



MY DIAGNOSIS

My **oncologist's** name is: _____

Phone: _____ Email: _____

Name of my **nurse**: _____

By how much and how fast is the tumor growing? _____

Where has the **tumor** spread? (Tick all that apply)

Brain Bone Lymphatic system Liver Lung Other

Will I experience any **symptoms** from the **tumor**?

What tests will I need right now?

What will I learn by taking these tests?



MY DIAGNOSIS

How long do they take?

What **type of breast cancer** do I have? (Tick all that apply)

Hormone receptor-positive

Hormone receptor-negative

HER2-positive

HER2-negative

Triple-negative

What does this mean for the treatment I will get?

Have you treated this type of **cancer** before?

What else do you think I need to know about the cancer?



MY TREATMENT

What medicines will I be taking?

What are the possible **side effects**?

Is there anything I should avoid **eating** or **drinking** while **taking this medicine**?

What can I do to help myself deal with fatigue from the cancer or the treatment?

I am worried about losing my **hair**, is there anything I can do to prevent this?



MY TREATMENT

How often will I take the **treatment**?

Will I need an intravenous infusion?

How much time should I schedule for the visits?

When and how will you be checking my progress?

Will I be getting any chemotherapy, radiation or surgery?



MY EMOTIONS

Who is available at this practice or hospital to help me with anxiety or depression?

Is there a **counselor** who has experience in treating people with metastatic cancer who can help me?

Name: _____ Phone number: _____

Can I have the name of a social worker who works with **MBC** patients?

What are the patient **support groups** for women with **MBC** in this area?

Are there **counselors** who could help me talk to my family?

Are these services covered by my medical **insurance**?



MY HEALTH

I am concerned about my diet, do you have a dietician who works with cancer patients?

Name: _____ Phone number: _____

Is there anything I can do to help myself feel stronger/less exhausted?

Are there any **complementary** therapies or specific centres you recommend who work with people who have cancer?



MY RELATIONSHIPS

Do you have any information for me on how to tell people about my **diagnosis**?

What information or brochures can you share with me about the impact the diagnosis will have on my family?

Will my treatment affect my sex life?

Will my treatment affect my fertility?



MY WORK

How long do you think I will be able to continue **working** while receiving **treatment**?

When will I know how I'm responding to this **treatment**? After the first therapy or later?

Will there be times when I feel better and could work if I wanted to?

What do people in my situation usually do about **work**?



NOTES

What did I learn?

What matters to me?

What questions do I have?

Ibrance® is a prescription only medication. The effectiveness and side effects to medication may vary among individuals. Please consult your doctor or your pharmacist for more information.

