



FLORIDA BREAST INSTITUTE
AT LARGO MEDICAL CENTER

Breast Care
JOURNAL

Treating the body. Comforting the spirit.

Introduction



My Personal Health Journal

Suggestions for patients on how to use this book

- **Welcome to journaling!** We hope that this notebook will assist you in keeping track of pertinent information as you go through your cancer treatment.
- All of the information provided is for your use. Feel free to change it to meet your needs; however, we recommend that you complete all the pages. Feel free to make copies, or to add pages that you create on your own.
- This book can function as a record of your personal medical information, your cancer treatment information, healthcare resources, treatment resources, and personal resources. All of your personal health information can be kept together in this one record.
- It can provide ready access to your healthcare provider, your history and cancer treatment plan.
- If your caregiver needs to accompany you to the physician's office, or to the hospital, and you are not able to give a history of your case, the information would be available in your Breast Care Journal, so your healthcare providers can review your history and plan your care appropriately.
- The last tab division, **Creative Journaling** is for your own personal creative journaling or diary notations. Have fun with this section.

Journaling

Oprah Winfrey stated, "Keeping a journal will change your life in ways that you'd never imagine." ⁽¹⁾

Although thousands of people journal, little has been published on its applicability to the healthcare setting as a means of documenting medical information and paralleling that information with personal observations, reactions, and impressions.

In preparation for writing this toolbox, numerous people were asked why they journal. You see in the yellow box that responses varied in actual words but several themes emerged.

Other benefits include reconciling emotional conflicts, fostering self-awareness, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem. The healing benefits of writing alleviate the constraints or inhibitions associated with not talking about an event.

- "It helps me focus."
- "It allows me to order my day."
- "It helps me cope with stress."
- "It tells me where I've been, where I am, and where I am going."
- "It's my best friend because it's always there when I need it."
- "Whatever I write is OK, there's no judgmentalism."
- "It helps me put all of my important information in one spot where I know I will find it."

Specifically, written emotion promotes integration and understanding of the event while reducing negative emotions associated with it. ⁽²⁾

Whatever one's reasons for writing, journaling may be a relevant tool for the healthcare provider to offer to their patients. This toolbox is provided as a means of assisting the healthcare provider in offering this opportunity to their patients.

Numerous complementary techniques exist for patients to explore in adjusting to the reality of their altered health. This toolbox describes one of them: writing, journaling, logging information, keeping a diary. Whatever it is called, it offers an opportunity for helping patients focus, order their day, indicate where they have been and where they are going, put their lives in perspective, and keep relevant information in one location.

The literature describes three types of journaling: therapeutic, creative, and reportive. Although this toolbox focuses primarily on reportive and creative journaling, an understanding of the therapeutic journaling is relevant.

Therapeutic Journaling:

Most patients experience some grief in the course of dealing with their cancer. "Grief is not pathologic, its facilitation originates from a wellness conceptual framework."⁽³⁾

Therapeutic journaling has received significant acclaim by studies conducted by Pennebaker,^(4,5) one of several psychologists who developed a standard writing task. He asked his subjects to write an essay that expressed their feelings about a traumatic experience in their lives and showed that such an experience improves immune function.

Using the model of Pennebaker, the Journal of the American Medical Association published a trial of a "get it off your chest" writing exercise. Seventy-one patients with asthma or rheumatoid arthritis were randomized to write about the most stressful experience they had ever had for twenty minutes over a few days, as compared with a control group. Findings from this study showed a significant improvement in standard measures of disease severity four months later. "Although it may be difficult to believe that a brief writing exercise can meaningfully affect health, this study replicates in a chronically ill sample what a burgeoning literature indicates in healthy individuals."⁽⁶⁾

It remains unknown whether these health improvements persisted beyond the four months. It is also not known whether or not these findings can be generalized to other acute or chronic conditions.⁽⁷⁾

David Spiegel responded to this study with an exhortation "abandon the Cartesian split between mind and body, and acknowledge the growing evidence in support of behavioral interventions that reduce emotional stress as therapies for diseases that are mediated in part by the immune system."⁽⁸⁾ Spiegel reported evidence that patients with breast cancer who express negative emotions⁽⁹⁾ or the "fighting spirit"⁽¹⁰⁾ actually live longer than those who don't. Spiegel summarizes this information by stating that if comparable research were found on a new drug, it

would be in wide-spread use; however, "manufacturers of paper and pencils are not likely to push journaling as a treatment addition."⁽¹¹⁾

When patients begin to journal their memories, their writings are often disorganized⁽¹²⁾. DiSavino⁽¹³⁾ found that evidence of decreasing disorganization over time was associated with improvement. Similarly, Pennebaker⁽¹⁴⁾ found that a narrative becoming more focused and coherent over writing sessions was associated with increased improvement.

In the therapeutic setting, the therapist often provides the patient with a set of instructions regarding the length and focus of the writing session. Often patients are asked to write without censorship or concern for style or grammar. Although journal therapy is often provided by certified instructors who receive variable amounts of training, journal therapy is best administered by a licensed psychologist or psychiatrist. While journaling classes are available to the public, therapeutic journaling is ideally conducted in a supervised setting where issues can be appropriately addressed.

David Spiegel summarizes the relevance of complementary therapeutic techniques such as writing by stating, "It is not simply mind over matter, but it is clear that mind matters."⁽¹⁵⁾

*"It is not simply mind over matter,
but it is clear that mind matters."*



Creative Journaling:

Writing is an active statement of externalizing an internal experience and becomes a prelude to proactive problem solving by patients. Writing one's reactions to medical conditions that are happening on a daily basis can afford the patient an opportunity of understanding these situations on a deeper and more personal level. Often patients are reticent to describe these feelings to others either because they lack the words to convey the depth of their observations, or because they are embarrassed to speak openly⁽¹⁶⁾. Written dialogue provides an opportunity to tap a deeper wisdom that typically is not accessed through the spoken word or through more logical, linear methods⁽¹⁷⁾.

Similar to keeping a diary, creative journaling may be as expansive as the individual desires. It may include a specific note written every day or be written sporadically. It can take whatever form the person wishes, be maintained at the level they desire, and be composed on paper, a computer, a tape recorder, or even a cd. You may want to include drawings, doodles, and scribbles. It may be written in prose or poetry or just randomized thoughts. You may write long dramatic dialogues or letters, include graphs and charts, utilize colors, abstract designs, images, and symbols.

Creative journaling is a tool for personal growth, life planning, spiritual introspection. Whatever is written, it must be kept confidential. If the writer feels that it will be shared with others, the flow of information will be altered. Worrying about what someone thinks or will say about one's journal entries defeats the whole purpose of journaling.

Reportive Journaling:

The uses of a health diary have been common in nursing practices, as a means of helping patients document their symptoms and factors that precipitate them, such as pain⁽¹⁸⁾ and fatigue⁽¹⁹⁾. To date there has been limited exploration of this tool in a nursing research context, yet the diary has been used as a tool since the 1950's⁽²⁰⁾. The term diary is used to refer to an annotated chronological record or log. For purposes of this toolbox, it will be considered synonymous with Reportive Journaling.

Diaries have been used to collect information about an individual's health and illness behaviors. Patients usually keep the data themselves; however, family members may assist. Rakowski found that monitoring on a daily basis permitted more accurate information than relying on recall techniques which often under-report short-term discomforts, nagging low-grade chronic conditions, and minor health problems. Individuals may retrospectively define past episodes as having been more or less serious, based on the current long-term effects rather than what occurred at the actual moment⁽²¹⁾.

In a series of Medical Research Council which involved chemotherapy and radiotherapy for lung cancer patients, daily diary information was found to be sensitive in detecting day-to-day changes in symptoms^(22,23).

Richardson identified the following advantages of utilizing Reportive Journaling:

- Produce rich data regarding processes used to promote health and cope with illnesses in individuals over time.
- Support dynamic as well as static analysis.
- Does not rely on retrospective reflection, thus reduces recall error.
- Can be descriptive and intimate.
- High levels of reporting achieved when compared to retrospective interviews.
- A series of events can be documented and examined for causal relationships.



And the following disadvantages:

- Time required to instruct about the tool and follow-up.
- Bias in that excludes participants who cannot read or write
- Inability of the interviewers to probe for further information must be taken at face value.
- Dependent on the motivation of participant.
- Crucial information may be omitted or skipped
- Conditioning effects may occur
- Survey costs are high.
- Data collection, processing, and analysis may be complex if you chose to use this information in research studies ⁽²⁴⁾.

It is ideal if patients can record relevant information in five to ten minutes per day. They should be personalized to the individual and the patient should be encouraged to “make it their own.”

It is important that creative journals be kept confidential. Likewise, it is important that confidentiality remain in the creative writing section of this toolbox. It is the design of this journal that it be shared with others. Boundaries just need to be respected.



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MY
*Personal
Health*
JOURNAL

MY PERSONAL HEALTH JOURNAL



Patient Health Journal Index

A. Introduction

- Title Page
- Index
- For Health Professionals
- My Personal Health Journal
- Journaling
- Chemotherapy Teaching Appointment Checklist

B. About Us

Florida Breast Institute
Largo Medical Center
Breast Cancer Information

C. Medical Information

- My Personal Health Information
- Important Medical History
- Medication, Vitamin, & Herb List
- Important Documents
- www.agingwithdignity.com

D. Insurance

- Health Insurance Documentation

E. Telephone

- Healthcare Provider Phone Numbers
- Family and Friends Phone Numbers
- Business Card Holder

F. Calendar

- My Calendar
- Intro to Chemotherapy class - sample

G. Treatment Information

- Doctor... Can We Talk?
- Key Questions to Ask...
- My Treatment Plan
- Chemotherapy Report
- Chemotherapy Side Effects Report
- Cancer Therapy and Side Effects

- Things You Can Do to Help Yourself during Chemotherapy
- Health Journaling
- Physician Office Information, Office Visit and Treatment Notes
- Surgical Treatment Information and Notes, Office Visit and Treatment Notes
- Reconstructive Surgery Treatment Information and Notes, Office Visit and Treatment Notes
- Medical Oncology Treatment Information and Notes, Office Visit and Treatment Notes
- Radiation Oncology Treatment Information and Notes, Office Visit and Treatment Notes

H. Labs and Tests

- Guide to CBC (Complete Blood Count and Differential)
- Laboratory Flow Sheet

I. Resources

- Ten Ways to Handle Stress
- Support and Educational Web Site Resources
- Reading Resources

J. Creative Journaling

- Health Goals
- Creative Journaling Ideas
- Just When the Caterpillar Thought the World was over...
- Journaling Paper

