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INTRODUCTION

When you or someone you love has cancer, you want the best. We assure you that you will find it here. Based in Goshen, Indiana, our approach to cancer treatment has led to a nationally recognized cancer program. The foremost specialists in cancer care, using the finest technological tools, leave no stone unturned in healing you... body, mind, and spirit.

What makes us unique?

- Medically directed by board-certified surgical, radiation and medical oncologists.
- A complete cancer program located in one state-of-the-art cancer center
- A program that helps heal your mind and spirit, as well as your body
- A place where you are an equal partner in all of your treatment decisions
- Only cancer center in the region with on-staff practitioners of naturopathic medicine

It is your decision.

We believe the last word on your treatment belongs to you. You have the right to know the treatment options and what to expect from each one. Then it is your decision.

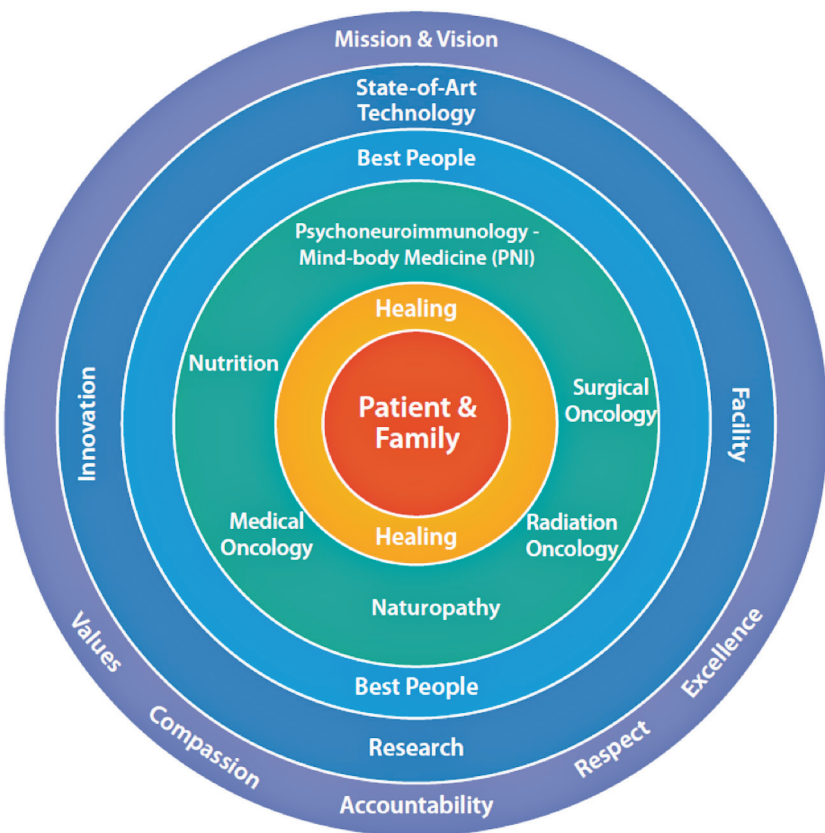
For those reasons, our team of doctors, nurses, and support staff work closely with you and your family to make sure you understand the effects of various treatments. Only then you will be able to join with your medical team and choose the best course of action.

Goshen Center for Cancer Care is a leader in innovative cancer treatment. We were among the first to adopt a comprehensive approach to treatment, to offer programs for strengthening minds, as well as bodies, to place a premium on family involvement and spiritual needs, and to encourage patients to play a decision-making role in treatment selection.

This integrated approach includes:

- Acupuncture
- Biologic Therapy
- Chemotherapy
- Fitness For Life
- Hormone Therapy
- Naturopathic Medicine
- Nutrition
- Mind-Body Counseling
- Peer Support
- Radiation
- Spiritual Care
- Surgery
- Wellness Seminars

OUR CANCER CARE APPROACH



Goshen Center for
Cancer Care

DIAGNOSES & TREATMENT PLAN

Name: _____

Diagnosis: _____

Treatment Regimen:

My Oncology Team:

Medical Oncologist _____

Nurse _____

Radiation Oncologist _____

Nurse _____

Surgical Oncologist _____

Nurse _____

Nurse Practitioners _____

Naturopathic Doctor _____

Mind-Body Counselor _____

Registered Dietitian _____

Other _____



THE CANCER CARE TEAM

Comprehensive oncology options

You can rest assured you will receive the latest cancer-fighting therapies and a host of supportive services when you come to Goshen Center for Cancer Care. Our experts build a comprehensive treatment plan specifically for you. Nowhere else in our region can you find the level of expertise across cancer specialties that we offer. It is how we can take on complex cases and offer life-saving therapies right here, close to home.

Surgery offers the greatest chance for diagnosis and cure of many types of cancer.

Chemotherapy and other medical oncology therapies destroy cancer cells, oftentimes with targeted approaches that cause less damage to normal, healthy cells.

Targeted radiation kills cancer cells and shrinks tumors, while avoiding healthy tissue.

Integrative therapies reduce stress, enhance the immune system and diminish the side effects of certain medical conditions and conventional treatments.

Diagnostic services help us detect the cancer, identify its stage and determine treatment options.

Scientific discoveries translated into cures

We conduct clinical studies only a few renowned cancer centers in the country offer. Our research is leading to breakthrough discoveries in how we attack cancer and search for a cure. It is why world-class cancer centers like ours believe we can help patients live longer, with fewer side effects and enjoy a better quality of life.

Your Integrative Care Team

At Goshen Center for Cancer Care, we have a team that will strive to support your mind and body before, during, and after cancer treatment. If you are under the care of one of our oncologists, there is no charge associated with these appointments. You can request an appointment with any of our integrative team providers at any time; please ask the scheduler.

Naturopathic Doctors

Naturopathic doctors (NDs) are trained to integrate conventional medical care with non-pharmaceutical options such as herbs, vitamins/supplements, and lifestyle modifications. At the cancer center, naturopathic providers offer support during and after treatment. Meet with an ND when you start, change, or complete treatment to:

- Reduce side effects from treatment
- Improve quality of life
- Review supplements to avoid interference with treatment
- Filter information from the internet and well-meaning family and friends
- Reduce risk of cancer recurrence in the future
- Address other health concerns or conditions

Mind-Body Counselors

Our mind-body counselors look at how mental, emotional, and physical states affect overall health and well-being. Counseling services are available to a patient's care providers and family members as well. An appointment with a counselor can address:

- Coping with stress and anxiety related to your diagnosis and treatment
- Relaxation techniques to support healing
- Common problems such as sleep difficulties or coping with treatment side effects
- Language and tools to explain cancer to your children or grandchildren

Registered Dietitians

Our cancer center dietitians are knowledgeable about the side effects of treatment and how to prevent or reduce them. They can make recommendations about the following:

- Food choices to help with taste changes, poor appetite, weight loss or gain, or changes in bowel habits
- Nutrition information to increase your health and wellness during and after treatment
- Answers to your questions about confusing and often contradictory nutrition information
- Resources for patient or caregiver for meal ideas

Support Services

Patient Financial Counselor

The Patient Financial Counselor at Goshen Center for Cancer Care is available to work through questions about insurance and finances, as well as questions about your bills. Our financial counselor can help with the following:

- Insurance verification
- Explain insurance benefits
- Discuss accounts
 - ◊ Review Statements/Explanation of Benefits with patients
 - ◊ Financial assistance
 - Foundation/Copay
 - Hospital Aid
 - ◊ Payment plans
 - ◊ Assist with FMLA, cancer policies and other forms

If you have questions for our Patient Financial Counselor, please call 574-364-2352.

Patient Care Coordinator

Our Patient Care Coordinator strives to connect our patient to valuable resources while in treatment and beyond. Some of the services include assisting patients in search of:

- Community resource referrals
- Resources to offset dental expenses related to cancer treatment
- Transportation
- Hotels
- Assistance in affording costly prescription co-pays
- Drug assistance for those who are uninsured

Survivor Network Coordinator

The goal of the Goshen Cancer Survivor Network is to link cancer survivors together for strength and support to help them face the future with hope. With that goal in mind, the Survivor Network Coordinator provides opportunities for support, encouragement and help through a variety of avenues:

- Survivor Buddy Program to connect new patients to established survivors
- Special events to connect survivors together and celebrate the fight against cancer
- Cancer Center programs for health and educational resources
- Link for Hope Newsletter to keep you current on cancer topics
- Goshen Cancer Survivor website (www.goshensurvivors.org) for resources and stories of other survivors

All of our patients are automatically a part of the Goshen Cancer Survivor Network, but to formally join the Network and receive mailings or emailings, please call the Survivor Network Coordinator at 574-364-2922.

Chaplain

Chaplains support your own spirituality and beliefs, integrating spiritual care that aligns with you. A chaplain engages in the places you find meaning and purpose in life. They are available to support your loved ones as well.

A chaplain can:

- Help you make sense of life when it doesn't align with what you believe about the world
- Provide prayer and religious/spiritual rituals
- Facilitate scripture reading and spiritual practices
- Reflect with you on your life story
- Help you find spiritual healing

CANCER BASICS

(Adapted from the National Cancer Institute website)

Cancer Basics: A quick guide to knowing cancer

The following pages will help define and clarify the basics of cancer.

What is cancer?

Cancer is the name of a group of more than 100 diseases which start with some kind of abnormal cell growth: when cells grow out of control and crowd out normal cells.

Cells are the building blocks that make up the human body. They grow and divide to make new cells as the body needs them. Usually, when cells get too old or damaged, they die and then new cells take their place – typically a very systematic process. Cancer begins when genetic changes impair this orderly process and cells begin to grow uncontrollably.

Cancer is not just one disease, but can start in any part of the body – the lungs, the breast, the colon or even in the blood – making it hard for the body to work the way it should. Cancers are alike in some ways, but they are also different in the ways they grow and spread.

There are also different ways that cancer can be treated. Whether your fight against cancer requires surgery, radiation, chemotherapy or other medical therapies, or watchful waiting, cancer can be treated very well for many people. In fact, more people than ever before lead full lives after cancer treatment.

How do I know I have cancer?

Often, a diagnosis begins when a person visits a healthcare provider about an unusual symptom. The provider will talk with the person about his or her medical history and symptoms. Then the provider will perform various tests to find out the cause of these symptoms. Keep in mind, many people with cancer have no symptoms. For these people, cancer is diagnosed during a medical test for another issue or condition.

Sometimes the provider diagnoses cancer after a cancer screening test in an otherwise healthy person. Examples of screening tests include colonoscopy, mammography, and a Pap test. A person may need additional tests to confirm the result of the screening test. For most cancers, a biopsy is the only way to make a definite diagnosis. A biopsy is the removal of a small amount of tissue for further study.

How are cancers alike?

The cells in our bodies all have certain jobs to do. Normal cells divide in an orderly way. They die when they are worn out or damaged, and new cells take their place. Cancer is when the cells start to grow out of control. The cancer cells keep on growing and making new cells. They crowd out normal cells. This causes problems in the part of the body where the cancer started.

Cancer cells can also spread to other parts of the body. For instance, cancer cells in the lung can travel to the bones and grow there. When cancer cells spread, it's called metastasis (meh-TAS-tuh-sis). When lung cancer spreads to the bones, it's still called lung cancer. To doctors, the cancer cells in the bones look just like the ones from the lung. It's not called bone cancer unless it started in the bones.

How are cancers different?

Some cancers grow and spread fast. Others grow more slowly. They also respond to treatment in different ways. Some types of cancer are best treated with surgery; others respond better to drugs called chemotherapy (key-mo-THER-uh-pee). Often 2 or more treatments are used to get the best results.

When someone has cancer, the doctor will want to find out what kind of cancer it is. People with cancer need treatment that works for their type of cancer.

What are tumors?

