

My Care Guide: A plan for cancer health care

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MultiCare  | Regional
Cancer Center

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To access My Care Guide and the latest
cancer health care information and links online,
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MultiCare Regional Cancer Center: The Healing Environment



The MultiCare Regional Cancer Center provides a continuum of care that extends to every stage of cancer care, from prevention and diagnosis to treatment and counseling. Our skilled team of providers is dedicated to delivering the highest level of patient care and meeting the needs of our patients and their families.

Our Philosophy

By creating “A Healing Environment” for those dealing with a cancer diagnosis and treatment, we can best provide the care, nurturing and support you need. At the MultiCare Regional Cancer Center, we are committed to providing holistic care to our patients. We recognize and honor each individual’s meaning of life. We treat the whole person and return control to them whenever possible. At the MultiCare Regional Cancer Center,

- The patient is the center of our awareness.
- The patient has control of what happens to them.
- Integrity of the human spirit is maintained.
- Suffering is decreased in body, mind, and spirit.

Our overall goal is to best meet the needs of our patients and their families. To do that, we provide:

- The most current treatment options available
- Individual choices regarding care
- An emphasis on family centered care
- An array of integrative therapies
- The highest patient satisfaction

A cancer diagnosis is one of life’s greatest challenges, and we hope the information included in this book will help ease your journey. We encourage you, your loved ones and your caregivers to review the information and utilize the book as needed.

You are the most important member of your health care team, and we welcome and encourage any feedback you have regarding this information. Please feel free to share your thoughts with us.

A Personal Message from Two-Time Cancer Survivor Joanie Willis

I would like to get a little personal now and give you some things to think about: a bit of advice, a few warnings, suggestions, and helpful hints from someone who has “been there and done that”...a couple of times.

Different people are driven by different dynamics and no two will approach crisis in the same way. The diagnosis of cancer brings out the unexpected in us and in those around us. I’ve seen and experienced a lot in the last six years. I have watched families and friends rise to the occasion by surrounding a patient with unrelenting love and support. I have seen just the opposite, as well: friends who didn’t call because of their own fears and spouses who have abandoned their partners to deal alone with that which they could not. I have sat by powerlessly and observed as cancer patients have fallen into the trap of depression. I’ve seen many emerge brand-new from the trauma and the darkness. I have watched patients who could barely stand up, shuffle slowly across the floor of a doctor’s office to place their arms around a crying stranger. I have been witness to families fighting over nothing at all. I’ve observed the power of determined cancer patients who have made getting well their priority. I’ve watched other patients become bitter and resentful as their priority has become everything but their health. I’ve been honored to observe such bravery in the halls of hospitals and in treatment rooms that it has changed my life forever. I have seen the best in others and myself, and I have seen the worst, as well.

Most patients will encounter problems at some level with family, friends, feelings, unfamiliar thoughts, or difficult circumstances. Emotionally you may feel as if you are up to your neck in uncharted waters, but there are a few basics that I

believe can help you stay afloat. First and foremost, do not expect others suddenly to alter their personalities because you are ill. Chances are if you have not been able to get emotional support, open communication, and an intimate connection with someone preceding cancer, you will not suddenly be able to obtain it now. If you are telling a companion your innermost private thoughts and he or she isn’t connecting, be smart and go where you have always gone in the past to relate your feelings. Remember that not everyone has the gift of knowing what to say. Not all people know how to show compassion or empathize, and because you are ill doesn’t mean that those things will automatically change. For the most part, your loved ones will love you in the way that they always have. Some will listen to you for five hours as you fall apart, and some will make you a chocolate shake. Take it for what

Treasure everything that is done for you by those who want to show their love their way.

it is: their attempt at comfort. Do not put expectations on others—you are setting them up for failure. During this time it will be easy to

feel let down by those you had hoped would instantly understand you, and resentment can rush in. Don’t allow that. Treasure everything that is done for you by those who want to show their love their way.

Don’t get angry if friends and family members cannot grasp the impact that recurring fear holds over you each time you have a diagnostic test. They cannot possibly understand the experience of having one’s fate being decided by a CT scan or blood test. Realize too, that the longer you stay in remission the more relaxed about your tests everyone else may become. They may

feel that the importance of the tests has diminished. You'll feel differently.

Whatever you are thinking has been thought by someone else with cancer. You are not crazy. Don't hide from these thoughts and don't be hard on yourself, either. Remember, just because a particular family member or friend cannot understand where you are coming from doesn't mean that where you are coming from isn't understandable. Join a support group!

- **Beware of mentally hibernating.**

That is a dangerous thing to do and can lead to depression. After months and months of dealing with the crisis of cancer, you may become sick and tired of being sick and tired. You especially get weary of talking out loud about your illness to people who you feel sure are just as weary of hearing about it. If you have fears, worries, anxiety and questions that plague your mind, you need to keep talking. The day will come when you feel you have said it all. Until then....

- **Watch out for guilt;** there seems to be tons of it circulating around those with cancer. Any number of things can cause you to feel self-condemnation: The fact that you require so much care and are costing your family a bundle of money; the realization that someone will have to take time out the their busy day to get you to the doctors. You blame yourself that your children are worried. You feel

self-recrimination for thinking that you have become a burden. Or even feel guilty that you are depressed and not your normal upbeat self. **GET OVER IT!!** These thoughts are self-defeating. You did not ask for this disease and no matter how much your loved ones have to go through, they are not the ones going through cancer, you are. So be thankful for every single thing that others do for you. Remember that you would do the same for them and discard the guilt.

- **Be careful that you don't assume the role of super-patient.** There is no right or wrong way to have and fight the disease of cancer; you will find the best way for you. Live one day at a time. If you're happy, show it. If you're hurting, talk about it. Don't let the expectations of others dictate how you get through these days. However you handle this crisis is the best way for you to handle this crisis.
- **Watch out for resentment!** It is like drinking poison and expecting someone else to die from it. Do not hold on to unforgiveness, anger, hurt, hostility, rage, or sadness. If something needs to be settled, for crying out loud, settle it. Find a minister, mentor, trusted friend, or a counselor to help you with your issues. There is a lot on your plate right now, but this can't wait. Forgiving someone is not for his or her benefit, it is for yours.

- **Take your pride and throw it out the window.** Offer an apology to every person that you know deep in your heart deserves one. If apologies come your way, accept them.
- **Spend time loving your children.** Tell them you are proud of them, that you cherish them, and that they have enriched your life. Remember that they are scared, too.
- **Don't be a martyr.** People will eventually see through it. Self-pity isn't all that bad as long as you immerse yourself in it, cry like a banshee, and move on. Don't wonder "why me?" It's counterproductive. The only answers you can come up with to a question like that are negative ones.
- **Don't overdo trying to prove something to yourself or others.** Nothing can play games with your mental state the way fatigue can. Cancer and its treatments will "take it out of you," and your exhaustion can leave you very vulnerable and touchy. Rest every chance you get. Keep in mind that if you suddenly feel like you are a "victim" you may just be bone-weary.
- **Dig a hole 60-feet deep.** Bury all thoughts that pertain to feeling useless because you can't do what you used to do. Of course you can't; you are dealing with cancer. Let others help you. It will make them feel valuable and will nurture you.
- **Face the reality that you may never get back to the way you were before cancer.** Grieve the loss and accept yourself. Don't allow the frustration of who you have become overpower the fact that you are alive. Bear in mind what is important here. If you can afford to lay off work while you are going through treatments and recuperating, do it. If it would drive you crazy to be stuck at home, then keep working. This is your life and you know what is best for you.
- **Watch out for the green-eyed devil.** There is much to be envious of. Basic things such as taking one's health for granted, carefree laughter, mobility, energy, holding a job, eating, having hair, the ability to exercise, a full night's sleep, a blank mind, a pain-free day and confidence in the future. The list goes on and on. Envy leads to resentment so don't think about "what everyone else has." It won't do you a bit of good.
- **Think of others.** If you can't stop thinking about your cancer and it is driving you insane, try thinking about someone else. The best thing I ever did during my bouts with cancer was to focus on helping patients who had just been diagnosed. I personally think that the act of giving during that time is what saved me.

- **Read this paragraph twice.** It's that important. People who have never had cancer CANNOT understand every single thing you are going through. They can listen to you, console you, hand you a pain pill, cry with you, worry about you, rub your legs, and even be more frightened for you than you are yourself, but they cannot know what it is like to have cancer. At some point, you will feel let down if you don't continually bear that in mind. Remember, I said read this again.

When you get into remission (and I pray that you will), your friends and family will expect you to move on. Don't let that upset you. You may need to contemplate the impact that cancer has had on your life and to analyze what the victory of defeating this disease has cost you. That will likely take time.

In addition, you may find it almost impossible to believe that you are actually in remission. You may become acutely aware of every headache, sniffle, eye twitch, backache, or twinge of pain. This awareness may bring on intense fear and the thought

that the cancer has returned. These feelings are completely normal. If the pain doesn't go away or if it intensifies after a few days, call your doctor for reassurance. Be gentle with yourself during this period of healing. The extreme highs and lows can be an open door to depression. Don't expect to bounce right back. Take your time...you have tomorrow.

Well, there it is, a bit of advice, a few warnings, suggestions, and helpful hints. I'm not terribly proud to admit it, but I am intimately acquainted with everything I've written about in this letter. These attributes have been part and parcel of my cancer experience. I've laid bare my imperfections and shortcomings in hopes that it might in some way be of help to you.

If I could change one thing in the world, I would change that you have ever heard the words "you have cancer." I hate that you have cancer, I really do. I am going to fight this disease in any way that I can. You fight it in any way that you can. Maybe together we can win.

In the meantime, I'll be praying for you.

—Joanie Willis

Have patience with everything unresolved in your heart and try to love the questions themselves as if they were locked rooms or books written in very foreign language. Don't search for the answers, which would not be given to you now because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps then someday, far in the future, you will gradually, without noticing it, live your way...into the answer.



Understanding Cancer

Being diagnosed with cancer can be frightening. But understanding what's going on inside your body can help you feel more in control of your disease.

What is Cancer?

Cancer refers to any one of a large number of diseases characterized by the development of abnormal cells that divide uncontrollably and have the ability to infiltrate and destroy normal body tissue. Cancer can spread throughout your body. These abnormal cells sometimes form a mass or lump called a tumor. All tumors are not cancer.

- **Benign tumors** do not spread to other parts of the body and are not cancer. They are rarely life threatening and can often be surgically removed.
- **Malignant tumors** are cancerous. Cancer spreads when cells break away from the tumor and travel to other parts of your body.

Cancer is not a single disease. There are more than 100 different types of cancers, which are usually named according to the part of the body where they first develop. There are four main types of cancer:

- **Carcinomas** are the most common type of cancer. They start in a solid organ such as a lung, breast, prostate, bowel or ovaries.
- **Sarcomas** are cancers that start in the muscles, bones and tissues that connect different parts of the body.
- **Leukemias**, or blood cancers, are cancers of the white blood cells.
- **Lymphomas** are cancers of the lymphatic system, a series of vessels that carry lymph to different parts of the body. Lymph is a watery fluid that contains cells that fight infection and disease.

Diagnosing the Disease

Unfortunately, there is no single test that can accurately diagnose cancer. Your primary care physician will discuss your symptoms and condition and determine what type of testing or specialist referrals are necessary. Among the common tests are:

- **Blood tests** to evaluate electrolytes, liver and kidney function, presence of infection, tumor markers (chemicals released by a tumor), and/or genetic testing. (Genetic counseling may be recommended to families that are found or suspected to have an inherited predisposition of developing cancer in order to identify other family members who may be at increased risk.)
- **Ultrasound** (or sonography), which is a diagnostic imaging technique that uses high-frequency sound waves and a computer to create images of blood vessels, tissues and organs. Ultrasound is used to view internal organs as they function, and to assess blood flow through various vessels. Tumors in the abdomen, liver and kidneys can often be seen with ultrasound.
- **Biopsy** of the tumor involves removing a sample of tissue for microscopic examination. Because there are so many types of cancer, biopsies are often necessary for proper diagnosis.
- **Bone scans** are often utilized to detect tumors and bone abnormalities. X-rays are taken of the bone following injection of a dye that is absorbed by bone tissue.
- **X-rays** use invisible electromagnetic energy beams to produce images of internal tissues, bone, and organs onto film. X-rays may be taken of any part of the body to detect cancer cells.

- **Computerized Tomography Scan**

(CAT) is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce horizontal and vertical cross-sectional images of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat and organs. CT scans are more detailed than general X-rays.

- **Magnetic Resonance Imaging (MRI)**

utilizes a combination of large magnets, radio frequencies and a computer to produce detailed images of organs and structures within the body.

- **Surgery** may be necessary to perform a biopsy, remove tumors, remove entire organs affected by disease, and to look for tumors that may not be detected with diagnostic imaging.

Cancer Treatments

RADIATION THERAPY

Nearly one-half of all people diagnosed with cancer will receive radiation therapy, alone or combined with surgery and/or chemotherapy. Radiation treatments most often consist of high-energy X-rays aimed directly at tumors in an effort to shrink or destroy malignant growths. Radiation therapy targets cancer cells that are multiplying rapidly by killing the cell or injuring it so that it cannot divide. Although radiation causes severe damage to cancerous cells, it causes minimal permanent damage to the normal cells surrounding the area, and healthy tissue typically recovers with little permanent damage.

The most common type of radiation given during outpatient visits to a treatment center or hospital is **external radiation**. A machine directs high-energy rays at the tumor and at a small margin of tissue surrounding it. **Internal radiation**, or brachytherapy, is a method of implanting a source of radiation directly into a tumor, body cavity, or “tumor bed” after surgery to clean up cancer cells. Internal radiation may be given by injecting a radioactive solution into the bloodstream or a body cavity.

■ *Receiving external radiation therapy does not cause you to become radioactive. You do not need to avoid anyone. Hugging, kissing, or having sexual relations poses no risk to your loved ones.*

At the MultiCare Regional Cancer Center, radiation is delivered by highly skilled and compassionate physicians. Using a multidisciplinary approach to cancer care, MultiCare offers comprehensive radiology services in close coordination with your complete treatment plan. With our leading-edge equipment, advanced technology and skilled providers, patients can be assured that more radiation is delivered to the tumor, and less to the healthy tissue surrounding it. For more information on the different radiation

options in more detail, please go to www.multicare.org.

Radiation services are offered at Tacoma General Hospital, Monday through Friday, 8am to 5:30 pm. Reserved, covered parking is available for oncology patients just outside the clinic's entrance on 1L. Enter the Fifth Street parking garage at the corner of 5th and J Streets.

CHEMOTHERAPY

In the last 35 years, the use of one or more of the anticancer chemotherapy drugs now available has become standard treatment for those diagnosed with cancer. The concept behind this treatment is quite basic: cancer cells divide and multiply rapidly, and anticancer drugs interfere with their growth and/or their reproduction.

Chemotherapy is administered to the body through the bloodstream, thus treating all tissues and organs. Frequently, some cells of a cancerous tumor will have broken off from the original site (metastasis) and spread throughout the body, traveling through the blood and lymph system. Because these cancer cells have yet to form a tumor large enough to be detected by tests, chemotherapy is often used as an additional treatment to eliminate hidden cancer cells. Combining two or more anticancer drugs increases the power of the treatments, decreases any single side effect, and lowers the chances that cancer cells become “immune” to the drugs given in high doses.

Depending on the type of cancer and how advanced it is; chemotherapy can achieve different goals:

- **Cure the cancer.** Cancer is considered cured when the patient remains free of evidence of cancer cells.
- **Control the cancer** by keeping it from spreading, slowing the cancer's growth, and killing cancer cells that may have

spread to other parts of the body from the original tumor.

- **Relieve symptoms** to help patients live more comfortably.

Great advances have been made in the use of chemotherapy. New chemotherapy agents, anti-nausea drugs, methods and timing of administering these drugs have led to larger doses being given with fewer side effects. Many cancer patients share the fear that the cure is worse than the disease, but most would say that the treatment results are well worth the effort.

Talk to your oncologist and get a realistic view of what's ahead. Find out why you will receive chemotherapy, how it will be administered, and what you can expect. It's best to know what to anticipate and get organized to prepare for your chemotherapy treatments.

Here are some suggestions to help prepare for treatment:

- Make arrangements to have your dentist clean your teeth and have all necessary dental work completed.
- Get a short, stylish haircut.
- Get your flu and/or pneumonia shot.
- If possible, schedule your therapy right before the weekend so that it interferes with work as little as possible. Take time to pamper yourself – it helps speed your recovery time.
- Shop for food. Prepare and freeze meals ahead.
- Arrange for rides to and from treatments.
- Rent funny movies.
- Arrange childcare.
- Keep your eyes on the prize!

SURGERY

Surgery is the oldest form of cancer treatment. It plays an important role in the diagnosing and staging of cancer, and technological advances have allowed surgeons to successfully operate on a growing number of patients. Today, less-invasive procedures are often done to remove tumors while preserving as much normal function as possible. Surgery offers the greatest chance for cure for many types of cancer, especially those that have not yet spread to other parts of the body. Most people with cancer will have some type of surgery.

