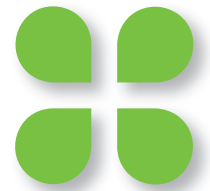


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Welcome

A New Kind of Cancer Care



The Providence Regional Cancer Partnership (PRCP) opened in 2007 and is a collaboration of four premiere provider organizations in one cancer center. This unique design provides a seamless integrated approach to cancer care in the North Puget Sound region. Located at 1717 13th Street in Everett Washington 98201 the center offers a space that is healing and soothing as well as state of the art technology.

The center includes Providence Regional Medical Center Everett, The Everett Clinic (TEC), Western Washington Medical Group, and Northwest Radiation Oncology Associates. The Program includes a comprehensive array of inpatient and outpatient surgical, medical and radiation oncology services and has been accredited as part of Providence by the American College of Surgeons (ACoS) as a Comprehensive Community Cancer Program since 1979. In addition, the PRCP has innovative programs in Integrative Medicine and Psychosocial Support.

Each week, five multidisciplinary cancer care conferences are attended by surgeons, medical oncologists, radiation oncologists, pathologists, interventional radiologists, midlevel practitioners, nursing and multiple specialists from support services. More than seventy percent of new cancer cases are presented for collaboration related to pre-treatment planning.

Accreditation:

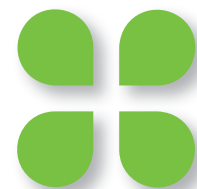
Providence Hospital has been a recipient of the Outstanding Achievement Award by the American College of Surgeons Commission on Cancer since 2013. Few health care facilities with accredited cancer programs in the United States received this national honor. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients. The Cancer Research Program also offers research participation to cancer patients at three times the national average rate.

The Everett Clinic was awarded the Quality Oncology Practice Initiative Certification (QOPI) in 2014 for outpatient hematology-oncology practices. Currently only five clinical practices have this certification in Washington state. The award promotes quality, value, and accountability in cancer care and further enhance the society's longstanding and robust efforts in the field of oncology.

Care:

The best cancer care happens when a team of world-class cancer specialists takes the time to know and care for you—body, mind and spirit. It's the kind of care that happens every day, for every patient at the Cancer Partnership. Everyone and everything you need to receive this personal level of care and support is right here. When you're first diagnosed with cancer, the road ahead can seem overwhelming, but it doesn't have to. At the Cancer Partnership we'll

help you understand your treatment options, while developing a personalized plan that couples state of the art technology with supporting services that enlist body, mind and spirit. You'll have the attention and expertise of a dedicated care team who will answer your questions and create a clear path forward.



We'll focus on making sure you have the best care supporting you every day so you can focus on what's most important - getting better.

At the Cancer Partnership, we go beyond the expected; doing everything we can to support you throughout the cancer treatment journey.

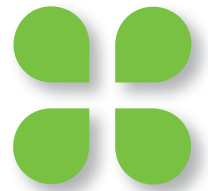
Services include but are not limited to:

- Acupuncture
- Cancer Resource Center
- Classes
- Counseling Services
- Financial Counseling
- Healing Spirit Boutique
- Hypnosis & Meditation
- Language Support
- Naturopathic Medicine
- Nutrition
- Palliative Care
- Spiritual Care
- Support Groups
- Integrative Medicine
- Patient Navigator
- Clinical Trials

Teamed together for Strength!

More power to you.

Talking With Your Doctor about Cancer and Its Therapy



The period immediately after a cancer diagnosis is generally a time of stress, anxiety, and uncertainty. The need to make treatment decisions may further add to this distress. If you have been diagnosed with cancer, you need to be able to talk openly with your doctor about your treatment options, and continue to ask questions and stay informed throughout your treatment and follow-up.

The attached forms are designed to help you get all the information you need about your cancer and its treatment. You may take this form with you when you meet with your doctor and fill it out as you talk with him/her.

Many patients find it useful to ask a series of questions about each treatment.

- “Knowing About Your Cancer”
- “Questions to Ask After Surgery”
- “Questions to Ask Your Doctor Before Starting Chemotherapy”
- “Questions to Ask Your Doctor Before Starting Radiation Therapy”
- “Questions All Patients Need to Ask and Know”

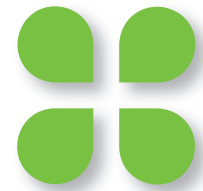
These lists will help you develop your own list of questions about your treatment.

In addition to the information you get from your doctor, you can also easily obtain information on cancer treatments on your own for free from the National Cancer Institute (NCI) 1.800.4.CANCER (1.800.422.6237) or American Cancer Society (ACS) 1.800.227.2345.

Knowing About Your Cancer

- **Diagnosis:** Gives the name of your disease.
- **Stage:** List all areas where disease has spread (metastasis).
- **Prognosis:** List whether curable or not curable, and expected average lifespan.
- **Treatment Goals:** You should understand the difference in treatment given to try to cure your disease and treatment given for palliation (control of bothersome symptoms).
- **Treatment Options / Side Effects:** Tells you what to expect from different treatments: the response rates (percentage of patients who improve with the treatment) and common side effects.

Questions to Ask Your Surgeon



- What are the results of my pathology report?
- Did you find any spread of the cancer? If so, where?
- Are there any additional tests required?
- Will I need any additional treatments such as radiation therapy or chemotherapy?
- What are your recommendations and why?
- Are there any experimental treatments that would be helpful for me to be involved in?

Before Starting Chemotherapy and/or Biotherapy

- What are the names of the medications you're recommending?
- What are the main side effects of the treatment?
- What is the chance of each side effect occurring?
- Is this treatment given for cure, to shrink the cancer, or to relieve the symptoms so that I will feel better?
- What is the chance of this treatment making me live longer?
- What is the chance of this treatment making my "quality of life" better?
- What is the chance of this treatment relieving the symptom that bothers me the most?
- Can I drive and continue with my normal activities?
- How will I know if Chemo/Biotherapy is working?
- Will there be changes in my routine medications or diet?

Questions to Ask before starting Radiation Therapy

- What side effects can I expect? For example, nausea and vomiting? Hair loss?
- How many treatments will I need and how long is each treatment?
- Will I be radioactive?
- Will there be any change in my routine medications or diet?
- Can I drive and continue with my normal activities?
- How will I know if the radiation is working?
- Which doctor do I call for questions, concerns about my cancer and treatment?

Questions All Patients Need to Ask and Know



- **What is a “Living Will”?**

A **Living Will** tells your doctors what type of life support you want if your condition worsens.

- **What is a “DNR” or “No Code” doctor’s order?**

A **DNR**—Do Not Resuscitate or **No Code** doctor’s order allows you to receive all types of care for comfort but to forego measures such as cardiopulmonary resuscitation (CPR) to restart the heart if it stops, or placement on a ventilator (breathing machine).

- **What is a “Durable Power of Medical Attorney”?**

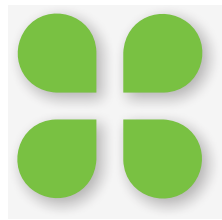
A **Durable Power of Medical Attorney** tells your doctor who should make decisions about your medical care if you cannot.

Clinical Trials

When cancer is diagnosed, physicians and patients alike enter into treatment with hope and a strong desire to fight the disease. Some patients may wish to continue the fight by enrolling in clinical trials. There are often trials that can offer innovative treatments at any stage of the disease.

Palliative Care or Hospice

There may come a time when your cancer doctor has to tell you and your family that there are no more drugs or therapies available to treat your disease. This means that this particular disease could not be stopped despite everyone’s best efforts. If this were to happen, you would still be cared for by your cancer doctors and nurses, but the focus of care will change to an emphasis on comfort and well-being for you and your family. Palliative care and hospice are two different options to consider. Talk with your provider to explore what is best for you and your loved ones.



Contact Information

**FOR ALL LIFE THREATENING EMERGENCIES,
CALL 911**

Medical Oncology

To schedule / cancel / change your appointment..... 425.297.5560

Prescription Refills..... 425.297.5526

Red Team (includes Doctors Saikaly, Sharma and Meyering)

Red Team Nurse..... 425.297.5691

Yellow Team (includes Doctors Congdon, Jiang, and Kundra)

Yellow Team Nurse..... 425.297.5546

Blue Team (includes Doctors Inoue and Lukas)

Blue Team Nurse..... 425.297.5692

Green Team (includes Doctors Thapaliya and Wang)

Green Team Nurse..... 425.297.5693

Financial Counselors:.....425.297.5518 or 5519

After hours/weekends:..... 425.297.5560

Radiation Oncology

Scheduling / Appointments: 425.297.5590

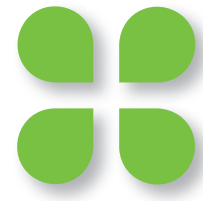
Non-Urgent Nursing Messages:..... 425.297.5590
(Between 8am and 5pm)

Questions and Concerns: 425.297.5590

Financial Counselor: 425.261.4013

After Hours/Weekends:..... 425.297.5590

Thank you for choosing our office to provide you with your specialized medical needs. Your concerns are important to us and we want to assure you that it is our intent to give you the best care possible. We want you to know in advance, that you will have a “Team” of providers; a physician, an advanced care practitioner, physician assistant and/or advanced registered nurse practitioner, nurses and medical assistants. Front office staff will assist in scheduling any outside procedures you may require.



In an effort to answer frequently asked questions we are providing you with this informative tool.

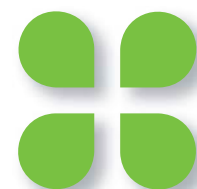
- Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Our office is closed the following holidays; New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas Day.
- After hour calls may not be returned by the physician that you normally see in our office.
- If you have had labs drawn, it is **NOT** our policy to call you with the results. Many lab results are viewable in MyChart.
- If you have had radiology studies, you should be scheduled with your provider to review the results.
- Co-pays are required to be paid at the time of service.
- We will make every attempt to make sure your insurance requirements are met prior to services being rendered. Ultimately, however, it is the patients' responsibility to verify that referrals and authorizations have been taken care of.
- If you have insurance forms, such as disability, that require a portion of it be filled out by your physicians and/or his signature, bring them in with you to your next appointment and **have the patients portion completed in advance.**

Treatment information:

Out of consideration to other patients, physicians and staff members, we respectfully request you:

- Do **NOT** wear fragrances due to the others who may experience sensitivity to odors.
- Limit visits and guests to 1-2 per patient due to space limitations.
- Understand children under the age of 12 are not allowed in the infusion suite or the radiation oncology treatment area.
- Individuals with active upper respiratory infections, including those with cold or cough symptoms are not allowed in the infusion suite or radiation oncology treatment area.
- Silence cell phones while in the infusion suite or during the office visit.

