



**HC** HOLY CROSS  
HEALTH

PATIENT RESOURCE GUIDE:  
**Breast Cancer**

# *Welcome*

We know how frightening and overwhelming it is to hear the words, “You have breast cancer.” But please know that you do not have to go through this experience alone!

Holy Cross Health’s breast care team is here to help you and your family every step of the way—from diagnosis and treatment into recovery and survivorship.

Your team at Holy Cross Hospital or Holy Cross Germantown Hospital features highly skilled and compassionate doctors, nurses, therapists and others who are dedicated to caring for women with breast cancer. Chief among them is our oncology nurse navigator, who will be a resource throughout your journey. The oncology nurse navigator can help you understand your diagnosis and treatment options and answer questions at any stage of your care. The navigator also can guide you to a variety of other hospital and community resources you may need. No matter where your treatment takes place—at the hospital, in your private doctor’s office, at an outpatient radiation clinic or other facility in the community—you can call upon us for advice and support.

Another service that we hope you find valuable is this Patient Resource Guide. It was developed with your needs and questions in mind, and with input from cancer survivors who understand what you are facing.

This guide is not meant to take the place of talking to your medical team. Rather, it serves as a reference and supplement to the information they provide. As an added benefit, it also includes special features to help you keep track of names and phone numbers, appointment dates, questions you may have, documents and other important information. Please review it at your convenience, and ask your oncology nurse navigator if you have any questions about how to use it or its content.

As time allows, we would greatly appreciate your feedback. Please complete the Evaluation Form included at the end of this guide. Thank you in advance.

As you enter this new and unexpected phase of your life, we wish you well. We also promise our ongoing support in meeting your unique health care needs at each step along the way.

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## TAB 1: MY CANCER

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# My Cancer

## YOUR ONCOLOGY NURSE NAVIGATOR

Holy Cross Health's oncology nurse navigator will serve as your advocate and guide throughout your breast cancer journey. The navigator will be available to give you any information you may want or need once you have received a diagnosis of breast cancer. She can:

- Explain your diagnosis
- Explain who will be on your treatment team
- Explain your treatment options such as types of surgery, chemotherapy and radiation therapy
- Explain side effects
- Provide access to available resources and support services
- Answer questions and concerns throughout your treatment
- Provide emotional, mental, psychological and spiritual support

## YOU AND YOUR DOCTOR

Many people with cancer want to take an active part in making decisions about their medical care. It is natural to want to learn all you can about your disease and treatment choices. However, shock and stress after the diagnosis can make it hard to think of everything you want to ask your doctor. It often helps to make a list of questions before an appointment.

To help remember what your doctor says, you may take notes or ask whether you may use a tape recorder. You also will want to have a family member or friend with you when you talk to your doctor – to take part in the discussion, to take notes, or just to listen.

You do not need to ask all your questions at once. You will have other chances to ask your doctor or oncology nurse navigator to explain things that are not clear and to ask for more details.

**TIP: We have included suggested questions to ask at different stages of your journey through cancer, see Tab 2: “Questions For Your Doctor/Health Care Provider Team” page 7.**

## UNDERSTANDING CANCER

Cancer is not just one disease but many. It is a term for diseases that develop after something goes wrong with the cells—the body's basic unit of life.

The body is made up of many types of cells. Normally, these cells grow and divide in an orderly way.

However, sometimes the genetic material (DNA) of a cell can become damaged, producing unusual changes (mutations) that affect normal cell growth and division. When this happens, cells do not die when they should and new cells form when the body does not need them. These cells may grow in an “out of control” manner and form a malignant tumor. This is cancer.

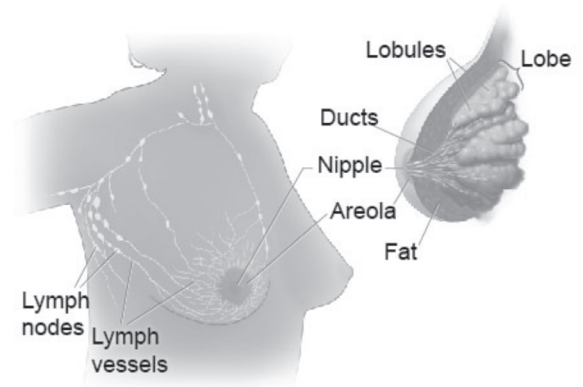
Cancer cells can spread to other parts of the body through the blood and lymphatic systems. When cancer spreads from its original, or primary, location to form new tumors in other organs, the new tumor is called “distant” or “metastatic” disease. When breast cancer spreads to the bone or any other organ, it is breast cancer invading that organ.

# Breast Cancer

## THE BREAST

Inside a woman's breast are 15 to 20 sections called lobes. Each lobe is made of many smaller sections called lobules. Lobules have groups of tiny glands that can make milk. After a baby is born, a woman's breast milk flows from the lobules through thin tubes called ducts to the nipple. Fat and fibrous tissue fill the spaces between the lobules and ducts.

The breasts also contain lymph vessels. These vessels are connected to small, round masses of tissue called lymph nodes. Groups of lymph nodes are near the breast in the underarm (axilla), above the collarbone and in the chest behind the breastbone.



## TYPES OF BREAST CANCER

Breast cancer can begin in different areas of the breast – the ducts, the lobules, or in some cases, the tissue in between. In this section, you can learn about the different types of breast cancer, including non-invasive, invasive, recurrent, and metastatic breast cancers. You also can read about breast cancer in men.

- **DCIS – DUCTAL CARCINOMA IN SITU** – Ductal carcinoma in situ (DCIS) is the most common type of non-invasive breast cancer. Ductal means that the cancer starts inside the milk ducts, carcinoma refers to any cancer that begins in the skin or other tissues (including breast tissue) that cover or line the internal organs, and in situ means “in its original place.” DCIS is called “non-invasive” because it hasn’t spread beyond the milk duct into any normal surrounding breast tissue. DCIS isn’t life-threatening, but having DCIS can increase the risk of developing an invasive breast cancer.

When you have had DCIS, you are at higher risk for the cancer coming back or for developing a new breast cancer than a person who has never had breast cancer. Most recurrences happen within the five to 10 years after initial diagnosis. The chances of a recurrence are under 30 percent.

Women who have breast-conserving surgery (lumpectomy) for DCIS without radiation therapy have about a 25 to 30 percent chance of having a recurrence at some point in the future. Including radiation therapy in the treatment plan after surgery drops the risk of recurrence to less than 10%. If breast cancer does come back after earlier DCIS treatment, the recurrence is non-invasive (DCIS again) about half the time and invasive about half the time. DCIS itself is NOT invasive.

According to the American Cancer Society, about 60,000 cases of DCIS are diagnosed in the United States each year, accounting for about one out of every five new breast cancer cases.

There are two main reasons this number is so large and has been increasing over time:

- People are living much longer lives. As we grow older, our risk of breast cancer increases.
- More people are getting mammograms, and the quality of the mammograms has improved. With better screening, more cancers are being detected early.
- **IDC – INVASIVE DUCTAL CARCINOMA** – Invasive ductal carcinoma (IDC), sometimes called infiltrating ductal carcinoma, is the most common type of breast cancer. About 80 percent of all breast cancers are invasive ductal carcinomas.

Invasive means that the cancer has “invaded” or spread to the surrounding breast tissues. Ductal means that the cancer began in the milk ducts, which are the “pipes” that carry milk from the milk-producing lobules to the nipple. Carcinoma refers to any cancer that begins in the skin or other tissues that cover internal organs—such as breast tissue. All together, “invasive ductal carcinoma” refers to cancer that has broken through the wall of the milk duct and begun to invade the tissues of the breast. Over time, invasive ductal carcinoma can spread to the lymph nodes and possibly to other areas of the body.

According to the American Cancer Society, more than 180,000 women in the United States are diagnosed with invasive breast cancer each year. Most of them are diagnosed with invasive ductal carcinoma.

Although invasive ductal carcinoma can affect women at any age, it is more common as women grow older. According to the American Cancer Society, about two-thirds of women are 55 or older when they are diagnosed with an invasive breast cancer. Invasive ductal carcinoma also affects men.

- **ILC – INVASIVE LOBULAR CARCINOMA** – Invasive lobular carcinoma (ILC), sometimes called infiltrating lobular carcinoma, is the second most common type of breast cancer after invasive ductal carcinoma (cancer that begins in the milk-carrying ducts and spreads beyond them). According to the American Cancer Society, more than 180,000 women in the United States are diagnosed with invasive breast cancer each year. About 10 percent of all invasive breast cancers are invasive lobular carcinomas. (About 80 percent are invasive ductal carcinomas.)

Invasive means that the cancer has “invaded” or spread to the surrounding breast tissues. Lobular means that the cancer began in the milk-producing lobules, which empty out into the ducts that carry milk to the nipple. Carcinoma refers to any cancer that begins in the skin or other tissues that cover internal organs—such as breast tissue. All together, “invasive lobular carcinoma” refers to cancer that has broken through the wall of the lobule and begun to invade the tissues of the breast. Over time, invasive lobular carcinoma can spread to the lymph nodes and possibly to other areas of the body.

Although invasive lobular carcinoma can affect women at any age, it is more common as women grow older. According to the American Cancer Society, about two-thirds of women are 55 or older when they are diagnosed with an invasive breast cancer. ILC tends to occur later in life than invasive ductal carcinoma — the early-60s as opposed to the mid- to late-50s.

Some research has suggested that the use of hormone replacement therapy during and after menopause can increase the risk of ILC.

- **INFLAMMATORY BREAST CANCER** – Inflammatory breast cancer (IBC) is a rare and aggressive form of breast cancer. According to the National Cancer Institute, about 1 to 5 percent of all breast cancer cases in the United States are inflammatory breast cancers.

Inflammatory breast cancer usually starts with the reddening and swelling of the breast instead of a distinct lump. IBC tends to grow and spread quickly, with symptoms worsening within days or even hours. It’s important to recognize symptoms and seek prompt treatment. Although inflammatory breast cancer is a serious diagnosis, keep in mind that treatments today are better at controlling the disease than they used to be.

The average age at diagnosis for inflammatory breast cancer in the United States is 57 for white women and 52 for African American women. These ages are about five years younger than the average ages at diagnosis for other forms of breast cancer. According to the American Cancer Society, inflammatory breast cancer is more common in African American women. A 2008 study found that being overweight makes a person more likely to develop IBC. Like other forms of breast cancer, IBC can also affect men.

## CANCER CELLS

Cancer begins in cells, the building blocks that make up tissues. Tissues make up the breasts and other parts of the body.

Normal cells grow and divide to form new cells as the body needs them. When normal cells grow old or get damaged, they die, and new cells take their place.

Sometimes, this process goes wrong. New cells form when the body doesn’t need them, and old or damaged cells don’t die as they should. The buildup of extra cells often forms a mass of tissue called a lump, growth or tumor.

Tumors in the breast can be benign (not cancer) or malignant (cancer). Benign tumors are not as harmful as malignant tumors.

## BENIGN TUMORS

- Are rarely a threat to life
- Can be removed and usually don't grow back
- Don't invade the tissues around them
- Don't spread to other parts of the body

## MALIGNANT TUMORS

- May be a threat to life
- Often can be removed but sometimes grow back
- Can invade and damage nearby organs and tissues (such as the chest wall)
- Can spread to other parts of the body

Breast cancer cells can spread by breaking away from the original tumor. They enter blood vessels or lymph vessels, which branch into all the tissues of the body. The cancer cells may be found in lymph nodes near the breast. The cancer cells may attach to other tissues and grow to form new tumors that may damage those tissues.

- The spread of cancer is called metastasis. See the “Staging” section on page 11 of this section (Tab 1) for information about breast cancer that has spread.

## RISK FACTORS

When you're told that you have breast cancer, it's natural to wonder what may have caused the disease. But no one knows the exact cause of breast cancer. Doctors seldom know why one woman develops breast cancer and another doesn't.

Doctors do know that bumping, bruising or touching the breast does not cause cancer. And breast cancer is not contagious. You can't catch it from another person. Doctors also know that women with certain risk factors are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of getting a disease.

Some risk factors (such as drinking alcohol) can be avoided. But most risk factors (such as having a family history of breast cancer) can't be avoided.

Studies have found the following risk factors for breast cancer:

- **AGE:** The chance of getting breast cancer increases as you get older. Most women are more than 60 years old when they are diagnosed.
- **PERSONAL HEALTH HISTORY:** Having breast cancer in one breast increases your risk of getting cancer in your other breast. Also, having certain types of abnormal breast cells (atypical hyperplasia, lobular carcinoma in situ [LCIS], or ductal carcinoma in situ [DCIS]) increases the risk of invasive breast cancer. These conditions are found with a breast biopsy. Please note: despite the name, LCIS is not cancer, but rather a biomarker for high risk.
- **FAMILY HEALTH HISTORY:** Your risk of breast cancer is higher if your mother, father, sister or daughter had breast cancer. The risk is even higher if your family member had breast cancer before age 50. Having other relatives (in either your mother's or father's family) with breast cancer or ovarian cancer also may increase your risk.
- **CERTAIN GENOME CHANGES:** Changes in certain genes, such as BRCA1 or BRCA2, substantially increase the risk of breast cancer. Tests can sometimes show the presence of these rare, specific gene changes in families with many women who have had breast cancer, and health care providers may suggest ways to try to reduce the risk of breast cancer or to improve the detection of this disease in women who have these genetic changes.

Also, researchers have found specific regions on certain chromosomes are linked to the risk of breast cancer. If a woman has a genetic change in one or more of these regions, the risk of breast cancer may be slightly increased. The risk increases with the number of genetic changes that are found. Although these genetic changes are more common among women than BRCA1 or BRCA2, the risk of breast cancer is far lower.



- **RADIATION THERAPY TO THE CHEST:** Women who had radiation therapy to the chest (including the breasts) before age 30 are at an increased risk of breast cancer. This includes women treated with radiation for Hodgkin lymphoma. Studies show that the younger a woman was when she received radiation treatment, the higher her risk of breast cancer later in life.
- **REPRODUCTIVE AND MENSTRUAL HISTORY:**
  - The older a woman is when she has her first child, the greater her chance of breast cancer.
  - Women who never had children are at an increased risk of breast cancer.
  - Women who had their first menstrual period before age 12 are at an increased risk of breast cancer.
  - Women who went through menopause after age 55 are at an increased risk of breast cancer.
  - Women who take menopausal hormone therapy for many years have an increased risk of breast cancer.
- **RACE:** In the United States, breast cancer is diagnosed more often in white women than in African American/black, Hispanic/Latina, Asian/Pacific Islander, or American Indian/Alaska Native women.
- **BREAST DENSITY:** Breasts appear on a mammogram (breast X-ray) as having areas of dense and fatty (not dense) tissue. Women whose mammograms show a larger area of dense tissue than the mammograms of women of the same age are at increased risk of breast cancer.
- **HISTORY OF TAKING DES:** DES was given to some pregnant women in the United States between about 1940 and 1971. It is no longer given to pregnant women. Women who took DES during pregnancy may have a slightly increased risk of breast cancer. The possible effects on their daughters are under study.
- **BEING OVERWEIGHT OR OBESE AFTER MENOPAUSE:** The chance of getting breast cancer after menopause is higher in women who are overweight or obese.
- **LACK OF PHYSICAL ACTIVITY:** Women who are physically inactive throughout life may have an increased risk of breast cancer.
- **DRINKING ALCOHOL:** Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.

Having a risk factor or factors does not mean that a woman will get breast cancer. Most women who have risk factors never develop breast cancer.

Many other possible risk factors have been studied. For example, researchers are studying whether women who have a diet high in fat or who are exposed to certain substances in the environment have an increased risk of breast cancer. Researchers continue to study these and other possible risk factors.

## SYMPTOMS

Early breast cancer usually doesn't cause symptoms. But as the tumor grows, it can change how the breast looks or feels. Common changes include:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- Dimpling or puckering in the skin of the breast
- A nipple turned inward into the breast
- Discharge (fluid or bloody) from the nipple, especially if it's bloody
- Scaly, red or swollen skin on the breast, nipple or areola (the dark area of skin at the center of the breast). The skin may have ridges or pitting so that it looks like the skin of an orange.

You should see your health care provider about any symptom that does not go away. Most often, these symptoms are not due to cancer. Another health problem could cause them. If you have any of these symptoms, you should tell your health care provider so that the problems can be diagnosed and treated.

## TESTS ALONG THE WAY

At various points in your breast cancer journey – from diagnosis through treatment and on into follow-up care – you will undergo a variety of different tests to:

- Refine your diagnosis
- Find out how advanced the cancer is, a process called “staging”
- Determine if the cancer has metastasized, or spread to other organs
- Guide certain cancer treatments to make them more targeted
- Evaluate whether and how well a treatment is working
- Monitor your overall health
- Watch for a cancer recurrence

Beyond physical exams, there are two other major types of tests: imaging studies and laboratory (lab) tests, as described below.

### IMAGING TESTS

Imaging procedures create pictures of areas inside your body that help your doctor see whether a tumor is present and, sometimes, to help with staging. These pictures or images can be made in many different ways:

- **DIGITAL MAMMOGRAPHY** – Like conventional mammography, digital mammography uses X-rays to look for tumors or suspicious areas. However, the data is collected on a computer instead of film, allowing the image to be computer-enhanced or magnified for a bigger and more detailed view.
- **ULTRASOUND** – An ultrasound device sends out sound waves that people cannot hear. The waves bounce off tissues inside your body like an echo, which a computer then translates into an image called a sonogram. The sonogram may show whether a lump is a solid tumor, filled with fluid (a cyst) or a mixture of both. Ultrasound also can guide doctors doing biopsies or treating tumors.
- **MRI** – This study looks at the breast tissue in a way that is different from a mammogram. It uses an intravenous contrast agent that is injected during the study. It can show blood flow to the tumor and may be more definitive than a mammogram or ultrasound study of the breast.

As indicated, your physician may order the following:

- **CT SCAN** – A CT or CAT scan (Computed Tomography scan) is an X-ray machine linked to a computer that takes a series of detailed, three-dimensional pictures of your organs. You may receive a contrast material (such as dye) to make these pictures easier to read. CTs can help your doctor tell not only if a tumor is present, but roughly how deep it is in the body.
- **PET SCAN** – The Positron Emission Tomography (PET) scan is a nuclear imaging test that creates computerized images of chemical changes that take place in tissues. Because cancer cells sometimes show up as areas of high activity, PET scans are valuable at detecting more aggressive tumors and also may detect cancer when other imaging techniques show normal results.
- **PET/CT SCAN** – This is the most advanced medical imaging test available today, and it combines the best of both Positron Emission Tomography with Computed Tomography. It can identify both the presence of disease and its exact location, and it helps your physician decide on the best treatment. It also can be used to see how well that treatment is working.

# LABORATORY TESTS

## BIOPSY

In most cases, doctors need to perform a biopsy to make a diagnosis of cancer. For a biopsy, the doctor removes a sample of tissue and sends it to the pathology lab. The sample may be removed by:

- **NEEDLE:** The doctor uses a needle to withdraw tissue or fluid.
- **SURGERY:** Surgery may be excisional or incisional.
  - In an excisional biopsy, the surgeon removes the entire tumor. Often some of the normal tissue around the tumor also is removed.

## STEREOTACTIC BREAST BIOPSY

(information courtesy of Rhode Island Hospital)

- **WHAT IS A STEREOTACTIC BREAST BIOPSY?**

A stereotactic breast biopsy is a test that uses a special computer to guide a needle to an abnormality seen on mammography. A large percentage of these abnormalities are benign and present no health risks. This biopsy is a non-invasive, accurate way to obtain the tissue sample required for diagnosis. The procedure requires little recovery time and there is no significant scarring to the breast.

- **WHAT SHOULD I EXPECT?**

The stereotactic breast biopsy is performed by a board certified radiologist who specializes in breast imaging. The radiologist is assisted by a radiological technologist who also specializes in breast imaging. This team has experience in these biopsies. Before you arrive, the radiologist will have studied your mammogram to become familiar with the location of the abnormality.

After checking in, you will be asked to change into a hospital gown and escorted to the biopsy suite. Sometimes the radiologist will ask for additional images before the procedure for more precise evaluation of the abnormality.

The technologist will ask you to lie face down on the examination table, making sure you are as comfortable as possible. Your breast will be positioned through a round opening in the table. The table will then be elevated so that the physician and technologist can work from below.

- **HOW IS IT PERFORMED?**

The first part of the procedure will seem much like your mammogram except that you will be lying down. Your breast will be compressed, usually somewhat less tightly than during a regular mammogram. An x-ray will be taken to confirm that the proper area of the breast is centered in the window in the compression paddle. When the position is ideal, two more x-rays will be obtained. With the help of a computer, the exact positioning of the biopsy needle is determined from these images. Using this information, the radiologist will then position the device holding the biopsy needle.

Your breast will then be cleaned with antiseptic. Next, the radiologist will numb the part of the breast to be biopsied by injecting local anesthetic. This is done with a tiny needle, and you may feel a stinging at this point. After the local anesthetic has taken effect, the radiologist will make a tiny incision (usually less than an inch) through which the biopsy needle will be placed. Another pair of images will be taken to confirm the needle position. Once placement is confirmed, the tissue samples (cores) are acquired. Often the tissue samples are x-rayed to ensure they contain a representative sample of the area in question.

After the radiologist has retrieved all the desired samples, a tiny metal clip may be placed in your breast at the biopsy site. This will be used to localize the area if a further procedure is necessary.

- **HOW SHOULD I PREPARE?**

To reduce the risk of bleeding during the procedure, we recommend that patients not take any aspirin product for 3 days prior to the procedure and not take any ibuprofen product (such as Advil or Motrin) for 24 hours prior to the procedure. If you are on prescription blood thinning medication such as coumadin, please consult your physician prior to scheduling this exam.

- **WHAT SHOULD I EXPECT AFTERWARDS?**

After the procedure, pressure and ice will be applied to the biopsy site. The radiologist will then discuss what to expect after the examination and what to do when you get home. You will also receive written post procedure instructions.

Most women feel fine after the procedure. Tylenol may be used for relief of any discomfort. However, we recommend exercise or strenuous activity be avoided for twenty-four hours after the procedure. If possible, it's a good idea to go home after the procedure and relax.

## ULTRASOUND-GUIDED BREAST BIOPSY

(Information courtesy of RadiologyInfo.org)

- **WHAT IS ULTRASOUND-GUIDED BREAST BIOPSY?**

Lumps or abnormalities in the breast are often detected by physical examination, mammography, or other imaging studies. However, it is not always possible to tell from these imaging tests whether a growth is benign or cancerous.

A breast biopsy is performed to remove some cells—either surgically or through a less invasive procedure involving a hollow needle—from a suspicious area in the breast and examine them under a microscope to determine a diagnosis. Image-guided needle biopsy is not designed to remove the entire lesion, but most of a very small lesion may be removed in the process of biopsy.

