

Your Cancer Connections™

Name _____

Address _____

Phone _____

E-mail _____

In case of emergency, contact:



Doctors Hospital
OhioHealth

INTRODUCTION

This Cancer Connections planner was created with input from patients who wanted to be more involved in their cancer treatment. It is meant to help you and your family connect to the tools that you will need throughout this cancer journey.

Here at Doctors Hospital, you have a team of healthcare professionals to help you along the way. This team includes physicians, nurses, therapists, counselors, social workers, dietitians, pharmacists, chaplains and volunteers. We are here to guide, educate and connect you to what you and your family need. Most of the services described in the planner are offered free of charge.

*To access these services, you need to make one contact: CancerCall 614-566-4321 or at 800-752-9119. Remember, we are here to help you and your family: just call and **make the connection.***

TABLE OF CONTENTS

Your Team	
Team Directory	2
Telephone Directory	4
Your Calendar	
Month-at-a-Glance	8
Your Medicines	
Medicine Record	23
Medicine Log	25
Your Notes	
Appointment Notes	28
Your Records	
Diagnostic Test Record	41
Treatment Record	43
Body Weight Record	45
Lab Test Result Record	47
Your Diagnosis	
Types of Cancer.....	51
Diagnosing and Staging of Cancer.....	52
Your Treatment	
Surgery.....	56
Radiation Therapy	57
Chemotherapy	57
Hormone Therapy	57
Biological Therapy	57
Clinical Research Trials.....	58
Alternative Therapy	58
Complementary Therapy	59
Questions About Your Treatment Plan	62
Safeguarding	66
Your Daily Life	
How to Talk to Your Healthcare Team	70
Talking to Your Doctor	71
Talking to Children	72

Planning Your Future	73
Healthy Eating	75
Coping With Daily Life	77
Managing Stress	78
For Your Caregiver	
Caregiver Role	86
Talking with Doctors and Other Healthcare Professionals	87
Second Opinion	88
Doctors Appointments	89
Handling Emergencies	90
Taking Care of Yourself.....	91
Caregiver’s Bill of Rights	93
Respite Care	94
Caregiver Resources	95
Managing Symptoms	
Alopecia (hair loss).....	99
Constipation.....	100
Diarrhea.....	102
Fatigue	103
Low Blood Counts	105
Mouth Sores.....	111
Nausea and Vomiting	113
Peripheral Neuropathy	115
Skin Changes	117
Taste Changes.....	118
Your Survivorship	
Cancer Survivorship	120
Survivorship Resources	121
Facing Forward	insert provided
Your Resources	
Phone Numbers	124
Your Wellness Prescription	125
Booklist	126
Web Sites.....	128
Laboratory Values	132
Medical Terms	134
Patient Bill of Rights	143

In This Section

Your Team

Team Directory2
Telephone Directory4

My Team Directory

NAME/PHONE	ADDRESS
Primary Care Doctor Name: _____ Phone: _____	
Medical Oncologist Name: _____ Phone: _____	
Radiation Oncologist Name: _____ Phone: _____	
Surgeon Name: _____ Phone: _____	
Doctor Name: _____ Phone: _____	
Doctor Name: _____ Phone: _____	
Doctor Name: _____ Phone: _____	
Doctor Name: _____ Phone: _____	

My Team Directory

NAME/PHONE	ADDRESS
Dentist Name: _____ Phone: _____	
Pharmacy Name: _____ Phone: _____	
Nurse Name: _____	
Nurse Name: _____	
Counselor Name: _____	
Dietitian Name: _____	
Social Worker Name: _____	
Physical Therapist Name: _____	
Occupational Therapist Name: _____	
Ambulance Name: _____	
Medical Supply Source Name: _____	

My Telephone Directory

NAME/PHONE	ADDRESS

My Telephone Directory

NAME/PHONE	ADDRESS

My Telephone Directory

NAME/PHONE	ADDRESS

In This Section

Your Calendar

Month-at-a-Glance8

MONTH _____

YEAR _____

Month-at-a-Glance

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Month-at-a-Glance

MONTH _____, YEAR _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Reprints are available at www.ohiohealth.com/cancerplanner

MONTH _____

YEAR _____

Month-at-a-Glance

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Month-at-a-Glance

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MONTH _____

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Reprints are available at www.ohiohealth.com/cancerplanner

In This Section

Your Medicines

Medicine Record23
Medicine Log25

YOUR MEDICINES

Medicine Log

Use these weekly logs to keep track of when and how often you take your medicines.

DRUG	DOSE	HOW OFTEN	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE									

Reprints of this page are available at www.ohiohealth.com/cancerplanner

In This Section

Your Notes

Appointment Notes28

YOUR NOTES

Appointment Notes

Use these pages to prepare for appointments. You can also record information and updates provided by your doctor and other members of your healthcare team.

DATE	DOCTOR
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In This Section

Your Records

- Diagnostic Test Record41
- Treatment Record43
- Body Weight Record45
- Lab Result Record47

Treatment Record

Please record all your treatments, dates and side effects.

Treatment:
Date:
Side effects:

Treatment:
Date:
Side effects:

Treatment:
Date:
Side effects:

Reprints of this page are available at www.ohiohealth.com/cancerplanner

Treatment:
Date:
Side effects:

Treatment:
Date:
Side effects:

Treatment:
Date:
Side effects:

Body Weight Record

Use this record to keep track of your weekly weight.

DATE	WEIGHT (LBS/KG)

Lab Test Result Record

Use this record to keep track of your weekly "Complete Blood Count" (CBC). You may find it helpful to file a copy of the printed report behind this page.

LAB TEST	DATE																			
White Blood Count	Infection Fighters																			
ANC	Mature Infection Fighters																			
Platelets	Clotters																			
Hematocrit	Red Blood Cells																			
Hemoglobin																				
Other																				

LAB TEST	DATE																			
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ANC	Mature Infection Fighters																			
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In This Section

Your Diagnosis

Types of Cancer.....51
Diagnosing and Staging of Cancer.....52

YOUR DIAGNOSIS

My Diagnosis

Stage

For more information on your specific cancer, go to: www.cancer.gov

Cancer is a group of over 100 diseases. It is a disease of the body's cells. Normal cells grow, divide and replace themselves in an orderly way. Cancer occurs when the cells lose their ability to grow and divide in an organized way. If the cells continue to grow and divide when they are not needed, a tumor can begin to form.

Malignant tumors are cancer. They can invade and destroy nearby tissue and organs. Cancer cells also can spread (metastasize) to other parts of the body to form new tumors.

Cancers are described according to their origin, such as the lung or breast. They are also named by the type of cell involved, such as carcinoma or sarcoma.

Types of Cancer

Carcinomas arise from cells that line organs, such as the lungs, intestine, and uterus. Carcinomas include adenocarcinoma and squamous cell carcinoma.

Sarcomas arise from cells such as muscles or connective tissue like bone or cartilage. Examples include synovial sarcoma, uterine sarcoma, osteogenic sarcoma (bone), and chondrosarcomas (cartilage).

Lymphomas arise from cells in the lymph tissue. There are different types of lymphoma named by the type of cell involved. Lymphomas are divided into two distinct groups; Hodgkin's Lymphoma and non-Hodgkin's Lymphoma.

Leukemia is cancer of the blood. It can involve white blood cells (that fight infection), red blood cells (that carry oxygen) and/or platelets (that clot the blood).

Metastasis: When cancer spreads to another part of the body, it is said to have metastasized. For example, breast cancer can spread to the lung, or lung cancer can spread to the bone. When metastasis occurs, the cancer is still named by the site where it started. A person who has breast cancer that has spread to the lung does not have the same kind of cancer as the person whose cancer started in the lung. The cancers are different and the treatment differs.

Diagnosis and Staging of Cancer

When cancer is suspected, the doctor will talk with you about your health history and perform a physical exam. Your doctor may do a biopsy, lab tests and other procedures which indicate the extent of the disease. With this information, your doctor can plan the treatment that is best for you.

Tumor Specimens and Biopsy

A cancer diagnosis can only be made by looking at cells under a microscope. Cytology, bone marrow test and biopsies can obtain these cells. For instance, to diagnose blood cancer, or to find out if a cancer has spread to the bone marrow, a bone marrow test is done. When a biopsy is done, cells from a piece of tissue or an entire tumor are placed on slides, stained with dye and examined under a microscope.

Blood Tests

Your physician will often obtain a panel of blood tests, including blood counts and tests for liver or kidney function. Other blood tests measure chemicals produced by various types of tumors. These are called tumor markers. These markers sometimes help make a cancer diagnosis. They can also be useful for keeping track of some cancers after treatment. If a tumor marker is high at the time of diagnosis, then successful treatment should result in a lower level. An increase in the marker *may* mean a relapse or recurrence of the cancer.

Imaging Studies

Imaging studies are done to locate the tumor and determine its size.

X-rays focus on a specific body part and project its image onto film. Because soft tissues (e.g. colon) cannot be seen very well on x-rays, contrast agents such as barium may be used. A fluoroscope is used to view a continuous, moving image.

CT Scan looks at a selected cross section of the body.

MRI also provides cross-section images similar to CT scans, but in multiple directions. No x-ray is used. A powerful magnet makes certain parts of the body vibrate resulting in a computer-generated image.

PET Scan looks at metabolic changes which may indicate cancer, sometimes before it can be seen by other imaging methods.

Endoscopy Using a flexible “scope”, the doctor is able to safely see inside body cavities, take pictures or remove cell samples. Examples of endoscopy include colonoscopy and sigmoidoscopy.

Nuclear Medicine studies can find abnormalities in many different organs in the body, using a very small amount of radioactive substance.

Ultrasound is a test that uses sound waves instead of x-rays to locate tumors.

Staging

Staging is the process of finding out whether the cancer has spread and if so, how far. There are several types of staging systems. Staging is done at the time of diagnosis and is used to select the best treatment. It is also used to help predict a patient’s outlook for survival.

One staging system is called **TNM** staging. In this system, each letter stands for a specific aspect: **T** – what is the size of the tumor? **N** – are the lymph nodes involved? **M** – is there distant spread (metastasis) to other parts of the body? The T, N and M are combined to determine the stage. Most cancers can be described as Stage 0, Stage I, Stage II, Stage III or Stage IV. Certain types of cancer have their own distinct classification systems. For instance, Ann Arbor Staging System is used in Non Hodgkins Lymphoma. Cancers are also *graded*. The grade of a cancer reflects how abnormal the cancer cells look under a microscope in comparison to normal cells of the same tissue type. This is known as *histologic grade*. For additional information on staging go to www.cancer.gov/cancertopics/factsheet/detection/staging

Questions for your doctor

1. What type of cancer do I have?

2. What is the stage of my cancer? What does that mean?

3. What is my prognosis?

4. Will I need additional treatment?

5. Should my pathology results be reviewed elsewhere?

6. Would you recommend I get a second opinion? If so, who would you recommend?

In This Section

Your Treatment

Surgery.....	56
Radiation Therapy	57
Chemotherapy	57
Hormone Therapy	57
Biological Therapy	57
Clinical Research Trials.....	58
Alternative Therapy	58
Complementary Therapy	59
Questions About Your Treatment Plan	62
Safeguarding	66

YOUR TREATMENT

There can be many goals for cancer treatment. The goals for cancer treatment depend on the type and stage of cancer, medical history and the patient's personal decisions. The cancer patient and physician must communicate clearly and agree on their goals for cancer treatment.

The main cancer treatments include surgery, radiation therapy, chemotherapy, hormone therapy and biological response modifiers. You may receive one treatment or a combination of treatments.

Standard or conventional treatment refers to medical treatments that have been tested using a strict set of guidelines and found to be safe and effective.

Surgery

Surgery is recommended for some, but not all, types of cancer. Depending on the type and extent of cancer, surgery is a local treatment that removes some or all of the tumor. Nearby normal tissue and lymph nodes may also be removed to determine if the cancer has spread.

Targeted Therapy

A type of treatment that uses drugs or other substances, such as monoclonal antibodies, to identify and attack specific cancer cells. Targeted therapy may have fewer side effects than other types of cancer treatments.

Monoclonal Antibody

A type of protein made in the laboratory that can locate and bind to substances in the body, including tumor cells. There are many kinds of monoclonal antibodies. Each monoclonal antibody is made to find one substance. Monoclonal antibodies are being used to treat some types of cancer and are being studied in the treatment of other types. They can be used alone or to carry drugs, toxins, or radioactive materials directly to a tumor.

Source: cancer.gov (NCI)

Radiation Therapy

Radiation therapy is considered local treatment that uses high-energy waves or streams of particles that damage cancer cells. This treatment prevents the cancer cells from growing and multiplying. Radiation may be used before surgery to shrink a tumor, during or after surgery. Depending on the cancer site and type, radiation therapy may be external (applied outside the body) or implanted inside the body. Radiation therapy is also used to relieve pain caused by tumor growth.