- **Diagnostic surgery** is used to get a tissue sample to determine the existence and type of cancer. The diagnosis of cancer often can be confirmed only by looking at the cells under a microscope. Several surgical techniques can be used to obtain a sample.
- **Staging surgery** helps determine the extent and amount of the disease. While the physical exam and results of lab and imaging tests can help determine the clinical stage of the cancer, surgical staging is usually a more accurate assessment of how far the cancer has spread.
- **Curative surgery** is the removal of a tumor when it appears to be confined to one area. This type of surgery is done when there is hope of taking out all of the cancer. Curative surgery is thought of as primary treatment. It may be used alone or with chemotherapy or radiation therapy, which can be given before or after the operation. In some cases, radiation therapy is actually used during an operation (interoperative radiation therapy).

Biological Therapies: Using your immune system to fight cancer. Chemotherapy and biological therapy are treatments that fight cancer but they work in very different ways. Chemotherapy can't always tell the difference between cancer cells and healthy cells, therefore two of the most frequent side effects of chemotherapy are anemia and immunosuppression (decreased ability to fight infection).

Biotherapy adjusts your immune system and makes it easier for it to stop and slow the growth of cancer cells. The body's ability to mount an attack against tumor cells might determine which patients survive cancer using conventional therapies like chemo, surgery and radiation.

Several methods of biotherapy are now available.

- **Growth Factors** are substances made by the body to regulate cell growth and survival. Some growth factors can be produced in the laboratory and used in biological therapy.

Pegfilgrastim. Chemotherapy can lower your white blood cell (WBC) count. If your white blood cells are too low, chemotherapy may be delayed or your dose may be reduced. Pegfilgrastim is a growth factor used to keep white blood cells at an adequate level to ward off infection during chemotherapy; it is administered by an injection underneath your skin.

Darbepoetin. Chemotherapy will also have an effect on your red blood cell (RBC) count. Hemoglobin is the portion of the RBCs that carries oxygen to your body. If your hemoglobin is too low, the fatigue you feel following chemo treatments can be more severe, your chemotherapy may be delayed or you may need a blood transfusion. Darbepoetin is the growth factor used to maintain your red blood cells at an adequate level; it is an injection underneath your skin.

Both of these growth factors, as well as others, are given at intervals prescribed by your doctor during your cancer treatment.

- **Targeted therapies** are used to block the growth and spread of cancer. By focusing on cancer at the cellular level, these targeted drugs may be less harmful to normal cells.

Targeted therapy may be used alone or in combination with other cancer treatments. These types of treatment will give doctors more latitude in tailoring cancer treatments to the individual patient.

Depending on the cancer being treated, the drugs can be administered by mouth—as a once-a-day dose or by intravenous (IV) infusion over several hours.

Some current biological therapies include: Rituxamab, Trastuzumab, Bortezomib, and Imatinib. Each of these drugs works in a different way and is indicated for different cancers, but all of them are targeted treatments. New biological agents are being tested and approved by the FDA at an increasing rate.

There are side effects associated with biological therapy, including low-grade fever, chills and irritation at the injection site. Your doctor and your pharmacist will see that you receive medications to prevent and minimize these discomforts.

Here are some websites you may find helpful:

<http://www.cancer.gov/drugdictionary/>

<http://www.cancer.gov/cancertopics/biologalthrapy>

<http://www.medterms.com/script/main/art.asp?articlekey=2465>

<http://www.oncolink.com/treatment/article.cfm?c=12&s=88&id=255>

http://patient.cancerconsultants.com/targeted_therapy.aspx?tierID=830&linkID=42139&id=31373

Integrative Therapy The term “integrated therapy” is often used interchangeably with what is called “complementary and alternative therapy,” but there is a very important difference to be noted. Professionals who practice integrative medicine blend their methods appropriately with mainstream methods of treatment. Integrative therapy is not used in place of conventional treatment, but as a part of your cancer treatment to promote well being and alleviate side effects of chemotherapy, surgery or radiation. The purpose of integrating these modalities into your cancer treatment is to treat the whole person and not just the condition you see your oncologist for.

Your oncologist or his/her staff may know of practitioners in your area to refer you to. When you decide to see a practitioner of integrative therapy, be sure to inform your oncologist of the treatments you will be receiving.

- **Acupuncture** is a technique of inserting and manipulating very fine needles into specific energy points in the body. The stimulation of these points may encourage the restoration of health and well being. Acupuncture is primarily good for treating pain.
- **Acupressure** is a traditional Chinese medicine technique based on acupuncture. It involves stimulating the energy points with pressure using the hands and fingers. Acupressure may work by releasing endogenous opioids into the bloodstream.
- **Aromatherapy** is the skilled and controlled use of essential oils in a positive, healing way to maintain health and well-being on a physical and emotional level.
- **Biofeedback** provides information about physiologic processes the patient was previously unaware of and allows the patient to gain more control over symptoms and side effects.

- **Massage** involves applying structured pressure to the soft tissues of the body to achieve a beneficial response. Therapeutic massage therapy can be applied to parts of the body or the whole body to relieve stress, manage pain and improve circulation.
- **Naturopathic medicine** is a school of medical philosophy that seeks to maintain health and treat disease by assisting the body's own capacity to recover from illness and injury. Licensed naturopathic doctors try to avoid surgery and synthetic substances in their treatments and strive to treat the patient as a whole person using natural foods and remedies, counseling and environmental medicine.

To learn more about integrative medicine, speak to your doctor and his/her staff, or check the following websites. *Remember to contact your oncologist whenever you have questions or concerns regarding your treatment.*

<http://www.multicare.org/cgi->

<http://www.cancer.gov/>

http://www.cancer.org/docroot/ETO/ETO_5.asp

<http://nccam.nih.gov/>

<http://nccam.nih.gov/clinicaltrials/factsheet/>

www.medlineplus.gov



Wellness and Support Services

Food as a Tool

Over 560,000 cases of cancer could be prevented each year by simply eating right, staying physically active, maintaining a healthy weight and by quitting smoking.

In a year, the average American will consume 1,500 pounds of food, including 263 eggs, 27 pounds of cheese, 134 pounds of sugar, 19 pounds of cereal, 116 pounds of beef, 117 pounds of potatoes, 100 pounds of fresh vegetables, 80 pounds of fresh fruit and 22 pounds of tomatoes.

While over 80 percent of adult Americans are aware that eating more vegetables and fruit decreases cancer risk, and 60 percent are aware that exercise also lowers the risk, the nation's collective girth is expanding at an alarming rate. The incidence for developing some form of cancer in America is now one out of every two men and one out of every three women. It is speculated that over 560,000 cases of cancer could be prevented each year by simply eating right, staying physically active, maintaining a healthy weight and by quitting smoking.

While the specific roles of naturally occurring substances in individual foods are not yet fully understood, much research has been done in recent years on the compounds found in foods that actually promote freedom from disease. It is crucial that we begin to look at our food as health products that can supply our bodies with the vitamins and minerals that it needs to protect, repair, build, and sustain us as healthy individuals. We know that diets high in fruits, vegetables, legumes, and whole grains help prevent and fight cancer. One of the most exciting discoveries in recent years has been the phytochemicals (plant chemicals),

the substances that give plants their odor, color and flavor, and function as powerful antioxidants. Phytochemicals interfere with cancer at many stages. They prevent carcinogens from damaging cells, suppress runaway cell reproduction and growth, block enzymes that activate cancer genes, deactivate excess estrogen, and assist in producing other enzymes that help destroy cancer cells.

Do not think that it is too late to make lifestyle changes simply because you already have cancer. After all, you're going to consume over 1,000 pounds of food in the next year. Isn't it feasible that if you concentrate on eating the most nutrient-rich food, ounce for ounce, it might give you an edge over this disease?

Fast Food Facts

- *One-third of adults say they regularly choose foods for medicinal purposes, i.e., chicken soup for a cold or cranberry juice for a urinary tract infection.*
- *The average American throws away about \$250 worth of fruits and vegetables each year.*
- *Antioxidants in turmeric, one of the ingredients in curry powder, prevent DNA damage and block tumor growth.*
- *Fruits are digested in 20 to 30 minutes.*
- *Most vegetables are digested within 45 to 60 minutes. Pork takes nine hours.*
- *One-third of adults and one-fifth of adolescents in the US are overweight.*
- *Sugar produces faster-growing and more deadly tumors in animal tests.*
- *Shiitake mushrooms stimulate immune function.*

Eating Smart Quiz

The American Cancer Society created the “Eating Smart Quiz” to help you take a realistic look at the food you eat. Don’t kid yourself; be honest. If you are not sure what you consume in a day, keep a list of everything you eat for four days before you take the test. If you never eat meat, poultry, or fish, give yourself two points for each meat category. Use a pencil so that you can erase your answers and take the test again every three months.

American Cancer Society “Eating Smart” Quiz

	<i>Points</i>
Oils and fats: butter, margarine, shortening, lard, mayonnaise, oil, sour cream, and salad dressing	
I always add these to foods in cooking and/or at the table.....	0
I occasionally add these to foods in cooking and/or at the table.....	1
I rarely add these to foods in cooking and/or at the table.....	2
I eat fried food 3 or more times a week.....	0
I eat fried food 1–2 times a week	1
I rarely eat fried food.....	2
Dairy: milk, ice cream, yogurt, cheese, sherbet	
I drink whole milk	0
I drink 1–2% fat milk.....	1
I seldom eat frozen desserts or ice cream	2
I eat ice cream almost every day	0
Instead of ice cream, I eat ice milk, low-fat frozen yogurt, and sherbet	1
I eat only fruit ices and seldom eat frozen dairy dessert	2
I eat mostly high-fat cheese (jack, cheddar, Colby, Swiss, cream)	0
I eat both low and high-fat cheeses	1
I eat mostly low-fat cheeses (pot, 2% cottage, skim milk, mozzarella)	2
Snacks: potato/corn chips, nuts, buttered popcorn, candy	
I eat these every day.....	0
I eat some occasionally	1
I seldom or never eat these snacks.....	2
Baked goods: pies, cakes, cookies, sweet rolls, donuts	
I eat them 5 or more times a week.....	0
I eat them 2–4 times a week	1
I seldom eat baked goods or eat only low-fat baked goods.....	2
Poultry and fish: chicken, hens, duck, fish, shellfish	
I rarely eat these foods	0
I eat them 1–2 times a week	1
I eat them 3 or more times a week.....	2
Low-fat meats: extra lean hamburger, round steak, pork loin roast, tenderloin, chuck roast	
I rarely eat these foods	0
I eat these foods occasionally.....	1
I eat mostly fat-trimmed red meats.....	2
High-fat meats: luncheon meats, bacon, hot dogs, sausage, steak, regular and lean ground beef	
I eat these foods every day	0
I eat these foods occasionally.....	1
I rarely eat these foods	2
Cured and smoked meat and fish: luncheon meats, hot dogs, ham, and other smoked or pickled meats and fish	
I eat these foods 4 or more times a week	0
I eat some 1–3 times a week	1
I seldom eat these foods	2

Continued...

Legumes: kidney, navy, lima, pinto, garbanzo beans, lentils
 I eat legumes less than once a week.....0
 I eat these foods 1–2 times a week.....1
 I eat them 3 or more times a week.....2

Whole grains and cereals: whole grain breads, brown rice, pasta, whole grain cereals
 I seldom eat them.....0
 I eat them 3–5 times a week1
 I eat them 1–2 times a day2

Vitamin c-rich fruits and vegetables: citrus fruits, juices, green peppers, strawberries, tomatoes
 I seldom eat them.....0
 I eat them 3–5 times a week1
 I eat them daily2

Dark green and deep yellow fruits and vegetables: broccoli, greens, carrots, peaches
 I seldom eat them.....0
 I eat them 3–5 times a week1
 I eat them daily2

Vegetables of the cabbage family: broccoli, cabbage, Brussels sprouts, cauliflower
 I seldom eat them.....0
 I eat them 3–5 times a week1
 I eat them daily2

Alcohol: beer, wine, hard liquor
 I drink more than 2 oz. daily.....0
 I drink alcohol every week but not daily1
 I occasionally or never drink alcohol2

Personal weight
 I am more than 20 pounds over my ideal weight0
 I am 10–20 pounds over my ideal weight1
 I am within 10 pounds of my ideal weight2

Scoring Yourself

Add the numbers to get your total score.

1–12 Points: Warning signal

Your diet is too high in fat and too low in fiber-rich foods. It would be wise to assess your eating habits to see where you could make improvements.

13–17 Points: Not bad!

You're partway there. You still have a way to go, however.

18–36 Points: Good for you!

You're eating smart. You should feel good about yourself. You have been careful to limit your fats and eat a varied diet. Keep up the good habits and continue to look for ways to improve.

Nutrition Glossary

Anorexia

Loss of appetite leading to severe weight loss.

Antioxidants

Natural or synthetic vitamins A, C, E, selenium, and some enzymes that absorb and attach to free radicals, preventing them from attacking normal cells.

Calorie

A measurement of the energy your body gets from food. Your body needs calories to “fuel” all of its functions, such as breathing, blood circulation, and physical activity. When you are sick, your body may need extra calories to fight fever or other problems.

Carbohydrates

One of the three nutrients that supply calories to the body (the other two are fats and proteins). Carbohydrates are needed to produce energy. The energy produced by carbohydrates is four calories per gram.

Dehydration

When the body loses too much water to work well. Severe diarrhea or vomiting can cause dehydration.

Diet

The foods you eat and drink, both liquids and solids.

Digestive tract

The parts of the body involved with eating, digesting and excreting food. It includes the mouth, esophagus, stomach, intestines, rectum, and anus.

Fat

One of the three nutrients that supply calories to the body (the other two are proteins and carbohydrates). The energy produced by fat is nine calories per gram.

Fiber

The part of plant foods that the body cannot digest. Fiber helps to move food waste out of the body quickly. Fiber is found in fruits, vegetables, dry beans and peas, nuts and seeds, and breads and cereals. Fiber is not found in animal foods (meat, milk, and eggs).

Fluids

Liquids.

Free radicals

Highly reactive oxygen-free compounds created during normal cell metabolism, which can damage important cell proteins and enzymes and can even cause DNA changes that can cause cancer.

Gastrostomy

Surgical placement of a tube through the skin into the stomach for liquid feedings through the tube.

Jejunostomy

Surgical placement of a tube through the skin into the intestine for liquid feedings through the tube.

Minerals

Nutrients needed in small amounts by the body to help it function properly and stay strong. Iron, calcium, potassium and sodium are minerals.

Nutrient

Chemical compounds (water, protein, fats, carbohydrates, vitamins and minerals) that make up foods.

Nutrition

A three-part process that gives the body the nutrients it needs. First, you eat or drink food. Second, the body breaks the food down into nutrients. Third, the nutrients travel through the bloodstream to different parts of the body where they are used as “fuel” and for many other purposes. To give your body proper nutrition, you have to eat and drink enough of the foods that contain key nutrients.

Potassium

A mineral the body needs to maintain fluid balance and to perform other essential functions.

Proteins

One of the three nutrients that supply calories to the body (the other two are fats and carbohydrates). The protein we eat becomes a part of our muscle, bones, skin, and blood. The energy produced by proteins is four calories per gram.

Phytonutrient/phytochemical

Plant compounds such as carotenoids, limonoids, and phytosterols that are thought to have health-protecting qualities.

Registered dietitian

A health-care professional with extensive scientific background in food, nutrition, biochemistry and physiology. This knowledge is applied to promoting health and preventing disease through counseling and education.

Sodium

A mineral required to keep body fluids in balance. Sodium is found in table salt. Too much sodium can cause you to retain water.

Total parenteral nutrition (TPN)

Delivery of nutrients directly into the bloodstream through a needle inserted into a vein.

Tube feeding (enteral nutrition)

A small, thin, flexible tube is placed into the nose and threaded into the stomach to provide liquid nutrients when a person cannot eat enough. The tube can also be placed surgically into the stomach (gastrostomy) or intestine (jejunostomy).

Vitamins

Key nutrients, such as vitamins A, C, and E, that the body needs in small amounts to grow and stay strong. Can be found naturally in foods and also in pill supplements.

Whole grain

Whole grains, or foods made from them, contain all the essential parts and naturally occurring nutrients of the entire grain seed. If the grain has been processed (e.g., cracked, crushed, rolled, extruded, lightly pearled and/or cooked), the food product should deliver approximately the same rich balance of nutrients that are found in the original grain seed. Whole-grain varieties include wheat, oats, corn and rye along with lesser-knowns like barley, spelt, groats, wheat berries, millet and flaxseed. Whole grains are found in cereals, breads, flours and crackers, and some whole grains can be used as side dishes or part of an entree. Find whole grains by checking the package label for the words “whole” or “whole-grain.” Phrases like “stoned wheat,” “cracked wheat,” and “wheat flour” don’t guarantee the presence of whole grain.

Support Groups

Support groups offer invaluable resources in dealing with both the physical challenges of cancer as well as the emotional impact of the disease. Family members and caretakers can also benefit from the relief and friendship these groups provide.

A good support group welcomes each person and allows them room to take part, or just listen to others. The leader sets a tone of acceptance, gives equal opportunity to participate, keeps focus on the group's purpose, and guards against any harmful interaction. Groups can have an informational format, an emotional support focus, a socializing emphasis, or combination of all three. Groups can be narrowly focused by sex, age, role or illness. Other groups may be for mixed ages, sex or issue. Groups

should give the attendees a chance to be open and honest in their expression and find like-minded individuals in similar situations who can help you with their journey. If you don't fit with the first group you try, be sure to try another. It may be helpful to call the sponsoring agency/leader and get some idea of how the group functions. The following pages include most of the cancer/caregiver/survivor groups in the Pierce County area. The American Cancer Society (1-800-227-2345) will have the most up-to-date group contacts or specializations.