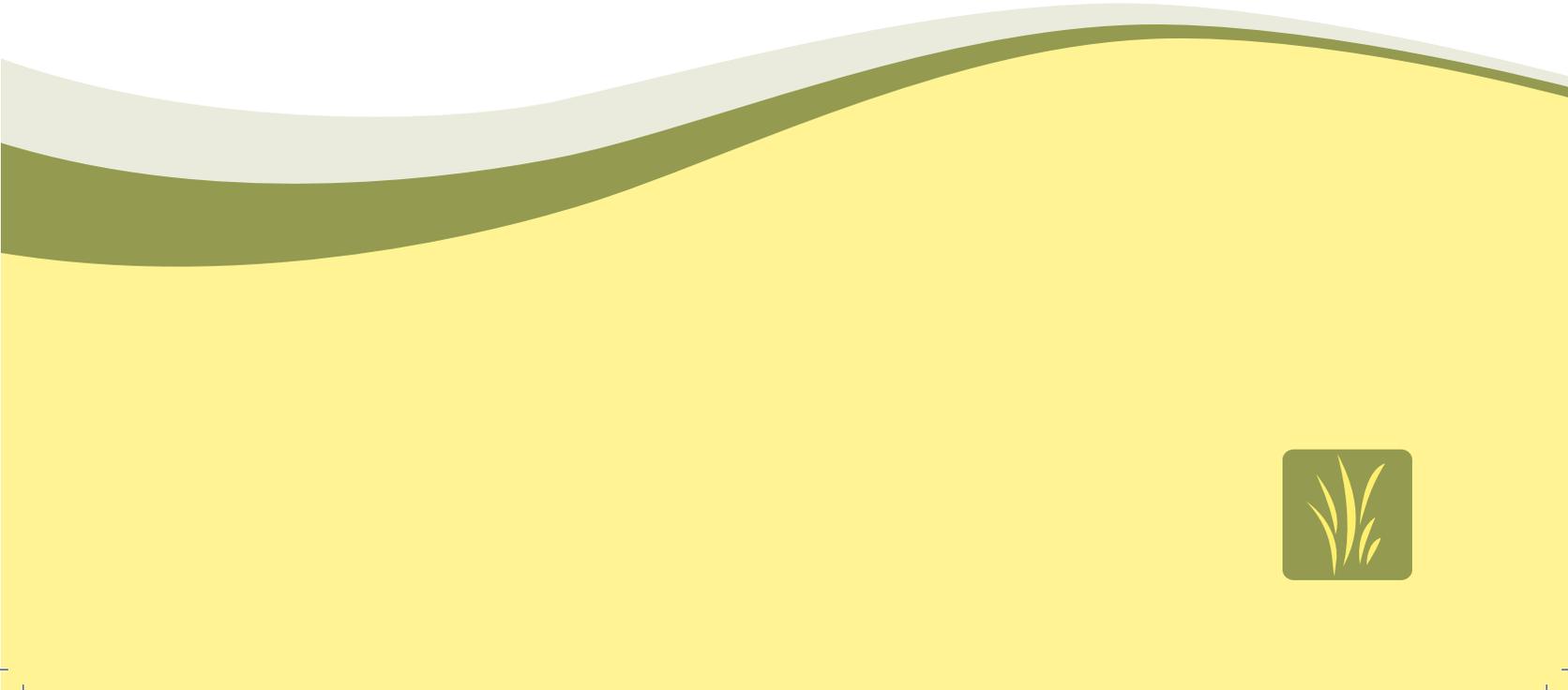
K. Glossary

L. HCA Resources

- Exercise Brochure for Cancer Patients - Sample

About Us

ABOUT US



At the Florida Breast Institute, we understand that creating a positive patient experience is often dependent on the quality of service, which is why we have focused our efforts on offering premier service. When you visit our breast center, you are considered a valuable guest.

The Florida Breast Institute offers an extensive selection of health services that are overseen by specially trained physicians and health care professionals who work together with you to educate you on your breast health options.

Our diagnostic breast care services include:

- Digital screening mammography
- Digital diagnostic mammography
- Computer-Aided Detection (CAD)
- Minimally invasive stereotactic biopsy
- Breast Ultrasound
- Minimally invasive ultrasound-guided biopsy
- Bone Density
- Breast MRI
- Minimally invasive MRI-guided biopsy
- Multidisciplinary care as needed

Our amenities include:

- Concierge service
- Aromatherapy
- Spa robes
- Elegant décor – our furnishings, water wall and lighting invoke relaxation
- Acquisition of previous mammogram films
- Care coordination of breast care health services
- Comprehensive clinical assessment and support
- Scheduling for appointments and consultations
- Ongoing education and disease information
- Assistance with identifying support resources
- Support Group



Early detection and treatment provide the best opportunity for breast cancer survival. We encourage you to be pro-active about your breast health through monthly self exams, yearly clinical exams by a physician and yearly mammogram screenings. Certain women may require additional screening with a breast MRI or Ultrasound, based on their risk profile. Be your own best health advocate and consult your physician to determine your personal screening needs. So often, we as women put the needs of others above our own but it is important to remember, as we nurture others so should we nurture ourselves.

Why digital mammography?

Digital mammography is ideal in detecting breast abnormalities in women under 50 or women with dense breast tissue, who are often at a higher risk for breast cancer. It offers higher image quality with the ability to enhance and manipulate the image for further evaluation. It also offers secure digital image storage and shorter mammogram exams.

Immediate results

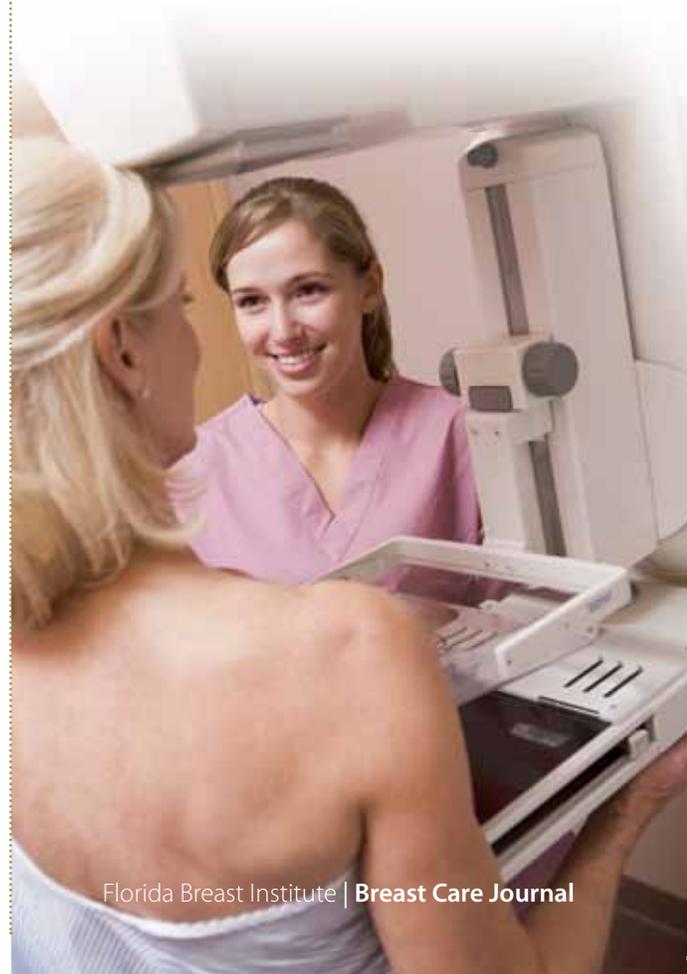
All diagnostic imaging procedures are done onsite. Patients wishing to wait for results of their screening mammograms can obtain them within 15 minutes. If additional diagnostic exams are indicated, we can assist with scheduling and expedite the process. In some cases we can provide the next exam immediately.

If diagnostic imaging shows a need for biopsy (removing a small tissue sample to determine if cancer is present) we will assist you in making an appointment with one of our breast care surgical specialists. These physicians have had advanced training in breast disease and are all members of the American Society of Breast Surgeons. They are committed to seeing patients within 24 to 48 hours of receiving an appointment request and will schedule a biopsy as quickly as possible.

Should a biopsy result reveal breast cancer, the case is presented to a multidisciplinary tumor board consisting of pathologists, radiologists, surgeons, medical oncologists, radiation oncologists and plastic/reconstructive surgeons. Our patients can thus be assured that the final recommendation of their treatment is based on input from each specialty and that the NCCN (National Cancer Consortium Network) guidelines are followed. However, we realize that patients are individuals and treatment that may be appropriate for one patient may not be the treatment for another patient. The final decision always lies with the patient. We feel that the more information a patient has about their disease process, the more likely they will decide the treatment that is right for them. It is a decision that a patient will live with for the rest of their life. Knowing that, we are here to assist our patients in whatever way we are able.

Finally, it is our goal and our mission to maintain your breast health. You will not see the color pink in our institute. It is the color for breast cancer awareness. We are here to promote breast well being and that is why we are very committed to early detection so that if a breast cancer is found, it will be found in a very early and curable form.

The serene ambiance and tranquility of the Florida Breast Institute reflects our vision that our patients need more than the latest technology and professional expertise in breast health care. Our guests also need comfort of the mind and spirit.





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What is Breast Cancer?

Breast cancer is an uncontrolled growth of breast cells. To better understand breast cancer, it helps to understand how any cancer can develop.

Cancer occurs as a result of mutations, or abnormal changes, in the genes responsible for regulating the growth of cells and keeping them healthy. The genes are in each cell's nucleus, which acts as the "control room" of each cell. Normally, the cells in our bodies replace themselves through an orderly process of cell growth. Healthy new cells take over as old ones die. Over time, mutations can "turn on" certain genes and "turn off" others in a cell. That changed cell gains the ability to keep dividing without control or order, producing more cells just like it and forming a tumor.

A tumor can be benign (not dangerous to your health) or malignant (has the potential to be dangerous). Benign tumors are not considered cancerous. Their cells are close to normal in appearance, they grow slowly, and they do not invade nearby tissues or spread to other parts of the body. Malignant tumors are cancerous. Left unchecked, malignant cells eventually can spread beyond the original tumor to other parts of the body.

The term "breast cancer" refers to a malignant tumor that has developed from cells in the breast.

Usually breast cancer either begins in the cells of the lobules, which are the milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Less commonly, breast cancer can begin in the stromal tissues, which include the fatty and fibrous connective tissues of the breast.

Over time, cancer cells can invade nearby healthy breast tissue and make their way into the underarm

lymph nodes, small organs that filter out foreign substances in the body. If cancer cells get into the lymph nodes, they then have a pathway into other parts of the body. The breast cancer's stage refers to how far the cancer cells have spread beyond the original tumor (see Stages of Breast Cancer table for more information).

Breast cancer is always caused by a genetic abnormality (a "mistake" in the genetic material). However, only 5 - 10 % of cancers are due to an abnormality inherited from your mother or father. About 90% of breast cancers are due to genetic abnormalities that happen as a result of the aging process and the "wear and tear" of life in general.

While there are steps every person can take to help the body stay as healthy as possible (such as eating a balanced diet, not smoking, limiting alcohol, and exercising regularly), breast cancer is never anyone's fault. Feeling guilty, or telling yourself that breast cancer happened because of something you or anyone else did, is not productive.



Stages of Breast Cancer

Stage	Definition
Stage 0	Cancer Cells remain inside the breast duct, without invasion into normal adjacent breast tissue.
Stage I	Cancer is 2 centimeters or less and is confined to the breast (lymph nodes are clear). No tumor can be found in the breast, but cancer cells are found in the axillary lymph nodes (the lymph nodes under the arm).
	OR
Stage IIA	the tumor measures 2 centimeters or smaller and has spread to the axillary lymph nodes
	OR
	the tumor is larger than 2 but no larger than 5 centimeters and has not spread to the axillary lymph nodes.
Stage IIB	the tumor is larger than 2 but no larger than 5 centimeters and has spread to the axillary lymph nodes.
	OR
	the tumor is larger than 5 but has not spread to the axillary lymph nodes. No tumor is found in the breast. Cancer is found in axillary lymph nodes that are sticking together or to other structures, or cancer may be found in lymph nodes near the breastbone
	OR
Stage IIIA	the tumor is any size. Cancer has spread to the axillary lymph nodes which are sticking together or to other structures, or cancer may be found in lymph nodes near the breastbone The tumor may be any size and has spread to the chest wall and/or skin of the breast
	AND
Stage IIIB	may have spread to axillary lymph nodes that are clumped together or sticking to other structures, or cancer may have spread to lymph nodes near the breastbone. Inflammatory breast cancer is considered at least stage IIIB. There may either be no sign of cancer in the breast or a tumor may be any size and may have spread to the chest wall and/or the skin of the breast
	AND
Stage IIIC	the cancer has spread to lymph nodes either above or below the collarbone
	AND
	The cancer may have spread to axillary lymph nodes or to lymph nodes near the breastbone.
Stage IV	The cancer has spread—or metastasized—to other parts of the body.

Breast
Cancer

TREATMENT



Surgery

Surgery is usually the first line of attack against breast cancer. This section explains the different types of breast cancer surgery.

Decisions about surgery depend on many factors. You and your doctor will determine the kind of surgery that's most appropriate for you based on the stage of the cancer, the "personality" of the cancer, and what is acceptable to you in terms of your long-term peace of mind.