Chemotherapy

Chemotherapy is the use of drugs to disrupt the ability of cancer cells to grow and multiply. It is a systemic form of treatment because it travels through the body via the bloodstream. Depending on the type and stage of cancer, a combination of drugs and routes may be used.

Hormone Therapy

Some cancers grow better when certain hormones are present. Hormone therapy blocks the production or use of these hormones and prevents tumor growth. Hormone therapy may be a drug like Tamoxifen used in some breast cancers. It may be surgical treatment, such as removal of testicles (orchiectomy), used in some prostate cancers.

Biological Therapy

Biological therapy is also known as immunotherapy or biological response modifiers. It is not considered chemotherapy. Biological therapy stimulates or boosts the patient's own defenses. Examples are Interleukin-2, Interferon, Colony-Stimulating Factors, Monoclonal antibodies. Each works in a different way. A number of biological therapies are being studied in clinical research trials.

Clinical Research Trials

The nationwide effort to conquer cancer intensified with the National Cancer Act of 1971. The National Cancer Program was created to build a network of researchers at many public and private institutions in the United States. Hundreds of researchers are working to benefit cancer patients. Research studies with patients in clinical trials have led to improved survival rates in childhood cancers, Hodgkin's disease, breast, uterine, testicular and bladder cancers, as well as others.

Clinical trials are research projects that determine whether a new treatment is effective and safe for patients. Before a drug or other treatment can be used regularly to treat patients, it is studied and tested carefully, first in laboratory test tubes, and then in animals. After these studies are completed and the therapy is found safe and promising, it is tested to see if it helps patients. After careful testing with patients shows that the drug or other treatment is safe and effective, the Food and Drug Administration may approve it for regular use.

At OhioHealth, we conduct more than 100 nationally sponsored clinical trials that evaluate new and possibly better treatments which may lead to future cures for cancers. As members of the Columbus Community Clinical Oncology Program (CCCOP), the largest community hospital research consortium in Ohio, we are able to offer National Cancer Institute (NCI) sponsored trials as well as institutional-based clinical trials. In addition to treatment trials, we offer many cancer control clinical trials. These trials look at symptom and side effect management.

For additional information on clinical trials, go to [www.cancer.gov/clinical trials](http://www.cancer.gov/clinical%20trials).

Alternative Therapy

Alternative Therapy refers to treatments that are promoted as cancer cures. These treatments are used *in place of* traditional cancer treatments. They are unproven because they have not been scientifically tested, or were tested and found to be ineffective. People outside the medical field often promote these treatments. If used instead of standard treatment, the patient may suffer, either from lack of helpful treatment or because the alternative treatment is actually harmful.

Complementary Therapy

This therapy refers to supportive methods that are used to complement, or add to, proven medical treatments. Examples might include meditation to reduce stress, peppermint tea for nausea, and acupuncture for chronic back pain.

Complementary methods do not cure disease; rather they control symptoms and improve well being.

Integrative Therapy

This is a term that refers to the combined offering of standard and complementary therapies.

Safety of Alternative and Complementary Cancer Treatments

Many people with cancer use one or more kinds of alternative or complementary therapies. Often they are reluctant to tell their doctors about their decision. The best approach is to look carefully at your choices. Talk with your doctor about any method you are considering. There are many complementary methods you can safely use along with standard treatment to help relieve symptoms or side effects, to ease pain and the symptoms of stress.

- **Aroma Therapy:** the use of fragrant substances, called essential oils, distilled from plants to alter mood or improve symptoms such as stress or nausea.
- **Art Therapy:** is used to help people with physical and emotional problems by using creative activities to express emotions. This is done by mainstream therapists with specialized training.
- **Biofeedback:** uses monitoring devices to help people consciously control physical processes such as heart rate, blood pressure, temperature, sweating and muscle tension that are usually controlled automatically.
- **Biologically based practices:** the use of botanicals, animal-derived extracts, vitamins, minerals, fatty acids, amino acids, proteins, probiotics, whole diets and functional foods to improve well being.
- **Labyrinth walking:** involves a meditative walk along a set circular pathway that goes to the center and comes back out. Labyrinths can also be “walked” online or on a grooved board following the curved path with a finger.
- **Massage therapy:** involves manipulation, rubbing, and kneading of the body’s muscle and soft tissue. Some studies suggest massage can decrease stress, anxiety, depression and pain and increase alertness.
- **Meditation:** is a mind-body process in which a person uses concentration or reflection to relax the body and calm the mind.
- **Music therapy:** is offered by a group of established healthcare professionals who use music in order to promote healing and enhance quality of life.
- **Prayer and spirituality:** spirituality is usually described as an awareness of something greater than the individual self. It is often expressed through religion and/or prayer, although there are many other paths of spiritual pursuit and expression.
- **Qigong:** a component of traditional Chinese medicine that combines movement, meditation and controlled breathing.
- **Tai chi:** is an ancient Chinese martial art. It is a mind-body system that uses movement, meditation and breathing to improve health and well-being. It can improve strength and balance in some people.
- **Yoga:** is a form of non-aerobic exercise that involves a program of precise posture and breathing activities. In ancient Sanskrit, the word yoga means “union.”

When considering a complementary therapy, ask these questions:

- What claims are made for the treatment to cure the cancer or enable the standard treatment to work better? How is the treatment supposed to relieve symptoms or side effects?
- What are the credentials of those supporting the treatment? Are they recognized experts in cancer treatment? Have they published their findings in professional journals?
- How is the method promoted? Is it promoted only in the mass media (books, magazines, TV and radio talk shows) rather than in scientific journals?

Signs of Treatments to Avoid

Use the checklist below to spot those approaches that might be open to question. Always talk to your doctor or nurse before moving ahead.

- Is the treatment based on an unproven theory?
- Does the treatment promise a cure for all cancers?
- Are you told not to use conventional medical treatment?
- Is the treatment or drug a “secret” that only certain providers can give?
- Does the treatment require you to travel to another country?
- Do the promoters attack the medical/scientific establishment?

Questions About Your Treatment Plan

What is the goal of treatment? _____

What is the best way to treat the disease? _____

How successful can we expect this treatment to be? _____

Are there other treatments for this condition? _____

If I choose not to have the treatment, what will happen? _____

How will I feel during treatment? _____

If pain is involved, how can I prevent or relieve it? _____

How long will the treatments last? _____

What kinds of changes in my daily life will I have to make while I am going through these treatments? _____

Will I be able to continue to work? _____

How will we know the treatment is working? _____

What side effects should I look for? What side effects should I report to you right away? Will I have *all* of the possible side effects?

Are there any changes I will have to make in my diet?

Can I drink alcohol? _____

Will the treatment make me lose my hair? If so, will it grow back? _____

Is there a chance that, once cured, the cancer will come back? How will I know if it does? _____

How often and how long will I have to come for follow-up visits?

What services, such as counseling and support groups, does the hospital and community provide for cancer patients?

What will treatment cost? If I have trouble getting reimbursement, can you help me? _____

Should I get a second opinion? If so, can you recommend someone? _____

For more information, please call your doctor.

Safehandling of Chemotherapy and Other Medications

You are receiving chemotherapy to treat cancer. The chemotherapy drugs kill cancer cells or stop them from growing, but they can also damage normal cells in the body. The long term effects of exposure to chemotherapy on healthcare workers and other people coming into contact with the medications are not known. To prevent accidental contact with these drugs, special precautions must be taken to prevent exposure of the hospital staff and your family to the chemotherapy, body fluids and contaminated equipment.

Chemotherapy is Hazardous Waste

Chemotherapy medicine, equipment or items that come into contact with the medicine (e.g., syringes, needles) are contaminated with hazardous waste. Chemotherapy stays in your body for many hours, sometimes days, after each chemotherapy treatment; the chemotherapy not used by your body leaves your body in your urine and stool. It is also present in vomit and blood.

Special precautions should be used with each dose of chemotherapy and for 48 hours after the last dose is finished.

Safehandling Precautions in the Hospital

While you are in the hospital, the healthcare workers will use these precautions:

1. The registered nurse will wear a special gown and gloves when giving you any liquid form (e.g., IV or shots) of chemotherapy. Sometimes, goggles are needed for protection.
2. The hospital personnel will wear gowns and gloves when coming into contact with body fluids, such as urine and stool.
3. A sign will be placed over your bed and on your medical chart to tell hospital personnel that precautions are needed.
4. All equipment that has come into contact with chemotherapy will be thrown away in specially marked containers.

5. You can go to the bathroom in the regular commode, but flush twice after going.
6. You need not be in a private room and there is no reason to restrict visitors. Eating together, hugging and kissing are important and all safe.

Chemotherapy Precautions at Home

Chemotherapy precautions should be maintained at home during each dose of chemotherapy and for 48 hours after the last dose is done.

The following are suggested precautions:

1. There is no reason to restrict visitors or enjoy activities with friends and family members.
2. You and your family members can use the same toilet, just flush twice after using it. Close the lid before flushing. Afterwards, wash your hands with soap and water.
3. If laundry is soiled with urine, stool or vomit, wear gloves when handling it. Place soiled laundry in a 2-ply plastic garbage bag. Keep this soiled laundry separate from other items. Wash each load of soiled linen twice, using regular laundry detergent. If it is hard to control your bowels and bladder, place plastic backed pads between the linens and mattress to absorb the body fluids. If contaminated, these pads should be disposed of in specially marked chemotherapy bags.
4. Family members should wear gloves when handling bedpans, urinals and emesis (vomit) pans.
5. If chemotherapy or body fluids touch the skin, clean with soap and water.
6. Your home nurses will provide you with the equipment you need and instructions for safety precautions. Included should be a special container to dispose of contaminated equipment, gloves and a chemotherapy spill kit.
7. Because chemotherapy is found in body secretions, avoid sexual intercourse while you are receiving each dose of chemotherapy and for 48 hours afterwards.

8. It is possible to become pregnant or father a child while on chemotherapy. This could be harmful for you and the baby. Most doctors recommend birth control while you are receiving chemotherapy and sometimes for at least two years afterwards. Talk to your physician and nurse about this and about the best type of birth control method for you.
9. Supplies:

If you have problems controlling your urine and stool and do not have home health nurses, talk to your nurses in the hospital or outpatient clinic about where you can get gloves, plastic backed pads and plastic bags to dispose of the gloves and pads.

Use latex gloves to handle chemotherapy and contaminated items. Wear two pair. If you are allergic to latex, talk to your doctor or nurse about alternatives.
10. Disposal of unused chemotherapy, contaminated equipment and supplies:

Do not throw any *unused* chemotherapy or contaminated equipment or supplies into the regular trash. If you have *unused* chemotherapy pills, return them to your oncologist's office for disposal.

If you are receiving shots or IV chemotherapy in the home, put all used chemotherapy and equipment in a special container provided by the home healthcare agency. This includes cassettes, tubing, needles, syringes and vials. The home healthcare agency should dispose of the special container.

If you do not have a home healthcare agency, talk to your oncologist's office about disposal of contaminated supplies.

In This Section

Your Daily Life

How to Talk to Your Healthcare Team	70
Talking to Your Doctor	71
Talking to Children	72
Planning Your Future	73
Healthy Eating	75
Coping With Daily Life	77
Managing Stress	78

YOUR DAILY LIFE

How to Talk to Your Healthcare Team

Your healthcare team is here to provide the best cancer care possible. By talking openly with your doctors, nurses, social workers and others about your questions, concerns and fears, you become an active partner in your treatment.

Establishing a relationship with your doctor takes time and effort. It requires mutual trust and respect, being honest and open, and really listening to the other person. Prepare to talk with your doctor by listing questions and recording symptoms in this planner. Take your planner with you when you see the doctor.

From everyone on your healthcare team, you have the right to expect complete information and respect for you as a partner in your own care. Your doctor and healthcare team should take your questions seriously and take time to answer them in ways that are helpful to you. They should treat you with respect and be honest with you.

When talking with your doctor describe your symptoms in detail. And give feedback to your doctor as you listen, reviewing all instructions at the end of your discussion or appointment.

Ask for illustrations or literature to read if there are medical procedures or terms you don't understand. Keep asking for clarification until you understand.

And finally, talk openly with your doctor. Request emotional support. If you are lonely or upset, let someone know. The doctors, nurses, dietitians, pharmacists, social workers, counselor and chaplains on your team can help.

Talking to Your Doctor

Tell Your Doctor About...

- **Changes in body functions:** Are you sleeping more or less than usual? Are you tired all day? Has your appetite increased or decreased? Have you gained or lost weight? Do you have diarrhea; are you constipated? Are you having pain?