The Internet can also be a beneficial resource. The American Cancer Society and National Cancer Institute have "official" sites, and there are also several personal support sites. (Be sure to use good judgment in visiting personal websites, since they can sometimes be biased.)

Support Group / Focus	Location	Schedule	Contact
For the MultiCare Health System Patients Individual, family and caregiver counseling		By appointment	Nancy Baer, 253-408-1011
Breast Cancer: Sisters of Hope Support Group for Women of Color Free	Breast Cancer Resource Center 4002 S. 12th St., Tacoma	First Monday, 6:30pm	253-752-4222
Breast Cancer: Sisters of Hope Therapeutic Support Group Free	Breast Cancer Resource Center 4002 S. 12th St., Tacoma	First and Third Mondays, 5pm	Betty Mewborn, 253-572-2683
Breast Cancer Support Group	Women's Health Center at St. Francis, Federal Way	First & Third Wednesday, 6:30pm	Registration: 253-944-4025
Knit for Life Support Group A free knitting support group for all cancer patients, family members and caregivers	St. Joseph Medical Center Room 10-B-8	First & Third Wednesday, 3pm	253-426-6746
General Cancer Support Group For cancer patients and their families Free	St. Francis Hospital Radiation Oncology Garden Level waiting room	Third Friday, 1pm	
Ladies in Pink: Breast Cancer Support Group	Dinner meeting at various area restaurants	First Wednesday, 6pm	Lola Brown, 253-474-9396 Lynn Grim, 582-3966

Support Group / Focus	Location	Schedule	Contact
Cancer Support Groups for patients and adult family members sponsored by Good Samaritan Hospital	Puyallup United Methodist Church 1919 W. Pioneer Ave.	First Thursday 1pm	Sally Drescher, 253-697-4863
Cancer Support Groups for patients and adult family members sponsored by Good Samaritan Hospital	Christ the King Lutheran Church 245 Valley Ave., Sumner	Third Thursday 1pm	Sally Drescher, 253-697-4863
Women's Cancer Support Groups for patients, caregivers and support team sponsored by Good Samaritan Hospital	Valley Plaza, Good Samaritan Community Healthcare Conference Rm. 1317 E. Main Ave., Puyallup	Second Tuesday 6:30pm	Sally Drescher, 253-697-4863
Madigan Cancer Wellness Network	Madigan Army Medical Ctr. 4 South Conference Rm.	First & Third Tuesdays 10-11am	Patty Berke, 253-968-2505, Option #6
Man to Man (Tacoma) Prostate Cancer Support Group	American Cancer Society 1551 Broadway, Suite 600	Forth Tuesday, 7-9pm	Bill Weatherby 253-475-1833
Man to Man (Puyallup) Prostate Cancer Support Group	Good Samaritan Hospital Education Bldg., Executive Conference Rm. 407 407 13th Ave. SE, Puyallup	First Wednesday, 7-9pm	Call to confirm Welson Plett 253-582-8440, Ext. 76531
Tacoma General Lymphedema Support Group Classes for patients, families and caregivers including causes, treatment and prevention of lymphdema	Tacoma General Hospital	Second Monday, January, April, July, October, 6pm	253-403-1040
Good Samaritan Hospital Caregiver Support Group	Good Samaritan Health Bldg., Rm. C113 325 E. Pioneer Ave., Puyallup	Second Monday 1:30-3pm	Kathy McCormick 848-5571
Pediatric Cancer Caregiver Support Group	Mary Bridge Health Center Conference Room	Third Monday, 6-7pm	Mary Lee 253-403-4698
DISCOVERIES For children coping with the serious illness of a parent, sibling or grandparent	BRIDGES: A Center for Grieving Children 310 N. K St., Tacoma	Call for times	253-272-8266
St. Joseph Hospital Caregiver Support Group	St. Joseph Medical Center 1718 S. I St., Tacoma South Pavillion, 3rd floor Conference Room	Second Tuesday, 11am-noon	Cynthia Lorch 253-426-6935
I CAN COPE Educational Programs Diagnosis, treatment, coping, and personal care issues	Location rotates between area hospitals	Call American Cancer Society for schedule	1-800-729-5588, then option 3

Support Group / Focus	Location	Schedule	Contact
<p>FOCUS ON HEALING Gentle dance movement specifically designed to address concerns of lymphedema</p>	<p>Valley Plaza, Good Samaritan Community Healthcare conference room 1317 E. Main Ave., Puyallup (Enter at rear of the west end of the building)</p>	<p>Mondays, 5:15-6:15pm</p>	<p>Sally Drescher, 253-697-4863, or Deb Makin 253-862-8685</p>
<p>YOGA for those who have faced cancer Hal Meng, Instructor Appropriate for beginners Wear loose, comfortable clothing and bring a blanket</p>	<p>Tacoma General Hospital 3L Oncology Waiting Rm. Free parking at 5th St. Garage, enter hospital across from garage and take elevator to 3rd floor</p>	<p>Saturdays, 9:30-10:30am Start any time; Attend when you can</p>	<p>Sponsored by MultiCare Regional Cancer Center. Call 253-403-1073 to register</p>
<p>Tai Chi Free</p>	<p>Sumner Senior Center 15506 62nd St. Ct. E., Sumner</p>	<p>Tuesday & Thursday, 8:30-9:30am, Fridays, 2-3pm</p>	<p>David Lettich 253-863-2594 or the Sumner Senior Center, 253-863-2910</p>

Lymphedema Clinic at Tacoma General Hospital

Lymphedema is swelling caused by a buildup of fluid in the arms, legs, chest, trunk or genital region. Cancer surgery sometimes results in lymphedema, especially when the surgery site is close to lymph nodes.

The Lymphedema Clinic at Tacoma General Hospital offers the latest treatments for this condition, including manual lymphatic drainage, compression bandaging, exercises and compression garments.

If you know you are at risk for lymphedema—for example, if you have had lymph nodes removed or have gone through radiation therapy—the therapists at the Lymphedema Clinic can show you how to prevent problems and how to detect lymphedema's symptoms early for the most effective treatment.

Tacoma General's Lymphedema Clinic offers both one-on-one instruction and free group classes. The clinic is open Monday through Friday, 8am to 4:30pm. For more information, call the clinic at (253) 403-1040.

The Mind/Body Medical Institute Cancer Symptom Reduction Clinic

Our Mind/Body Cancer Symptom Reduction Clinic helps heal the whole person.

During the course of our program, you will

- reduce the physical symptoms of cancer and its treatment
- become an active participant in your own health care
- regain a sense of control and well-being
- deal more effectively with stress
- manage the side effects of chemotherapy and radiation treatment

Patients acquire skills to manage the disease

Bear in mind that MultiCare Cancer Symptom Reduction Clinic is a comprehensive treatment program, not a support group.

Two hour sessions held once per week for ten weeks will prepare you to cope with cancer by:

- reaching a physical state of deep relaxation that changes your physical and emotional response to stress
- changing your thinking and behavior in ways that enhance your ability to cope
- combating the effects of cancer and its treatment with proper exercise and stretching
- eating nutritiously
- setting goals
- increasing your ability to manage distress physical symptoms

The MultiCare Mind/Body Medical Institute
1901 South Union Ave., Suite #A227
Tacoma, WA 98405
(253) 403-7894

Aromatherapy for Your Health

Aromatherapy is the skilled and controlled use of essential oils in a positive, healing way to maintain physical and emotional well being.

Many products often incorrectly use the term aromatherapy. Some media outlets and vendors even refer to aromatherapy as a “new discovery,” promoting inaccurate information and false hype. Holistic aromatherapy does not include the use of fragrance oils or unnatural products. We hope the following information will provide you with better insight about aromatherapy and its benefits and uses.

Aromatherapy is a complementary alternative health modality. Its current use is not intended to replace standard medical care, but to complement it. Aromatherapy can play a beneficial role in assisting with major illnesses, but it cannot be depended upon as a cure for serious issues. It can enhance a cancer patient’s quality of life by lightening the patient’s mood, calming fears, easing nausea during chemotherapy treatments, and improving the immune system.

Lavender. The freshness of lavender is one of inner cleanliness. Its energies are both yin and yang, offering equilibrium, calmness and insight. It has a regenerating effect on

the nervous system and is widely used to overcome fear, mental confusion, moodiness and hysteria. It has also shown to have analgesic powers and is able to stimulate the regeneration of damaged tissue. Clinical trials have found lavender to be effective as a nocturnal sedative for elderly patients with sleeping disorders. Along with Roman chamomile, sweet marjoram and neroli, lavender is among the most effective essential oils in helping insomnia. Any of the oils classified as sedatives can be helpful, but it is important to vary the oils used, especially if help with sleeping is needed over a period of more than a week or two.

- **Benzoin** is very helpful when external worries are at the root of sleeplessness.
- **Bergamot and orange** are good choices when insomnia is linked with depression.
- **Clary Sage** is a very profound relaxant. It should never be combined with alcohol, as the two together can induce nightmares or very strong dreams.
- **Marjoram** is very warming and comforting.
- **Sandalwood, Juniper, and Ylang-Ylang** are also good choices.

Palliative Medicine

Palliative medicine is a subspecialty of medicine devoted to holistic care of the patient and their family. Palliative medicine physicians are experts in addressing a wide variety of physical symptoms, as well as social, emotional, and spiritual concerns of the patient and family. They work together with the oncologist and primary care physician to relieve suffering and help the patient enjoy the best quality of life possible by helping patients to choose medical care that most supports their needs and goals for their lives.

A palliative physician takes a different role than one who treats a specific disease. Normally, examining the patient or reviewing the results of specific tests can determine the effectiveness of any treatment. However, no medical test will reveal if medical care is supporting the values and personal meanings of the lives of the patient and family. After gaining an understanding of what is important to you and your family, an experienced Palliative Care Physician can offer suggestions based on knowledge of your values and how you want to live your life. With this collaboration, you and your family might be better able to decide on the kind of care you really want.

When is palliative care appropriate?

Palliative consultations are available anytime during the patient's illness. Early in treatment, they can suggest therapies that support a patient's healing and coping. In advanced illness or a patient reaching an end of life stage, they can discuss treatments to relieve suffering and guide important decisions involving advance directives or allow a natural death declaration.

What will happen during a palliative medicine consultation?

Serious illness can be difficult to talk about. A Palliative Medicine

Consultation allows a physician to help you and your family discuss what's most important for you at this stage of your illness. The Palliative Medicine Physician will first obtain your medical history by talking with your doctor and reviewing your medical chart. Then he will meet with you and whoever you choose to be there to support you. This may include family, close friends, or clergy.

Together you may discuss:

- your understanding of your current medical condition
- any physical symptoms that may be causing you suffering
- your social situation and family needs
- your emotional and spiritual concerns.

Sometimes a limited physical exam will be done. It is also common to review your wishes for your health care, in case you are unable to make this decision at any point.

Is this the same as hospice?

No, although they share similar philosophies. Hospice provides support for patients and families approaching the last stage of life. Palliative Care Services is appropriate for any stage of a serious or advanced disease or for patients wanting to complete an Advanced Directive or Health Care Durable Power of Attorney.

Who are the palliative consultants?

MultiCare Palliative Medicine Consultants are board certified physicians with special interest and training in palliative care. Most are also full time clinical faculty with the University of Washington School of Medicine in the Department of Family Practice and teach locally at the Tacoma Family Medicine Family Practice Residency Program.

How is the consultation paid for?

Medicare and most other insurance plans cover palliative medicine consultations. Check directly with your insurance carrier if you have any questions about coverage. The MultiCare Oncology/Hematology Clinic at 253-403-1677 is also available to help answer coverage questions.

How are the consultations arranged and where do they take place?

Inpatient consultations are provided at Allenmore Hospital and Tacoma General Hospital and at the request of the attending physician. Outpatient consultations are provided at the MultiCare Oncology/Hematology Clinics and can be arranged by calling the clinic at:

Allenmore Hospital253-459-6640

Tacoma General Hospital253-403-1677



Medical Treatment Information – Keeping Track of My Care

Keeping Lab Results

Typically, you will be monitored during and after your treatments are completed.

As time goes on, you will be receiving different diagnostic tests on a regular basis. Your particular type of cancer has a tumor marker, so blood tests may become an important part of your follow-up care, and a doctor's appointment may not always be necessary each time you have a blood test.

On the following page, we have provided a sheet for you to monitor your blood work throughout the year. Feel free to copy this chart if you would like to monitor blood tests over a longer period. Also provided is a calendar to help keep appointments straight and organize your contacts.

Key Terms

- **White blood cell (WBC) count.** White blood cells protect the body against infection. If an infection develops, white blood cells attack and destroy the bacteria, virus, or other organism causing it. White blood cells are bigger than red blood cells and normally fewer in number. When a person has a bacterial infection, the number of white cells can increase dramatically. The white blood cell count shows the number of white blood cells in a sample of blood. The number of white blood cells is sometimes used to identify an infection or to monitor the body's response to cancer treatment.
- **White blood cell types (WBC differential).** There are five major kinds of white blood cells: neutrophils, lymphocytes, monocytes, eosinophils, and basophils. Immature neutrophils, called band neutrophils, are also included and counted as part of this test. Each type of cell plays a different role in protecting the body. The numbers of each one of these types of white blood cells give important information about the immune system. An increase or decrease in the numbers of the different types of white blood cells can help identify infection, an allergic or toxic reaction to certain medications or chemicals, and many conditions (such as leukemia).
- **Red blood cell (RBC) count.** Red blood cells carry oxygen from the lungs to the rest of the body. They also help carry carbon dioxide back to the lungs so it can be exhaled. The red blood cell count shows the number of red blood cells in a sample

of blood. If the RBC count is low, the body may not be getting the oxygen it needs. If the count is too high (a condition called polycythemia), there is a risk that the red blood cells will clump together and block tiny blood vessels.

- **Hematocrit (HCT, packed cell volume, PCV).** This test measures the amount of space (volume) red blood cells occupy in the blood. The value is given as a percentage of red blood cells in a volume of blood. For example, a hematocrit of 38 means that 38% of the blood's volume is composed of red cells.
- **Hemoglobin (Hgb).** Hemoglobin is the major substance in red blood cells. It carries oxygen and gives the blood cell its

red color. The hemoglobin test measures the amount of hemoglobin in blood and is a good indication of the blood's ability to carry oxygen throughout the body.

- **Platelet (thrombocyte) count.** Platelets (thrombocytes) are the smallest type of blood cell. They play a major role in blood clotting. When bleeding occurs, the platelets swell, clump together, and form a sticky plug that helps stop the bleeding. If there are too few platelets, uncontrolled bleeding may be a problem. If there are too many platelets, there is a risk of a blood clot forming in a blood vessel. Also, platelets may be involved in hardening of the arteries, or atherosclerosis.

Monitoring Your Blood Tests

Provided below is a sheet to monitor your blood tests throughout the year. Copy this chart if you want to monitor the blood tests over a longer period.

Date _____	Date _____	Date _____
Doctor _____	Doctor _____	Doctor _____
Weight _____	Weight _____	Weight _____
HGB _____	HGB _____	HGB _____
WBC _____	WBC _____	WBC _____
PLT _____	PLT _____	PLT _____
Tumor marker _____	Tumor marker _____	Tumor marker _____

Date _____	Date _____	Date _____
Doctor _____	Doctor _____	Doctor _____
Weight _____	Weight _____	Weight _____
HGB _____	HGB _____	HGB _____
WBC _____	WBC _____	WBC _____
PLT _____	PLT _____	PLT _____
Tumor marker _____	Tumor marker _____	Tumor marker _____

Date _____	Date _____	Date _____
Doctor _____	Doctor _____	Doctor _____
Weight _____	Weight _____	Weight _____
HGB _____	HGB _____	HGB _____
WBC _____	WBC _____	WBC _____
PLT _____	PLT _____	PLT _____
Tumor marker _____	Tumor marker _____	Tumor marker _____

Date _____	Date _____	Date _____
Doctor _____	Doctor _____	Doctor _____
Weight _____	Weight _____	Weight _____
HGB _____	HGB _____	HGB _____
WBC _____	WBC _____	WBC _____
PLT _____	PLT _____	PLT _____
Tumor marker _____	Tumor marker _____	Tumor marker _____

Appointment Calendar

Use this calendar for appointments, hospital stays, treatments, physical therapy, blood tests, diagnostic tests, support groups, and follow-up visits with your doctors. Make copies as needed.

Month _____ Year _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Notes _____

Communicating with Your Healthcare Team

Keeping an open line of communication between you and your doctor is critical. It's vital that you have the information you need in order to make important decisions about your medical care and treatment. While you may want to learn and know more about your illness and possible treatments, it's not always easy to know what to ask your doctor. Here are some suggestions on getting the information you need:

Ask a family member or friend to go to your appointment with you. Taking someone along whom you're comfortable with can make the visit less stressful and help you remember what the doctor tells you. Be sure that the person you ask to accompany you has the ability to provide emotional support, the capacity to listen and remember accurately, and the skill to think objectively.