The following pages will help you explore your surgery options:

In our What to Expect with Any Surgery section, you can learn the basic steps common to all breast cancer surgeries. If you need to choose between surgeries, Mastectomy vs. Lumpectomy explains the pros and cons of each.

Lumpectomy, also known as breast-conserving surgery, is removal of only the tumor and a small amount of surrounding tissue.

Mastectomy is the removal of all of the breast tissue. Mastectomy is more refined and less intrusive than it used to be because in most cases, the muscles under the breast are no longer removed.

Lymph node removal, or axillary lymph node dissection, can take place during lumpectomy and mastectomy if the biopsy shows that breast cancer has spread outside the milk duct. Some people qualify for the less-invasive sentinel lymph node dissection.

Breast reconstruction is the rebuilding of the breast after mastectomy and sometimes lumpectomy. Reconstruction can take place at the same time as cancer-removing surgery, or months to years later. Some women decide not to have reconstruction and opt for a prosthesis instead.

Prophylactic mastectomy is preventive removal of the breast to lower the risk of breast cancer in high-risk people.

Prophylactic ovary removal is a preventive surgery that lowers the amount of estrogen in the body, making it harder for estrogen to stimulate the development of breast cancer.



Chemotherapy

Chemotherapy is the use of drugs to treat cancer. Before surgery, chemotherapy may be used both to reduce the size of the breast tumor and to destroy cancer cells wherever they may be. After surgery, chemotherapy works throughout your system to kill cancer cells that may have spread throughout your body. Here's how this systemic treatment works.

Your body's normal cells grow and divide in a controlled manner. Cancer cells, however, grow and divide in total chaos—without any control or logical order. Chemotherapy works by stopping the growth or multiplication of cancer cells, thereby killing them. You may worry that chemotherapy will kill normal cells, too, and there is that possibility. However remember that these drugs work best on cells that divide rapidly—namely, cancer cells. This makes chemotherapy particularly effective against cancer.

When used as systemic therapy right after surgery, chemotherapy has another advantage: being in the right place at the right time. Let's say that cancer cells have broken away from the primary tumor, and that these relatively young and small clusters are now located somewhere in your body. These single cells or small clusters have plenty of nutrients and oxygen, and they are dividing quite rapidly (by contrast, with larger tumors the cells are crowded together, there isn't enough food to go around, and the cells don't have the energy to grow). This is perfect timing for chemotherapy because, remember, chemotherapy works best on rapidly dividing cells. And this is why cancer cells are much more sensitive to chemotherapy than normal cells.



A “cycle” of chemotherapy refers to one time or one “round” in which you go to the doctor and receive the medication. A “course” of chemotherapy refers to all the cycles in your entire treatment. Depending on the drug (or drugs) you receive, you may have anywhere from four to eight cycles of chemotherapy during an entire course.

Radiation

Why Radiation is Necessary

Radiation therapy uses a special kind of high-energy beam to damage cancer cells. (Other types of energy beams include light and x-rays). These high-energy beams, which are invisible to the human eye, damage a cell's DNA, the material that cells use to divide.

Over time, the radiation damages cells that are in the path of its beam—normal cells as well as cancer cells. But radiation affects cancer cells more than normal cells. Cancer cells are very busy growing and multiplying—2 activities that can be slowed or stopped by radiation damage. And because cancer cells are less organized than healthy cells, it's harder for them to repair the damage done by radiation. So cancer cells are more easily destroyed by radiation, while healthy, normal cells are better able to repair themselves and survive the treatment.

There are two different ways to deliver radiation to the tissues to be treated:

- 1 a machine called a linear accelerator that delivers radiation from outside the body
- 2 pellets, or seeds, of material that give off radiation beams from inside the body

Tissues to be treated might include the breast area, lymph nodes, or another part of the body.

In some cases, your doctor may recommend hyperthermia be used in combination with radiation therapy. Hyperthermia (also called thermal or thermotherapy) uses an energy source such as ultrasound or microwave to heat cancer cells to high temperatures, up to 113 degrees Fahrenheit. Early research has shown that hyperthermia may make some cancer cells more sensitive to radiation. Hyperthermia is still being studied in clinical trials and isn't available everywhere. Hyperthermia and radiation are usually given within an hour of each other.

Some people may fear radiation therapy. They may worry that therapeutic radiation may be dangerous like an atomic bomb or nuclear power plant. Stories about radiation side effects, some of them exaggerated, can circulate around hospital waiting rooms. It's important for you to know that there is NO connection between therapeutic radiation and the types of radiation in bombs and nuclear reactors. The radiation used in cancer treatment is highly focused, controllable, and generally safe.

Radiation is an important and often necessary form of anti-cancer therapy because it is able to reduce the risk of recurrence after surgery. Although it's quite possible that your surgeon removed all the cancer, breast cancer surgery cannot guarantee that every last cancer cell has been removed from your body.

Individual cancer cells are too small to be felt or seen during surgery or detected by testing. Any cells that remain after surgery can grow and eventually form a new lump or show up as an abnormality on a test such as a mammogram.

Research has shown that people who are treated with radiation after lumpectomy are more likely to live longer, and remain cancer-free longer than those who don't get radiation. In one large study, women who didn't get radiation after lumpectomy were shown to have a 60% greater risk of the cancer coming back in the same breast. Other research has shown that even women with very small cancers (one centimeter or smaller) benefit from radiation after lumpectomy.

Hormonal Therapy

Targeted Therapy

Hormonal therapy medicines treat hormone-receptor-positive cancers in two ways:

- 1** by lowering the amount of the hormone estrogen in the body
- 2** by blocking the action of estrogen in the body

Most of the estrogen in women's bodies is made by the ovaries. Estrogen makes hormone-receptor-positive breast cancers grow. So reducing the amount of estrogen or blocking its action can help shrink hormone-receptor-positive breast cancers and reduce the risk of hormone-receptor-positive breast cancers coming back (recurring).

Hormonal therapy medicines are NOT effective against hormone-receptor-negative breast cancers.

There are several types of hormonal therapy medicines; including aromatase inhibitors, selective estrogen receptor modulators, and estrogen receptor down regulators.

In some cases, the ovaries and fallopian tubes may be surgically removed to treat hormone-receptor-positive breast cancer or as a preventive measure for women at very high risk of breast cancer. The ovaries also may be shut down temporarily using medication.

It's important to know that hormonal therapy IS NOT hormone replacement therapy (HRT). HRT isn't used to treat breast cancer. HRT is taken by some women to treat troublesome menopausal side effects such as hot flashes and mood swings.

Targeted cancer therapies are treatments that target specific characteristics of cancer cells, such as a protein that allows the cancer cells to grow in a rapid or abnormal way. Targeted therapies are generally less likely than chemotherapy to harm normal, healthy cells. Some types of targeted therapies are sometimes called immune targeted therapies.



There are currently 3 targeted therapies doctors use to treat breast cancer:

Herceptin

Herceptin (chemical name: trastuzumab) works against HER2-positive breast cancers by blocking the ability of the cancer cells to receive chemical signals that tell the cells to grow.

Tykerb

Tykerb (chemical name: lapatinib) works against HER2-positive breast cancers by blocking certain proteins that can cause uncontrolled cell growth.

Avastin

Avastin (chemical name: bevacizumab) works by blocking the growth of new blood vessels that cancer cells depend on to grow and function.

Complementary Medicine

Complementary medicine is used to describe therapeutic techniques that are not part of **conventional** medicine (also called “regular,” “standard,” or “mainstream” medicine).

Complementary therapies are used as a “complement” or addition to conventional medicine. Because complementary medicine can be combined or integrated with conventional medical treatment, it is also called “integrative medicine.”

Conventional medicine has been proven to be safe and effective by numerous scientific studies. While some studies show that people diagnosed with breast cancer can get benefits from complementary medicine, it’s important to know that complementary therapies usually don’t undergo the same kinds of rigorous testing as conventional medicine.

Complementary medicine includes techniques such as acupuncture, herbal medicine, massage, support groups, and yoga. Sometimes called holistic medicine, complementary medicine typically addresses how disease affects the whole person: physically, emotionally, spiritually and socially.

Because their effect on the body is best described in nutritional terms, www.breastcancer.org discusses supplements and herbs in our Nutritional section.

The difference between complementary medicine and alternative medicine.

Alternative medicine is not the same as complementary medicine. Complementary medicine is USED WITH conventional medicine. Alternative medicine is USED INSTEAD OF conventional medicine.

It might help you to add yoga, tai chi, or massage to your regular treatment plan. But you should NEVER replace any part of your regular treatment (surgery, chemotherapy, radiation, hormonal treatment) with something else. Therefore, breastcancer.org does not recommend alternative medicine.

A number of studies have found that more than 70% of breast cancer survivors have used at least one complementary technique.



Medical Information

MEDICAL INFORMATION



My Personal Health Information

Name: _____ Birth Date: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Insurance: _____

EMERGENCY CONTACT:

1. Name: _____ Phone: _____ Relation: _____

2. Name: _____ Phone: _____ Relation: _____

Allergies: Medication/Food: _____

PHYSICIANS:

Primary: _____ Phone: _____

Surgeon: _____ Phone: _____

Oncologist: _____ Phone: _____

Radiation Oncologist: _____ Phone: _____

Pharmacy: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

MEDICAL ISSUES:

1. _____ 3. _____

2. _____ 4. _____

MEDICATIONS: (NAME, DOSE, HOW OFTEN)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

I have one or any of the following documents:

___ Living will or five wishes document ___ DNR Statement ___ Medical Power of Attorney

Important Medical History

Name: _____ Birth Date: _____

ALLERGIES: (Include name of medication or food allergy and its allergic reaction)

MEDICAL HISTORY:

Diagnosis	Date Diagnosed	Physician	Status

SURGICAL HISTORY:

Diagnosis	Date Diagnosed	Physician	Status

Important Documents

I have the following documents:

- Living Will
- Medical Power of Attorney
- Other:

COPIES ONLY

KEEP THE ORIGINALS SAFE
IN ANOTHER LOCATION

(You may obtain a copy of Five Wishes at: www.agingwithdignity.com.)

Insurance

INSURANCE



Health Information Documentation

Name: _____ Name on Policy: _____

Insurance: _____ Group #: _____ Policy Number: _____

Insurance Customer Service Phone: _____ Case Manager Name: _____

Date/Time	Representative Name	Phone # Call	Purpose of Call/Letter	Results	Follow Up

Health Insurance Documentation

Date/Time	Representative Name	Phone # Call	Purpose of Call/Letter	Results	Follow Up

Telephone Numbers



Calendar



My Calendar

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

My Calendar

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

My Calendar

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

My Calendar

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

My Calendar

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Month/Year _____

SUN	MON	TUES	WED	THUR	FRI	SAT

Treatment Information

TREATMENT INFORMATION



Doctor . . . can we talk?

For many people, talking with their doctor is difficult. When the diagnosis is as serious as cancer, for some it is even more difficult. Fortunately, there are several things that can be done to make that communication easier and more effective.

As a patient, it is important to remember that you are a consumer of healthcare. Just as you would not make an expensive purchase without asking questions, neither should you be hesitant to ask questions about your doctor or your treatment. You may find it helpful to write out questions before you meet with your healthcare provider. Tape recording information might also be helpful. Writing down the answers you get will help you remember your doctor's responses and instructions. Consider having a friend or family member accompany you to your health care appointments.

Never be afraid to ask questions or have the doctor repeat or clarify a question. There are no "dumb" questions. Remember there is no "right" treatment for everyone. New treatments are available today that were not even imagined a few years ago. Medical researchers continue to find better ways to treat cancer. You want to find the treatment that is right for you.

Research has found that people need different information at different times in their treatment. You might not be able to grasp everything all at once. Don't hesitate to repeat your questions. A question might lead to another question. You might need numerous repetitions to understand. When possible, use "I" statements. For example, the phrase, "I don't understand..." is much more effective than "You're being unclear about that..." Don't be afraid to be assertive.



If you feel that your doctor cannot give you the time you need, ask him or her if you could schedule another time when you could discuss your questions in more detail, or if you should direct your questions to someone else.