Most cancers form a lump called a tumor or a growth. A tumor can be malignant or benign. A cancerous tumor that is malignant, means that it can grow and spread to other parts of the body. A benign tumor means the tumor can grow but will not spread.

Some types of cancer do not form a tumor. These include leukemia, most types of lymphoma, and myeloma. They grow in the blood cells or other cells of the body.

What does metastasize mean?

As a cancerous tumor grows, the bloodstream or lymphatic system may carry cancer cells to other parts of the body. During this process, known as metastasis, the cancer cells grow and may develop into new tumors.

One of the first places a cancer often spreads is to the lymph nodes. Lymph nodes are tiny, bean-shaped organs that help fight infection. They are located in clusters in different parts of the body, such as the neck, groin area, and under the arms.

Cancer may also spread through the bloodstream to distant parts of the body. These parts may include the bones, liver, lungs, or brain. Even if the cancer spreads, it is still named for the area where it began. For example, if breast cancer spreads to the lungs, it is called metastatic breast cancer, not lung cancer.

What stage is the cancer?

The doctor also needs to know if and how far the cancer has spread from where it started. This is called the cancer stage. You may have heard other people say that their cancer was stage 1 or stage 2. Knowing the stage of the cancer helps the doctor decide what type of treatment is best.

For each type of cancer there are tests that can be done to figure out the stage of the cancer. As a rule, a lower stage (such as a stage 1 or 2) means that the cancer has not spread very much. A higher number (such as a stage 3 or 4) means it has spread more. Stage 4 is the highest stage.

Common Cancer Myths and Misconceptions FAQ

(credit: National Cancer Institute)

Certain popular ideas about how cancer starts and spreads—although scientifically wrong—can seem to make sense, especially when those ideas are rooted in old theories. But wrong ideas about cancer can lead to needless worry and even hinder good prevention and treatment decisions. The following provides the latest science-based information about some common cancer myths and misconceptions. Information and helpful fact sheets on the following topics can be found at www.cancer.gov.

Is cancer a death sentence?

In the United States, the likelihood of dying from cancer has dropped steadily since the 1990s. Five-year survival rates for some cancers, such as breast, prostate, and thyroid cancers, now exceed 90 percent. The 5-year survival rate for all cancers combined is currently about 66 percent. For more information, see the Annual Report to the Nation on the Status of Cancer, found at www.cancer.gov.

It is important to note, however, that these rates are based on data from large numbers of people. How long an individual cancer patient will live and whether he or she will die from the disease depend on many factors, including whether the cancer is slow or fast growing, how much the cancer has spread in the body, whether effective treatments are available, the person's overall health, and more.

Will eating sugar make my cancer worse?

Although research has shown that cancer cells consume more sugar (glucose) than normal cells, no studies have shown that eating sugar will make your cancer worse or that, if you stop eating sugar, your cancer will shrink or disappear. However, a high-sugar diet may contribute to excess weight gain, and obesity is associated with an increased risk of developing several types of cancer. For more information on nutrition, you may find it helpful to schedule an appointment with one of our registered dietitians.

Do artificial sweeteners cause cancer?

Researchers have conducted studies on the safety of the artificial sweeteners (sugar substitutes) saccharin (Sweet 'N Low®, Sweet Twin®, NectaSweet®); cyclamate; aspartame (Equal®, NutraSweet®); acesulfame potassium (Sunett®, Sweet One®); sucralose (Splenda®); and neotame and found no evidence that they cause cancer in humans. All of these artificial sweeteners except for cyclamate have been approved by the Food and Drug Administration for sale in the United States.

Is cancer contagious?

In general, no. Cancer is not a contagious disease that easily spreads from person to person. The only situation in which cancer can spread from one person to another is in the case of organ or tissue transplantation. A person who receives an organ or tissue from a donor who had cancer in the past may be at increased

risk of developing a transplant-related cancer in the future. However, that risk is extremely low—about two cases of cancer per 10,000 organ transplants. Doctors avoid the use of organs or tissue from donors who have a history of cancer.

In some people, cancers may be caused by certain viruses (some types of human papillomavirus, or HPV, for example) and bacteria (such as *Helicobacter pylori*). While a virus or bacterium can spread from person to person, the cancers they sometimes cause cannot spread from person to person.

Does my attitude—positive or negative—determine my risk of, or likely recovery from, cancer?

To date, there is no convincing scientific evidence that links a person's "attitude" to his or her risk of developing or dying from cancer. If you have cancer, it is normal to feel sad, angry, or discouraged sometimes and positive or upbeat at other times. People with a positive attitude may be more likely to maintain social connections and stay active, and physical activity and emotional support may help you cope with your cancer.

Can cancer surgery or a tumor biopsy cause cancer to spread in the body?

The chance that surgery will cause cancer to spread to other parts of the body is extremely low. Following standard procedures, surgeons use special methods and take many steps to prevent cancer cells from spreading during biopsies or surgery to remove tumors. For example, if they must remove tissue from more than one area of the body, they use different surgical tools for each area.

Will cancer get worse if exposed to air?

No. Exposure to air will not make tumors grow faster or cause cancer to spread to other parts of the body.

Do cell phones cause cancer?

No. Cancer is caused by genetic mutations, and cell phones emit a type of low-frequency energy that does not damage genes.

Do power lines cause cancer?

No. Power lines emit both electric and magnetic energy. The electric energy emitted by power lines is easily shielded or weakened by walls and other objects. The magnetic energy emitted by power lines is a low-frequency form of radiation that does not damage genes.

Are there herbal products that can cure cancer?

No. Although some studies suggest that alternative or complementary therapies, including some herbs, may help patients cope with the side effects of cancer treatment, no herbal products have been shown to be effective for treating cancer. In fact, some herbal products may be harmful when taken during chemotherapy or radiation therapy because they may interfere with how these treatments work. Cancer patients should talk with their doctor about any complementary and alternative medicine products—including vitamins and herbal supplements—

they may be using. Our naturopathic doctors are available to provide additional information on herbal products and supplements. Please see scheduling or call (574) 364-2888 to request an appointment.

If someone in my family has cancer, am I likely to get cancer, too?

Not necessarily. Cancer is caused by harmful changes (mutations) in genes. Only about 5 to 10 percent of cancers are caused by harmful mutations that are inherited from a person's parents. In families with an inherited cancer-causing mutation, multiple family members will often develop the same type of cancer. These cancers are called "familial" or "hereditary" cancers.

The remaining 90 to 95 percent of cancers are caused by mutations that happen during a person's lifetime as a natural result of aging and exposure to environmental factors, such as tobacco smoke and radiation. These cancers are called "non-hereditary" or "spontaneous" cancers.

If no one in my family has had cancer, does that mean I'm risk-free?

No. Based on the most recent data, about 40 percent of men and women will be diagnosed with cancer at some point during their lives. Most cancers are caused by genetic changes that occur throughout a person's lifetime as a natural result of aging and exposure to environmental factors, such as tobacco smoke and radiation. Other factors, such as what kind of food you eat, how much you eat, and whether you exercise, may also influence your risk of developing cancer.

Do antiperspirants or deodorants cause breast cancer?

No. The best studies so far have found no evidence linking the chemicals typically found in antiperspirants and deodorants with changes in breast tissue.

Does hair dye use increase the risk of cancer?

There is no convincing scientific evidence that personal hair dye use increases the risk of cancer. Some studies suggest, however, that hairdressers and barbers who are regularly exposed to large quantities of hair dye and other chemical products may have an increased risk of bladder cancer.

Posted: February 3, 2014 National Cancer Institute (<http://www.cancer.gov/about-cancer/causes-prevention/risk/myths>)

Treating Cancer:

A guide to different treatment types

(credit: National Cancer Institute)

SURGERY

Remove the entire tumor

Surgery removes cancer that is contained in one area.

Debulk a tumor

Surgery removes some, but not all, of a cancer tumor. Debulking is used when removing an entire tumor might damage an organ or the body. Removing part of a tumor can help other treatments work better.

Ease cancer symptoms

Surgery is used to remove tumors that are causing pain or pressure.

RADIATION

Radiation therapy (also called radiotherapy) is a cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors. At low doses, radiation is used in x-rays to see inside your body, as with x-rays of your teeth or broken bones.

Radiation therapy does not kill cancer cells right away. It takes days or weeks of treatment before cancer cells start to die. Then, cancer cells keep dying for weeks or months after radiation therapy ends.

Treat cancer

Radiation can be used to cure cancer, to prevent it from returning, or to stop or slow its growth.

Ease cancer symptoms

Radiation may be used to shrink a tumor to treat pain and other problems caused by the tumor. Or, it can lessen problems that may be caused by a growing tumor, such as trouble breathing or loss of bowel and bladder control.

CHEMOTHERAPY

Chemotherapy works by stopping or slowing the growth of cancer cells, which grow and divide quickly.

Chemotherapy may be given in many ways. Some common ways include:

Oral

The chemotherapy comes in pills, capsules, or liquids that you swallow

Intravenous (IV)

The chemotherapy goes directly into a vein

Injection

The chemotherapy is given by a shot in a muscle in your arm, thigh, hip, or right under the skin in the fatty part of your arm, leg, or belly

Intrathecal

The chemotherapy is injected into the space between the layers of tissue that cover the brain and spinal cord

Intraperitoneal (IP)

The chemotherapy goes directly into the peritoneal cavity, which is the area in your body that contains organs such as your intestines, stomach, and liver

Intra-arterial (IA)

The chemotherapy is injected directly into the artery that leads to the cancer

Topical

The chemotherapy comes in a cream that you rub onto your skin

BIOLOGICAL THERAPY

Monoclonal antibodies: A type of protein made in the laboratory that can bind to substances in the body, including cancer cells. There are many kinds of monoclonal antibodies. A monoclonal antibody is made so that it binds to only one substance. Monoclonal antibodies are being used to treat some types of cancer. They can be used alone or to carry drugs, toxins, or radioactive substances directly to cancer cells.

They can cause an immune response that destroys cancer cells.

Other types of monoclonal antibodies can “mark” cancer cells so it is easier for the immune system to find and destroy them. These types of monoclonal antibodies may also be referred to as targeted therapy.

Most targeted therapies help treat cancer by interfering with specific proteins that help tumors grow and spread throughout the body. They treat cancer in many different ways. They can:

Help the immune system destroy cancer cells. One reason that cancer cells thrive is because they are able to hide from your immune system. Certain targeted therapies can mark cancer cells so it is easier for the immune system to find and destroy them. Other targeted therapies help boost your immune system to work better against cancer.

Stop cancer cells from growing. Healthy cells in your body usually divide to make new cells only when they receive strong signals to do so. These signals bind to proteins on the cell surface, telling the cells to divide. This process helps new cells form only as your body needs them. But, some cancer cells have changes in the proteins on their surface that tell them to divide whether or not signals are present. Some targeted therapies interfere with these proteins, preventing them from telling the cells to divide. This process helps slow cancer's uncontrolled growth.

Stop signals that help form blood vessels. Tumors need to form new blood vessels to grow beyond a certain size. These new blood vessels form in response to signals from the tumor. Some targeted therapies are designed to interfere with these signals to prevent a blood supply from forming. Without a blood supply, tumors stay small. Or, if a tumor already has a blood supply, these treatments can cause blood vessels to die, which causes the tumor to shrink.

Deliver cell-killing substances to cancer cells. Some monoclonal antibodies are combined with toxins, chemotherapy drugs, and radiation. Once these monoclonal antibodies attach to targets on the surface of cancer cells, the cells take up the cell-killing substances, causing them to die. Cells that don't have the target will not be harmed.

Cause cancer cell death. Healthy cells die in an orderly manner when they become damaged or are no longer needed. But, cancer cells have ways of avoiding this dying process. Some targeted therapies can cause cancer cells to go through this process of cell death.