Take notes during the visit. Take notes (or have someone do it for you) carefully enough so that they will make sense to you when you get home. If you don't understand something, ask the doctor to repeat it. Writing down your questions before your appointment is also a good idea. You'll be more focused and less stressed when making note of your concerns.

Visualize what is being explained to you. Pictures often speak louder than words. Ask your doctor to show you an illustration that will help you understand where your cancer is, how tests will be performed, and how your cancer will be treated. Ask to take a copy home to make it easier to explain to your family.

Ask for explanation in language familiar to you. You can be an effective partner in your treatment and recovery only if you understand what is being said.

Ask how you can learn more. Your doctor can refer you to written material, videotapes, websites or other resources to help you better understand your illness, procedure or treatment.

Rephrase your question and/or the doctor's answer. If you don't understand the doctor's answer to your question, ask it in a different way. Or ask the doctor to explain the answer differently. Verbalize what you heard, and repeat to the doctor what you thought he or she said. This gives the doctor feedback on what you heard, and if necessary, an opportunity to clear up any communication problems.

Take a small tape recorder with you. Ask your doctor in advance if you can record your session. Explain that it would help you better understand and follow the information and advice you are receiving. This will also allow you to be more at ease during your appointment, since it will free you from note taking.

Asking the Right Questions

Doctors are trained to diagnose and talk about diseases. What patients and families want to know is personalized information about their illness. If you don't ask questions, you may lack necessary information to be successful in this journey. So don't be shy. Your healthcare team needs to hear from you.

Here is a list of questions you might need or what to ask your doctor:

What exactly is this illness?

What usually happens with this illness?

What are the usual treatment options?

- How effective are they?
- What happens with a particular treatment?
- Are these all my options?
- What happens if I do nothing?

What about non-medical treatments?

Am I likely to have severe pain? If so, can it be controlled?

What are some of the physical and emotional effects my illness or treatments will have on me?

How long will I have to be treated for what I have?

How will I know what decisions to make?

My Care Plan – A Decision-Making Tool

Identifying the right medical care for the individual patient given their values, goals and their medical condition.

My Care Plan is a family centered, shared decision making tool that can be helpful to develop a shared understanding of the goals of therapy and specific management plans. My Care Plan identifies five different areas to consider:

1. Medical Situation

- How much do you want to know about your illness? How much do you want to participate in decisions about your care?
- What have you been told?
- What do you think is wrong?
- What symptoms are bothering you the most right now?

4. Patient Community/Values

- Who do / will you depend on for help?
- Who is “family”? Who would you want to act as Durable Power of Attorney for Healthcare?
- Past experiences with serious illness / loss in your life?
- What else is important for us to know about who you are, what you believe?

2. Patient/Family Issues

- What are you most worried about?
- What is most important to you?
- What has been the most difficult for you about your illness?
- What is important to you in the future?

5. Cross Cultural Issues

- How much do you want to know / participate in your medical care?
- How do your cultural / traditions / family handle a serious illness or problem like this?
- What traditions / beliefs should we be aware of?

3. Quality of Life

- What gives you strength / pleasure in your life?
- What makes you want to get up in the morning?
- Do you have religious / spiritual connections that are important to you?

My Care Plan worksheet

You are encouraged to thoughtfully fill out this form and share it with your healthcare providers.

Patient name _____ Prepared by _____

Date _____ Present _____

1. Medical Situation

4. Patient Community/Values

2. Patient/Family Issues

5. Cross Cultural Issues

3. Quality of Life

First visit date _____

Goals _____

Plans to Support Goals _____

Updated _____

Goals _____

Plans to Support Goals _____

Journaling: Keeping Track of Your Feelings and Thoughts

We all face cancer differently. How you respond to your disease, and how you move through your cancer journey is up to you. Writing in a journal is just one way to express your feelings and confront your cancer.

A journal is a book, notebook, or any collections of written thoughts. It can include feelings, opinions, beliefs, hopes, fears, reflections and more. By recording your thoughts in a journal, you can release the power your emotions hold over you and free you from being consumed by them. In addition, keeping a journal will help you find and heal forgotten pain, detect subconscious feelings and enhance your life by giving you the means to discover the hidden gift that every crisis brings. It is also possible that reliving our best experiences through writing can help retrieve those good feelings and emotions. Keeping a journal may help you get through each day, face the tough issues and possibly start a new life.

Not everyone is comfortable with self-disclosure. Here are a few suggestions to get you started.

- Pick out a diary or blank notebook. A loose-leaf version will allow you to add photocopied pages.
- Try to journal at least four days a week.
- A quiet journaling session in the morning may help to soothe, compose and give you balance throughout the day.
- Always journal when you notice your mind is “racing.”
- Make time...because you'll never find time.
- Keep a pen with you.
- Use a different colored pen or highlighter to mark your most important thoughts.
- Don't lose the opportunity to journal in different locations. Carry your journal with you to treatment centers, doctors' offices, hospitals and wherever you travel.

- Do not make your journal a to-do list or record just the events of the day. This is about feelings.
- Write quickly so that revelations about you make themselves known.
- Don't censor yourself. Be free. Don't worry about grammar, punctuation or spelling.
- When you are done with one journal, buy another one!

The following pages may help you begin to record your own journey of self-realization and empowerment. Please feel free to use them as you wish

*More than just mind over matter.
(Excerpted from The Cancer Patient's Workbook by Joanie Willis).*

According to new research, the simple act of writing down thoughts and feelings regarding stressful events can improve the health of a person with chronic conditions. Several studies have shown significant results for processing strong, harmful and persistent memories and feelings. People with Post Traumatic Stress Disorder are encouraged to write down disturbing events or perceptions and have notable improvement. A team of scientists reported in the Journal of American Medical Association that a group of asthma and arthritis patients who for several days wrote down their feelings about a stressful event, showed significant improvement in their conditions during a four-month study. In another investigation, researchers found direct physiological evidence: writing increased the level of disease-fighting lymphocytes circulating in the bloodstream. And in yet another study, patients who acknowledged and expressed their anger over their disease achieved a perspective to their ill health that allowed them to cope better. In these and a growing number of studies, it is not simply mind over matter, but it is clear that mind matters! The bottom line... standard medical treatment is enhanced with the effective management of emotional distress.

Journaling Worksheet

Things I am grateful for

When my children left home I felt...

Emotions I can't deal with in others

Songs I sing in the shower

Emotions I can't deal with in myself

Nightmares I have

Three things I don't like to think about

1. _____
2. _____
3. _____

Some of the things I love to do

What scares me the most about having cancer?

If I could be anyone...

How cancer has impacted my family

The best day ever

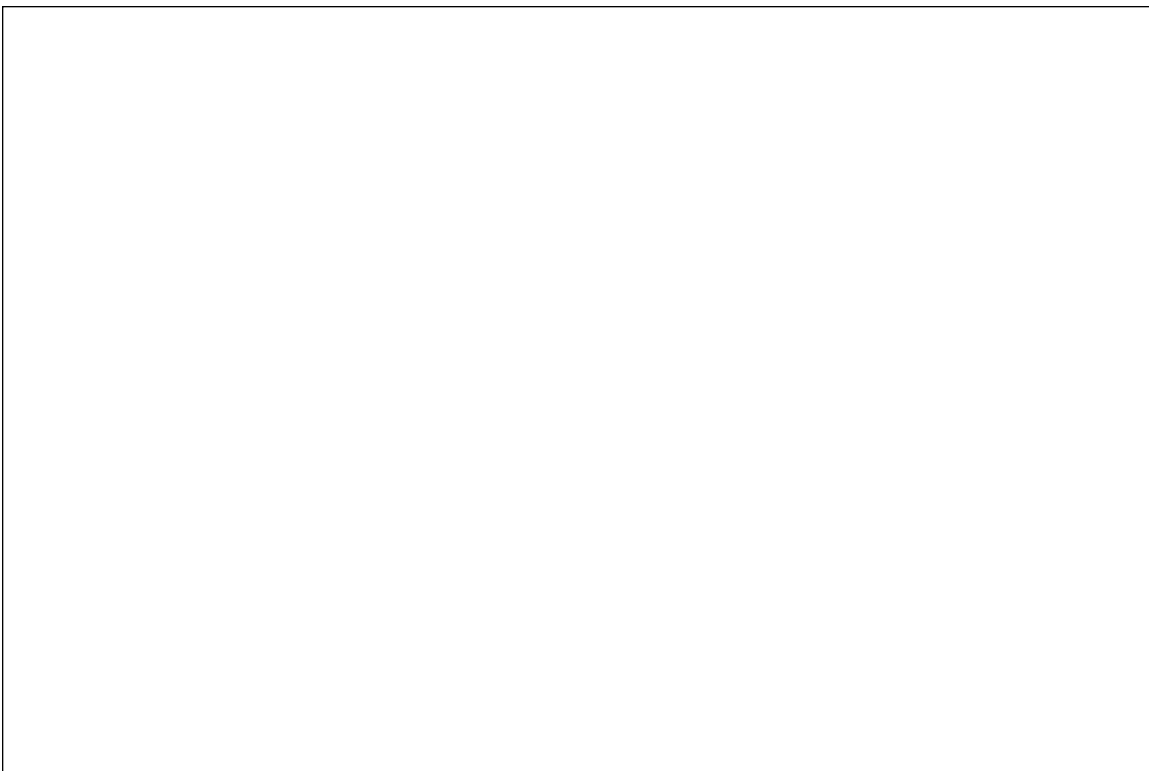
What prevents me from feeling close to others?

Once when I was camping

I still have a lot to learn, such as

A Source of Encouragement

Paste photos of your family and friends on this page to look at for encouragement when you need it.



Goal Setting

The process of defining and working toward goals is a popular route to achievement. The purpose of goal setting is to take a large objective and break it down into small tasks that are easy to focus on and accomplish. The success of completing your modest tasks will add up to accomplishing your larger goal. The objective can be anything: good health, a career change, education, retirement, vacation, spiritual renewal, or any dream you feel is meaningful. The significance of goal setting during your battle with cancer is an obvious one. You are looking to set targets for the future that you are determined to meet. Achieving short-term goals (getting through treatments) can lead you to have confidence that you will obtain your long-term goals (seeing your kids graduate from college). Your goals don't have to be elaborate. Sometimes just getting out of bed is task enough for the day.

“Laughter solves a lot of problems because it gives you a more positive outlook. Change your outlook and you will change your life.”

—Robert H. Schuller

Sample Short-Term	
Date	<u>May, 2007</u>
Short-term goal	<u>Measure of normality during treatments & surgery.</u>
Task #1	<u>take a shower & get dressed daily.</u>
Task #2	<u>accomplish my exercise goals.</u>
Task #3	<u>do some housework daily.</u>
Task #4	<u>eat at least 2 times daily.</u>
Task #5	<u>weekly fun event with kids.</u>
Goal completed	<u>Dec. 2006, treatments over – I made it!</u>

Sample Mid-Term	
Date	<u>May, 2007</u>
Short-term goal	<u>Gain strength! Be back to work at least part-time.</u>
Task #1	<u>take vitamins/herbs 3x daily.</u>
Task #2	<u>increase my exercise goals.</u>
Task #3	<u>daily housework. Yard work weekly.</u>
Task #4	<u>gain at least 7 pounds.</u>
Task #5	<u>twice-weekly fun events with kids.</u>
Goal completed	<u>Jan. 2001, I did it! Working 30 hrs.</u>

Sample Long-Term	
Date	<u>May 2007</u>
Short-term goal	<u>Do all those things I've always said I would.</u>
Task #1	<u>help cancer patients cope.</u>
Task #2	<u>see my son graduate from college.</u>
Task #3	<u>redecorate our home.</u>
Task #4	<u>take a long family vacation.</u>
Task #5	<u>maintain a healthy diet.</u>
Goal completed	<u></u>

Goal-setting worksheet (Copy as needed)

Short-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____

Short-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____

Mid-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____

Mid-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____

Long-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____

Long-Term
Date _____
Short-term goal _____

Task #1 _____
Task #2 _____
Task #3 _____
Task #4 _____
Task #5 _____
Goal completed _____



The Caregivers

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

–Leo Buscaglia

Caring for the Caregiver

A cancer diagnosis not only affects the patient. It also affects the caregiver(s). Fatigue, or even burnout, can be brought on by the physical and emotional aspects of caring for a loved one with cancer. Often, it's possible to arrange for help with physical care, but it's almost impossible to pay for emotional support when the caregiver is too physically exhausted to provide that vital care component.

As a caregiver, remember to care for yourself, as well. It not only benefits your physical and emotional well being, but also that of the individual you are caring for. Here are some valuable tips to help you care for yourself:

- Take time for yourself and your own needs. Watch for signs of stress, such as impatience, loss of appetite, or difficulty sleeping, concentrating or remembering. Be aware of any changes in your mood, decreased interest in your regular activities, or inability to accomplish usual tasks.
- Eat a well-balanced diet. Drink plenty of water or juice every day.
- Exercise by taking short walks daily or at least three times a week.
- Listen to relaxation tapes or music to help reduce stress.
- Space your activities with short rest periods. Get a good night's sleep.
- Set limits with your loved ones. Determine what self-care tasks he/she can perform.
- Don't overload your daily list of “things to do.” Be realistic. You may be trying to provide the same care it takes three shifts of professionals to do in a care facility.
- Find time to do activities that are meaningful and pleasurable to you several times a week. Even a short diversion can be relaxing.
- Let family members and friends help. Delegate household chores, meals, childcare, or shopping. Check into respite care options.
- Keep the lines of communication open between your loved ones, your family and friends and the oncology staff.
- Share your feelings with family members or other caregivers, or join a support group.
- Give yourself credit. The care you give yourself makes a difference.
- Continue your spiritual life and actively seek comfort from it.

Anticipatory Grief

Anticipatory grief is the name given to the mix of emotions experienced when we are living in expectation of loss and grieving because of it. A loss can be the change in expectations, finances, disabilities, roles and responsibilities as well as longevity. Anticipatory grief is particularly relevant to those who have received a terminal diagnosis and for those who love and care for them.

A terminal or serious diagnosis changes the very structure of our existence, takes away our control and our ability to hope and plan for the future. When someone we love is given a serious or terminal illness diagnosis, we become painfully aware of the fragility of life and may even fear for our own mortality.

Anticipatory grief is often characterized by the following conditions:

- A high level of physical strain involved in caring for the ill over prolonged periods
- Loss of energy and vitality
- Social isolation as the family closes in upon itself and becomes too exhausted and involved in care giving to reach out to others
- A loss of real identity as individual members become so totally engrossed in the role of caregiver
- Increased family stress, which causes ordinary dynamics to intensify

- A manifestation of weaknesses and strengths, including alcoholism, emotional problems, etc.
- The closing down of relationships and communication, leading to the inability to express tension which can increase problems.
- Financial stress (Insurance is seldom adequate.)
- Increased fears. The uncertainty of the situation takes its toll. The emotional strain, as hope rises and falls, can be unbearable. Fears arise: fears of the actual death, fears of a crisis, and fears of not being able to handle what happens. The anguish of watching a loved one suffer can be devastating.

If death actually results, relief is not generally accepted as an appropriate reaction to grief, so the bereaved may feel guilt about that response. Although death might still be traumatic, a period of prolonged illness often provides the opportunity to come to an understanding about the transition. It may be difficult to refocus on oneself after denying or compromising one's own needs during that time.

Generally, the impact of an anticipated death is lessened by the preparation time, and the bereaved can move more easily through the grief process than with unexpected death.

How to Help Our Loved Ones

There are many ways to help our loved ones through this difficult process. Here are some basic and very valuable guidelines:

- Be gentle.
- Be patient.
- Be willing to listen.
- Acknowledge and allow their feelings and give them permission to express their feelings in many ways.
- Include them in discussions and decisions.
- Try not to take their impatience and anger personally.
- Help them develop a good support network.
- Allow them as much control over the situation as possible.
- Allow and encourage them to do as much as they can for themselves, regardless of how slow, painful or difficult it may seem.
- Don't underestimate their symptoms, pains and fears. They are real to them.
- Learn what you can about the disability/disease so you will understand and can review information with your loved one.
- Allow them to talk about the situation; don't use generalities such as, "Everything will be ok."
- Give them some space...physical and emotional.
- Avoid nurturing false hopes or unrealistic goals.

Helping Children Understand and Cope

Truth is better than deceit, and honesty fosters trust and a sense of security. In other words, never evade your children's questions and never lie when you answer. It is important, however, to always take time to clarify your child's question. "Is Daddy ok?" coming from a young child whose father tripped and fell down the stairs probably means, "Is Daddy hurting?" or "Does he need help?"

For younger children, receiving the truth in "installments" may be easier to process. For instance, when asked, "Can doctors make Mommy better?" it is perfectly acceptable to make the distinction between symptom relief and cure.

How much we share with our children depends on their age, their interests, and our own needs for privacy. In general, young children probably need less detail than older children.

Be aware of your child's development level and how this affects his or her reasoning and understanding before launching into a complex explanation about the illness and its cause. Abstract thinking does not develop until adolescence, so be sure to keep your conversation age appropriate.

Overall, the best advice is to acknowledge the stress. It's helpful for children and adults to be reassured that what they are experiencing is real.