Image-guided biopsy is performed when the abnormal area in the breast is too small to be felt, making it difficult to locate the lesion by hand (called palpation).

In ultrasound-guided breast biopsy, ultrasound imaging is used to help guide the radiologist's instruments to the site of the abnormal growth.

- **WHAT ARE SOME COMMON USES OF THE PROCEDURE?**

An ultrasound-guided breast biopsy can be performed when a breast ultrasound shows an abnormality such as:

- a suspicious solid mass
- a distortion in the structure of the breast tissue
- an area of abnormal tissue change

There are times when your doctor may decide that ultrasound guidance for biopsy is appropriate even for a mass that can be felt.

Ultrasound guidance is used in four biopsy procedures:

- fine needle aspiration (FNA), which uses a very small needle to extract fluid or cells from the abnormal area.
- core needle (CN) which uses a large hollow needle to remove one sample of breast tissue per insertion.
- vacuum-assisted device (VAD) which uses a vacuum powered instrument to collect multiple tissue samples during one needle insertion.
- wire localization, in which a guide wire is placed into the suspicious area to help the surgeon locate the lesion for surgical biopsy.

- **HOW SHOULD I PREPARE?**

You should wear comfortable, loose-fitting clothing for your ultrasound exam. You may need to remove all clothing and jewelry in the area to be examined.

You may be asked to wear a gown during the procedure.

Prior to a needle biopsy, you should report to your doctor all medications that you are taking, including herbal supplements, and if you have any allergies, especially to anesthesia. Your physician will advise you to stop taking aspirin or a blood thinner three days before your procedure.

Also, inform your doctor about recent illnesses or other medical conditions.

You may want to have a relative or friend accompany you and drive you home afterward. This is recommended if you have been sedated.

- **HOW DOES THE PROCEDURE WORK?**

Ultrasound imaging is based on the same principles involved in the sonar used by bats, ships and fishermen. When a sound wave strikes an object, it bounces back, or echoes. By measuring these echo waves it is possible to determine how far away the object is and its size, shape, and consistency (whether the object is solid, filled with fluid, or both).

In medicine, ultrasound is used to detect changes in appearance of organs, tissues, and vessels or detect abnormal masses, such as tumors.

In an ultrasound examination, a transducer both sends the sound waves and records the echoing waves. When the transducer is pressed against the skin, it directs small pulses of inaudible, high-frequency sound waves into the body. As the sound waves bounce off of internal organs, fluids and tissues, the sensitive microphone in the transducer records tiny changes in the sound's pitch and direction. These signature waves are instantly measured and displayed by a computer, which in turn creates a real-time picture on the monitor. One or more frames of the moving pictures are typically captured as still images.

Using an ultrasound probe to visualize the location of the breast lump, the radiologist inserts a biopsy needle through the skin, advances it into the mass and removes tissue samples. If a surgical biopsy is being performed, ultrasound may be used to guide a wire directly into the mass to help the surgeon locate the area for excision. With continuous ultrasound imaging, the physician is able to view the biopsy needle or wire as it advances to the location of the lesion in real-time.

- **WHAT WILL I EXPERIENCE DURING AND AFTER THE PROCEDURE?**

You will be awake during your biopsy and should have little or no discomfort. Most women report little or no pain and no scarring on the breast. When you receive the local anesthetic to numb the skin, you will feel a slight pin prick from the needle. You may feel some pressure when the biopsy needle is inserted.

The area will become numb within a short time. You must remain still while the biopsy is performed. As tissue samples are taken, you may hear clicks from the sampling instrument.

If you experience swelling and bruising following your biopsy, you may be instructed to take an over-the-counter pain reliever and to use a cold pack. Temporary bruising is normal.

You should contact your physician if you experience excessive swelling, bleeding, drainage, redness or heat in the breast. If a marker is left inside the breast to mark the location of the biopsied lesion, it will cause no pain, disfigurement or harm.

You should avoid strenuous activity for 24 hours after returning home, but then usually will be able to resume normal activities.

- **WHO INTERPRETS THE RESULTS AND HOW DO I GET THEM?**

A pathologist examines the removed specimen and makes a final diagnosis. Depending on the facility, the radiologist or your referring physician will share the results with you.

## LAB TESTS WITH BREAST TISSUE

If you are diagnosed with breast cancer, your doctor may order special lab tests on the breast tissue that was removed:

- **HORMONE RECEPTOR TESTS:** Some breast tumors need hormones to grow. These tumors have receptors for the hormones estrogen, progesterone or both. If the hormone receptor tests show that the breast tumor has these receptors, then hormone therapy is most often recommended as a treatment option. See the "Hormone Therapy" section on page 17 of this section.
- **HER2/NEU TEST:** HER2/neu protein is found on some types of cancer cells. This test shows whether the tissue either has too much HER2/neu protein or too many copies of its gene. If the breast tumor has too much HER2/neu, then targeted therapy may be a treatment option. See the "Targeted Therapy" section on page 17 of this section.
- **ONCOTYPE DX:** is used to decide the efficacy of chemotherapy in a patient and the risk of recurrence.

It may take several weeks to get the results of these tests. The test results help your doctor decide which cancer treatments may be options for you.

You may want to ask your doctor these questions before having a biopsy:

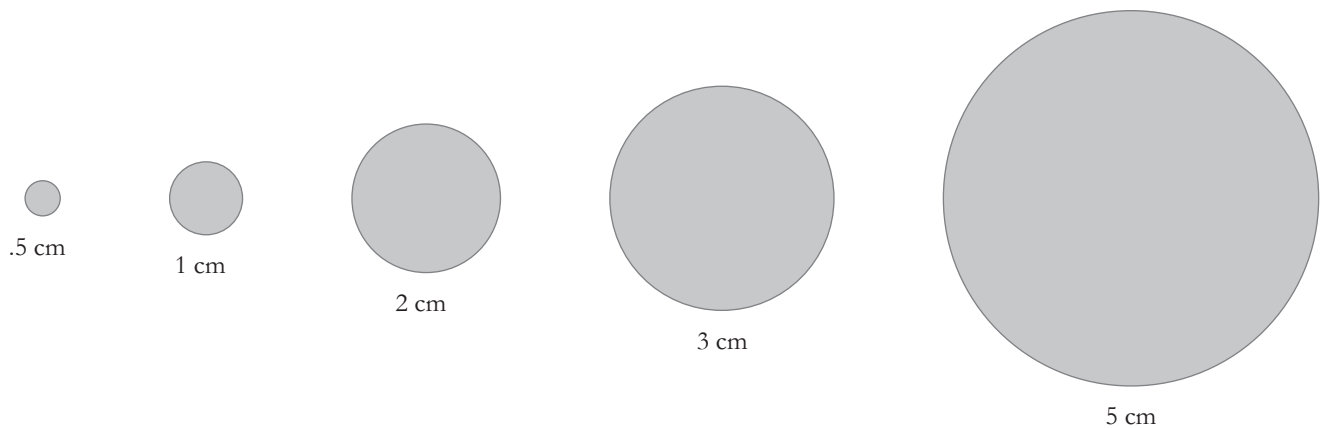
- What kind of biopsy will I have? Why?
- How long will it take? Will I be awake? Will it hurt? Will I have anesthesia? What kind?
- Are there any risks? What are the chances of infection or bleeding after the biopsy?
- Will I have a scar?
- How soon will I know the results?
- If I do have cancer, who will talk with me about the next steps? When?

**TIP: For a complete list of questions, see Tab 2: “Questions For Your Doctor/Health Care Provider Team,” page 7.**

## PATHOLOGY REPORTS

The tissue that is removed from your breast is examined closely by the pathologist to determine if it is cancer. Once the diagnosis is made, there are certain other tests that will be done that give the pathologist, the surgeon and the oncologists more detailed information about the breast cancer cell biology. This is important in determining the possible treatment options. Information in the report includes:

- **THE TYPE OF TUMOR/CANCER AND GRADE:** (how abnormal the cells look under the microscope and how quickly the tumor is likely to grow and spread).
- **THE TUMOR SIZE:** measured in centimeters.



- **TUMOR MARGINS:** When the biopsy sample is the entire tumor:
  - Positive margins mean that cancer cells are found at the edge of the material removed
  - Negative, not involved, clear or free margins mean that no cancer cells are found at the outer edge
  - Close margins are neither positive nor negative

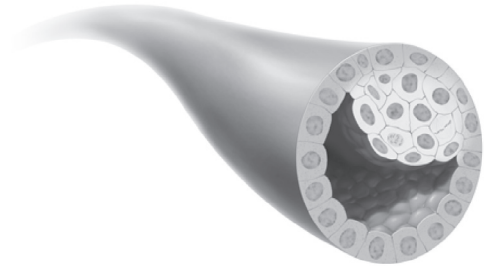
Your doctor will usually receive the pathologist’s report within 10 days after the biopsy or surgery is performed. *You may want to ask your doctors to explain the report to you and to give you a copy for your records.*

## STAGING

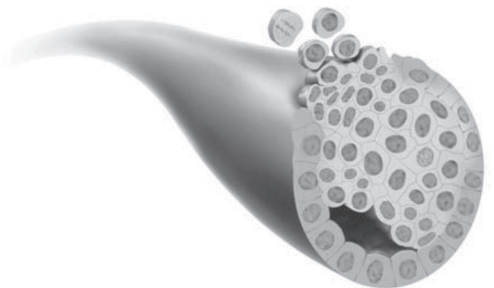
If the biopsy shows that you have breast cancer, your doctor needs to learn the extent (stage) of the disease to help you choose the best treatment. The stage is based on the size of the cancer, whether the cancer has invaded nearby tissues, and whether the cancer has spread to other parts of the body.

Staging may involve blood tests and other tests:

- **LYMPH NODE BIOPSY:** The stage often is not known until after surgery to remove the tumor in your breast and one or more lymph nodes under your arm. Surgeons use a method called sentinel lymph node biopsy to remove the lymph node most likely to have breast cancer cells. The surgeon injects a blue dye, a radioactive substance or both near the breast tumor. Or the surgeon may inject a radioactive substance under the nipple. The surgeon then uses a scanner to find the sentinel lymph node containing the radioactive substance or looks for the lymph node stained with dye. The sentinel node is removed and checked for cancer cells. Cancer cells may appear first in the sentinel node before spreading to other lymph nodes and other places in the body.
- **BONE SCAN:** The doctor injects a small amount of a radioactive substance into a blood vessel. It travels through the bloodstream and collects in the bones. A machine called a scanner detects and measures the radiation. The scanner makes pictures of the bones. The pictures may show cancer that has spread to the bones.
- **CT SCAN:** Doctors sometimes use CT scans to look for breast cancer that has spread to the liver or lungs. An X-ray machine linked to a computer takes a series of detailed pictures of your chest or abdomen. You may receive contrast material by injection into a blood vessel in your arm or hand. The contrast material makes abnormal areas easier to see.



*This picture shows ductal carcinoma in situ. (Stage I)*



*This picture shows cancer cells spreading outside the duct. The cancer cells are invading nearby tissue inside the breast. (Stage II)*

These tests can show whether the cancer has spread and, if so, to what parts of your body. When breast cancer spreads, cancer cells are often found in lymph nodes under the arm (axillary lymph nodes). Also, breast cancer can spread to almost any other part of the body, such as the bones, liver, lungs and brain.

When breast cancer spreads from its original place to another part of the body, the new tumor has the same kind of abnormal cells and the same name as the primary (original) tumor. For example, if breast cancer spreads to the bones, the cancer cells in the bones are actually breast cancer cells. The disease is metastatic breast cancer, not bone cancer. For that reason, it is treated as breast cancer, not bone cancer. Doctors call the new tumor “distant” or metastatic disease.

These are the stages of breast cancer:

- **STAGE O** is sometimes used to describe abnormal cells that are not invasive cancer. For example, Stage O is used for ductal carcinoma in situ (DCIS). DCIS is diagnosed when abnormal cells are in the lining of a breast duct, but the abnormal cells have not invaded nearby breast tissue or spread outside the duct. Although many doctors don't consider DCIS to be cancer, DCIS sometimes becomes invasive breast cancer if not treated.
- **STAGE I** is an early stage of invasive breast cancer. Cancer cells have invaded breast tissue beyond where the cancer started, but the cells have not spread beyond the breast. The tumor is no more than 2 centimeters (three-quarters of an inch) across.
- **STAGE II** is one of the following:
  - The tumor is no more than 2 centimeters (three quarters of an inch) across. The cancer has spread to the lymph nodes under the arm.
  - The tumor is between 2 and 5 centimeters (three quarters of an inch to 2 inches). The cancer has not spread to the lymph nodes under the arm.

- The tumor is between 2 and 5 centimeters (three quarters of an inch to 2 inches). The cancer has spread to the lymph nodes under the arm.
- The tumor is larger than 5 centimeters (2 inches). The cancer has not spread to the lymph nodes under the arm.
- STAGE III is locally advanced cancer. It is divided into Stage IIIA, IIIB and IIIC.
  - STAGE IIIA is one of the following:
    - The tumor is no more than 5 centimeters (2 inches) across. The cancer has spread to underarm lymph nodes that are attached to each other or to other structures. Or the cancer may have spread to lymph nodes behind the breastbone.
    - The tumor is more than 5 centimeters across. The cancer has spread to underarm lymph nodes that are either alone or attached to each other or to other structures. Or the cancer may have spread to lymph nodes behind the breastbone.
  - STAGE IIIB is a tumor of any size that has grown into the chest wall or the skin of the breast. It may be associated with swelling of the breast or with nodules (lumps) in the breast skin:
    - The cancer may have spread to lymph nodes under the arm.
    - The cancer may have spread to underarm lymph nodes that are attached to each other or other structures. Or the cancer may have spread to lymph nodes behind the breastbone.
    - Inflammatory breast cancer is a rare type of breast cancer. The breast looks red and swollen because cancer cells block the lymph vessels in the skin of the breast. When a doctor diagnoses inflammatory breast cancer, it is at least Stage IIIB, but it could be more advanced.
  - STAGE IIIC is a tumor of any size. It has spread in one of the following ways:
    - The cancer has spread to the lymph nodes behind the breastbone and under the arm.
    - The cancer has spread to the lymph nodes above or below the collarbone.
- STAGE IV is distant metastatic cancer. The cancer has spread to other parts of the body, such as the bones or liver.
- RECURRENT CANCER is cancer that has come back after a period of time when it could not be detected. Even when the cancer seems to be completely destroyed, the disease sometimes returns because undetected cancer cells remained somewhere in your body after treatment. It may return in the breast or chest wall. Or it may return in any other part of the body, such as the bones, liver, lungs or brain.

## TREATMENT OPTIONS

Women with breast cancer have many treatment options. During the course of your care, you also may receive more than one type of treatment.

The options are surgery, radiation therapy, hormone therapy, chemotherapy and targeted therapy.

Surgery and radiation therapy are types of local therapy. They remove or destroy cancer in the breast or any surrounding affected tissue. Hormone therapy, chemotherapy and targeted therapy are types of systemic therapy.

The drug enters the bloodstream and destroys or controls cancer throughout the body.

Your doctor will describe the best treatment choices for your particular cancer and the expected results, based upon a combination of the following:

- The stage of your disease
- The size of the tumor in relation to the size of your breast
- The results of lab tests, including whether the breast cancer cells are hormone-dependent
- Whether you have gone through menopause
- Your personal feelings and concerns about body image
- Your general health



Because cancer therapy often damages healthy cells and tissues, side effects are common. However, they can be reduced or, in some cases, even prevented with the right precautions. At any stage of the disease, supportive care is available to relieve the side effects of treatment, to control pain and other symptoms, and to help you cope with the feelings that a diagnosis of cancer can bring. Be sure to talk to your doctor about what can be done to minimize side effects and how treatment may change your normal activities.

**TIP: For information on the most common side effects and how they can be reduced, see the “Side Effects” section on page 19 of this section (Tab 1).**

**You may want to ask your doctor these questions before you begin treatment:**

- What did the hormone receptor tests show? What did other lab tests show? Would genetic testing be helpful to me or my family?
- Do any lymph nodes show signs of cancer?
- What is the stage of the disease? Has the cancer spread?
- What are my treatment choices? Which do you recommend for me? Why?
- What are the expected benefits of each kind of treatment?
- What can I do to prepare for treatment?
- Will I need to stay in the hospital? If so, for how long?
- What are the risks and possible side effects of each treatment? How can side effects be managed?
- What is the treatment likely to cost? Will my insurance cover it?
- How will treatment affect my normal activities?
- Would a research study (clinical trial) be appropriate for me?
- Can you recommend other doctors who could give me a second opinion about my treatment options?
- How often should I have checkups?

**TIP: For a complete list of questions, see Tab 2: “Questions For Your Doctor/Health Care Provider Team,” page 7.**

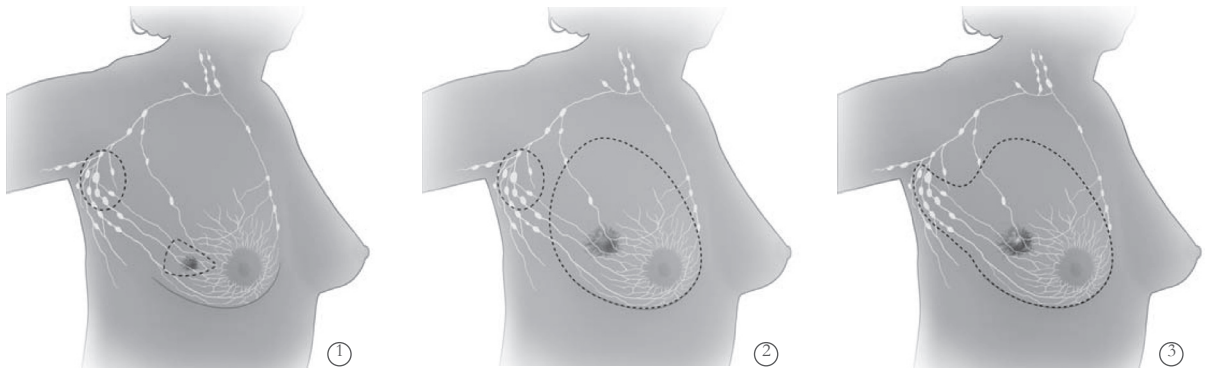
## LOCAL THERAPY

### SURGERY

Surgery is the most common treatment for breast cancer. There are several different approaches offered at Holy Cross Hospital and Holy Cross Germantown Hospital. You and your physician should discuss which approach will be best for you.

- **BREAST-SPARING OR BREAST-CONSERVING SURGERY:** This operation removes the cancer and some of the normal tissue surrounding it, but not the breast. It is usually performed via a lumpectomy or a partial mastectomy. Sometimes an excisional biopsy is the only surgery a woman needs because the whole lump was removed during the biopsy.
- **MASTECTOMY:** The entire breast (or as much of the breast tissue as possible) is removed, using one of several approaches:
  - **Total or simple mastectomy:** Removes the whole breast, possibly along with some lymph nodes under the arm.
  - **Modified radical mastectomy:** Removes the whole breast along with most or all of the lymph nodes under the arm. Often, the lining over the chest muscles also is removed.
  - **Skin-sparing mastectomy:** Preserves as much skin as possible.

- **BREAST RECONSTRUCTION:** This is plastic surgery to rebuild the shape of the breast. It may be done at the same time as the cancer surgery or later. If you're considering breast reconstruction, you may wish to talk with a plastic surgeon before having cancer surgery.



- In breast-sparing surgery, the surgeon removes the cancer in the breast and some normal tissue around it. The surgeon also may remove lymph nodes under the arm. The surgeon sometimes removes some of the lining over the chest muscles below the tumor. (figure 1)
- In total (simple) mastectomy, the surgeon removes the whole breast. Some lymph nodes under the arm also may be removed. (figure 2)
- In modified radical mastectomy, the surgeon removes the whole breast and most or all of the lymph nodes under the arm. Often, the lining over the chest muscles is removed. A small chest muscle also may be taken out to make it easier to remove the lymph nodes. (figure 3)

After surgery, many women receive adjuvant, or follow-up, therapy to lower the chance of cancer returning, in the breast or elsewhere in the body. Adjuvant therapy includes radiation, hormone therapy, chemotherapy, targeted therapy or any combination of these.

**You may want to ask your doctor these questions before having surgery:**

- What kinds of surgery can I consider? Is breast-sparing surgery an option for me? Is a skin-sparing mastectomy an option? Which operation do you recommend for me? Why?
- Will any lymph nodes be removed? How many? Why?
- How will I feel after the operation? Will I have to stay in the hospital?
- Will I need to learn how to take care of myself or my incision when I get home?
- Where will the scars be? What will they look like?
- If I decide to have plastic surgery to rebuild my breast, how and when can that be done? Can you suggest a plastic surgeon for me to contact?
- Will I have to do special exercises to help regain motion and strength in my arm and shoulder? Will a physical therapist or nurse show me how to do the exercises?
- Is there someone I can talk with who has had the same surgery I'll be having?
- How often will I need checkups?

**TIP: For a complete list of questions, see Tab 2: "Questions For Your Doctor/ Health Care Provider Team," page 7.**

## RADIATION THERAPY

Radiation therapy (also called radiotherapy) is a cancer treatment that uses high doses of radiation to kill or slow the growth of cancer cells and stop them from spreading. It affects only cells in the part of the body that is being treated. In the treatment of breast cancer, radiation is usually administered after surgery, which is called adjuvant therapy. If a breast cancer patient is receiving chemotherapy, radiation is usually given following the completion of the chemotherapy regimen.

Radiation treatment may be delivered at the Holy Cross Radiation Treatment Center, which is located approximately one mile from Holy Cross Hospital at 2121 Medical Park Drive, Suite #4, Silver Spring, Maryland 20902. 301-681-4422.

Radiation therapy is given by a team of health care providers who work together to provide care that is designed specifically for you. The doctor will meet with you to determine if you need treatment or not. If treatment is needed, the doctor will discuss how much radiation you will receive, plan how your treatment will be given, closely follow you during your course of treatment, and prescribe care you need to help with side effects. Other members of the team include radiation therapists, radiation nurses, and sometimes a dietician, a social worker, a physical therapist and others.

Radiation therapy can be external beam (when a machine outside your body aims radiation at cancer cells) or internal (when radiation is put inside your body, in or near the cancer cells). Sometimes patients get both forms of radiation therapy.

- **EXTERNAL BEAM RADIATION THERAPY:** This is the most common type of radiation used to treat breast cancer. External beam therapy is a local treatment, meaning that the radiation is aimed only at a specific part of your body such as your breast when you have breast cancer. Most patients receive external beam radiation therapy once a day, five days a week, for four to seven weeks, depending on the type of cancer you have and the goal of your treatment.
- **INTERNAL RADIATION THERAPY OR BRACHYTHERAPY:** This is a newer form of radiation therapy for breast cancer that delivers a more intense treatment over a shorter period of time, directly at the site of the cancer. The Holy Cross Radiation Treatment Center performs partial breast irradiation or PBI, and is one of the most experienced with the technique in the area. Patients receive high dose radiation through a catheter placed in the lumpectomy cavity of the breast by their surgeon. Radiation is delivered twice a day for five days. At the end of the treatment period, the breast catheter is removed by the radiation oncologist.