Starve cancer of the hormones it needs to grow. Some breast and prostate cancers require certain hormones to grow. Hormone therapies are a type of targeted therapy that can work in two ways. Some hormone therapies prevent your body from making specific hormones. Others prevent the hormones from acting on your cells, including cancer cells.

HORMONE THERAPY

Hormone therapy is used to treat prostate and breast cancers that use hormones to grow. Hormone therapy is most often used along with other cancer treatments. The types of treatment that you need depend on the type of cancer, if it has spread and how far, if it uses hormones to grow, and if you have other health problems.

How Hormone Therapy Is Given

Hormone therapy may be given in many ways. Some common ways include:

Oral. Hormone therapy comes in pills that you swallow.

Injection. The hormone therapy is given by a shot in a muscle in your arm, thigh, hip, or right under the skin in the fatty part of your arm, leg, or belly.

Surgery. You may have surgery to remove organs that produce hormones. In women, the ovaries are removed. In men, the testicles are removed.

Understanding Cancer Prognosis

Credit: National Cancer Institute

If you have cancer, you may have questions about how serious your cancer is and your chances of survival. The estimate of how the disease will go for you is called prognosis. It can be hard to understand what prognosis means and also hard to talk about, even for doctors.

Many Factors Can Affect Your Prognosis

Some of the factors that affect prognosis include:

- The type of cancer and where it is in your body
- The stage of the cancer, which refers to the size of the cancer and if it has spread to other parts of your body
- The cancer's grade, which refers to how abnormal the cancer cells look under a microscope. Grade provides clues about how quickly the cancer is likely to grow and spread.
- Certain traits of the cancer cells
- Your age and how healthy you were before cancer
- How you respond to treatment

Seeking Information About Your Prognosis Is a Personal Decision

When you have cancer, you and your loved ones face many unknowns. Understanding your cancer and knowing what to expect can help you and your loved ones make decisions. Some of the decisions you may face include:

- Which treatment is best for you
- If you want treatment
- How to best take care of yourself and manage treatment side effects
- How to deal with financial and legal matters

Many people want to know their prognosis. They find it easier to cope when they know more about their cancer. You may ask your doctor about survival statistics or search for this information on your own. Or, you may find statistics confusing and frightening, and think they are too impersonal to be of value to you. It is up to you to decide how much information you want.

If you do decide you want to know more, the doctor who knows the most about your situation is in the best position to discuss your prognosis and explain what the statistics may mean.

If you need help coping with your prognosis, you may find it helpful to speak with one of our mind-body counselors. Please stop at scheduling or call (574) 364-2888 to request an appointment.

Understanding Statistics About Survival

Doctors estimate prognosis by using statistics that researchers have collected over many years about people with the same type of cancer. Several types of statistics may be used to estimate prognosis. The most commonly used statistics include:

Cancer-specific survival

This is the percentage of patients with a specific type and stage of cancer who have not died from their cancer during a certain period of time after diagnosis. The period of time may be 1 year, 2 years, 5 years, etc., with 5 years being the time period most often used. Cancer-specific survival is also called disease-specific survival. In most cases, cancer-specific survival is based on causes of death listed in medical records.

Relative survival

This statistic is another method used to estimate cancer-specific survival that does not use information about the cause of death. It is the percentage of cancer patients who have survived for a certain period of time after diagnosis compared to people who do not have cancer.

Overall survival

This is the percentage of people with a specific type and stage of cancer who have not died from any cause during a certain period of time after diagnosis.

Disease-free survival

This statistic is the percentage of patients who have no signs of cancer during a certain period of time after treatment. Other names for this statistic are recurrence-free or progression-free survival.

Because statistics are based on large groups of people, they cannot be used to predict exactly what will happen to you. Everyone is different. Treatments and how people respond to treatment can differ greatly. Also, it takes years to see the benefit of new treatments and ways of finding cancer. So, the statistics your doctor uses to make a prognosis may not be based on treatments being used today.

Still, your doctor may tell you that you have a good prognosis if statistics suggest that your cancer is likely to respond well to treatment. Or, he may tell you that you have a poor prognosis if the cancer is harder to control. Whatever your doctor tells you, keep in mind that a prognosis is an educated guess. Your doctor cannot be certain how it will go for you.

If You Decide Not to Have Treatment

If you decide not to have treatment, the doctor who knows your situation best is in the best position to discuss your prognosis.

Survival statistics most often come from studies that compare treatments with each other, rather than treatment with no treatment. So, it may not be easy for your doctor to give you an accurate prognosis.

Understanding the Difference Between Cure and Remission

Cure means that there are no traces of your cancer after treatment and the cancer will never come back.

Remission means that the signs and symptoms of your cancer are reduced. Remission can be partial or complete. In a complete remission, all signs and symptoms of cancer have disappeared.

If you remain in complete remission for 5 years or more, some doctors may say that you are cured. Still, some cancer cells can remain in your body for many years after treatment. These cells may cause the cancer to come back one day. For cancers that return, most do so within the first 5 years after treatment. But, there is a chance that cancer will come back later. For this reason, doctors cannot say for sure that you are cured. The most they can say is that there are no signs of cancer at this time.

Because of the chance that cancer can come back, your doctor will monitor you for many years and do tests to look for signs of cancer's return. They will also look for signs of late side effects from the cancer treatments you received.



SIDE EFFECTS & SELF CARE

The following pages will identify many of the side effects that you may experience from various treatments and give detailed recommendations on self-care and how to manage those symptoms at home. Each section will also identify symptoms in a yellow box that are related to or common for that particular side effect. It is important to note that some symptoms can be managed by you and your loved ones, some can wait and be reported the next day, while others may require immediate action.

We appreciate the trust you have placed in the Goshen Center for Cancer Care. In an effort to serve your needs more efficiently, a brief description of our nursing triage and on-call system is provided below.

The triage nurse is available for urgent and non-urgent concerns between 8:30 am and 4:30 pm and has quick access to your records and healthcare providers. Your call is very important to us. Occasionally, the triage nurse cannot answer the phone immediately due to other patient care needs. If you need to leave a message for the triage nurse, you should expect a call within 30-60 minutes. If you are having any issues or concerns, please call as early in the day as possible so we have adequate time to meet your needs.

The on-call nurse is available for urgent concerns between 4:30 pm and 8:30 am and may not have quick access to your records or healthcare providers. Please reserve non-urgent questions or concerns for business hours to allow our on-call nurses to give their full attention to urgent concerns.

SIDE EFFECTS & SELF CARE

When to go to the ER

- Uncontrolled bleeding
- Worsening shortness of breath
- New chest pain
- Allergic reaction with hives, shortness of breath, tightening of throat

When to call immediately

Note: An On-Call Nurse is available after hours to respond to calls

- Temperature of 100.5 and/or chills
- Nausea/vomiting not controlled by medications
- Watery diarrhea more than 5 stools per day not controlled by an anti-diarrheal medication
- Pain not controlled by medications
- Changes in mental status
- Pain, swelling, redness at the treatment injection site

When it is safe to wait to call during normal business hours

- Rash, not associated with hives or shortness of breath
- Swelling of your hands, feet, or face not associated with shortness of breath
- Diarrhea, less than 5 stools per day
- Changes in appetite
- Bleeding that stops in under 30 minutes
- Constipation less than 3 days
- Difficulty sleeping

Symptom severity differs greatly among personal opinion. If you are unsure about managing a symptom, please don't hesitate to call the office or on-call nurse.

Please have the following information available when seeking our advice:

- Your binder
- All medications including treatment regimen
- Interventions for symptom

ANEMIA

Anemia is when your body doesn't have enough red blood cells. Some types of chemotherapy cause anemia. Having anemia can make you feel very tired, weak, or short of breath.

Tips from your Care Team

Save your energy: Choose the most important things to do each day.

Ask for help: When family or friends offer to help, let them. They can take you to the doctor, buy groceries, or make meals.

Balance rest with activity: Take short naps during the day. Short naps of less than 1 hour are best. Too much bed rest can make you feel more tired.

Improve Sleep habits: Sleep at least 8 hours every night. Practice good sleep hygiene.

Exercise: You may feel better if you take short walks or exercise a little every day.

Choose foods higher in iron: Red meat, leafy greens (such as collard greens and spinach), and cooked dried beans are good choices. Using a cast-iron pan adds iron to your food.

Increase fluid intake: Water and juice with extra water added are good choices.

Symptoms associated with anemia that may need to be evaluated:

Changes or increases in the following:

- Dizziness
- Shortness of breath
- Weakness
- Fatigue
- Racing heart

APPETITE CHANGES

You may notice that you feel less hungry, or have taste changes that make foods taste different or bad.

Tips from your care team:

Monitor weight: Let your doctor, nurse, or dietitian know if you are losing weight

Exercise: You may feel better if you take short walks or exercise a little every day.

Symptoms: Report problems with nausea, vomiting, constipation or pain.

Ask for help: Consider pre-cooked meals or ask friends/family to get groceries and cook for you

Try to eat high-protein and high calorie foods. Ask your dietitian for ideas.

Drink liquids. Getting enough to drink is important, but don't fill up on liquids during meals.

If swallowing is difficult, try milkshakes or soups and request an appointment with a dietitian.

Set meal times and routines.

Eat a little, even if you're not hungry.

It may help to eat 5 or 6 small meals each day, instead of 3 large meals.

Try new foods to help keep up your interest in food.

Eat with family or friends, or watch television while you eat.

Ask your dietitian about seasonings that may help some foods taste better.

If food tastes like metal, eat with plastic forks or spoons and try focusing on flavors that are tart or tangy like citrus and vinegar.

Vitamins/Supplements: If you experience changes in taste, ask a naturopathic doctor if zinc or other supplements may be safe for you to try.

BLEEDING PROBLEMS

Bleeding problems may be a sign of low platelets or a problem with a medication that you are taking. Signs of a bleeding problem can be bruising, nose bleeds, or blood in your urine, stool, or mucus.

Tips from your Care Team

- Do not take aspirin or aspirin containing products.
- Blow your nose gently
- Brush your teeth with a very soft toothbrush
- Use an electric shaver, not a razor
- Don't use dental floss or toothpicks, pick at pimples or scabs, play rough sports, put anything in your rectum such as thermometer or medicine.
- If you start to bleed: press down firmly until the bleeding stops. You may place ice on the area for 20 minutes.
- Check with your naturopathic doctor before starting any vitamins or supplements

Symptoms associated with bleeding that may need to be evaluated:

Changes or increases in the following:

- Unusual bleeding or bruising
- Bad headaches
- Vision changes
- Bleeding that does not stop after a few minutes
- Blood in your urine or stools

CONSTIPATION

Constipation is when your bowel movements come less often than normal for you, are painful, or are hard to pass.

Tips from your cancer care team:

Exercise: Try to be active for at least 15 minutes per day

Pain medications: Start a bowel regimen daily with a vegetable based laxative with stool softeners if you are prescribed narcotic pain meds. *See boxed info on next page for medication instructions.*

Try to eat high-fiber foods: Choose foods from the chart below. Avoid white breads, pastas, and cheese.

Drink warm liquids: Start your morning with warm water with lemon juice or warm prune juice on an empty stomach. Coffee or tea may help as well.

Increase fluid intake: Try to drink at least 8 cups of liquid daily. Water and juice are good choices.

Vitamins/Supplements: A naturopathic doctor may recommend a probiotic to encourage healthy bowel function during treatment. Certain nutrients (like high dose vitamin C or Magnesium) or herbs may be recommended as stool softeners or laxatives.

Grains	Fruits and Vegetables	Snacks
• Bran muffins • Bran or whole-grain cereals • Brown or wild rice • Cooked, dried peas and beans (such as lentils, pinto, black, red, or kidney) • Ground flaxseed	• Dried fruit, such as apricots, dates, prunes, and raisins • Fresh fruit, such as kiwi, apples, blueberries, and grapes • Raw or cooked vegetables, such as broccoli, corn, green beans, peas, and spinach	• Granola • Nuts • Popcorn • Seeds, such as sunflower

Ask your nurse or dietician which foods are best for you.