Preschoolers

- Use language your child knows and understands.
- Keep explanations very short and simple.
- Use dolls and puppets to illustrate the hospital visit.
- Forewarn the child of anticipated changes in the affected parent's role. For instance, "Daddy has a serious sickness. That is why

he's been so tired and sleepy lately. The doctors are trying to help him with this sickness, but he won't be strong enough to play ball with you for a while."

School-age children

- Give the child the name of the disease. Write it down. Emphasize that nothing the child did caused the disease, and point out that it cannot be "caught" by hugging or sharing a snack with the person who has it.
- Plan for making sure the child's needs are met and their daily routine is kept as normal as possible. If necessary, ask relatives or neighbors to help with parental responsibilities.
- Give the child an overview of what doctors are doing to manage the disease.
- Give examples of what the child can do to help the affected parent feel loved (i.e., draw a picture; tell Daddy you love him, etc.).
- Make sure the child knows that his or her parent's moods are not the child's fault.

Teenagers

- Give as much detailed information as possible.
- Be prepared. Any reaction – including anger – is normal.
- Answer every question, including the ones about transmission, as fully and honestly as possible.
- Give the teen options for doing further research on their own, pointing out recommended and reliable resources.
- Be flexible regarding daily chores and routines; don't expect your teenager to volunteer to take on extra duties or hospital/doctor visits.
- Make sure the adolescent has someone to talk to from outside the family – preferably someone they trust and who will keep their conversations confidential.

Leave the door open for ongoing conversation. Children understand events differently over time, and their capacity for grasping complicated issues develops as they mature. And be certain to be open with children about the ways adults seek and obtain assistance for their problems, including going to a therapist. In doing so, you model an important coping strategy – recognizing the need for help and obtaining it.

Resources for you, as a parent, and for your children:

Family Tool Kits

One kit for the parents and one for each child in the family. They include books and fun items to help the family learn and cope with cancer.

Available at the Katterhagen Cancer Resource Center

Located at Tacoma General Hospital, 3L

Monday-Friday, 8:30 am-4:30 pm

Contact: Lorna Melrose, 253-403-1677

Discoveries

A support group for children ages 4-18 who are coping with the serious illness of a parent, sibling, or close family member.

253-272-8266



Self Care: Managing Your Symptoms and Improving Your Health

Pain Management

The common perception is that the words cancer and pain automatically go together. This is not necessarily true. Pain is rarely a symptom of early cancer, and even patients with advanced cancer do not always experience pain. If pain does occur, however, there are many ways to reduce or relieve it.

Most important, understand that pain is not something you need to “learn to live with.” Pain can cause depression, stress, loss of appetite and sleep, irritability, and a feeling of hopelessness. But it can be managed and controlled. Don’t be afraid to ask your doctor for pain medication, and if the one prescribed for you isn’t working, ask for something stronger. Your role is to accurately describe the pain, its severity, its location and any recent changes. Your doctor will assess that information and implement a pain management plan that will effectively relieve your discomfort.

Here is a list of words that might help you in describing your pain:

Aching	Vicious
Cold	Agonizing
Distressful	Crushing
Gnawing	Flickering
Jumping	Hurting
Nauseating	Miserable
Pressing	Pounding
Rasping	Penetrating
Spreading	Suffocating
Taut	Stabbing
Unbearable	Tingling
Annoying	Weak
Agonizing	Blinding
Cutting	Dull
Frightful	Freezing
Grueling	Intense
Lacerating	Nagging
Numbing	Pulsing
Pinching	Radiating
Sharp	Sore
Shooting	Tender
Tight	Throbbing

Pain Scale

Many medical providers use the 1-10 pain scale. Consider this when communicating your level of pain to your doctor.

1	2	3	4	5	6	7	8	9	10
<i>slight pain</i>			<i>medium pain</i>				<i>worst pain</i>		

Tips for managing your pain

- Stay ahead of your pain and take the medication on time to prevent pain from getting out of control
- Try cold packs, rest, distracting activities, massages and over-the-counter pain medications to help alleviate pain.
- Notice the activities that aggravate or increase your pain and avoid them when possible.
- Consider natural approaches to pain relief such as acupuncture, exercise, heat, hypnosis, imagery, reflexology, tai chi and yoga.

Calling your doctor

When you call your doctor, be completely prepared to communicate your pain or treatment side effects. If you feel the situation is an emergency, be sure to communicate that immediately.

It's most likely you will not talk to your doctor directly, so make a clear, short statement that the nurse can relay to your doctor that covers the following:

- When the pain started
- Where the pain is located
- Description of the pain
- Where your pain rates on the pain scale
- What improves or worsens your pain
- Pain medications you are currently taking and how they are working
- Side effects from medication
- Other complications you are experiencing

Possible Side Effects

Poor Appetite

A person with a poor or no appetite eats much less than he or she normally does, or does not eat at all. It can have a number of causes, such as difficulty swallowing, nausea, vomiting, changed sense of taste or smell, feeling full, tumor growth, depression, pain or side effects of chemotherapy or radiation. Poor appetite is most often a temporary problem.

What to Look For: Weight loss and lack of interest in food. Refusal to eat favorite foods.

What the Patient Can Do:

- Talk with your doctor about the cause of your poor appetite
- Eat as much as you want to, but don't force yourself to eat
- Think of food as a necessary part of treatment
- Start the day with breakfast
- Eat small, frequent meals of favorite foods
- Try foods high in calories that are easy to eat (pudding, gelatin, ice cream, sherbets, yogurt, milk shakes)
- Add sauces and gravies to meats, and cut them into small pieces to make them easy to swallow
- Use butter, oils, syrups, and milk in foods to raise calories. Avoid low-fat foods unless fats cause indigestion or other problems.
- Eat food cold or at room temperature to decrease its smell and taste
- Plan meals with favorite foods
- Create pleasant settings for meals. Soft music, conversation, and other distractions may help you eat more comfortably.
- Eat with other family members
- Drink beverages between meals instead of with meals. (Liquids at mealtime can lead to early fullness).
- Try light exercise one hour before meals
- Hard candies, mint tea, or ginger ale may help get rid of strange tastes in the mouth
- With your doctor's approval, enjoy a glass of beer or wine before eating

What Caregivers Can Do:

- Try giving the patient six to eight small meals and snacks each day
- Offer starchy foods (bread, pasta, potatoes) with high-protein foods, such as fish, chicken, meats, turkey, eggs, cheeses, milk, tofu, nuts, peanut butter, yogurt, peas and beans
- Keep cool drinks and juices within the patient's reach
- If the smell of food bothers the patient, offer bland foods cold or at room temperature
- Create pleasant settings for meals, and eat with the patient
- Try plastic forks and knives instead of metal if the patient is bothered by bitter or metallic tastes
- Don't blame yourself when the patient refuses food or can't eat
- If the patient cannot eat, you may want to offer your company, reading, or massage

Call the Doctor if the Patient:

- feels nauseated and cannot eat for a day or more
- loses five pounds or more
- feels pain when he or she eats
- does not urinate for an entire day or
- does not move bowels for two days or more
- does not urinate often, and when he or she does, the urine comes out in small amounts, smells strong, or is very yellow
- has vomiting for more than 24 hours
- is unable to drink or keep down liquids

Constipation

Constipation is the infrequent or difficult passage of hard feces (stool), which often causes pain and discomfort. It is caused by too little fluid or not enough movement in the bowel. Lack of activity, general weakness, avoiding the urge to have a bowel movement, pain medicine, or decreased food and fluid intake can all add to this problem.

What to Look For:

- Small, hard bowel movements
- Leakage of soft stool resembling diarrhea.
- Stomach ache or cramps, passing a lot of gas or belching frequently.
- Belly appears blown up or puffy.
- No regular bowel movement within the past three days.
- Vomiting or nausea.
- Feeling of fullness or discomfort.

What the Patient Can Do:

- Drink more fluids to help prevent dehydration. Fresh fruit juices (except apple juice) and warm or hot fluids in the morning are especially helpful.
- Increase the amount of fiber in the daily diet by eating foods like:
 - Whole grain breads and cereals
 - Fresh raw fruits with skins and seeds
 - Fresh raw vegetables
 - Fruit juices
 - Dates, apricots, raisins, prunes, prune juice, nuts
- Avoid foods and drinks that cause gas such as cabbage, broccoli, and carbonated drinks
- Avoid or eat rarely any foods that cause you to be constipated, such as cheese or eggs
- Get as much light exercise as you can
- Use stool softeners or laxatives only on the advice of your doctor or nurse
- Go to the bathroom as soon as you have the urge to have a bowel movement
- Keep record of bowel movements so that problems can be recognized quickly

What Caregivers Can Do:

- Offer prune juice, hot lemon water, or tea to stimulate bowel movements
- Encourage extra fluids
- Help keep a record of bowel movements
- Offer high fiber foods such as whole grains, dried fruits, and bran
- Talk with the doctor before using laxatives or enemas

Call the Doctor if the Patient:

- has not had a bowel movement in 48 hours
- has blood in or around anal area or in stool (see section on blood in stool)
- cannot move bowels within one or two days after taking laxative
- has cramps or vomiting that won't stop

Dry Mouth

Dry mouth occurs when there is not enough saliva in the mouth. It can be caused by breathing through the mouth, or it may be a side effect of medicine, radiation therapy to the head and neck, or dehydration. Here are some ways to avoid and/or relieve dry mouth:

What the Patient Can Do:

- Drink 8 to 12 cups of liquid a day, and take a water bottle with you when you leave home.
- Use a straw to drink liquid.
- Take small bites and chew food completely.
- Eat soft, moist foods that are cool or at room temperature. Try using a blender to puree fruits and vegetables, soft-cooked chicken and fish, well-thinned cereals, popsicles and slushies. Avoid food that sticks to the roof of your mouth.
- Moisten foods with broth, soup, sauces, gravy, creams, butter or margarine.
- Suck on sour lemon drops, frozen grapes, popsicles or ice chips. (Avoid chewing ice, as it can damage teeth.)
- Keep your mouth clean. Use a soft-bristle toothbrush, rinse your mouth before and after meals with plain water or a mild mouth rinse (made with one quart of water, one-half to one teaspoon of salt, and one teaspoon of baking soda); and floss regularly. It is a good idea to gently brush your tongue, as well.
- Avoid commercial mouthwashes, alcoholic and acidic beverages, and tobacco.
- Stay away from caffeine drinks such as coffee, tea, colas and chocolate.
- Use a cool mist humidifier to moisten room air, especially at night. (Be sure to keep the humidifier clean to avoid spreading bacteria or mold in the air.)

	Recommended	Foods that May Cause Distress
High Protein	Meats, poultry, and fish in sauces and gravies; casseroles, soups and stews	Dry meats, poultry, and fish without sauces
Breads, Cereals, Rice, and Pasta	Bread, soft rolls; cooked and cold cereals, cereal with milk; rice soaked in gravy, sauce, broth, or milk	Dry breads, hard rolls, pasta, rice, pretzels, chips, cereal
Fruits & Vegetables	Canned and fresh fruits that have a lot of moisture, such as oranges and peaches; vegetables in sauce	Bananas, dried fruit, vegetables, unless in a sauce or with a high moisture content
Beverages, Desserts, and Miscellaneous	Club soda, hot tea with lemon, fruit-aides, diluted juices, sports drinks, commercial liquid nutrition supplements, homemade milkshakes; ice cream, sherbet, pudding; butter, margarine, salad dressing; sour cream, half-and-half	Cookies, cake, pie, unless soaked in milk

Diarrhea

Diarrhea is the passage of loose or watery stools three or more times a day with or without discomfort. It happens when the water in the intestine, for some reason, is not being reabsorbed back into the body. Sometimes diarrhea can be caused by an overflow of intestinal liquids around the stool that is lodged in the intestine (impaction). Other causes include infections, surgery, anxiety, side effects of chemotherapy, radiation therapy to the abdomen, or medicines, supplemental feedings containing large amounts of vitamins, minerals, sugar, and electrolytes; and tumor growth. Diarrhea caused by chemotherapy or radiation therapy may last for up to three weeks after treatment.

What the Patient Can Do:

- Try a clear liquid diet (water, weak tea, apple juice, peach nectar, clear broth, popsicles, plain gelatin) as soon as diarrhea starts or when you feel that it's going to start. Avoid acidic drinks, such as tomato juice, citrus juices, and carbonated liquids.
- Eat frequent meals. Do not eat foods that are very hot or spicy.
- Avoid greasy foods, bran, raw fruits and vegetables, caffeine, and tobacco products.
- Avoid pastries, candies, rich desserts, jellies, preserves, and nuts.
- Do not drink alcohol or use tobacco.
- Avoid milk or milk products if they seem to make diarrhea worse.
- Be sure your diet includes foods that are high in potassium (bananas, potatoes, apricots, sports drinks such as Gatorade or Powerade), an important mineral that you may lose through diarrhea.
- Monitor the amount and frequency of bowel movements.
- Clean your anal area with a mild soap after each bowel movement, rinse well with warm water, and pat dry.
- Apply a water-repellant ointment, such as A&D or petroleum jelly to the anal area.

- Sitting in a tub of warm water or a sitz bath may help reduce discomfort.
- Take medicine for diarrhea or skin irritation as ordered by your doctor.
- When the diarrhea starts to improve, try eating small amounts of low-fiber foods such as rice, bananas, applesauce, yogurt, mashed potatoes, low-fat cottage cheese, and dry toast.

What Caregivers Can Do:

- See that the patient drinks about three quarts of fluids each day.
- Keep a record of bowel movements, to help decide when the doctor should be called.
- Check with the doctor before using any over-the-counter diarrhea medicine. It may be better to use a prescription medicine.
- Check the anal area for red, scaly, broken skin. If present, see section on skin sores.
- Protect the bed and chairs from being soiled by putting waterproof pads under the buttocks where the patient will lie down or sit.

Call the Doctor if the Patient:

- has six or more loose bowel movements per day with no improvement in two days
- has blood in or around anal area or in stool (see section on blood in stool)
- loses five pounds after the diarrhea starts
- has new abdominal pain or cramps for two days or more
- does not urinate for 12 hours or more
- does not drink any liquids for 48 hours
- has a fever of 100.5 degrees or higher, taken by mouth
- develops a puffy or bloated abdomen
- has been constipated for several days and begins to experience small amounts of diarrhea or oozing of fecal material which could suggest an impaction (severe constipation)

Fatigue

Fatigue is the most common side effect of cancer treatment. It can appear suddenly, be overwhelming, and is not always relieved by rest. It can also last for months after treatment ends. Cancer treatment-related fatigue can affect many aspects of a person's life, including the ability to do usual activities. Cancer fatigue is real, and should not be ignored. It can be worse when a person is dehydrated, anemic, in pain, not sleeping well, or has an infection.

Just as every cancer patient's treatment is different, the fatigue felt will also be different. While one person may feel very tired, another may not. And one person's fatigue may last longer than another patient's. Experts say fatigue caused by cancer treatment is temporary. Your energy will slowly come back, especially if you stay moderately active. However, cancer patients can help combat fatigue themselves with the following suggestions.

Rest, But Not Too Much

- Plan your day so you have time to rest.
- Take short naps or breaks, rather than one long rest period. However, while sleep and rest are important, don't overdo it.
- Too much rest can decrease your energy level. In other words, the more you rest, the more tired you will feel.
- If you have trouble sleeping, talk to your health care professional.

Stay Active

- Stay as active as you can. Regular moderate exercise—especially walking—has been found to be the best remedy for fatigue.
- Add other activities that are less strenuous, like bird watching, listening to music, or reading.
- To help you plan your activities, keep a diary of how you feel each day.
- In assessing your fatigue, doctors or nurses may ask how severe it is (rated from 0-10), what are the patterns to it, and what makes it better or worse?
- Keep a detailed record of how you feel.

Save Your Energy

- Plan ahead.
- Spread your activities throughout the day.
- Don't push yourself by standing too long or by doing activities in extreme temperatures.
- Even long, hot showers or baths can drain you of energy.
- Store items within easy reach, so you won't have to strain to get them from overhead storage.
- Take rest breaks between activities to save your energy for the things you want to.
- Most of all, prioritize. Decide which activities are really important to you and which ones aren't.

Get Help With Tasks

- Ask family or friends to help with tasks you find difficult or tiring, like lawn mowing, preparing meals, doing housework, or running errands.
- Don't force yourself to do more than you can manage.
- It may be difficult for others to understand if rest does not make your fatigue go away. Explain that the fatigue you feel is different from the fatigue you had before treatment.
- Find low-maintenance help – you may need someone who will just do it and sneak away quietly with no conversation. Identify a job coordinator, someone who can get helpers organized, so you don't have to deal with routine chores.

Get Support

- Consider joining a support group.
- Sharing your feelings with others can ease the burden of fatigue. You can learn coping hints from others by talking about your situation.
- Ask your health care professional to put you in touch with a support group in your area.

Eat Well

- Drink plenty of water and juices.
- Eat as nutritiously as you can.
- Try to eat at least five servings of fruits and vegetables each day.

Call Your Doctor

- If you feel too tired to get out of bed over a 24 hour period
- If you feel confused
- If you feel dizzy, lose your balance or fall, have a problem waking up, if you have a problem catching your breath, if the fatigue becomes progressively worse

Mucositis or Sore Mouth

During cancer treatment, the lips, mouth and throat sometimes become tender, red and irritated, and sores may develop. Most cancer patients will not develop oral mucositis. Those undergoing treatment for head and neck cancers, or those receiving bone marrow transplants, are more likely to develop this condition.