### WHAT TO EXPECT:

- You will have a one to two hour meeting with the radiation oncologist who will perform a physical exam, review your health history and any diagnostic tests or surgical results. The doctor will discuss the type of radiation therapy that is best for you, its benefits and side effects, and ways you can care for yourself during and after treatment.
- A treatment planning session called a simulation will be scheduled to determine areas to be treated.
- The radiation therapist will put small marks or tattoos of colored ink on your skin to mark the treatment area. Tattoos are the size of a freckle and will remain on your skin for the rest of your life.
- The therapist will work with you to choose a treatment time that works best for your schedule.
- You should wear loose-fitting, comfortable soft clothing for your treatment as you may be asked to remove your clothing and wear a gown during treatment. Do not wear jewelry, lotion, deodorant or powder on your skin on or near the treatment area.
- Partial breast irradiation patients will wear a surgical bra over the breast catheter and will have a small dressing over the incision site.

Side effects depend mainly on the dose and type of radiation. It is common for the skin in the treatment area to become red, dry, tender and itchy. Your breast may feel heavy and tight. Internal radiation therapy may make your breast look red or bruised. Your doctor may prescribe a cream or lotion to use if the skin becomes irritated. These problems usually diminish over time, however, there may be lasting change in the color of your skin. You are likely to become very tired during radiation therapy, especially in the later weeks of treatment. Resting is important, but doctors usually advise patients to try to stay active. You may wish to discuss with your doctor the possible long-term effects of radiation therapy. For example, radiation therapy to the chest may harm the lung or heart. Also, it can change the size of your breast and the way it looks. If any of these problems occur, your health care team can tell you how to manage them.

**You may want to ask your doctor these questions before having radiation therapy:**

- Which type of radiation therapy can I consider? Are both types an option for me?
- When will treatment start? When will it end? How often will I have treatments?
- How will I feel during treatment? Will I need to stay in the hospital? Will I be able to drive myself to and from treatment?
- What can I do to take care of myself before, during and after treatment?
- How will we know the treatment is working?
- Will treatment harm my skin?
- How will my chest look afterward?
- Are there any lasting effects?
- What is the chance that the cancer will come back in my breast?
- How often will I need checkups?

**TIP: For a complete list of questions, see Tab 2: “Questions For Your Doctor/Health Care Provider Team,” page 7.**

## SYSTEMIC THERAPY

### CHEMOTHERAPY

Chemotherapy uses drugs to kill cancer cells. The drugs that treat breast cancer are usually given through a vein (intravenous) or as a pill. You’ll probably receive a combination of drugs. You may receive chemotherapy at Holy Cross Hospital’s Outpatient Infusion Center, at your doctor’s office or at home. Some women need to stay in the hospital during treatment.

The side effects depend mainly on which drugs are given and how much. Chemotherapy kills fast-growing cancer cells, but the drugs also can harm normal cells that divide rapidly including:

- **BLOOD CELLS:** When drugs lower the levels of healthy blood cells, you’re more likely to get infections, bruise or bleed easily, and feel very weak and tired. Your health care team will check for low levels of blood cells. If your levels are low, your health care team may stop the chemotherapy for a while or reduce the dose of the drug. There also are medicines that can help your body make new blood cells.
- **CELLS IN HAIR ROOTS:** Chemotherapy may cause hair loss. If you lose your hair, it will grow back after treatment, but the color and texture may be changed.
- **CELLS THAT LINE THE DIGESTIVE TRACT:** Chemotherapy can cause a poor appetite, nausea and vomiting, diarrhea, or mouth and lip sores. Your health care team can give you medicines and suggest other ways to help with these problems.

Sometimes, women receive chemotherapy before surgery, called neoadjuvant therapy (treatment before the main treatment). Chemotherapy before surgery may shrink a large tumor so that breast-sparing surgery is possible.

Discuss the possible side effects with your medical oncologist. The side effects are variable and depend upon the particular drugs and your individual response to the drugs.

Some drugs used for breast cancer can cause tingling or numbness in the hands or feet. This problem often goes away after treatment is over.

Other problems may not go away. For example, some of the drugs used for breast cancer may weaken the heart. Your doctor may check your heart before, during and after treatment. A rare side effect of chemotherapy is that years after treatment, a few women have developed leukemia (cancer of the blood cells).

Some anticancer drugs can damage the ovaries. If you have not gone through menopause yet, you may have hot flashes and vaginal dryness. Your menstrual periods may no longer be regular or may stop. You may become infertile (unable to become pregnant). For women over the age of 35, this damage to the ovaries is likely to be permanent.

On the other hand, you may remain able to become pregnant during chemotherapy. Before treatment begins, you should talk with your doctor about birth control because many drugs given during the first trimester are known to cause birth defects.

## TARGETED THERAPY

Some women with breast cancer may receive drugs called targeted therapy. Targeted therapy uses drugs that block the growth of breast cancer cells. For example, targeted therapy may block the action of an abnormal protein (such as HER2) that stimulates the growth of breast cancer cells.

Trastuzumab (Herceptin®) or lapatinib (TYKERB®) may be given to a woman whose lab tests show that her breast tumor has too much HER2:

- **TRASTUZUMAB:** This drug is given through a vein. It may be given alone or with chemotherapy. Side effects that most commonly occur during the first treatment include fever and chills. Other possible side effects include weakness, nausea, vomiting, diarrhea, headaches, difficulty breathing and rashes. These side effects generally become less severe after the first treatment. Trastuzumab also may cause heart damage, heart failure and serious breathing problems. Before and during treatment, your doctor will check your heart and lungs.
- **LAPATINIB:** This tablet is taken by mouth. Lapatinib is given with chemotherapy. Side effects include nausea, vomiting, diarrhea, tiredness, mouth sores and rashes. It also can cause red, painful hands and feet. Before treatment, your doctor will check your heart and liver. During treatment, your doctor will watch for signs of heart, lung or liver problems.

## HORMONE THERAPY

If your tumor is being fed by the natural hormones in your body (estrogen and progesterone), you may receive hormone, also called anti-hormone, therapy. Hormone therapy keeps cancer cells from getting or using the natural hormones they need to grow. Some classes or names of hormone therapy drugs that you might be familiar with are Tamoxifen and aromatase inhibitors, such as anastrozole, exemestane and letrozole. These drugs can prevent the original breast cancer from returning and also help prevent the development of new cancers in the other breast. Your medical oncologist will prescribe and help you manage the use of these medications.

### OPTIONS BEFORE MENOPAUSE:

If you have not gone through menopause, the options include:

- **TAMOXIFEN:** This drug can prevent the original breast cancer from returning and also helps prevent the development of new cancers in the other breast. As treatment for metastatic breast cancer, tamoxifen slows or stops the growth of cancer cells that are in the body. It's a pill you take every day for five years.
  - In general, the side effects of tamoxifen are similar to some of the symptoms of menopause. The most common are hot flashes and vaginal discharge. Others are irregular menstrual periods, thinning bones, headaches, fatigue, nausea, vomiting, vaginal dryness or itching, irritation of the skin around the vagina and skin rash. Serious side effects are rare, but they include blood clots, strokes, uterine cancer and cataracts.

- **LH-RH AGONIST:** This type of drug can prevent the ovaries from making estrogen. The estrogen level falls slowly. Examples are leuprolide and goserelin. This type of drug may be given by injection under the skin in the stomach area. Side effects include hot flashes, headaches, weight gain, thinning bones and bone pain.
- **SURGERY TO REMOVE YOUR OVARIES:** Until you go through menopause, your ovaries are your body's main source of estrogen. When the surgeon removes your ovaries, this source of estrogen also is removed. (A woman who has gone through menopause wouldn't benefit from this kind of surgery because her ovaries produce much less estrogen.) When the ovaries are removed, menopause occurs right away. The side effects are often more severe than those caused by natural menopause. Your health care team can suggest ways to cope with these side effects.

If you have not yet gone through menopause, your physician may recommend surgery to remove your ovaries – your body's main source of estrogen.

#### OPTIONS AFTER MENOPAUSE:

If you have gone through menopause, the options include:

- **AROMATASE INHIBITOR:** This type of drug prevents the body from making a form of estrogen (estradiol). Examples are anastrozole, exemestane and letrozole. Common side effects include hot flashes, nausea, vomiting, and painful bones or joints. Serious side effects include thinning bones and an increase in cholesterol.
- **TAMOXIFEN:** Hormone therapy is given for at least five years. Women who have gone through menopause receive tamoxifen for two to five years. If tamoxifen is given for less than five years, then an aromatase inhibitor often is given to complete the five years. Some women have hormone therapy for more than five years. See page 17 for more information about tamoxifen and its possible side effects.

**You may want to ask your doctor these questions before having chemotherapy, targeted therapy or hormone therapy:**

- What drugs will I be taking? What will they do?
- When will treatment start? When will it end? How often will I have treatments?
- Where will I have treatment?
- What can I do to take care of myself during treatment?
- How will we know the treatment is working?
- Which side effects should I tell you about?
- Will there be long-term effects?
- How often will I need checkups?

**TIP: For a complete list of questions, see Tab 2: “Questions For Your Doctor/Health Care Provider Team,” page 7.**

## BREAST RECONSTRUCTION

Some women who plan to have a mastectomy decide to have breast reconstruction. Other women prefer to wear a breast form (prosthesis) inside their bra. Others decide to do nothing after surgery. All of these options have pros and cons. What is right for one woman may not be right for another. What is important is that nearly every woman treated for breast cancer has choices. To help you make this choice, we recommend you receive feedback from all physicians involved in your care.

Breast reconstruction may be done at the same time as the mastectomy, or later on. If radiation therapy is part of the treatment plan, some doctors suggest waiting until after radiation therapy is complete.

If you are thinking about breast reconstruction, you should talk to a plastic surgeon before the mastectomy, even if you plan to have your reconstruction later on.

There are many ways for a surgeon to reconstruct the breast. Some women choose to have breast implants, which are filled with saline or silicone gel.

You also may have breast reconstruction with tissue that the plastic surgeon removes from another part of your body. Skin, muscle and fat can come from your lower abdomen, back or buttocks. The surgeon uses this tissue to create a breast shape.

The type of reconstruction best for you depends on your age, body type and the type of cancer surgery you had. The plastic surgeon can explain the risks and benefits of each type of reconstruction.

### **You may want to ask your doctor these questions about breast reconstruction:**

- Which type of surgery would give me the best results? How will I look afterward?
- When can my reconstruction begin?
- How many surgeries will I need?
- What are the risks at the time of surgery? Later?
- Will I have scars? Where? What will they look like?
- If tissue from another part of my body is used, will there be any permanent changes where the tissue was removed?
- What activities should I avoid? When can I return to my normal activities?
- Will I need follow-up care?
- How much will reconstruction cost? Will my health insurance pay for it?

**TIP: For a complete list of questions, see Tab 2: “Questions For Your Doctor/Health Care Provider Team,” page 7.**

## SIDE EFFECTS

Because cancer therapy often damages healthy cells and tissues, side effects are common. Side effects depend mainly on the type and extent of the treatment. They may not be the same for each person, and they may change from one treatment session to the next. However, they can be reduced or, in some cases, even prevented with the right precautions. Most go away when treatment ends.

At any stage of the disease, supportive care is available to relieve the side effects of treatment, to control pain and other symptoms, and to help you cope with the feelings that a cancer diagnosis can bring.

Before you begin treatment, your health care team will explain the possible side effects and how they will help you manage them. They also will discuss how treatment may affect your normal activities. Be sure to talk to them anytime you are experiencing an unpleasant reaction or to raise questions.

We have highlighted the most common side effects experienced by patients undergoing treatment for all types of cancer.

## COMMON SIDE EFFECTS

Coping with cancer can be exhausting. The disease and the treatments you may need to fight it can take a significant toll on your body, leaving you tired and battling nausea, weight loss and a variety of other side effects. The most common side effects are described below.

### SURGERY

The time it takes to heal after surgery is different for each person. You may be uncomfortable for the first few days. Medicine can help control your pain. Before surgery, you should discuss the plan for pain relief with your doctor or nurse. After surgery, your doctor can adjust the plan if you need more pain relief.

It is common to feel tired or weak for a while after surgery. Your health care team will monitor you for signs of bleeding, infection or other problems requiring immediate treatment.

### CHEMOTHERAPY

Side effects depend mainly on which drugs are given and how much. Chemotherapy kills fast-growing cancer cells, but the drugs also can harm normal cells that divide rapidly including:

- **BLOOD CELLS:** These cells fight infection, help blood to clot and carry oxygen to all parts of your body. When drugs lower the levels of healthy blood cells, you are more likely to get infections, bruise or bleed easily, and feel very weak and tired. Your health care team will check for low levels of blood cells. If your levels are low, your health care team may stop the chemotherapy for a while or reduce the dose of the drug. There also are medicines that can help your body make new blood cells.
- **CELLS IN HAIR ROOTS:** Chemotherapy may cause hair loss. If you lose your hair, it will grow back after treatment, but the color and texture may be changed.
- **CELLS THAT LINE THE DIGESTIVE TRACT:** Chemotherapy can cause a poor appetite, nausea and vomiting, diarrhea, or mouth and lip sores. Your health care team can give you medicines and suggest other ways to help with these problems.

Other side effects from chemotherapy are less common but still occur frequently, including:

- Tingling or numbness in your hands and feet
- Skin rash
- Swollen legs and feet from your body holding extra water
- Shortness of breath
- Watery eyes
- Hearing problems
- Loss of balance
- Joint pain
- Memory changes (“chemo brain”)

### RADIATION THERAPY

The side effects depend mainly on the type of radiation therapy, the dose of radiation and the part of your body that is treated. You are likely to become very tired during treatment, especially in the latter weeks of treatment. Resting is important, but doctors usually advise patients to try to stay active.

During radiation therapy, your skin in the treatment area may become red, dry and tender. You may experience cosmetic changes to your breast and they may become more dense. You may want to discuss long-term side effects with your doctor. These side effects relate to the potential for radiation affecting healthy cells in the body such as the heart or lungs.

Although the side effects of radiation therapy can be distressing, your doctor can usually treat or control them. Also, side effects usually go away after treatment ends.



## WAYS TO MANAGE SIDE EFFECTS

Most side effects go away when treatment ends. But some side effects may last months, years or longer. While there's no way to avoid the side effects of cancer entirely, you don't have to simply accept them. A variety of strategies, including medicines and lifestyle changes, may help you feel better.

It may take many attempts to find a treatment strategy that helps you. It is important to keep the lines of communication open with your doctor and always inform him or her when your condition changes.

Following are tips on coping with the most common side effects.

### PAIN

Pain can be caused by cancer, treatments for the disease or both. If you find that you are in pain, never hesitate to talk with your doctor. You will not get addicted when cancer pain medicines are given and taken in the right way. Controlling pain is part of your cancer treatment.

There are many strategies to help lower or get rid of pain, including medicine, surgery, massage and acupuncture. The best way to control pain is to stop it from starting or to keep it from getting worse. Being in less pain will help you sleep and eat better, feel stronger and be better able to continue with work and other activities.

#### **ALWAYS CALL YOUR DOCTOR OR NURSE IF:**

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

#### **HERE ARE SOME TIPS ON KEEPING YOUR PAIN UNDER CONTROL:**

- Take the right amount of medicine each time you are supposed to.
- Take the pain medicine on time. If you take the pain medicine too late, it may not work as well.
- Tell your doctor or nurse if the pain does not go away after you take the medicine.
- Tell your doctor or nurse if you are in pain, but it's not yet time to take the pain medicine.
- Do not stop taking the pain medicine unless your doctor tells you to.
- Talk with your doctor, nurse or social worker if you need help to pay for pain medicine.
- Give your doctor or nurse a list of all of the medicines you are taking.
- Each day, write about any pain you feel, including when it happened, what made it feel better or worse, what type of pain and how bad it was. This will help you talk with your doctor or nurse.

### NAUSEA / VOMITING

Chemotherapy and radiation treatments often cause nausea and vomiting. However, some medicines can help control the problem. Establishing certain eating habits can help, as well.

Take these steps to feel better:

- Ask your doctor or nurse for anti-nausea medicine and other steps you can take to help manage your symptoms.
- Take your anti-nausea medicine as prescribed – even on the days you are feeling well.

- Call your doctor or nurse if the medicine is not working and you still have nausea or vomiting.
- Eat five or six small meals during the day, instead of three big meals.
- Avoid greasy, fried or spicy foods. Avoid anything that makes you feel sick after eating it.
- Eat dry foods, such as crackers or toast, every few hours during the day.
- Sip clear liquids often to prevent dehydration. If you find it hard to drink a full glass at one time, take small sips of water during the day.
- Experiment with the best times for you to eat and drink, especially on the days you have treatment.

## POOR APPETITE

Cancer and its treatments can decrease appetite, but not eating well can cause weakness, weight loss and fatigue. Eating right can actually help your treatment.

Try these tips to make eating easier:

- Eat five or six small meals each day, instead of three big meals.
- Set times to eat a little, even if you're not hungry.
- Allow yourself to eat your favorite foods any time of day.
- Eat high-protein foods and snacks.
- Try milkshakes or soup. These foods are easy to swallow.
- Take a short walk each day. Being active may help you feel hungrier.
- Drink liquids in between meals instead of during them.
- Let your doctor or nurse know if you lose weight.

**TIP: More detailed information on nutrition and exercise can be found under Tab 4: "Eating Well," page 2 and "Stay Active," page 3.**

## FATIGUE

Fatigue is often one of the first symptoms of cancer. It may be a sign that the disease is progressing. It also may be caused by cancer treatments or be a result of other side effects such as a poor appetite. Another common cause of fatigue is anemia, a condition in which the body does not have enough red blood cells or when the blood cells do not have enough hemoglobin. Anemia can be caused by cancer, cancer treatments or other medical issues. There are medicines that can ease fatigue by helping the body make more red blood cells.

Strategies for coping with fatigue include the following:

- Do less.
- Do activities that are most important first.
- Ask others for help.
- Take time off from your job through medical leave or work fewer hours.
- Be as active as you can.
- Eat five or six small meals during the day to keep up your strength, instead of three big meals.
- Keep water with you and take small sips during the day. Most people need to drink at least eight cups of water a day.
- Listen to your body. Rest when you feel tired.
- Try to take short naps that are one hour or less during the day.
- Make a bedtime routine. Bathing, reading or listening to music before you go to sleep may help you relax.
- Sleep at least eight hours every night.

## LYMPHEDEMA

This cancer complication happens most often when surgery affects lymph nodes or vessels, causing a buildup of lymph fluid. Radiation therapy may complicate matters if radiation therapy is added after surgery or if the cancer is blocking the lymphatic flow.

Symptoms include chronic swelling, usually of the arms, hands, legs or feet. Swelling or bloating also can occur in your face, stomach or lower belly.

Treatments for lymphedema may include:

- Range-of-motion exercises
- Compression
- Drainage

### **ALWAYS CALL YOUR DOCTOR OR NURSE IF YOU:**

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

### **TAKE THESE STEPS TO PREVENT SWELLING:**

- Ask about special stockings.
- Wear loose clothing and shoes that are not too tight.
- Raise your feet when you can.
- Try not to stand or walk too much at one time.
- Stay away from salt. Don't eat food such as chips, bacon, ham, or canned soups or add salt or soy sauce to your food.
- Weigh yourself at the same time every day. Tell your doctor or nurse if you gain weight.

**TIP: See Tab 5: "Holy Cross Health and Community Resources," page 1.**

## MEMORY CHANGES

Memory changes or trouble thinking may be caused by stress or a medication you are taking. Or, they may be caused by the cancer, cancer treatment or other health problems.

In fact, one in four people with cancer reports memory and attention problems after chemotherapy. It's often called "chemo brain." Survivors describe this as "brain fog," which can lead to problems paying attention, finding the right word or remembering new things. These changes can begin soon after treatment ends, or they may not appear until much later.

You or a family member should call your doctor or nurse if you:

- Feel confused: If you are very confused, have someone stay with you. Don't stay home alone.
- Feel very sad or depressed
- Have a hard time thinking or remembering things

Your doctor will work to find out what is causing these problems. In the meantime, the tips below may help:

- Do things that need the most thinking at the time of day when you feel best.
- Get extra rest.
- Write down or tape record things you want to remember.
- Write down important dates and information on a calendar.
- Use a pill box or calendar to help keep track of your medications.
- Ask your nurse or social worker for help to keep track of medications and medical visits.
- Ask a friend or family member for extra help when you need it.

## SECOND OPINION

Before starting treatment, you may want a second opinion from another doctor about your diagnosis and treatment plan. Some women worry that their doctor will be offended if they ask for a second opinion. Usually the opposite is true. Most doctors welcome a second opinion. And many health insurance companies will pay for a second opinion if you or your doctor requests it. Some companies require a second opinion.

If you get a second opinion, the doctor may agree with your first doctor's diagnosis and treatment plan. Or the second doctor may suggest another approach. Either way, you'll have more information and perhaps a greater sense of control. You also may feel more confident about the decisions you make, knowing that you've looked carefully at your options.

Be clear about what kind of second opinion you want to have. You may want a second opinion from a surgeon, a medical oncologist, a radiation oncologist, a plastic reconstructive surgeon, a pathologist or a radiologist who specializes in breast disease.

Your oncology nurse navigator will be very helpful in answering your questions about getting a second opinion and will help you with this process.

**TIP: Holy Cross Health's Physician Referral Service also can help. Call 301-754-8800 to find another specialist near you, or visit [HolyCrossHealth.org](http://HolyCrossHealth.org).**

## GENETICS

The use of molecular profiling in breast cancer includes the following:

- ER and PR status testing
- HER2/neu receptor status testing
- Gene profile testing by microarray assay or reverse transcription-polymerase chain reaction (e.g., MammaPrint, Oncotype DX)

### GENOMIC ASSAYS

Unlike individual gene testing, such as testing for HER2, genomic assays analyze the activity of a group of normal and abnormal genes that can increase the risk of breast cancer coming back after treatment. This analysis can help decide if a person is likely to benefit from chemotherapy to reduce the risk the cancer coming back. Two types of genomic assays for breast cancer are currently in use: Oncotype DX and MammaPrint. Oncotype DX is used to decide the efficacy of chemotherapy in a patient and the risk of recurrence.

If the breast cancer is early stage and hormone receptor positive, you and your doctor may decide that a genomic assay is appropriate for your situation. The results of your genomic assay are reported separately from your pathology report. The test results will indicate the likelihood of the cancer coming back based on the overall pattern of gene activity found in your breast cancer cells. Your doctor can use this information to help decide whether chemotherapy to reduce the risk of breast cancer coming back makes sense in your overall treatment plan.