Patient Support Services



The diagnosis and treatment of cancer can be a major life crisis for patients and their families. For most patients, it is stressful and anxiety provoking at best. We want to make you and your family more comfortable as we work together to treat your condition. We want to help the whole you – body, mind and spirit.

When you meet with your physician you will be asked to regularly fill out a form inquiring about your concerns and level of distress. We can help you access resources and learn to cope effectively with concerns you may have during cancer treatment. If needed, we can arrange for future meetings with a counselor, chaplain, social worker, dietitian, or support group to assist you throughout your treatment. These services are free of charge to you and your family, with the exception of services offered by the clinical psychologist.

Behavioral Health..... 425.297.5520

Social Work425.297.5521

Coordinated by a clinical psychologist, the staff also includes a clinical social worker and doctoral students of psychology. The team provides brief, supportive counseling and access to resources for patients and families, both during and after treatment.

Chaplain 425.261.4086

Spiritual care for many faiths and traditions is provided to patients and their families. Chaplains help people find strength whether that be traditional “religious” connection or their own personal place of peace and hope. Assistance in areas of ethics, completion of Advanced Directives, Living Wills, and Durable Power of Attorneys for Health Care are available.

Dietitian.....425.297.5523

Nutrition counseling both individually and for groups is available. Any patient, friend or family member interested in the nutrition of the patient is welcome.

Clinical Nurse Specialist425.297.5524

The oncology clinical nurse specialist assists patients in understanding the process of medical treatment, treatment planning and realistic expectations for care.

Financial Counselors

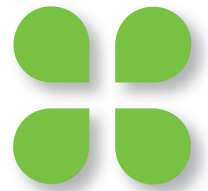
• **Medical Oncology425.297.5518(A-L) /5519 (M-Z)**

Assistance can be researched for uninsured and underinsured patients to help offset the treatment expenses.

• **Radiation Oncology..... 425.261.4013**

The Radiation Oncology financial counselor is an Insurance Support Specialist who can also assist with Social Security and Medicaid.

Cancer Resource Center



Located on the first floor of the Providence Regional Cancer Partnership, the Cancer Resource Center is a quiet, comfortable place to find information, log on the internet or talk with the American Cancer Society Patient Navigator and volunteers.

Patients, family members and caregivers can come to find the latest cancer information regarding tests, treatment, clinical trials, and local resources for wigs, support groups, prosthesis, and transportation to treatment.

Volunteers can connect you with cancer survivors to ease the journey from diagnosis through treatment. You'll find that the knowledgeable volunteers and the Patient Navigator will be able to provide information and referrals to other community resources that you may be interested in.

There is a wide selection of literature on cancer and treatment that is available *free of charge* to patients, their families and the public.

In the Resource Center you can find information on the following...

- The Latest Cancer Information
- Local Resources
- Support Groups
- Classes
- Patient Support Services
- Integrative Medicine
- Prosthesis
- Transportation
- Volunteers
- Patient Navigator Services

Cancer Resource Center volunteers can also help you find wigs, hats, pillows, and clothing designed for cancer patients in the Healing Spirit Boutique.

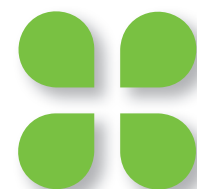
The Healing Spirit Boutique has:

- Wigs in a variety of colors and styles, as well as a huge variety of hats, many of which are hand made by volunteers.
- Pillows for patients with ports to put under their seatbelts, under their arms or around surgical wound areas to be more comfortable.
- Information about clothing designed for patients going through cancer treatment.
- Volunteers who have experience in wig fitting and cosmetics.
- Information on Look Good and Feel Better, which helps women offset appearance-related changes from cancer treatment, is offered monthly.

The boutique is open Mon - Fri from 9:00 a.m. to 5:00 p.m.

American Cancer Society

Patient Navigator



In partnership with the American Cancer Society, Providence Regional Cancer Partnership offers an innovative patient-assistance program called the Patient Navigator. This service complements the Partnership's full range of integrated cancer-care services, which helps link patients with vital cancer-related resources in the community.

What is a Patient Navigator?

The American Cancer Society Patient Navigator is a professional dedicated to helping cancer patients, families and caregivers navigate the many systems needed during diagnosis and treatment.

Benefits of this service

The Patient Navigator is available to:

- Provide information and materials on coping with illness and treatment resources
- Refer patients to support groups, classes and/or community services
- Help patients find resources for financial assistance, medication needs, home-health care, and transportation,
- Identify activities that will help patients achieve better quality of life
- Listen and help cancer survivors learn to self-navigate
- Provide tours of the Providence Regional Cancer Partnership for patients and caregivers

About Kathy Reiff, American Cancer Society Patient Navigator

Kathy brings more than 30 years of experience to the Patient Navigator Program. She draws on an extensive knowledge of public, private and nonprofit organizations and the Snohomish County human services network. Kathy received a Bachelor of Arts in Sociology, with a concentration in Gerontology, from Minot State University in North Dakota.

"I believe that cancer patients and their families should not have to brave the cancer journey alone," says Kathy.

Kathy works out of the Providence Regional Cancer Partnership Resource Center on the first floor of the clinic building. Patients, families and caregivers can set up appointments directly with her.



To schedule an appointment, or for more information, call (425) 297-5507, or just stop by for a visit.



Classes and Support Groups

Eligibility and Cost



- Support groups and classes are open to all patients, friends, family members, and caregivers.
- Classes, workshops and groups are free of charge, unless noted otherwise.

Benefits of Classes and Support Groups

- Up to date education and information
- Connect with others who understand
- Learn how to adjust to change
- Talk about your experience
- Learn from other participants
- Build your support network
- Learn coping strategies
- Engage in a healing process
- Learn from guest speakers

Classes and Support Groups Offered

Art Therapy Group

A supportive, non-judgmental environment where creative self-expression is encouraged. No prior art experience is needed.

Meets on Thursdays from 10:00-11:30 a.m. in the first floor conference room C/D.

Women with Cancer Support Group

A support group for women who have or have had cancer. Connect with other women to maintain a positive focus and self image, and to build a support network. Topics include coping and relaxation strategies, breast cancer education, adjusting to change and guest speakers on a variety of topics.

Meets on the second and fourth Wednesday of each month from 10:00-11:30 a.m. in the first floor conference room A/B.

Gentle Yoga

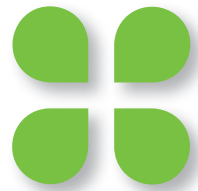
Reconnect with your body and learn how to be gentle with yourself in a fun, noncompetitive environment. The first 5 sessions are free.

Meets on Thursdays from 12:30-1:45 p.m. in the first floor conference room A/B.

Nutrition Class

Learn about eating the foods that keep your immune system strong, keep you energized and help you maintain a healthy weight.

Meets the fourth Thursday of the month, Quarterly (January, April, July and October) from 5:00-6:30 p.m. in the first floor conference room A/B. To register, please call 425.297.5523



Prostate Cancer Support Group

Offering education and information-sharing exclusively for men who have had or currently have prostate cancer.

Meets on the third Wednesday of each month from 7:00-9:00 p.m. in the first floor conference room A/B.

“You Are Not Alone” Support Group for Cancer Patients and Survivors

Group members offer each other comfort, support, information, and suggestions for coping with the potential challenges during and after treatment. Open to all patients, caregivers, and loved ones.

Meets the first and third Tuesday of each month from 5:00 – 6:30 p.m. in the first floor conference room A/B.

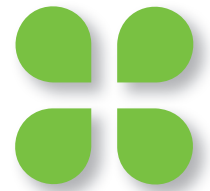
Survivorship Series

This six week series will give you ideas on maximizing your resources and strengths to help you adjust to life after treatment. As part of your own health care team, you will be given the opportunity to identify a wellness plan that is best for you.

To register, please call 425.297.5520

For more information call 425.297.5521 or to verify that dates and times have not recently been changed.

Integrative Medicine



Integrative Medicine offers a unique approach to healing. Services include a variety of complementary treatment options so patients are able to achieve maximum benefit and symptom relief. Your care is coordinated with your chemotherapy and radiation treatment. There are fees for these services that may or may not be covered by some insurance policies.

To make an appointment with Integrative Medicine call 425.297.5500.

Integrative Medicine Services Offered

Acupuncture

Acupuncture is a form of treatment used in both Traditional and Classical Chinese Medicine. Acupuncture is based on the principal that there are energetic pathways, or channels, throughout the body that influence associated organs and structures. Energy from these pathways is stimulated with touch or needles to allow healing.

Mind Body Medicine

Mind Body Medicine is a field of medicine that uses the powers of the mind and emotions to affect physical and emotional health. Learn to use the mind's healing powers to relieve stress, manage symptoms, help with sleep and heal mind, body and spirit. Hypnosis, biofeedback, and relaxation techniques are taught.

Naturopathic Medicine

Naturopathic Medicine is based on the belief that the human body has a natural healing ability. Naturopathic doctors teach their patients to use diet, exercise, lifestyle changes and cutting edge natural therapies to improve their bodies' ability to combat disease and decrease side effects of treatment.

Nutrition Counseling

Nutrition Counseling for specific disease and symptoms to decrease the side effects of treatment. Vitamins and supplements will also be addressed.

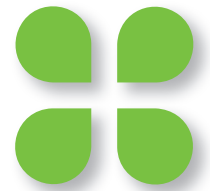
Wellness Consults

Wellness Consults are provided through the naturopathic medicine provider. Learn what steps to take after you are finished with treatment to return to wellness.

Yoga

Yoga is a gentle movement therapy to connect mind, body and spirit.

What is Palliative Care (PC)?



The goal of palliative care is to help you and your loved ones to have a better quality of life as you live with cancer. Palliative care gives you access to an interdisciplinary team that helps you manage pain and other symptoms.

Who Benefits From Palliative Care?

Research shows that patients who receive palliative care from the onset of diagnosis and treatment have improved quality and may extend length of life. This includes patients who are receiving curative treatment as well as those who are not. This is the difference between Palliative Care and Hospice. Loved ones are also supported by Palliative Care.

How Can Palliative Care Help Me?

- Care includes help with managing pain, nausea, loss of appetite, constipation, insomnia, depression, anxiety, difficulty breathing and other symptoms or side effects you may be experiencing.
- Access to professionals who can help you understand and discuss your treatment plan and goals of care. This includes advance directives which document your personal choices about your future care.
- Providing information about resources that may be needed for increased care needs.

How Does Palliative Care Work at Providence Regional Cancer Partnership?

Our Palliative Care service starts with a Registered Nurse and Nurse Practitioner who work closely with our support services. Support services include a Social Worker, Dietician, Behavioral Health Counselors, Financial Counselors, Integrative Medicine Services and referrals to Community Services and Spiritual resources. Your team collaborates with your physician to ensure your unique needs are considered.