The following section, "Key Questions to Ask your Doctor..." presents sample questions. It is recommended that you read this list before your next appointment. You might even want to take this list of questions with you. Bring along a notebook to write down the physician's answers to your questions.

Remember, studies have shown that clear communication between a patient and healthcare providers can help you feel better about the choices you will have to make. Feel free to use your local library and your entire healthcare team including nurses, social workers, and medical personnel as resources. Most doctors' offices have pamphlets and brochures on cancer and cancer treatment.

It is only by talking openly with your healthcare team that you will be able to get the needed information you need to understand your illness, make informed treatment decisions, and improve the quality of your life.

Resource: Oncology Patient Education Manual: Supplement #4, September 1998.

Key Questions to Ask

Page 1

Diagnosis

- What test or examination indicated that I have cancer?
- What type of cancer do I have?
- Has the cancer spread beyond the original site?
- If it has spread, where has it spread to? What test disclosed that?
- Will additional tests be necessary to determine the likelihood and possible location of any spreading (metastasis)?
- What are the risks (both temporary and long term) in taking these tests?
- Please explain these tests. When and where will they be done?
- What will these tests show or indicate?
- I'd like to see my medical records pertaining to the tests that have been completed and the procedure that was performed.
- What stage is the cancer in? How was this determined?
- What resources are available to help me learn more about the type of cancer I have and to help me cope with the disease and its treatment?

Tests

- Regarding tests already performed, as well as those planned for the future, what is their degree of reliability?
- Are there any special instructions to follow before or after the test?
- How long will I be there for the test? Will I be able to drive myself home afterward?
- What are the most likely complications that could occur during or after the test? If a complication occurs, what symptoms would signal it and what should I do?
- Prior to beginning cancer treatment, will additional tests be done to determine whether the cancer has spread beyond the original site?
- What are the risks (both temporary and long-term) in taking these tests?
- Please explain the test.
- When and where will it be done?
- What will it show or indicate?
- I'd like to see the test results.
- Are there any special instructions I should follow before or after the test?
- How long will it be after the test before I resume my usual activities?
- Will the test hurt or be uncomfortable? Can you do anything to prevent or lessen the discomfort?
- When will find out the results of the test?
- How can I learn more about the test?

Tests Having To Be Redone

- Why does the test need to be redone?

Key Questions to Ask

Page 2

Treatment Options

- Considering the type and extent of cancer I have, as well as my age, lifestyle and other factors, what treatment options are available?
- Are there any treatment options that can be performed on a home therapy basis?
- What options do you recommend? Why?
- What is the goal of the treatment? Possible goals:
 - Cure
 - Shrink the tumor so it can be treated by other means
 - Reduce pain
 - Prevent complications
 - Extend life
- How many patients have you treated with this type of cancer in the last 12 months?
- It would be helpful for me to talk with someone who has been treated for this kind of cancer. Can you arrange that for me?
- What types of doctors do you foresee being involved in treating me?
- Please explain what each treatment option is.
- What are its short-term and long-term risks?
- What are its side effects?
 - Temporary
 - Long-term
 - Delayed
- What can I do to prevent or lessen the side effects?
- Is there any need to restrict my diet or drinking during treatment?
- Should I have a dental checkup before my cancer treatment begins?
- Will treatment make me prone to infections? If so, what symptoms should I be alert for?
- What should I do about these symptoms?
- How will this treatment option affect my other medical problems, or the other medications I am taking?
- What side effects should I report to you during or after treatment?
- What are possible complications that could result during the treatment?
- How will I recognize them and what should I do?
- How will the treatment affect my ability to work, or perform other activities that are necessary or important to me?
- How can I learn more about this type of treatment?
- Will the treatment hurt or be uncomfortable?
- What can be done to prevent or lessen the discomfort?
- How long will I be in this treatment (weeks or months)?
- How often will I take the treatment?
- What are the qualifications and training of the staff who will give the treatment?
- How and when will you be able to determine if this treatment accomplishes its intended goal?

Treatment Options – continued...

- Will the treatment affect me emotionally or sexually? If it does, will the change be temporary or permanent?
- Will the treatment leave a scar or permanent skin discoloration?
- Will the treatment affect my ability to have children?
- Will the treatment cause any temporary or permanent personality changes?
- If I take this treatment, what will my quality of life be like during and after treatment?
- After treatment ends, what medical care will I receive to determine whether the cancer recurs or spreads in the future?
- What will be done to monitor my nutrition and help me maintain good nutrition during treatment?
- Would vitamin supplements or other nutritional support be helpful?
- During treatment, if my appetite decreases, or if I have difficulty swallowing, what should I do?
- As my blood count is periodically taken while I'm in treatment, under what conditions should I avoid being in contact with people having contagious illnesses?
- What other precautions should I take at certain blood count levels?
- During chemotherapy or radiation treatments, what should I do if I have indications of possible infection?
- Should I get a second opinion before beginning treatment?
- Please explain the goal of this surgical procedure, and why you feel surgery is necessary for me.
- Are there any non-surgical treatment options? If so, how do the potential benefits and risks of the two compare?

After Treatment

- After I finish my treatment, how often will I have appointments with you?
- What will be the purpose of those appointments?
- What kind of laboratory work will I need to have? And, how often?
- How will I know if the cancer comes back?
- How long will it take for me to feel like myself again?
- What kinds of signs and symptoms should I still look out for?

Notes:

Chemotherapy Teaching Appointment Checklist

1. Patient Name: _____ Date: _____
Nurse: _____ Date: _____
Diagnosis: _____ Protocol: _____
2. Teaching For: _____ Patient _____ Significant Other _____
3. INFUSION CENTER INFORMATION
_____ Outpatient/Infusion Center phone numbers and contact information
_____ Reviewed emergency procedures and contacts
_____ Cancer Program Patient Education Folder
4. APPOINTMENTS:
Physician Appointment: _____ Date/Time: _____
Chemotherapy: _____ Date/Time: _____
Port Placement: _____ Date/Time: _____
TYPE: _____ Place _____
Lab/Nurse Follow Up: _____ Date/Time: _____
5. Learning/Age Appropriate Assessment:
a. Do you learn better by reading, listening or doing? _____
b. Are there any language barriers to learning? _____
c. Is there any cultural information we should know about when planning your care? _____

6. Disease/Procedure
_____ Video: _____
_____ Pamphlets: _____
_____ Other: _____
7. Chemotherapy _____ NA
_____ Protocol: _____
_____ Treatment Cycle (how often): _____
_____ Administration
_____ Other: _____
_____ Video: _____
_____ Pamphlets: _____
_____ Medications:
a. _____ d. _____
b. _____ e. _____
c. _____ f. _____
8. Radiation Therapy _____ NA
_____ Video: _____
_____ Pamphlets: _____
_____ Other: _____
9. Symptom Management
_____ Alopecia _____ Constipation _____ Diarrhea
_____ Fatigue _____ Nausea/Vomiting _____ Stomatitis/Oral Care

Chemotherapy Teaching Appointment Checklist

9. Symptom Management

<input type="checkbox"/> Myelosuppression	<input type="checkbox"/> Infection	<input type="checkbox"/> Anemia
<input type="checkbox"/> Organ Toxicity:	<input type="checkbox"/> Cardiotoxicity	<input type="checkbox"/> Nail Changes
	<input type="checkbox"/> Neurotoxicity	<input type="checkbox"/> Otoprotoxicity
	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Pulmonary
		<input type="checkbox"/> Skin
		<input type="checkbox"/> Cognitive
<input type="checkbox"/> Other:	_____	
<input type="checkbox"/> Other:	_____	

10. Equipment

Vascular Access Devices: Type: _____

Dressing Changes Signs/Symptoms of infection Sutures

Home Infusion Pumps: Type: _____

Oxygen: Rate: _____

11. Prescriptions

Include: rationale, dosage, frequency, side effects, storage:

a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

Is the patient on Coumadin for prophylactic treatment of a vascular access device?

Yes No

Dose: _____

12. Skills

	DEMO	PT DEMO
<input type="checkbox"/> Subcutaneous injection	_____	_____
<input type="checkbox"/> Dressing change: where:	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

13. Other

Agreement:

By signing this form _____ (patient/family/significant other: name) agrees that these items were discussed regarding their chemotherapy treatment. They have verbalized understanding of these items to the nurse doing the instruction and have returned any demonstration of required skills with good understanding and techniques. Patient/family/S.O. agrees to notify the Infusion Center nursing staff if they require reinforcement teaching, or if the skills required are going to be done by someone other than the person instructed here.

Patient/Family/Significant Other

Date

Infusion Center Nurse

Date

Patient ID Sticker

My Treatment Plan

Type	Physician Name/Clinic	Treatment Dates	Notes
Diagnostic			
Surgery (Central Line Placed?)			
Plastic Surgery			
Medical Oncology			
Radiation Oncology			

Cancer Therapy and Side Effects

Cancer cells don't follow the normal rules that other cells in your body follow. They divide rapidly, and out of control. They have many characteristics that make them different than normal cells. They have abnormal cell structures and can go to other parts of the body; whereas, normal cells stay where they are supposed to be. For example, usually, a colon cell stays in the colon; it doesn't travel to the lung, or to the bones.

Cancer therapies, including chemotherapy, are designed to target these abnormal cells that your body has not destroyed and eliminated. Chemotherapy (or anticancer drugs) is designed for this purpose, to destroy rapidly and uncontrolled cells.

In your body, you also have cells that are normal, but that also divide rapidly. These include bone marrow, gastrointestinal tract (mouth/sinuses to anus), skin/hair/nails, and the organs of the reproductive system.

Side effects occur because the chemotherapy cannot tell the difference between the normal rapidly dividing cells as described above, and a cancerous rapidly dividing cell. Chemotherapy can also damage cells of the heart, kidney, bladder, lungs, and nervous system.

Your oncology healthcare providers will discuss with you the specific side effects for the chemotherapy or radiation that you will receive in your treatment plan. **Be sure to let your oncology healthcare provider know if you notice any symptoms that have not been discussed.**

HOW LONG DO SIDE EFFECTS LAST?

Most normal cells have a lifespan of a few hours to many days. New cells are created all the time, to create the cells that have died, from the effects of a normal lifespan, to the effects of medications, treatments and traumas. Normally, your cells will recover without problems, given enough time between treatment cycles. Your body has the inherent wisdom to do this. Occasionally, you may need additional medication to boost the cell growth of your red cells (i.e. Epogen/Procrit, or Aranesp), or white cells (i.e. Neupogen or Neulasta) to assist your recovery between treatment cycles, and possibly after treatment. Your doctor will tell you if you will require any of these supportive therapies.

Most people tolerate cancer treatments fairly well, with minimum side effects or difficulty. **It is important to communicate with your healthcare team if you are having symptoms that are not being relieved, or if they need to be addressed. Your healthcare team will work with you to make this experience as tolerable as possible.**



Things You Can To Help Yourself During Chemotherapy

During cancer treatment, everyone on your healthcare team has a job to do. Your physician studies and plans your care. Your nurse administers your treatment, and makes sure that you understand your plan, and works with you to navigate through your treatment. Your medications are working hard to eliminate any cancer cells, and help your body restore itself to its normal health.

You don't want to be left out! There are things YOU CAN DO. To help in your treatment and your recovery, here are some ways you can participate in your care.

1. **Tell your doctor if you have any of the following problems during or after chemotherapy:**

- A fever of 100.4° F or 38° C
- Nausea or vomiting not relieved with your antiemetic prescriptions
- Diarrhea for over 24 hours, or constipation
- Abdominal pain or bloating
- Sores in your mouth or throat
- Difficulty swallowing, or mouth or throat pain
- Feeling tired. Inability to do your normal daily activities
- Bleeding: nosebleeds, bleeding gums, blood with urine or stool
- Numbness and tingling in your fingers and toes
- Ringing in your ears
- Headaches, stiff neck, dizziness or pain unrelieved with normal, over the counter meds
- Red dots under your skin, or black and blue marks
- Any sore that will not heal
- Weight changes of 10 pounds or more, loss or gain

2. **Let your doctor know about any other medications or treatments you are receiving.**

Chemotherapy is one class of medication among many. Other medication classes include prescribed medication, over the counter medications, vitamins and herbal remedies. Wisely planning how to combine medications can avoid problems from drug interactions. It is important that you inform your physician of any medication that you are taking so that your medication plan can avoid any unnecessary drug interactions.