## BRCA

To date, most inherited cases of breast cancer have been associated with two genes: BRCA1, which stands for BReast CAncer gene one, and BRCA2, or BReast CAncer gene two.

The function of these genes is to keep breast cells growing normally and to prevent any cancer cell growth. But when these genes contain abnormalities, or mutations, they are associated with an increased breast cancer risk. Abnormal BRCA1 and BRCA2 genes may account for up to 10 percent of all breast cancers.

Women diagnosed with breast cancer who have an abnormal BRCA1 or BRCA2 gene often have a family history of breast cancer, ovarian cancer or both. But it's also important to remember that most women with breast cancer have no family history of the disease.

Identifying BRCA1 and BRCA2 has led to new techniques for lowering, detecting, and treating breast cancer and lowering the risk for the disease. For women who wish to be tested, it is now possible to establish whether the two genes are normal or not.

### WHO SHOULD BE TESTED

- In a family with a history of breast and/or ovarian cancer, it may be most informative to first test a family member who has breast or ovarian cancer. If that person is found to have a harmful BRCA1 or BRCA2 mutation, then other family members can be tested to see if they also have the mutation.
- Regardless, women who have a relative with a harmful BRCA1 or BRCA2 mutation and women who appear to be at increased risk of breast and/or ovarian cancer because of their family history should consider genetic counseling to learn more about their potential risks and about BRCA1 and BRCA2 genetic tests.
- The likelihood of a harmful mutation in BRCA1 or BRCA2 is increased with certain familial patterns of cancer. These patterns include the following (15):
  - For women who are not of Ashkenazi Jewish descent:
    - two first-degree relatives (mother, daughter, or sister) diagnosed with breast cancer, one of whom was diagnosed at age 50 or younger;
    - three or more first-degree or second-degree (grandmother or aunt) relatives diagnosed with breast cancer regardless of their age at diagnosis;
    - a combination of first- and second-degree relatives diagnosed with breast cancer and ovarian cancer (one cancer type per person);
    - a first-degree relative with cancer diagnosed in both breasts (bilateral breast cancer);
    - a combination of two or more first- or second-degree relatives diagnosed with ovarian cancer regardless of age at diagnosis;
    - a first- or second-degree relative diagnosed with both breast and ovarian cancer regardless of age at diagnosis; and
    - breast cancer diagnosed in a male relative.
  - For women of Ashkenazi Jewish descent:
    - any first-degree relative diagnosed with breast or ovarian cancer; and
    - two second-degree relatives on the same side of the family diagnosed with breast or ovarian cancer.

These family history patterns apply to about 2 percent of adult women in the general population. Women who have none of these family history patterns have a low probability of having a harmful BRCA1 or BRCA2 mutation.

**TIP: For your convenience, genetic services are available through Holy Cross Health. See TAB 5: "Holy Cross Health and Community Resources," page 1 or call 1-855-HCH-HOPE.**

## FOLLOW UP CARE

You'll need regular checkups after treatment for breast cancer. Checkups help ensure that any changes in your health are noted and treated if needed. If you have any health problems between checkups, you should contact your doctor.

Your doctor will check for return of the cancer. Also, checkups help detect health problems that can result from cancer treatment.

You should report any changes in the treated area or in your other breast to the doctor right away. Tell your doctor about any health problems, such as pain, loss of appetite or weight, changes in menstrual cycles, unusual vaginal bleeding or blurred vision. Also talk to your doctor about headaches, dizziness, shortness of breath, coughing or hoarseness, backaches or digestive problems that seem unusual or that don't go away. Such problems may arise months or years after treatment. They may suggest that the cancer has returned, but they also can be symptoms of other health problems. It's important to share your concerns with your doctor so that problems can be diagnosed and treated as soon as possible.

Checkups usually include an exam of the neck, underarm, chest and breast areas. Since a new breast cancer may develop, you should have regular mammograms. You probably won't need a mammogram of a reconstructed breast or if you had a mastectomy without reconstruction. Your doctor may order other imaging procedures or lab tests.

## CLINICAL TRIALS

Research studies, sometimes called clinical trials, test new methods of early detection or treatment in people at risk for cancer or who have cancer. Clinical trials contribute to scientific knowledge and suggest future research directions. Clinical trials are an important option for women at any stage of breast cancer. You may want to talk with your doctor about taking part in a clinical trial.

### HOLY CROSS HOSPITAL CANCER RESEARCH DEPARTMENT

The Cancer Research Department is a division of Holy Cross Hospital. Several clinical research nurses, research associates and research assistants facilitate public education and enrollment into cancer research studies.

We understand that a cancer diagnosis is a life-changing event for you and your family. Your participation in a research study may offer the best treatment and care available for your diagnosis, as well as, provide valuable information for future cancer prevention and treatment. Our studies are open to the general public. We offer prevention, treatment and survival cancer studies that encompass breast, colon, lung and ovarian cancers.

**TIP: Call 301-754-7552, the Holy Cross Hospital Cancer Research Department for more information about available breast cancer clinical trials or visit our website at [HolyCrossHealth.org](http://HolyCrossHealth.org).**

## BREAST CANCER RESOURCES

American Breast Cancer Foundation

[www.abcf.org](http://www.abcf.org)

410-730-5105

Breastcancer.org

[www.breastcancer.org](http://www.breastcancer.org)

After Breast Cancer Diagnosis

[www.abcdbreastcancersupport.org](http://www.abcdbreastcancersupport.org)

800-221-2141

FORCE (Facing Our Risk of Cancer EMPOWERED)

[www.facingourrisk.org](http://www.facingourrisk.org)

866-288-RISK (7475)

Living Beyond Breast Cancer

[www.lbbc.org](http://www.lbbc.org)

888-753-5222

SHARE

[www.sharecancersupport.org](http://www.sharecancersupport.org)

866-891-2392

Susan G. Komen for the Cure

[www.komen.org](http://www.komen.org)

877-GO-KOMEN (465-6636)

NOTE: This information is presented as a service to you and does not take the place of talking or visiting with your physician. For more detailed information about breast cancer, please visit the National Cancer Institute website at [www.cancer.gov](http://www.cancer.gov).

*Source: The National Cancer Institute*







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# About Me

## MY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

## MEDICAL INFORMATION

1. Insurance Company: \_\_\_\_\_

My ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Member Services Phone Number: \_\_\_\_\_

Hospital Pre-certification Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

2. Primary Care Physician: \_\_\_\_\_

Office Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

3. Pharmacy Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

## MY PRESCRIPTIONS

| Drug Name | Strength | How often taken (ex: 3 times a day; only when needed, etc.) |
|-----------|----------|---|
|           |          |   |
|           |          |   |
|           |          |   |
|           |          |   |
|           |          |   |

Over-the-counter medications and supplements (such as Aspirin, Aleve, vitamins, alucosamine, Boost, etc.):

| Name | Strength | How often taken (ex: 3 times a day; only when needed, etc.) |
|------|----------|---|
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |

Medications or products that I am allergic to or have caused bad reactions in the past (ex: Penicillin, latex, etc.):

| Name | Strength | How often taken (ex: 3 times a day; only when needed, etc.) |
|------|----------|---|
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |
|      |          |   |



# My Medication List

Keep This Form in Your Wallet or Purse for Your Safety

**How to Use "My Medication List":** Use a pencil to record on this form your personal information, all the medicines you take and your allergies. Use your medication labels, your doctor, your family members, your pharmacists and your medication profile from your pharmacist to fill out this form completely. Always update this list with any additions or changes in your medicine and keep it with you at all times. Take this form with you to all health care visits. If you go to the hospital or your doctor for a planned procedure, take your medicines with you in their original bottles. If you need additional copies of this form, call **301-754-8800** or print them at **HolyCrossHealth.org**.

**How "My Medication List" Helps You:** This form will help you remember all of the medicines you take. It also provides your doctor and other health care providers with a current list of your medicines and why you take them. Knowing what medications you are taking helps the hospital and your doctors ensure you get the right medications, at the right dose, without interactions with your other medicines.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Primary Physician/Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Primary Pharmacy/Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Emergency Contact/Phone Number: \_\_\_\_\_ / \_\_\_\_\_  
 Date I Last Updated This Form: \_\_\_\_\_

## MY PRESCRIPTION MEDICATIONS

| Start Date | Medication Name | Strength<br>(e.g., 250 mg) | Directions for Use             |                              | Route/ Method<br>(e.g., by mouth; inhaled; injectable; by eye drop) | When Do You Take This Medicine? (Check one) |      |        |         | Why Do You Take This Medicine? | Date of Change |         | Name and Number of the Physician who Prescribed this Medication |         |  |
|------------|-----------------|----------------------------|--------------------------------|------------------------------|---|---|------|--------|---------|--------------------------------|----------------|---------|---|---------|--|
|            |                 |                            | Dose (e.g., 2 pills or 1 puff) | How Often (e.g., once daily) |   | Morning                                     | Noon | Dinner | Bedtime |                                | As Needed      | Stopped |   | Changed |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |
|            |                 |                            |                                |                              |   |   |      |        |         |                                |                |         |   |         |  |

See other side for additional information.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**MY MEDICATION ALLERGIES**

I am allergic to these medications:

This is the allergic reaction I have to these medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY OVER-THE-COUNTER MEDICINES**

I take the following over-the counter medicines (e.g., aspirin, antacids):

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY HERBAL MEDICINES**

I take the following herbal medicines (e.g., ginseng, ginkgo):

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY VACCINES**

I have had the following vaccinations:

Date(s):

Pneumococcal (pneumonia)

Influenza (flu)

Tetanus

**MY VITAMINS**

I take the following vitamins:

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See other side for additional information.



## Mi Lista de Medicamentos

Para su seguridad, coloque este formulario en su billetera o cartera.

**Cómo Usar “Mi Lista de Medicamentos”:** Registre sus datos personales, todos sus medicamentos y alergias que usted padece en este formulario. Para completar este formulario, lea las etiquetas de sus medicamentos, o solicite la ayuda de su médico, farmacéutico o de algún miembro de su familia. Siempre mantenga esta lista al día anotando cualquier cambio en sus medicamentos y llévela consigo en todo momento. Lleve este formulario a todas sus citas médicas. Si visita o a un médico o a un hospital para un procedimiento planificado, lleve sus medicamentos en sus envases originales. Si necesita copias adicionales de este formulario, llame al **301-754-8800** o imprímatalas a través de la página electrónica: **HolyCrossHealth.org**.

**Cómo le Ayuda “Mi Lista de Medicamentos”:** Este formulario le ayudará a recordar todos los medicamentos que usted toma. Además, éste sirve para informar a su médico u otros proveedores de atención médica sobre sus medicamentos actuales y por qué los toma. Saber cuales medicamentos usted está tomando ayuda a que el hospital y sus médicos se aseguren de indicarle los medicamentos correctos, en la dosis debida, previniendo interacciones con otros medicamentos.

### DATOS PERSONALES

Nombre: \_\_\_\_\_ Médico de Cabecera/Número Telefónico: \_\_\_\_\_  
 Número Telefónico: \_\_\_\_\_ Farmacia Principal/Número Telefónico: \_\_\_\_\_  
 Fecha de Nacimiento: \_\_\_\_\_ Contacto de Emergencia/Número Telefónico: \_\_\_\_\_  
 Fecha en que Actualizó Este Formulario: \_\_\_\_\_

### MIS MEDICAMENTOS RECETADOS

| Fecha Inicial | Nombre del Medicamento | Potencia (por ej., 250 mg) | Instrucciones sobre Uso                      |                                      | Vía de Administración (por ej., oral, inhalado, inyectado, o por gotas para los ojos) | ¿Cuándo Toma Usted Este Medicamento? (Marque uno) |          |      |           | ¿Por Qué Toma Usted Este Medicamento? | Fecha de Cambio     |                         | Nombre y Número Telefónico del Médico que le Recetó Este Medicamento |                    |
|---------------|------------------------|----------------------------|--|--------------------------------------|---|---|----------|------|-----------|---------------------------------------|---------------------|-------------------------|--|--------------------|
|               |                        |                            | Dosis (por ej., 2 pastillas, o 1 inhalación) | Frecuencia (por ej., una vez al día) |   | Mañana  | Mediodía | Cena | Al Dormir |                                       | Según sea Necesario | Descontinuó Medicamento |  | Cambió Medicamento |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |
|               |                        |                            |  |                                      |   |   |          |      |           |                                       |                     |                         |  |                    |

Ver al dorso para información adicional.

Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

**MIS ALERGIAS A MEDICAMENTOS**

Soy alérgico(a) a estos medicamentos:

Ésta es mi reacción alérgica a estos medicamentos:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**MIS MEDICAMENTOS SIN RECETA MÉDICA**

Yo tomo los siguientes medicamentos sin receta (por ej., aspirina, antiácidos):

Dosis: \_\_\_\_\_ Frecuencia: \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**MIS HIERBAS MEDICINALES**

Yo tomo las siguientes hierbas medicinales (por ej., cartilago de tiburón, valeriana):

Dosis: \_\_\_\_\_ Frecuencia: \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**MIS VACUNAS**

He recibido las siguientes vacunas:

Fecha(s): \_\_\_\_\_

|                               |       |
|-------------------------------|-------|
| <i>Pneumococal</i> (pulmonía) | _____ |
| Influenza (gripe)             | _____ |
| Tétano                        | _____ |

**MIS VITAMINAS**

Tomo las siguientes vitaminas:

Dosis: \_\_\_\_\_

Frecuencia: \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Ver al dorso para información adicional.



# QUESTIONS FOR YOUR DOCTOR/HEALTH CARE PROVIDER TEAM

At every stage of your journey through cancer, you will receive detailed information about your condition, treatment options, possible side effects and other important considerations. And you'll be asked to make decisions about your care based upon that information.

To help you make the best and most informed choices, we have prepared a sample list of questions for you to ask your physician or other members of your health care team. You may have other questions that are not included here. We have included blank sheets at the end of this section for you to write down your own questions for your team.

## BEFORE BIOPSY

- What kind of biopsy will I have? Why? \_\_\_\_\_  
\_\_\_\_\_
- Where will the procedure take place? Will I have to go to the hospital? \_\_\_\_\_  
\_\_\_\_\_
- Will I have to prepare for the biopsy in advance; for example, will I need an enema or to stop taking aspirin beforehand to reduce the chance of bleeding? \_\_\_\_\_  
\_\_\_\_\_
- How long will it take? \_\_\_\_\_  
\_\_\_\_\_
- Will it hurt? \_\_\_\_\_  
\_\_\_\_\_
- Will I be awake or will I need anesthesia? If so, what kind? \_\_\_\_\_  
\_\_\_\_\_
- What are the risks? \_\_\_\_\_  
\_\_\_\_\_
- What are the chances of infection or bleeding after the procedure? \_\_\_\_\_  
\_\_\_\_\_
- Will I be given an antibiotic or other medication afterward? \_\_\_\_\_  
\_\_\_\_\_
- How long will it take me to recover? \_\_\_\_\_  
\_\_\_\_\_
- Will I have a scar? \_\_\_\_\_  
\_\_\_\_\_
- How soon will I know the results? \_\_\_\_\_  
\_\_\_\_\_
- If I do have cancer, who will talk to me about the next steps? When? \_\_\_\_\_  
\_\_\_\_\_

## BEFORE TREATMENT

- What is the stage of the disease? \_\_\_\_\_  
\_\_\_\_\_
- Has the cancer spread? If so, to where? \_\_\_\_\_  
\_\_\_\_\_

- What is the goal of treatment? \_\_\_\_\_  
\_\_\_\_\_
- What are my treatment choices? \_\_\_\_\_  
\_\_\_\_\_
- Which do you recommend for me? Why? \_\_\_\_\_  
\_\_\_\_\_
- Will I have more than one kind of treatment? \_\_\_\_\_  
\_\_\_\_\_
- What are the expected benefits of each kind of treatment? \_\_\_\_\_  
\_\_\_\_\_
- What are the risks and possible side effects of each treatment? What can we do to control or reduce side effects? Will they go away after treatment ends? \_\_\_\_\_  
\_\_\_\_\_
- What can I do to prepare for treatment? \_\_\_\_\_  
\_\_\_\_\_
- What can I do to take care of myself during treatment? \_\_\_\_\_  
\_\_\_\_\_
- Will I need to stay in the hospital? If so, for how long? \_\_\_\_\_  
\_\_\_\_\_
- What is my chance of a full recovery? \_\_\_\_\_  
\_\_\_\_\_
- What is the treatment likely to cost? Is this treatment covered by my insurance plan? \_\_\_\_\_  
\_\_\_\_\_
- How will treatment affect my normal activities? For instance, am I likely to have urinary problems, or problems with diarrhea or rectal bleeding? Will treatment affect my sex life? \_\_\_\_\_  
\_\_\_\_\_
- Would a research study (clinical trial) be appropriate for me? \_\_\_\_\_  
\_\_\_\_\_
- Can you recommend other doctors who could give me a second opinion about my treatment options? \_\_\_\_\_  
\_\_\_\_\_
- How often should I have checkups after treatment? \_\_\_\_\_  
\_\_\_\_\_

## BEFORE SURGERY

There are many surgical options for cancer patients today, including minimally invasive approaches that reduce pain, the risk of infection and blood loss, and recovery time. Find out what's right for you by asking your doctor:

- What kind of operation do you recommend for me? Why? \_\_\_\_\_  
\_\_\_\_\_
- What is the goal of surgery? \_\_\_\_\_  
\_\_\_\_\_
- Do I need any lymph nodes removed? Will other tissues be removed? Why? \_\_\_\_\_  
\_\_\_\_\_

- What are the risks of surgery? \_\_\_\_\_  
\_\_\_\_\_
- Will I have any lasting or long-term side effects? For example, what is the chance that surgery will cause incontinence, impotence, fertility or otherwise affect my sex life? \_\_\_\_\_  
\_\_\_\_\_
- How will I feel after the operation? \_\_\_\_\_  
\_\_\_\_\_
- If I have pain, how will it be controlled? \_\_\_\_\_  
\_\_\_\_\_
- How long will I be in the hospital? \_\_\_\_\_  
\_\_\_\_\_
- When can I get back to my normal activities? \_\_\_\_\_  
\_\_\_\_\_
- Is there someone that I can talk with who has had the same surgery that I'll be having? \_\_\_\_\_  
\_\_\_\_\_
- How often will I need checkups? \_\_\_\_\_  
\_\_\_\_\_

## BEFORE RADIATION THERAPY

- Why do I need this treatment? What is the goal of this treatment? \_\_\_\_\_  
\_\_\_\_\_
- Which type of radiation therapy can I consider? Are both types (external and internal, if available) an option for me? Which would you recommend? \_\_\_\_\_  
\_\_\_\_\_
- When will treatment start? When will it end? How often will I have treatments? \_\_\_\_\_  
\_\_\_\_\_
- How will I feel during treatment? Will I be able to drive myself to and from treatment sessions? \_\_\_\_\_  
\_\_\_\_\_
- Will I need to stay in the hospital? \_\_\_\_\_  
\_\_\_\_\_
- What can I do to take care of myself before, during and after treatment? \_\_\_\_\_  
\_\_\_\_\_
- Can I continue my normal activities during treatment? \_\_\_\_\_  
\_\_\_\_\_
- How will we know the treatment is working? \_\_\_\_\_  
\_\_\_\_\_
- What are the side effects? Will radiation therapy harm my skin? Affect my sex life? Will I be able to get pregnant after my treatment is over? \_\_\_\_\_  
\_\_\_\_\_
- What is the chance the cancer will come back? \_\_\_\_\_  
\_\_\_\_\_

- Are there any lasting effects? \_\_\_\_\_  
\_\_\_\_\_
- How often will I need checkups? \_\_\_\_\_  
\_\_\_\_\_

## BEFORE CHEMOTHERAPY

Systemic therapies are delivered through the blood stream to attack any cancer cells they may find, anywhere in the body. While chemotherapy – the use of strong, anti-cancer drugs – is probably the most familiar form of systemic therapies, more targeted forms of treatments are increasingly available including hormonal and biologic (also called monoclonal) therapies. If your doctor recommends any of the above, here are some good questions to ask before starting treatment:

- Why do I need this treatment? \_\_\_\_\_  
\_\_\_\_\_
- If you have endometrial cancer, what were the results of the hormone reception test? \_\_\_\_\_  
\_\_\_\_\_
- What drug or drugs (or hormones) will I have? What will they do? \_\_\_\_\_  
\_\_\_\_\_
- How do the drugs work? \_\_\_\_\_  
\_\_\_\_\_
- What are the expected benefits of the treatment? \_\_\_\_\_  
\_\_\_\_\_
- What are the risks and possible side effects of treatment? What can we do to prevent or reduce side effects?  
\_\_\_\_\_  
\_\_\_\_\_
- When will treatment start? When will it end? How often will I have treatments? \_\_\_\_\_  
\_\_\_\_\_
- Where will I go for treatment? Will I be able to drive home afterward? \_\_\_\_\_  
\_\_\_\_\_
- What can I do to take care of myself during treatment? \_\_\_\_\_  
\_\_\_\_\_
- How will we know the treatment is working? \_\_\_\_\_  
\_\_\_\_\_
- Which side effects should I tell you about? \_\_\_\_\_  
\_\_\_\_\_
- Will there be long-term effects? \_\_\_\_\_  
\_\_\_\_\_
- How will treatment affect my normal activities? \_\_\_\_\_  
\_\_\_\_\_
- How much will it cost? Will my health insurance pay for all of the treatment? \_\_\_\_\_  
\_\_\_\_\_





## MY HEALTH CARE PROVIDER TEAM

During treatment and follow-up, your doctor may refer you to one or more physicians and other health care providers who are specialists in treating cancer.

**TIP: At the end of this section, there is also a blank sheet for you to write the names and numbers of others involved in your care.**

The following is a list of the most common specialists and others who might be involved in your care, and a brief description of what they do.

**CANCER REGISTRY STAFF:** Employees who work with you to ensure that Holy Cross Health has the most current information for conducting patient follow-up.

**GASTROENTEROLOGIST:** A doctor who specializes in treating disorders of the digestive system.

**GYNECOLOGIST:** A doctor who specializes in treating diseases of the female reproductive organs.

**GYNECOLOGIC ONCOLOGIST:** A doctor who specializes in treating cancers of the female reproductive organs.

**HEMATOLOGIST:** A doctor who specializes in treating blood disorders.

**HOME CARE PROGRAM SKILLED NURSING SERVICES:** A special service of Holy Cross Health that allows patients to receive care at home during times of illness and recovery.

**HOSPICE CARE:** An at-home program which provides basic medical care and emotional support is available for patients in the final stages of terminal illness.

**LICENSED PRACTICAL NURSES (LPNS) AND NURSING ASSISTANTS:** Holy Cross Health employees who provide supportive care around the clock.

**MEDICAL IMAGING EXPERTS:** Doctors and other health professionals trained in using the most up-to-date techniques, including mammography, CT scans, nuclear medicine studies such as PET, ultrasound and MRI to accurately pinpoint tumors and cancerous tissue.

