**ADULT CARE RECOMMENDATIONS****Primary care provider**

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

Refer to other adult specialists as needed

\*Coordinate overall care\*

**Endocrinologist**

Medical visit to treat and monitor established endocrine/metabolic abnormalities every 3 to 6 months

Screen for additional late-onset pituitary hormone deficiencies every 1 to 2 years as indicated

Repeat DEXA in 2 years or as needed to assess near-peak bone mass and body composition

Screen for osteoporosis and counsel on osteoporosis risk reduction

Screen for cardiovascular risk and counsel on cardiovascular risk reduction

**Oncologist**

Annual oncology visit and coordination of follow-up oncology care

Surveillance for endocrine and non-endocrine late effects

Frequency of laboratory tests and screening MRIs to be determined by the oncologist

**Gynecologist/reproductive endocrinologist (for women) or urologist (for men)**

Annual pelvic exam and pap smear as indicated (for women)

Estrogen/progestin therapy as needed (for women)

Discuss family planning as needed (for women)

Discuss options for assisted reproduction as needed

**Other adult specialist (specify)**

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