Getting Started

Call the Palliative Care office directly at **452-297-5655** or speak with your doctor or nurse.

Center for Clinical Research

Providence Regional Cancer Partnership



Doctors and scientists can learn about better ways to prevent, diagnose and treat diseases, including cancer by conducting clinical research. Participation in clinical trials provides patients with the potential to contribute to medical science, to improve their own health and wellbeing, and to help future patients who may be diagnosed with the same disease or condition.

Patients at the Cancer Partnership have the opportunity to take part in some of the country's most current and ground-breaking clinical research with the support of their doctors and care team. The Center for Clinical Research is now actively recruiting patients for numerous cancer trials, including Phase III and IV national trials and many of the physicians from medical, radiation, and surgical oncology serve as the research investigators on the Center's clinical trials.

Types of Clinical Trials

- **Treatment trials:** These trials investigate treatments. Examples include cancer medications, immunotherapies, new approaches to surgery or radiation therapy, new combinations of treatments, and new methods for patient care.
- **Prevention trials:** These look for the best way to prevent cancer in people who do not have a history of cancer. They also look for ways to prevent cancer from coming back and ways to prevent a brand new cancer from developing in patients who have had it in the past. These trials also test new approaches, such as medicines, vitamins, minerals, or other supplements, that doctors believe may lower the risk of developing certain types of cancer.
- **Screening trials:** Screening studies test the best way to detect cancer, especially in its early stages.
- **Quality of Life trials:** These studies explore ways to improve comfort and quality of life for cancer patients.
- **Registry trials:** These are observational studies that collect information in order to learn more about a patient's experience with standard-of-care cancer treatment.

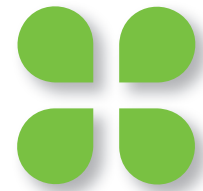
Why Should I Volunteer for a Clinical Trial?

The purpose of a clinical trial is to test the safety and effectiveness of the investigational product (drug or medical device) for use in people with a specific diagnosis, as well as to test if it is safe and effective for use in people in general. Your participation in a clinical trial may help contribute to new prevention recommendations, new screening guidelines, treatments of new diseases, and improvements in treatments already available.

How Does a Clinical Trial Work?

Every study follows a specific written plan or "protocol." The protocol describes the goal of the study, the number of volunteers needed, the types of tests required, and the number of visits requested, and also explains what information is collected by the research team. The information collected is put into a report which is sent to a government agency like the Food and Drug Administration (FDA). These agencies review results and decide if the investigational products should be approved.

Phases



Most clinical research that involves testing of a new drug are conducted in a series of steps called phases. This allows researchers to ask questions and review results at each step, which leads to more accurate and reliable research data and helps better ensure patient safety.

Clinical trials are usually classified into one of four phases:

Phase I – What is the right drug dose?

This phase evaluates how a new drug should be given (by mouth, injected into the blood, or injected into the muscle), how often it should be given, and what dose is safe to use.

Phase II – Is the drug effective?

This phase continues to test the safety of the drug and starts to evaluate how well the drug works. These studies usually focus on a particular type of cancer.

Phase III – Does the drug save lives?

This phase tests the new drug, or a new combination of drugs, and compares it to the current standard treatment. A participant is usually assigned at random to either the standard treatment group or to the study group. Phase III trials often enroll large numbers of people and may be conducted at multiple sites around the country and worldwide, including doctors' offices, clinics, and cancer centers.

Phase IV – Are there additional side effects?

After a new drug, treatment, or device has been approved and is being marketed, it is studied in a Phase IV trial to evaluate side effects that were not apparent in the Phase III trial. Usually, thousands of people are involved in Phase IV trials.

Clinical Trials Oversight

An Institutional Review Board/Independent Ethics Committee (IRB/IEC), also known as ethical review board, is a group formally designated to review and monitor biomedical and behavioral research involving human subjects.

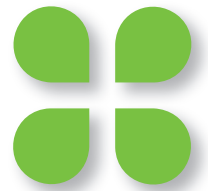
In accordance with Food and Drug Administration (FDA) and Health and Human Services (HHS) regulations, an IRB has the authority to approve, require modifications in (to secure approval), or disapprove research. An IRB performs critical oversight functions (scientific, ethical, and regulatory) for research conducted on human subjects.

Patients participating in clinical trials will be monitored closely by their doctor and the research team during all study follow-up visits. The doctor and the research team will assess how the research patient is doing clinically and will be available to answer questions and address any concerns that may arise during participation in the trial. All study participants are provided with the names and contact information of research staff and are encouraged to contact the Research Coordinators or Research Assistants between follow-up visits if needed.

Contact the Center for Clinical Research at the Cancer Partnership by calling (425) 297-5531 or by email at clinicalresearch@providence.org.

For more information on other clinical trials, please visit **clinicaltrials.gov**.

Biotherapy Reducing Skin Reactions



What can I expect?

- The treatment you are receiving can cause skin changes such as redness, acne-like rash, itchiness, peeling and cracked skin
- Skin changes are most common on the face, neck and trunk
- You may also experience cracking in the skin around your nails
- Skin changes typically start within 2 weeks of starting therapy
- Rash will generally clear up 2-3 months after treatment is completed
- Skin reactions can range from mild to life threatening. Contact your healthcare provider right away if the rash worsens or changes in appearance

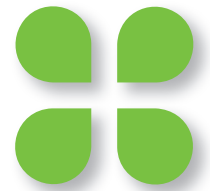
What can be done to prevent the rash associated with my treatment?

- To help prevent rashes you may receive a prescription for oral antibiotics and topical hydrocortisone cream. The cream should be applied to your face, neck, and chest twice daily. You should start using these the day you start therapy and continue for 8 weeks or as directed by your healthcare provider.
- Because many antibiotics can make your skin sensitive to sun you should use sunscreen with SPF 30 or higher everyday

Supportive measures to prevent or minimize skin reactions:

- Use cool or lukewarm water for bathing
- Generously apply moisturizers after bathing and throughout the day. Moisturizers should be alcohol free
- Use alcohol-free, fragrance-free, and dye-free soaps, shampoos, body washes, and laundry detergents
- Use hypoallergenic makeup
- Avoid any skin products that contain alcohol
- Avoid over-the-counter acne medications such as benzoyl peroxide as these can be drying to the skin
- Use an electric razor to shave. Avoid excessive beard growth.
- Avoid sun exposure and use sunscreen and/or protective clothing
- Remain well hydrated

Central Lines



A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated blood-stream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

What types of central venous catheters are there?

There are several types of central venous catheters. Healthcare providers use the type that is best for each patient’s case.

- A peripherally inserted central catheter (PICC) line is placed into a vein in the arm.
- A tunneled catheter is surgically placed into a vein in the chest or neck and then passed under the skin. One end of the catheter comes out through the skin so medicines can be given right into the catheter.
- An implanted port is similar to a tunneled catheter, but an implanted port is placed entirely under the skin. Medicines are given by a needle placed through the skin into the catheter. A port is not as visible and does not require daily care.

What are some of the things that hospitals and clinics are doing to prevent catheter-associated bloodstream infections?

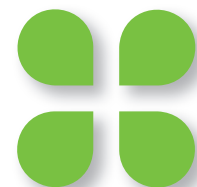
To prevent catheter-associated bloodstream infections, when inserting, doctors and nurses will:

- Choose a vein where the risk for infection is small.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter and cover the patient with a sterile sheet from the neck down.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- During treatment or hospitalizations, clean their hands and clean the catheter injection ports for 10-15 seconds with an antiseptic solution before using the catheter to draw blood or give medications.
- Decide every day if the patient still needs to have the catheter.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Speak up if a healthcare provider does not scrub the injection port for 10-15 seconds prior to using.
- Do not let family and friends who visit touch the catheter or the tubing.



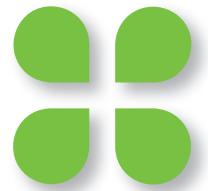
What do I need to do when I go home from the hospital?

If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter. For example, ask for instructions on showering or bathing with the catheter.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated blood-stream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

Information from the CDC website: http://www.cdc.gov/hai/bsi/catheter_faqs.html



Oral Drugs

**Please note: Document is under construction
and will be available soon!**

Weekly Doctor Appointments



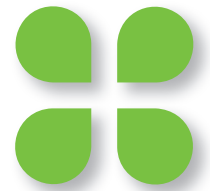
Each week of radiation treatment, you will have an appointment with your radiation oncologist to evaluate how you are tolerating your treatments and review side effects. At this brief appointment, your doctor will be available to you and your family to answer any questions or address concerns that you may have. Please leave your gown on after treatment so that your skin may be examined.

Typically, these appointments will be every **THURSDAY** following your scheduled radiation treatment. Occasionally, we may need to reschedule to a different day to accommodate physician schedule but this is an uncommon occurrence.

If you are waiting to be seen after your treatment for more than 20 minutes, please notify our front desk.

Important message: If you have symptoms that concern you prior to your **THURSDAY** check up, please ask your therapist to contact the nurse.

Radiation Therapy Skin Care During Treatment



Monitoring your skin closely and frequently during radiation treatment is important. You're a part of the team so speak up at any time if you have questions, concerns, or notice skin changes. A nurse is always on site and can evaluate the area and give you tips.

On Thursday, a scale is used by the medical assistant or nurse during your treatment day appointment with the physician. The scale is from the National Cancer Institute (NCI) and Radiation Therapy Oncology Group (RTOG).

The scale grades the skin based on the following criteria:

- | | |
|---|---|
| 0 | No change |
| 1 | Erythema: dry desquamation, epilation |
| 2 | Bright erythema, moist desquamation, edema |
| 3 | Confluent moist desquamation, pitting edema |
| 4 | Ulceration, hemorrhage, necrosis |

Medical Definitions:

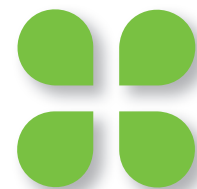
- **Erythema:** a skin condition characterized by redness or rash. There are many types of erythema.
- **Desquamation:** also called skin peeling, is the shedding of the outermost membrane or layer of a tissue, such as skin.
- **Epilation:** the removal of hair by the roots.
- **Edema:** a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body.
- **Ulceration:** An ulcer is a crater-like sore on the skin or mucous membrane. Ulcers form when the top layers of skin or tissue have been removed.
- **Hemorrhage:** an escape of blood from a ruptured blood vessel.
- **Necrosis:** the death of body tissue. It occurs when too little blood flows to tissue. This can be from injury, radiation, or chemicals.

Most radiation skin reactions are mild and heal rapidly. Severe reactions require longer healing, but usually heal completely and present no further problems. Below are some tips and general guidelines for care during treatment.