- **Changes in your lifestyle:** Are you exercising more or less than before? Have you taken up a new activity? Have you stopped or started smoking? If you are a smoker, are you smoking more than usual? Are you drinking more than usual?

- **Medicines you are taking:** Are you taking medicines for other conditions? Does your doctor have a complete list of all the medicines prescribed by other doctors that you are taking? Are you taking new over-the-counter pain relievers? Have you started using megadose vitamins, herbal preparations or any other kind of nontraditional therapy?

- **Changes in your feelings:** Are there any changes? Have you had feelings of depression or anger that are difficult to control? Do you have urges to withdraw from family, friends and co-workers?

Talking to Children

Adults are often concerned about what to tell children. Generally, children adjust best when they are given clear, honest information about your illness. Speak at a level they can understand. Children need to know that they can ask questions and get honest answers.

For a copy of *KidShare: Helping Your Child Cope When You Have Cancer: A Handbook for Parents* by Riverside Cancer Services, go to www.ohiohealth.com/cancerplanner

These additional resources may also be helpful:

Helping your Children Cope with Cancer: A Guide for Parents and Families by Peter Van Dernoort

In Mommy's Garden: A book to help Explain Cancer to Young Children by Neyal Ammary

My Book about Cancer: A workbook to Help Children Deal with the Diagnosis and Treatment of a Father with Cancer by Rebecca Schmidt

My name is Buddy: a Story for Children about Brain Tumors by Dave Bauer

The Paper Chain by Claire Blake

A helpful story about hospitalization and time passage

When a Parent has Cancer: A Guide to Caring for your Children by Wendy Schlessel Harpham

Kids Konnected

www.kidskonnected.org

Nonprofit organization dedicated to helping children of parents who have cancer. Services include a 24 hour hotline for kids, support group meetings, summer camps and online chatroom.

Planning Your Future

What are Advance Directives?

“Advance directive” is a general term that refers to a person’s verbal and written instructions about future medical care, in the event that the person becomes unable to speak for him or herself.

Why Do I Need an Advance Directive?

Advance directives give you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your advance directives will not be used and you can accept or refuse any medical treatment.

What Laws Govern the Use of Advance Directives?

Both federal and state laws govern the use of advance directives. The federal law, the Patient Self-Determination Act, requires healthcare facilities that receive Medicaid and Medicare funds to inform patients of their rights to execute advance directives. Laws vary from state to state. While a witness signature is required for all advance directives, you do not need to hire an attorney to create these documents.

What are the Types of Advance Directives Available in Ohio?

■ **Ohio’s Living Will** is a type of advance directive in which a person puts in writing his or her wishes about life-sustaining treatments if he or she became permanently unconscious or terminally ill and unable to communicate. The person must be declared permanently unconscious or terminally ill and unable to communicate by two physicians before the Living Will is utilized.

- **Durable Power of Attorney for Healthcare (DPOA-HC)** is a type of advance directive that allows a person to appoint someone (an attorney-in-fact) to make medical decisions for the person in the event that he or she is unable to do so. The DPOA-HC differs from the Living Will because the attorney-in-fact appointed through a DPOA-HC is authorized to make medical decisions in any situation where you are unable to communicate. It is not limited to the event of becoming permanently unconscious or terminally ill and unable to communicate as defined by law. If you have assigned someone as DPOA-HC be sure to tell him or her and keep them up to date concerning your wishes.
- **Ohio's Do-Not-Resuscitate law** is an advance directive which allows a person the option of not being resuscitated in the event of a cardiac or respiratory arrest. By enrolling in this program, a person has a choice to die without heroic measures, and healthcare providers are provided with legal means to respect those wishes. It is necessary to be enrolled in this program by a medical practitioner and have acceptable forms of DNR identification.
- **Organ and Tissue Donation** is an advance directive choice for anyone who wishes to donate organs and/or tissues after death. By making this decision known with family ahead of time, the person's wishes may be carried out immediately and relieves loved ones of the burden of making this decision.

From ohpco.org

For more information on advance directives, go to www.osma.org and choose "Patient Resources."

Always provide your doctor with a copy of your advance directives and bring them with you any time you come to the hospital. We can provide additional information about advance directives and assist you in completing the paperwork to ensure your wishes are known.

Healthy Eating

Preparing and eating a healthy diet is often hard for people with cancer. Cancer itself can affect your appetite. Common cancer treatments, although they are effective in treating cancer, may have side effects that change the way you eat. And yet, eating a well balanced diet helps to provide the nutrients you need to maintain healthy, normal cells.

When you are sick, the cells that fight disease and rebuild damaged tissue are working extra hard. When you do not eat enough food, or the right kinds of food, your body must use stored nutrients as its main energy source. But your immune system needs these stored nutrients to work. A healthy diet helps your body function properly, helps your body fight infection, and helps you feel better and stronger.

You may need to focus on high-calorie eating, especially when you are having treatments such as chemotherapy and radiation. The best way to boost your calorie intake in a healthy way is to eat more foods high in protein — meat, fish, poultry and dairy products.

Your Nutritional Goals

- Maintain good nutrition.
- Maintain your strength.
- Reduce treatment side effects.

Meeting Your Nutritional Goals

- Eat small, frequent meals and snacks.
- Take advantage of the “up” times to eat favorite foods.
- Discuss eating problems with your doctor.
- Make use of time savers.
- Create a pleasant atmosphere.
- Avoid foods that don’t interest you.
- Stay away from raw eggs and raw meat.
- Avoid fatty or greasy foods.

For more information about eating well before, during and after cancer treatment, go to: www.cancer.gov, under “Cancer Topics” choose “Coping with Cancer.”

For an appointment with an OhioHealth dietician, call 1-877-566-1112

Other resources you may find helpful:

A Dietician’s Cancer Story: Information and Inspiration for Recovery and Healing from a Three Time Cancer Survivor by Diana Dyer

Beating Cancer with Nutrition by Patrick Quillin

Eating Hints for Cancer Patients by the National Cancer Institute

The American Cancer Society Cookbook by Anne Lindsay

The China Study: The Most Comprehensive Study of Nutrition by T. Colin Campbell

The What to Eat if You Have Cancer Cookbook by Daniella Chace and Maureen Keane

Coping With Daily Life

Each person has different feelings and responds differently to the stress of cancer treatment. You may see changes in your lifestyle, income, relationships, energy level and your ability to manage and cope with normal activities. Everyday stresses may seem worse. New ones may appear. You may feel angry, uncertain or scared. These feelings are to be expected.

How do you cope? Talking about your thoughts and feelings with someone you trust is a good first step. Choose someone who will listen and offer suggestions for change or help. Education, support and counseling are available. Talk to your doctor, nurse, social worker or other member of your healthcare team for a recommendation.

Managing Stress

Stress can weaken the immune system. The first step in coping with stress is to know what's causing it. Examples of stressors include missing work, the cost of medical care, constantly feeling fatigued or nauseated, and so on. After you've identified your stressors, you can cope effectively. Individual and family counseling is available. Ask about available art therapy and hospitalized patient pet visits to help you manage stress.

Nine Ways to Manage Stress

- 1. Choose how to spend your time and energy** by setting priorities and taking time out when needed. Learn to pace yourself and stop before you get tired.
- 2. Build your strength and endurance** through exercise, physical activity and good nutrition.
- 3. Create a supportive environment** by getting rid of clutter and surrounding yourself with what you like—art, music, furnishings.
- 4. Learn to relax** through relaxation exercise, warm baths, massage, yoga, visualization or meditation.
- 5. Manage your “self-talk”** by choosing to think positively, translating worry into action, and learning to turn off your inner critic.
- 6. Learn to laugh.** Look for the humorous side of situations and seek out sources of humor.
- 7. Practice saying “no.”** Save your strength for the really important things and let someone else do the rest.
- 8. Ask for help.** You don't have to do it all yourself. It's okay to give away some problems and tasks. Let people know in advance that you will need support during treatment.
- 9. Pay attention** to the small, daily pleasures of life, to the present, fleeting moments.

Relaxation Exercises

Imagery

To achieve relaxation, a quiet environment, proper positioning, a mental device, and a relaxation attitude are necessary. Turn off the TV or radio, close your door, and ask others to remain quiet. Uncross your arms and legs, support your head and spine, and place your hands at your side or on your abdomen. A mental device quiets mental chatter and allows for inner peace. Your device for this exercise is imagery. Maintain a “let it be” attitude. Allow distraction of body, emotions or thoughts to come into the mind and then flow out.

Imagery uses your imagination to create the relaxation response. Read the following scene slowly in to a tape recorder so you will have a guide each time you use imagery:

Beach Scene

You are walking along the beach; it is mid-July. It is very, very warm; it is 5:00 in the afternoon. The sun has not yet begun to set but it is getting low on the horizon. The sun is a golden, blazing yellow, the sky a brilliant blue, the sand a dazzling, glistening white in the sunlight. Feel the cold, wet, firm, sand beneath your feet. Taste and smell the salt in the air. There is a residue of salt deposited on your lips from the ocean spray. You can taste it if you lick your lips. Hear the beating of the waves, the rhythmic lapping to and from, back and forth of the water against the shore. Hear the far-off cry of a distant gull as you continue to walk.

Suddenly you come to a sand dune, a mound of pure white sand. Covering the mound are bright yellow buttercups and deep pink moss roses. You sit down on its crest and look out to sea. The sea is like a mirror of silver reflecting the sun’s rays, a mass of pure white light, and you are gazing intently into this light. As you continue to stare into the sun’s reflection off the water, you begin to see flecks of violet, darting spots of purple intermingled with the silver. Everywhere the sand is silver and violet. There is a violet line across the horizon – a violet halo around the flowers.

Now the sun is beginning to set. With each movement, with each motion of the sun into the sea you become more and more relaxed. The sky is turning crimson, scarlet, pink, amber, gold, orange as the sun sets. You are engulfed in a deep purple twilight, a velvety blue haze. You look up to the night sky. It is a brilliant starry night. The beating of the waves, the smell and taste of the salt, the sea, the sky, and you feel yourself carried upward and outward into space, one with the universe.

I am now going to count to 3, you will open your eyes, you will feel completely refreshed, totally relaxed, 1,2,3.

Progressive Relaxation

To achieve relaxation, a quiet environment, proper positioning, a mental device, and a relaxation attitude are required. Turn off the TV or radio, close your door, and ask others to remain quiet. Uncross your arms and legs, support your head and spine, and place your hands at your sides or on your abdomen. A mental device quiets mental chatter and allows for inner peace. Your device for this exercise is progressive relaxation. Maintain a “let it be” attitude. Allow distractions of the body, emotions or thought to come into the mind then flow out.

Progressive relaxation is a tensing and releasing of various muscle groups throughout the body. Read these instructions into a tape recorder or have someone read this to you. As you become more familiar with the process, you may not need the guide of the recorded voice.

- Close your eyes, take a deep breath. Slowly in, slowly out and relax.
- Now tighten your facial muscles (scrunch up your face). Hold the tightness, feel it. Now relax your facial muscles and feel the difference.
- Lift your shoulders up to the ceiling, tighten the shoulder muscles, feel that tenseness in your neck and shoulders. Relax those muscles and feel the difference. Good.
- Continue as stated above in this order: arms, chest, back, abdomen, pelvic area, thighs, calves, feet.

- Mentally scan your body once again from the top of your head to the tip of your toes. If any tension remains, gently let go. Good.
- Now sit or lie gently for a while and experience this relaxed, comfortable body. Wait one minute.
- Now take another deep breath, relax, open your eyes, stretch comfortably and feel yourself filled with healthy energy.

Slowed Breathing

To achieve relaxation, a quiet environment, proper positioning, a mental device, and relaxed attitude are required. Turn off the TV or radio, close your door, and ask others to remain quiet. Uncross your arms and legs, support your head and spine, and place your hands at your side or on your abdomen. A mental device quiets mental chatter and allows for inner peace. Your device for this exercise is slowed breathing. Maintain a “let it be” attitude. Allow distractions of the body, emotions or thoughts to come into the mind and then flow out.

Slowed breathing is deliberately slowing your breathing rate from the normal of 18 times per minute to about six times per minute. This will automatically slow your pulse rate and decrease muscle tension.

Follow these instructions:

- Close your eyes, take a deep breath — slowly in, slowly out and relax.
- Now breathe in slowly for two counts, hold for two counts, and then out slowly for two counts. Repeat once.
- Now breathe in slowly for three counts, hold for three counts, and then out slowly for three counts. Repeat once.
- Now breathe in slowly for four counts, hold for four counts, and then out slowly for four counts. Repeat once.
- Now resume relaxed breathing, open your eyes, stretch comfortably and feel the difference.