CONSTIPATION

Medication Protocol

- Take (1) **vegetable laxative with stool softener** (such as Senokot-S®) tablet daily
- If no bowel movement by the next evening, take (1) **vegetable laxative with stool softener** twice daily
- If no bowel movement by the next evening increase to (1) **vegetable laxative with stool softener** in am and (2) in the evening.
- Other medications that may be added at any time during this regimen are:
 - **Milk of Magnesia (MOM)** 15 mL or 1200 mg twice daily
 - **Polyethylene Glycol** (such as MiraLAX®) (per package directions)
 - **Magnesium Citrate solution** (per package directions)
 - **Bisacodyl** (such as Dulcolax®) pills (per package directions)

BRISTOL STOOL CHART			
	Type 1	Separate hard lumps	SEVERE CONSTIPATION
	Type 2	Lumpy and sausage like	MILD CONSTIPATION
	Type 3	A sausage shape with cracks in the surface	NORMAL
	Type 4	Like a smooth, soft sausage or snake	NORMAL
	Type 5	Soft blobs with clear-cut edges	LACKING FIBRE
	Type 6	Mushy consistency with ragged edges	MILD DIARRHEA
	Type 7	Liquid consistency with no solid pieces	SEVERE DIARRHEA

If there is no bowel movement within 3 days of starting this protocol, please contact the cancer care team.

DIARRHEA

Diarrhea is when you have more than 2-3 stools per day over your baseline. They may also be watery or loose.

Tips from your Care Team

Keep your rectal area clean: Use warm water and a baby-wipe after each stool. Pat the area dry. Ask about creams that may help with discomfort.

Anti-diarrheal:

- If you experience diarrhea, take (2) Loperamide after the first loose bowel movement each day and then (1) Loperamide after each loose stool up to (8) per day.
- Stop taking the Loperamide after you have returned to your normal pattern of bowel movements for 12 hours
- **Do not take bismuth subsalicylate (Pepto Bismol)**

Stop taking laxatives or stool softeners.

Take a soluble fiber supplement regularly: such as Benefiber or Psyllium powder to absorb excess water in the intestines.

Eat small meals that are easy to digest: 5-6 meals each day is better than 3 large meals.

Increase fluid intake: Water and juice with extra water added are good choices.

Vitamins/Supplements: High doses of Vitamin C or Magnesium can also act as a stool softener, and should be discontinued if diarrhea occurs. Talk to your naturopathic doctor about a form of magnesium that will not worsen diarrhea. They may also recommend other supplements such as probiotics or L-Glutamine powder, depending on your treatment regimen.

DIARRHEA

These foods and drinks may help if you have diarrhea:

Soups (clear liquids)	Drinks (clear liquids)	Meals and Snacks
• Clear broth, such as chicken, vegetable, or beef	• Clear soda, such as ginger ale • Cranberry or grape juice • Oral rehydration drinks, such as Pedialyte® • Tea (without caffeine) • Water	• Applesauce • Bananas • Crackers • Cream of wheat or rice cereal • Eggs • Gelatin/Jell-o • Meats, such as chicken, fish, or turkey—broiled or baked, without the skin • Noodles • Oatmeal • Peanut butter that is creamy or smooth • Potatoes—boiled, without the skin • White rice • White toast
Bananas, Rice (white), Applesauce, and Toast (white) are good foods to eat if your diarrhea is severe. This is called the BRAT diet.		
This diet is only intended to be followed if you are having diarrhea.		

Foods that may worsen diarrhea:

- Milk, prune juice, caffeine
- All whole grain flour, high fiber cereals, bran, seeds or nuts
- All raw and dried fruits and vegetables, prunes
- Fried, greasy, and/or spicy foods

Symptoms associated with diarrhea that may need to be evaluated:

- Feel dizzy
- Have a temperature 100.5° F or higher
- Weakness
- Diarrhea and cramps more than 24 hours
- Blood in your stool
- Have increased pulse rate

FATIGUE

People often describe cancer-related fatigue as feeling extremely tired, weak, heavy, run down, and having no energy. Resting does not always help with cancer-related fatigue. Cancer-related fatigue is one of the most difficult side effects for many people to cope with.

Fatigue is a common side effect of many cancer treatments, including chemotherapy, radiation therapy, biological therapy, bone marrow transplant, and surgery. Conditions such as anemia, as well as pain, medications, and emotions, can also cause or worsen fatigue.

Tips from your Cancer Care Team:

Diet:

- Drink plenty of liquids
- Try to eat more carbohydrates and protein
- Eat smaller meals frequently

Balance rest with activity

- Establish a structured daily routine
- Prioritize activities
- Delegate tasks

Try to perform moderate exercise throughout the day such as walking, resistance training

Review your medication regimen with your providers

Try Stress reduction methods:

- Deep breathing
- Visual imagery
- Talking with others
- Listening to music
- Talk with your mind-body counselor for further suggestions

SEXUAL AND FERTILITY CHANGES IN MEN

It may be difficult to get or keep an erection. This is called “impotence.”

You may not be able to have an orgasm.

You may feel too tired or stressed to have sex. Treatment may also affect your ability to have children.

How can I get help to cope?

Talk about your feelings and concerns with your partner. Find new ways to show love and be close. It may also help to talk with a doctor, nurse, social worker, counselor, or people in a support group.

Is it okay to have sex?

Most men can have sex while taking treatment, but you will need to use a condom each time.

Use a condom even if your partner is on birth control or cannot have children. This is because some chemotherapy may be in your semen.

Questions from men about changes in fertility:

Will I be able to have children?

If you would like to have children after treatment, talk with your doctor **before you start treatment**. Your doctor or nurse can talk with you about your choices and refer you to a fertility specialist.

Chemotherapy can damage sperm and cause birth defects. To make sure your partner does not get pregnant, use a condom. Your partner may also need to use birth control.

SEXUAL AND FERTILITY CHANGES IN WOMEN

You may feel too tired or stressed to have sex. Treatment may also affect your ability to have children.

The changes you may have depend on the kind of chemotherapy cancer treatment you'll be getting and the type of cancer you have.

Your age and other health issues are also important.

What sexual problems might I have?

You might have:

- Dryness or itchy feeling in the vagina
- Hot flashes
- Infections of the vagina or bladder
- Periods that are not regular or no periods (menstruation)
- Stress, fatigue, or little interest in sex

Talk with your oncologist, naturopathic doctor or nurse to learn how to manage these changes. Ask how they can be treated and how long these problems may last.

Tips from your cancer care team:

How can I get help to cope?

Be open and honest with your partner. Talk about your feelings and concerns. Find new ways to show love and be close. It may also help to talk with a doctor, nurse, social worker, counselor, or people in a support group.

Do I need to use birth control?

Yes, all women who have not gone through menopause should use birth control, or their partner should use a method of birth control. Talk with your doctor or nurse to learn what you should do. **Don't get pregnant during treatment**, because it can harm an unborn baby (fetus).

Chemotherapy is excreted in all body fluids for approximately 48-72 hours after receiving it. A condom should be used for sexual intercourse during this time.

Will I be able to have children after treatment?

If you would like to have children, talk with your doctor **before you start treatment**. Your doctor can talk with you about your choices and refer you to a fertility specialist.

HAIR LOSS (Alopecia)

Chemotherapy can harm the cells that make hair. This means that hair on your head and anywhere on your body may fall out. Hair loss is called alopecia.

Tips from your care team:

When will my hair start to fall out?

Your hair may start to fall out 2 to 3 weeks after chemotherapy begins.

What can I do before my hair falls out?

Use gentle protein-based shampoo such as baby shampoo, followed by a cream rinse or conditioner every 3 to 5 days to keep your hair in good condition.

Rinse your scalp/hair thoroughly and pat dry gently to avoid damage to your hair.

Use a satin pillowcase to decrease tangles in your hair.

Use a wide-tooth comb to avoid breaking and damaging your hair.

Limit the use of hair clips, barrettes, elastic bands, bobby pins, hair sprays, dyes, permanents, blow dryers, hot rollers and curling irons.

Some people choose to cut their hair short.

If you shave your head, use an electric shaver so you won't cut your scalp.

If you plan to buy a wig or hairpiece, get one while you still have hair. This way you can match it to the color of your hair.

What should I do after my hair falls out?

Protect your head from the sun. Use sunscreen or wear a hat when you are outside.

Turbans, hat, and scarves are attractive alternatives to wigs and hairpieces. Choose a color and style you are most comfortable with.

Try wearing a soft scarf when you sleep.

When will my hair grow back?

Most likely your hair will grow back in 2 to 3 months after chemotherapy.

Sometimes your new hair can be curlier or straighter—or even a different color. In time it may go back to how it was before treatment.

Continued...

Will insurance pay for a wig?

Yes, wigs are often paid for by health insurance. If not, it may help to get a prescription from your doctor for a “hair prosthesis.” The Survivor Network Coordinator has a list of wig resources - both for free wigs and for wigs available to purchase in the local community. You can also ask your mind-body counselor or contact the American Cancer Society for information on where to get free wigs.

Seek emotional support.

Talk to your mind body counselor for tips on coping and help in finding resources. You could also join a support group or connect with another patient who understands what you are going through.

INFECTION

Chemotherapy affects rapidly dividing cells, which includes cells in your bone marrow such as white blood cells, red blood cells, and platelets.

Tips from your cancer care team:

Wash your hands well.

- Always wash your hands:
 - Before you cook or eat
 - After you use the bathroom
 - After being in a public place
- Wash your hands well with soap and water.
- Have people around you wash their hands well, too.
- Check with your doctor or nurse about when to use hand sanitizer.

Stay extra clean.

- Brush your teeth after meals and before you go to bed. Use a very soft toothbrush.
- If you have a catheter or feeding tube, keep the area around it clean and dry. Learn from your nurse how to take care of this area.

Try to stay away from germs.

- Stay away from people who are sick or have a cold. Try to stay away from big crowds if you can.
- Wash raw fruits and vegetables very well.
- Wash your hands carefully after you handle raw meat. Cook meat well before eating it.
- Try to stay away from people who have just had a chicken pox, polio, or measles vaccine.
- Have someone else clean up after your pet.
- Your naturopathic doctor may have tips for minimizing risk of colds and flu.

Try not to get cuts.

- Use an electric shaver, not a razor.
- Clean yourself well and gently after going to the bathroom. Let your nurse know if your rectal area is sore or bleeds.
- Avoid having your teeth cleaned or dental work done while on chemotherapy. Call us before any emergency dental work is done such as a broken tooth, or toothache treatment.
- Check with your doctor or nurse **before** you get any shot or vaccine.

Continued...

Symptoms associated with infections that may need to be evaluated:

- Temperature that is 100.5° F (38° C) or higher.
- Chills
- Cough or sore throat
- Ear pain
- Headache or bad sinus pain
- Stiff or sore neck
- Skin rash
- Sores or white coating in your mouth or on your tongue
- Swelling or redness anywhere.
Watch for swelling or soreness if you have a catheter.
- Bloody or cloudy urine
- Pain or burning when you urinate

MEMORY CHANGES

Memory changes may be caused by stress, medication, cancer, cancer treatment, or other health problems.

Tips from your Cancer Care Team:

Plan your day.

- Do things that need the most thinking at the time of day when you feel best.
- Get quality sleep nightly. See your integrative care providers for holistic strategies which may improve your quality of sleep.

Get help to remember things.

- Write down or tape record things you want to remember.
- Write down important dates and information on a calendar.
- Write down any questions you have for your cancer care team and bring them with you to your visits.
- Use a pill box or calendar to help keep track of your medicines.

Ask for help.

- Ask a friend or family member for extra help when you need it.
- Ask your nurse or social worker for help to keep track of medicines and clinic visits.
- Seek support from your Mind-Body counselor if you are struggling to tolerate and manage stress in your life.
- If you are very confused, have someone stay with you. Don't stay home alone.