General: Skin Care Tips for Intact Skin

- Do not apply anything topical to the skin within the treatment area three hours prior to radiation treatments. Use after treatment and at bedtime. Use in the treatment field prior to treatment has been shown to increase skin dose in small studies
- Keep skin clean and dry

- Gently wash the skin with warm water using a soft washcloth (no scrubbing) and non-deodorant soap. (Ivory, Neutrogena, or unscented Dove are examples) Pat dry.
- Use gentle detergents to wash clothes and avoid starching clothes that are worn over the treatment areas
- Do not shave under the arm if it is in the treatment area
- Wear loose fitting clothing
- Protect skin from wind, sun, and extreme temperatures
- Sunblock:
 - During radiation: Sunblock may irritate skin, do not use in the treatment area
 - Post Treatment: Skin that has received prior irradiation is more sensitive to the sun. Sun protection factor (SPF) 30 with UVA/UVB protection is recommended



Avoid:

- Removing any temporary marks that may be placed at the time of simulation before tattooing occurs.
- Bras with underwire support.
- Skin products and powders.
- Applying make-up to skin where you are receiving radiation treatment.
- Scratching the skin.
- Putting anything hot or cold, such as heating pads, directly on the treated skin.
- Hot tubs, swimming pools, or lakes, as the water may cause a skin reaction. (Check with your physician)
- Adhesive tape or bandages within the treatment fields; special dressings may be provided.

Many skin care products are available over the counter to assist with providing comfort during treatment. Evidence is limited as to which products work best. Below is a list based on the Oncology Nursing Societies putting evidence into practice guide to cancer symptom management.

Over-the-counter Skin Care Products:

Apply after treatment and/or bedtime:

- | | | |
|--------------------------|-------------|-----------------------------------|
| ● Calendula | ● Aquaphor® | ● Plant extract Cream (Capilen®) |
| ● Vitamin E Oil or Cream | ● Lipiderm™ | ● Urea-Based topical Cream/Lotion |
| ● Allantoin Emulsion | | |

Practitioner may recommend:

- | | |
|----------------------------|--------------------------------|
| ● Corticosteroids, topical | ● Topical steroid for pruritus |
| ● Silver sulfadiazine | |

* Please do not use topical corticosteroids (hydrocortisone creams) prior to a discussion with your physician or nurse

Not recommended are:

- Aloe Vera
- Trolamine (Biafine®)



Care and Comfort for Tender and/or Peeling Skin

Domeboro or Bluboro (pharmacy: no prescription necessary)

- Mix with water as directed on package
- Use a soft cloth and gently soak (not scrub) affected area for 10-20 minutes – up to three times a day.
- Refrigerate unused mixture and use for next soak
- May be used at room temperature or from the refrigerator for a “cooling” soak.
- Allow to dry thoroughly.
- Always apply a moisturizing cream to the intact skin after soaking.
- Neosporin or Vaseline may be used in areas of skin loss. Ask your doctor if you need to use longer than one week.

Epsom Salts

- Mix solution using: 2 Tablespoons Epsom Salts and one pint of warm water
- Make a moist compress and apply to affected skin.
- Leave compress on for 10 – 15 minutes and then let skin air dry.
- Do this skin care treatment times per day.

If any product seems to be making the reaction worse, stop using it and consult your radiation nurse or physician.

Bone Marrow Suppression



Bone marrow (tissue inside the bones) is the place in the body where white blood cells, red blood cells, and platelets are made. White blood cells fight infection, red blood cells carry oxygen, and platelets help to clot blood and promote healing.

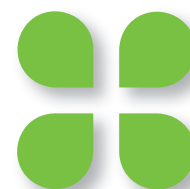
Chemotherapy drugs, and sometimes radiation therapy, can affect the bone marrow and cause a decrease in the number of blood cells (low blood cell count). These effects are temporary and manageable. Your doctor will take frequent blood tests (blood cell counts) to detect early signs of bone marrow suppression and will keep you informed of your blood cell count before each treatment. It is not unusual for your blood cell count to decrease after a treatment. It will usually return to normal before your next treatment. If not, treatment may be postponed.

Low White Blood Cell Count (Neutropenia)

A decreased number of white blood cells (WBC) will make you more susceptible to infection during cancer therapy. It is important that you avoid getting infections and that you identify them early if they do occur.

How to Avoid Getting an Infection

- Wash your hands before meals and before and after using the bathroom.
- Avoid touching your eyes, nose or mouth without washing your hands first.
- Avoid crowds or people with colds or other infections.
- Protect your skin from cuts, scratches or injury.
- Bathe and inspect your skin daily. Look for areas that are hot, red, or painful. (Any breaks in the skin are potential sites for infection)
- Keep your mouth clean and moist. Check the inside of your mouth daily. Look for red, white or yellow patches and report to your doctor any areas that burn, feel dry or painful. (Cancer therapy can cause ulcerations in the mouth which can lead to infection).
- Use sanitizing wipes to clean items used by multiple people: phones, ATM, remotes, computers, etc...
- Be careful around animals. If possible do not clean litter boxes, pick up waste, clean bird cages or fish tanks. Wash hands after touching.
- Report itching, tenderness or pain during bowel movement.
- Avoid constipation, using enemas or rectal thermometers. (Breaks in the skin in the rectal areas can cause infection).
- Keep a log of your WBC counts so that you will know when you are most vulnerable to infection.
(See understanding your CBC)
- If you develop chills or feel warm, take your temperature.
- Make sure people who touch you wash their hands first.
- Eat a well-balanced diet daily and wash the skins of fresh fruits and vegetables well before eating.
- Do not receive any live viral vaccinations without checking with your doctor first.



Signs of Infection

- Report fevers of 100.5° F or greater to your doctor or nurse at once.
- Report these signs of potential infection: Coughs, nasal congestion, runny nose, urinary frequency or burning upon urination, difficulty swallowing or eating, abdominal pain, diarrhea, heartburn, skin redness, or warmth.
- The usual signs of infection may be absent, report to your doctor or nurse any time you feel “funny” or “different”.

Low Red Blood Cell Count (Anemia)

A decreased number of red blood cells (anemia) can make your heart work harder to meet your oxygen needs.


- Rest frequently and alternate rest time with periods of activity.
- Keep warm. Wear an extra sweater or jacket if you feel chilly.
- Eat a well balanced diet.
- Accept help from family & friends.
- Stand up slowly.
- Signs of anemia:
 - Fatigue
 - Feeling dizzy or faint
 - Shortness of breath
 - Pounding heart
 - Fast/Racing heart beats

Low Platelet Count (Thrombocytopenia)

Platelets help the blood to clot if there is an injury. A decreased number of platelets may cause you to bruise or bleed more than usual, even with a small injury.

To prevent bleeding, observe the following precautions:

- Avoid over the counter medications without consulting your doctor or nurse. Certain medications can trigger bleeding. Do not take aspirin, ibuprofen, Alka-Seltzer, or cold remedies.
- High blood pressure can trigger bleeding. Take blood pressure medications as ordered.
- Use a soft bristle tooth brush.
- Use electric razors for shaving.
- Do not perform deep massage.
- Women with menses should use pads not tampons, and inform their doctor if they experience breakthrough bleeding during sexual intercourse.
- Protect yourself by wearing gloves when gardening or reaching into a hot oven.
- Wear shoes or slippers when up and walking to protect your feet.
- Move with caution to avoid falls.

- 
- Observe extra precaution when working with sharp objects such as knives, scissors, garden tools, etc.
 - No rectal insertion of suppositories, enemas, or thermometers.
 - When blood is drawn or injections given, apply gentle pressure over the needle site for 5 minutes or more.
 - If you develop a nose bleed, press the nostrils together firmly with your fingers or put ice in a soft cloth and press firmly against the nostrils.
 - Do not strain when blowing the nose or scratch the inside of the nose.

Important signs and symptoms to report to your physician right away:

- Little red or purple spots on the skin or in the mouth.
- New or increased bleeding or bruising.
- Blood in the urine, stool, or vomit.
- Frequent controlled nose bleeds or if you are unable to stop a nose bleed.
- A fall or injury.

Remember

The effects on your blood counts are **TEMPORARY** and **INDIVIDUALIZED**. Follow the instructions given to you on this information sheet to prevent or minimize any problems.

Report any concerns or questions to your doctor or nurse.

Constipation

What it is and why it occurs

Constipation is when bowel movements (BMs) become less frequent and stools are hard, dry, and difficult to pass. You may have painful bowel movements and feel bloated or nauseous. You may belch, pass a lot of gas, and have stomach cramps or pressure in the rectum.

Constipation may result from chemotherapy, radiation therapy, inactivity, medication (especially pain medication), the disease itself, or changes in your diet. The following suggestions will help you with this side effect.

Way to Manage

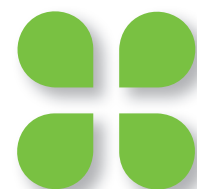
- **Keep a record of your bowel movements.** Show this record to your doctor or nurse and talk about what is normal for you. This makes it easier to figure out whether you have constipation.

Diet

- Eat a variety of fruits and vegetables, whole grain breads and cereals, dried fruits such as raisins, prunes, apricots, and nuts. If you have trouble chewing and swallowing these, try grating them or putting them in a blender.
- Try high-fiber snack foods such as sesame bread sticks, date nut or prune bread, oatmeal cookies, fig newtons, date or raisin bars, granola, and corn chips.
- Add 1 – 2 tablespoons of bran daily to cooked cereals, casseroles, eggs, baked goods, or eat it as a raw cereal.
- **Drink at least 48 oz. of water or other fluids each day.** Many people find that drinking warm or a hot fluid, such as coffee and tea, helps with constipation. Fruit juices, such as prune, pear, or apple juice, may also be helpful.
- **Try hot tea, coffee, or lemon water early in the morning or 30 minutes to one hour before your regular time for a bowel movement.**
- Eating high fiber foods and drinking lots of fluids can help soften your stools. Good sources of fiber include whole-grain breads and cereals, dried beans and peas, raw vegetables, fresh and dried fruit, nuts, seeds, and popcorn.
- When you eat more fiber, be sure to drink more fluids.

Activity

- **Be active every day.**
- Light daily exercise is recommended to help maintain and stimulate regular bowel activity.
- To promote regularity, have a set time each day when you can sit on the commode uninterrupted and quietly.



Medications for treatment of constipation:

- **Bulk-forming laxatives:**

- Psyllium
- Methylcellulose
- Wheat Dextrin

- **Surfactants (softeners):**

- Docusate sodium
- Docusate Calcium

- **Osmotic agents:**

- Polyethylene glycol (macrogol)
- Lactulose
- Sorbitol
- Magnesium sulfate
- Magnesium citrate

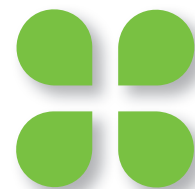
- **Stimulant laxatives:**

- Bisacodyl
- Senna

Remember

- Report abnormal (your inability to pass stools, diarrhea, or stools containing blood or green mucous) to your doctor or nurse.
- Avoid enemas or suppositories unless discussed with your doctor or nurse. They can be harmful if used too often.