**MEDICAL ONCOLOGIST:** A doctor who specializes in diagnosing and treating cancer using chemotherapy, hormonal therapy and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also provides supportive care and may coordinate treatment provided by other specialists.

**ONCOLOGIST:** A doctor who specializes in treating cancer. Some oncologists specialize in a particular type of cancer treatment. For example, a radiation oncologist specializes in treating cancer with radiation.

**ONCOLOGY CLINICAL RESEARCH TEAM:** A group of health care professionals who work closely with the medical staff to pinpoint opportunities for participation in clinical trials that may be testing the latest, state-of-the-art drugs and therapies.

**ONCOLOGY NURSE:** A nurse who specializes in treating and caring for people who have cancer. Oncology nurses administer chemotherapy and other intravenous (IV) therapies as well as emotional support.

**ONCOLOGY NURSE NAVIGATOR:** An oncology nurse navigator serves as an advocate and guides patients throughout their cancer journeys. The navigator is available to provide information patients want or need once they have received a diagnosis of cancer.

**PAIN MANAGEMENT TEAM:** Physicians and other health care professionals who can provide a variety of medications to relieve cancer pain.

**PALLIATIVE CARE TEAM:** The palliative care department is a team of professionals consisting of medical doctors, nurse practitioners, pastoral care, pharmacology and administrative support services. They treat the whole person; meeting the patient's medical, emotional, spiritual and social needs to provide comfort, dignity and the best possible quality of life.

**PASTORAL CARE PROVIDERS AND ON-CALL CLERGY:** Representatives of different faiths who are ready to offer emotional and spiritual support.

**PATHOLOGIST:** A doctor who identifies diseases by studying cells and tissues under a microscope.

**PHARMACISTS:** Specially-trained health professionals who prepare and distribute medical drugs. They work with physicians to ensure that treatments are safe and effective.

**PHYSICAL THERAPIST:** A health professional who teaches exercises and physical activities that help condition muscles and restore strength and movement.

**PLASTIC SURGEON:** A surgeon who specializes in reducing scarring or disfigurement caused by accidents, birth defects or treatment for disease.

**PULMONOLOGIST:** A doctor who specializes in treating disease of the lungs. Also called a pulmonary or lung specialist.

**PSYCHIATRIC LIAISON NURSE:** A specially trained registered nurse who can provide options for social and psychological support.

**RADIATION ONCOLOGIST:** A doctor who specializes in using radiation to treat cancer.

**RADIATION THERAPY TECHNOLOGISTS:** Health professionals who deliver accurate radiation therapy doses prescribed by radiation oncologists.

**RECONSTRUCTIVE SURGEON:** A doctor who can surgically reshape or rebuild (reconstruct) a part of the body, such as a woman's breast after surgery for breast cancer.

**RESPIRATORY THERAPIST:** A health professional trained to evaluate and treat people who have breathing problems or other lung disorders.

**SOCIAL WORKER:** A professional who helps patients and families with psychosocial issues by using patient and family education, conducting support group and education group sessions, providing resource lists and community resources, and counseling on relationship and grief issues. Hospital-based social workers and case managers coordinate financial and insurance matters, home care needs and other issues surrounding the change from hospital to home.

**SURGEON:** A doctor who removes or repairs a part of the body by operating on a patient.

**THORACIC (CHEST) SURGEON:** A doctor who specializes in operating on organs inside the chest, including the heart and lungs.

**THORACIC SURGICAL ONCOLOGIST:** A surgeon who specializes in operating on tumors found inside the chest.

**UROLOGIC ONCOLOGIST:** A doctor who specializes in treating cancers of the urinary system.

**UROLOGIST:** A doctor who specializes in treating problems in the urinary organs of females and urinary and sex organs in males.

**TIP: If your doctor hasn't referred you to a specialist and/or you'd like a second opinion, ask him or her to do so. Or call Holy Cross Health's Physician Referral Service at 301-754-8800.**

**TIP: For more definitions of terms you're likely to hear, please refer to Tab 6, "Glossary."**

NOTE: This information is presented as a service to you and does not take the place of talking or visiting with your physician. For more detailed information about breast cancer, please visit the National Cancer Institute website at [www.cancer.gov](http://www.cancer.gov).

*Source: The National Cancer Institute*







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# *My Health Care Calendar*

|             |                  |  |  |  |  |  |  |  |
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| MONTH _____ | <b>Saturday</b>  |  |  |  |  |  |  |  |
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# Coping With Cancer

## CANCER CHANGES EVERYTHING

Learning that you have cancer can come as a shock. After you hear the word “cancer,” you may have had trouble breathing or listening to what was being said. You may not even have believed what the doctor was saying. Even if your friends and family were in the same room with you, you may have felt all alone.

In fact, a diagnosis of cancer will touch your life in many – and sometime unexpected – ways. Beyond coping with the physical illness and emotions that accompany it, many patients also face other adjustments along the way, involving:

- **MONEY:** Cancer can reduce the amount of money your family has to spend or save. If you are not able to work, someone else in your family may feel that he or she needs to get a job. You and your family may need to learn more about health insurance and find out what will be covered and what you need to pay for. Most people find it stressful to keep up with money matters.
- **LIVING ARRANGEMENTS:** People with cancer sometimes need to change where or with whom they live. You may need to move in with someone else to get the care you need. This can be hard because you may feel that you are losing your independence, at least for a little while.
- **DAILY ACTIVITIES:** Your routine may change as you go through treatment. You may have to take off work, or go on medical leave, or otherwise cut back or stop doing some of the things you did previously.
- **ROLES AND DUTIES:** You may need help with some of the duties that you usually took care of such as paying bills, cooking meals, taking out the garbage or coaching your child’s sports team. Asking others to do these things for you can be hard.
- **RELATIONSHIPS:** As you look to family members, friends and others for assistance, your relationships can be changed, for the better or the worse. Some relationships are strained by dealing with a serious illness and its added responsibilities, while others are strengthened.

This section discusses some of the changes that you might experience and offers suggestions and ideas that might help you cope.

## TAKING CARE OF YOURSELF

Dealing with cancer is a life-changing event. For most people, living with cancer is the biggest challenge they have ever faced. For many, it can be a time to minimize regrets and make new priorities.

### BE TRUE TO YOUR FEELINGS

Sadness and grief are normal reactions to cancer and will be experienced by everyone at one point or another – from diagnosis to treatment to becoming a survivor. At such times, you may have very little energy, feel tired or not want to eat.

For many, the first few weeks after diagnosis are especially hard. When you are at home, you may have trouble thinking, eating or sleeping. At times, you may:

- Be angry, afraid or worried
- Not really believe that you have cancer
- Feel out of control and not able to care for yourself
- Be sad, guilty or lonely

Yet some people also have a strong sense of hope for the future.

All these feeling and emotions can change from day to day, hour to hour, or even minute to minute. Yet they also are all normal reactions for people with cancer, and those close to them – even the feeling of hope. While no one is cheerful all the time, hope is a normal and positive part of your cancer experience. In fact, your chances of living with – and living beyond – cancer are better now than ever.

Be honest and talk about all your feelings, not just the positive ones. Don't act cheerful when you are not. Avoiding your feelings may make you feel worse, not better.

## SAD OR DEPRESSED

- If feelings of sadness and despair seem to take over your life, you may have depression. And you are not alone. One out of four cancer patients – men and women alike – suffers from depression.
- Depression can be treated. Your doctor may prescribe medication. He or she may also suggest that you talk about your feelings with a counselor or join a support group with others who have cancer.

**TIP: Holy Cross Health offers a variety of support groups and programs. See Tab 5: “Holy Cross Health and Community Resources,” page 1 - or you can call 1-855-HCH-HOPE for more information. Research shows that individuals who join a support group have better outcomes from their cancer experience.**

Here are some of signs that you might be depressed:

- Feeling helpless and hopeless, or that life has no meaning
- Losing interest in being with your family or friends
- Not wanting to do the hobbies and activities you used to enjoy
- Losing your appetite, or not being interested in food
- Crying for long periods of time, or many times each day
- Sleeping too much or too little
- Changes in your energy level
- Thinking about hurting or even killing yourself
- Having frequent thoughts about death and dying

Let your health care providers know if you have one or more of these signs almost every day. They can help you feel better.

## EAT WELL

When you are healthy, eating enough food is often not a problem. But when you have cancer, you need to eat the right amount of calories to maintain a good weight and to keep up your strength to deal with the side effects of treatment. Eating well may help you feel better and give you more energy.

But eating well can be a challenge when you are dealing with cancer and treatment. You may not feel like eating at all, especially during or soon after treatment. You may be uncomfortable or tired. You may find that foods don't taste as good as they used to.

In addition, the side effects of treatment – such as poor appetite, nausea, vomiting or mouth sores – can make it hard to eat well. Your doctor, a registered dietitian, or another health care provider can suggest how to deal with these and other problems. Fortunately, there are many helpful medicines that can manage eating problems as well as certain foods and drinks that are easier to tolerate during cancer treatment.

If you are already on a special diet for diabetes, kidney or heart disease, or other health problem, it is even more important to speak with a doctor and dietitian. Your doctor and dietitian can advise you about how to follow your special diet while coping with eating problems caused by cancer treatment.

Here are some other helpful tips you can use to make sure you're getting enough protein, vitamins and minerals, even when you're not feeling well:

- Fill the refrigerator, cupboard and freezer with healthy foods. Make sure to include items you can eat even when you feel sick.
- Stock up on foods that need little or no cooking, such as frozen dinners and ready-to-eat cooked foods.

- Cook some foods ahead of time and freeze in meal-sized portions.
- Ask friends or family to help you shop and cook during treatment. Maybe a friend can set up a schedule of the tasks that need to be done and the people who will do them.
- Eat plenty of protein and calories when you can. This helps you keep up your strength and helps rebuild healthy tissues harmed by cancer treatment.
- Eat when you have the biggest appetite. For many people, this is in the morning. You might want to eat a bigger meal early in the day and drink liquid meal replacements later on.
- Eat those foods that you can, even if it is only one or two items. Stick with these foods until you are able to eat more. You might also drink liquid meal replacements for extra calories and protein.
- Do not worry if you cannot eat at all some days. Spend this time finding other ways to feel better and start eating when you can. Tell your doctor if you cannot eat for more than two days.
- Drink plenty of liquids. It is even more important to get plenty to drink on days when you cannot eat. Drinking a lot helps your body get the liquid it needs. Most adults should drink eight to 12 cups of liquid a day. You may find this easier to do if you keep a water bottle nearby.

If you start to have eating problems, let your doctor or nurse know so they can help you. And if you have not been able to eat for more than two days in a row, call your doctor immediately.

**TIP: Holy Cross Hospital offers outpatient nutrition counseling.**

**See Tab 5: “Outpatient Nutrition Counseling,” page 4 or call 301-754-7848.**

## STAY ACTIVE

Research shows that people with cancer feel better when they are active. Walking, yoga, swimming and other activities can keep you strong and increase your energy. Exercise may reduce nausea and pain and make treatment easier to handle. A bit of exercise everyday also can:

- Improve your chances of feeling better
- Keep your muscles toned
- Speed healing
- Decrease fatigue
- Control or relieve stress
- Increase your appetite
- Decrease constipation
- Help free your mind of bad thoughts

Even if you have never done physical activities before, you can start now. Choose something you think you’d like to do, and get your doctor’s okay to try it. You can do some exercises even if you have to stay in bed.

Start slowly, doing an activity for just five or ten minutes a day. When you feel strong enough, you can slowly increase this time to 30 minutes or more.

### REMEMBER:

- Be sure to talk to your doctor before you start exercising.
- Do not exercise to the point of exhaustion.
- If your activity causes you pain or other problems, let your doctor or nurse know about it.

## OTHER IDEAS

Here are some other tips that may help you deal with your new condition.

- **LIVE EACH DAY AS NORMALLY AS YOU CAN.** If you feel well enough, try to keep up with your normal daily routine. This includes going to work, making decisions, doing household chores, engaging in hobbies and even taking trips. Enjoy the simple things you like to do such as spending time with family and friends, petting your cat or watching a sunset. Take pleasure in big events such as a friend's wedding or your grandson's high school graduation.
- **ASK FOR HELP WHEN YOU NEED IT.** Asking for help is not a sign of weakness. Think about chores or activities that your friends or family members could help with. You might be able to find a volunteer through groups in your community. Maybe you will need to hire someone from time to time. Paid help or volunteers may be able to help with:
  - Physical care, such as bathing or dressing
  - Household chores, such as cleaning or food shopping
  - Skilled care, such as giving you special feedings or medications
  - Respite care to give your family members or other caregivers time off to rest, have fun and take care of their other duties. In respite care, someone comes to your home and takes care of you while your family member goes out for a while. Let your doctor or social worker know if you want to learn more about respite care.
- **GET ENOUGH REST.** Be careful not to tire yourself out, even if you're doing something you enjoy such as gardening or swimming. Some people get depressed when they are too tired. Make sure to get enough rest so you feel strong and enjoy activities.
- **MAKE TIME FOR FUN.** Who do you like to be with? Who makes you laugh? What makes you feel happy? What are your passions? Ask yourself these questions, then try to spend some time doing those activities or being with those people. Or try something new that you have always wanted to do, such as riding in a hot-air balloon or fishing.

## FAMILY AND FRIENDS

A diagnosis of cancer affects the whole family, not just the person with the disease.

How your family reacts to your cancer may depend a lot on how you have faced hard times in the past. Many families have trouble getting used to the changes that may be required when a loved one has cancer.

This section offers some information and tips to help you, your family and friends talk about and deal with your cancer and the changes it may bring.

### SPOUSES AND PARTNERS

Some people cannot accept that cancer is a serious illness. Others try too hard to be "perfect" caregivers. And some people refuse to talk about cancer. You and your spouse or partner may both feel anxious, helpless or afraid. You also may find it hard to be taken care of by someone you love. Here are some steps you can both take during this time:

- **SHARE INFORMATION.** Include your spouse or partner in treatment decisions. You can meet with your doctor together and learn about your type of cancer, treatment choices and their side effects. This information will help both of you plan for the future. Your spouse or partner also will need to know how to help take care of your body and your feelings.
- **STAY CLOSE.** Everyone needs to feel needed and loved. You may have always been the "strong one" in your family, but now is the time to let your spouse or partner help you. This can be as simple as letting the other person fluff your pillow, bring you a cool drink, or read to you.

You may not be interested in sex when you are in treatment because you are tired, sick to your stomach, or in pain. During this time, you and your spouse or partner may need to find new ways to show that you care about each other. This can include touching, holding, hugging and cuddling.

- **SPEND SOME TIME APART.** Your spouse or partner also needs to keep a sense of balance in his or her life. The other person needs time to take care of personal chores and errands, and to sort through his or her own feelings about cancer. And most importantly, everyone needs time to rest. If you do not want to be alone when your loved one is away, think about getting respite care or asking a friend to stay with you.
- **THINK ABOUT THE FUTURE.** Even though most people do not want to think about it, make plans in case you do not survive. You and your spouse or partner may find it helpful to meet with a financial planner or a lawyer.

## YOUNG CHILDREN

Some parents with cancer worry about breaking the news to their children. Will they be able to cope with the news? How much and when should you tell them?

As difficult as it may be, telling your children you have cancer, and doing it as soon as possible, is always best. Children as young as 18 months begin to think about what is going on around them and can sense when something is wrong. They will see that you do not feel well or are not spending as much time with them as you used to. They may notice that you have a lot of visitors and phone calls or that you need to be away from home for treatment and doctors appointments.

If possible, you should be the one to tell your children. It is OK to cry. It shows your children that it is OK for them to cry, too, and to be sad and afraid. If you are concerned that you won't be able to maintain reasonable emotional control, ask a close relative or a doctor to tell your children instead.

Here are some suggestions on how to help your young children deal with your cancer:

- **TELL THE TRUTH.** Even though your children will be sad and upset when they learn about your cancer, do not pretend that everything is OK. It is important to be honest and tell your children that you are sick and the doctors are working to make you better. Telling them the truth is better than letting them imagine the worst. But don't overburden them with unnecessary details, such as financial concerns.
- **USE WORDS THEY CAN UNDERSTAND.** For example, say "doctor" instead of "oncologist" or "medicine" instead of "chemotherapy."
- **LISTEN TO THEIR QUESTIONS.** Give your children time to ask questions and express their feelings. And if they ask questions that you can't answer, let them know you will find the answers for them.
- **SHARE YOUR FEELINGS.** Tell your children how much you love them. Suggest ways they can help with your care or do something nice for you, such as washing dishes or drawing you a picture. Together, read books about cancer that are written for children.
- **REASSURE THEM.** Let them know they will be loved and taken care of. But don't make any promises you may not be able to keep.
- **LET OTHER ADULTS IN YOUR CHILDREN'S LIVES KNOW ABOUT YOUR CANCER.** This includes teachers, neighbors, coaches or other relatives who can spend extra time with them, as well as listen to their feelings and concerns.
- **TALK TO YOUR DOCTOR, NURSE OR SOCIAL WORKER.** They can help by talking with your children and answering their questions.

Regardless of their age, your children may react to your cancer in many different ways. For example, they may:

- Be confused, scared or lonely
- Feel guilty and think that something they did or said caused your cancer
- Feel angry when they are asked to be quiet or do more chores around the house
- Miss the amount of attention they are used to getting
- Regress and behave as they did when they were much younger
- Be clingy and afraid to leave the house
- Get into trouble at school or at home

## TEENAGERS

Teens are at a time in their lives when they are trying to break away and be independent from their parents. But when a parent has cancer, breaking away can be hard for them to do. They may become angry, act out or get into trouble.

Try to get your teens to talk about their feelings. Tell them as much as they want to know about your cancer. Ask them for their opinions and, if possible, let them help you make decisions.

Encourage your teenage children to talk about their fears and feelings with other people they trust and feel close to. Friends can be a great source of support, especially those who also have serious illness in their family. Other family members, teachers, coaches, and spiritual leaders also can help. Ask your social worker about Internet resources for this group. Many have online chats and forums for support.

### WHAT ALL CHILDREN NEED TO KNOW:

- Nothing he or she did, thought, or said caused you to get cancer.
- You can't catch cancer from another person. Just because you have cancer does not mean that others in your family will get it, too.
- Just because you have cancer does not mean you will die from it. In fact, many people live with cancer for a long time. Scientists are finding many new ways to treat cancer.
- Your child is not alone. There are other children whose parents have cancer.
- It is okay to be upset, angry or scared about your illness.
- He or she can't do anything to change the fact you have cancer. But they can help you by doing nice things such as washing the dishes, drawing a picture or pitching in with household chores.
- Family members may act differently because they are worried about you.
- He or she should still go to school and take part in sports and other fun activities.
- He or she can talk to other adults such as teachers, family members and religious leaders.
- You will make sure that your children are taken care of, no matter what happens to you.

## ADULT CHILDREN

When they learn that you have cancer, many adult children realize how important you are to them. They may feel guilty if they haven't been close with you. Or they may feel bad if they cannot spend a lot of time with you because they live far away or have other duties. And even adult children worry their parents will die.

Their concerns and feelings combined with yours may change your relationship. For example, you may find yourself counting on them, often for the first time, to:

- **TAKE ON NEW DUTIES**, such as paying bills or taking care of the house.
- **HELP WITH HEALTH CARE**. You might want them to go with you to the doctor so they also can hear what the doctors are telling you. Or you might rely on them to explain some of the information you've received from your doctor or to help in making health care decisions.
- **PROVIDE EMOTIONAL SUPPORT**. For instance, you may ask them to act as "go-betweens" with friends or other family members.
- **SPEND A LOT OF TIME WITH YOU**.

At the same time, you may find it hard to receive – rather than give – comfort and support from your children, even if they are grown. And you may feel awkward when they help with your physical care, such as feeding or bathing.



For all these reasons, it is important to talk about your cancer with your adult children, no matter how hard it is or if they get upset. Here are some useful tips:

- INCLUDE THEM WHEN TALKING ABOUT YOUR TREATMENT.
- LET THEM KNOW YOUR THOUGHTS AND WISHES. They should be prepared in case you don't recover.
- MAKE THE MOST OF YOUR TIME TOGETHER. Talk about how much you mean to each other.
- EXPRESS ALL YOUR FEELINGS. Not just love, but also anxiety, sadness and anger. Don't worry about saying the wrong thing. It's better to share your feelings rather than hide them.

If you have trouble talking with your adult children, ask your doctor or nurse to suggest a counselor who can help.

## PARENTS

Since people are living much longer these days, many people with cancer also may be helping to care for their aging parents. Your aging parents may even live with you.

Only you can decide how much to tell your parents about your cancer. Your decision may depend on your parents' health and how well they can understand and cope with the news.

Now that you have cancer, you may need extra help caring for your parents. You may only need help while you are in treatment. Or you may need to make long-term changes in your parents' care. Talk with your family members, friends, health care professionals, and community agencies to see how they can help.

## CLOSE FRIENDS

Once friends learn of your cancer, they may begin to worry. Some will ask you to tell them ways to help. Others will wonder how they can help but may not know how to ask.

You can help your friends cope with the news by letting them help you in some way. Think about the things your friends do well and don't mind doing, and make a list of things you might need. Here are some ideas to get you started:

- Baby-sit on days that I go to treatment.
- Prepare frozen meals for my "down days."
- Put my name on the prayer list at my place of worship.
- Bring me a few books from the library when you go.
- Visit for tea or coffee when you can.
- Let others know that it is alright to call or visit me (or let others know that I'm not ready for visitors just yet).

TIP: Holy Cross Health offers a variety of social work services, see Tab 5 "Holy Cross Health & Community Services," page 1 or call 301-557-1850.

## AT WORK

People with cancer often want to continue working, even during treatment. Or get back to work as soon as possible. Their jobs not only give them an income but also a sense of routine. Work helps people feel good about themselves. They are getting back to the life they had before being diagnosed with cancer.

Before you go back to work, talk with your doctor as well as your boss. Make sure you are well enough to do your job. Some people feel well enough to work while they are having chemo or radiation treatment. Others need to wait until their treatments are over.

Those who continue to work during cancer treatment often find they need to cut their hours back or do their job in a different way. Plus, you may have to take time off for doctor's appointments or treatments, or on those days when you just feel too sick.

This section gives some important tips on dealing with your relationships at work, both during and after cancer.

## KNOW YOUR RIGHTS

Before you tell your boss or supervisor that you have cancer, it is important to know your rights. It is against federal and state laws to discriminate against, or treat unfairly, workers who have disabilities such as cancer.

These national laws protect your rights as a worker:

- The Federal Rehabilitation Act of 1973
- The Americans With Disabilities Act of 1990

While many companies and supervisors are very understanding and supportive when an employee has a major illness like cancer, some are not. Some people with cancer face roadblocks when they try to go back to work or get a new job. Even those who had cancer many years ago may still have trouble.