Autogenic Training

To achieve relaxation, a quiet environment, proper positioning, a mental device, and a relaxation attitude are required. Turn off the TV or radio, close your door, and ask others to remain quiet. Uncross your arms and legs, support your head and spine, and place your hands at your sides or on your abdomen. A mental device quiets mental chatter and allows for inner peace. Your device for this exercise is autogenic training. Maintain a “let it be” attitude. Allow distractions of the body, emotions or thoughts to come into the mind and then flow out.

These are self-generated statements designed to create health and relaxation. They are written in the first person, present tense and create what is desired rather than what is causing harm. Warmth, coolness, heavy or floating sensations are signs of profound relaxation.

Read the following in to a tape recorder so that you can have the experience of autogenic training as often as desired:

Relax. Close your eyes. Take a deep breath, slowly in, slowly out and relax. Now repeat after me, (not out loud, but inside your own head), each of these phrases. Pause when directed:

- My arms and legs are heavy and warm. *15 second pause.* My arms and legs are heavy and warm. *15 second pause.* My arms and legs are heavy and warm. *15 second pause.* Pause and repeat three times for each phrase below.
- My heartbeat is calm and regular.
- My body breathes freely and easily.
- My abdomen is warm.
- My forehead is cool.
- My mind is quiet and still.
- I am at peace (one time only).

Now, as you prepare to return to your normal level of consciousness, see yourself bringing with you the warmth, comfort and love that you see and feel. Take a deep breath, open your eyes, stretch comfortably, and see yourself filled with healthy energy.

Ask about massage therapy to help you relax.

Support Groups

Support groups have long been a method used to help patients and family members cope with cancer. Support groups can satisfy a longing to be connected. Extended families aren't what they used to be. A family today often consists of one parent. Many live in social isolation. Cancer isolates people even more. Knowing that others have been down the same road helps you cope.

Being in a supportive, understanding environment can stimulate the release of pent-up emotion. Often, people don't realize how much they've been holding in. For some, it may be the first time they openly cry.

We know that support groups aren't for everyone. Some individuals are very private and find that family and friends are able to provide the necessary emotional support.

Prayer and Spirituality

When confronted with the diagnosis of cancer, a person may begin to question his or her long-held beliefs. Exploring, defining and coming to terms with your inner spiritual resources can help you, your family and friends to live with cancer.

Belief in God or a Supreme Being is a way to explain and accept the unknown. While concepts may vary by culture and religion, most center on an all-powerful Supreme Being who created and rules the universe. In every religion, people communicate with God or another Supreme Being through some form of prayer, either alone or in a group.

Because God is believed to be the Supreme Being able to create life and restore health, prayers often ask God for help, understanding, wisdom or strength in dealing with life's most difficult problems. Prayer may be in words or thoughts. Spirituality includes using prayer as the main source of communication with God.

There are different kinds of prayers. In prayers of supplication, people pray for themselves. Praying for others is called intercessory prayer. Some religions set aside certain times of the day and special days of the week for praying. Standard prayers written by religious leaders are often memorized by the faithful and repeated during prayer sessions privately and in groups.

Even if prayer will not cure a person's disease, it can have a helpful effect by reducing stress, promoting a positive outlook, and strengthening the patient's will to live well and possibly overcome illness. Prayer and spirituality can provide an active means of coping with the stress of illness. Many believe that the spiritual dimension in healing is essential. Patients and families usually find great comfort in solitary and community acts of prayer.

If desired, we can help you arrange a visit with a hospital chaplain.

Sexuality

Sexuality is a very important part of everyday life for most people. It has a profound effect on how you feel about yourself, as well as your enthusiasm for life. Warm, loving sexual relationships are always encouraged.

The diagnosis of cancer and its treatment can cause sexual and reproductive changes. Although your sexual desire may be affected, your need for intimacy may have increased. It is important to experience intimacy through cuddling, hugging, and private talks with your partner. Finding time to express your sexuality is important to your well being.

A counselor can help with these issues.

You may also find these helpful:

Sexuality and Fertility After Cancer by Leslie Scholver

Fertile Hope

www.fertilehope.com

Dedicated to meeting the needs of patients whose medical treatments present the risk of infertility. Strives to educate about options, make preservation available regardless of economic status and help patients cope with important family planning issues.

In This Section

For Your Caregiver

Caregiver Role	86
Talking with Doctors and Other Healthcare Professionals	87
Second Opinion	88
Doctors Appointments	89
Handling Emergencies	90
Taking Care of Yourself.....	91
Caregivers Bill of Rights	93
Respite Care	94
Caregiver Resources	95

CAREGIVING

A diagnosis of cancer affects the patient and it also affects the caregiver. A cancer care giver is an individual who has a personal connection and commitment to someone with cancer. The extent of the role may vary. If the cancer patient can function on his own during treatment, care givers may only be called upon for emotional support. If, on the other hand, the patient needs help with daily activities, caregivers may assume a much greater role. In such cases, one primary caregiver often takes the lead in organizing care routines and talking with doctors and other healthcare professionals.

When You Are The Caregiver

Giving care to a cancer patient can require patience, flexibility, courage and a sense of humor. Try to understand the experience of cancer from the patient's point of view. Ask questions and listen closely to the responses. Looking beyond the physical aspects of care, try to promote a sense of independence and a positive outlook. Encourage the patient to do what he can for himself and include him in daily activities as fully as possible. Remember that due to treatment-related fatigue or appetite changes, there may be days when he doesn't feel up to doing or eating much and that's ok, too. (see "Managing Your Symptoms") An ongoing dialogue between you and the patient will help define your role and everyone's expectations.

When You Are Communicating With Doctors And Other Healthcare Professionals

Your best source of information is the physician. If possible, attend doctor's visits with the patient so that you won't miss important information, test results or other updates. Ask questions about your loved one's specific needs and how to recognize and manage symptoms. Use this planner to record instructions, appointments, tests and questions you may have for future appointments. Refer to other sections of this planner for guidelines about doctor's appointments, diagnostic, and symptom management concerns. Remember, in order to receive medical updates after the appointment you will need the patient's written permission.

Should We Get A Second Opinion?

A second opinion may be essential to the understanding of a cancer diagnosis. It may not be a different opinion, but it is a different conversation. A second opinion allows you to hear an additional explanation when you are more focused, helping provide the clarity needed before choosing a treatment option.

You may want to discuss this option with the patient. If the patient choose to get a second opinion, you can help by:

1. Obtaining copies of all medical records, including diagnostic test results
2. Calling and making the appointment with the second opinion doctor's office
3. Filling out provided paperwork before the appointment
4. Making a list of questions to ask the doctor
5. Going to the appointment
6. Assisting the patient in processing any new information after the appointment

When You're Going To See the Doctor

A physician will want to know the patient's chief complaint/symptom:

- When it began
- What makes it worse/better
- How often and when it occurs

Before the Visit:

- Make a list of questions (see "Notes")
 - What are the side effects of the treatment?
 - After treatment, what do we need to watch for?
 - Are there any medicine interactions we need to discuss? (see "Medicines")
 - Who can help us if we have questions or problems between doctor's visits?
 - When should we call the doctor?
- Be ready to describe current symptoms

During the visit:

- Assist patient with reporting his concerns
- Describe symptoms in detail
- Ask questions
- Write down doctor's instructions
- Repeat instructions back to doctor to double check understanding (Can you draw a picture of that? Will you write that down for me?)
- Check patient's prescriptions
- Verify follow-up
- Find out when you can expect to hear back about results of testing.
- Limitations ("Can patient still walk his usual 2 miles a day?")

After the visit:

- Review your notes with the patient
- Discuss the visit
- Update your calendar
- Call for test results

Handling Emergencies

When to call the Doctor:

This may vary, depending on type of cancer and type of treatment. Refer to specific teaching sheets for detailed instructions. In general call the doctor if the patient has:

- Fever of 100.5 or higher
- Chills
- Cough
- Shortness of breath
- Diarrhea
- Burning when urinating
- Redness, swelling, pus
- Mouth sores, white patches
- Severe or frequent dizziness

Doctor's Phone Number _____

If you take the Patient to the Emergency Department

As soon as you arrive, be prepared to tell the Emergency Room Nurse and Doctor:

- Oncologist's Name _____ and Phone No

- Type of Cancer _____
- Date of last Chemotherapy _____
- Highest temperature and the time it occurred _____
- Symptoms (cough, sore throat, chills) _____
- Whether patient has a catheter or port _____
- Medications the patient is taking:
 - Drug _____ Dose _____ Schedule _____
 - Drug _____ Dose _____ Schedule _____
 - Name _____ Dose _____ Schedule _____

Taking Care Of Yourself

Caregivers can become physically exhausted and emotionally drained. Taking care of yourself is one of your main responsibilities.

Recognize the Signs of Burnout:

- Irritability
- Difficulty making simple decisions
- Withdrawal
- Fatigue
- Apathy
- Appetite changes
- Increased use of alcohol, drugs, tobacco
- Feelings of guilt (you think you are not doing enough or you feel resentment for the amount of work you're doing)
- Anger (over things you've lost: vacation, hobbies, free time)

What to do:

- Ask for help (household chores, cooking, yard work, childcare, transportation, look up information)
- Designate a contact person to keep others updated or to organize everyone who wants to help
- Make time for yourself (exercise, read, get a massage, pursue hobbies, nap, garden, shop)
- Arrange for respite care (this can be a home health aide, or even a visit from friends or family that will allow you a break)
- Choose good listeners (tap into your own support network)
- Designate one person as 'communicator'
- Use your answering machine to take calls "after hours"
- Rely on expert help (home health services, counselors, legal, financial and insurance specialists)
- Blow off steam (go to the movies, go out to dinner, have fun, play games, enjoy life)
- Relax (listen to music or relaxation tapes, yoga, take a warm bath, meditate or pray, practice deep breathing)
- Join a caregiver's support group

When you are feeling overwhelmed:

- Try not to make important decisions when you are tired, overwhelmed or upset
(don't hesitate to ask the doctor, nurse or social worker how long before a particular decision has to be made)
- Take time to sort things out
(give yourself enough time to become emotionally stable so that you can make plans and decisions with a clear mind and a peaceful spirit)
- Talk over important problems with others who have been levelheaded and helpful in the past

Caregiver's Bill of Rights

*I have the right to **take care of myself**. This is not an act of selfishness. It will give me the ability to take better care of my loved one.*

*I have the right to **seek help from others** even though my loved one may object. I know the limits of my own endurance and strength.*

*I have the right to **maintain parts of my own life** that do not include the person I care for just as if he was healthy. I know that I do everything that I reasonably can do for this person. I have the right to do some things just for myself.*

*I have the right to get angry, be depressed, and **express difficult feelings** once in a while.*

*I have the right to **reject any attempt** by my loved one to make me do things out of guilt or anger. (It doesn't matter if she knows they are doing it or not.)*

*I have the right to **get considerations, affection, forgiveness, and acceptance** for what I do for my loved one, as I offer these in return.*

*I have the right to **take pride in what I'm doing**. And I have the right to applaud the courage it has taken to meet the needs of my loved one.*

*I have the right to **protect my individuality**. I also have the right to a life that will sustain me when my loved one no longer needs my full-time help.*

(Author Unknown; from "When Someone you Love is being Treated for Cancer" National Cancer Institute, NIH Publication No. 05-5726, September 2005)

Respite Care

Respite care can give you some much needed time away from the intensity and responsibility of caregiving. Respite care comes in many forms:

- a healthcare worker who comes into the home for an extended period of time so that you can have a vacation, attend a special event or just get some much needed rest.
- a planned visit from a friend or family member so that you can run some errands or attend to your own family's needs.

Resources for Respite Care:

- OhioHealth CancerCall 566-4321
Caregiver support group information
- OhioHealth HomeReach 566-0888
Home Health Aides, Skilled Nursing, Home Medical Equipment and Supplies
- OhioHealth Advantage Transportation 566-5062
Transportation to treatments, doctor's appointments
- OhioHealth Gerlach Center 566-5858
One-on-one consultations to help caregiver

Caregiver Resources

National Cancer Institute Publications

- *Taking Time*
- *When Someone You Love is being Treated for Cancer: Support for Caregivers*
- *When Someone You Love has Completed Cancer Treatment: Support for Caregivers*

American Cancer Society Publications

- *Caregiving*
- *Couples Confronting Cancer*
- *Caring for the Patient with Cancer at Home*

www.cancer.org search: Caregivers Guide: “Information and Support for Caregivers”

1-888-227-6446

American Red Cross

Family Caregiving Classes

Learn how to assist with personal care, general care giving skills and home safety.

www.columbus.redcross.org

(614) 253-2740 x2404

Cancer Care

www.cancercare.org/managing/caregivers/

1-800-813-HOPE

Cancer Survival Toolbox

Online resources and support

“Caring for the Caregiver”

www.cancersurvivaltoolbox.org

Family Caregiver Alliance (National Center on Caregiving)

www.caregiver.org

1-800-445-8106

FMLA – Family and Medical Leave Act

Most employers are required to provide up to 12 weeks of unpaid, job-protected leave for family members who need time off to care for a loved one.

www.dol.gov

1-866-4-USA-DOL

Lifeline Systems, Inc.