Diarrhea



Cancer patients may have diarrhea when they are receiving radiation treatment or chemotherapy. Diarrhea is an increased frequency of bowel movements (stool), and/or increased water content of the stool.

In other words, people with diarrhea have to go to the bathroom more often than usual and their stool is looser than usual. The increased water and salt loss due to diarrhea can cause serious health problems. If diarrhea lasts too long you may become dehydrated. In mild situations, drinking more fluids, and adding extra salt and potassium to the diet, can resolve dehydration. In severe situations, diarrhea may require hospitalization for immediate treatment which would include getting fluids intravenously.

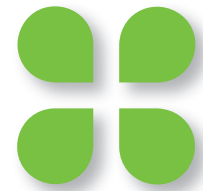
It is important to call your doctor when you have diarrhea. The doctor will want to know:

- How many bowel movements per 24 hours you are having now compared to before the diarrhea began?
- Are your stools softer? Watery?
- How many days have you had diarrhea?
- Do you have any other symptoms, such as nausea, vomiting, pain, dizziness, fainting, chills, fever, weight loss, tiredness, loss of bowel control or decreased urine output.
- What color are your stools?
- Is there blood, food, or mucus in your stools?

Other Important Changes to Report

- Dehydration: Fluid loss caused by loss of water through stools can cause:
 - Dry mouth
 - Decreased urination or darker, yellower urine
 - Dizziness or feeling light-headed
 - Weakness or fainting
- Electrolyte Imbalances: When salt and potassium are not correctly balanced; leg cramps can be an early sign.
- Weight Loss.
- Signs to report, so your doctor can decide if you need to be examined or treated.
 - Increased body temperature: (fever)
 - Chills, sweating, feeling flushed or hot
 - Unable to keep your body warm

Management of Diarrhea What to Eat and Drink



- Avoid fluids that increase bowel activity: drinks with caffeine, prune juice, and alcohol.
- Drink a variety of fluids, at least 8 to 10 large glasses of liquids a day.
- Water should be only part of the 8 to 10 glasses a day; it does not replace lost minerals.
- Drink small quantities often.
- Sports drinks are a good source of fluids, and replace lost salt and potassium.
- Clear soup or broth replace lost salt.
- Sodas, let stand until fizz has decreased to prevent more gas or bloating and to replace salt.
- AVOID milk and dairy products.
- AVOID very hot or very cold beverages.
- Eat small meals often.
- A good choice of foods for diarrhea are low in fiber:
 - B-bananas help replace lost nutrients.
 - R-rice is easily digested and binding because it is a starch
 - A-apple sauce provides sugars for energy.
 - T-toast is easy to tolerate and a starch that will cause binding.
- Avoid foods that can make diarrhea and cramping worse:
 - Fatty, fried, greasy, or spicy foods can cause more problems and discomfort.
 - High-fiber foods, raw fruits and vegetables, dried fruits, beans, popcorn, nuts, whole wheat bread and cereal, chocolate
- Cigarette smoking should also be avoided
- If you are on antibiotics and having diarrhea, contact your doctor.

With prolonged diarrhea, some people experience skin soreness around their anal area.

Things that may help after having a bowel movement:

- Use a small, squeezable bottle to spray the anal area clean with plain, warm water.
- Gently pat the anal area dry--do not rub.
- Use a flushable wet wipe rather than toilet paper.
- Applying a thin coat of Vaseline, Aquaphor, or A & D Ointment may help.
- Sit in a luke-warm bath for 10-15 minutes 3 or 4 times a day. A portable “Sitz” bath, which is a plastic basin that fits into the toilet is very helpful. Ask your nurse about getting one.
- Preparation H may be helpful if hemorrhoids should flare up during an episode of diarrhea.

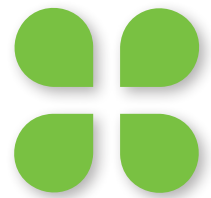
Over the counter medications your physician may recommend:



Prior to buying any of these medications, discuss with your physician or nurse.

- Loperamide Hydrochloride -- usually 4 mg times one dose, then 2 mg by mouth after each loose stool, up to 16mg/day
- Lomotil -- usually 1–2 tabs by mouth every 6 hours as needed. Up to 8 tabs a day.
- Certain probiotic preparations such as Lactobacillus casei DN-114001 and VSL #3.
- Bulk-forming agents -- Psyllium fiber, methylcellulose, and pectin absorb water and enhance stool bulk.
- Paregoric or tincture of opium may be used, alternating with loperamide.
- Cholestyramine is a bulk salt sequestering agent, taken after each meal and at bedtime.

Fatigue



Cancer Related Fatigue Definition:

A distressing, persistent, sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.

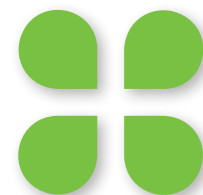
Fatigue is a common symptom of cancer and the specific mechanism is unknown. The symptom is experienced by 80% of individuals who receive chemotherapy, biotherapy and/or radiotherapy. Below are suggested strategies promoted by the National Comprehensive Cancer Network (NCCN) Guidelines.

General Strategies

- Self-Monitoring of fatigue levels
- Energy Conservation
 - Set priorities and realistic expectations
 - Pace
 - Delegate
 - Schedule activities at times of peak energy
 - Postpone nonessential activities
 - Limit naps to less than 1 hour
 - Structured daily routine
 - Attend to one activity at a time
- Use distraction (music, games, reading, socializing)
- Find meaning in current situation
 - Emphasis on meaningful interactions
 - Promote self-interest and goals
- Consider referrals to appropriate specialist or supportive care providers

Non-pharmacological

- **Physical activity**
 - Maintain optimal level of activity
 - Caution maybe considered in determining activity levels based on:
 - Bone metastases
 - Thrombocytopenia
 - Anemia
 - Fever or active infection
 - Comorbid illnesses or metastases
 - Safety issues or fall risk
 - Late effects of treatment
 - Endurance and resistance
 - Consider an exercise program supported by your healthcare provider (walking, jogging, swimming, light weights)
- Yoga
- Referrals to rehab, physical therapy, occupational therapy and physical medicine
- Physically based therapies
 - Massage



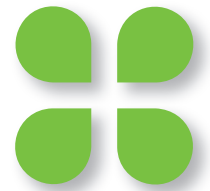
- Psychosocial interventions
 - Cognitive behavioral therapy/Behavioral therapy
 - Psycho-educational therapies/Educational therapies
 - Supportive expressive therapies
- Nutritional consults
- Cognitive behavioral therapy for sleep
 - Stimulus control/Sleep restriction/Sleep hygiene
- Bright white light therapy

Pharmacological

- Consider psychostimulants after ruling out other causes
- Treat for pain, emotional distress and anemia if present
- Optimize treatment for sleep dysfunction, nutritional imbalance and comorbidities

Helping you and your loved ones get through cancer treatments, while maintaining your quality of life, is the healthcare teams' goal. Please work with your providers by sharing your concerns and letting us help provide the resources you need.

Hair Loss (Alopecia)



Hair loss is a common side effect of cancer treatment and is called “alopecia”. The hair follicles (hair roots) are rapidly growing cells which are sensitive to the effects of chemotherapy drugs and radiation.

Treatments stop the hair roots from growing and hair becomes fragile, dull, dry, breaks easily and the scalp may become tender. Not all chemotherapy drugs or radiation causes hair loss. Hair loss is individual, varies in amount and depends on the specific type of drug(s) used and where the radiation treatment is given.

Hair Loss during Chemotherapy:

Typically, hair loss begins 1 to 2 weeks after the start of chemotherapy and can affect hair anywhere on the face, scalp or body. It is usually most noticeable on the scalp and occurs during brushing, washing, or combing of your hair. Loss may stop at severe thinning or continue to total baldness. Usually hair loss due to chemotherapy is not permanent and re-growth of hair occurs 4-8 weeks after treatment finally ends.

The Food and Drug Administration recently approved cooling caps to prevent hair loss during chemotherapy. Research is very limited. If considering this option, please discuss the benefits and potential complications with your physician prior to purchasing.

Hair Loss during Radiation Therapy:

Hair loss from radiation therapy only happens on the part of your body being treated. This is not the same as hair loss from chemotherapy which can happen all over your body. For instance, you may lose some or all of the hair on your head when you get radiation to your brain.

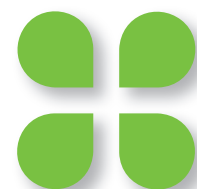
You may start losing hair in your treatment area 2 to 3 weeks after your first radiation therapy session. It takes about a week for all the hair in your treatment area to fall out. Your hair may grow back 3 to 6 months after treatment is over. Sometimes, though, the dose of radiation is so high that your hair never grows back.

Whether hair loss is from chemotherapy or radiation, once your hair starts to grow back, it may not look or feel the way it did before. Your hair may be thinner, or curly instead of straight. Or it may be darker or lighter in color than it was before.

Things you can do to help:

- Have your hair cut in a short, easy to manage style before treatment and hair loss begins.
- If you shave your head, use an electric razor to avoid nicking yourself.
- If you decide to wear a head cover, select and become accustomed to hats, turbans, or scarves before losing your hair.
- Choose cotton fabrics for comfort and easy care. Wear a basic turban as a base. Start with a 26 x 36 inch square scarf or head wrap, the bigger the better.

- Shop for a wig before you lose all your hair (for color match and style), but not before you have some hair loss, for proper fitting.
- Begin wearing your wig as soon as hair loss begins and make it a part of your life style for easier adjustment.
- Wash your hair and scalp every 3-4 days with a gentle shampoo and use a crème rinse or conditioner. Use lukewarm to cool water and pat dry with a soft towel.
- Use soft hair brushes and low heat when drying your hair.
- Wear a hair net or night cap during sleep to minimize shedding of hair.
- Sleep on a satin pillow case to minimize hair tangling.
- Use eyebrow pencil or false eyelashes, if necessary.



Wigs

Wigs are available for men, women, and children in either human hair or synthetic and can be either machine made or hand-tied custom wigs. The costs can vary significantly depending upon the quality and style. Synthetic wigs can be less expensive, easier to wear and care for, can be easily cleaned and resume their style with little work.

After purchasing a ready-made wig, it can be taken to a stylist to be trimmed and shaped for a more flattering natural look. It does not have to be worn “as is” out of the box. Wigs obtained for cancer patients are a tax-deductible medical expense. Many major insurance companies will also cover the cost of the wigs if they are requested by a physician. The insurance companies refer to these wigs as a **“Full Cranial Prosthesis”**.