Employers may not treat them fairly because they believe myths that aren't true. They may believe cancer can be spread from person to person, or people with cancer take too many sick days. Some employers also think people with cancer are poor insurance risks. Yet research shows that people who have had cancer who continue to work are as productive on the job as other workers.

As a person with cancer, you have certain rights and benefits. Make sure you know what they are by:

- **TALKING WITH YOUR SOCIAL WORKER ABOUT LAWS IN YOUR STATE AND YOUR RIGHTS.** He or she also can give you the name of the state agency that protects your rights as an employee.
- **SPEAKING WITH THE HUMAN RESOURCE OFFICE WHERE YOU WORK.** There are benefits you may be entitled to, such as the Family and Medical Leave Act. This law allows most workers to take up to 12 weeks of unpaid time off to deal with certain family and medical problems.

To make your transition back to work easier, you also might want to try these tips:

- Ask your doctor or nurse to find times for follow-up visits that don't conflict with your other responsibilities.
- Get your doctor to write a letter to your employer or personnel officer explaining how, if at all, your cancer may affect your work or your schedule.

If you still have questions or concerns, here are some other sources of information:

- Maryland's Department of Labor or Licensing and Regulation
- Your state Representative or Senator. You can find out who represents your district and how to contact this person by looking on the Internet or at a library.
- The U.S. Department of Labor at [www.dol.gov](http://www.dol.gov)
- Your attorney

## ON THE JOB

Some people may not understand your ability to perform work while having or recovering from cancer treatment. They may think you aren't able to work as hard as before or that having had cancer means you are going to die soon. Sometimes, fear and lack of knowledge result in unfair treatment.

There is no right way to deal with others about your illness. But you do need to think about what you'll say when you're back on the job. Some people with cancer don't want to focus on it or be linked in people's minds with the disease. Others are very open, speaking frankly with their boss or other workers to air concerns, correct wrong ideas and decide how to work together.

The best approach is the one that feels right to you.

You might find that your boss and coworkers treat you differently than they did before you had cancer. They may say nothing because they don't know what to say and don't want to hurt your feelings. Or they may not know if you want to talk about your cancer or would rather just focus on work.

Let your boss and coworkers know if, and when, you want to talk about your cancer. If you can, use humor or make a joke. Humor can help break the ice and make people feel more at ease. You may find that it's easier than you thought it would be.

## HANDLING PROBLEMS

If you're having problems at work that you did not have before your cancer, there are several different ways to handle them:

- **FULFILLING YOUR DUTIES.** If you can't do your job the way you used to, ask your employer to adjust to your needs. Your employer may be able to do things that would make it easier for you to keep your job, such as allowing you to work flextime or from home, or by installing special equipment at work. You could start by talking informally to your supervisor, personnel office, employee assistance counselor, shop steward, or union representative. Keep a record of each request and its outcome for yourself and your protection.
- **DEALING WITH COWORKERS.** If a friend or coworker's feelings about cancer are hurting you, try to resolve the problem with that person face-to-face. Talking with a friend, family member, or counselor also may help you come up with ideas for handling it. However, if a coworker's attitude or remarks are still affecting your work after that, it's a problem for management to address. Talk to your manager, shop steward, company medical department, employee assistance counselor, or personnel office for help.

If you're still having difficulties, you might want to ask yourself the following questions:

- What are my rights as an employee?
- Am I willing to take action to correct a problem?
- Do I still want to work there? Or would I rather look for a new job?

If you do decide to look for a new job, remember: you have no legal obligation to talk about your cancer history unless your past health has a direct impact on the job you seek. You can take legal action (sue) if you think that you are not being hired for a job because of your cancer.

### IF YOU CAN'T GO BACK TO WORK

Some people can't return to their jobs because of their cancer. For instance, you may no longer be able to lift heavy boxes if that task is a part of your job. If you can't do the work you did before, contact your state Rehabilitation Program. Ask about training programs that teach you the skills you need for other kinds of work. To learn more, look under the state government section in the blue pages of your phone book or check your state's website: <http://www.dllr.state.md.us/>

**TIP: Holy Cross Health offers a variety of social work services, see Tab 5: "Holy Cross Health & Community Resources," page 1 or call 301-557-1850.**

## MOVING ON

Today, people with cancer have a better chance at living a normal life than ever before in history. In fact, there are more than 10 million survivors – people who have, or are living with, cancer – in the United States right now. For them, cancer has become a chronic (on-going) health problem, such as high blood pressure or diabetes.

As hard as having cancer can be, many survivors feel that the experience led them to make important changes in their lives. They now take time to appreciate each new day. They also have learned how to take better care of themselves and to value how others care for them. Many volunteer and share their experience with others going through cancer or work to help improve cancer research, treatment and care.

Still, cancer is a major event and changes your life, including your relationships with others. It's normal to notice changes in the way you relate to family, friends, and other people that you are around every day – and the way they relate to you.

This section offers information on some of the differences you may experience once your treatment ends and practical advice for moving forward.

## WHEN TREATMENT ENDS

The end of cancer treatment is often a time to rejoice. You are probably relieved to be finished with the demands of treatment and are ready to put the experience behind you. You may expect life to return to the way it was before you were diagnosed with cancer.

But it can take time to recover. You may have permanent scars on your body, or you may not be able to do some things you once did easily. You may find that others think of you differently now – or you may view yourself in a different way. You may have emotional scars from going through so much. You may also feel sad and worried that cancer will come back.

While many cancer survivors felt they had lots of information and support during their illness, many also feel everything changed once treatment stopped. You may miss your health care team and feel as if your safety net has been pulled away. It's also normal to feel somewhat cut off from other people – even family and friends. You may also feel that only others who have had cancer can understand your feelings.

Your family may have trouble adjusting to the end of your treatment, too. They may expect you to take back your old duties – the things they did while you were sick – before you are ready.

Survivors often say that they didn't realize how much time they needed to recover. In fact, your recovery will probably take much longer than your treatment did.

## YOUR “NEW” NORMAL

The first few months after cancer treatment ends are filled with changes and adjustments for most survivors. It's not so much “getting back to normal” as it is finding out what's normal for you now. Whatever you decide, it's important to do what's right for you and try not to compare yourself with others.

Worrying about cancer coming back is one of the most common fears among survivors, especially during the first year after treatment. For some, the fear is so strong that they no longer enjoy life, sleep well, eat well or even go to follow-up visits. They notice every ache and pain and wonder if it is cancer. While it's important to listen to your body and go to your doctor regularly, it's also important to try to live each day to the fullest.

Knowing what to expect after cancer treatment can help you and your family make plans, lifestyle changes, and important decisions for the future. Getting involved in decisions about your medical care and lifestyle can help you regain some of the control you may have felt you lost during cancer treatment. People who feel more in control of their own lives often also feel and function better than those who do not.

Many survivors often feel the need to understand what having had cancer means to their lives now. In fact, many find that cancer causes them to look at life in new ways. They may reflect on spirituality, the purpose of life, and what they value most. For them, life after cancer has new meaning or they look at things differently now.

Your new “normal” may include making changes in the way you eat, the things you do and your sources of support. You might also find that going through a crisis like cancer gives you renewed strength. Being an active partner with your doctor and getting help from other members of your health care team is often the first step in regaining control over your life and moving forward.

## FOLLOW-UP CARE

Follow-up care means seeing a doctor for regular medical checkups. Just like everyone, people who have cancer must get regular checkups for the rest of their lives, even after treatment ends.

However, you will need to have follow-up care related to your cancer in addition to care for any other conditions you may have. Depending on where you live, it may make more sense to get follow-up cancer care from your family doctor, rather than your oncologist. For specific concerns, you may want to see a specialist. Discuss your options with the doctors who have been taking care of you. They can help you decide how to make transitions in care.

## KEEP RECORDS

Always tell any new doctors you see about your history of cancer. The type of cancer you had and your treatment can affect decisions about your care in the future. They may not know about your cancer unless you tell them.

Ask your oncologist for a written summary of your treatment. In the report, he or she can suggest what aspects of your health need to be followed. Then, share this summary with any new doctors you see, especially your primary care doctor, as you discuss your follow-up care plan.

Here's a list of the most important information your doctors will need to know:

- The date you were diagnosed
- The type of cancer you were treated for
- Pathology report(s) that describe the type and stage of cancer
- Places and dates of specific treatment, such as:
  - Details of all surgeries
  - Sites and total amounts of radiation therapy
  - Names and doses of chemotherapy and all other drugs
- Key lab reports, X-ray reports, CT scans and MRI reports
- List of signs to watch for and possible long-term effects of treatment
- Contact information for all health care professionals involved in your treatment and follow-up care
- Any problems that occurred during or after treatment
- Information about supportive care you received (such as special medicines, emotional support and nutritional supplements)

## CANCER FOLLOW-UP VISITS

Your follow-up care depends on the type of cancer and type of treatment you had, along with your overall health. It is usually different for each person who has been treated for cancer.

At your first follow-up visit, talk with your doctor about your follow-up schedule. In general, survivors return to the doctor every three to four months during the first two to three years after treatment, and once or twice a year after that.

**TIP: Check your health insurance plan to see what follow-up care it allows. Some insurance plans pay for follow-up care only with certain doctors and for a set number of visits. For those individuals without insurance, please see Tab 5: Holy Cross Health Financial Assistance Program,” page 2 or call 301-754-7195 for Holy Cross Hospital or 301-557-6195 for Holy Cross Germantown Hospital.**

At each visit, your doctor will look for side effects from treatment and check if your cancer has returned (recurred) or spread (metastasized) to another part of your body. Your role is to make sure you mention all aspects of your current health status, such as:

- New symptoms
- Pain that troubles you
- Physical problems that get in the way of your daily life or that bother you, such as fatigue, trouble sleeping, sexual problems, or weight gain or loss
- Other health problems you have, such as heart disease, diabetes or arthritis
- Medicines, vitamins or herbs you are taking and other treatments you are using
- Emotional problems, such as anxiety or depression, that you may have now or that you've had in the past
- Changes in your family's medical history, such as relatives with cancer

Make sure you also write down anything else you might want to know more about, such as new research or side effects.

*Remember: Just because you have certain symptoms, it doesn't necessarily mean the cancer has come back. Symptoms can be due to other problems that need to be addressed.*

## OTHER FOLLOW-UP SERVICES

Home care, occupational or vocational therapy, pain management, physical therapy, and support groups also are considered follow-up care.

**TIP: For your convenience, many of these services are available through Holy Cross Health. See TAB 5: “Holy Cross Health and Community Resources,” page 1 or call 1-855-HCH-HOPE.**

## COMPLEMENTARY AND ALTERNATIVE CARE

Some people also seek complementary and alternative medicine approaches to prevent illness, reduce stress, prevent or reduce side effects and symptoms, or control or cure disease. An approach is generally called “complementary” when it is used in addition to treatments prescribed by a doctor. When it is used instead of treatments prescribed by a doctor, it is often called “alternative.” Research has shown that more than half of all people with a history of cancer use one or more of these approaches.

Some common methods include imagery or relaxation techniques, acupuncture and massage, homeopathy, vitamins or herbal products, special diets, psychotherapy, prayer, yoga and acupuncture.

**TIP: Before using any of these methods, talk to your doctor or nurse. Some complementary and alternative therapies may interfere with medicines prescribed by your doctor.**

## YOUR FAMILY’S CANCER RISK

Three out of every four American families will have at least one family member diagnosed with cancer. Yet it’s important to know that most cancer is not passed down through families. Only about 5 to 10 percent of the most common cancers (such as breast, colon and prostate) are inherited.

If you think your cancer may be inherited, you may want to talk to a genetic counselor. He or she can help answer questions and those of your family. The genetic counselor also can help you and your doctor decide on the medical care that you and your family might need if a genetic link is found. Genetic testing can determine whether the cancers that occur in your family are due to genes or to other factors.

**TIP: For your convenience, genetic services are available through Holy Cross Health. See TAB 5: “Holy Cross Health Cancer Services,” page 1 or call 1-855-HCH-HOPE.**

## LATE AND LONG-TERM SIDE-EFFECTS

Some have described survivorship as being “disease-free, but not free of your disease.” What you experience with your body may be related to the type of cancer you had and the treatment you received. It’s important to remember that no two people are alike, so you may experience changes that are very different from someone else’s, even if that person had the same type of cancer and treatment.

Long after your treatment ends, however, you may find that you are still coping with its effects on your body. It can take time to get over these effects. Some of the most common long-term problems that survivors report are:

- **FATIGUE.** Feeling tired or worn out is one of the most common complaints during the first year of recovery.
- **MEMORY AND CONCENTRATION CHANGES.** One in four people with cancer reports having problems paying attention, finding the right word or remembering new things after chemotherapy. This condition is sometimes called “chemo brain.” These effects can begin soon after treatment ends or they may not appear until much later.
- **PAIN.** Some people have a lot of pain after treatment, while others have less. Everyone is different. After cancer treatment, you may feel:
  - Pain or numbness in the hands and feet from nerves injured by chemotherapy or surgery
  - Pain in your scars from surgery
  - Pain in a missing breast or limb. While doctors don’t know why this pain occurs, it is real. It’s not just “in your mind.” This is sometimes called phantom pain.
- **LYMPHEDEMA OR SWELLING.** Some types happen right after surgery, are mild, and don’t last long. Other types can occur months or years after cancer treatment and can be quite painful. These types also can develop after an insect bite, minor injury or burn.

- **NERVOUS SYSTEM CHANGES (NEUROPATHY)**. Sometimes cancer treatment can damage your nervous system, producing sudden, sharp stabbing pain, tingling, burning, weakness or numbness. Most people first notice symptoms in their hands or feet. Sometimes these symptoms can be made worse by other conditions, such as diabetes, kidney failure, alcoholism and malnutrition. Symptoms can improve over time, but it may take up to a year or more.
- **MOUTH OR TEETH PROBLEMS**. Radiation or surgery to the head and neck can cause dry mouth, pain in your mouth and gums, cavities, infections, loss of taste and jawbone problems. Certain types of chemotherapy may cause these problems, too. Some problems may develop months or years after your treatment has ended.
- **TROUBLE SWALLOWING**. People who have had radiation therapy to the head, neck, breast or chest or those who have had surgery involving the larynx also may have this problem.
- **CHANGES IN WEIGHT AND EATING HABITS**. Some survivors who have had certain kinds of chemotherapy or medicines have problems with weight gain. Breast cancer survivors, for instance, also often lose muscle and gain fat tissue. Other survivors are left with no desire to eat, and they lose weight, including muscle.
- **BLADDER OR BOWEL CONTROL PROBLEMS**. This loss of control can happen after treatment for bladder, prostate, colon, rectal, ovarian or other cancers.
- **MENOPAUSE SYMPTOMS**. Some treatments may cause early menopause and the loss of fertility.
- **DEPRESSION AND ANXIETY**. After treatment, you may still feel angry, tense or sad. In some cases, cancer treatment may have added to this problem by changing the way the brain works. For most survivors, these feelings go away or lessen over time. But if painful feelings do not get any better, and get in the way of daily life, seeing a physician or therapist can help.

If you experience any of these side effects, at any time in your cancer journey, make sure you talk to your doctor or nurse. There are many techniques and approaches that can make them go away, or at least reduce their impact on your life.

## DEVELOPING A WELLNESS PLAN

After cancer treatment, many survivors want to find ways to reduce the chances of their cancer coming back. Some worry that the way they eat, the stress in their lives or their exposure to chemicals may put them at risk. Cancer survivors find that this is a time when they take a good look at how they take care of themselves. This is an important start to living a healthy life.

When you meet with your doctor about follow-up care, you should ask about developing a wellness plan that includes ways you can take care of your physical, emotional, social, and spiritual needs. If you find that it's hard to talk with your doctor about these issues, it may be helpful to know that the more you do it, the easier it becomes. And your doctor may suggest other members of the health care team for you to talk with, such as a social worker, clergy member or nurse.

There are a number of steps you can take to help yourself on the road to recovery, as outlined below.

### LIFESTYLE CHANGES

Here are some examples of changes you may want to think about to reduce your risk of cancer coming back:

- **QUIT SMOKING**. Smoking can increase the chance of getting cancer at the same site or another site.
- **CUT DOWN ON ALCOHOL**. Drinking alcohol increases your chance of getting certain types of cancers. Experts recommend that men have only two drinks a day and women have only one.
- **EAT HEALTHY FOODS**. Talk with your doctor or a nutritionist to find out about any special dietary needs that you may have. Then try to follow these guidelines:
  - Eat at least five to nine servings of fruit and vegetables daily.
  - Include beans in your diet.
  - Eat whole grains (such as cereals, breads, and pasta) several times daily.
  - Choose foods low in fat and salt.

- GET TO AND STAY AT A HEALTHY WEIGHT.
- EXERCISE AND STAY ACTIVE. Staying active after cancer lowers the risk of recurrence and leads to longer survival. Moderate exercise (walking, biking, swimming) for about 30 minutes every—or almost every—day also can:
  - Reduce anxiety and depression
  - Improve mood and boost self-esteem
  - Reduce fatigue, nausea, pain and diarrhea

Talk with your doctor before you begin any exercise program.

## ABC'S FOR LIFE AFTER CANCER

The following are some other ideas and suggestions that may help you live more fully:

- ASSESS YOUR LIFE. Some survivors say their cancer gave them a wake-up call and a second chance to make life what they want it to be.
- BE ACTIVE. Getting out of the house and doing something can help you focus on other things besides cancer and the worries it brings. Even chair exercises or stretching can help.
- CONTROL WHAT YOU CAN. Some people say that putting their lives in order helps. Being involved in your health care, making changes in your lifestyle and finding out about the services available to you can give you a greater sense of control.
- DON'T BLAME YOURSELF FOR YOUR CANCER. Remember, cancer can happen to anyone.
- EXPRESS YOUR FEELINGS OF FEAR, ANGER OR SADNESS. You don't have to be upbeat all the time. People have found that when they express strong feelings such as anger or sadness, they're more able to let go of them.
- FIND A CREATIVE OUTLET. Even people who have never danced, painted or drawn before have found it helpful and fun to do something new and creative.
- HELP YOURSELF RELAX. Spending time on any activities that make you feel calm may help you lower stress. Or try mind-body methods such as meditation, hypnosis, yoga or imagery.
- JOIN A SUPPORT GROUP. Sharing experiences about living with cancer can help people air their concerns, solve problems and find meaning in what they've been through. Some research shows joining a support group improves quality of life and enhances survival.
- KEEP A JOURNAL. Write down your thoughts about what gives meaning to your life now.
- LOOK FOR THE POSITIVE. Try to use your energy to focus on wellness and what you can do now to stay as healthy as possible. While no one can control every thought, some survivors say they try not to dwell on the fearful ones.
- SEEK SPIRITUAL SUPPORT. A trusted clergy member or professional counselor may be able to help you with life questions.
- TRY TO FIND HUMOR IN LIFE. Laughter can help you relax. When you laugh, your brain releases chemicals that produce pleasure and relax your muscles. Even a smile can fight off stressful thoughts.

**TIP: We have included a list of other online and community resources that can help you at any stage along your cancer journey under Tab 5: "Holy Cross Health and Community Resources."**



# CANCER SURVIVOR TREATMENT SUMMARY AND CARE PLAN

## LIFE AFTER CANCER TREATMENT

Once your treatment has ended, you can move on to the next stage, survivorship. Holy Cross Health has created a survivorship care plan to help you remember the treatments you have received and the follow up plan. This guide contains important information to help you plan the next part of your cancer journey.

Write down information you know and ask your health care team to fill in the rest of the information. Some of the information will not apply to you so please disregard those sections.

## PEOPLE IN MY FAMILY WITH CANCER

| Relative | Type of Cancer | Age of Diagnosis |
|----------|----------------|------------------|
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |
|          |                |                  |

## GENETIC COUNSELING

Genetic testing will tell us if cancer runs in your family. Most cancers do not run in the family but some do and only a small number of people will need genetic testing.

Did your health care team suggest genetic counseling? Yes      No

Did you received genetic counseling. Yes      No

Name of genetic counselor: \_\_\_\_\_

Office or Clinic Name: \_\_\_\_\_

## MY MEDICAL CARE TEAM

### PRIMARY CARE PROVIDER

Primary Care Doctor \_\_\_\_\_

Office or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

### OB-GYN

Primary Care Doctor \_\_\_\_\_

Office or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

CANCER SURGEON

Cancer Surgeon \_\_\_\_\_  
Office or Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_

PLASTIC SURGEON

Plastic Surgeon \_\_\_\_\_  
Office or Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_

MEDICAL ONCOLOGIST

Medical Oncologist \_\_\_\_\_  
Office or Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_

RADIATION ONCOLOGIST

Radiation Oncologist \_\_\_\_\_  
Office or Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_

NURSE NAVIGATOR

Name \_\_\_\_\_  
Hospital or Clinic Name \_\_\_\_\_

CANCER DIAGNOSIS

Date of diagnosis \_\_\_\_\_  
Hospital/Clinic who diagnosed the cancer \_\_\_\_\_  
Type of cancer/Stage \_\_\_\_\_  
ER positive/ negative PR positive/ negative Her2 Neu positive/ negative  
Do you have a copy of the pathology report? Yes No

## CANCER SURGERY TREATMENT SUMMARY

### 1<sup>st</sup> SURGERY

Type of Surgery \_\_\_\_\_

Lymph Nodes removed? Yes / No If yes, how many were removed \_\_\_\_\_ How many Positive \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Surgeon's Name \_\_\_\_\_

At what facility was your surgery done \_\_\_\_\_

Describe any problems you had after the surgery \_\_\_\_\_

### 2<sup>nd</sup> SURGERY

Type of Surgery \_\_\_\_\_

Lymph Nodes removed? Yes / No If yes, how many were removed \_\_\_\_\_ How many Positive \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Surgeon's Name \_\_\_\_\_

At what facility was your surgery done \_\_\_\_\_

Describe any problems you had after the surgery \_\_\_\_\_

### 3<sup>rd</sup> SURGERY

Type of Surgery \_\_\_\_\_

Lymph Nodes removed? Yes / No If yes, how many were removed \_\_\_\_\_ How many Positive \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Surgeon's Name \_\_\_\_\_

At what facility was your surgery done \_\_\_\_\_

Describe any problems you had after the surgery \_\_\_\_\_

## MEDICAL ONCOLOGY TREATMENT SUMMARY

### PORT INFORMATION

Hospital where the port was placed \_\_\_\_\_

Date the port was placed \_\_\_\_\_

Which area of the body the port was inserted \_\_\_\_\_

Type of port \_\_\_\_\_

Any problems with the port \_\_\_\_\_

Date port was removed \_\_\_\_\_

### CLINICAL TRIAL INFORMATION

You may decide to join a clinical trial at any point of the cancer journey.