- Tell your physician about any other medications you are taking, even medications that another physician prescribed for you. Include vitamins and herbal remedies.
- Avoid aspirin and NSAIDS (i.e. Advil, Motrin, Aleve), unless approved by your physician.

3. Support your health during your cancer treatment

During your cancer treatment, it will be important to keep up your general health as you go through treatment, and then recover. Being mindful of the items listed here will help your body have the tools it needs to maintain, heal and recover your health.

- Take your temperature daily, and report a fever of 100.4 ° F or 38 ° C to your doctor
- Bathe daily. Notice any rashes, skin tears, or bruising and report these to your doctor
- Use an electric razor only, for shaving. No razor blades, depilatories, or hair removal creams
- Maintain good nutrition
 - Weight loss or gain is not the goal during treatment
 - Include good nutrition in food and drink choices
 - The quality of nutrition is more important than quantity
 - Drink lots of fluids. Avoid caffeine and alcohol as directed by your healthcare team
If you are taking chemotherapies such as methotrexate, Cytoxan or Cisplatinium, you need to drink even more fluid, up to a gallon a day
- Take good care of your mouth.
 - Monitor your mouth everyday for tenderness or sores
 - Let your dentist know if your dentures or bridges are not fitting
 - Brush your teeth after every meal
 - Avoid flossing if your gums are bleeding
 - Avoid alcohol based mouth washes
 - Use a baking soda based mouth wash. Mix 1/4 teaspoon baking soda with 1/8 teaspoon salt in one cup of warm water. Swish and spit the mouthwash. Follow with a plain water rinse.
 - Avoid citrus juices and acidic foods if your mouth is sore.
- Avoid people with colds, flu or contagious illness, such as chicken pox, herpes zoster, and influenza
- Avoid people who have recently been vaccinated with live vaccines - for 3 weeks.
 - Polio vaccine
 - MMR vaccine
 - Varicella vaccine
 - Intranasal flu vaccine
- Avoid receiving a live vaccine yourself, during cancer treatment
- Avoid direct care for live pets, i.e. don't empty litter boxes, or clean cages for animals such as cats, reptiles, birds and fish tanks.
- Avoid working in the garden while your white cells and platelet counts are low.
- Keep active and exercise, as your energy tolerates. Avoid contact or extreme sports.
- Join a support community, or a support activity. There are many talking and creative activity support groups in your community. Talk to your healthcare provider about resource listings.

Health Journaling . . .

Date: _____ Day: _____
Chemo/Radiation Cycle: _____ Day: _____
Chemo/Radiation Regimen: _____
WBC: _____ ANC: _____ HGB: _____ PLT: _____
TEMP: _____ TIME: _____
TEMP: _____ TIME: _____
Hours Slept Last Night: _____
Today I felt: GOOD FAIR POOR
Medications: chemo, meds, vitamins and herbs

Today I was able to eat:
1. _____
2. _____
3. _____
4. _____

Today I was able to do this amount and kind of activity:

TODAYS CONDITIONS AND SYMPTOMS
Ears/Eyes/Nose/Mouth/Throat

Chest/Heart

Respiratory

Head/Neck/Back

Digestive System

Female/Male Organs

Mood

Did I call the doctor or nurse today?
MD/Nurse Instructions

Health Journaling . . .

Date: _____ Day: _____
Chemo/Radiation Cycle: _____ Day: _____
Chemo/Radiation Regimen: _____
WBC: _____ ANC: _____ HGB: _____ PLT: _____
TEMP: _____ TIME: _____
TEMP: _____ TIME: _____
Hours Slept Last Night: _____
Today I felt: GOOD FAIR POOR
Medications: chemo, meds, vitamins and herbs

Today I was able to eat:
1. _____
2. _____
3. _____
4. _____

Today I was able to do this amount and kind of activity:

TODAYS CONDITIONS AND SYMPTOMS
Ears/Eyes/Nose/Mouth/Throat

Chest/Heart

Respiratory

Head/Neck/Back

Digestive System

Female/Male Organs

Mood

Did I call the doctor or nurse today?
MD/Nurse Instructions

Health Journaling . . .

Date: _____ Day: _____
Chemo/Radiation Cycle: _____ Day: _____
Chemo/Radiation Regimen: _____
WBC: _____ ANC: _____ HGB: _____ PLT: _____
TEMP: _____ TIME: _____
TEMP: _____ TIME: _____
Hours Slept Last Night: _____
Today I felt: GOOD FAIR POOR
Medications: chemo, meds, vitamins and herbs

Today I was able to eat:
1. _____
2. _____
3. _____
4. _____

Today I was able to do this amount and kind of activity:

TODAYS CONDITIONS AND SYMPTOMS
Ears/Eyes/Nose/Mouth/Throat

Chest/Heart

Respiratory

Head/Neck/Back

Digestive System

Female/Male Organs

Mood

Did I call the doctor or nurse today?
MD/Nurse Instructions

Health Journaling . . .

Date: _____ Day: _____
Chemo/Radiation Cycle: _____ Day: _____
Chemo/Radiation Regimen: _____
WBC: _____ ANC: _____ HGB: _____ PLT: _____
TEMP: _____ TIME: _____
TEMP: _____ TIME: _____
Hours Slept Last Night: _____
Today I felt: GOOD FAIR POOR
Medications: chemo, meds, vitamins and herbs

Today I was able to eat:

1. _____
2. _____
3. _____
4. _____

Today I was able to do this amount and kind of activity:

TODAYS CONDITIONS AND SYMPTOMS
Ears/Eyes/Nose/Mouth/Throat

Chest/Heart

Respiratory

Head/Neck/Back

Digestive System

Female/Male Organs

Mood

Did I call the doctor or nurse today?
MD/Nurse Instructions

Health Journaling . . .

Date: _____ Day: _____
Chemo/Radiation Cycle: _____ Day: _____
Chemo/Radiation Regimen: _____
WBC: _____ ANC: _____ HGB: _____ PLT: _____
TEMP: _____ TIME: _____
TEMP: _____ TIME: _____
Hours Slept Last Night: _____
Today I felt: GOOD FAIR POOR
Medications: chemo, meds, vitamins and herbs

Today I was able to eat:

1. _____
2. _____
3. _____
4. _____

Today I was able to do this amount and kind of activity:

TODAYS CONDITIONS AND SYMPTOMS
Ears/Eyes/Nose/Mouth/Throat

Chest/Heart

Respiratory

Head/Neck/Back

Digestive System

Female/Male Organs

Mood

Did I call the doctor or nurse today?
MD/Nurse Instructions

*Physician
Office Visit*
& TREATMENT NOTES



Surgical

TREATMENT
INFORMATION
AND NOTES



Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

.....

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Medical Oncology

TREATMENT
INFORMATION
AND NOTES



Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

.....

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

.....

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Radiation Oncology

TREATMENT
INFORMATION
AND NOTES



Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

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3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____

2. _____

3. _____

Notes: _____

Plan: _____

Reconstructive Surgery

TREATMENT
INFORMATION
AND NOTES



Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Date: _____ Physician: _____ Office Visit Treatment

Questions:

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Notes: _____

Plan: _____

Office Visit & Treatment Notes

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Date: _____ Physician: _____ Office Visit Treatment

Questions:

1. _____
2. _____
3. _____

Notes: _____

Plan: _____

Labs & Tests



Guide to CBC (Complete Blood Count and Differential)

CBC Abbreviations

The WBC's, RBC's, Hgb, Hct, PLt and MPV are the cells that your medical provider will monitor that give the most important information about how your body is effected by chemotherapy, and shows how well the body is able to perform its normal functions, such as resist infection, carry oxygen, protect against bleeding and maintaining energy levels.

WBC: white blood cells or leukocytes. White blood cells help the body to fight infections. There are several different types of white cells that have different jobs. The WBC is the total of all white cells counted.

RBC: red blood cells. These are also called erythrocytes or corpuscles. Immature red blood cells are called reticulocytes. RBC's carry oxygen from the lungs to the tissues of the body.

Hgb: hemoglobin. Hemoglobin is the pigment of the red blood cells that actually carries the oxygen.

HCT: hematocrit. This is the percentage of RBC's in a volume of whole body blood in your body. Another name for this is PCV: packed cell volume.

PLT: platelets or thrombocytes. These cells help the blood to form a clot when your body has had a trauma or is bleeding.

MCH, MCHC, MCV, RBC, Hct, Hgb, all give us information in the diagnosis of anemias. Anemia is a condition that is defined as: a lack of the proper amount of red blood cells.

MPV: means platelet volume. This is the average of the platelets. A high MPV means that there is the presence of larger platelets. A low MPV indicates that the platelets are smaller than normal.

MCV: means corpuscular volume. This is the calculation of the average volume of a RBC. The calculation is: hemoglobin ÷ RBC count.

MCH: means corpuscular hemoglobin concentration. This is the calculation of the average weight of Hgb, of each RBC. This calculation is: hemoglobin ÷ RBC count.

MCHC: means corpuscular hemoglobin concentration. This number tells us the concentration of hemoglobin in an average RBC. The calculation is hemoglobin ÷ hematocrit.

RDW: red cells distribution width. This is a numerical expression of the degree of variation in the volume of the population of red blood cells. Normally, as the new, normal size cells are produced, the RDW increases. It will also increase, as normal cell population gains the majority.

Guide to CBC (Complete Blood Count and Differential)

DIFFERENTIAL: a differential count calculates the total white blood cells and categorizes their different types. The differential is reported as a percentage and an absolute number by type of cell.

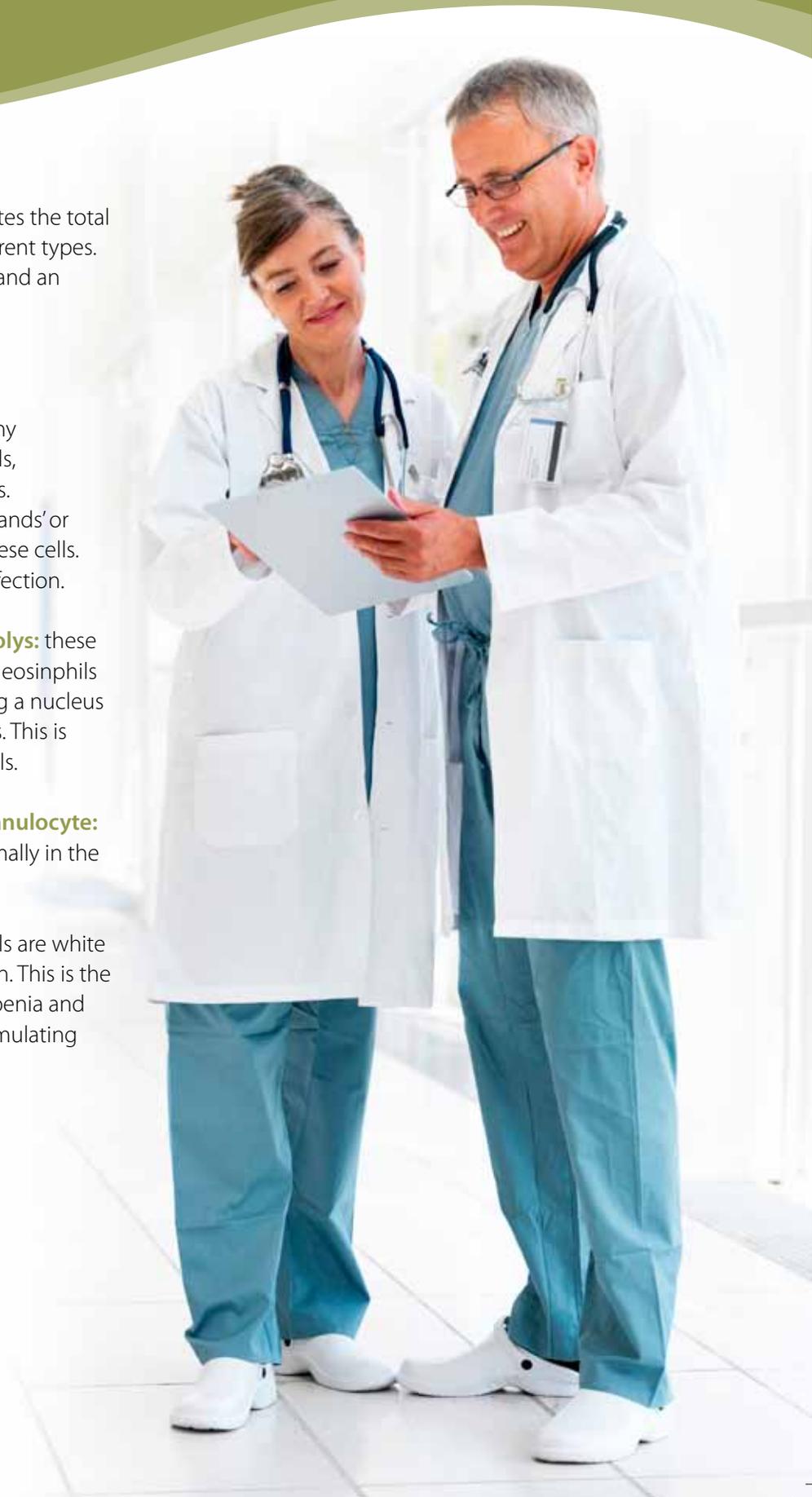
OTHER TERMINOLOGY:

Granulocyte: white blood cells with a grainy appearance under a microscope. Neutrophils, eosinophils and basophils are all granulocytes. Neutrophils are further classified as either 'bands' or 'segs'. This defines the level of maturity of these cells. The purpose of this type of cell is to fight infection.

Polymorphonuclear leukocytes/PMN's Polys: these refer to granulocytes which are neutrophils, eosinophils and basophils. The name means "possessing a nucleus (or center) consisting of many parts or lobes. This is another descriptive name for white blood cells.

Blast, myelocyte, metamyelocyte, progranulocyte: These are immature WBC's that are not normally in the peripheral blood circulation.

ANC: Absolute neutrophil count. Neutrophils are white blood cells that help the body fight infection. This is the number that we use to monitor the neutropenia and the effects of chemotherapy and colony stimulating factors.



Laboratory Flow Sheet

Cancer Treatment Plan

Name: _____ Date: _____

Treatment Plan: _____ Diagnosis: _____

	CYCLE/DAY		CYCLE/DAY		CYCLE/DAY		CYCLE/DAY	
	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Lab Values								
Weight								
CBC								
WBC/ANC								
Hgb/Hct								
Platelets								
Chemistry								
Na/K								
Glucose								
BUN/Cr								
Ca								
Coagulation studies								
PTT								
PT								
INR								
Tumor Markers								
IGG,IgM,IgA								
HCG/AFP								
CEA								
CA125								
CA19-9								
CA27.29								
Radiology								
Chest X-ray								
Cat Scan								
Chest								
Abdomen								
Pelvis								
Brain								
Bone Scan								
PET Scan								
Ultrasound								
Mammogram								
MRI								
MUGA								
Vascular Lab								
Respiratory								
Pulmonary Function								
Pulse Ox:								
Resting								
Exercise								
O2/Liters								

Laboratory Flow Sheet

Cancer Treatment Plan

Name: _____ Date: _____

Treatment Plan: _____ Diagnosis: _____

	CYCLE/DAY		CYCLE/DAY		CYCLE/DAY		CYCLE/DAY	
	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Lab Values								
Weight								
CBC								
WBC/ANC								
Hgb/Hct								
Platelets								
Chemistry								
Na/K								
Glucose								
BUN/Cr								
Ca								
Coagulation studies								
PTT								
PT								
INR								
Tumor Markers								
IGG,IgM,IgA								
HCG/AFP								
CEA								
CA125								
CA19-9								
CA27.29								
Radiology								
Chest X-ray								
Cat Scan								
Chest								
Abdomen								
Pelvis								
Brain								
Bone Scan								
PET Scan								
Ultrasound								
Mammogram								
MRI								
MUGA								
Vascular Lab								
Respiratory								
Pulmonary Function								
Pulse Ox:								
Resting								
Exercise								
O2/Liters								

Resources

RESOURCES



Ten Ways to Handle Stress

- 1. LOOK FOR THE CAUSES:** Who or what is at the bottom of the stress? Dealing directly with the person or issue may be the best approach.
- 2. EXAMINE YOUR RELATIONSHIPS.** What can you do to put more warmth, more communication, and more mutual support into them?
- 3. EVALUATE.** Not every argument is worth trying to win. Defend values that are important to you but learn to ignore lesser issues.
- 4. BE POSITIVE.** If you fail, don't concentrate on failure. Deliberately recall past successes . It helps self-esteem.
- 5. SEEK ADVICE.** Confiding in a friend can uncoil the tightly wound spring of tension. Seek professional assistants when needed. You're worth it!
- 6. DO SOMETHING FOR OTHERS.** Reaching out can occasionally take the focus off yourself and reduce the stress caused by brooding.
- 7. DO ONE THING AT A TIME.** The seconds pass in single file; yet how quickly. They become minutes and hours. You'll get more done with less "hassle" when you concentrate on each job as it comes.
- 8. LEARN TO PACE YOURSELF.** You can't operate in high gear all the time. And you can't just "sit there" all the time, either. Take a break. Go for a walk. Look out the window. Do something else.
- 9. EXERCISE.** Physical exercise can refresh you after heavy emotional strains. Reading a book can relax you after physical action.
- 10. CREATE A QUIET PLACE.** Take time to meditate, to pray, if you choose. Recent studies of meditation techniques and yoga show that we can train ourselves to relax.

Source: *Oncology Patient Education manual: 7:12.2 Supplement #4 September 1998*

Breast Cancer



The Breast Cancer Fund
www.breastcancerfund.org

Dr. Susan Love's Website for Women
www.susanlovemd.org

Men Against Breast Cancer
877-547-6222
www.menagainstbreastcancer.org

**Mothers Supporting Daughters
with Breast Cancer**
410-778-1982
www.mothersdaughter's.com

**National Alliance of Breast Cancer
Organizations**
888-806-2226
www.nabco.org

National Breast Cancer Coalition
800-622-2838
www.natlbcc.org

Sisters Network, Inc
866-781-1808
www.sistersnetworkinc.org

Susan G. Komen Foundation
800-I'M AWARE
www.breastcancerinfo.com

**Y-ME National Breast Cancer
Organization, Inc**
800-221-2141
www.y-me.org

General Cancer Information

American Association for Cancer Research

800-843-8114
www.aacr.org

American Cancer Society

800-ACS-2345
www.cancer.org

American Society of Clinical Oncology

888-282-2552
www.asco.org

American Institute for Cancer Research

www.asco.org

Asian American Health

www.3baylor.edu/~Charles...Kemp/asian...health.html

Association of Cancer Online Resources

www.acor.org

Association of Community Cancer center

www.accc-cancer.org

Cancer411.org

877-226-2741
www.cancer411.org

Cancer Care Connection

866-266-7008

Cancer.com

www.cancer.com

CancerFacts.com

www.cancerfacts.com

CancerGuide.com

www.cancerguide.org

Cancer Hope Network

877-467-3638
www.cancerhopenetwork.org

Cancer Information and Counseling Line (CICL)

800-525-3777
www.amc.org

CancerNet

800-A-CANCER
www.cancernet.nci.nih.gov

Cancer News on the Net

www.cancernews.com

Cancer Research Foundation of America

www.preventcancer.org

Cancer Research Institute

www.cancerresearch.org

Cancer Survivors Gathering Place

www.geocities.com/cancer...survivors

Cancervive

800-486-2873
www.cancervive.org

Community Breast health Project

www.cbhp.org

Corporate Angle networks, Inc (CAN)

866-328-1313
www.corpangelnetwork.org

Exceptional Cancer Patients

814-337-8192
www.ecap-online.org

Facing Our Risk of Cancer Empowered (FORCE)

954-255-8732
www.facingourrisk.org

Find Cancer Experts

www.findcancerexperts.com

Health Finder

www.healthfinder.gov

General Cancer Information

Continued

Hospice Education Institute
800-331-1620
www.hospiceworld.org

**Information on Managing
Chemotherapy Side Effects**
www.ByMySide.com

InfoNet
www.infonet.welch.jhu.edu/advocacy.html

**International Cancer Alliance For
Research and Education**
800-422-7361
www.icare.org

Journal of Clinical Oncology
www.jcojournal.org

MD Anderson Cancer Center
www.mdanderson.org

Medicine Online
www.meds.com

**National Alliance of Breast Cancer
Organizations**
www.nabco.org

National Breast Cancer Coalition
www.natlbcc.org

National Cancer Institute
Cancer Information Service
800-422-6237
www.cancer.gov

**National Childhood Cancer
Foundation (NCCF)**
800-458-6223
www.nccf.org

**National Comprehensive Cancer
Network**
www.nccn.com

**National Hospice and Palliative
Care Organization**
(NHPCO)
800-658-8898
www.nhpco.org

National Institute of Health
www.nih.gov

National Marrow Donor Program
www.marrow.org

National Patient travel Helpline
800-296-1217

OncoLink
www.oncolink.upenn.edu

Oncology.com
www.oncology.com

Oncology Therapeutics Networks
www.otnnet.com

PubMed
The National Library of Medicine
www.ncbi.nlm.nih.gov/PubMed

GENETICS

**American College of Medical
Genetics**
301-530-7127
www.acmg.net

**American Society of Human
Genetics**
866-HUM-GENE
www.faseb.org/genetics/ashg/ashg-menu.html

**FORCE: Facing Our Risk of Cancer
Empowered**
954-255-8732
www.facingourrisk.org

The Genetic Alliance
800-336-GENE
www.geneticalliance.org

**National Society of Genetic
Counselors**
610-872-7608
www.nsgc.org



General Cancer Information

Continued

LEGAL ISSUES, INSURANCE AND EMPLOYMENT

Cancer and Career: Living and Working with Cancer
www.cancerandcareers.org

Cancer Legal Resource Center
213-736-1455
www.wlcdr.org

Center for Patient Advocacy
800-846-7444
www.patientadvocate.org

National Patient Advocate Foundation
www.patientadvocate.org

Patient Advocate Foundation
800-532-5274
www.patientadvocate.org

JEWISH ORGANIZATIONS ADDRESSING BREAST CANCER

Chai LifeLine
212-465-1300
www.chailifeline.org

Hadassah, Women's Health
212-303-8094
www.hadassah.org

National Center for Jewish Healing
212-399-2320 x209
www.jbfcs.org

Nishmat: Women's Halachic Hotline and Online Information
877-963-8938
www.yoatzot.org

Reach: A Support Group for Orthodox Women in New York
718-435-570 x229

Ritualwell (Program of Ma'ayan: The Jewish Women's Project: JCC in Manhattan)
646-505-4440
www.ritualwell.org

UJA – Federation of New York (Task Force on Breast and Ovarian Cancer)
212-980-1000
www.ujafedny.org



General Cancer Information

Continued

FINANCIAL ASSISTANCE

AirLife Line (Travel)

877-247-5433
www.airlifeline.org

AvonCARES Financial Assistance Program

800-813-4673
www.CancerCare.org

Benefits Checkup Resources

www.benefitscheckup.com

Cancer Care Inc.

800-813-4673
www.cancerCareinc.org

Cancer Legal Resources Center

213-736-1455
www.wlcdr.org

Corporate Angel network (travel)

866-328-1313
www.corpangelnetwork.org

Pharmaceutical Assistance

www.cancersupportivecare.com
search: financial assistance

The Mickaela Foundation

302-452-1898
www.mickaela.org
Goals: To provide funds that pay for treatment for Uninsured breast cancer patients.