Things to Avoid:

Minimize the use of the following until your chemotherapy treatments are completed:

- Hair dryers, hot curlers, curling irons
- Direct sunlight on the scalp (may cause a sunburn)
- Rubber bands, hair clips, barrettes, bobby pins (all tend to pull on the hair and may cause extra hair loss).
- Excessive shampooing, brushing, combing, or rubbing of your hair. A wide tooth comb may help.
- Consult your doctor before considering unproven remedies that promise hair re-growth.

Infertility

What it is and why it occurs

Some types of chemotherapy and/or radiation can cause **infertility**. For a woman, this means that you may not be able to get pregnant. For a man, this means you may not be able to get a woman pregnant.

In women, therapy may damage the ovaries. This damage can lower the number of healthy eggs or lower the hormones produced by them. The drop in **hormones** can lead to early menopause. Early menopause and fewer healthy eggs can cause infertility. In men, therapy may damage sperm cells, which grow and divide quickly. Infertility may occur because therapy lowers the number of sperm, makes sperm less able to move, or causes other types of damage.

Whether or not you become infertile depends on the type of chemotherapy and/or radiation you get, your age, and whether you have other health problems. Infertility can last the rest of your life.

Ways to manage

For WOMEN, talk with your healthcare provider about:

- **Whether you want to have children.** You may want to preserve your eggs to use after treatment ends or see a fertility specialist prior to starting treatment.
- **Birth control.** It is very important that you do not get pregnant while getting therapy. These drugs can hurt the fetus, especially in the first 3 months of pregnancy.
- **Pregnancy.** If you still have menstrual periods, your doctor or nurse may ask you to have a pregnancy test before you start therapy.

For MEN, talk with your healthcare provider about:

- **Whether you want to have children.** Before you start chemotherapy, let your doctor or nurse know if you might want to father children in the future. He or she may talk with you about ways to preserve your sperm to use in the future or refer you to a fertility specialist.
- **Birth control.** It is very important that your spouse or partner does not get pregnant while you are getting therapy. Therapy can damage your sperm and cause birth defects.

Resources for Patient Education About Cancer and Fertility

Fertility and men with Cancer

<http://bit.ly/1w2kZw>

Fertility and women with Cancer

<http://bit.ly/1Je2MWO>

Cancer.net

Fertility preservation

<http://bit.ly/1rtJ5Ue>

Livestrong Fertility Brochure

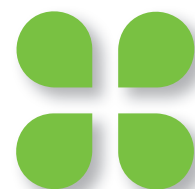
<http://bit.ly/11QPOLXk>

Oncology Consortium- Northwestern University

Myoncofertility.org

www.myoncofertility.org

SaveMyFertility.org



Instructions for Taking Anti-Nausea Medication

**Please note: Document is under construction
and will be available soon!**

Nervous System Changes (Neuropathy)



What they are and why they occur

Chemotherapy can cause damage to your nervous system. Many nervous system problems get better within a year of when you finish chemotherapy, but some may last the rest of your life. **Symptoms may include:**

- Tingling, burning, weakness, or numbness in your hands or feet
- Feeling colder than normal
- Pain when walking
- Weak, sore, tired, or achy muscles
- Being clumsy and/or losing your balance
- Trouble picking up objects or buttoning your clothes
- Shaking or trembling
- Hearing loss
- Stomach pain, such as constipation or heartburn
- Fatigue
- Confusion and memory problems
- Dizziness
- Depression

Ways to manage

- Let your healthcare provider know right away if you notice any symptoms. It is important to treat these problems as soon as possible.
- Be careful when handling knives, scissors, and other sharp or dangerous objects.
- Avoid falling. Walk slowly, hold onto handrails when using the stairs, and put no-slip bath mats in your bathtub or shower. Make sure there are no area rugs or cords to trip over.
- Always wear sneakers, tennis shoes, or other footwear with rubber soles.
- Check the temperature of your bath water with a thermometer. This will keep you from getting burned by water that is too hot.
- Be extra careful to avoid burning or cutting yourself while cooking.
- Wear gloves when working in the garden, cooking, or washing dishes.
- Rest when you need to.
- Steady yourself when you walk by using a cane or other device.
- Talk to your healthcare provider if you notice memory problems, feel confused, or are depressed.

Ask your healthcare provider for pain medicine if you need it.

Medications may include:

- Duloxetine
- Glutamine
- Venlafaxine
- Gabapentin
- Amitriptyline

Sexual Changes

What they are and why they occur

In women, chemotherapy and/or radiation may damage the ovaries, which can cause changes in hormone levels. Hormone changes can lead to problems like vaginal dryness and early menopause.

In men, chemotherapy and/or radiation can cause changes in hormone levels, decreased blood supply to the penis, or damage the nerves that control the penis, all of which can lead to impotence.

Whether or not you have sexual changes during therapy depends on if you have had these problems before, the type of therapy you are getting, your age, and whether you have any other illnesses. Some problems, such as loss of interest in sex, are likely to improve once therapy is over.

Problems for WOMEN include:

- Symptoms of menopause (for women not yet in menopause). **May include:**
 - Hot flashes
 - Vaginal discharge or itching
 - Feeling irritable
 - Vaginal dryness
 - Irregular or no menstrual period
- Bladder or vaginal infections
- Being too tired to have sex or not being interested in having sex
- Feeling too worried, stressed, or depressed to have sex

Problems for MEN include:

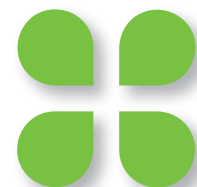
- Not being able to reach climax
- Impotence (not being able to get or keep an erection)
- Being too tired to have sex or not being interested in having sex
- Feeling too worried, stressed, or depressed to have sex

Ways to manage

For WOMEN: Talk to your healthcare provider:

- **Sex.** Ask your doctor or nurse if it is okay for you to have sex during therapy.
- **Birth control.** It is very important that you not get pregnant while having chemotherapy.
- **Medications.** Talk with your doctor, nurse, or pharmacist about medications that help with sexual problems. These include products to relieve vaginal dryness or a vaginal cream or suppository to reduce the chance of infection.
- **Wear cotton underwear** (cotton underpants and pantyhose with cotton linings).
- **Do not wear tight pants or shorts.**
- **Use a water-based vaginal lubricant** (such as K-Y Jelly® or Astroglide®) when you have sex.
- If sex is still painful because of dryness, ask your healthcare provider about medications or therapies to help restore moisture in your vagina.





Cope with hot flashes by:

- Dressing in layers
- Being active. This includes walking or other types of exercise.
- Reducing stress. Try yoga, meditation, or other ways to relax.

For MEN: Talk with your healthcare provider about:

- Sex. Ask if it is okay for you to have sex during therapy. Most men can have sex, but it is a good idea to ask. Also, ask if you should use a condom when you have sex, since traces of chemotherapy may be in your semen.

For men AND women:

- Be open and honest with your spouse or partner. Talk about your feelings and concerns.
- Explore new ways to show love. You and your spouse or partner may want to show your love for each other in new ways while you go through therapy. For instance, if you are having sex less often, you may want to hug and cuddle more, bathe together, give each other massages, or try other activities that make you feel close to each other.
- Talk with your healthcare provider, social worker, or counselor. If you and your spouse or partner are concerned about sexual problems, you may want to talk with someone who can help. This can be a psychiatrist, psychologist, social worker, marriage counselor, sex therapist, or clergy member.

Ways to learn more

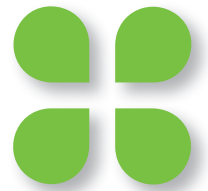
American Cancer Society offers a variety of services to people with cancer and their families.

Call: 1-800-ACS-2345 (1-800-227-2345)

TTY: 1-866-228-4327

Visit <http://www.cancer.org>

Hydration Ideas



Try to drink 6 to 8 glasses (8 oz.) of fluids per day

- Gatorade, Powerade or other sports drinks
- Pedialyte
- Broth, Soups
- Water
- Juice
- Popsicles
- Fruit flavored drinks
- Jell-O
- Milk, Milk shakes
- Liquid meal replacement such as Ensure, Boost, Carnation Instant Breakfast

It's always a good idea to include one serving of a sports drink or Pedialyte every day to keep your electrolytes from being depleted.

FOODS WITH HIGH WATER CONTENT

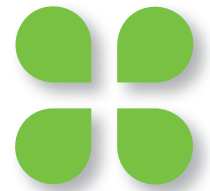
- | | |
|----------------|-------------------|
| ● Watermelon | ● Lettuce |
| ● Strawberries | ● Celery |
| ● Cantaloupe | ● Tomato (red) |
| ● Peach | ● Cabbage (green) |
| ● Pineapple | ● Cauliflower |
| ● Orange | ● Peppers (sweet) |
| ● Blueberries | ● Broccoli |
| ● Apple | ● Carrots |
| ● Grapes | |

REHYDRATION FORMULA

- 1 quart water
- ½ teaspoon salt
- ½ teaspoon salt substitute (for potassium)
- 1 teaspoon sugar
- Kool-aid mix without sugar.

AVOID: ALCOHOL AND CAFFEINATED BEVERAGES

High Fiber Diet



Recommended Foods High In Fiber

BREADS, CEREALS GRAINS

BREADS darker colored breads made with 100% whole grain or breads with whole kernels of grain left in them.

Examples:

- Wheat Berry
- Pumpernickel
- Boston Brown
- Bran

CRACKERS made from whole grain.

Examples

- Rye Krisp
- Triskets

CEREALS especially those made from bran, wheat, barley and oats.

Examples:

- All Bran
- 100% Bran
- Bran Buds
- Raisin Bran
- Puffed Wheat
- Ralston
- Rolled Oats
- Grape Nuts
- Grape Nut Flakes
- Wheat Chex
- Bran Chex
- Wheatena

VEGETABLES & FRUITS

RAW vegetables and fruits are good sources of fiber, especially those with skins intact. Cooked fruits and vegetables also contain fiber but to a lesser degree.

NUTS & SEEDS

Use a variety of nuts and seeds in your breads, cereals, salads and desserts.

Examples:

- Sunflower seeds
- Peanuts
- Walnuts
- Pecans

General guidelines for serving sizes are per nutrition label on package or as follows: 3-6 oz. meat, fish or poultry; 1 cup dry cereal or 1/2 cup cooked cereal; 1 cup milk or yogurt, 1/2 cup of ice cream; 1 cup of raw or 1/2 cup cooked fruits or vegetables.