Personal response service that allows patients to live independently, receiving assistance 24 hrs/day

www.lifelinesystems.com

1-800-959-6989

National Cancer Institute

Disease and treatment information.

www.cancer.gov

1-800-4-CANCER

National Family Caregivers Association

www.thefamilycaregiver.org

1-800-896-3650

National Respite Locator Service

www.respitelocator.org

1-800-773-5433

Strength for Caring

Caregiver newsletter and on-line manual for care giving issues

www.strengthforcaring.com

Today's Caregiver Online

www.caregiver.com

The Wellness Community

Caregiver Support Groups –

Weekly meetings for family members, partners, and friends of people undergoing active cancer treatment. Respite care provided.

www.wellnesscolumbus.org

(614) 791-9510

In This Section

Managing Symptoms

Alopecia (hair loss)	99
Constipation	100
Diarrhea	102
Fatigue	103
Low Blood Counts	105
Mouth Sores	111
Nausea and Vomiting	113
Peripheral Neuropathy	115
Skin Changes	117
Taste Changes	118

SYMPTOM MANAGEMENT

The side effects of cancer treatment vary depending on the type of treatment, the dose of chemotherapy or radiation therapy, and individual patient differences. There are many things you can do to help prevent or manage side effects of treatment. It is always important for you to tell your caregivers, doctors and nurses how you are feeling. No matter what side effects you have, it is important for you to get plenty of rest, drink plenty of fluids, get some exercise every day, and eat nutritious foods.

Most of the *possible* side effects of treatment are described in this chapter. Use whatever information is most helpful to you, depending on the types of side effects you are having. Pain and discomfort are discussed in a separate brochure.

Alopecia (Hair Loss)

Radiation and chemotherapy kill not only cancer cells but also some normal cells, especially those that reproduce rapidly such as those in hair follicles.

Chemotherapy, biotherapy and radiation therapy sometimes cause hair loss (alopecia). The hair can thin or fall out completely. Most people lose only the hair on the head, but body hair, pubic hair, eyelashes, and eyebrows can also be lost. Hair loss is usually temporary. Sometimes, the hair grows back a slightly different color or texture. Here are some things that may help:

Slowing Hair Loss

- Avoid blow dryers, hot curlers and curling irons.
- Avoid permanents.
- Avoid hair products with hydrogen peroxide.
- Use wide-toothed combs and soft-bristled brushes.

Managing Hair Loss

If you lose your hair, protect your scalp from the sun, and cover your head in the winter to prevent heat loss. If your scalp itches, use any lotion without alcohol to keep it moist. If you lose your eyelashes, protect your eyes with sunglasses or a wide-brimmed hat.

Some people like to cover their heads with hats, scarves or wigs. Many wig stores sell bangs that attach to the inside of turbans. Many insurance companies pay for wigs. You may need a prescription from your doctor. If you decide to wear a wig or toupee, you may want to buy it before you lose all your hair so you can match the wig to your own hair color. Most wigs need to be trimmed. Many hair stylists will trim and style your wig.

The American Cancer Society, The National Cosmetology Association and the Cosmetic Toiletry and Fragrance Foundation offer a free program for women called “Look, Good – Feel Better.” This program teaches you how to wear makeup, wigs and scarves. To register for a class, call the American Cancer Society at (614) 228-8466.

Constipation

Constipation is the slow movement of stool through the large intestine causing infrequent, hard, dry stools. It can be uncomfortable and annoying. Fortunately, constipation can often be prevented and/or managed.

Causes of Constipation

- Not including enough fiber in the diet
- Not drinking enough fluids
- Ignoring the urge to pass stool
- Using too many laxatives or enemas
- Decreased exercise
- Medical conditions, such as problems with the nervous system
- Bowel disorders (e.g., tumors)
- Metabolic disorders (e.g., high level of calcium)
- Medications
 - Pain Medications
 - Medications for anxiety and depression
 - Chemotherapy
 - Stomach antacids
 - Vitamin supplements with iron or calcium
 - Sleep medications

Steps to help prevent constipation

- Drink at least eight to 10, 8 oz glasses of fluid a day, unless your doctor has told you to limit fluids.
- Drink a warm or hot drink about one half hour before your usual time for a bowel movement.
- Eat foods high in fiber such as bran, whole grain breads, cereals, fresh fruits and vegetables.

- Drink more fluid if you increase dietary fiber. Fiber alone may increase constipation. People who have a bowel obstruction or who have undergone bowel surgery (e.g., a colostomy) should not increase dietary fiber. Talk with a dietitian about what to eat to prevent constipation.
- Get some exercise, such as walking, every day. Talk to your physician or physical therapist about the type and amount of exercise that is right for you.
- If necessary, ask for help to use the toilet or commode rather than a bedpan.
- If these suggestions don't work, ask your physician about medication to help relieve constipation. Most people who take narcotic pain medications on a regular basis need to take stool softeners or laxatives.
- Check with your doctor first, *before* taking any remedies such as enemas, stool softeners or laxatives.
- If you are taking narcotic pain medications, do not take bulk forming laxatives, such as Metamucil, or serious problems can result.

When to call your doctor or nurse:

- Severe abdominal pain
- Vomiting
- Inability to pass gas
- No bowel movement in three days

Your doctor has prescribed the following medication to prevent constipation:

MEDICATION	DOSE	HOW OFTEN
Senokot	2 Tablets	Three times a day

Diarrhea

The causes of diarrhea vary, but can include altered electrolytes, antibiotics, chemotherapy drugs, medicines, radiation treatment to the abdomen, bowel surgery, infection, emotions and sensitivity to certain foods.

Steps to prevent and manage diarrhea

- Eat small, frequent meals.
- Drink plenty of fluids to help prevent dehydration.
- Eat foods high in potassium such as potatoes, bananas and oranges (unless your doctor has told you to avoid these foods).
- Cleanse the skin around rectal opening with soap and water after each loose stool to decrease skin breakdown and infection.
- Warm sitz baths may also cleanse and comfort.

Avoid the following:

- Coffee, tea, alcohol
- Fried, greasy or spicy foods
- Foods high in fiber and residue: whole grain breads and cereals, fresh fruits and vegetables, gas-forming vegetables (broccoli, cabbage) and foods with seeds, hulls or nuts

When the diarrhea starts to improve, try eating small amounts of low-fiber foods such as rice, bananas, applesauce, yogurt, mashed potatoes, low-fat cottage cheese, dry toast.

If diarrhea continues, ask your doctor about medications to help control diarrhea. Check with your doctor *before* taking any over the counter medicines.

Call your doctor or nurse if you have:

- Diarrhea lasting longer than 24 hours
- Pain and cramping with the diarrhea
- Fever
- Blood in the stool
- Nausea and vomiting
- Urgent and explosive bowel movement
- Not urinated for 12 hours or more

Fatigue

Cancer and its treatment can be very tiring.

Fatigue is the most common side effect of cancer treatment, yet its causes are not fully known. Tiredness can be caused by the disease itself, or by medical treatments such as chemotherapy, radiation therapy and surgery. The most common causes are anemia, anxiety, chemotherapy, depression, fever, infection, lack of exercise, loss of appetite, medication, nausea or vomiting, radiation, surgery and tumors.

Cancer-related fatigue is not related to physical activity, nor can it be relieved with a good night's sleep. The majority of cancer patients experience fatigue. This fatigue can have an impact on every aspect of your life. Although fatigue does not affect everyone in the same way, the most common symptoms of fatigue are extreme weariness and tiredness. If you are fatigued, you may have some of these signs:

- Difficulty climbing stairs or walking short distances
- Difficulty paying attention and concentrating
- Shortness of breath after light activity
- Difficulty cooking, cleaning, or taking a shower
- A desire to sleep more
- Slower speech
- Feeling like crying or feeling depressed
- Paleness or shakiness

It's a good idea to pace yourself and reduce your workload. This allows you to save energy for activities that you enjoy as well as those you must do.

Here are some recommendations:

Get Enough Rest

- It is important to start or follow a normal and regular sleeping routine.
- Go to bed at the same time each night.
- Don't fight fatigue. Rest when you need it.
- Avoid caffeine or alcohol in the evening.

Conserve Energy

- Try to keep a regular daily routine that is reasonable, but don't feel like you have to keep up with your normal activities.
- Place and store objects nearby. Have equipment and supplies for each activity in one work area. Set up your work area like an assembly line.
- Sit down when doing household and personal activities.
- Alternate heavy tasks with lighter, easier tasks.
- Use both hands as much as possible, using slow, rhythmic movements.
- Do the most important things when your energy level is high.
- Accept offers from friends and family to help.

Manage Your Stress

Take time to put stresses in perspective and work to eliminate unhealthy or unnecessary stress in your life. Refer to the chapter Coping with Daily Life for more information and for relaxation techniques.

Stay Active

Exercise increases appetite, promotes a feeling of self-worth, increases or maintains muscle strength, promotes relaxation and sleep and improves heart and lung stamina. Regular light exercise such as walking can help relieve fatigue. Plan to get some form of exercise every day. Pace yourself, and choose something you like to do, whether it is walking, bicycling or swimming. Talk to your doctor about the type and amount of exercise you should do. Gentle exercise and relaxation classes are available.

Call your doctor or nurse if you:

- Have been too tired to get out of bed for the past 24 hours
- Feel confused or cannot think clearly
- Feel a loss of balance when walking, getting out of bed or out of a chair
- Notice the fatigue is getting worse

Low Blood Counts

Cancer and its treatment can sometimes affect the blood, causing low blood counts. The three important cells in the blood are red blood cells (RBC), white blood cells (WBC) and platelets. Red blood cells carry oxygen. White blood cells fight infection. Platelets clot the blood and prevent bleeding.

Your doctor may order blood tests often to determine your blood counts. This blood test is called a complete blood count (CBC). The CBC will determine the number of platelets, RBCs and WBCs you have. Also, the CBC will measure the hemoglobin (Hgb) and hematocrit (Hct) to measure the ability of your blood cells to carry oxygen.

Please use your Lab Results Chart to keep track of your blood counts. Here are the normal values for a CBC:

WBC	4,500 to 11,000 (4.5-11)
RBC	4 to 5.2 M/UL
Hgb	12 to 16 Gm/DL
Hct	36% to 46%
Platelets	150,000 to 400,000 K/UL

Anemia (*Low Red Blood Cell Count*)

Anemia occurs when the hemoglobin falls below the normal range. An anemic person's blood cannot transport enough oxygen to meet the needs of the body's tissues. Over time, the person becomes very tired physically and mentally.

There are many causes of anemia, including: 1) the cancer itself, 2) cancer treatment, 3) nutritional problems, and 4) blood loss from bleeding. Treatment for anemia differs, depending on its cause. If your hemoglobin is less than 8 Gm/DL, or if your symptoms are severe, your doctor may order medication or a blood transfusion.

Symptoms of Anemia

- Extreme weakness and tiredness
- Pale skin, pale lips
- Rapid heart beat
- Irregular heartbeat
- Hearing your heartbeat
- Shortness of breath
- Dizziness or fainting
- Loss in concentration
- Trouble sleeping
- Headache

Call your doctor if you have:

- Shortness of breath
- Dizziness or fainting
- Rapid or irregular heartbeat

Living with Anemia

- Get plenty of sleep.
- Exercise for a few short periods rather than one long period of exercise.
- Conserve energy. Rest before planned activities.
- Drink plenty of fluids.
- Eat foods high in iron such as green leafy vegetables, red meats, nuts and beans.
- Stand up slowly to prevent dizziness.
- Ask family and friends for help with big tasks such as grocery shopping and house cleaning.

Neutropenia *(Low White Blood Cell Count)*

White blood cells fight infection. One type of WBC important in fighting infection is the *neutrophil*. If your neutrophil count is less than 1,000, this is called neutropenia. With neutropenia you are at a higher risk for infection. If you are

receiving treatment that can cause neutropenia, your doctor will schedule a blood test during the time your blood count is expected to be low. You should take your temperature anytime you feel hot or chilled. A fever in someone with neutropenia can be serious. Notify your oncologist immediately.