Some supplements may help to improve mental function. See your naturopathic doctor for which choices might be safest and best for you.

Symptoms associated with memory changes that may need to be evaluated:

- Feel confused
- Feel very sad or depressed
- Have a hard time thinking or remembering things

MOUTH AND THROAT CHANGES

- Changes in taste or smell
- Dry mouth (little or no saliva)
- Pain when you eat hot or cold foods

Tips from your cancer care team:

Look in your mouth daily for sores, redness or white patches.

Clean your mouth with care.

- Brush your teeth and tongue after each meal and before you go to bed. Use a very soft toothbrush or cotton swabs.
- Use toothpaste or gel that has fluoride in it.
- Rinse your mouth with the baking soda, salt, and water mix in the box below. Avoid commercial mouthwashes that contain alcohol.

Biotene and Oralbalance products are available over the counter from Laclede, Inc. They make toothpastes, mouthwash, gum and moisturizing gels designed to be non-abrasive and moisture replenishing.

If dentures are worn they should be removed and cleansed separately. Use solution containing sodium hypochlorite if acrylic dentures or chlorhexidine if metal dentures. Wear dentures as little as possible when experiencing dry mouth or irritation.

Every 3 hours during the day, mix together:

- 1 cup warm water,
- 1/4 teaspoon baking soda, and
- 1/8 teaspoon salt.

Take small sips and swish them around in your mouth. Then rinse with plain water.

Keep your mouth and lips moist.

Use a lip balm.

Sip water or suck ice chips.

Try drinking through a straw.

Use xylitol mints and slippery elm lozenges to increase saliva production, reduce undesirable bacteria in the mouth and enhance the protective lining of the mouth and throat.

MOUTH AND THROAT CHANGES

Foods that may be helpful when mouth is sore:

- Choose foods that are soft and easy to swallow. When your mouth is sore, try cooked cereals, mashed potatoes, and scrambled eggs.
- Ice chips
- Moist, cool foods such as fruit and ice cream
- Moisten food with butter, margarine, gravy, sauces or broth
- Dip dry, crisp food in milk or tea
- Puddings and custards
- Popsicles, shakes, smoothies, and slushies
- Mash, blend or puree fruits and vegetables in a blender

Try to avoid things that can make your mouth hurt.

- **Avoid** orange, lemon, tomato, or grapefruit juice.
- **Avoid** alcohol, such as beer or wine.
- **Avoid** crunchy or spicy foods.
- **Avoid** foods or drinks that have sugar in them, such as candy and soft drinks.
- **Avoid** smoking cigarettes or other tobacco products.

Supplements: Depending on your cancer treatment, your naturopathic doctor may recommend certain supplements to prevent or decrease intensity of mouth and throat changes. If you are undergoing a cancer treatment which is very likely to cause significant changes in the mouth and throat, be sure to meet with your naturopathic doctor prior to starting treatment, to start preventative strategies before side effects begin.

Symptoms associated with mouth and throat changes that may need to be evaluated:

- Trouble eating or swallowing
- Painful spots or sores in your mouth
- Sores on your lips or in your mouth

NAUSEA AND VOMITING

Nausea is when you feel sick to your stomach, like you are going to throw up. Vomiting is when you throw up.

Tips from you Cancer Care Team

Controlling Nausea and Vomiting

- Increase your fluids to 3 quarts the day before your treatment. Take small sips of water during the day, if you find it hard to drink a full glass at one time. Popsicles, tea, frozen fruit bars, gelatin, & broth-based soups are also fluids.
- Use your anti-nausea medicines as prescribed before coming to your treatment. Take ondansetron as needed for nausea. If you continue to have nausea for 30 minutes after taking ondansetron, you may take prochlorperazine or other prescribed nausea meds.
- Activity sometimes aggravates nausea. Resting after meals with your head elevated may be helpful.
- Sleep during the hours when nausea is present or anticipated. If nausea is present upon waking, take prescribed anti-nausea medication and rest in bed for 30 minutes to 1 hour.
- Fresh air or enjoyable distractions such as music, movies, or relaxation hobbies can be helpful.

Meals

- You may eat a regular meal prior to your treatment.
- Eat slowly, chew your foods well, and clean your mouth before and after meals.
- Eat small, frequent meals (5-6 times a day). Sometimes an empty stomach makes nausea worse.
- Drink nutritious high-calorie supplements as recommended by the physician or dietitian.
- If the smell of cooking bothers you, ask others to cook for you in their kitchen or order take out.
- Try foods that have low odor or a short cooking time. **Examples include** scrambled eggs; French toast; pancakes; oatmeal; cream of wheat; macaroni & cheese; noodles; & mashed potatoes
- Room temperature or cool foods are often preferred. **Examples include** melon, grapes, canned peaches, cold cereal, egg salad, or smoothies & shakes

NAUSEA AND VOMITING

- Dry foods, such as crackers, dry cereal, dry toast & pretzels, may be appealing
- Avoid greasy, spicy, or very sweet foods.
- Bland foods such as mashed potatoes, applesauce, sherbet, crackers, toast, and cool fruits may be better tolerated.
- Try to eat foods high in potassium such as avocados, bananas, oranges, apricots, cantaloupe, dates, figs, milk, prunes, potatoes, raisins, and tomato juice.
- Ginger may be helpful. Try ginger tea or real ginger ale.

Symptoms associated with nausea and vomiting that may need to be evaluated:

Please call the nurse at (574) 364-2888 if your nausea meds are not working or if you have new or worsening:

- Nausea and vomiting for 24 hours
- decreased urine output
- dizziness
- weakness
- constipation

On days you get treatment:

- Deep breathing and meditation help some people to relax before treatment.
- Learn the best time for you to eat and drink. Some people feel better when they eat a little just before treatment. Others feel better when they have nothing to eat or drink before treatment.
- Acupuncture or acupressure can decrease nausea and/or vomiting. Talk with your naturopathic doctor to learn more about acupuncture and other ways to feel better during treatment.

See next page for some food suggestions

NAUSEA AND VOMITING

These foods and drinks may be easy on your stomach:

Soups	Drinks
•Clear broth, such as chicken, beef, and vegetable	•Clear soda, such as ginger ale •Cranberry or grape juice •Oral rehydration drinks, such as Pedialyte® •Tea •Water
Main meals and snacks	Fruits and sweets
•Chicken—broiled or baked without the skin •Cream of wheat or rice cereal •Crackers or pretzels •Oatmeal •Pasta or noodles •Potatoes—boiled, without the skin •White rice •White toast	•Bananas •Canned fruit such as applesauce, peaches, and pears •Gelatin (Jell-O®) •Popsicles and sherbet •Yogurt (plain or vanilla)

NERVE CHANGES

Some chemotherapy can cause nerve problems. You may have a numb, tingling, burning, or weak feeling in different parts of your body. It often begins in your hands or feet. This is called “peripheral neuropathy.”

Common symptoms of nerve changes are:

Pain

- Tingling, burning, or weak feeling in your hands or feet
- Pain when you walk

Movement problems

- Falling
- Numb hands or feet
- Shaking or trembling
- Sore, tired, or achy muscles
- Trouble holding or picking things up

Hearing problems

- Trouble hearing

Stomach problems

- Hard stools or constipation
- Stomach pain

Symptoms associated with nerve changes that may need to be evaluated:

- Uncontrolled pain
- Losing your balance
- Increasing dizziness
- Increasing weakness
- Increasing falls

See next page for Tips from your Cancer Care Team

NERVE CHANGES

Tips from your Cancer Care Team:

Prevent falls

- Move rugs out of your path so you won't trip.
- Put up rails on the walls and in the bathroom.
- Put bathmats in the shower and bathtub.
- Wear sturdy shoes.
- Use hand rails, a cane or a walker.

Protect your hands and feet

- Use hot pads in the kitchen to protect your hands from burns.
- Before you bathe, ask someone to make sure the water in the bath or shower is not too hot.
- Wear shoes inside and outside your home.
- Wear gloves when you are working outside or in the kitchen.
- If your feet are numb, check them for cuts every day by sitting down and using a small mirror or asking someone to check for you.
- Use ice packs to help your hands and feet feel better.

Ask for help

- Ask for help with things such as buttoning clothes, using the computer, opening jars, or holding a pen.
- Slow down and give yourself more time to do things.

Vitamins/supplements: Your naturopathic doctor may consider various supplement options to help protect your nerves during treatment to help your nerves repair.

Acupuncture: Acupuncture treatment has been shown to be helpful in many cases of neuropathy. Speak with your naturopathic doctor to learn more about the potential benefits of acupuncture and what to expect from treatment. Acupuncture services are available at the cancer center for a modest fee.

PAIN

It's important to develop a plan to treat pain. Being in less pain will help you feel stronger and better.

Always bring a list of all of the medicines you are taking to your visits.

Call the Oncology nurse if:

- The pain isn't getting better with pain medications
- The pain comes on quickly
- The pain makes it hard to eat, sleep, work, or play
- You feel new pain
- The pain medicine is not working as fast or for as long as it used to

Common side effects of pain medication:

- nausea
- feeling sleepy
- constipation or dry stools

Keep track of the pain.

Each day, write about any pain you feel. This will help you talk with your doctor or nurse. Use a notebook or separate piece of paper to fill in the information below.

The pain is dull, sharp, burning, shooting, throbbing, or: _____

(Add your own words if these don't describe the pain you feel.)

On a scale of 1 to 10, where "10" is the most pain and "1" is the least pain, I feel this much pain: _____

I feel the most pain when: _____

Things I can't do because of the pain: _____

This makes the pain feel worse: _____

This makes the pain feel better: _____

PAIN

When it is time to stop taking pain medicine, your doctor will have you take a little less pain medicine each day. This will help your body get used to the change.

You may need more or different pain medicine.

It is normal for your body to get used to the pain medicine. It may not work as well as it did at first. This is called “tolerance.” It happens to many people. If this happens to you, your doctor may change your pain medicine or change the way you take it.

You will not get addicted when cancer pain medicines are given and taken in the right way. Don’t be afraid to ask for more pain medicine if you’re still in pain.

**Be aware, if a refill is needed for pain medication,
please call during normal business hours and allow
24-48 hours for your request to be completed.**

(574) 364-2888

SKIN AND NAIL CHANGES

For minor skin problems:

Be careful what you put on your skin.

- Use only mild soaps that are gentle on your skin.
- Use lotions and creams. Ask your nurse when to use them.
- Don't use products on your skin that have alcohol or perfume/fragrance in them.

Ask what products or brands you should use on your skin.

The Medicinary in the Center for Cancer Care lobby carries lotions specifically made for certain skin changes during treatment. Ask your naturopathic doctor for recommendations.

Questions to ask your care team:

1. What problems should I call you about?
2. What brands of soap and lotion are best for me to use?
3. What should the SPF (sun protection factor) be in the sunscreen and lip balm that I use?
4. Would a special oatmeal bath help my skin to itch less?
5. What products can help my nails?
6. When will these problems go away?
7. After treatment, how much longer will I need to use sunscreen?

Protect your skin from the sun.

Try to stay out of the sun.

When you are outside, always wear sunscreen and lip balm. Or wear a long-sleeved shirt, pants, and a hat with a wide brim outdoors.

Don't use tanning beds.

Treat your skin gently.

It may help to take short showers or baths in warm water. Don't take long baths in hot water. Pat your skin dry instead of rubbing it.

Dusting your skin with cornstarch may help. Put it in the folds of your skin such as under your arms, behind your knees, and under your breasts.

Shave less often, or stop shaving if your skin is sore.

Continued...

SKIN AND NAIL CHANGES

For minor nail problems:

Keep your nails clean and cut short. Check with your nurse before you get a manicure.