Low Fiber Diet

Foods to Include

MILK AND DAIRY PRODUCTS

IF NOT LACTOSE INTOLERANT

Examples:

- Whole, 2%, 1%, non-fat milk
- Buttermilk
- Yogurt without Fruit
- Cottage Cheese
- Ice Cream
- Mild Cheeses

MEAT AND MEAT ALTERNATIVES

- All meat, fish and poultry that is baked, boiled, broiled or stewed
- Smooth Peanut Butter

VEGETABLES

Well Cooked or Canned

- Asparagus
- Green Beans
- Beets
- Carrots
- Mushrooms
- Squash
- Spinach
- Tomatoes
- Greens
- Tomato or V-8 Juice

FRUIT

- Canned or Cooked Fruits
- Peeled Fruit without Seeds
- All Juices
- Nectars
- Applesauce
- Bananas
- Grapefruit
- Oranges
- Tangerines
- Melons

BREAD/CEREAL: WITHOUT SEEDS

- White, French, Sourdough or Italian Bread
- Refined Cooked or Dry Cereals/Oatmeal
- Crackers
- Rolls
- Rice Cakes
- Noodles
- Macaroni
- White Rice
- Potatoes without Skins

DESSERTS

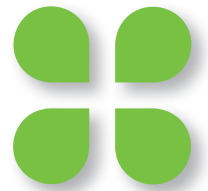
- Plain Cookies
- Cakes
- Pastries
- Custard
- Gelatin
- Pudding
- Ice Cream
- Sherbet

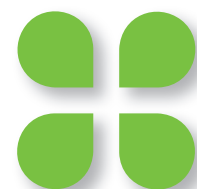
MISCELLANEOUS

- Honey
- Jelly
- Sugar
- Salt and Pepper
- Lemon
- Vinegar
- Cream
- Herbs
- Spices
- Mustard
- Catsup
- Mayonnaise
- Gravy
- Salad Dressing

General guidelines for serving sizes are per nutrition label on package or as follows:
3-6 oz. meat, fish or poultry; 1 cup dry cereal or 1/2 cup cooked cereal; 1 cup milk or yogurt, 1/2 cup of ice cream; 1 cup of raw or 1/2 cup cooked fruits or vegetables.

Foods to Avoid are listed on page 2





Foods to Avoid

MILK AND DAIRY PRODUCTS

- Yogurt with Fruits
- Ice Cream or Yogurt with Nuts, Seeds or Coconut
- Cheese Balls with Nuts

MEAT AND MEAT ALTERNATIVES

- Fried or Fatty Beef, Poultry or Fish
- Sausage
- Hot Dogs
- Dried Beans
- Legumes
- Lima Beans
- Peas
- Nuts
- Chili
- Pizza
- Spicy Foods

VEGETABLES

- All Raw Vegetables
- Sauerkraut
- Vegetables that cause gas (e.g., Cabbage, Broccoli, Cauliflower, etc)
- Canned or Cooked Vegetables Not Listed

FRUITS

- All Fruits Not Listed
- Raisins
- Prunes
- Dried Fruits
- Berries
- Prune Juice

BREAD/CEREAL

- That contain bran, whole-grain flour, seeds, nuts, and dried fruits.
- French Fries
- Potato Skins
- Hash Browns
- Barley
- Brown and Wild Rice

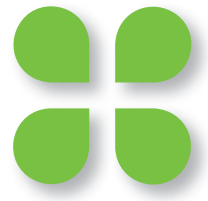
DESSERTS

- All desserts containing:
- Nuts
- Seeds
- Coconut
- Raisins
- Dried Fruits

MISCELLANEOUS

- Jam with Seeds
- Marmalade
- Nuts
- Seeds
- Coconut
- Popcorn

Clear Liquid Diet



Follow this diet as instructed.

APPROVED FLUIDS INCLUDE

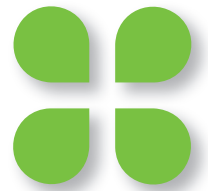
- Apple juice
- Bouillon
- Broth
- Coffee
- Cola, Coca Cola, Pepsi
- Consomme / Clear soup
- Cran-Apple juice
- Cranberry juice
- Fruit-flavored ices
- Gatorade
- Ginger-ale
- Grape juice
- Jello-O
- Kool-Aid, Crystal Light, etc.
- Lemon-lime soda, 7-up, Sprite, Sierra Mist
- Popsicles
- Tea
- Water
- Miscellaneous: Salt, Sugar, Hard Candy

AVOID

- Milk or Milk products
- Coffee creamer
- Juice with pulp

Fruit Paste Recipe

(makes about 2 1/3 cup)



½ cup dried prunes

½ cup raisins

½ cup dried figs

2 tbsp. senna tea leaves (can be purchased in health food store)

¼ cup prune juice

2 tbsp. brown sugar

2 tbsp. lemon juice

1¼ cups water

- Slowly bring fruit, lemon juice, tea leaves, & water to a boil.
- Boil for 15 – 20 minutes.
- Remove from heat and add brown sugar. Mix well and allow to cool.
- Using a mixer gradually add the prune juice to the fruit mixture forming a smooth paste.
- Place in container and store in freezer.

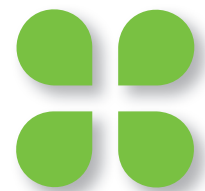
NOTE: Fruit Paste will not solidify but will remain consistency of ice cream.

NOTE: 2 teaspoons every morning.

- Remove from container and let warm to room temperature for 5 – 10 minutes.
- Eat plain or spread over toast, muffin or cracker.

NOTE: Increase or decrease dose, as needed.

Care Giver Tips



Questions to think about when you're a caregiver

1. Are you prepared to provide the needed medical treatments and medications for your loved one?
2. Do you know what to do if your loved one experiences pain, shortness of breath, or other distressing symptoms?
3. Are you prepared to communicate with your loved one about his or her illness? Specifically, have you been introduced to communication tips for caregivers?
4. Do you feel as though you know how to cope with the physical, emotional, and spiritual burdens that caregiving can cause? Who would you call for emotional, physical, and spiritual support, additional caregiver information, or respite?
5. Are you unsure of any part of your loved one's home care?

Communication tips for family caregivers

- When offering your opinion, always lead with a positive comment. For example, "I really admire how well you seem to understand your chemo and radiation plan. Could I tell you my suggestion of a way to help the children understand your treatment?"
- Ask permission to help; ask what's needed and then follow through.
- Honestly say what you mean without being unkind or judgmental.
- Listen more; talk less. If your voice is the only one you hear; you're talking too much.
- Communication is very hard when the stakes are high: Practice, practice, practice.
 - Practice asking, not telling.
 - Practice paraphrasing.
 - Practice listening with attention.
 - Practice until you feel comfortable.
- When you have a strong urge to tell others how things should be done, count to 10 or 20 (or however high you need to count) until the urge passes.

How can caregivers take care of themselves?

- Acknowledge your limitations: Consider what you can realistically do to help and then offer to do those things.
- Plan your time. Think ahead about when and how you're going to use your time. Use a to-do list.
- Insist on private time and build a caregiving team so you and your loved one aren't alone.
- Prepare yourself. If you know something challenging is coming up, picture the event in your mind. Stay positive. Have a backup plan.



- Focus on your loved one's strengths.
- Relax purposefully. Learn and use deep breathing and progressive relaxation.
- Increase your physical activity. Aim for 2 ½ hours each week of moderate or aerobic exercise, such as biking or fast walking. Do strengthening exercises like weight lifting twice each week.
- Eat a healthy diet. Give your body plenty of fruits and vegetables, and drink a full glass of plain water at least four times every day.
- Drink alcohol only in moderation. This means no more than one drink per day for women and two drinks per day for men. Avoid using tobacco and drugs to manage stress.
- Keep regular appointments with your healthcare provider and dentist. If you don't feel well, make an appointment to see your primary care provider.
- Maintain life activities outside your caregiver role.
- Write down your negative feelings about events by keeping a "burn-out" log to record stressful events. Review the list and decide if any of your time needs to be spent fixing or addressing these issues.
- Keep your sense of humor.
- Appreciate your own efforts. If this becomes difficult, seek professional help.
- Actively seek spiritual renewal.

Tips for Assessing Website Information



WHO

- Who authored the site?
- Are the author's experts in their field?
- Are their credentials listed?
- Who sponsored the site?
- Do you need to buy something from the site to get the information you're seeking?

WHAT

- What's the point of view?
- What biases do you see? Is the site balanced with an explanation about different sides to the topic?
- What's the reason they're publishing this information?

WHEN

- When was the site published?
- When was the site last updated?

WHERE

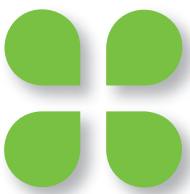
- Where does the information fit into other information you've reviewed on the topic?
- Are links or references to related topics provided?
- Does the site tell you where to go or whom to contact for further information?

HOW

- How can you verify the accuracy of this information?
- How could you use this information?
- How could you contact others for further information?

See back page for some recommended sites

Recommended Web Sites



With the explosion of sites available for patients on the internet, there is a need to be sure these sites are legitimate and provide good information. At the Cancer Partnership, we have created a list of useful web sites. It is important to remember that linked sites are not always equally trustworthy.

Providence Web Sites

- Providence Regional Cancer Partnershipcancerpartnership.org
- Providence Comprehensive Breast Centerprovidence.org/everett
- Northwest Washington Radiation Oncologynwradiation.com

Web Sites: General

- American Cancer Societycancer.org
- American Dietetic Associationeatright.org
- Cancer Hope Networkcancerhopenetwork.net
- Cancer Lifelinecancerlifeline.org
- Candlelighters of Western Washington.....candlelighterswa.org
- Citrine Health (Previously Positive Women’s Network).....citrinehealth.org
- Cancer Pathways (Previously Gilda’s Club)cancerpathways.org
- Global Resource for Advancing Cancer Education (Grace).....cancergrace.org
- Intercultural Cancer Council.....iccnetwork.org
- Leukemia & Lymphoma Society.....LLS.org
- Lung Cancer Alliancelungcanceralliance.org
- Lymphoma Research Foundation.....Lymphoma.org
- Multinational Association of Supportive Care in Cancermascc.org
- National Cancer Institutecancer.gov
- National Center for Complementary and Integrative Health
(Previously National Center for Complementary and Alternative Medicine)
.....nccih.nih.gov
.....nccih.nih.gov/training/videolectures
- National Coalition For Cancer SurvivorshipCanceradvocacy.org
- National Institute of Healthclinicaltrials.gov
- National Lymphedema Networklymphnet.org
- Navigating Cancer.....navigatingcancer.com
- Senior Services for Snohomish Countysssc.org

Quit Smoking TODAY



Know The Facts:

- Tobacco is the single greatest cause of disease and premature death in America today.
- Second hand smoke (environmental tobacco smoke) is involuntary or passive smoking and is harmful to your health.