Call your doctor or nurse at once if you have:

- Temperature of 100.5 or greater
- Chills, sweating, muscle aches, extreme fatigue
- Cough, runny nose, yellow or green phlegm, shortness of breath
- Diarrhea, abdominal pain
- Burning when you urinate, feeling the need to urinate often, change in color or smell of urine
- Redness, swelling, pus, tenderness or drainage anywhere
- Mouth sores, white patches in your mouth or throat
- Pain at the site of your I.V. catheter or tunneled catheter (e.g., Groshong catheter)

If your doctor tells you to go to the Emergency Department:

As soon as you arrive, tell the Emergency Room nurse and doctor:

- Your oncologist's name and phone number
- Type of cancer or blood problem you have
- Date of last chemotherapy
- Medications you are taking (name, dose, schedule)
- Highest temperature you had and the time
- Any symptoms you have (cough, sore throat, chills)
- If you have a catheter or port

Take these steps to help prevent infection:

- Avoid crowds.
- Avoid people with infections such as colds, flu, chicken pox, etc.
- Shower or bathe every day. Dry skin thoroughly. Use lotion on dry skin.
- Wash your hands often, especially before eating and after going to the bathroom.
- Always wipe front to back when going to the bathroom.
- Do not take probiotics. Probiotics are live microorganisms (in most cases, bacteria) that are found in dietary supplements and food.

If you are in the hospital and are neutropenic:

- You will be in a private room. The door must be kept shut.
- If you leave the room, you must wear a mask.
- Staff and visitors do not need to wear a mask.
- You may have visitors. However, they should not visit if they have a fever, cough, runny nose, sore throat, any other infection or recent exposure to someone with a contagious illness.
- If it is important that a visitor be with you and they have any of the symptoms listed or have been recently exposed to a contagious illness, they should wear a mask and wash their hands often.

Thrombocytopenia (*Low Platelets*)

Platelets clot the blood and help prevent bleeding. A normal platelet count is 150,000 to 400,000. If your platelets are very low, you may bruise or bleed. If your platelets are less than 10,000, or if you have any bleeding, your doctor may order a platelet transfusion.

Call your doctor or nurse if you have any symptoms of bleeding:

- Blurred vision, headaches, confusion
- Uncontrolled nosebleed
- Easy bruising or tiny red spots on the skin
- Blood in your urine
- Belly pain or blood in the stool – blood can make the stool look red or black
- Coughing up blood
- Menstrual period longer than eight days or heavy bleeding during your period

Take these steps to help prevent bruising and bleeding:

- Ask your doctor before taking any medicine or herbal remedy unless it is prescribed. Some medicines, like aspirin, and herbals can make you bleed more easily.
- Use an electric razor.
- File your nails, don't cut or bite them. Do not cut cuticles.
- Use a soft-bristled toothbrush.
- Use moistener on your lips to prevent cracking.

- Do not use dental floss, electric toothbrushes, floss or waterpics.
- If your platelets are under 50,000, use sponge toothettes to brush your teeth. These can be purchased at most drug stores.
- Talk to your oncologist before having any dental work.
- If you need to blow your nose, blow gently.
- Apply pressure to cuts for at least five minutes.
- Drink eight to 10 glasses of water each day. This helps to prevent constipation and straining.
- Wear shoes at all times.
- Wear loose clothing.
- Use sanitary napkins, no tampons or douches.
- Use water soluble lubricant during intercourse to reduce friction.
- Avoid enemas, suppositories, rectal thermometers, needles, scissors, sharp knives and contact sports like football and soccer.
- Do not drink alcohol.
- If you are nauseated, take your anti-nausea medicine as prescribed. This will prevent “dry heaves” which can cause bleeding.

Mouth Sores

Medications, some cancer treatments and infections can all cause a sore mouth and sore throat. Good mouth care can help prevent problems and can reduce the severity of the mouth sores.

Steps for Good Mouth Care

- Rinse your mouth with salt water after meals and at bedtime. If your mouth is sore, rinse your mouth every two hours while awake. If you are in the hospital, the nurses will give you salt water. To make the salt water at home, mix one teaspoon of salt with one quart of water.
- Use a soft bristled toothbrush. If your absolute neutrophil count (which measures your neutrophils, an important white blood cell) is less than 1,000 and/or platelets are less than 50,000, your nurse will give you toothettes to use instead of a toothbrush. Throw away the toothette after each use.
- Store your toothbrush upright. Do not place it in a sealed container. Rinse after each use. Buy a new toothbrush every two to three months.
- *Do not* use commercial mouthwash that contains alcohol – this can sting and dry out your mouth.
- If you wear dentures, remove them at night. Clean them thoroughly. If you develop mouth sores, leave your dentures out as much as possible.
- Use lip balm to moisten your lips.
- *Do not* smoke or drink alcohol. Both may irritate the mouth.
- If you are on chemotherapy, tell your dentist.

Steps to Care for Mouth Sores or a Sore Throat

- Notify your doctor. He/she may prescribe a medication to manage the pain while your mouth heals. Take this medication before meals to help you eat better. Your doctor may also check your mouth for infection and order medication to fight the infection, if needed.
- Avoid salty and spicy foods. Avoid high acid foods (such as oranges, grapefruit, tomato juice).
- Soft, bland foods may be easier to eat.
- Chilled or room-temperature foods are sometimes easier to eat.

- Moisten foods by dunking them in milk or broth. Use gravy.
- Avoid hard, harsh foods like pretzels and potato chips.
- Drink plenty of fluids, at least eight 8-ounce glasses a day. Using a straw can make swallowing easier.

When to Call your Doctor or Nurse:

- Your mouth does not heal.
- You have a temperature of 100.4 degrees or more.
- You have difficulty eating or drinking.

Nausea and Vomiting

Nausea, with or without vomiting, can be a side effect of chemotherapy, radiation therapy, immunotherapy and surgery. Pain medications can also cause nausea. And, cancer itself can cause nausea. There are many things you can do to prevent and control nausea and vomiting.

Medications (antiemetics)

Antiemetics are medicines used to prevent and control nausea and vomiting. They work best when used at the first sign of an upset or queasy stomach. These are some of the medicines and their side effects:

MEDICATION	COMMON SIDE EFFECT
Prochlorperazine (Compazine®)	Drowsiness/ excitability
Promethazine (Phenergan®)	Drowsiness
Metoclopramide (Reglan®)	Drowsiness, diarrhea
Ondansetron (Zofran®)	Headache/constipation
Lorazepam (Ativan®)	Drowsiness
Granisetron (Kytril®)	Headache
Dolasteron Mesylate (Anzemet®)	Headache

Diet

- Drink clear, cool liquids such as ginger ale, weak iced tea, colas and apple juice.
- Dry food, such as toast and crackers, can help ease an upset stomach. If you have nausea in the morning, eat crackers before you get up.
- Cool foods or foods served at room temperature are sometimes helpful. These include sandwiches, Popsicles® and Jello®.
- Sour foods such as lemon drops or sour candy can help disguise any bad tastes in your mouth.
- Drink liquids one hour before or one hour after meals. If you are not able to eat solid foods, drink plenty of liquids.

- Eat lightly on the day of your chemotherapy.
- Try different eating patterns. Eat smaller, more frequent meals. Try six meals a day instead of three big meals.
- Eat whatever tastes good to you.

Activity

- Relax before meals. Play soft music. Dim the lights.
- Try to stay out of the kitchen while food is cooking.
- Odors from foods can cause nausea.
- Take a walk outside; open a window for fresh air.
- On a day when you are feeling well, cook several small meals that can be frozen.

Call your doctor or nurse if:

- Nausea/vomiting lasts longer than 12 hours.
- You have belly pain and cramping or blood in the vomited material.
- You cannot take your medicines.
- Nausea medications are not working.

Peripheral Neuropathy

Peripheral neuropathy is a side effect that sometimes occurs as a result of cancer treatment. Peripheral nerves are those located outside the brain and spinal cord. Peripheral neuropathy is most often limited to peripheral nerves in the fingers, hands, arms, toes, feet and legs. There are two types of peripheral nerves. Sensory nerves help you feel pain, touch, temperature, position and vibration. Motor nerves help you move and maintain muscle tone. Symptoms of peripheral neuropathy include:

- Numbness and/or tingling in your hands and feet
- Not being able to move your fingers easily (for example, to button shirts or tie shoes)
- Changes in your ability to walk (you may have trouble picking up your feet).
- Loss of balance, muscle strength and coordination
- Muscle cramps, heaviness or weakness in arms, legs or both

Safety Measures

Follow these guidelines as needed:

- Ask your doctor if any of your medications cause peripheral neuropathy.
- Ask your doctor if it is safe to drive based on your specific symptoms.
- Avoid exposing fingers and toes to very hot or very cold temperatures.
- Take lukewarm baths and do not use heating pads.
- Always wear sturdy shoes or slippers with rubber soles that fit well.
- Avoid shoes that are floppy and loose, or too tight. Do not go barefoot.
- Wear gloves when doing work with your hands (washing dishes, gardening).
- Wear warm boots and gloves in cold weather.
- Use potholders in the kitchen.
- Remove throw rugs or other objects in your home that you might trip on.
- Use handrails when going up or down stairs.
- Use bath mats in the tub or shower.
- Use a walker or cane if you are unsteady on your feet.
- Purchase special equipment to help you dress.

Exercise and Massage

Walking is good exercise for your health and helps keep your muscles flexible. Low back stretches and calf stretches will also help keep your muscles flexible. If you exercise in a gym, tell the instructor that you have peripheral neuropathy and get instructions on the safe use of equipment that may help you keep your muscles toned. Foot and hand massages may help relieve stiffness. Remember to clean slippery lotions and creams off your hands and feet when the massage is done. Massage therapy is available.

Skin Changes

Skin changes can be caused by anticancer drugs or by radiation's effect on the sensitive cells of the skin. Changes may include redness, darkening and sometimes peeling of the skin.

Some people have skin rashes, swelling that stretches or weakens the skin, or ridging and discoloration of the fingernails.

Ask your radiation oncologist or nurse for instructions to help protect the skin in your treatment area. Be careful to avoid pressure areas from clothing or lying in bed.

Some chemotherapy drugs can cause your nails to be soft, brittle or ridged. Keep your cuticles soft. Use a nail-hardening polish.

Check your skin for signs of infection. Check with your doctor or nurse before using lotion or cream around areas where treatment is given.

Taste Changes

Some chemotherapy drugs can cause changes in taste; for example, some people find that sweets taste sweeter. Others may notice a funny taste as some cancer drugs are being injected. Foods containing protein can taste bitter. Radiation to the head and neck area can also cause changes in taste.

Here are some ways to handle taste changes:

- If foods taste sweet, try drinking extra fluids.
- Serve high protein foods cold or at room temperature (cheese, cold luncheon meats, tuna, chicken, peanut butter, eggs, ice cream, milkshakes, puddings and custards).
- Marinate meats in fruit juices or sweet wines to disguise bitter aftertaste.
- Try lemon ices, sherbets or lemonade.
- Use plastic utensils to reduce metallic taste.
- Rinse mouth often with a mild solution of two cups water with 1/2 tsp. salt and 1/2 tsp. baking soda.

Call your doctor or nurse if taste changes limit your food intake and you are losing weight.

In This Section

Your Survivorship

Cancer Survivorship120
Survivorship Resources121
Facing Forwardinsert provided

YOUR SURVIVORSHIP

Cancer Survivorship

Cancer survivorship covers the physical, psychological, and economic issues of cancer, from diagnosis until the end of life. It focuses on the health and life of a person with cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life. Family members, friends and caregivers are also part of the survivorship experience.

Survivorship Resources

Cancer Survivor's Network

Csn.cancer.org

Sponsored by the American Cancer Society, this website allows survivors to create a personal page to share the cancer experience, photos and resources.

The National Coalition for Cancer Survivorship

www.canceradvocacy.org

The NCCS is the oldest survivor-led cancer advocacy organization in the country, advocating for quality cancer care for all Americans and empowering survivors.

Oncolink

www.oncolink.org

Oncolink was founded in 1994 by the University of Pennsylvania with a mission to help cancer patients, families, healthcare professionals and the general public, get accurate cancer-related information at no charge. This site allows you to create a personalized survivorship care plan.

After Cancer Treatment by Julie K. Silver, M.D.