Name of clinical trial \_\_\_\_\_

Dates of the trial \_\_\_\_\_

Hospital/Clinic where trial was done \_\_\_\_\_

Name of contact person \_\_\_\_\_

Do you have a copy of the details from your clinical trial? Yes No

CHEMOTHERAPY, HORMONAL THERAPY

Where did you received therapy \_\_\_\_\_

| Drug Name | How Often | Start Date | End Date |
|-----------|-----------|------------|----------|
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |
|           |           |            |          |

Describe any bad reactions or problems from treatment \_\_\_\_\_

Do you have a copy of the reports from treatment? Yes No

RADIATION TREATMENT SUMMARY

1<sup>ST</sup> COURSE OF RADIATION

Clinic you received your radiation \_\_\_\_\_

What type of radiation did you receive \_\_\_\_\_

Area of body treated \_\_\_\_\_

Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Number of treatments \_\_\_\_\_

Total Dose \_\_\_\_\_

Any problems from XRT \_\_\_\_\_

2<sup>ND</sup> COURSE OF RADIATION

Clinic you received your radiation \_\_\_\_\_

What type of radiation did you receive \_\_\_\_\_

Area of body treated \_\_\_\_\_

Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Number of treatments \_\_\_\_\_

Total Dose \_\_\_\_\_

Any problems from XRT \_\_\_\_\_

Do you have a copy of the radiation summary report? Yes No

## AFTER TREATMENT CARE

### Follow- Up Care Years 1 - 2

| <b>Appointment/Test</b>  | <b>Frequency</b><br>(Example every three months) | <b>Provider to Contact/<br/>Order Imaging Study</b> |
|--------------------------|--|---|
| Surgeon                  |  |   |
| Medical Oncologist       |  |   |
| Radiation Oncologist     |  |   |
| Post Treatment Mammogram |  |   |
| Mammogram                |  |   |
| MRI                      |  |   |
| Pelvic Exam              |  |   |
| Blood Work               |  |   |
| Other                    |  |   |

### Follow- Up Care Years 3 - 5

| <b>Appointment/Test</b>  | <b>Frequency</b><br>(Example every three months) | <b>Provider to Contact/<br/>Order Imaging Study</b> |
|--------------------------|--|---|
| Surgeon                  |  |   |
| Medical Oncologist       |  |   |
| Radiation Oncologist     |  |   |
| Post Treatment Mammogram |  |   |
| Mammogram                |  |   |
| MRI                      |  |   |
| Pelvic Exam              |  |   |
| Blood Work               |  |   |
| Other                    |  |   |

### Questions

Now that I'm finished with my cancer treatment, when should I call my medical oncologist? \_\_\_\_\_

\_\_\_\_\_

When should I call my primary care provider? \_\_\_\_\_

\_\_\_\_\_

NOTE: This information is presented as a service to you and does not take the place of talking or visiting with your physician. For more detailed information about breast cancer, please visit the National Cancer Institute website at [www.cancer.gov](http://www.cancer.gov).

Source: *The National Cancer Institute*

NOTES

Lined area for notes.



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| Community-Based Services.....           | 2 |
| Organizations .....                     | 5 |
| Hospital Information.....               | 6 |
| Notes.....                              | 7 |

There are many resources available through Holy Cross Health and elsewhere, to help cancer patients and their families during and after treatment. We encourage you and your family to take advantage of them.



# Holy Cross Health & Community Resources

## HOLY CROSS HEALTH CANCER SERVICES

Holy Cross Hospital is accredited by the American College of Surgeons' Commission on Cancer as a Community Hospital Comprehensive Cancer Program. Its comprehensive services include inpatient and outpatient diagnostic and treatment services, with many of these services also available at Holy Cross Germantown Hospital. Patients receive academic-level care in a community setting through Holy Cross Hospital's participation in prevention, early detection and treatment clinical trials sponsored by various government agencies, universities and foundations.

| Service   | Phone Number   | Services Provided at One or More Holy Cross Health Locations   |
|---|----------------|--|
| Breast Imaging at Holy Cross Hospital<br><br><i>Upcounty patients can access select breast imaging services at Community Radiology Associates Women's Imaging Center in the Medical Office Building on the campus of Holy Cross Germantown Hospital, or through other providers in the community.</i> | 301-754-7360   | <ul style="list-style-type: none"> <li>Breast MRI</li> <li>Breast cyst aspiration</li> <li>DEXA scan (bone densitometry)</li> <li>Ductograms</li> <li>Mammography (digital and 3-D)</li> <li>MRI-guided biopsy modality</li> <li>Stereotactic and ultrasound breast biopsy</li> <li>Ultrasound exam</li> </ul> |
| Cancer Registry   | 301-754-7542   | <ul style="list-style-type: none"> <li>Cancer program statistics</li> <li>Data utilization</li> <li>Monitoring of quality patient care indicators</li> </ul>   |
| Cancer Research   | 301-754-7552   | <ul style="list-style-type: none"> <li>Early lung cancer screening program (for smokers and ex-smokers)</li> <li>Other studies are available</li> </ul>  |
| Cancer Risk Assessment and Genetic Testing  | 1-855-HCH-HOPE | Not restricted to Holy Cross Health patients, the program accepts referrals from other area medical centers that lack the service.   |
| Cancer Services   | 1-855-HCH-HOPE | General information  |
| Cancer Support Groups   | 1-855-HCH-HOPE | A variety of cancer support groups offered to the community, facilitated by a licensed clinical social worker.   |
| Holy Cross Radiation Treatment Center<br><br><i>Radiation treatment is also available through the radiation oncologists on Holy Cross Germantown Hospital's medical staff</i>   | 301-681-4422   | Located in Silver Spring, the center provides advanced radiation oncology therapies, including the most innovative new treatments.   |
| Lymphedema Center at Holy Cross Hospital  | 301-754-7340   | <ul style="list-style-type: none"> <li>Individualized exercise program</li> <li>Manual lymphatic drainage (MLD)</li> <li>Multi-layer bandaging skin care</li> <li>Patient education</li> <li>Skin care</li> </ul>  |
| Nurse Navigation  | 301-754-7879   | Serves as liaison between you, your doctors and your family, knowing first hand that your well-being and peace of mind are as important as your treatment.   |
| Oncology Social Worker  | 301-557-1850   | Patients may be connected with: <ul style="list-style-type: none"> <li>Holy Cross Hospital or Holy Cross Germantown Hospital</li> <li>Holy Cross Hospital's Outpatient Infusion Center</li> <li>Holy Cross Radiation Treatment Center</li> <li>A Holy Cross Health physician</li> </ul>                        |
| Outpatient Infusion Center at Holy Cross Hospital   | 301-754-7926   | Intravenous infusion   |

## COMMUNITY-BASED SERVICES

Holy Cross Health offers a wide array of services that can help you prepare for your hospital experience or optimize your health afterward, and provide support to you or your loved ones.

### CAREGIVER RESOURCE CENTER

The Holy Cross Caregiver Resource Center eases the burdens on family caregivers by providing support groups, educational programs and other resources to those caring for a family member. The Caregiver Resource Center is located one block from Holy Cross Hospital at 9805 Dameron Drive. For more information, call 301-754-7152.

### COMMUNITY HEALTH

Holy Cross Health's Community Health department focuses on providing education, early detection screenings, links to treatment and support services as well as a variety of community classes (e.g., yoga, Pilates, tai chi, etc.). For more information, call 301-754-8800.

### HOLY CROSS HEALTH CENTERS

Holy Cross Health Centers – with locations in Aspen Hill, Gaithersburg, Germantown and Silver Spring – are primary care medical centers providing affordably priced health care services to children and adults who face financial barriers to accessing care. For more information, visit [HolyCrossHealth.org](http://HolyCrossHealth.org).

### HOLY CROSS HEALTH PARTNERS

Holy Cross Health Partners are primary care sites owned and operated by Holy Cross Health, with locations at Asbury Methodist Village and in Kensington. These practices specialize in internal medicine for adults and include physicians with geriatric medicine training and expertise. For more information, visit [HolyCrossHealth.org](http://HolyCrossHealth.org).

### HOLY CROSS HEALTH FINANCIAL ASSISTANCE PROGRAM

Holy Cross Health is committed to being the most trusted provider of health care services in our community. That involves a commitment to provide accessible services to individuals who do not have either the personal resources to pay for necessary care or eligibility to qualify for programs that would provide coverage (Medicaid, MCHP, MHIP, etc.).

In the event that no public program applies, Holy Cross Health has a financial assistance program that will enable any qualifying patient to obtain necessary hospital services. Eligibility for our financial assistance program is determined on an individual basis, evaluating both income and assets. Please request a financial assistance application from any registrar or financial counselor, or by calling 301-754-7195 at Holy Cross Hospital or 301-557-6195 at Holy Cross Germantown Hospital. Forms also are available online at [HolyCrossHealth.org](http://HolyCrossHealth.org)

### HOME-BASED CARE

#### Home Care and Hospice

Holy Cross Home Care and Hospice provides Medicare-certified home health, palliative care, telehealth and hospice services for patients who need care at home. Home care services include the following, under the direction of the patient's primary care physician.:

- skilled nursing
- home health aides
- medical social work
- physical, occupational and speech therapy

Palliative care is offered to home care patients who need assistance with pain and symptom management and/or would like assistance with their goals of care. This care is provided by a palliative care nurse practitioner in the home.

Hospice services are available for patients who have an advanced, serious illness and/or are terminally ill. These services are delivered at the patient's place of residence and can include hospice and palliative care board-certified physician visits, nurse practitioners, skilled nursing, physical therapy, medical social service, chaplain visits, volunteer assistance and bereavement counseling. Respite care is also available.

For more information, call 301-754-7740.

### **Private Home Services**

Holy Cross Private Home Services provides certified nursing assistant (CNA) services to clients in Montgomery and Prince George's counties. Under the direction of a registered nurse, CNAs provide personal care assistance including assisting with activities of daily living, meal preparation, light housekeeping/laundry, medication reminders, and accompanying clients to medical appointments and procedures. CNAs also are available as mother-baby aides. Clients have access to an on-call coordinator 24 hours a day. For more information, call 301-754-7780.

### **House Calls**

The House Calls program enables home-bound older adults to receive primary medical care at home. The nurse practitioner is specially trained and certified to provide comprehensive medical care, including examining and diagnosing patients, arranging for lab and other diagnostic services, and prescribing medications. Visits are covered by Medicare and most insurance plans. For more information, call 301-754-7965 or 301-754-7849.

## **MAMMOGRAM ASSISTANCE**

Holy Cross Health and Susan G. Komen for the Cure offer mammograms and follow-up care for low-income, under-insured and uninsured women who live in Montgomery and Prince George's counties. To find out if you qualify, call 301-754-8403. Foreign language interpretation is available.

## **MEDICAL ADULT DAY CENTER**

The Holy Cross Medical Adult Day Center is a caring, compassionate and positive environment where seniors and medically-disabled adults 18 and older can participate in recreational activities and receive health care. The center is located one block from Holy Cross Hospital and welcomes new applicants on an ongoing basis. For more information or to schedule a free two-day trial, call 301-754-7150.

## **ONCOLOGY NURSE NAVIGATION**

Holy Cross Health's nurse navigators are here to address any questions or concerns you may have. Our nurse navigators can help you to understand your diagnosis and treatment options, and serve as your advocate, educator and guide throughout your cancer journey.

The navigators will navigate you to helpful services and resources as you move through your treatment and recovery process.

If needed, a navigator will accompany you to oncology appointments to help you to understand the complex language of cancer care at a time when you may be overwhelmed with questions, emotions, appointments and disruptions in your daily life.

You will have access to a nurse navigator throughout your cancer treatment and beyond. To speak with a Holy Cross Health nurse navigator, call 301-754-7879.

## **OUTPATIENT NUTRITION COUNSELING**

Outpatient nutrition counseling, located at Holy Cross Hospital, is available to patients who need assistance in making healthier food choices. Comprehensive nutrition assessments are offered for people with cancer, diabetes, heart disease and nutrition-related conditions. For more information, call 301-754-7848.

## **PAIN MANAGEMENT CENTER**

Our goal at the Pain Management Center, located at Holy Cross Hospital, is to help you achieve maximum functional capabilities through proper management of pain. The pain management physician will help identify the underlying cause of the pain and aims to reduce the impact of chronic pain. Inquiries should be directed to 301-933-8840.

## **PALLIATIVE CARE**

Holy Cross Health offers comprehensive, multidisciplinary palliative care for patients with serious, life-limiting illnesses such as cancer, congestive heart failure, chronic lung disease, end-stage kidney disease and dementia.

The palliative care department is a team of professionals consisting of medical doctors, nurse practitioners, pastoral care, pharmacology and administrative support services. We treat the whole person; meeting the patient's medical, emotional, spiritual and social needs to provide comfort, dignity and the best possible quality of life.

The palliative care team works closely with the attending physician and nursing staff to provide expert pain and symptom control, education, counseling, advocacy and coordination of services for patients and families facing end-of-life challenges and decisions. For more information, call 301-754-7253.

## **PHYSICAL THERAPY AND REHABILITATION**

The department of Physical Medicine and Rehabilitation, located at Holy Cross Hospital, is a collaborative effort among the specialized disciplines of physical therapy, occupational therapy and speech-language pathology. Our staff is dedicated to helping patients achieve their highest possible level of independence and quality of life.

Members of the physical medicine and rehabilitation team include:

- Physical therapists, occupational therapists, and speech-language pathologists who are state-licensed and board-certified professionals.
- Physical therapy assistants and certified occupational therapy assistants who are state-licensed and board-certified professionals.
- A physiatrist is available for consultation. A physiatrist is a physician who specializes in the area of rehabilitation medicine.
- Support staff: trained rehabilitation aides and clerical staff support the therapists in their daily patient care activities.

For more information, call 301-754-7340.

## **SANCTUARY AT HOLY CROSS**

Sanctuary at Holy Cross, a Trinity Senior Living Community affiliated with Holy Cross Health located in Burtonsville, Md., offers nursing and rehabilitation services, as well as hospice care through the Bayles Center for Hospice and Palliative Care. For more information, call 301-557-1400.

## **SENIOR SOURCE**

Holy Cross Senior Source provides physical activity, education and information on health and wellness for adults 55 years of age and older. The center is located at 8580 Second Avenue, in downtown Silver Spring. For more information, call 301-754-8800.

## SPIRITUAL CARE

Taking care of someone who is facing a life-threatening illness can be overwhelming. Spiritual assistance is available to patients and families of all faiths and beliefs. This may include:

- Spiritual counseling
- Crisis support
- End-of-life support
- Ethical concerns
- Prayer support
- Eucharistic ministry
- Sacraments of reconciliation (confession) and anointing of the sick, upon request

You can reach the Spiritual Care department at Holy Cross Hospital by calling 301-754-7390. You can reach the Spiritual Care department at Holy Cross Germantown Hospital by calling 301-754-6390.

## SUPPORT GROUPS

Holy Cross Health offers a wide variety of support groups. Please visit [HolyCrossHealth.org](http://HolyCrossHealth.org) for a complete list of community-sponsored support groups. For information about our cancer support groups call 1-855-HCH-HOPE.

## ORGANIZATIONS

### **Agency for Healthcare Research and Quality**

[www.ahrq.gov](http://www.ahrq.gov)  
Phone: 301-427-1364

### **American Cancer Society**

[www.cancer.org](http://www.cancer.org)  
Phone: 1-800-227-2345

### **American Institute for Cancer Research**

[www.aicr.org](http://www.aicr.org)  
Phone: 202-328-7744 or 1-800-843-8114

### **Association of Cancer Online Resources**

[www.acor.org](http://www.acor.org)  
Phone: 212-226-5525

### **CancerCare**

[www.cancercare.org](http://www.cancercare.org)  
Phone: 1-800-813-HOPE

### **Cancer Hope Network**

[www.cancerhopenetwork.org](http://www.cancerhopenetwork.org)  
Phone: 1-800-552-4366

### **Cancer.net**

[www.cancer.net](http://www.cancer.net)  
Phone: 571-483-1780 or 1-888-651-3038

### **Hope Connections for Cancer Support**

[www.hopeconnectionsforcancer.org](http://www.hopeconnectionsforcancer.org)  
Phone: 301-634-7500

### **KidsKonnected Cancer Support and Education**

[www.kidskonnected.org](http://www.kidskonnected.org)  
Phone: 949-582-5443

### **LIVESTRONG Foundation**

[www.livestrong.org](http://www.livestrong.org)  
Phone: 512-236-8820

### **National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

### **National Coalition for Cancer Survivorship**

[www.canceradvocacy.org](http://www.canceradvocacy.org)  
Phone: 301-650-9127 or 1-888-650-9127

### **Prevent Cancer Foundation**

[www.preventcancer.org](http://www.preventcancer.org)  
Phone: 1-800-227-2732

### **The Society of Gynecologic Oncology's (SGO) Foundation for Women's Cancer**

[www.wcn.org](http://www.wcn.org)  
Phone: 312-578-1439

## HOSPITAL INFORMATION

If you are an inpatient, you will receive further information in your admission folder.

### PARKING

Holy Cross Hospital's parking garage is located to the left of the main hospital entrance. Valet parking is also available at the front of the hospital. Holy Cross Germantown Hospital's parking lot is located in front of the hospital. For updated parking rates, instructions and information about public transportation, please visit [HolyCrossHealth.org](http://HolyCrossHealth.org).

### INTERPRETER SERVICES

Sign language and foreign language interpretation is available to all patients requesting these services. Please contact your nurse.

### HEALING GARDEN

Holy Cross Hospital and Holy Cross Germantown Hospital both offer beauty, natural outdoor environments, adjacent to each hospital's main entrance. Patients and visitors are welcome to spend time in these gardens, which support healing the mind, body and spirit in a calm and nurturing environment. Holy Cross Hospital's healing garden is dedicated to the Congregation of the Sisters of the Holy Cross.

### CHAPEL

The Holy Cross Hospital chapel is located on the first floor, and the Holy Cross Germantown Hospital chapel is located on the second floor. Both chapels are open 24 hours a day. Persons of all faiths are welcome to use the chapels for prayer and meditation. Catholic services are held at Holy Cross Hospital at 11:30 a.m., Sunday through Friday, and at 4 p.m. on Saturday. The service can be viewed in patient rooms at Holy Cross Hospital and Holy Cross Germantown Hospital on channel 70.

### ADVANCE DIRECTIVES

Advance directives are written documents that convey an individual's intentions for the provision, withholding or withdrawal of life-sustaining procedures. An advance directive allows an individual to specify the conditions for a wide range of future health care decisions. For more information on advance directives or to obtain advance directive forms, please contact your nurse.

### PHARMACY

Holy Cross Hospital has an outpatient pharmacy located on the first floor of the hospital, which is open from 7 a.m. to 4:30 p.m., Monday through Friday, and from 9 a.m. to 3 p.m., on Saturday and Sunday (closed on major holidays). Most prescription plans are honored. Most major credit cards are accepted.

Located in the Medical Office Building at Holy Cross Germantown Hospital, The Blue Door Pharmacy (opening summer 2016) is a full-service, independent retail pharmacy, operated in partnership with Holy Cross Health.

### BILLING

When you have been discharged by your physician, you or a family member will be directed to the cashier located in the main lobby. Payment of deductibles and self-pay balances is expected before discharge. Your hospital bill will not include fees charged by non-hospital employed physicians, as well as non-physicians, such as physician assistants and nurse practitioners. These fees will appear on separate bills, sent to your home from the physician(s)/non-physician(s) who performed the services. Certain types of services (e.g., diagnostic and laboratory services) may also be provided by non-hospital providers and billed separately.

After discharge, the Patient Accounting department is available to answer questions about your hospital bill Monday through Friday from 9 a.m. to 4 p.m. by calling 301-754-7680. You also can email the Patient Accounting department at [billing@holycrosshealth.org](mailto:billing@holycrosshealth.org).







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## TAB 6: GLOSSARY

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# Glossary

## A

**ACUPUNCTURE** (AK-yoo-PUNK-cher): The technique of inserting thin needles through the skin at specific points on the body to control pain and other symptoms. It is a type of complementary and alternative medicine.

**AIDS**: Acquired immunodeficiency syndrome (ah-KWY-erd im-YOON-o-de-FISH-en-see SIN-drome). A disease caused by the human immunodeficiency virus (HIV). People with AIDS are at an increased risk for developing certain cancers and for infections that usually occur only in individuals with a weak immune system.

## B

**BACTERIA** (bak-TEER-ee-uh): A large group of single-cell microorganisms. Some cause infections and disease in animals and humans. The singular of bacteria is bacterium.

**BENIGN** (beh-NINE): Not cancerous. Benign tumors do not spread to tissues around them or to other parts of the body.

**BIOLOGICAL THERAPY** (by-o-LAHJ-i-kul): Treatment to stimulate or restore the ability of the immune system to fight infections and other diseases. Also used to lessen certain side effects that may be caused by cancer treatment. Also known as immunotherapy, biotherapy or biological response modifier (BRM) therapy.

**BIOPSY** (BY-op-see): The removal of cells or tissues for examination by a pathologist. The pathologist may study the tissue under a microscope or perform other tests. When only a sample of tissue is removed, the procedure is called an incisional biopsy. When an entire lump or suspicious area is removed, the procedure is called an excisional biopsy. When a sample of tissue or fluid is removed with a needle, the procedure is called a needle biopsy, core biopsy or fine-needle aspiration.

**BONE MARROW**: The soft, sponge-like tissue in the center of most large bones. It produces white blood cells, red blood cells and platelets.

**BRACHYTHERAPY** (BRAKE-ih-THER-a-pee): A procedure in which radioactive material sealed in needles, seeds, wires or catheters is placed directly into or near a tumor. Also called internal radiation, implant radiation or interstitial radiation therapy.

## C

**CANCER**: A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.

**CELL**: The individual unit that makes up the tissues of the body. All living things are made up of one or more cells.

**CHEMOTHERAPY** (kee-mo-THER-a-pee): Treatment with drugs that kill cancer.

**CLINICAL TRIAL**: A type of research study that tests how well new medical interventions work in people. Such studies test new methods of screening, prevention, diagnosis or treatment of a disease. Studies may be carried out in a clinic or other medical facility. Also called a clinical study.

**COLONOSCOPY** (ko-lun-AHS-ko-pee): An examination of the inside of the colon using a thin, lighted tube (called a colonoscope) inserted into the rectum. If abnormal areas are seen, tissue can be removed and examined under a microscope to determine whether disease is present.

**COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)**: Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices generally are not considered standard medical approaches. Standard treatments have gone through a long and careful research process to prove they are safe and effective, but less is known about CAM. CAM may include dietary supplements, megadose vitamins, herbal preparations, special teas, acupuncture, massage therapy, magnet therapy, spiritual healing and meditation.

**CT SCAN:** Computed tomography scan. A series of detailed pictures of areas inside the body taken from different angles; the pictures are created by a computer linked to an X-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan.

## D

**DIETHYLSTILBESTROL (DES)** (dye-ETH-ul-stil-BES-trol): A synthetic form of the hormone estrogen that was prescribed to pregnant women between about 1940 and 1971 because it was thought to prevent miscarriages. DES may increase the risk of uterine, ovarian or breast cancer in women who took it. DES also has been linked to an increased risk of clear cell carcinoma of the vagina or cervix in daughters exposed to DES before birth.