Changes When Smokers Quit:

IMMEDIATELY: Air around you is no longer dangerous to children and other adults

20 MINUTES: Blood pressure drops to normal, pulse rate drops to normal, temperature in hands and feet increases to normal

8 HOURS: Carbon monoxide level in blood drops to normal, oxygen level in blood increases to normal

48 HOURS: Nerve endings start regrowing, ability to smell and taste is enhanced

3 DAYS: Body has physically withdrawn from the nicotine addiction

2-12 WEEKS: Circulation improves, breathing improves and walking becomes easier

1-9 MONTHS: Coughing and sinus congestion decreases, shortness of breath decreases, overall energy increases, lungs increase ability to self-clean and reduce infection

1 YEAR: Excess risk of coronary heart disease is half that of a smoker


5 YEARS: Stroke risk is reduced to that of a non-smoker, risk of cancer of the mouth, throat and esophagus is half that of a smoker

10 YEARS: Life expectancy is comparable to a non-smoker, lung cancer death rate is about half the rate of a smoker, risk of cancer of mouth, throat, esophagus, bladder, kidney and pancreas decreases, precancerous cells are replaced

15 YEARS: Risk of coronary heart disease is comparable to that of a non-smoker

Research Has Shown That The Following 5 Key Steps Can Help You Quit For Good:

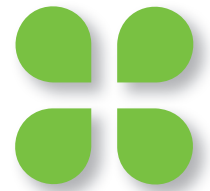
- **Get ready to quit by picking a date to stop smoking:** Get rid of all cigarettes, ashtrays, and lighters in your home, car, and workplace. Make it a rule never to let anyone smoke in your home. Write down why you wanted to quit and keep this list as a handy reminder.
- **Get support and encouragement from family, friends, and coworkers:** Ask them not to smoke around you or leave cigarettes out around you.

- 
- **Learn new skills and do things differently:** When you get the urge to smoke, try to do something different – talk to a friend, go for a walk, or do something you enjoy. Try to reduce stress with exercise, meditation, hot baths, or reading. It is helpful to plan ahead for how you will deal with situations or triggers that will make you want to smoke. Sugar-free gum or candy may help with cravings.
 - **Get medication and use it correctly:** Your healthcare provider can help you decide what medications will work best for you. Don't forget to always talk to them prior to taking store bought medications, especially when you are pregnant or if you have a heart problem.
 - **Be prepared for relapse:** Most people start smoking again, within the first three months after quitting. Don't get discouraged! Remember, many people try to quit several times before quitting for good.

Resources To Help You Quit

- Washington State Department of Health Quit Line 1-877-270-STOP: www.quitline.com
- American Cancer Society Fresh Start Tobacco Cessation Program: www.cancer.org
- American Lung Association Freedom From Smoking Program: www.lung.org
- Centers for Disease Control and Prevention's Tobacco Information & Prevention Source (TIPS): www.cdc.gov/tobacco
- American Heart Association 1-800-242-8721: www.heart.org
- Surgeon General Tobacco Cessation Guideline: www.surgeongeneral.gov/tobacco

Hospitalization Verses Clinic Settings



During the cancer journey a patient or a family member may find themselves admitted to the hospital. Some admissions are part of the treatment plan and some are related to complications secondary to treatments, disease progression or new diagnosis. Regardless of the reason for hospitalization, the experience between outpatient and inpatient care can create anxiety and confusion.

Clinic and hospital care delivery systems are designed very differently.

Clinic Operations

In general, outpatient visits to the medical oncology department are pre-planned and each individual patient is expected. Services like accessing a port, drawing labs, chemotherapy infusions and education are pre-determined while booking an appointment and allotted specified times. Visits have a specified duration and all services are located in close proximity to each other. Oncologist, advanced practice practitioners, RN's, pharmacist and other healthcare providers specializing in cancer care are available on site.

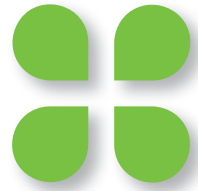
Hospital Operations

Hospitals are geared toward acute care crisis and services are constantly in flux dependent on the community's needs. Patient care is shifted to allow for the most vulnerable or unstable patients to have access to resources first. Scheduled admits and bed availability can be effected by high patient volumes. Medication times are effected by physician order entry, nursing availability, pharmacies ability to obtain and dispense as well as the patients schedule related to other services being provided. Physician access and patient care can also be different. Dependent upon how the admission was set up and the patient's primary need, care may be overseen by an oncologist, hospitalist or a specialist. Because hospital rotation schedules vary, a visit may not be by the patient's primary oncologist.

The Cancer Partnership

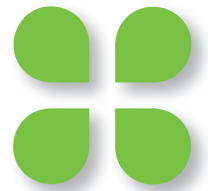
At Providence Regional Cancer Partnership, clinic and hospital oncology nursing staff works together to bridge the gap and make the transitions between inpatient and clinic services as "seamless" as possible. Physician rounding is an approach used to individualizing patient care through use of a multidisciplinary template and team to assess potential needs and review the treatment plan during hospitalization. Rounding occurs daily on the oncology unit to capture needs that require advanced knowledge in oncology care. Nurses, pharmacist, clinical nurse specialist, spiritual services, discharge planners, nutrition and unit management all participate. Discussion involves a holistic approach to address immediate concerns and needs so that patients can make informed decisions related to their hospitalization along with discharge and follow up care. The goal is to review individualized treatment needs, provide information, access resources in a timely fashion and empower patients to make decisions.

Remember if you're admitted to the hospital:



- Bring an update list of medications. Multiple new agents are on the market with unique side effects. Not all providers are familiar with medications used to treat cancer.
- If you are admitted by a hospitalist and want to see your oncologist make a request. Your oncologist may not be aware of your admission.
- One oncologist and the nurse practitioners/physician's assistants cover the hospital for all TEC medical oncology patients. You may not see your individual provider.
- If you see a social worker or financial counselor at the Cancer Partnership and want to see them during your admission, please contact them. Often times they can make arrangements to visit and assist you during your admission.
- The American Cancer Society has volunteers that assist at the hospital and the cancer center. If you need information on cancer or services such as obtaining a wig, have the nurse contact them.

Survivorship



“The day that treatment ends, a new chapter in life begins. You may have left cancer behind and are continuing your life with few or no lingering problems. Or you may have entered an unexpected and confusing new phase of the cancer experience. This phase does not focus on battling cancer itself. Instead, the new challenge is about identifying, understanding and living with the unexpected or unwelcome after effects of cancer or cancer treatment on your body, emotions and life. After effects can include physical, emotional, and practical changes that happen after cancer treatment has been completed.”

Being prepared to recognize your own after effects, why they happen, and how to address them, can help you to have the best outcome.

Our hope is to assist you in developing a personalized plan for resiliency, and for living your best life, by supporting your physical, emotional, and spiritual health.

Survivorship Series

A six week Survivorship Class Series that will give you ideas on maximizing your resources and strengths, and help you to adjust to life after treatment. As part of your own health care team, you will be given the opportunity to identify a wellness plan that is best for you.

Survivorship Class Agenda. Topics will include:

- **Continuing your journey**
- **Managing Side Effects** – Fatigue, Immune System, Physical Changes, Neurological Changes, and other concerns.
- **Healthy Choices and Self-Care** – Personalized Plan for Resiliency. Nutrition and Exercise, Sleep Hygiene, Managing Stress, Self Care, and Practice Relaxation Techniques.
- **Discovering Meaning** – Finding Meaning, Processing Grief and Loss, and Finding Hope.
- **The New You** – Body Image, Self Esteem and the New You.
- **New Priorities and Living with Uncertainty** – Emotions, Changes in Perspective, Living with Fears of Recurrence, and the Unknown. Develop your personalized Survivorship Plan.
- **Moving Forward with a Plan** – Building Support Network and Practical Concerns. Celebration of Survivorship Reception

To register for the Survivorship Series call 425.297.5520

Test Results

Understanding your CBC



One of the most important blood tests people with cancer get routinely is a complete blood count or CBC. A CBC measures the levels, or counts, of the different types of cells in the blood. Since cancer and its treatments can cause blood counts to drop, getting regular CBCs is very important. Regular testing can help catch a low or high value so it can be treated before it becomes serious.

This guide will help you understand your CBC. Your own results will be different from those shown in the example on the back page but you can learn what the results mean and when to discuss them with your doctor.

Know your Count!

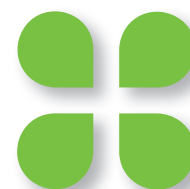
If you have cancer it's important for you to know your Hb, HCT, Platelets and white cells, especially if you're receiving chemotherapy.

Each time your CBC is checked, record it in the diary below.

Date	HB or Hgb	HCT	Platelets	WBC	Use this space to describe how you are feeling (tired? Weak? Etc...)

Results column: shows counts that fall within the normal range. Flag column: shows counts that are lower (“L”) or higher (“H”) than the normal range.

Reference Interval (or Reference Range) column: shows the normal range for each measurement. Different labs may use different Reference intervals. The ranges for your test results may be slightly different, depending on where your results are processed.



Sample CBC for a Patient With Cancer

A CBC measures the levels of three basic blood cells---white cells, red cells, and platelets

White Blood cells: help protect you from infections. For this patient, the total white cell count is 7.2--within the normal range of 4.0 to 10.5.

Red blood cells: carry oxygen from your lungs to the rest of your body. This patient has a red cell count of 3.25 -- lower than the normal range of 4.20 to 5.40 and therefore it is shown in the Flag column.

Hemoglobin: (Hb or Hgb): the part of the red cell that carries the oxygen. Our sample patient's Hb count is 10.0, which is below the normal range of 12.0 to 16.0. The hematocrit (HCT), another way of measuring the amount of Hb, is also low. This means that she has a mild anemia and may be starting to notice symptoms.

Platelets: the cells that form blood clots that stop bleeding. The platelet count for this patient is normal.

Differential: part of the CBC that shows counts for the five main kinds of white cells, wither as percentages (the first 5 counts) or as the number of cells (the second 5 counts). This patient has a lower than normal poly count (short for lymphocytes), which could be signs of a bacterial or viral infection.

Test	Result	Flag	Units	Reference Interval
CBC WITH DIFFERENTIAL				
White Blood Count	7.2		X 10 ⁻³	4.0 – 10.5
Red Blood Count		3.25 L	X 10 ⁻⁶	4.20-5.40
Hemoglobin		10.01 L	g/dL	12.0 – 16.0
Hematocrit		28.9 L	%	37.0 – 47.0
Platelets	302		X 10 ⁻³	140-415
Polys		43 L	%	45-76
Lymphs		48 H	%	17-44
Monocytes	7		%	3-10
Eos	2		%	0-4
Basos	0		%	0-2
Polys (absolute)	3.1		X 10 ⁻³	1.8-7.8
Lymphs (absolute)	3.5		X 10 ⁻³	0.7-4.5
Monocytes	0.5		X 10 ⁻³	0.1-1.0
Eos (absolute)	0.1		X 10 ⁻³	0.0 – 0.4
Basos (absolute)	0.0		X 10 ⁻³	0.0 – 0.2