Crazy Sexy Cancer Survivor by Kris Carr

Facing Forward: Life After Cancer Treatment by The National Cancer Institute

In This Section

Your Resources

Phone Numbers	124
Your Wellness Prescription	125
Book List.....	126
Web Sites.....	128
Normal Laboratory Values.....	132
Medical Terms	134
Patient Bill of Rights	143

Phone Numbers

CancerCall

614-566-4321
1-800-752-9119

Doctors Hospital

5100 West Broad Street
Columbus, Ohio 43228
614-544-1000

Breast Health Services.....	544-2421
Chaplain	544-1067
Clinical Trials Nurse	544-2155
Customer Service	544-2066
Hobbs Radiation Oncology	544-1930
Financial Services	544-2473
Library	544-2016
Lung Care Center Nurse	544-2154
Patient Relations Hotline	544-1066
Program Director	544-2346
Social Services	544-1023

Other Departments

CancerCall	566-4321 or 800-752-9119
Cancer Genetics.....	566-4321
Central Scheduling	566-1111
HomeReach	566-0888
HomeReach Hospice	566-5377
Mobile Mammography Services	566-1111
Physician Referral Line.....	4-HEALTH (443-2584)
Second Opinion Breast Clinic.....	566-4321
Look Good Feel Better (ACS).....	888-227-6446 (prompt 2)

Your Wellness Prescription

Available from OhioHealth

For current available programs, read the OhioHealth Dimensions magazine at www.ohiohealth.com. Click on “Classes and Events.”

Exercise

Yoga for Depression
Chair Yoga
Gentle Yoga
Hatha Yoga
Yoga Well Being
NIA (Non Impact Aerobics)
Tia Chi
Pilates
Senior Fitness

Nutrition

Understanding Foods that Fight Cancer
Weight Watchers

Wellness and Stress Reduction

Massage Therapy
Mindfulness-Based Stress Reduction

Support Groups

General and disease specific
Online support
Grief Support Groups

Book List

General Information

100 Questions and Answers about Cancer Symptoms and Cancer Treatment Side Effects by Joanne Frankel Kelvin and Leslie Tyson

Choices: The Most Complete Sourcebook for Cancer Information by Marion Morra

Everyone's Guide to Cancer therapy: How Cancer is Diagnosed, Treated and Managed Day to Day by Andrew Ko

Disease Specific Information

100 Questions and Answers about Bladder Cancer by Pamela Ellsworth and Brett Carswell

Lung Cancer: Making Sense of Diagnosis, Treatment and Options by Lorraine Johnston

Your Breast Cancer Treatment Handbook by Judy Kneece

Supportive information

100 Questions and Answers about Caring for Family or Friends with Cancer by Susannah Rose

A Dietitian's Cancer Story: Information and Inspiration for Recovery and Healing from a Three Time Cancer Survivor by Diana Dyer

Beating Cancer with Nutrition by Patrick Quillin

Cancer Fitness: Exercise Programs for Cancer Patients and Survivors by Anna Schwartz

Crazy Sexy Cancer Tips by Kris Carr

Facing the Mirror with Cancer: A Guide to Using Makeup to Make a Difference by Lori Ovitz

Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying by Maggie Callanan

Happiness in a Storm: Facing Illness and Embracing Life as a Healthy Survivor by Wendy Schlessel Harpham

Helping your Children Cope with Cancer: A Guide for Parents and Families by Peter Van Dernoot

Helping your Mate Face Breast Cancer by Judy Kneece

In Mommy's Garden: A book to help Explain Cancer to Young Children by Neyal Ammary

It's Not About the Bike: My Journey Back to Life by Lance Armstrong

My Book about Cancer: A workbook to Help Children Deal with the Diagnosis and Treatment of a Father with Cancer by Rebecca Schmidt

My name is Buddy: a Story for Children about Brain Tumors by Dave Bauer

Sexuality and Fertility after Cancer by Leslie Schover

The American Cancer Society Cookbook by Anne Lindsay

The Cancer Dictionary by Roberta Altman

The Cancer Pain Sourcebook by Roger S. Cicala

The Paper Chain by Claire Blake
Helpful story about hospitalization and time passage

The China Study: The Most Comprehensive Study of Nutrition by T. Colin Campbell

The What to Eat if You Have Cancer Cookbook by Daniella Chace and Maureen Keane

When a Parent has Cancer: A Guide to Caring for your Children by Wendy Schlessel Harpham

When Life Becomes Precious: A Guide for Loved Ones and Friends of Cancer Patients by Elise Babcock

Web Sites

General Information

American Cancer Society (ACS)

www.cancer.org

This nonprofit organization provides a number of free books and pamphlets to cancer patients and their families. They also have a nationwide network of local ACS chapters.

Cancer Care

www.cancercare.org

For over 60 years, Cancer Care has helped parents and children cope with the crisis of cancer through support, information and practical help. Also available in Spanish

National Cancer Institute (NCI)

www.cancer.gov

This government source provides information about all aspects of cancer. NCI also publishes free pamphlets and other materials.

Disease Specific Information

Brain Cancer

www.abta.org

American Brain Tumor Association (ABTA) is a nonprofit organization dedicated to promoting brain tumor research, while offering information and support to brain tumor patients and their families.

Breast Cancer

www.komen.org

Susan G Komen Breast Cancer Foundation is a non-profit foundation dedicated to the fight against breast cancer

Gynecologic Cancer

www.wcn.org

The Gynecologic Cancer Foundation's mission is to provide women with knowledge about the risks, prevention, early detection and treatment of gynecologic cancer, and empower them to become the best advocates for their health.

Hematologic Cancer

www.leukemia-lymphoma.org

Leukemia and Lymphoma Society is dedicated to funding blood cancer research, education, and patient services. Offers a variety of services and programs in support of the mission to cure leukemia, lymphoma, Hodgkin's Disease, and myeloma and to improve the quality of life for patients and their families

Lung Cancer

www.lungcanceralliance.org

The only national non profit organization dedicated to providing patient support, education and advocacy to people with lung cancer

Pancreatic Cancer

www.pancan.org

The Pancreatic Cancer Action Network is a nationwide network of people dedicated to working together to advance research, support patients and create hope for those touched by pancreatic cancer

Prostate Cancer

www.ustoo.com

Us TOO is a not-for-profit organization dedicated to serving prostate cancer survivors and their families by communicating timely and reliable information to enable informed choices regarding detection and treatment of prostate cancer.

Supportive information

Caring Bridge

www.caringbridge.org

Resource for families as a personal communication site. Family and friends have access to the site for updates and support.

Fertile Hope

www.fertilehope.org

Dedicated to meet the needs of patients whose medical treatments present the risk of infertility. Strives to educate about options, make preservation available regardless of economic status, and help patients cope with important family planning issues.

Kids Konnected

www.kidskonnected.org

Nonprofit organization dedicated to helping children of parents who have cancer. Services include a 24 hour hotline for kids, support group meetings, summer camps and online chatroom.

Partnership for Prescription Assistance (PPA)

www.pparx.org

Matches patients to programs offering free or low cost prescription medicines. Via toll free number and website, offers a single point of access to more than 475 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies.

United Ostomy Associations of America

www.uoaa.org

An association of affiliated support groups committed to improving the quality of life for people who have, or will have an ostomy.

The Wellness Community

www.wellnesscolumbus.org

Dedicated to providing emotional support, education, and hope for people affected by cancer. Offered are professionally lead support groups, educational workshops, and mind/body programs. Programs offered off site and online at The Virtual Wellness Community.

Young Survival Coalition (YSC)

www.youngsurvival.org

Seeks to educate the medical, research, breast cancer and legislative communities and to persuade them to address breast cancer in women 40 and younger. Also serves as a point of contact for young women living with breast cancer, provides supportive resources and programs

OhioHealth Normal Laboratory Values

TEST	NORMAL RANGE	UNIT
Complete Blood Count (CBC)		
WBC	4.5-11.0	K/mcL
RBC	4.0-5.2	M/mcL
Hemoglobin	12.0-16.0	g/dL
Hematocrit	36.0-46.0	%
Platelets	150-400	K/mcL
Neutrophils	46.0-74.0	%
Lymphocytes	18.0-44.0	%
Monocytes	1.0-10.0	%
Eosinophils	0.0-6.0	%
Neutrophils Abs	1.7-7.0	K/mcL

TEST	NORMAL RANGE	UNIT
Comprehensive Metabolic Panel (CMP)		
Sodium	135-145	mmol/L
Potassium	3.5-5.1	mmol/L
Chloride	98-108	mmol/L
Bicarbonate (CO ₂)	21-32	mmol/L
Glucose	65-99	mg/dL
BUN	8-25	mg/dl
Creatinine	0.4-1.1	mg/dl
Total Protein	6.0-8.0	g/dL
Albumin	3.2-5.2	g/dL
Calcium	8.4-10.2	mg/dL
Alk Phos	40-150	U/L
AST (SGOT)	0-45	U/L
ALT (SGPT)	0-40	U/L

TEST	NORMAL RANGE	UNIT
Tumor Markers		
Ca 15.3	<30	U/mL
Ca 19.9	0-40	U/mL
Ca 27.29	0-38	U/mL
Ca 125	0-35	U/mL
CEA	0-5.0	ng/mL
PSA	0-4.0	ng/mL

Medical Terms

This list provides a quick reference of terms used during cancer diagnosis and treatment.

A

Absolute Neutrophil Count (ANC): This value is calculated by multiplying the total white blood cell count by the percentage of neutrophils. ANC helps to determine when a patient is neutropenic and at higher risk for infection.

Adjuvant Therapy: Treatment used in addition to the main treatment. It refers to hormonal therapy, chemotherapy or radiation added after surgery to increase the chances of curing the disease or keeping it in check.

Alopecia: Hair loss. This often occurs as a result of chemotherapy or from radiation therapy to the head. In most cases, the hair grows back after treatment ends.

Analgesic: A medicine for pain relief.

Anemia: Low red blood cell count.

Anorexia: Loss of appetite.

B

Benign: Not cancer; not malignant.

Biologic Response Modifiers: Substances that boost the body's immune system to fight against cancer; interferon is one example. Also called biologic therapy.

Biopsy: The removal of a sample of tissue to see whether cancer cells are present. There are several kinds of biopsies. In some, a very thin needle is used to draw fluid and cells from a lump. In a core biopsy, a larger needle is used to remove more tissue.

Bone Marrow: The soft tissue in the hollow of flat bones of the body that produces new blood cells.

Bone Marrow Aspiration and Biopsy: A procedure in which a needle is placed into the cavity of a bone, usually the hip or breast bone, to remove a small amount of bone marrow for examination under a microscope.

Breast Health Nurse: A specially-trained nurse who provides support to women with breast cancer to help them learn about breast cancer, understand what to expect, answer questions and help with coping.

C

Cancer: Cancer is not just one disease but rather a group of diseases. All forms of cancer cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a tumor. The tumor can invade and destroy healthy tissue.

Some cancers, such as blood cancers, do not form a tumor. Not all tumors are cancer. A tumor that is not cancer is called benign. Benign tumors do not grow and spread the way cancer does. They are usually not a threat to life. Another word for cancerous is malignant.

Cancer Connections Nurse: A nurse who provides individualized assistance to patients, families and caregivers to help them overcome health care system barriers and facilitate timely access to quality medical and psychosocial care.

Carcinogen: Any substance that causes cancer or helps cancer grow. For example, tobacco smoke contains carcinogens that greatly increase the risk of lung and other cancers.

Carcinoma: A malignant tumor that begins in the lining (epithelial cells) of organs. At least 80 percent of all cancers are carcinomas.

Carcinoma in Situ: An early stage of cancer in which the tumor is confined to the organ where it first developed. The disease has not invaded other parts of the organ or spread to distant parts of the body. Most in situ carcinomas are highly curable.

Chemotherapy: Treatment with drugs to destroy cancer cells. Chemotherapy is often used with surgery or radiation to treat cancer when the cancer has spread, when it has come back (recurred), or when there is a strong chance that it could recur.

Clinical Trials: Research studies to test new treatments in order to compare the new treatment to current, standard treatment. Before a new treatment is used on people, it is studied in the lab. If lab studies suggest the treatment will work, the next step is to test its value for patients. These human studies are called clinical trials. The main questions the researchers want to answer are:

- Does this treatment work?
- Does it work better than the one we're now using?
- What side effects does it cause?
- Do the benefits outweigh the risks?
- Which patients are most likely to find this treatment useful?

During the course of treatment, the doctor may suggest looking into a clinical trial. A clinical trial is done only when there is some reason to believe that the treatment being studied may be of value. Clinical trials are carried out in steps called phases. Each phase is designed to answer certain questions.

Colon and Rectal Surgeon: A doctor who treats various diseases of the intestinal tract, colon, rectal, anal canal and perianal area by medical and surgical means. This physician also deals surgically with other organs and tissues (such as the liver, urinary and female reproductive systems) involved with primary intestinal disease.

Computed Tomography: An imaging test in which many x-rays are taken from different angles. These images are combined by a computer to produce cross-sectional pictures of a part of the body. Except for the injection of a dye (needed in some, but not all cases), this is a painless procedure that can be done in an outpatient clinic. It is often referred to as a “CT” or “CAT” scan.