- Wear gloves when you wash the dishes, work in the garden, or clean the house.
- Check with your nurse for products that can help your nails.

Symptoms associated with skin and nail changes that may need to be evaluated:

- You develop sudden or severe itching
- You develop a rash or hives

SLEEP PROBLEMS

People going through treatment for cancer may have changes in their sleep patterns or difficulty sleeping.

Tips from your cancer care team:

Cognitive behavioral therapy (CBT) can help you identify and replace thoughts that cause or worsen sleep problems with practices that promote sound sleep. Relaxation strategies such as muscle relaxation, guided imagery, and journaling may also help calm your mind and body. Ask your mind-body counselor for guidance with these strategies or to borrow relaxation CDs.

Set good bedtime habits.

- Go to bed only when sleepy, in a quiet and dark room, and in a comfortable bed.
- If you do not fall asleep, get out of bed and return to bed when you are sleepy.
- Stop watching television or using other electrical devices a couple of hours before going to bed.
- Don't drink or eat a lot before bedtime.
- While it's important to keep active during the day with regular exercise, exercising a few hours before bedtime may make sleep more difficult.

Sleep medicine may be prescribed. Your doctor may prescribe sleep medicine, for a short time if other strategies don't work. The sleep medicine prescribed will depend on your specific problem (such as trouble falling asleep or trouble staying asleep) as well as other medicines you are taking.

For information on natural remedies for relaxation and sleep, ask your naturopathic doctor.

SWELLING/EDEMA (fluid retention)

Swelling can be caused by the chemotherapy, radiation or surgery. Some types of cancer or hormone changes may cause swelling.

Tips from your cancer care team:

Prevent swelling:

Get comfortable.

- Ask about special stockings.
- Wear loose clothing and shoes that are not too tight.

Raise your feet.

- Raise your feet when you can. Sit or lie down and put your feet up on a stool. Or raise them with pillows.
- Try not to stand or walk too much at one time.

Weigh yourself.

- Weigh yourself at the same time every day.
- Tell your doctor or nurse if you gain weight.

Stay away from salt.

- Do not eat food such as chips, bacon, ham, or canned soups. These have a lot of salt (sodium) in them.
- Do not add salt or soy sauce to your food.
- Check the food label to see if the food has sodium in it. Ask your nurse how much salt or sodium you can have.

Symptoms associated with edema that may need to be evaluated:

- Feel short of breath
- Have a heartbeat that seems different or is not regular
- Have sudden swelling or swelling that is getting worse
- Gain weight quickly
- Do not urinate at all or urinate only a little

URINATION CHANGES

It is common for your urine to change color or smell different during chemotherapy.

Tips from your cancer care team:

Drink more liquids.

- Drink liquids such as water, soup, and 100% cranberry juice. Add extra water to dilute the juice.
- Ask your doctor or nurse how many cups of liquid you should drink each day. Most people need to drink at least 8 cups a day.

Keep drinking liquids even if you have to go to the bathroom a lot. Liquids help your body to work well.

Some liquids can make bladder problems worse.

Talk with your dietitian to learn what you should stop drinking or drink less of. These include:

- Drinks with caffeine, such as coffee, black tea, and soda.
- Drinks with alcohol, such as beer, wine, mixed drinks, and liquor.

Talk with your naturopathic doctor if you have trouble with frequent or recurrent urinary tract infections. Certain probiotics or other supplements may be beneficial.

Symptoms associated with urination changes that may need to be evaluated:

- A temperature of 100.5° F (38° C) or higher
- Chills
- Blood in your urine, or you are not able to urinate
- Pain or burning when you urinate



LIST OF MEDICATIONS

Name	Dose	Directions	Date Prescribed

LIST OF MEDICATIONS

Name	Dose	Directions	Date Prescribed

CALENDAR PLANNER

Why use this calendar planner?

1. Your daily schedule is now filled with doctors appointments, second opinions, support group meetings, medication schedules, wig shop appointments, a gentle stretch class, etc. Are we right or what?
2. Doctors will often tell you to come back to see them in a certain number of days or weeks, and you will find yourself constantly referring back to your old appointments to make that next appointment.
3. It is hard to find your medication schedule when it is mixed in with your son's soccer practice schedule or with business meetings.

Tips

- The calendars are blank so that you can start the calendar on the month you are diagnosed. Use the enclosed calendar to fill in the correct dates that match your first month of diagnosis.
- Please note your schedule treatment dates may change
- Use this section to maintain a current list of medications, all your appointments, and to track your symptoms.

MONTH:

YEAR:

Sunday	Monday	Tuesday	Wednesday
date	date	date	date
date	date	date	date
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Don't forget to make follow-up appointments and take your medications as directed by your doctor.

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MONTH:

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TRACK MY SYMPTOMS

List the symptoms you are experiencing on the following pages, rank them 1-5 and make sure to share this information with your doctor. For fever and weight, write down the actual number. It's important to show him/her a pattern and to ask how you can minimize your discomfort.

Use the following list as a guide:

- Bone ache/pain
- Constipation
- Depression
- Diarrhea
- Dizziness
- Fatigue
- Fever
- Headache
- Incontinence
- Lymphedema/arm and leg swelling
- Memory Loss
- Muscle ache
- Nausea
- No appetite
- Numbness/tingling
- Pain
- Urinary pain/frequency/urgency
- Weight gain
- Weight loss

SYMPTOMS TRACKER

SYMPTOMS	nausea	headaches						
----------	--------	-----------	--	--	--	--	--	--

Track your symptoms and rate them:
5 = affecting you the most 1= affecting you the least
For fevers and weight, write in the exact number below.

DATE	RATING							
2/4	3	5						
2/5	5	5						

SYMPTOMS TRACKER

SYMPTOMS								

Track your symptoms and rate them:
 5 = affecting you the most 1= affecting you the least
 For fevers and weight, write in the exact number below.

DATE	RATING							

SYMPTOMS TRACKER

SYMPTOMS								
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DATE

RATING

SYMPTOMS TRACKER

SYMPTOMS								
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SYMPTOMS TRACKER

SYMPTOMS								
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For fevers and weight, write in the exact number below.

DATE

RATING

FAQs

FREQUENTLY ASKED QUESTIONS

TREATMENT FAQ

Can I drive myself to my treatments?

Yes, unless your provider has told you not to drive. However, it is best to have someone drive you to/from your first couple of treatments to ensure you do not have an allergic reaction or side effects. If you find that you feel well enough to drive after the first couple of treatments, then it is okay to drive yourself for subsequent treatments.

Can I eat before treatments?

There is no need to fast prior to lab work or treatments at the Center for Cancer Care, unless you are specifically told to fast.

On the day of treatment, feel free to eat breakfast/lunch before coming, just as you normally would. Eating before a treatment is unlikely to make you sick.

While here for treatment, you may order a meal from the cafeteria at no charge to you. You may also bring food/snacks from home. If someone accompanies you, they may bring lunch and eat with you or they may purchase lunch from the cafeteria to be delivered for \$5.35. This can be paid by credit card or cash. Snacks and drinks are always available in the infusion room, for patients as well as family and friends.

Can I take my prescribed medications before treatments?

Yes, please take your normally scheduled medications.

You do not need to take your anti-nausea medications prior to your infusion unless you are already experiencing nausea. Your infusion RN will be giving you anti-nausea medications prior to your treatments.

If you are currently taking pain meds or any other medication that you MAY need while you are here, please bring these with you. If we must obtain pain medication for you from our pharmacy during your time with us, you may have to wait as this is not always a quick process.

Please bring an updated list of all of your home medications to each visit, whether you are coming to see the doctor or nurse practitioner, have lab work done, or receive chemotherapy. This will ensure that we have a current medication list to review for interactions.

Please notify your infusion RN of the medications you have taken prior to your arrival at the Center for Cancer Care.

Can I bring family and friends to my treatment?

Yes. However, to provide a safe and healing environment for ALL of our patients, we limit visitors to 1 person at a time in the infusion room. Infants and children are not allowed in the infusion area.

What should I do during my treatment infusion?

Cell phones may be used in the Center for Cancer Care. Please silence them during appointments with care providers.

You may bring books, cards, laptops or other activities to occupy you while you receive your treatment. The infusion room also has magazines for you to enjoy, and each chair has its own television. Coloring supplies are available. Please ask if you have interest in this.

Please ask your health care providers any questions you may have at any appointment.

BILLING AND INSURANCE FAQ

At Goshen Center for Cancer Care, we believe that our reason for existence is to serve our customers. In fact, it is our goal to exceed our customers' expectations. Billing and insurance questions can be a discouraging and worrisome issue for patients. If you have any questions regarding billing or insurance, please call the patient financial counselor at (574) 364-2352 or the phone number on the statement, and we will do our best to answer your questions and provide assistance.

What should I bring with me to my first appointment with the financial counselor?

Always bring your current insurance cards, including prescription coverage information, whenever you meet with the financial counselor at Goshen Center for Cancer Care. Keep in mind that we will need to be notified if your insurance changes.

How do I know what is covered under my insurance?

Many insurance plans require prior authorization for hospital admissions and certain outpatient procedures. To ensure that your services will be covered by your insurance plan and that there will be no delay during the hospital registration process, please check with your insurance company to verify that your visit will be covered under your current plan. It is your responsibility to ensure that pre-authorization requirements have been met. Please verify that we are in your covered network.

What type of bills might I receive?

Goshen Center for Cancer Care provides care and cooperation with other health care entities that bill separately for their services. They include:

- Goshen Health Emergency Room Physicians
- Goshen Health Radiology
- Anesthesia Billing
- Goshen Hospital
- Goshen Physicians
- Laboratory Services

EMOTIONAL HEALTH FAQ

I am feeling overwhelmed, what can I do to cope better?

Cancer changes people's lives. The emotional stress it causes can be overwhelming, but no one has to manage it alone.

Tips to Help Emotional Stress:

- Think creatively about who is in your support network: loved ones, friends, coworkers, neighbors, clergy and your cancer care team. Let people around you know how they can provide support.
- Most people feel better when they know what to expect. They feel less afraid when they learn about cancer and treatment options. Let your health care providers know when you do not understand what they are saying or when you want more information about something.
- Pay attention to the things you do each day that you enjoy. They can be as simple as drinking your morning coffee, sitting with a pet, or talking to a friend. These small, day-to-day activities can give you comfort and pleasure.
- Do things that are meaningful to you. Every one has special things, both large and small, that bring meaning to their life. For you, it may be visiting a garden in your city or town. It may be praying in a certain chapel. Or it could be playing golf or some other sport that you love. Whatever you choose, embrace the things that bring you joy when you can.

How do I know when my depression or anxiety is more serious?

Some stress is "normal" or expected when you have cancer, some things should not be ignored and need to be communicated to your cancer care team. If you or someone close to you has any of these problems, please get help right away:

- Thoughts or plans of suicide or self-harm
- Feeling so sad that you think you can not go through treatment
- Lacking interest in usual activities for many days
- Inability to find pleasure in the things you have enjoyed in the past
- Emotions that interfere with daily activities and last longer than a few days

The cancer care team may seem focused on your physical health, but they care about emotional health, too. Keep them involved and aware of your emotional health.

I am feeling hopeless, what can I do to help?

While no one is cheerful all the time, hope is a normal and positive part of your cancer experience.

Tips to cultivate hope:

- Look beyond your cancer. Do not limit the things you like to do because you have cancer. Plan your days as you have always done. Many people feel better when they stay busy.
- Look for reasons to hope. Find hope in nature, or in your religious or spiritual beliefs. Find hope in stories about people with cancer who are leading active lives.
- Write down your hopeful feeling and talk about them with others.

What can someone do to help a loved one cope with cancer?

It is an important thing to realize that cancer is a family disease. It affects the entire family, not just the patient. Even though caregivers do not have cancer in their bodies, they suffer with the emotional, social and spiritual aspects of the disease. Research shows that it is not unusual for family members to experience as much emotional distress as the patient.