Social Security

www.ssa.gov

Ulman Cancer Fund for Young Adults

888-393-FUND
www.ulmanfund.org

Zichron Schlome Refuah Fund

718-438-9355
www.zsrf.org



General Cancer Information

Continued

MANAGING COSMETIC SIDE EFFECTS

Lashes for Life
212-452-4254
800-452-9802

Look Good Feel Better
800-395-LOOK
800-ACS-2345
www.lookgoodfeelbetter.org

Shop Well with You
212-966-2500
www.shopwellwithyour.org

“TLC” (American Cancer Society Catalog)
800-850-9445
www.tlcccatalog.org

Beautiful Transitions
727-895-7300
727-518-0035
www.beautifultransitions.com

MEDIA RESOURCES

CURE Magazine
800-210-CURE
www.curetoday.com

MAMM Magazine
212-243-2916
www.mamm.com

RESOURCES FOR YOUNG WOMEN WITH BREAST CANCER

The Big Bam
212-595-6529
www.youngsurvival.org

SUPPORT RESOURCES

CancerABCUP: What do I tell the children?
www.cancerbacup.org

Cancer Chats
www.geocities.com/
HotSprings/1505/cancerchats.html

Cancer Hope Network
www.cancerhopenetwork.org

The Cancer Information Network
www.cancer.info

Cansurvive
www.cancervive.org

Cancer Wellness Center
www.cancerwellness.org

Candlelighters Childhood Cancer Foundation
800-366-2223
www.candlelighters.org

Center for Coping
www.coping.com

Diana Price-Fish Cancer Foundation
www.dpfcf.org

Gilda's Club Worldwide
www.gildasclub.org

KidsCope
www.kidscope.com

KidsKonnected
800-899-2866
www.kidskonnected.org

Lance Armstrong Foundation
512-236-8820
www.laf.org

Living With It
www.livingwithit.org

Living Beyond Breast Cancer
www.ibbe.org

Mary –Helen Manhunter Project for Lesbians with Cancer (MHMPLC)
202-332-5536
www.mautnerproject.org

Mothers Supporting Daughters with Breast Cancer
www.mothersdaughter.org

National Asian Women's Health Organization (NAWHO)
415-989-9747
www.nawho.org

National Association for Home Care
202-547-7424
www.nahc.org

National Association of Hospital Hospitality Houses (NAHHH)
888-542-9730
www.nahhh.org

General Cancer Information

Continued

National Coalition for Cancer

Survivorship (NCCS)
877-622-7937
www.canceradvocacy.org

National Family Caregivers Association (NFCA)

800-896-3650
www.nfcacares.org

National Women's health Resource Center

www.healthywomen.org

Partnership for Caring: America's Voices for the Dying

800-989-9455
www.partnershipforcaring.org

Patient Education at Healthtouch

www.healthtouch.com

People Living with Cancer

703-797-1914
www.plwc.org

Qualife Wellness Center

www.qualife.org

Sharsheret

866-474-2774
www.sharsheret.org

Sisters Network, Inc

www.sistersnetworkinc.org

Susan G. Komen Breast Cancer Foundation

www.breastcancerinfo.com

Terry Banker Spouse Support

www.terrybanker.com

The Wellness Community

888-793-9355
www.wellness-community.org

Vital Options and "The Group Room" Cancer

Radio Talk Show
800-477-7666
www.vitaloptions.org

Voices of Experience Support Network

www.ByMySide.com

Well Spouse Foundation

www.wellspouse.org

Women's Information Network Against Breast Cancer

www.winabc.org

Y-ME National Breast Cancer Organization

www.y-me.org

Young Survival Coalition

www.youngsurvival.org



Reading Resources

CANCER SURVIVAL TOOLBOX

Basic Skills module: available in English, Spanish and Chinese
Older Person, Finding Care, Caring for the Caregiver
Free by calling: 1-877-TOOLS U (1-877-866-5748), or
NCCS website: www.cansearch.org/programs.toolbox.html

DIAGNOSIS AND TREATMENT

A Cancer Survivors Almanac: Charting Your Journey by *Barbara Hoffman, Ed*
Advanced Breast Cancer: A Guide to Living with Metastatic Disease by *Musa Mayer*
Choices: Realistic Alternatives in Cancer Treatment by *Morra and Potts*
Diagnosis: Cancer by *Wendy S. Harpham*
Dr. Susan Loves Breast Book by *Dr. Susan Love*
Everyone's Guide to Cancer Therapy by *Dollinger, Rosenbaum, Cable*
Oncology & Hematology 2000: Internet Resources Guide by *Martin Abeloff, MD*
Teamwork: A Patient's Guide to Talking to your Doctor by *NCCS*
The Breast Cancer by *Kerry McGinn and Pamela Haylock*

COMPLEMENTARY AND ALTERNATIVE THERAPIES

An Introduction to Complementary and Alternative Therapies by *Georgia Decker, Ed*
Breast Fitness by *Anne McTierman, MD, PhD*
Choices in Healing by *Michael Lerner*
Comprehensive Cancer Care by *James Gordon MD*
Food Is Us by *Gloria Kubel*
Healing and the Mind by *Bill Moyers*
Living Well with Cancer by *Katen Moore and Libby Schmais*
Meditation as Medicine by *Dharma Singh Khalsa MD*
Nutrition for the Chemotherapy Patient by *Ramstack and Rosenbaum*
Restored Harmony by *Stephen Sagar MD*
The Hormone Solution by *Erika Schwartz MD*

CULTURE

Caring for patients from Different Cultures by *Geri-Ann Galanti*
Culture and Nursing Care: A Pocket Guide by *Lipson, Dibble, Minarik*

Reading Resources

SURVIVORSHIP

A Helping hand: The Resource Guide for People with cancer by *Cancer Care Inc.*

After Cancer: A Guide to your New Life by *Wendy Harpham*

At the Will of the Body by *Arthur Frank*

Beyond Miracles: Living with Cancer by *Stephen Hersh MD*

by *Amy Harwell*

by *Janet Laurel*

by *Jean Shinoda Bolen*

Cancer Talk by *Selma Schimmel*

Cansurvive by *Susan Nessim*

Close to the Bone: Life-Threatening Illness and Search for Meaning

Crossing Over: Narratives of Palliative Care by *Barnard, Towers, Boston, Lambrinidau*

Dancing In Limbo by *Halverston-Boyd, Hunter*

Healing Into Life and Death by *Stephen Levine*

Health Care by *Marid Savard MD*

Heart and Soul: What It Takes to Promote Health While Confronting Cancer

How to Save Your Own Life: The Savard System for Managing and Controlling your Living Beyond Limits

by *David Spiegel*

Living Beyond Breast Cancer: A Survivors Guide by *Marisa Weiss, MD*

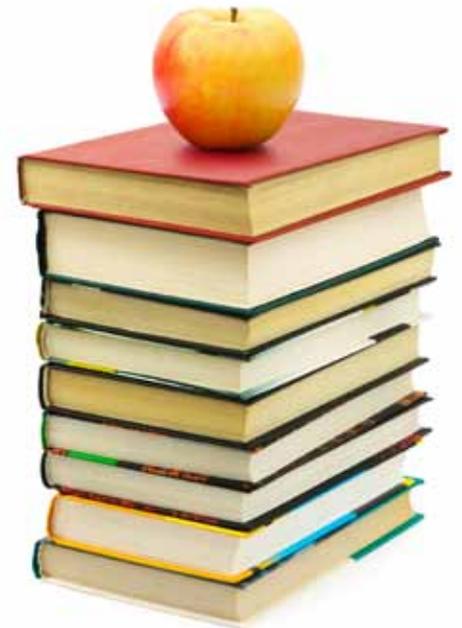
Ready to Live: Prepared to Die: A Provocative Guide to the rest of your Life Spinning Straw into Gold by *Ronnie Kay*

The New Cancer Survivors by *Natalie Davis Spingarn*

To Be Alive by *Runowicz and Haupt*

Triumph: Getting Back to Normal When You Have Cancer by *Morra and Potts*

You Have the Right To Be Hopeful by *NCCS*



FAMILY AND FRIENDS

Caring and Coping When Your Loved One Is Seriously Ill by *Earl Grollman*

Mainstay: for the well Spouse of the Chronically Ill by *Maggie Strong*

Man to Man: When the Woman You Love Has Breast Cancer by *Andy Murica*

When Someone You Love Has Cancer by *Suzanne LeVert*

When Your Friend Gets Cancer: How You Can Help by *Amy Harwell*

Creative Journaling



Health Goals

Think about some health goals that you would like to focus on, learn about, or monitor. You can consider doing this during, or after your treatment.

These are my Health Goals	Start Date	Target Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____



Creative Journaling Ideas

Journaling doesn't have to be writing down your whole life story! It can be fun! Set aside some colored paper as well as plain white paper. Bring any type of creative materials you like . . . pencils, pens, crayons, markers, finger paints, chalk, colored pencils . . . even the computer will work! Try different sizes of paper, colored paper, cardboard, or canvases . . . Try some of these ideas . . .

1. Take a piece of colored paper, and your favorite coloring tool . . . Now close your eyes, and visualize your immune system warriors as it welcomes your treatment warriors to the battle ground and set up the battle field to conquer your cancer! Sketch and color what you see . . . Keep it posted where you can see it to remind you that your immune system is fighting for YOU!
2. Take a piece of paper, and your favorite coloring tool . . . Now, close your eyes, and take a deep breath. Imagine you are a surfer, and you are surfing on the big wave of your breath, as it carries you down into your body. Take a few more breaths, and follow the surfer down, down, down . . . where is the surfer going? Listen to your body and follow the surfer. Where does the surfer end up? What colors and shapes do you see? What does the surfer see? What is your body trying to show you? Sketch and color what you see . . .
3. Bring a piece of paper and a pen to the table. Close your eyes, and think about your recent day, week, month . . . Have you noticed something you have not paid attention to before? What is it? What would you like to do with this observation?
4. Think about what your life might be like if you could create a parallel world, and you could have everything you wanted . . . without any barriers of any kind. What would your parallel world look like? Write down all the details you can think of. Can you bring any parts of you parallel world into your world today?
5. What inspires you? Write about why you are inspired, and how it has changed your life . . .
6. If you could change anything in the world, what would it be? Can you make the changes you want to?



*Just when the caterpillar thought
the world was over . . .
it became a Butterfly*



Glossary



Glossary of Terms

Abnormal: Not normal; may be cancerous or pre-malignant.

Acute: Sharp, severe; having a rapid onset; not chronic

Adjuvant: One modality added to another, for example, surgery added to Chemotherapy and radiation; one drug or agent added to another drug or agent to enhance its medical effectiveness, or to prevent or delay recurrence.

Advance Directive: A document which communicates a person's wishes regarding the types of care administered close to the time of death. Issues addressed may include the administration of IV fluids, cardiopulmonary resuscitation, antibiotics, analgesic, and other medical interventions. These desires are ideally communicated to family members and physicians, and filed in the inpatient and outpatient medical record (chart).

Alopecia: hair loss; a side effect of some forms of intensive chemotherapy. Radiation therapy that involves the scalp can also result in alopecia. In most cases, hair grows back as soon as the treatment has stopped or the intensity of therapy has been reduced.

Alteration, altered: Change, different from original

Anemia: A decrease in red blood cells which results in a decreased ability for the blood to carry oxygen. This can result in shortness of breath, a pale complexion, weakness, and fatigue.

Anesthesia: Drugs given before and during surgery so that the patient doesn't feel pain. The patient may be awake or asleep.

Anesthesiologist: A doctor who gives drugs or gases that keep the patient comfortable during surgery so they do not experience pain.

Antibiotics: Drugs that have the ability to stop the multiplication of or to destroy bacteria or fungi; few affect viruses.

Anticoagulant: A drug that interferes with the ability of blood to clot. The two most commonly used are heparin and Coumadin.

Anti-emetic: A drug that prevents or reduces nausea and vomiting.

Aspirate: Fluid withdrawn from lump, often a cyst, or nipple.