Oral mucositis can make it difficult to eat, drink or talk, and can put you at an increased risk for infection. Oral mucositis from chemotherapy typically occurs intensely over a short time. When the condition results from radiation therapy, it typically occurs less intensely for a longer time.

It is important to be treated by a knowledgeable dental professional before beginning your cancer treatment. Your health care provider can consult with your dentist regarding your care.

If You Have Mucositis You May See:

- Red, inflamed areas in your mouth (they may have white spots in the center)
- Shiny, swollen tissues in your mouth including the tongue
- A yellowish or white film on areas in the mouth
- Blood in the mouth or saliva
- Areas of open sores or ulcers in your mouth

When Mucositis Develops You May Feel:

- Pain and discomfort in the mouth
- A raw feeling in the throat
- Sticky secretions or saliva
- Swollen tissues in your mouth

What the Patient and Caregiver Can Do:

Doing oral care on a frequent basis daily plays an important role in oral health during cancer therapy. You may not be able to prevent all problems, but it will decrease the severity of the problems. Clean your teeth after eating and at bedtime using a soft bristled toothbrush. Always use non-irritating toothpaste. Avoid using toothpastes with strong whiteners, which may cause irritation. Rinsing your toothbrush in warm water will help to soften the bristles. If you still experience pain with brushing, you may need to use soft foam swabs.

- **Oral Care Solutions to try:**

- *Normal saline solution (salt water):* You can obtain bottled normal saline, or you can prepare this at home by adding one teaspoon of table salt to one quart or four cups of plain water. Shake or stir the solution. Keep it with you for regular use. If you make more solution than you will use in one day, keep the remainder in the refrigerator. Note: if your tap water contains germs you should obtain another source of water to use. If you are not sure about the safety of your water supply, check it out with your local health department.
- *Baking soda solution:* You can prepare this at home by adding 1 teaspoon of baking soda to 8 ounces of water.
- *Salt and soda solution:* You can prepare this at home by adding 1/2 teaspoon of table salt and 2 teaspoons of baking soda to one quart or four cups of plain water. Shake or stir the solution. Keep it with you for regular use. If you make more solution than you will use in one day, keep the remainder in the refrigerator. Avoid using mouth rinse products that have glycerin or alcohol as they can cause drying in your mouth. The alcohol can be irritating to your mucous membranes.

– *Drink plenty of fluids to avoid dehydration.* Keeping fluids close by you will help you to accomplish this. Avoid acidic drinks such as orange or grapefruit juice if sores are present in your mouth. Avoid drinking anything that is extremely hot or cold, as extremes in temperature can also be painful to the sensitive tissues in your mouth. Apply lip moisturizer or non-drying lip balm to keep your lips moist and avoid cracking. Do not bite or chew on your lips.

• **A word about dentures:** If you have dentures or other dental appliances, be alert to special concerns. The fit of these devices may change during your cancer therapy and they need to be adjusted. If you have sores in your mouth you should limit the amount of time you have the devices in your mouth. Keep these devices as clean as possible so that they do not cause infections in your mouth. Brush them several times a day with a cleansing solution. Soaking your dental appliance in an antimicrobial solution will also help to prevent infections. Always remove these devices during oral care so that you clean all areas of your mouth.

Infections through Neutropenia

Infections can be one of the most serious side effects of treatment and should be avoided whenever possible. Infection can disrupt and delay your treatment and recovery, and may lead to hospitalization.

Patients receiving chemotherapy may be at risk of a low white blood cell count, (neutropenia), especially those who already have a low count or have previously received chemotherapy or radiation treatment. Older patients, and patients with other conditions, may be at risk for more severe infection and longer hospitalization. Being proactive is one of the best ways to help protect yourself from the risks associated with a low white blood cell count. Symptoms may include fever, sore throat, cough or shortness of breath, diarrhea, nasal congestion, unusual vaginal discharge or itching, burning during urination, chills, redness, swelling, or warmth at the site of an injury.

Your doctor may prescribe a white blood cell growth factor medication to help you produce more white blood cells and reduce the period of time that you are at risk of infection. These medications are given after every cycle of chemotherapy to stimulate the bone marrow

to produce more white blood cells. White blood cell growth factors can ease achiness and some flu-like symptoms and can help you get your treatment as planned and at the full dose.

You can help yourself by:

- Washing your hands often with antibacterial soap, especially after using the bathroom.
- Avoid vaginal douches, bubble bath, and bath salts.
- Avoid cuts, scrapes, and burns.
- Use an electric razor, not a blade.
- Leave pimples and sores alone.
- Avoid people with colds, flu, or any type of infection or open sores.
- Do not have vaccinations such as flu shots unless your health care provider approves.
- Never use rectal thermometers or suppositories.
- Avoid sunburn.
- Clean the furnace and heating ducts once or twice a year. Replace the filters monthly.
- Eat a healthy diet. Completely cook your food.
- Avoid constipation and eat lots of fiber.
- Always use a soft toothbrush and avoid dental floss.
- Get plenty of rest.

Diagnosing Infection

Fever is a sign of infection, sometimes the only sign. If you develop a fever (temperature higher than 100.4°F, or 38°C), notify your doctor immediately. Infection associated with a low white blood cell count can be life-threatening.

While on chemotherapy, you should take your temperature every day – and record it.

An infection can occur in any number of places throughout the body. Specific symptoms can indicate the site of your infection and help target your treatment.

Location	Symptoms
Bladder	Painful urination
Gastrointestinal tract.....	Diarrhea, cramping
Rectum.....	Rectal bleeding, pain while defecating
Respiratory system	Cough, congestion, yellow or green sputum (fluid coughed up from lungs)
Sinus.....	Sinus pain, congestion, headache
Skin.....	Redness, pain, tenderness or swelling near a cut
Systemic (throughout the body).....	Flu-like symptoms

Finding an Oncologist

A diagnosis of cancer can immediately turn a person's life upside down. Things begin to spiral out of control, and one feels as if they have lost command of both their body and their life. Autopilot goes on. It is exactly at this time that a most important decision needs to be made... "Who will be my oncologist?"

One of the first surprises many cancer patients find is that they are really choosing a whole team of people, not just one oncologist. There may be a surgeon, a medical oncologist, and a radiation oncologist all intimately involved in an individual's cancer care. There are also a slew of nurses, nurse practitioners, technicians, and other support staff that are all important members of the team. You need to think of your physician as the quarterback; the leader of the team, but not more important than any of the other positions on the field. Quarterbacks try to surround themselves with good players, so everything runs smoothly and correctly. The quarterback also needs to choose players he can trust to do the job correctly, so the entire team works efficiently. In this area, there are several options for second opinions or cutting edge treatments.

Some basic guidelines:

- You are in control. The final decisions are yours. You are the most important part of your health care team.
- Choose your quarterback and the rest will usually fall into place. Ask your primary care physician for a recommendation. They will typically know the oncologist on a professional level. They also have reports from the patients they may have sent in the past regarding the quality of care that they received.
- Comprehensive cancer centers typically have a team approach to the treatment of malignancies. You may consider a consultation at such a facility, and ask to meet an entire team of doctors there.
- You may want to speak with people who have a similar diagnosis and have already gone through treatment, and then ask them for a recommendation.

In our area, nationally recognized cancer centers may be contacted at University of Washington Hospital, Seattle Cancer Care Alliance and Multicare Regional Cancer Center.

Advice from a Cancer Fighter: Richard A. Bloch

Entrepreneur, philanthropist and cancer survivor Richard A. Bloch created one of America's most famous brands when he and his brother Henry co-founded H&R Block in 1955. But it was his personal battle with cancer in the late 1970s that led him to pursue another important quest as a passionate crusader in helping others fight and overcome the disease.

The R. A. Bloch Cancer Foundation in Kansas City manages the Cancer Hotline and Web site (www.blochcancer.org). The Foundation also oversees annual Fighting Cancer Rallies to raise awareness that death and cancer are not synonymous and to encourage victims that there can be life after a cancer diagnosis. More than 700 community rallies are held simultaneously the first Sunday in June.

During the initial rally in Kansas City in June 1990, the first Richard & Annette Bloch Cancer Survivors' Park was dedicated to Americans who have been diagnosed with cancer. Each park represents a tribute to life and contains a bronze plaque that states:

- *There is no cancer for which there is no treatment.*
- *There is no cancer from which someone has not been cured.*
- *Cancer is the most curable of all chronic diseases.*

The following pages share some of Richard Bloch's thoughts on the benefits of relaxation and imagery to fight cancer.

Self-Help Exercises

An *American Health Magazine* article states, "How you feel about yourself affects your physical well-being. Researchers now recognize that a sense of purpose, a positive outlook and the feeling of being in control of one's life may help prevent illness, from cancer to the common cold.

"The notion that attitudes affect health is almost as old as medicine. But it's taken the re-emergence of certain humanistic values in medicine for doctors to put science to work charting exactly how the mind influences the body and vice versa.

"They are finding that attitude and state-of-mind can alter the responsiveness of nerve cells to a variety of chemicals that relay messages throughout the brain and nervous system. Further, chemical messengers of mood and motivation in the brain communicate with cells in the immune system responsible for countering invasion by tumors and microorganisms...

"It may be a long time before anyone draws a complete picture of the mind's effect on the body. But this much is known: we each have a larger role than ever imagined in combating illness."

The body has an immune system. One of the theories is that part of the immune system is the thymus gland located in your chest directly behind the breast bone. The thymus gland has two specific functions. First of all, it creates 12 to 15 different hormones. These hormones travel throughout the body looking for cancer cells.

When they find the type of cell that they recognize, they do not harm the cell but attach themselves to it and send back a signal to the thymus gland. In response to this signal, the

thymus gland dispatches a natural killer cell (NK cell) that goes directly to this hormone and kills the cell. It then returns to the thymus gland ready to be sent out again.

One thought is that the thymus gland can be controlled by the brain in that during a time of trauma or depression, the brain will reduce the function of the thymus gland. During this period of reduced function, cancer cells, which are supposed to occur normally in each person some six times a year, are allowed to divide and multiply. When the trauma or depression is over, the thymus gland will resume normal operating. By this time, the cancer has had a chance to multiply and establish itself to the point where the NK cells are incapable of destroying it. At this point, we have cancer.

Two cancer treatment specialists rationalized that if the mind played a function in causing cancer, why couldn't the mind be trained to help treat the cancer. They started a clinic in 1976 and brought 150 cancer patients there. These were not normal cancer patients, though. They had two unique qualities. First, they were terminal because their doctor said they were going to die from their cancer. Second, they could have no possible medical treatments such as chemotherapy, surgery, radiation, hyperthermia, immunotherapy, etc. These people were going to die from their cancer.

They taught these people two things. First, they taught these people to relax. Not just superficially, but a way down deep relaxation. It is a scientifically proven fact that tumors grow faster in mice under stress. What is the dangerous part about your cancer? The fact that it will continue to grow! If your cancer never grew from where it is, you could live for another 100 years with it. If, by relaxing, you could slow down the growth of your tumor, you would be better off.

Second, they taught these people to visualize their cancer and think it away. Sound silly? Some two years later, when Annette and I read about them in the newspaper, of the

initial group of 150 terminal cancer patients using only their minds to think away the cancer, some 10% were totally free of cancer. Another approximately 10% were dramatically improved. A third 10% had their cancer stabilized. My wife and I made up our minds that if I had a 30% chance of staying alive instead of none, we were going to go there. As it was, the doctors felt that they could successfully treat me. However, I used the relaxation and imagery in conjunction with the medical treatments. I cannot say that it is what cured me, but I can state without any question that it made me feel better; I believe it helped, and I positively know it did not hurt me. I would never recommend this in lieu of medicine but only in addition to everything else your doctor wants you to do.

A study of 45 elderly residents in retirement homes suggests relaxation therapy may enhance a person's natural ability to fight disease. The study, conducted by researchers at Ohio State University, found an increase in cells that defend against viral infections and a decrease in certain anti-body levels in volunteers who practiced relaxation techniques, compared to no change in control volunteers who didn't use the techniques.

In discussing these theories with doctors, I have found that those outstanding physicians whose primary interest is the recovery of the patient, who insist on an independent second opinion, who seek help from major cancer centers and refer their patients to qualified specialists, are staunch believers in this form of therapy in addition to medicine. The practitioners who are trying to build their practice generally have a desire to receive full credit for a cure without having to share it with any other institution, physician or method of therapy. Their most espoused argument against relaxation and imagery is that the statistics are inaccurate because the people who use it have a stronger desire to live than the average person. My answer is that I only want to help those who have a strong

desire to live. If a person wants to die, that is their business. Those who want to live should have every opportunity to do so.

Occasionally, a shallow-thinking health professional says that medical treatments are the only things that cure cancer. He does not want his patient confused with the idea that anything but his doctor can help treat him. Mental attitude has nothing to do with it. Furthermore, if the patient tries mental imagery and it doesn't help them, they will have a guilt complex and that attitude will hinder their recovery. If that isn't talking out of both sides of their mouth, I don't know what is! If the patient's mental attitude could hinder their recovery, how could it have nothing to do with their recovery? When someone can explain spontaneous remission to me, I'll quit believing in lots of things. The head of a major cancer center, an outstanding oncologist, told me he strongly believes in, as he put it, the will to live. He had a very good personal friend admitted with advanced cancer. He believed she had only a week or so to live. She was in critical condition. She had a daughter's wedding scheduled for some months hence and her husband had promised her a trip to Europe after the wedding. He urged her to move the daughter's wedding to the next few days because of her condition. She insisted she would make the wedding and the trip to Europe. Sure enough, she went into remission, was there to watch her daughter get married and even went on a wonderful trip to Europe feeling good. On the return trip her cancer recurred. She returned directly to the hospital where she died a few days later.

Going even further, and this is a giant step further, Dr. Herbert Benson, the cardiologist who heads behavioral medicine at Boston's Beth Israel Hospital, one of the main teaching facilities at Harvard Medical School says, "Belief is the hidden ingredient in Western medicine and every traditional system of 'healing' I know about...A new drug given by a doctor who believes in it enthusiastically is

far more potent than the same drug given by a skeptical doctor...Clinical studies have shown that a patient's belief in a medicine can make it far more effective."

From these comments, you can appreciate my statement that there are three fundamental requirements for an individual to have a chance to beat cancer. First is an honest, strong desire to live. Second is total confidence in their doctor. Third is absolute confidence that the treatment their doctor is recommending will successfully treat them. If any of these three factors is missing, I urge the patient to make a few telephone calls to see if a qualified physician can be found who can make them possible.

I have a stronger reason to believe this than anyone else. After being told I was terminal, I went to a doctor who said he would cure me. He did not say he would try this or hope for that. He said he would cure me, and he told me step-by-step exactly what would happen to me over the next year. Everything happened as he said it would, and at the end of two years, I was cured. A year later, I heard an outstanding oncologist say there was no chemotherapy effective against my type of cancer. I felt like standing up and saying, "Here I am." Again, in 1984, some six years after these drugs helped cure me; I heard the head of a cancer center say the same thing. Then and only then, I realized what it probably was. Drugs alone are in truth probably ineffective against this type of cancer. But these same drugs given by an enthusiastic physician to a patient who believes they will work and who practices mental imagery along with the drugs did their intended job.

In other words, for some patients with cancer, there are no medical options. Relaxation and imagery could help in these cases. It positively cannot hurt. In most cases there are multiple medical options. Here, relaxation and imagery could help doubly by stirring up the body's own immune system to help kill the cancer,

along with magnifying the effects of the treatments to destroy the cancer.

An additional benefit of relaxation and imagery is that it allows a patient to be intimately involved in their own recovery. It gives them a feeling of being at least partially in charge of their own destiny, which can do nothing but improve the quality of life. As the child of a patient so aptly put it in a letter, it made her father fight to live rather than wait to die.

Relaxation and imagery, as the name implies, is a two step process. It is felt that imagery can be much more effective only after relaxation has been successfully established. Relaxation is not a state of being that you hope or wish for; it is the result of a specific set of physical acts. If you follow the prescribed recommendations, you will end up relaxed. Several methods are suggested. Some people are more receptive to one method than another. Try each several times and then use the method with which you feel the most comfortable and which does the best job for you.

Both meditation and relaxation are highly effective natural ways to handle stress. While both have the effect of getting you deeply calm and relaxed, the real benefits are in the rest of the day when this calm spreads into other phases of your activities. This calm state is the direct opposite of stress. Your breathing slows, your heartbeat is quiet, your metabolism lowers and your body recuperates during this period. The effects are gradual, but the more you practice, the greater they will be.

Meditation

The meditation method is a way for you to let go of all the cares and worries that are on your mind. You release any thoughts you have other than the meditation. After making yourself comfortable in a chair, sofa or bed, loosen any tight clothing, close your eyes and relax. Focus your attention on your breath and its rhythm. If your mind wanders to any thought, bring it back to your breath. Just notice the easy and gentle passage of breath in and out of the nose. Don't try to control your breathing in any way. Just be aware of the situation. Be fully aware of the whole in-breath and the whole out-breath. This focus on your breath lets your body share the truly relaxed state. Some people like to say a comforting word of prayer with each breath like "health" or "peace." Some like to just be aware of each breath without saying anything. Stay awake. Do not allow yourself to fall asleep. Each meditation session is unique. There is no right way or wrong way to feel. Just keep track of your breathing and let happen whatever happens. Probably 10 to 15 minutes is long enough.

