



Cancer Screening Tracker

One of the easiest ways to prevent cancer or catch it early (when treatment may be most effective) is to follow a regular cancer screening schedule. To determine your screening schedule, you need accurate and complete information.

This worksheet was developed by City of Hope to help you gather and maintain pertinent personal and family health history information. Your doctor will use this information to assess your personal cancer risk and recommend a screening schedule for you.

Use this Cancer Screening Tracker to:

1. Record cancer-related health history information about you and your blood relatives
2. Track your cancer screening recommendations and appointment schedule
3. List questions to ask your doctors, notes from appointments and next steps to take in your cancer prevention plan

****If you are experiencing symptoms, do not wait for a screening. Contact your physician immediately.****

PERSONAL HISTORY:

If you have ever been diagnosed with cancer, your doctor may ask you for the following information:

CANCER TYPE	DATE OF DIAGNOSIS	STAGE	GRADE	TREATMENT RECEIVED

Do you or any blood relatives have any of the following medical conditions or genetic mutations?

- | | | | |
|--------------------------|--------------------------|--------------|--|
| You | Relative | Relationship | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Inflammatory bowel disease (IBD), ulcerative colitis, or Crohn's colitis |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | BRCA 1 or 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Lynch syndrome |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Familial adenomatous polyposis (FAP) or attenuated familial adenomatous polyposis (AFAP) |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | PTEN hamartoma tumor syndrome (PTEN gene mutation) |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Li-Fraumeni syndrome (TP53 gene mutation) |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | PALB2 gene mutation |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Another gene mutation associated with cancer risk: _____ |

If you smoke currently or have smoked in the past, you will be asked the following:

- Total years smoked: _____
- Average quantity smoked per day: _____
- If applicable, what year did you quit smoking? _____

Have you received the human papillomavirus (HPV) vaccine?

- Yes
- No

If you have had any of the following, record the approximate month and year:

- month/year
 ___ / ___ Any abnormal screening results in the past 10 years
 Screening type (e.g. colonoscopy, pap smear, etc): _____
- ___ / ___ Breast biopsy with atypical hyperplasia
- ___ / ___ Breast biopsy without atypical hyperplasia
- ___ / ___ Cervical dysplasia
- ___ / ___ Hysterectomy for cervical dysplasia or cervical cancer
- ___ / ___ Hysterectomy for other reasons
- ___ / ___ Radiation to the chest between ages 10-30

If you are **female**, you will be asked the following questions to help further understand your personal risk for breast and ovarian cancer:

- How old were you when you had your first period? _____
- How old were you when you had your first child? _____

FAMILY HISTORY:

Blood relations who have been diagnosed with certain cancer types may influence your own screening recommendations. Talk to your family and record information below for **first-degree** (parents, brothers, sisters and children) and **second-degree** (aunts, uncles, nephews, nieces, grandparents, grandchildren and half siblings) family members. If you don't know your complete family history, it's worthwhile to have conversations with family members.

MATERNAL	PATERNAL	RELATIONSHIP	CANCER TYPE(S)	AGE AT DIAGNOSIS
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

SCREENING HISTORY:

Keeping a consistent screening schedule based on your physician’s recommendations is critical to early cancer detection. Confirm and record the most recent date of each screening you’ve had in the past.

Using our Risk Management Tool (rmt.cancercenter.com) and your doctor’s recommendations, record when you are due for your screenings, then schedule your screening appointments.

SCREENING TYPE	DATE OF LAST SCREENING (MONTH / YEAR)	WHEN DUE FOR NEXT SCREENING (MONTH / YEAR)	NEXT SCREENING IS SCHEDULED (LIST DATE)
Annual physical exam			
At-home colon test (e.g., FIT, Cologuard)			
Colonoscopy			
Low-dose CT lung scan			
Mammogram			
Pap smear with HPV test			
PSA test			
Skin cancer screening			



Help loved ones figure out their screening schedule. Share the Risk Management Tool.



Scan me

SCHEDULE YOUR SCREENINGS TODAY

Information to share with your doctor (e.g., current or past cancer risk factors, including environmental and work/occupation):

Notes from your visit:

Follow-up appointments and/or next steps:

If you ever have questions regarding cancer treatment options or second opinions, a City of Hope Patient Advocate is available to help guide you.

Call 1-855-712-1530.