Aspiration: Removal of fluid from a lump, often a cyst, with a needle and syringe

Atypical: Irregular or unusual.

Autologous: Taken from oneself; in a autologous bone marrow transplant, bone Marrow is removed from the patient, frozen, and returned to the same patient, following High-dose chemotherapy.

Benign: A growth that is NOT cancerous.

Biological therapy (immunotherapy): using the immune system to fight cancer to lessen the side effects that may be caused by some cancer treatments. Many biological therapies are being tested in clinical trials; also referred to as immunotherapy, biotherapy, or biological response modifier (BRM) therapy.

Blood Count: A laboratory test that uses a small amount of blood to measure the number and types of cells circulating in the blood. The term CBC, or complete blood count, is often used to refer to this list.

Bone Marrow: The soft material inside bones. Blood cells are produced in the bone marrow.

Glossary of Terms

Cancer: A term for diseases in which abnormal cells divide without control or order. Cancer cells can invade nearby tissues and can spread through the blood stream and lymphatic systems to other parts of the body.

Carcinoma: Cancer that begins in the lining or covering of an organ.

Case Manager: A healthcare professional who assists in monitoring the financial aspects of your care, including insurance coverage and discharge planning.

Cell: The smallest unit of tissues that make up any living thing. Cells have very specialized structure and function and are able to reproduce when needed.

Chemotherapy: Treatment with drugs to kill or slow the growth of cancer cells; also used to shrink tumors prior to surgery.

Chronic: Long drawn out; not acute.

Clear Margins: An area of normal tissue that surrounds cancer tissue.

Clinical Nurse Specialist: A nurse with special training in oncology; works in conjunction with a medical oncology; an excellent resource on cancer and support services; an oncology nurse or a nurse practitioner may perform similar duties.

Clinical Trials: Controlled research studies for cancer takes place in many hospitals and cancer centers across the country. In these clinical trials, doctors use the newest treatments to care for cancer patients. By agreeing to participate in a clinical trial, the patient agrees to follow the protocol of the specified drugs and to cooperate with the scientist to find new, improved treatments for cancer.

Colony-stimulating factors: Substances that stimulate the production of blood cells (which are described as growing in colonies). Treatment with colony stimulating factors (CSF) can help the blood-forming tissue recover from the effects of chemotherapy and radiation therapy.

Complementary therapies: Non-traditional therapies used to complement traditional medical procedures. These might include therapeutic touch, art therapy, music therapy, exercise, biofeedback, yoga, meditation, nutritional supplements, and numerous others.

Core Biopsy: A biopsy that uses a small cutting needle to remove a sample of tissue.

Cyst: A sac or capsule filled with fluid.

DNR: Do Not Resuscitate. These initials express the desire not to receive cardiopulmonary resuscitation if breathing or spontaneous heartbeat should cease – if the person should die. This is a medical order which must be written by a licensed health care provider in the chart and posted at the patient's bedside. Under ideal circumstances this is a decision reached by the patient, the family, and the physician. It cannot be a verbal order and must be updated at specified intervals.

Emesis: The medical term for vomiting.

Erythrocytes: Red blood cells that carry oxygen from the lungs to cells in all parts of the body, and carry carbon dioxide from the cells back to the lungs.

Excisional Biopsy: Surgical removal of the whole lump and some surrounding tissue.

Fine needle aspiration: A biopsy that uses a fine needle to remove fluid from a cyst or a cluster of cell from a solid lump.

Glossary of Terms

Gene: The basic unit of heredity found in all cells of the body.

Grade: A grading scale of 1-3 or 1-4 with higher number being the worst; based on the cellular structure of the tumor; determined by the pathologist.

Hemorrhage: Bleeding either internally or to the outside through the skin.

Heparin: A drug used to stop blood from clotting.

High-dose chemotherapy: The use of high doses of anticancer drugs to kill cancer cells; are often used in clinical trials.

Hormonal therapy: the use of hormones to treat cancer patients by removing, blocking, or adding to the effects of hormone on an organ or part of the body. Also called endocrine therapy.

Hormones: Substances produced by various glands in the body that affect the function of body organs and tissues.

Hyperplasia: An abnormal overgrowth of cells.

Hysterectomy: An operation in which the uterus is removed

Immune system: The body's own natural defense system against infection or disease.

Immunosuppression: A condition that occurs when the immune system does not function properly and the patient is more susceptible to infections. This can occur following chemotherapy and radiation therapy.

Incision: A cut made in the body during surgery.

Incisional biopsy: Surgical removal of a portion of an abnormal area of tissue or lump.

Infertility: The inability to produce children.

Intravenous (IV): An injection into the vein

Lesion: An area of abnormal tissue change.

Leukocytes: White blood cells that defend the body against infections and other diseases.

Living Will: A document which states a person's explicit wishes with regard to resuscitation and end of life care. This may also include desires about organ and tissue donation. This document should be on file with the physician and may also be shared with family members or significant others. It should not be kept in potentially inaccessible site such as a safe deposit box.

Local Therapy: treatment that affects cells in the tumor and the area close to it.

Localization Biopsy: using mammography or ultrasound to locate an area of concern that cannot be felt by hand.

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease.

Lymph Nodes: Small bean-shaped organs (sometimes called glands); part of the lymphatic system; lymph nodes remove waste from the body tissues and filter the fluids that help the body fight infection. During surgery, some lymph nodes may be removed to determine the stage of cancer.

Glossary of Terms

Lymphatic System: The system of the body that removes waste from body tissues and filters the fluids that help the body fight infection. This system includes the bone marrow, spleen, thymus, lymph nodes, and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body.

Magnetic resonance imaging (MRI): A procedure in which a magnet linked to a computer is used to create detailed pictures of areas inside the body.

Malignant: Cancer; capable of invading, spreading, and destroying tissue.

Medical Oncologist: A doctor who specializes in diagnosing and treating cancer using chemotherapy, hormonal therapy, and biological therapy. A medical oncologist serves as the person's main caretaker and coordinates treatment provided by other specialists.

Metastasis: Spread of cancer from one part of the body to another; cells that have metastasized are like those in the original (primary) tumor.

Monoclonal Antibodies: Laboratory-produced substances that can locate and bind to cancer cells wherever they are in the body. Many monoclonal antibodies are used in cancer detection or therapy; each one recognizes a different protein on certain cancer cells. Monoclonal antibodies can be used alone, or they can be used to deliver drugs, toxins, or radioactive material directly to the tumor.

Nadir: The lowest point; the opposite of zenith, or highest point. In medicine, it refers to the lowest blood cell counts after chemotherapy. For example, a nadir of 20,000 platelets per microliter of blood means the lowest platelet count reached after chemotherapy. This means

that the blood cell counts will rise after that time. When this occurs, it is important to observe any ill effects.

Negative: A lab test result that is normal; failing to show a positive result for specific disease or condition for which the test is being done.

Neoadjuvant Therapy: Treatment given before the primary treatment. Neoadjuvant therapy can be chemotherapy, radiation therapy, or hormone therapy.

Nutritionist or Dietitian: A health professional with specialized training in nutrition, who can offer help and choices about the foods one should eat.

Oncologist, Medical oncologist, or Cancer Specialist: A doctor who uses chemotherapy or hormonal therapy to treat cancer.

Oncology Nurse: A nurse with special training in caring for cancer patients.

Oncology Pharmacy Specialist: A person who prepares anticancer drugs in consultation with an oncologist.

Ovaries: The pair of female reproductive organs that produce eggs and hormones.

Palpable: Perceptible by touch; able to be felt.

Palliation: Act of relieving a symptom without curing the cause.

Pathologist: A doctor who examines tissues and cells under a microscope to determine if they are normal or abnormal.

Pathology Report: Diagnosis made by a pathologist based on microscopic evidence.

Glossary of Terms

PDQ: NCI's computer database that contains up-to-date cancer information for scientists, healthcare professionals, patients, and the public.

Peripheral Stem Cell Transplantation: A method of replacing blood-forming cells destroyed by cancer treatment. Immature blood cells (stem cells) in the circulating blood that are similar to those in the bone marrow are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells. Transplantation may be autologous (the person's blood cell saved earlier), allogeneic (blood cells donated by someone else), or syngeneic (blood cells donated by an identical twin); also called peripheral stem cell support.

Physical Therapist: A health care professional who teaches strategies to help maintain and restore physical movement often lost after an illness or injury.

Physiatrist: A medical doctor who has specialized in rehabilitation and functional deficits that might occur following a major injury or illness.

Platelets: The part of a blood cell that helps prevent bleeding by causing blood clots form at the site of an injury.

Positive: A lab test that reveals the presence of a specific disease or condition for which the test is being done. For example, when a breast cancer test comes back, "positive" It means there is cancer.

Positron Emission Tomography Scan (PET): A computerized image of the metabolic activity of body tissues used to determine the presence of disease.

Power of Attorney for Healthcare: A legally binding decision-making appointment given to related or unrelated person by a patient . In the event that the patient becomes mentally incompetent, the designated power of attorney can make decisions regarding end-of-life care. The document should be notarized and incorporated into the medical record. Copies should also be shared with family and/or significant others, and the personal physician. This document should not be placed in potentially inaccessible site, such as a safe deposit box.

Primary Care Doctor: A doctor who usually manages a patients' health care. Many insurance providers require that a patient see a primary care physician before they can see any specialist (including a surgeon, oncologist, or physical therapist).

Prognosis: Possibility of recovery; prediction of the course or outcome of the disease.

Psychologist: A specialist who can talk with you and your family about emotional and personal matters, and can help you make decisions.

Radiation: Energy carried by wavers or by streams of particles. Various forms of radiation can be used in low doses to diagnose cancer and in high doses to treat cancer.

Radiation Oncologist: A doctor who uses radiation therapy to treat cancer.

Radiation Therapist: A health professional who gives radiation treatment.

Glossary of Terms

Radiation Therapy: The use of high-energy radiation from x-rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external beam radiation therapy) or from materials called radioisotopes. Radioisotopes produce radiation and are placed in or near the tumor or in the area near cancer cells. This type of radiation treatment is called internal radiation therapy, implant radiation, interstitial radiation, or brachytherapy. Systemic radiation therapy uses a radioactive substance, such as a radiolabeled monoclonal antibody, that circulates throughout the body. Also called radiotherapy.

Radiologist: A doctor who uses ultrasounds, x ray, mammograms, MRI's, CT Scans, and bone scans for diagnosis and treatment of cancer and other medical conditions

Recurrence: Reappearance of cancer at the same site (local recurrence), near the original site (regional recurrence) or in the other areas of the body (distance recurrence).

Risk Factors: Conditions that increase a person's chance of getting a disease; risk factors do not cause cancer; rather, they are indicators, linked with an increased risk.

Screening: Checking for disease when there are no symptoms.

Social Worker: A professional skilled in talking with patients and their family members about emotional and/or physical needs; and excellent resource for support.

Stage or Staging: Classifying cancer according to its size and whether or not it has spread to other parts of the body.

Standard: Usual, common, customary

Stem Cells: The immature cells in the blood and bone marrow from which all mature blood cells develop.

Surgeon or Surgical Oncologist: A doctor who performs biopsies and other surgical procedures such as removing a lump (lumpectomy), a breast (mastectomy), or sampling of lymph nodes.

Surgery: An operation

Systemic: Affecting the entire body.

Thrush: A term manifested by white patches of fungal colonies on the surface of the mouth, tongue, or throat that may be painful.

Tissue: A group or layer of cells that together perform a specific function.

Titration: A system of balancing; In means using the large amount of drug possible while keeping the side effects from becoming intolerable

Tumor: An abnormal growth of tissue; tumors may be either benign (not cancerous) or malignant (cancerous).

Ultrasound: A technique that uses high frequency sound waves reflecting off internal body parts to create images for medical examination. Therapist can also use ultrasound to treat a deep tissue disorders.

Ultrasound-guided Biopsy: A biopsy done with guidance from ultrasound.

X rays: A high energy form of radiation; used in low doses for diagnosing diseases and in high doses to treat cancer.

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