Muscle Relaxation

Our muscles store the tension of stress. To relax, we must first become aware of the difference between our tense state and that of deep relaxation. To use this second method, lie down on a thick carpet or mat, loosen any tight clothing, close your eyes and make yourself comfortable. Again, stay awake. The theory of this exercise is to tighten and relax each muscle. Begin by flexing your toes toward your knees. You will feel your calves tighten. Hold that tightly for three or four seconds and then let your toes relax and repeat. Lift your legs a few inches with your muscles tight, hold, drop them back and repeat. Tighten your buttocks hard, hold, relax, and repeat. Hold your stomach way in, hold, relax, and repeat. Take as deep a breath as possible, hold, exhale and repeat slowly. Relax as long as you feel comfortable between any of these exercises. Press your shoulders firmly to the floor arching

your back, hold, release and repeat. Make your right hand into a tight fist, hold, relax and repeat. Bring your right hand to your right shoulder, make a muscle by tensing it, hold, relax and repeat. Repeat both of these with your left hand and arm. Shrug your shoulders toward your ears, hold, relax and repeat. Press your chin down against your chest, hold, relax and repeat. Close your eyes very tightly tensing your face muscles, hold, relax and repeat. Clench your teeth tightening your jaw, hold, relax and repeat. Try to picture your whole body as soft and relaxed with warmth spreading through every part. Imagine you have no more tension and your body is floating free. The sense of well-being, the healing sense, is filling your body and flowing through every part. Enjoy this deep relaxation for as long as you like.

Directed Relaxation

Another method, the one I used most often, involves making yourself extremely comfortable in a chair, sofa or bed, loosening any tight clothing, closing your eyes and relaxing. Then, picture your forehead and say to yourself, "My forehead is relaxed." Then, picture your eyebrows and say, "My eyebrows are relaxed." Then your eyelids, your cheeks, your nose, your mouth, your chin and so forth down to your toes. By this time you should be fairly relaxed. Picture your body floating in an environment you particularly enjoy. I personally happen to like water, sunshine and trees. I pictured myself floating down a winding path beside a lake and finally lying in deep grass under tall trees with sunlight streaming through. You can use any other set of circumstances that you find appealing, comforting and relaxing.

Take this time for yourself to get calm, clear and deeply relaxed. A regular session of relaxation in and of itself is an antidote to the ravages of stress. Do this three times a day, morning, mid-day and evening, for 15 to 20 minutes including your imagery. It has a cumulative effect that you will learn to enjoy and treasure.

While you are relaxed, realize that you are master of your body. It is yours to control, and it will care for you. It will follow your directions. A medical doctor wrote, "The greatest resource in medicine is within the patient himself."

Visualization

Think about your thymus gland which is situated just under your breast bone. Direct your thymus gland to send out hundreds of thousands of new "T" cells that look like guard dogs, very protective of you. Send them to the parts of your body that you are the most concerned about. As you watch them go, whenever they find a cancer cell, they begin to eat and tear and devour those cancer cells. The cancer is fat, dumb and jelly-like. It cannot move, run or fight because it is a wrong cell that is not supposed to be there. It has no defense mechanism. Your "T" cells were designed specifically to search out and destroy these wrong cells. They are doing their job beautifully. Cancer cells are like raw hamburger: it is very easy for the "T" cells to completely eat them. They completely eradicate every cancer cell that is there. You can then picture that zone of your body clear and clean and free of cancer, pink and beautiful. Picture your "T" cells on a continuous search throughout your body detecting any cell that has gone wrong and killing it and being flushed from your system. You know these "T" cells are on guard 24 hours a day protecting and defending you as they were designed to do.

Relax for a few moments. Stress reduces the function of the immune system and relaxation reduces stress. Each time you practice this, your relaxation should get deeper and more beneficial.

Another method of imagery is to picture your "T" cells as little shocks of electricity. They look like little lights streaming out of your thymus gland, very vigorously. You watch them go to the part of the body with which you are

most concerned, latch on to any cancer cells and shock and kill them. Some people prefer to picture their “T” cells as white knights in the form of “pac-man,” a happy, aggressive white ball with only a mouth incessantly snapping that searches out and devours all cancer cells.

No matter which of these methods you use, or one you might create, try it. Do it three times a day for 15 to 20 minutes each. Try different methods before you settle on one. Then use it for at least 10 consecutive days before thinking it is not for you. We are each supposed to learn something new every day. If this is your new knowledge for the day, you have done well for yourself, maybe helped to save your life.

For a graphic demonstration of what visual imagery is, create in your mind a vivid image of a ripe, yellow lemon squirting juice into your mouth and onto your tongue. You will actually begin to salivate. That is a clear example of how imagery can affect the nervous system, which regulates bodily processes and was traditionally thought to be beyond conscious control. If thinking of a juicy lemon makes you salivate, then what happens when you think of your life situation as hopeless? You are telling your immune system, “Don’t bother! Don’t do the best you can to heal me!”

And to the contrary, when you imagine your medical treatments or your immune system as creating more mechanisms to kill your cancer, maybe that is just what it is doing.

There are no thorough studies yet that pinpoint the precise psychological mechanisms involved when emotions seem to affect health, says Leonard S. Zegans, M.D., professor of psychiatry at U.C.S.F. But, he adds, researchers believe that “hormones produced in response to emotional situations may affect lymphocytic (white blood cell) function and thus immunity to cancer, viral diseases and bacterial illnesses. Anything that gives a person a greater sense of control over the situation can be helpful. Information, for example, can relieve anxiety, and that can in turn improve a patient’s chances for recovery.”

Tapes to help you understand and practice relaxation are available from numerous sources including private practitioners and public libraries. If you have a problem finding one locally, you may borrow one free by sending a self-addressed, stamped envelope requesting “tape” to the Cancer Hot Line, 4400 Main, Kansas City, MO 64111 OR sending us e-mail at hotline@hrblock.com.

Relaxation Exercises

This popular exercise can be a great tool for you to use to control tension and enhance relaxation in both your mind and body.

Instructions

It will probably be most useful to you if you or a friend would tape record the following exercise and listen to it rather than to just try to read and remember the various parts of the exercise. Read the exercise slowly with pauses to allow the relaxation to occur. If you do make a tape for yourself, please remember to use it only when you are sitting or lying comfortably at home or where you do not need to be involved in an activity requiring you to be fully alert. Do not use the tape while operating any kind of machinery, including cars. One of the main activities suggested in this exercise involves alternatively tensing and relaxing muscle groups. Put enough tension into the muscles to make them tense, but not enough to cause pain. Feeling pain means that you are tensing too much.

Beginning the exercise

Settle back and get as comfortable as you possibly can. Close your eyes gently. Tune in to your breathing. (Pause) Notice its pace and rhythm. (Pause) Take another breath, a little deeper this time, letting yourself feel completely calm, peaceful, comfortable and relaxed. (Pause) Now, with the rest of your body feeling more and more comfortable and relaxed, slowly clench your right fist. Clench it tighter and tighter and study the tension. Keep it clenched and feel the tension in your fist, hand, and forearm. (Short Pause) Now let your hands relax and go limp, allowing your fingers to become loose. Notice the contrast between the feeling of tension and now the feeling of relaxation. (Short Pause) Let your whole body go and relax even more completely. (Short Pause) Now bend both of your elbows and tense your biceps. Tense them hard until they almost quiver. Hold them tight and study the tension. (Short Pause) Now let your arms straighten out and drop gently to your sides. Go limp, feeling heavy and relaxed. Notice the tension leave your muscles and experience relaxation that replaces the tension. Let the feeling flow and spread into the rest of your body so that you feel peaceful and calm. Feel yourself becoming more and more relaxed. (Pause) *(From this point onward, pause where it seems appropriate to allow enough time for the tensing and relaxing to occur.)*

Focus all your attention on your neck, your shoulders, and your upper back. As you breathe, imagine that you are releasing tension from your neck, shoulders, and upper back. With each breath you take, feel your neck, shoulders, and upper back grow heavier and more and more relaxed. As you release tension in your arms, neck, shoulders, and upper back, feel the wave of relaxation moving downwards through your torso, lower back and stomach. With each breath, you become more and more relaxed.

Now tighten and flex the muscles in your buttocks and thighs. You can flex your thighs by pressing down on your heels with your toes in the air. Hold the tension. Keep the muscles tight and tense. Now let go. Relax and notice the difference as you let your hips and thighs relax and allow that feeling to proceed on its own until you feel completely and deeply relaxed.

Now press your toes straight out away from your body as if you were on tiptoes. Feel the muscles in your calves become taut and tense. Hold the tension. Study the tension and now relax. Feel the difference between the tension and the delightful, calm, peaceful feeling of being deeply relaxed. Feel the heaviness of your entire lower body as you relax further still.

If you wish, you can become even more deeply relaxed by merely taking a deep breath and slowly exhaling. As you breathe deeply, feel your entire body become heavy, comfortable and relaxed. Think the following thoughts to yourself: "I feel quiet. I am feeling deeply relaxed. My body feels calm and quiet. My neck, my jaws, my forehead are all calm and smooth. My whole body is heavy, comfortable, relaxed, and quiet. My arms and hands are heavy and warm. I am at peace." (At this point, give yourself a few more minutes of deep relaxation before moving on toward ending the relaxation session.)

(Ending the experience) Take a deep breath, wiggle your toes and open your eyes. When you do so you will feel refreshed and calm.

**This exercise courtesy of the University of Florida*

Integrative Therapy for Cancer Treatment

Integrative therapy is a term that refers to the combined offering of mainstream and complementary therapies. It is not used in place of conventional treatment, but is used as part of your cancer treatment to promote well-being and to alleviate side effects of chemotherapy, surgery or radiation.

Integrative medicine is different than complementary and alternative medicine, which emphasizes the use of unconventional treatments as an adjunct to conventional medicine. Instead, integrative medicine seeks to combine those modalities and treatments, including the science and technology of conventional cancer medicine and the holistic approach of complementary medicine, in attempts to meet a patient's unique and individualized needs for healing.

Integrative therapies include:

- **Acupuncture** is a technique of inserting and manipulating very fine needles into specific energy points in the body. The stimulation of these points may encourage the restoration of health and well being. Acupuncture is primarily good for treating pain.
- **Acupressure** is a traditional Chinese medicine technique based on acupuncture. It involves stimulating the energy points with pressure using the hands and fingers. Acupressure may work by releasing endogenous opioids into the bloodstream.
- **Aromatherapy** is the skilled and controlled use of essential oils in a positive, healing way to maintain health and well-being on a physical and emotional level.
- **Biofeedback** provides information about physiologic processes the patient was previously unaware of and allows the patient to gain more control over symptoms and side effects.

- **Massage** involves applying structured pressure to the soft tissues of the body to achieve a beneficial response. Therapeutic massage therapy can be applied to parts of the body or the whole body to relieve stress, manage pain and improve circulation.
- **Naturopathic medicine** is a school of medical philosophy that seeks to maintain health and treat disease by assisting the body's own capacity to recover from illness and injury. Licensed naturopathic doctors try to avoid surgery and synthetic substances in their treatments and strive to treat the patient as a whole person using natural foods and remedies, counseling and environmental medicine.

For more information about integrative medicine, speak to your doctor and his or her staff.

If you make the decision to see a practitioner of integrative medicine, be sure to inform your oncologist of the treatments you will be receiving. He or she may also be able to refer to you practitioners in your area. Ideally, a fully integrated medical approach encourages the development of relationships between health care providers to provide patients with individualized, coordinated and team-oriented care.

The following websites may also provide you with additional information on integrative medicine:

<http://www.multicare.org/cgi-bin/multicare.dll/multicare/home.do?channelName=Cancer%20Center> (Click on "Treatment Options")

<http://www.cancer.gov/>

<http://nccam.nih.gov/>

<http://nccam.nih.gov/clinicaltrials/factsheet/>

Medical Resources on the Web

Ten Things to Know About Evaluating Medical Resources on the Web

Adapted from a fact sheet produced by the National Cancer Institute

The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading. This short guide contains important questions you should consider as you look for health information online. Answering these questions when you visit a new site will help you evaluate the information you find.

1. Who runs this site?

Any good health-related Web site should make it easy for you to learn who is responsible for the site and its information.

2. Who pays for the site?

It costs money to run a Web site. The source of a Web site's funding should be clearly stated or readily apparent. For example, Web addresses ending in ".gov" denote a Federal Government-sponsored site. You should know how the site pays for its existence. Does it sell advertising? Is it sponsored by a drug company?

The source of funding can affect what content is presented, how the content is presented, and what the site owners want to accomplish on the site.

3. What is the purpose of the site?

This question is related to who runs and pays for the site. An "About This Site" link appears on many sites; if it's there, use it. The purpose of the site should be clearly stated and should help you evaluate the trustworthiness of the information.

4. Where does the information come from?

Many health/medical sites post information collected from other Web sites or sources. If the person or organization in charge of the site did not create the information, the original source should be clearly labeled.

5. What is the basis of the information?

In addition to identifying who wrote the material you are reading, the site should describe the evidence that the material is based on. Medical facts and figures should have references (such as to articles in medical journals). Also, opinions or advice should be clearly set apart from information that is "evidence-based" (that is, based on research results).

6. How is the information selected?

Is there an editorial board? Do people with excellent professional and scientific qualifications review the material before it is posted?

7. How current is the information?

Web sites should be reviewed and updated on a regular basis. It is particularly important that medical information be current. The most recent update or review date should be clearly posted. Even if the information has not changed, you want to know whether the site owners have reviewed it recently to ensure that it is still valid.

8. How does the site choose links to other sites?

Web sites usually have a policy about how they establish links to other sites. Some medical sites take a conservative approach and don't link to any other sites. Some link to any site that asks, or pays, for a link. Others only link to sites that have met certain criteria.

9. What information about you does the site collect, and why?

Web sites routinely track the paths visitors take through their sites to determine what pages are being used. However, many health Web sites ask for you to “subscribe” or “become a member.” In some cases, this may be so that they can collect a user fee or select information for you that is relevant to your concerns. In all cases, this will give the site personal information about you.

Any credible health site asking for this kind of information should tell you exactly what they will and will not do with it. Many commercial sites sell “aggregate” (collected) data about their users to other companies — information such as what percentage of their users are women with breast cancer, for example. In some cases they may collect and reuse information that is “personally identifiable,” such as your ZIP code, gender, and birth date. Be certain that you read and understand any privacy policy or similar language on the site, and don't sign up for anything that you are not sure you fully understand.

10. How does the site manage interactions with visitors?

There should always be a way for you to contact the site owner if you run across problems or have questions or feedback. If the site hosts chat rooms or other online discussion areas, it should tell visitors what the terms of using this service are. Is it moderated? If so, by whom, and why? It is always a good idea to spend time reading the discussion without joining in, so that you feel comfortable with the environment before becoming a participant.



MultiCare Cancer Services and Resources

MultiCare Regional Cancer Center Contact Information

The MultiCare Regional Cancer Center offers care in four convenient locations. Our comprehensive center at Tacoma General Hospital includes some of the latest technology in cancer treatments including radiation oncology, medical oncology and advanced breast cancer diagnostics. Our inpatient facilities incorporate integrated therapies such as music, massage and meditation. Outpatient medical oncology care also is offered at Allenmore Hospital, Gig Harbor and the Covington MultiCare Clinics.

MultiCare Regional Cancer Center – Allenmore Hospital

1901 S Union Ave, Suite A-240
Tacoma, WA 98405
Medical Oncology, (253) 459-6640

MultiCare Regional Cancer Center – Covington MultiCare Clinic

17700 SE 272nd, Suite 300
Covington, WA 98042
Medical Oncology, (253) 372-7064

MultiCare Regional Cancer Center – Gig Harbor

4700 Pt. Fosdick Drive NW, Suite 203
Gig Harbor, WA 98335
253-851-2328

MultiCare Regional Cancer Center – Tacoma General Hospital

1003 S. 5th St
Tacoma WA 98405
Medical Oncology, (253) 403-1677
Radiation Oncology, (253) 403-4994
Inpatient Unit, (253) 403-1070

MultiCare Regional Cancer Center – Online

www.multicare.org/cancer

Medical Oncology Services

The staff and physicians at the MultiCare Regional Cancer Center's medical oncology/hematology clinics are committed to providing holistic care to patients, their families and the communities they serve.

Our Allenmore, Covington, Gig Harbor and Tacoma General clinics are staffed with specially trained nurses and board-certified physicians dedicated to treating the disease while caring for the person. Our approach is team-oriented and multidisciplinary, so that each facet of a patient's care supports the overall healing process.

At MultiCare Regional Cancer Center, our highly trained staff is prepared to provide complete care for a wide variety of cancer and hematological diseases.