Tips for loved ones:

Communicate – one of the caregiver's most important jobs is to communicate openly with the person who has cancer. Choose a time that is convenient for both of you to talk. Provide assurance that he or she will be a central part of all discussions and decisions. Be open to the person's feelings and opinions and allow enough time to fully explain your feelings.

Accept the limitations of a person who is seriously ill. A person who just received chemotherapy may not be able to taste a meal you worked hard to prepare. Or, a person on pain medication may not notice all of the small things you do. Also, be aware that caregiving tasks may change as the person's health changes.

Include the person with cancer in activities that provide meaning or pleasure. Even if the person with cancer is no longer able to actively participate in activities he or she enjoys, look for other ways to encourage involvement. It is important to help the person stay connected to the world beyond the cancer and maintain a sense of normalcy.

TREATMENT PRECAUTIONS

Home safety while receiving treatment

Are there any recommendations for handling body excretions after treatment?

Yes, Chemotherapy medication is released from the body through urine, stool, vomit, and blood **for approximately 48 hours** after your treatment has stopped. In order to protect yourself and your loved ones from exposure follow the instructions below:

- After using the toilet, close the lid and flush twice. Men should urinate sitting down to avoid splashing.
- After using the toilet, wash your hands well with soap and water. If any fluids splashed on your skin, clean the area with soap and water.
- Wear gloves when cleaning the toilet or cleaning up any urine, stool or vomit or changing diapers / incontinence pads. Wash your hands with the gloves on, then remove the gloves, dispose of them in the trash, and wash your hands again.
- If using a bedpan or urinal, wear gloves and dump contents into toilet close to the water to limit splashing. While wearing the gloves, wash the container with soap and water after each use.
- Diapers can be disposed of in the regular trash.
- If you have an ostomy, wear gloves when emptying and wash the collection bag once a day with soap and water.

Do I need to treat my laundry any differently?

When handling trash or laundry that has come in contact with chemotherapy or body fluids within 48 hours after treatment:

- Wear gloves to handle contaminated trash or laundry. Wash your hands before and after removing the gloves.
- Contaminated trash can be placed in special bags if you were supplied with these or doubled bagged in a plastic, leak proof bags.
- If possible, wash contaminated laundry right away. If you cannot wash it right away, place in a leak proof plastic bag and wash as soon as possible.
- Wash contaminated laundry separate from other laundry, using regular laundry detergent and warm or hot water.

Will I hurt anybody if I touch them while receiving treatment?

Hugging and kissing is safe for you and your partner or family members. You can visit, sit with, hug and kiss the children in your life. You can be around pregnant women, though (if possible) they should not clean up any of your body fluids after you have treatment. You can share a bathroom with others. If body fluids splash on the toilet, wear gloves and clean the area with soap and water before others use the toilet.

How important is hand washing?

Hand washing is one of the most important interventions to control and prevent the spread of infection.

Hand washing:

- Wet hands with warm water
- Lather hands with soap by rubbing hands together for 15 seconds, covering all surfaces of hands and fingers
- Rinse hands thoroughly
- Dry hands with clean towel

Wash your hands:

- After using the toilet
- Before eating or handling food
- After sneezing, coughing or blowing your nose
- After handling pets
- After shaking hands with people who are sick
- After changing diapers
- After handling raw meat, fish or poultry

FOOD SAFETY FAQ

When undergoing treatment for cancer, the immune system can become compromised. Food safety is always important, and during treatment is no exception. The following guidelines help to reduce exposure to food-borne pathogens. By following safe food practices, patients and caregivers can reduce the risk of food borne illness. The best way to reduce your risk of infection is to wash your hands frequently.

What is the neutropenic diet and do all patients need to follow it while undergoing treatment?

The neutropenic diet is a specific diet that reduces all possible food sources of bacteria. Currently, there is no evidence that patients following the neutropenic diet have fewer infections or food-borne illness than patients who follow general food safety guidelines. Unless your doctor specifically asks you to follow the neutropenic diet by eliminating all fresh fruits, vegetables, yogurt, raw nuts, etc. then you should follow your normal diet with an emphasis on food safety.

What is food safety and do all patients need to follow these guidelines while undergoing treatment?

Food safety is a way of handling, preparing and storing food in ways to prevent food-borne illness. Everyone should follow the food safety guidelines listed below.

If I buy organic fruits and vegetables do I still need to wash my produce?

Yes. All fresh produce (whether organic, natural or general produce) may carry dangerous bacteria or other organisms that can cause food borne illness. Bacterial contamination can occur in the fields from the use of natural fertilizers (such as animal manure) or from human contact during produce harvesting, transporting and in the grocery store. The term “organic” or “natural” refers to growing without the use of chemical fertilizers or pesticides, and has no relationship to the cleanliness of the produce.

Food Safety Recommendations:

Fruits, Vegetables & Herbs

Use the following guidelines for handling all fresh produce, including organic, organically grown, “natural” and general produce:

- Rinse produce thoroughly under clean, running water just before use, including produce that is to be peeled (such as bananas, melons and oranges) or cooked. Do not wash fruits and vegetables with soaps, detergents or chlorine bleach solutions. Produce can absorb these cleaning agents.

- Commercial produce rinses (such as Fit© Fruit and Vegetable Spray) are not necessary since they have not been shown to be more effective for removing bacteria off the produce than washing under running water.
- Scrub produce that has a thick, rough skin or rind (such as cantaloupe or potatoes) or has visible dirt on the surface using a clean vegetable scrubber.
- Rinse leaves of leafy vegetables (such as lettuce, spinach, cabbage) individually under running water.
- Packaged salads, slaw mixes and other prepared produce, even when marked pre-washed, should be rinsed again under running water; a colander can be used to make this easier. Check for 'use by' dates.
- Throw away fruits and vegetables that are slimy or show mold.

Meat, Poultry, Fish, Eggs

- All meat, poultry and fish should be cooked or ordered "well done." Avoid meats prepared medium to rare. Also, avoid raw shellfish.
- All eggs should be cooked until yolk is firm. Avoid soft cooked and raw eggs.

Make sure that all juice, cider, eggnog, milk, honey and cheese has been pasteurized.

Other Tips:

- Keep cold foods cold (below 40°F) and hot foods hot (above 140°F). A food thermometer is the best way to check.
- Reheat foods to an internal temperature of 165°F.
- Thaw meat in the refrigerator, not in the kitchen sink or on the counter.
- Carefully wash your hands and food preparation surfaces (knives, cutting boards) before and after preparing food, especially after handling raw meat.
- Use one cutting board for meat, and another for produce.
- Throw away leftovers that have been in the refrigerator longer than 7 days.

EXERCISE FAQ

Can I exercise during active treatment?

Yes. The benefits of regular physical activity include:

- Improved immune system with increased activity of natural killer cells that fight cancer cells
- Minimizes loss of lean body mass (muscle), which accompanies dramatic weight loss and inactivity
- Enhances performance in everyday activities
- Enhances activity tolerance
- Improves endurance
- Improves respiratory capacity
- Improves strength
- Improves postural stability
- Improves bowel habits
- Increases flexibility
- Promotes psychological well-being
- Minimizes depression and feelings of hopelessness
- Reduces stress and anxiety
- Enhances self-image

General Activity Recommendations

Try to maintain as normal a lifestyle as possible. If there are activities you truly enjoy, whether it be walking the dog or yard work, make these a priority to continue.

Be gentle with yourself and listen to your body. A rest or a nap in the afternoon may be beneficial when balanced by activity.

The cliché “no pain, no gain” is absolutely false! If any activity or movement causes discomfort or pain, eliminate it until you can discuss it with your healthcare provider.

Even on difficult days, commit to performing minimal activities, such as getting dressed or catching up on correspondence.

Principles of Energy Conservation

Work-Rest-Work-Rest – A slow, steady rate of work with short rest periods is best. Never work so hard that you experience fatigue.

Heavy-Light-Heavy-Light – Consider the best time to perform the activity. If the morning is your best time, plan a heavy activity and then a lighter activity in the afternoon.

Organize work areas – Keep areas neat and tidy to eliminate heavy cleaning and time looking for lost or misplaced items.

Plan work and storage heights – In order to eliminate excess bending, stooping and reaching, store items at the point of use: For example: items used on a frequent basis should not be stored in a very high or very low place.

LAB FAQ

Why do I have to have a CBC blood test?

Chemotherapy attacks rapidly dividing cancer cells, but is not able to differentiate between normal cells and cancer cells. Chemotherapy can kill other rapidly dividing cells located in your bone marrow. It is essential we evaluate the health of these organs via blood test prior to treatment.

Blood Components

Blood is made of two major components-plasma and cells. Plasma is the liquid part of the blood in which the formed cells are suspended. The plasma consists of water, plasma proteins (a few of which are serum albumin and globulin and fibrinogen), and other constituents. Plasma makes up more than half of the total blood volume.

Cells of the blood include the erythrocytes, which are the red blood cells (RBC); the leukocytes, which are the WBC; and the thrombocytes, also known as platelets.

Blood cells are produced in the bone marrow by a process called hematopoiesis. Red blood cell production is regulated by erythropoietin, a hormone released by the kidneys. When blood oxygen is low, erythropoietin stimulates the bone marrow to produce more RBCs.

What Does the CBC Test Analyze?

The **CBC** tests for the amount of RBCs, hemoglobin, hematocrit, reticulocytes, mean corpuscular volume, mean corpuscular hemoglobin and mean corpuscular hemoglobin concentration and platelets.

WBC (White Blood cell), also known as leukocytes. They develop from stem cells in the bone marrow. WBC function involves the response to an inflammatory process or injury.

Neutrophils: The function of neutrophils is to destroy and ingest bacteria. Neutrophils arrive first at the site of inflammation.

Eosinophils: They increase in number during allergic and inflammatory reactions and parasite infections.

Basophils: Basophils found in the blood are also known as “mast” cells. Tissue basophils are found in the gastrointestinal and respiratory tracts and the skin. They contain heparin and histamine and are believed to be involved in allergic and stress situations.

Monocytes: The monocytes are phagocytic cells that remove foreign materials such as injured and dead cells, microorganisms and other particles from the site of injury, particularly during viral or bacterial infections.

Lymphocytes: Lymphocytes fight viral infections; B cells and T cells are two major types. Lymphocytes have a key role in the formation of immunoglobins (humoral immunity) and also provide cellular immunity.

RBC (Red blood cells) are the number of erythrocytes in 1 cubic mm of whole blood. The RBC count can be low because of iron deficiency, blood loss, hemolysis and bone marrow suppression. Increases may be found when one moves to a higher altitude or after prolonged physical exercise, and can also reflect the body's attempt to compensate for hypoxia.

HGB (Hemoglobin): Hemoglobin is the oxygen-carrying pigment of red cells. There are millions of hemoglobin molecules in each red cell. This blood component carries oxygen from the lungs to the body tissues. Decreases in hemoglobin occur for the same reasons as decreased RBCs.

HCT (Hematocrit): The test for hematocrit measures the volume of cells as a percentage of the total volume of cells and plasma in whole blood.

MCV (Mean corpuscle volume): This measures the average size of the RBC and can be calculated by dividing hematocrit X10 by RBC count.

MCH (mean corpuscular hemoglobin): MCH is the average weight of hemoglobin per red cell.

MCHC (mean corpuscular hemoglobin concentration): MCHC is the average concentration of hemoglobin per erythrocyte.

RDW (red cell distribution width): This index is a quantitative estimate of the uniformity of individual cell size.

PLT (Platelets): Platelets, also known as thrombocytes, are small elements formed in the red bone marrow. They are actually fragments of megakaryocyte cytoplasm (precursor cell to the platelet.) Platelets help to control bleeding. The platelet count measures only platelet number, not function.

Why do I need a CMP blood test?