Cystitis: An inflammation of the bladder.

E

Edema: Build-up of fluid in the tissues, causing swelling. Edema of the arm can occur after radical mastectomy, axillary dissection of lymph nodes, or radiation therapy. (See also lymphedema.)

Emesis: Vomiting.

Endobronchial Ultrasound: A procedure to diagnose and stage enlarged lymph nodes and masses in chest. Also called EBUS.

Endoscopic Ultrasound: A procedure in which a thin, tube-like instrument that has a light and a lens for viewing is inserted into the body. A probe at the end of the tube is used to bounce high-energy sound waves (ultrasound) off internal organs to make a picture (sonogram). Biopsies can also be obtained. Also called endosonography and EUS.

G

Gastroenterologist: A doctor with dedicated training and experience in the diagnosis and management of diseases of the gastrointestinal tract and liver.

General Surgeon: A doctor who helps you decide the best type of surgery and removes your cancer.

Genetic Counselor: A specially-trained genetic counselor provides cancer genetics education and a cancer risk assessment, offers genetic testing and informs patients of current cancer screening recommendations.

Growth Factor: A naturally occurring protein that causes cells to grow and divide. Too much growth factor production by some cancer cells helps them grow quickly, and new treatments to block these growth factors are being tested in clinical trials. Other growth factors help normal cells recover from side effects of chemotherapy.

Gynecologic Oncologist: An OB/GYN subspecialty doctor who provides consultation and comprehensive management of patients with gynecologic cancer.

H

Hyperalimentation: Giving nutrition other than as food, often intravenously.

I

Informed Consent: A legal document that explains a course of treatment, the risks, benefits, and possible alternatives; the process by which patients agree to treatment.

Interventional Radiologist: A doctor who views the inside of the body by guiding narrow tubes or catheters and other very small instruments through blood vessels and other body pathways to the location of a medical problem. Procedures performed by interventional radiologists are less invasive, which results in less pain and risk.

IV: Intravenous; injection of a solution into a vein; intravenous fluids.

L

Lesion: Change in body tissue; sometimes used as another word for tumor.

Leukemia: Cancer of the blood or blood-forming organs. People with leukemia often have a noticeable increase in white blood cells (Leukocytes).

Lymphedema: When excess fluid collects in tissue and causes swelling. It may occur in the arm or leg after lymph vessels or lymph nodes in the underarm or groin are removed or treated with radiation.

Lymphoma: A cancer of the lymphatic system, a network of thin vessels and nodes throughout the body. Its function is to fight infection. Lymphoma involves a type of white blood cells called lymphocytes. The two main types of lymphoma are Hodgkin's disease and non-Hodgkin's lymphoma. The treatment methods for these two types of lymphomas are very different.

M

Magnetic Resonance Imaging (MRI): A method of taking pictures of the inside of the body. Instead of using x-rays, MRI uses a powerful magnet and transmits radio waves through the body; the images appear on a computer screen as well as on film. Like x-rays, the procedure is physically painless.

Malabsorption: Impaired intestinal absorption of nutrients.

Malignant Tumor: A mass of cancer cells. A malignant tumor may invade surrounding tissues or spread to distant areas of the body.

Mammogram: An x-ray of the breast. Mammograms are done with a special type of x-ray machine used only for this purpose. A mammogram can show a developing breast tumor before it is large enough to be felt by a woman or even by a highly trained healthcare professional. *Screening* mammography is used to help find breast cancer early in women without any symptoms. *Diagnostic* mammography helps the doctor to learn more about breast masses or the cause of other breast symptoms.

Medical Oncologist: A doctor who helps determine chemotherapy or other medical treatment for your cancer.

Melanoma: A cancerous tumor that begins in the cells that produce skin color (melanocytes). Melanoma is almost always curable in its early stages. However, it is likely to spread, and once it has spread to other parts of the body the chances for a cure are much lower.

Metastasis: The spread of cancer cells to distant areas of the body by way of the lymph system or bloodstream. Cells from a tumor can break away and travel to other parts of the body. There they can continue to grow. This spreading process is called metastasis. When cancer spreads, it is still named after the part of the body where it started. For example, if breast cancer spreads to the lungs it is still breast cancer, not lung cancer.

Monoclonal Antibodies: Antibodies made in the lab and designed to target specific substances called antigens. Monoclonal antibodies that have been attached to chemotherapy drugs or radioactive substances are being studied to see if they can seek out antigens unique to cancer cells. Monoclonal antibodies are also used in other ways, for example, to help find and classify cancer cells.

Mucous Membrane: Tissues that line the passages and cavities that communicate with air, such as the mouth and esophagus.

N

Neoplasm: An abnormal growth (tumor) that starts from a single altered cell; a neoplasm may be benign or malignant. Cancer is a malignant neoplasm.

Neurosurgeon: A doctor who provides the surgical and non-surgical management (prevention, diagnosis, evaluation, treatment, critical care and rehabilitation) of disorders of the nervous system including the brain and spinal cord.

Neutrophil: A neutrophil is one type of white blood cell made in your bone marrow. Neutrophils find and kill bacteria in your body. Neutrophils are also called “polys.”

Neutropenia: Low white blood cell count that creates high risk for infection.

Nuclear Medicine Scan: A method for localizing diseases of internal organs such as the brain, liver or bone. Small amounts of a radioactive substance (isotope) are injected into the bloodstream. The isotope collects in certain organs. A scintillation camera is used to produce an image of the organ and detect areas of disease.

O

Oncology: Branch of medicine concerned with the diagnosis and treatment of cancer.

P

Palliative Treatment: Treatment that relieves symptoms, such as pain, but is not expected to cure the disease. The main purpose is to improve the patient's quality

Pathologist: A doctor who defines the type of tumor to help determine the best treatment.

Pelvic Examination: An exam of a woman's uterus and other pelvic organs. Used to help find cancers of the reproductive organs. The doctor will visually check external structures and palpate (feel) the internal organs such as the ovaries and cervix.

Peristalsis: Progressive contraction and relaxation of the intestines.

Positron Emission Tomography: An imaging technique in which a small amount of radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed, computerized pictures of areas inside the body where the glucose is used. Because cancer cells often use more glucose than normal cells, the pictures can be used to find cancer cells in the body. Also called PET scan.

Primary Site: The place where cancer begins. Primary cancer is usually named after the organ in which it starts. For example, cancer that starts in the breast is always breast cancer even if it spreads to other organs such as bones and lungs.

Prognosis: A prediction of the course of the disease; the outlook for cure.

Prosthesis: An artificial form to replace a part of the body, such as a breast prosthesis.

Pulmonologist: A specialized internal medicine doctor who focuses on diseases of the lungs and airways. The pulmonologist diagnoses and treat pneumonia, cancer, asthma, occupational diseases, emphysema and other complex disorders of the lungs. Pulmonologists evaluate lung function, examine the bronchial airways and prescribe and monitor mechanical ventilation.

R

Radiation Oncologist: A doctor who works with other members of the radiation therapy team to develop your treatment plan and ensure that each treatment is given accurately. They also monitor your progress and adjust your treatments as necessary to make sure the radiation is hitting the targeted tumor while minimizing side effects.

Radiation/Portal Field: The area of the body designated to receive radiotherapy; usually marked with ink or tattoos.

Radiation Therapist: A specially-licensed therapist who administers your daily radiation treatment under the doctor's prescription and supervision. They also maintain daily records and regularly check the machines that provide radiation treatments.

Radiologist: A doctor who interprets x-rays and scans to help determine the extent of your disease.

Radiotherapy: Local treatment of cancer with high-energy radiation.

Reconstructive (plastic) Surgeon: A doctor who helps restore your natural looking breast or other area of your body where cancer was removed.

Remission: Complete or partial disappearance of the signs and symptoms of cancer in response to treatment; the period during which a disease is under control; a remission may not be a cure.

Research Nurse: A specially-trained nurse specialist who helps determine your eligibility for a research trial and provides you with information and support.

S

Sarcoma: A malignant tumor growing from connective tissues, such as cartilage, fat, muscle or bone.

Staging: The process of finding out whether cancer has spread and if so, how far. There is more than one system for staging. The TNM system, described below, is one used often. The TNM system for staging gives three key pieces of information:

- **T** refers to the size of the tumor.
- **N** describes whether the cancer has spread to nearby nodes.
- **M** shows whether the cancer has spread to other organs of the body.

Letters or numbers after the T, N, M give more details about each of these factors. To make this information somewhat clearer, the TNM descriptions can be grouped together into a simpler set of stages, labeled with Roman numerals. In general, the lower the number, the less the cancer has spread. A higher number means a more serious cancer.

Stomatitis: Inflammation or ulcers of the mouth. Stomatitis can be a side effect of some kinds of chemotherapy.

T

Thoracic Surgeon: A doctor who performs surgery to remove cancers of the lung, chest wall and esophagus.

Thrombocytopenia: A decrease in the number of platelets in the blood; can be a side effect of chemotherapy.

Tumor: An abnormal lump or mass of tissue. Tumors can be benign (not cancerous) or malignant (cancerous).

U

Urologist: A doctor skilled in managing medical and surgical disorders of the adrenal gland and the genitourinary system. A urologist is skilled in performing surgical techniques of the reproductive and urinary systems and related structures.

For additional medical terms and definitions go to: www.cancer.gov and choose "Dictionary of Cancer Terms."

STATEMENT OF PATIENT RIGHTS AND RESPONSIBILITIES

“We Honor the Dignity and Worth of Each Individual”

To support this value and our commitment to our patients, their families and the community, we have a Statement of Patient Rights and Responsibilities. This statement is designed to inform you about what you can expect and ask for as a patient at Riverside, Grant, Doctors and Grady.

Rights of Patients

Patients have the right to competent, respectful and hospitable care, and for physicians and staff to strive to make their hospitalization as comfortable as possible.

Patients have the right to receive complete information from their physician regarding their diagnosis, treatment and prognosis. This includes the right to informed consent when surgical or other significantly invasive procedures are involved.

Patients have the right to expect medical records of their care to be treated confidentially as outlined in the hospital’s confidentiality policies. Also, patients have the right to expect their right to visual, auditory and personal privacy, and to keep information pertaining to their care confidential.

Patients have the right to actively participate in decision-making regarding their care through direct discussion with their physicians and nursing and other staff, and to review their medical records except when restricted by law.

Patients have the right to examine a copy of and request assistance in understanding their hospital bill and to know that charges will reflect only the care received by the patient.

Patients have the right to know by name and position the person caring for them, and to ask if the hospital or caregivers have relationships with outside parties that may influence their care.

Patients have the right to be informed about any experimental, research or educational activities that are involved in their treatment and the right to refuse to participate in any such activity.

Patients have the right to know that a policy and procedure exists in addressing the procurement and donation of organs to local agencies.

Patients or their surrogates have the right to request limitation or withdrawal of life-sustaining treatment in accordance with legal, clinical and ethical guidelines.

Patients have the right to know that the hospital has a policy in place to control any potential conflicts of interest and to establish guidelines for ethical business behavior.

Patients have the right to execute Advance Directives (Living Wills, Healthcare Power of Attorney documents) in compliance with Ohio law and to designate a surrogate decision-maker to act on their behalf.

Patients have the right to have their individual social, psychosocial, cultural, emotional and spiritual needs respected and preserved while undergoing treatment. The hospital further recognizes the special importance of these issues in the care of dying patients and their significant others.

Non English-speaking, blind and deaf patients have the right to request interpretation. The hospital will make every reasonable effort to provide this assistance.

Patients, families and visitors have the right to file a formal grievance through the Patient Relations Department regarding aspects of their care, and to expect a response from the hospital. If conflicts arise regarding the course of treatment, the patient has the right to contact the Bio-Ethics Committee for assistance.

Patients have the right to expect their standard of care to be consistent and their access to care to be unaffected by their ability to pay. This includes the right to an appropriate continuum of care within an integrated system of different settings, services and care levels.

Patients have the right to request a copy of the Patients' Rights and Responsibilities Policy by contacting the Patient Relations Department, and to request a Patient Relations coordinator's assistance if they feel these rights are not being maintained.

Responsibilities of Patients

Patients have the responsibility to fully answer questions from physicians and staff regarding past illnesses, hospitalizations, medications and other matters pertaining to their health.

Patients have the responsibility to collaborate with physicians and staff in their diagnosis and treatment.

Patients have the responsibility to be considerate of other patients by following the hospital's policies regarding smoking, visiting and telephones and other policies addressed in the Patient Guide.

Patients have the responsibility to provide all needed information for insurance processing and for assuring that the financial obligations of their healthcare are fulfilled.

These responsibilities apply to family members, significant others, and/or surrogate decision-makers when they are acting on behalf of the patient.