Services Provided:

- Blood and blood products transfusions
- Bone marrow aspiration and biopsy
- Bowel care
- Nurse case management
- Chemotherapy
- Catheter maintenance and education
- Family counseling
- IV antibiotics and hydration
- Nutritional support and counseling
- On-site pharmacist
- Pain and other symptom management
- Palliative care
- Patient education and teaching
- Spiritual counseling
- Therapeutic phlebotomy
- Wound care
- Cancer-related resources

Physicians and Staff

When facing cancer, the MultiCare Regional Cancer Center is your assurance of a complete continuum of cancer-related services. From chemotherapy and radiation therapy to palliative care, we offer a complete spectrum of services for our patients dealing with cancer. From board-certified cancer specialists, gifted surgeons and dozens of specially trained and dedicated cancer nurses, cancer care teams at MultiCare are among the most knowledgeable and compassionate in their fields.

For the latest information on our physicians and staff, visit www.multicare.org/cancer.

Medical Oncology



Min-Chun Chen, MD

Specialty: Oncology/Hematology (Cancer and Blood Disorders), Internal Medicine
Medical School: Taipei Medical College, Taiwan
Residency: Cook County Hospital, Chicago
Fellowship: University of Illinois at Chicago
Languages Spoken: Chinese, Taiwanese, English



Lauren K Colman, MD

Specialty: Oncology/Hematology (Cancer and Blood Disorders), Internal Medicine
Medical School: University of Washington
Residency: Madigan Army Medical Center
Fellowship: Madigan Army Medical Center



W. Welby Cox, MD

Specialty: Oncology/Hematology (Cancer and Blood Disorders), Internal Medicine
Medical School: University of Missouri, Columbia, MO
Residency: University of Washington
Fellowship: University of Washington & Fred Hutchinson Cancer Center



Sara Gause, PA-C

Specialty: Physician Assistant
Medical School: Baylor College of Medicine

Beth A Turney, ARNP

Specialty: Nurse Practitioner (ARNP)
Medical School: University of Washington



Xinda D Wang, MD

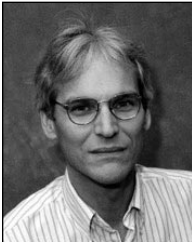
Specialty: Oncology/Hematology (Cancer and Blood Disorders)
Medical School: Shanghai Medical University School of Medicine
Residency: University of Florida Health Science Center
Fellowship: University of Pittsburgh Cancer Institute



Troy Wadsworth, MD

Specialty: Oncology/Hematology (Cancer and Blood Disorders), Internal Medicine
Medical School: Texas Tech Univ. Health Sciences Center
Residency: Presbyterian Hospital of Dallas
Fellowship: Drexel University College of Medicine

Palliative Care



John R VanBuskirk, DO

Specialty: Family Practice/Obstetrics
Medical School: College of Osteopathic Medicine of the Pacific
Residency: Tacoma Family Medicine
Fellowship: Faculty Development Fellowship at University of Washington

Radiation Oncology



John W Rieke, MD

Specialty: Radiation Oncology (Radiation Treatment for Cancer)
Medical School: Oregon Health Sciences University
Residency: Stanford University Medical Center
Languages Spoken: French

Carolyn Rutter, MD

Specialty: Radiation Oncology (Radiation Treatment for Cancer)
Medical School: Medical College of Wisconsin
Residency: University of Washington



Suraj Singh, MD

Specialty: Radiation Oncology (Radiation Treatment for Cancer),
Diagnostic Radiology
Medical School: New York Medical College
Residency: Westchester County Medical Center

The Katterhagen Cancer Resource Center: Supporting Patients and Families Touched By Cancer

Gale and Anne Katterhagen understood the needs of cancer patients in a way few could. They were immersed in it professionally and experienced it personally. As a physician, Gale dedicated his life's work to the disease that would ultimately take his life. Anne too has made a profound difference in the lives of cancer patients by founding Hospice of Tacoma. It was only natural that the Katterhagen Cancer Resource Center was established in their honor.

Located conveniently adjacent to the 3L Oncology Clinic at Tacoma General Hospital, the center is a central source of cancer-related information – a place where you can come to research the many aspects of your disease and get all the necessary information you need. You and your family will have access to information, community resources, support

services, and quality of life programs.

Preparing You and Your Family for the Journey Ahead

A cancer diagnosis is perhaps one of the most life-changing events you could ever face. The Katterhagen Cancer Resource Center can help you and your family get the information you need to make educated and informed decisions. Here are a few of the resources we have available:

- **Nurse Navigators** – Nurse navigators are here not only to answer any question you may have, but to also provide support and guidance. We work with your physician and want to be here for you every step of the way.
- **Social Worker** – Our professionally trained social worker can help you access the services you need. We can help with everything from prevention information to something as simple as finding a responsible babysitter.
- **On-Site Computer Services** – We offer two on-site computers for your use at your convenience to research information.
- **Research Materials** – A variety of materials including books, brochures, magazines, and videos are available for you to have or borrow from us.
- **Additional Services** – The Katterhagen Cancer Resource Center will also help connect you to services that complement medical treatment such as yoga, tai-chi, guided imagery, nutritional information or support groups.

For more information about the Katterhagen Resource Center, please call 253- 403-1677.

Disability Parking Permit

We understand your illness may make it difficult for you to get around. To make it easier to get to your appointments, MultiCare provides temporary parking permits to allow you to park in designated spots. (At Tacoma General, disability parking is available in the 5th Avenue garage.) Parking permits are available at the Radiation Oncology and Medical Oncology Outpatient Clinics at Tacoma General Hospital.

To obtain disability-parking privileges for a prolonged period of time, you will need to apply for a Disabled Person's Parking Privileges Permit from the State of Washington.

- Pick up a Disabled Person's Parking Privileges Application from the Outpatient Clinic.
- Complete the form and have your doctor sign it when you go in for a scheduled visit.
- Take the completed application and a valid driver's license to the Department of Licensing.

Generally, there is no fee required unless you request a permanent set of license plates. Fees may change, so please refer to the application for the most accurate information.



Legal Considerations

There are five basic estate planning tools for Washington State residents: a will, Durable and General Power of Attorney for Health Care and/or Finances, Advance Directive to Physicians, and a Community Property Agreement.

A will can be simple or complicated depending on a person's wishes and estate. It basically tells survivors what the person wants done with their possessions. A will can also include emotional gifts written down for the survivors. A will of any complexity or in a family with strong opinions should be done with a lawyer's assistance. A very simple, non-contested will can be completed on blank forms obtained from a stationary store or downloaded from various websites.

A Durable Power of Attorney for Health Care should be completed by anyone of adult age. It names up to three people who are empowered to speak for the patient if there is some situation where the patient cannot express themselves. It is expected that the patient and the designees have had a chance to talk over the patient's wishes and have defined desired quality of life levels so that the designee or attorney in fact can ensure what the patient would want done for them. The patient always retains primary decision making power unless incapacitated. This form is available at care facilities, legal offices, offices supply stores and the Web. This does not necessarily need to be notarized.

A Durable and General Power of Attorney for financial matters is a powerful document that allows another, trusted person to manage your finances for your benefit if you are incapacitated or unavailable. Obviously, this person(s) needs to be carefully chosen and willing to take this responsibility. This is

another essential support for a single person who may be ill or unable to make financial decisions and needs to maintain their financial matters. Spouses sometimes find this necessary in applying for Medicaid benefits. This form needs to be notarized and possibly done in connection with lawyer's advice.

Both Durable Power of Attorney forms allow people to avoid the expense and delay of a guardianship proceeding in the event of future incompetency. They can be very valuable for children trying to assist elderly parents, single persons, or spouses needing to apply for Medicaid benefits for one partner. With current confidentiality laws, a DPOA for Health Care may be necessary for any medical information to be shared with the patient's non-spouse support persons.

The Advance Directive, or what was previously called a Living Will, may never be used but can be essential in accomplishing the terminal-care wishes of a person when he or she can't speak for themselves. If a person is judged by two physicians to be in a permanent vegetative state or coma with no expectation of recovery, the AD is used to express what the patient would want in this situation. (For example, to have artificial nutrition and hydration continued or withdrawn.) Obviously, this is a guidance tool and hopefully the person and their family have talked over life stances and preferences before signing this form. This is not a legally binding document but does carry great weight in care decisions. It is a support to family or friends, since it can answer questions as to what the patient really wanted for themselves. This form is available from health care facilities, lawyers, office-supply stores, and on the Web. It needs to be witnessed by two disinterested

witnesses who would not benefit from the death of the signer. This is a partner document for the Durable Power of Attorney for Health Care described above.

The Community Property Agreement can assist in avoiding probate between spouses, even in a so-called community property state. The primary purpose of a Community Property Agreement is to declare that all assets owned by a married couple constitute community property and upon the death of one spouse, all property shall be transferred to the surviving spouse without probate. This document is unique to Washington State, only available for married couples, and saves the legal fees of probate upon the death of the first spouse. This does not fit all couples. So legal assistance is strongly recommended.

This is a brief and rough description of some very important, life changing choices and documents. Further exploration and use of legal advice is strongly recommended. The appropriate consideration and use of these documents can open the door to necessary family discussions, encourage deeper thought on what each one truly feels is important in quality living, enable a person to maintain some control of their life even if not able to speak up for themselves, and do away with some stressors involved with already stressful events.



Comfort Care

MultiCare Hospice and Palliative Care Services: Hope and Help for End-of-Life Care

While the primary goal of healthcare is to cure disease, there are times when a cure is no longer possible. When the focus of care shifts from cure to comfort, Hospice offers the expert medical care and human compassion needed by most patients and their families. As pain is relieved and symptoms managed, a patient is better able to participate in daily life at home with family and friends.

About Hospice care

The heart of Hospice is the interdisciplinary team: a group of professionals who provide comfort and care to those for whom cure is no longer possible. Comprised of the patient's physician, a medical director, registered nurses, clinical social workers, non-denominational chaplains, home health aides, and specially trained community volunteers, the Hospice team works together with patients and families to make the remaining months and weeks of life meaningful and as pain-free as possible.

Each patient and family has different expectations of Hospice, so Hospice services may be tailored to meet individual needs. Some of the services offered include:

- Informational visits and timely evaluations and admissions
- Pain relief
- Symptom management
- 24-hour, seven-day-a-week availability of a Hospice RN
- Emotional and spiritual support
- Personal care
- Respite care
- Massage therapy
- Grief support for 13 months for surviving family members and significant others

Who qualifies for Hospice care?

A person diagnosed by a licensed physician as having advanced disease with a life-limited expectancy qualifies for Hospice care. Referrals to a MultiCare Hospice may come from anyone, but the patient's consent and attending physician's authorization are required for admission. People are accepted into the MultiCare Hospice Program without regard to race, religion, age, gender, sexual orientation or disability.

Paying for Hospice care

MultiCare Hospice is reimbursed by Medicare, Medicaid (if the primary insurance), some private insurance plans, VA benefits and uncompensated funds provided by the MultiCare Health Foundation.

Common misconceptions about Hospice care

- *Hospice services are only available in the home setting.*

Hospice services are available wherever the patient lives, whether at home, in an assisted-living setting, or in a nursing home where the agency has a contractual agreement.

- *Hospice patients have to die at home.*

While most Hospice patients choose to die at home, the Hospice team will assist and support families in planning for alternative choices.

- *Hospice patients cannot be hospitalized.*

While part of the role of Hospice is to prevent unnecessary hospitalizations, Hospice patients may be admitted to a hospital with pre-authorization from the Hospice team for symptom-management issues.

- *Hospice provides around-the-clock nursing care in the home.*

Hospice provides intermittent nursing visits and 24-hour telephone access to nursing staff for information, support and visits as needed. The intensity and frequency of nursing care can be increased, depending on the medical needs of the patient.

- *Hospice patients can no longer receive treatment*

Each patient situation is considered and evaluated by the Hospice team. Hospice may accept patients who are receiving, or may receive, palliative treatment – treatment intended for comfort.

- *Primary physicians are no longer involved in care of patients they refer to Hospice.*

Hospice supplements rather than replaces the primary care physician, encouraging the physician to be part of the interdisciplinary team to support patient needs.

- *Hospice patients must have a Do Not Resuscitate order*

Hospice accepts patients for routine home care who have not yet agreed to a DNR status, as long as their goals are for palliative care.

- *Hospice only sees patients with a terminal cancer diagnosis*

Hospice care is appropriate for many end-stage terminal diagnoses, including cancer, AIDS, ALS, heart disease, respiratory and lung disease, and Alzheimer's disease.

- *The patient must be close to death in order to be admitted to Hospice*

Patients with a prognosis of six months or less, assuming the natural course of their disease, are appropriate for Hospice. Hospice care is most beneficial to the patient and family when there is sufficient time to fully assess needs and strengths and to establish a trusting relationship.

Beginning the Hospice program

For more information, or to begin the Hospice program, contact MultiCare Hospice and Palliative Care Services at 253-459-8370 or 1-800-527-2069.



Glossary of Cancer-Related Terms

Blood Counts: A low red blood cell count (HGB) can cause a tired and listless feeling. A low white blood cell count (WBC) can increase your risk of infection. A low platelet count (PLT) can put you at risk for bruising and bleeding.

Adjuvant therapy: Treatment used in addition to and following the primary treatment to cure, reduce, or control the cancer.

Alopecia: Partial or complete loss of hair, often caused by chemotherapy.

Analgesic: A drug that relieves pain.

Anemia: A deficiency of red blood cells. Symptoms include fatigue, shortness of breath, and weakness.

Antibodies: Proteins produced by the immune system to fight infection.

Aspiration: Removal of fluid or tissue, usually with a needle or tube.

Barium enema: A liquid barium mixture given to a patient before an X-ray of the digestive system.

Benign: A non-cancerous tumor that does not have the tendency to grow.

Biopsy: The removal of a piece of tissue to see if it is malignant.

Bone scan: A non-painful test performed by injecting a tracer radioactive substance and in a few hours, taking pictures as you lie on a table. “Hot spots” on the scan could be an indication of cancer.

Brachytherapy: The use of a radioactive “seed” that is implanted directly into a tumor.

Carcinoma: A form of cancer that develops in the tissue or lining of the body such as the breast, lung, skin, or uterus. More than 80% of all cancers are carcinomas.

CT scan: A specialized type of X-ray that produces cross-sectional scans of your body. The test does not hurt, but you may receive an injection of a radioactive substance.

CEA: A “tumor marker” that may be in your blood indicating the presence of cancer. CEA is monitored to assess the progress of your treatment.

Chemotherapy: Drugs that are used to stop or slow down the growth of cancer cells.

Colonoscopy: A procedure to inspect the rectum and colon using a long fiberoptic telescope. It is mostly done on an outpatient basis after giving a local anesthesia.

Endoscope: A flexible lighted instrument that enables examination within the organs.

Fine-needle aspiration: A simple and almost always painless way to get a sample of tissue for diagnosis.

Grading: One means of classifying a tumor depending on whether the cells are differentiated.

Hope: What living with cancer demands. To expect with confidence, and to remember that every cancer, at every stage, has been survived by someone.

Hormonal therapy: Treatment that prevents cancer cells from growing by taking advantage of the hormonal needs of these cells.

Hospice: A special care program that provides medical, spiritual, and psychological care to patients and their families when life expectancy is short.

Immune system: The components of the body that are responsible for fighting and resisting infection, primarily white blood cells but also antibodies and the lymphatic system.

In-situ: An early stage of cancer that is localized in one area.

Interferon: Proteins that activate the immune system. Used to fight cancer as a biological therapy.

Invasive cancer: A stage of cancer in which the cancer cells have spread to other parts of the body.

Lobectomy: Partial removal of the lung.

Lumpectomy: Removal of a cancerous breast lump without removing the entire breast.

Lymph nodes: Pea-sized organs located throughout the body that filter out cancer cells and other foreign substances and produce infection-fighting antibodies.

Lymphedema: Swelling in the arms or legs as a result of blocked lymphatic vessels.

Malignant: Cancerous with a tendency to spread to other organs.

Mastectomy: Surgical removal of the breast as a treatment of cancer.

Metastasis: Spread of cancer from one part of the body to another.

MRI (Magnet Resonance Imaging): A test using magnetic fields to produce structural images of the inside of the body. This test doesn't hurt, but some people may feel claustrophobic or be affected by the loud noise of the machine.

Nadir: The lowest point at which your platelets and white cells drop after chemotherapy.

Neoadjuvant chemotherapy: Chemotherapy given before surgery or radiation therapy.

Neuropathy: Numbness or tingling, sometimes caused by anticancer drugs.

Oncologist: A doctor whose specialty is cancer and its treatments.

Palliative treatment: Medical treatment to relieve pain or symptoms when a cure is no longer the object.

Platelets: One of three types of blood cells. Platelets promote blood clotting.

Prognosis: The attempt to predict the outcome of the disease.

Primary tumor: The location where the cancer first started to grow. Also known as the "place of origin."

Protocol: The outline or plan for a treatment program.

Radiation therapy: The use of a beam of energy to kill cancer cells.

Red blood cells: Blood cells that carry oxygen from the lungs throughout the body.

Remission: The decrease or disappearance of the disease.

Thrombosis: Formation of a blood clot.

TNM classification: A complex system doctors use to describe the stage of development of most cancers.

Tumor: An abnormal tissue growth or mass that can be benign or malignant.

Tumor marker: Proteins and other substances in the blood that indicate the presence of cancer cells somewhere else in the body.

Ultrasound: A testing technique that uses sound waves to make pictures of the inside of the body.

White blood cells: A general term for the cells in the body that play a major role in battling infection.