Chemotherapy can cause increased stress on the organs of the body such as the kidneys and liver, so it is essential we evaluate the health of these organs via blood test prior to treatment.

A **comprehensive metabolic panel (CMP)** is a blood test that provides information about:

- how the kidney and liver are functioning
- sugar (glucose) and protein levels in the blood
- the body's electrolyte and fluid balance

Glucose: a type of sugar used by the body for energy.

Calcium: plays an important role in muscle contraction, transmitting messages through the nerves, and the release of hormones.

Albumin and total blood protein: are needed to build and maintain muscles, bones, blood, and organ tissue. The CMP measures albumin specifically (the major blood protein produced by the liver), as well as the amount of all proteins in the blood.

Sodium, potassium, carbon dioxide, and chloride (electrolytes): help regulate the body's fluid levels and its acid-base balance. They also play a role in regulating heart rhythm, muscle contraction, and brain function.

Blood urea nitrogen (BUN) and creatinine: are waste products filtered out of the blood by the kidneys.

Alkaline phosphatase (ALP), alanine amino transferase (ALT), aspartate amino transferase (AST), and bilirubin: ALP, ALT, and AST are liver enzymes; bilirubin is produced by the liver.



ADVANCED DIRECTIVES FAQ

(Credit: American Cancer Society)

Our mind-body counselors are available to help you complete advance directives.

What is a terminal condition?

A terminal condition or terminal illness is an irreversible illness that in the near future will result in death or a state of permanent unconsciousness from which the person is unlikely to recover. Examples of terminal conditions include advanced cancers, multiple organ failures, or massive heart attacks and strokes. But in many states, a terminal illness is defined as one in which the patient will die “shortly” whether or not medical treatment is given. These definitions can complicate or delay the use of a living will.

What is life-sustaining medical treatment?

In most cases life-sustaining medical treatment is anything mechanical or artificial that sustains, restores, or substitutes for a vital body function and would prolong the dying process for a terminally ill patient. States have different definitions, so be sure you know what your state says. Life-sustaining medical treatment may include:

- Cardiopulmonary resuscitation (CPR)
- Artificial respiration (includes mouth-to-mouth breathing, manual ventilation, or a ventilator or respirator – a “breathing machine” that pushes air into the lungs)
- Medicines to help with blood pressure and heart function
- Artificial nutrition or hydration (liquid food or fluids given through a tube to the stomach or into a vein)+
- Dialysis (a process that does the job the kidneys normally do)
- Certain surgical procedures (such as amputation, feeding tube placement, tumor removal, or organ transplant)

+ Nutrition and hydration (food and water) are not usually defined as life-sustaining unless they are given through a feeding tube or intravenous (IV) line. Comfort measures, which are medicines or procedures used to provide comfort or ease pain, are not usually considered life-sustaining. In some states, tube feedings and IV fluids are considered comfort measures.

When should I make an advance directive?

The best time to make an advance directive is before you need one! In other words, before you become too sick to make your own decisions about what medical care you want to get or refuse. Young people as well as older people should think about making an advance directive. Advance directives can be changed or revoked at any time. They should be reviewed and updated if you are diagnosed with a serious illness.

It's very important that your loved ones know that you have written an advance directive and what medical care you want in certain situations. It's not possible to plan for every medical event that could happen in your life. That's why some people write 2 advance directives – a medical power of attorney along with a living will or 5 Wishes form (see “Can I have both a living will and a power of attorney for health care?”). But you can use any kind of advance directive as a starting point to discuss difficult subjects like illness and dying.

Through open talks with your loved ones, you can explain what's important to you and what kind of treatments you do and do not want. This is a good thing to do at any age. It can save your loved ones from a lot of guilt, uncertainty, and conflict in the event that decisions about your health need to be made and you cannot make them. Your loved ones can help make sure that your wishes are followed, but first they must know and understand what you want.

What happens when I have an advance directive?

If you have an advance directive and cannot make your own medical decisions, these decisions will be made for you. They will be based on the types of medical care you have outlined in your advance directive and/or made by the person you chose as your agent or proxy (substitute decision-maker). It's important to make sure that your family, health care providers, and others who might be contacted know that you have an advance directive and what's in it. They also need to have a copy of your current directive so that it can be used in your medical treatment.

Talk to all of your family about your advance directive. If you have a health care power of attorney, be sure they know who you have named as proxy and back-up proxy, and what you have told them about your wishes. There may be problems if everyone in your family does not know about or does not support the choices you've outlined in your advance directive. Arguments, family conflicts, and emotional objections can sometimes lead doctors and hospitals to the “safest” route of care – aggressive treatment that can prolong death for a long time. This may not be what you would want.

How will my doctor know that I have an advance directive?

If you have any type of advance directive, tell people close to you that you have it and where it's kept. Give copies of your advance directive to your proxy or agent, family members, and friends who would be contacted if you become seriously ill. Talk it over with your doctor, but keep in mind that your doctor's office records are not likely to be available to any hospital or facility where you might be admitted.

Don't keep your advance directive locked up where no one can find it or get to it. It's up to you, your proxy, or a family member to give a copy of your advance directive to your doctor and hospital when it's needed.

Federal law requires that hospitals, nursing homes, and other health care agencies ask at the time of admission whether or not you have an advance directive. If

you are unable to answer the question or if your advance directive isn't available, it might not be included in your medical record. If this happens, your advance directive might not be used to guide your care.

Does the doctor have to follow my advance directive?

There are some times that a health care provider may reject a medical decision made by you or your proxy based on your advance directive. For instance:

When the decision goes against the individual health care provider's conscience

When the decision is against the health care institution's policy

If the decision violates accepted health care standards

In such cases, the health care provider or facility must tell you right away. You may be transferred to another facility that will honor your decision.

Will my advance directive be used if I am taken to an emergency room?

Your advance directive is valid in an emergency room only if the health care providers there know about it. In serious emergency situations, it may not be possible for health care workers to know that you have an advance directive before emergency medical care is given. If a family member or friend calls Emergency Medical Services (911) at a time you cannot speak for yourself, your advance directive may not be honored. This is another reason why your family needs to know your wishes before such a situation happens.

What happens if I do not have an advance directive?

It's estimated that about 1 in 4 adults in the United States have advance directives. If you don't have an advance directive, you could be given medical care that you do not want. The doctor may ask your family about your treatment. If you have no advance directives and are unable to make medical decisions, the State of Indiana permits an immediate family member or a person appointed by the court to make decisions for you. It is common for family members (especially those who are not close to you) to not know what you would want. Family members might also disagree on certain aspects of your care, which may cause delays or lead to you not getting the care you want. For example, it is unlikely that a close friend or unmarried partner will be consulted without an advance directive naming that person as your proxy.

In some cases, a court may appoint a legal guardian to make health care decisions if you do not have an advance directive. This is why it is important to express your wishes in a written advance directive ahead of time and discuss your wishes with your doctor, proxy or agent, and those close to you.

Do I need a lawyer to write my advance directive?

A lawyer can be helpful, but most people don't need one to write your advance directive. Some states have forms you must use, and all states have certain requirements. Sample forms and directives that meet your state's requirements may be available. You may also discuss options for advanced directives with your

healthcare provider.

Can I have an advance directive in more than one state?

Most states have their own rules about what's recognized as a valid advance directive. Some states recognize an out-of-state directive if it meets the legal requirements of the state in which you want to use it. If you want to use an advance directive in a state other than that in which you signed it, or if you want to have an advance directive in more than one state, it's a good idea to check with a lawyer in order to avoid potential problems.

Does having an advance directive affect my life insurance?

No. No one, including health insurance companies, can require you to have or prevent you from having an advance directive. Having an advance directive will not affect any terms of your life insurance.

Does having an advance directive affect my health care?

Having an advance directive does not mean you have given up your right to make any decisions about your care as long as you are able to do so.

Having or not having an advance directive will not affect the quality of your care while you can make your own decisions. Treatment and comfort measures will continue to be offered.

The advance directive is only used when you cannot speak for yourself. At that point, certain cure measures may be withheld if that's what you requested. Any person who is mentally able can change or revoke (take back) his or her advance directive at any time.

Can I have both a living will and a power of attorney for health care?

Yes. You can have a living will and a durable power of attorney for health care at the same time. In most cases, you can also provide extra instructions in another type of advance directive for situations not covered by the living will.

If you have more than one kind of advance directive, be sure that the person you name as your proxy in the power of attorney for health care has copies of your living will and any other advance directive. Your proxy must clearly understand what you want. It's also very important to be sure that these documents don't conflict with each other, so that there will be no confusion about your wishes if you can't speak for yourself.

Some states allow you to have a single, combined advance directive/living will document. But it's important to check your state's requirements to find out what's legally accepted in your state.

Can I change my mind about what's written in my advance directive?

Yes. Once you make an advance directive, you may change or revoke it (take it back) at any time while you are competent to do so. It's recommended that you review your advance directive:

- At every new decade of your life – every 10 years
- You are diagnosed with a serious illness or have a major health change
- You have a decline in an existing health condition, especially if it makes it harder for you to live on your own
- You go through a divorce or other major family change
- You experience the death of a loved one

You should tell your proxy or agent, family, loved ones, and doctor if you change or cancel your advance directive. Be sure they all have the new advance directive. You and your loved ones should destroy all copies of the old advance directive so there's no confusion on the part of your proxy or your family. Some states require that you notify your doctor in writing when you make changes to your advance directive.

Is my advance directive valid if I'm at home?

Someone who is dying but who is not a patient in a health care facility may face problems in having an advance directive honored in an emergency. Some states have addressed this issue by allowing 911 emergency medical service (EMS) providers to refrain from resuscitating terminally ill patients who are certified as having a “do not resuscitate” order written by a doctor. Some states require that home-bound patients who want their advance directives honored have a special DNR form or wear a special bracelet labeled “do not resuscitate.” This is something that you can ask your local doctor and EMS about.

What is a “do not resuscitate” order?

Do Not Resuscitate, or DNR, is an order written by a doctor telling the health care team taking care of you that CPR is not to be used if your heart or breathing stops. Advance directives often include instructions not to start CPR, but this may be difficult to honor in emergencies if no one knows that you have an advance directive. Be sure that your doctor and nurses know if you do not want CPR each time you are admitted to a hospital or facility.

What are “end-of-life decisions?”

End-of-life decisions are those decisions you can make about how you wish to be cared for and treated when you are dying. End-of-life decisions can include whether to accept or refuse treatments that might prolong your life. An advance directive is one way to let others know about your decisions based on your values and priorities. Again, it's important that everyone close to you fully understands what you want at this time of your life. Make it as easy as possible for them to carry out your wishes.

What is “euthanasia?”

The word euthanasia comes from a Greek phrase meaning “a gentle and easy death.” Euthanasia is defined as any action or omission that causes death with the purpose of ending suffering due to illness. There are 2 major types of euthanasia: active and passive.

Active euthanasia involves someone other than the patient taking active measures to end a patient’s life, such as personally giving the patient a deadly dose of a drug. Active euthanasia is illegal everywhere in the United States, even if the patient requests it.

Passive euthanasia is defined as stopping life-sustaining treatment, such as breathing machines or feeding tubes. This allows a terminally ill patient to die naturally, without further prolonging death.

What is assisted suicide?

Assisted suicide is different from active or passive euthanasia. Assisted suicide is giving a patient the means to end his or her life, such as by writing a prescription for deadly dose of drugs that the patient may choose to take.

Several states now have laws allowing doctors to write prescriptions for lethal doses of medicine for terminally ill patients who wish to end their lives. Patients in these states must meet many requirements before they can qualify to hasten their deaths. Even then, not all doctors in these states will write such prescriptions even for people who meet all the requirements. Doctors can refuse to prescribe these drugs based on conscience.

All of these states prohibit active euthanasia, which means no one else can administer the lethal dose of medicine. The patient must do that for him or herself.

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