**DIETITIAN:** A health professional with special training in nutrition who can help with dietary choices. Also called a nutritionist.

**DIGESTIVE TRACT** (dye-JES-tiv): The organs through which food and liquids pass when they are swallowed, digested and eliminated. These organs are the mouth, esophagus, stomach, small and large intestines, and rectum.

**DIGITAL RECTAL EXAM (DRE):** An examination in which a doctor inserts a lubricated, gloved finger into the rectum to feel for abnormalities.

**DOUBLE-CONTRAST BARIUM ENEMA:** A procedure in which X-rays of the colon and rectum are taken after a liquid containing barium is put into the rectum. Barium is a silver-white metallic compound that outlines the colon and rectum on an X-ray and helps show abnormalities. Air is put into the rectum and colon to further enhance the X-ray.

## E

**EPSTEIN-BARR VIRUS (EBV):** A common virus that remains dormant in most people. It has been associated with certain cancers, including Burkitt's lymphoma, immunoblastic lymphoma and nasopharyngeal carcinoma.

**ESTROGEN** (ES-tro-jin): A hormone that promotes the development and maintenance of female sex characteristics.

**EXCISIONAL BIOPSY** (ek-SI-zhun-al BY-op-see): A surgical procedure in which an entire lump or suspicious area is removed for diagnosis. The tissue is then examined under a microscope.

**EXTERNAL RADIATION** (ray-dee-AY-shun): Radiation therapy that uses a machine to aim high-energy rays at the cancer. Also called external-beam radiation.

## F

**FECAL OCCULT BLOOD TEST (FOBT)** (FEE-kul o-KULT): A test to check for blood in stool. (Fecal refers to stool; occult means hidden.)

**FERTILITY** (fer-TIL-i-tee): The ability to produce children.

## G

**GASTROENTEROLOGIST:** A doctor who specializes in treating disorders of the digestive system.

**GENE:** The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA and most genes contain the information for making a specific protein.

**GENETIC TESTING:** Analyzing DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease or disorder.

**GYNECOLOGIST** (GY-neh-KAH-loh-jist): A doctor who specializes in treating diseases of the female reproductive organs.

**GYNECOLOGIC ONCOLOGIST** (GY-neh-kuh-LAH-jik on-KAH-loh-jist): A doctor who specializes in treating cancers of the female reproductive organs.

## H

**HEMATOLOGIST** (hee-ma-TOL-o-jist): A doctor who specializes in treating blood disorders.

**HOME CARE PROGRAM SKILLED NURSING SERVICES:** A special service of Holy Cross Health that allows patients to receive care at home during times of illness and recovery.

**HORMONE**: A chemical made by glands in the body. Hormones circulate in the bloodstream and control the actions of certain cells or organs. Some hormones also can be made in a laboratory.

**HORMONE THERAPY**: Treatment that adds, blocks or removes hormones. For certain conditions (such as diabetes or menopause), hormones are given to adjust low hormone levels. To slow or stop the growth of certain cancers (such as prostate and breast cancer), hormones may be given to block the body's natural hormones. Sometimes surgery is needed to remove the gland that makes hormones. Also called hormonal therapy, hormone treatment or endocrine therapy.

**HOSPICE CARE**: A program that assures basic medical care and emotional support is available for patients in the final stages of terminal illness.

**HUMAN PAPILLOMAVIRUS (PAP- IH- LO- MA- VYE- RUS) (HPV)**: A virus that causes abnormal tissue growth (warts) and is associated with some types of cancer.

**HUMAN T-CELL LEUKEMIA VIRUS TYPE 1 (HTLV-1)**: A retrovirus that infects T cells (a type of white blood cell) and can cause leukemia and lymphoma. HTLV-1 is spread by sharing syringes or needles used to inject drugs, through sexual contact, and from mother to child at birth or through breast-feeding.

## I

**IMAGING PROCEDURE**: A method of producing pictures of areas inside the body.

**IMPLANT RADIATION** (ray-dee-AY-shun): A procedure in which radioactive material sealed in needles, seeds, wires or catheters is placed directly into or near a tumor. Also called brachytherapy, internal radiation or interstitial radiation.

**INCISIONAL BIOPSY** (in-SIH-zhun-al BY-op-see): A surgical procedure in which a portion of a lump or suspicious area is removed for diagnosis. The tissue is then examined under a microscope.

**INFECTION**: Invasion and multiplication of germs in the body. Infections can occur in any part of the body and can spread throughout the body. The germs may be bacteria, viruses, yeast or fungi. They can cause a fever and other problems, depending on where the infection occurs. When the body's natural defense system is strong, it can often fight the germs and prevent infection. Cancer treatment can weaken the natural defense system.

**INFERTILITY**: The inability to produce children.

**INTERNAL RADIATION** (ray-dee-AY-shun): A procedure in which radioactive material sealed in needles, seeds, wires or catheters is placed directly into or near a tumor. Also called brachytherapy, implant radiation, or interstitial radiation therapy.

## L

**LEUKEMIA** (loo-KEE-mee-a): Cancer that starts in blood-forming tissue, such as the bone marrow, and causes large numbers of blood cells to be produced and enter the bloodstream.

**LEUKOCYTE** (LOO-ko-site): A white blood cell. Refers to a blood cell that does not contain hemoglobin. White blood cells include lymphocytes, neutrophils, eosinophils, macrophages and mast cells. These cells are made by bone marrow and help the body fight infection and other diseases.

**LICENSED PRACTICAL NURSES AND NURSING ASSISTANTS**: Holy Cross Health employees who provide supportive care around the clock.

**LOCAL THERAPY**: Treatment that affects cells in the tumor and the area close to it.

**LYMPH NODE** (limf node): A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Lymph nodes filter lymph (lymphatic fluid) and they store lymphocytes (white blood cells). They are located along lymphatic vessels. Also called a lymph gland.

**LYMPHATIC SYSTEM** (lim-FAT-ik SIS-tem): The tissues and organs that produce, store, and carry white blood cells that fight infections and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and lymphatic vessels (a network of thin tubes that carry lymph and white blood cells). Lymphatic vessels branch, like blood vessels, into all the tissues of the body.

**LYMPHOMA** (lim-FO-ma): Cancer that begins in cells of the immune system.

## M

**MALIGNANT** (ma-LIG-nant): Cancerous. Malignant tumors can invade and destroy nearby tissue and spread to other parts of the body.

**MAMMOGRAM** (MAM-o-gram): An X-ray of the breast.

**MEDICAL IMAGING EXPERTS**: Doctors and other health professionals trained in using the most up-to-date techniques, including mammography, CT scans, nuclear medicine studies such as PET, ultrasound and MRI to accurately pinpoint tumors and cancerous tissue.

**MEDICAL ONCOLOGIST** (On-KOL-o-jist): A doctor who specializes in diagnosing and treating cancer using chemotherapy, hormonal therapy and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also provides supportive care and may coordinate treatment provided by other specialists.

**MELANOMA** (MEL-ah-NO-ma): A form of skin cancer that arises in melanocytes, the cells that produce pigment. Melanoma usually begins in a mole.

**MENOPAUSAL HORMONE THERAPY**: Hormones (estrogen, progesterone or both) given to women after menopause to replace the hormones no longer produced by the ovaries. Also called hormone replacement therapy or HRT.

**MENOPAUSE** (MEN-o-pawz): The time of life when a woman's menstrual periods stop permanently. Also called "change of life."

**METASTASIS** (meh-TAS-ta-sis): The spread of cancer from one part of the body to another. A tumor formed by cells that have spread is called a "metastatic tumor" or a "metastasis." The metastatic tumor contains cells that are like those in the original (primary) tumor. The plural form of metastasis is metastases (meh-TAS-ta-seez).

**MOLE**: A benign growth on the skin (usually tan, brown or flesh-colored) that contains a cluster of melanocytes and surrounding supportive tissue.

**MRI**: Magnetic resonance imaging (mag-NET-ik REZ-o-nans IM-a-jing). A procedure in which radio waves and a powerful magnet linked to a computer are used to create detailed pictures of areas inside the body. These pictures can show the difference between normal and diseased tissue. MRI makes better images of organs and soft tissue than other scanning techniques, such as CT or X-ray. MRI is especially useful for imaging the brain, spine, the soft tissue of joints, and the inside of bones. Also called nuclear magnetic resonance imaging.

**MUTATION**: Any change in the DNA of a cell. Mutations may be caused by mistakes during cell division or they may be caused by exposure to DNA-damaging agents in the environment. Mutations can be harmful, beneficial or have no effect. If they occur in cells that make eggs or sperm, they can be inherited; if mutations occur in other types of cells, they are not inherited. Certain mutations may lead to cancer or other diseases.

## O

**ONCOLOGIST** (on-KAH-loh-jist): A doctor who specializes in treating cancer. Some oncologists specialize in a particular type of cancer treatment. For example, a radiation oncologist specializes in treating cancer with radiation.

**ONCOLOGY CLINICAL RESEARCH TEAM**: A group of health care professionals who work closely with the medical staff to pinpoint opportunities for participation in clinical trials that are testing the latest, state-of-the-art drugs and therapies.

**ONCOLOGY NURSE** (on-KAH-loh-jee): A nurse who specializes in treating and caring for people who have cancer. Oncology nurses administer chemotherapy and other intravenous (IV) therapies, and provide emotional support.

**ONCOLOGY NURSE NAVIGATOR**: An oncology nurse navigator serves as an advocate and guide throughout a patient's cancer journey. The navigator is available to give cancer patients information they may want or need once they have received a diagnosis of cancer.

**ORGAN**: A part of the body that performs a specific function. For example, the heart is an organ.

## P

**PAIN MANAGEMENT TEAM:** Physicians and other health care professionals who can provide a variety of analgesic treatments to relieve cancer pain.

**PAP TEST:** The collection of cells from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer. Also called a Pap smear.

**PASTORAL CARE PROVIDERS AND ON-CALL CLERGY:** Representatives of different faiths who are ready to offer emotional and spiritual support.

**PATHOLOGIST** (pa-THOL-o-jist): A doctor who identifies diseases by studying cells and tissues under a microscope.

**PET SCAN:** Positron emission tomography scan. A procedure in which a small amount of radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed, computerized pictures of areas inside the body where the glucose is used. Because cancer cells often use more glucose than normal cells, the pictures can be used to find cancer cells in the body.

**PHARMACISTS:** Specially trained health professionals who prepare and distribute medical drugs. They work with physicians to ensure that treatments are safe and effective.

**PHYSICAL THERAPIST:** A health professional who teaches exercises and physical activities that help condition muscles and restore strength and movement.

**PLASTIC SURGEON:** A surgeon who specializes in reducing scarring or disfigurement caused by accidents, birth defects or treatment for disease.

**POLYP** (POL-ip): A growth that protrudes from a mucous membrane.

**PRIMARY TUMOR:** The original tumor.

**PROGESTIN** (pro-JES-tin): Any natural or laboratory-made substance that has some or all of the biologic effects of progesterone, a female hormone.

**PSYCHIATRIC LIAISON NURSE:** A specially trained registered nurse who can provide options for social and psychological support.

**PULMONOLOGIST** (PUL-muh-NAH-loh-jist): A doctor who specializes in treating disease of the lungs. Also called a pulmonary or lung specialist.

## Q

**QUALITY OF LIFE:** The overall enjoyment of life. Many clinical trials assess the effects of cancer and its treatment on the quality of life. These studies measure aspects of an individual's sense of well-being and ability to carry out various activities.

## R

**RADIATION ONCOLOGIST** (ray-dee-AY-shun on-KOL-o-jist): A doctor who specializes in using radiation to treat cancer.

**RADIATION THERAPY** (ray-dee-AY-shun THER-ah-pee): The use of high-energy radiation from X-rays, gamma rays, neutrons, and other sources to kill cancer cells and shrink tumors. Radiation may come from a machine outside the body (external-beam radiation therapy) or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, implant radiation, or brachy therapy). Also called radiotherapy.

**RADIATION THERAPIST:** Health professionals who deliver accurate radiation therapy doses prescribed by radiation oncologists.

**RADIOACTIVE:** (RAY-dee-o-AK-tiv): Giving off radiation.

**RADIONUCLIDE SCAN** (RAY-dee-o-NEW-klide): A test that produces pictures (scans) of internal parts of the body. The person is given an injection or swallows a small amount of radioactive material; a machine called a scanner then measures the radioactivity in certain organs.

**RADON** (RAY-don): A radioactive gas that is released by uranium, a substance found in soil and rock. Breathing in too much radon can damage lung cells and lead to lung cancer.

**RECONSTRUCTIVE SURGEON** (REE-kun-STRUK-tive): A doctor who can surgically reshape or rebuild (reconstruct) a part of the body, such as a woman's breast after surgery for breast cancer.

**RECURRENCE**: The return of cancer, at the same place as the original (primary) tumor or in another location, after the tumor had disappeared.

**REGISTERED DIETITIAN** (dy-eh-TIH-shun): A health professional with special training in the use of diet and nutrition to keep the body healthy. A registered dietitian may help the medical team improve the nutritional health of a patient.

**REHABILITATION THERAPISTS**: Health care professionals who instruct in physical, speech and occupational therapies. See "Physical Therapist."

**RISK FACTOR**: Something that may increase the chance of developing a disease. Some examples of risk factors for cancer include age, a family history of certain cancers, use of tobacco products, certain eating habits, obesity, exposure to radiation or other cancer-causing agents, and certain genetic changes.

**RESPIRATORY THERAPIST** (RES-pih-ruh-TOR-ee): A health professional trained to evaluate and treat people who have breathing problems or other lung disorders.

## S

**SCREENING**: Checking for disease when there are no symptoms.

**SIDE EFFECT**: A problem that occurs when treatment affects healthy tissues or organs. Some common side effects of cancer treatment are fatigue, pain, nausea, vomiting, decreased blood cell counts, hair loss and mouth sores.

**SIGMOIDOSCOPY** (sig-moid-OSS-ko-pee): Inspection of the lower colon using a thin, lighted tube called a sigmoidoscope. Samples of tissue or cells may be collected for examination under a microscope. Also called proctosigmoidoscopy.

**SOCIAL WORKER**: A professional trained to talk with people and their families about emotional or physical needs, and to find them support services. Social Workers and Case Managers coordinate financial and insurance matters, home care needs and other issues surrounding the transition from hospital to home.

**SONOGRAM** (SAHN-o-gram): A computer picture of areas inside the body created by bouncing high-energy sound waves (ultrasound) off internal tissues or organs. Also called an ultrasonogram.

**SPIRAL CT SCAN**: A detailed picture of areas inside the body. The pictures are created by a computer linked to an X-ray machine that scans the body in a spiral path. Also called helical computed tomography.

**STAGE**: The extent of a cancer within the body. Staging is based on the size of the tumor, whether lymph nodes contain cancer, and whether the disease has spread from the original site to other parts of the body.

**STEM CELL**: A cell from which other types of cells develop. Blood cells develop from blood-forming stem cells.

**STEM CELL TRANSPLANTATION**: A method of replacing immature blood-forming cells that were destroyed by cancer treatment. The stem cells are given to the person after treatment to help the bone marrow recover and continue producing healthy blood cells.

**SUPPORTIVE CARE**: Care given to improve the quality of life of patients who have a serious or life-threatening disease. The goal of supportive care is to prevent or treat as early as possible the symptoms of the disease, side effects caused by treatment of the disease, and psychological, social, and spiritual problems related to the disease or its treatment. Also called palliative care, comfort care and symptom management.

**SURGEON**: A doctor who removes or repairs a part of the body by operating on the patient.

**SURGERY**: A procedure to remove or repair a part of the body or to find out whether disease is present. An operation.

**SYMPTOM**: An indication that a person has a condition or disease. Some examples of symptoms are headache, fever, fatigue, nausea, vomiting and pain.

**SYSTEMIC THERAPY** (sis-TEM-ik): Treatment using substances that travel through the bloodstream, reaching and affecting cells all over the body.

## T

**THYROID** (THIGH-royd): A gland located beneath the voice box (larynx) that produces thyroid hormone. The thyroid helps regulate growth and metabolism.

**TISSUE** (TIH-shoo): A group or layer of cells that are alike and that work together to perform a specific function.

**TUMOR** (TOO-mer): A mass of excess tissue that results from abnormal cell division. Tumors perform no useful body function. They may be benign (not cancerous) or malignant (cancerous).

**TUMOR MARKER**: A substance sometimes found in the blood, other body fluids or tissues. A high level of tumor marker may mean that a certain type of cancer is in the body. Examples of tumor markers include CA 125 (ovarian cancer), CA 15-3 (breast cancer), CEA (ovarian, lung, breast, pancreas and gastrointestinal tract cancers) and PSA (prostate cancer). Also called biomarker.

## U

**ULTRASOUND**: A procedure in which high-energy sound waves (ultrasound) are bounced off internal tissues or organs and make echoes. The echo patterns are shown on the screen of an ultrasound machine, forming a picture of body tissues called a sonogram. Also called ultrasonography.

**ULTRAVIOLET RADIATION** (ul-tra-VYE-o-let ray-dee-AY-shun): UV radiation. Invisible rays that are part of the energy that comes from the sun. UV radiation also comes from sun lamps and tanning beds. UV radiation can damage the skin and cause melanoma and other types of skin cancer. UV radiation that reaches the Earth's surface is made up of two types of rays, called UVA and UVB rays. UVB rays are more likely than UVA rays to cause sunburn, but UVA rays pass deeper into the skin. Scientists have long thought that UVB radiation can cause melanoma and other types of skin cancer. They now think that UVA radiation also may add to skin damage that can lead to skin cancer and cause premature aging. For this reason, skin specialists recommend that people use sunscreens that reflect, absorb, or scatter both kinds of UV radiation.

**UROLOGIC ONCOLOGIST**: A doctor who specializes in treating cancers of the urinary system.

**UROLOGIST**: A doctor who specializes in treating problems in the urinary organs of females and urinary and sex organs in males.

## V

**VIRTUAL COLONOSCOPY** (ko-lun-AHS-ko-pee): A method under study to examine the colon by taking a series of X-rays (called a CT scan) and using a high-powered computer to reconstruct 2-D and 3-D pictures of the interior surfaces of the colon from these X-rays. The pictures can be saved, manipulated to better viewing angles and reviewed after the procedure, even years later. Also called computed tomography colography.

**VIRUS** (VYE-rus): A microorganism that can infect cells and cause disease.

## X

**X-RAY**: A type of high-energy radiation. In low doses, X-rays are used to diagnose diseases by making pictures of the inside of the body. In high doses, X-rays are used to treat cancer.





# Evaluation Form

Thanks to a generous grant from the Holy Cross Health Foundation, Holy Cross Health created this Patient Resource Guide as a means to help you during your journey. We hope it served its purpose, and invite you to help us make it even better!

Please take a few minutes to complete the form below. Your candid response will benefit other cancer patients in the future.

1. I referred to the guide:

- Often    Sometimes    Never

2. If you didn't use the guide, why?

Didn't need it; Got everything I needed from my doctor, nurse or other healthcare provider

Too much information at one time; overwhelming

Did my own research online

Other: \_\_\_\_\_

3. Was the amount of information:

- Too much    Just right    Too little

4. The information was easy to read and understand:

- Strongly Agree    Agree    Disagree    Strongly Disagree

5. How and when did you use the guide (check all that apply):

I took it with me to doctor's appointments.

I read it at home.

I shared it with my family and/or friends.

Other: \_\_\_\_\_

6. I used the guide's special sleeves, envelopes and other features to (check all that apply):

Organize health care provider business cards

Keep track of my appointments

Store key medical records, instructions and so forth

Take notes and/or write down questions

Other : \_\_\_\_\_

Didn't use (please tell us why): \_\_\_\_\_

**\*\* PLEASE TURN OVER\*\***

7. What sections or topics were most important or helpful to you? (check all that apply)

- o Tab 1: My Cancer
- o Tab 2: About Me
- o Tab 3: My Healthcare Calendar
- o Tab 4: Coping With Cancer
- o Tab 5: Holy Cross Health and Community Resources
- o Tab 6: Glossary
- o Heavy-Duty Envelopes
- o Business Card Holders

8. Are there any other topics or sections that should have been included?

- o No
- o Yes. If so, please list: \_\_\_\_\_  
\_\_\_\_\_

9. Overall, the guide was a valuable tool:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

10. Please include any other comments that can help us improve the guide for cancer patients in the future:

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Please check the highest level of education you completed:

- High school graduate
- Some college or other training
- College graduate
- Post-graduate work

Please send your completed evaluation form to:

Holy Cross Health  
Attn: Stephanie Heller  
1500 Forest Glen Road  
Silver Spring, MD 20910

THANK YOU!

# Important Phone Numbers

|  | Holy Cross Health   | Holy Cross Hospital | Holy Cross Germantown Hospital |
|--|---------------------|---------------------|--------------------------------|
| Main Number and Patient Information              |                     | 301-754-7000        | 301-557-6000                   |
| Breast Imaging                                   |                     | 301-754-7360        |                                |
| Cancer Services                                  | 1-855-HCH-HOPE      |                     |                                |
| Cancer Registry                                  | 301-754-7542        |                     |                                |
| Caregiver Resource Center                        | 301-754-7152        |                     |                                |
| Community Health Education and Wellness Programs | 301-754-8800        |                     |                                |
| Customer Relations                               |                     | 301-754-7495        | 301-557-6495                   |
| Financial Counseling                             |                     | 301-754-7195        | 301-557-6195                   |
| Foundation                                       | 301-754-4483 (GIVE) |                     |                                |
| Genetic Counseling                               | 1-855-HCH-HOPE      |                     |                                |
| Home Care and Hospice                            | 301-754-7740        |                     |                                |
| Lymphedema Services                              |                     | 301-754-7340        |                                |
| Medical Adult Day Center                         | 301-754-7150        |                     |                                |
| Oncology Nurse Navigator                         | 301-754-7879        |                     |                                |
| Oncology Social Worker                           | 301-557-1850        |                     |                                |
| Outpatient Infusion Center                       |                     | 301-754-7926        |                                |
| Outpatient Nutrition Counseling                  |                     | 301-754-7878        |                                |
| Pain Management Center                           |                     | 301-933-8840        |                                |
| Palliative Care                                  | 301-754-7253        |                     |                                |
| Pre-registration for Surgery                     | 301-754-8300        |                     |                                |
| Physician Referrals                              | 301-754-8800        |                     |                                |
| Private Home Services                            | 301-754-7780        |                     |                                |
| Radiation Treatment Center                       | 301-681-4422        |                     |                                |
| Senior Source Programs                           | 301-754-8800        |                     |                                |
| Spiritual Care                                   |                     | 301-754-7390        | 301-557-6390                   |
| TTY/Hearing Impaired                             |                     | 301-754-7406        | 301-557-7406                   |