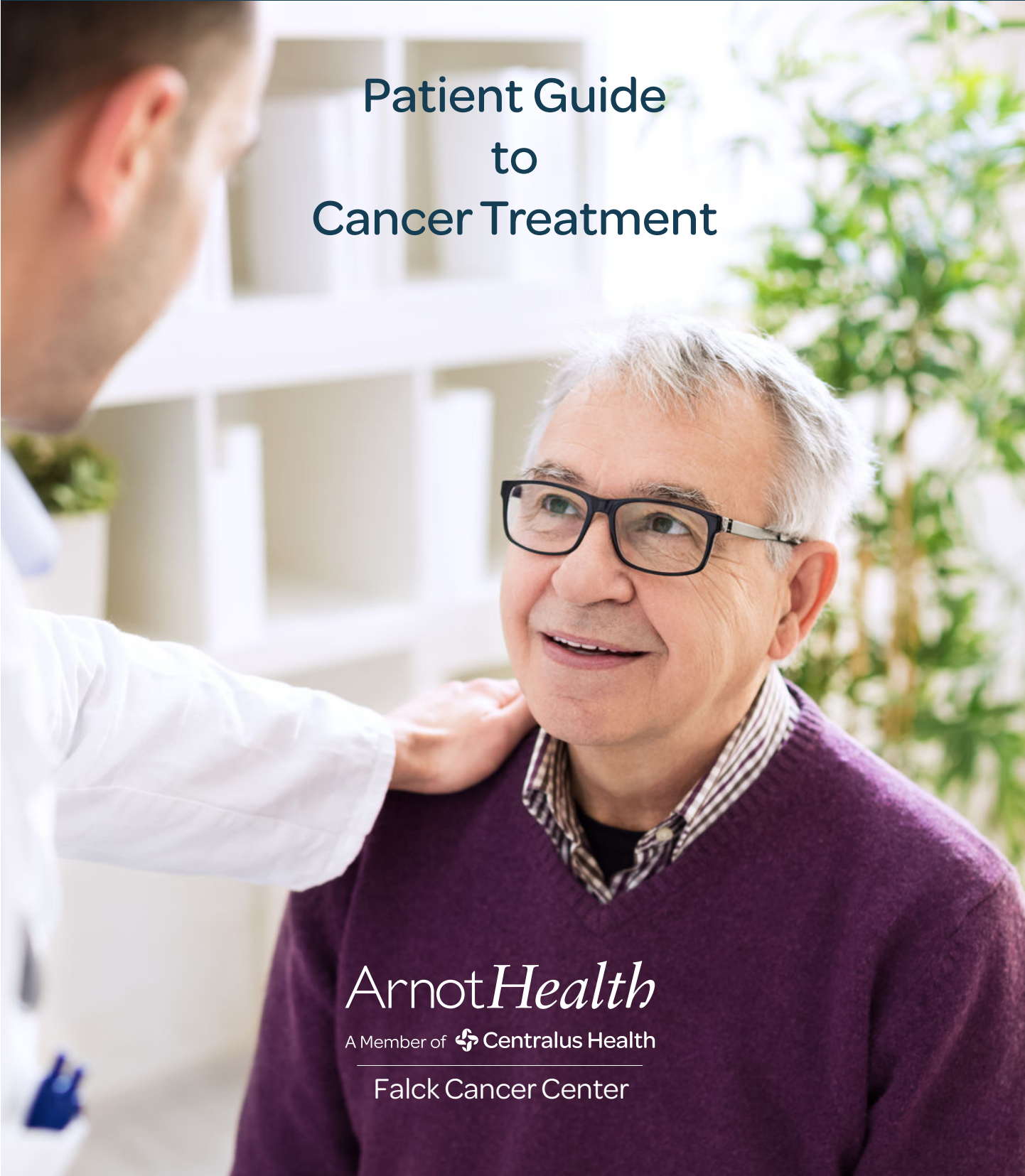




Falck Cancer Center



Patient Guide to Cancer Treatment

ArnotHealth

A Member of  Centralus Health

Falck Cancer Center

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Personal Information

You may feel overwhelmed by the amount of information and important dates to remember that come with your cancer care. The next section is designed to help you organize your important information and make sure you and your care provider are in step with each other throughout your treatment. It includes:

Personal Health Record – Your personal health record lists pertinent health information, including emergency contacts, insurance information and if you have any advanced directive, in one easy to access location.

Medication List – Use the medication list to keep track of what medications you are taking, what time of day you need to take them, any allergies you might have and the dosage. Any comments you have, such as how a medication makes you feel, might also be helpful to track.

Treatment Calendar – The treatment calendar allows you to make a note of upcoming appointments and past treatments.

Labs – As you prepare to undergo treatment and progress through treatment, you will receive lab reports with your results. They can be added in this section.

Pathology Reports – As you prepare to undergo treatment and progress through treatment, you will receive pathology reports with your results. They can be added to this section.

Specialized Information from your Treatment Team – Feel free to add any other information you are given by your treatment team and would like to keep in a convenient location.

Treatment Team – See staff photos

Personal Health Record

Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail _____

Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Doctors

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Pharmacy _____ Phone: _____

Address _____

Insurance Information

Primary Medical Insurance Co. Name, Address and Phone number: _____

Employer or Direct Policy: _____

Policy Number: _____

Group Number: _____

Subscriber's Name: _____

Preauthorization needed? _____

Secondary Medical Insurance Co. Name, Address and Phone Number: _____

Employer or Direct policy: _____

Policy Number: _____

Group Number: _____

Subscriber's Name: _____

Preauthorization needed? _____

Medicare #: _____ Effective dates _____ Part A: _____

Part B: _____

Medicaid #: _____ County: _____ State: _____

Access number: _____

Sequence number: _____

Advance Directives

Name and phone number of your Healthcare Proxy: _____

Living Will: ☐ Yes ☐ No

Please give this information to all of your health care providers.

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Cancer Diagnosis & Staging:

Medical Conditions:

Surgeries & Dates:

Notes:

Medication List

Date: _____ Patient Name: _____ Date of Birth: _____

Allergies: _____

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Managing Pain

You may experience pain following different kinds of cancer treatment. When it comes to effective pain management, remember these important points:

Use your medication only as directed

- If your pain is not relieved or if it gets worse, call your doctor.
- If pain lessens, try taking your pain medication less often.

Remember that medications need time to work

- Most pain relievers taken by mouth need at least 20-30 minutes to take effect.
- Take pain medication at regular times as directed. Don't wait until pain gets bad to take it.

Time your medication

- Try to time your medication so that you take it before beginning an activity, such as dressing or sitting at the table for dinner.
- Taking your medication at night may help you get a good night's rest.

Eat lots of fruits and vegetables

- Constipation is a common side effect with some pain medications. Eating fruits and vegetables can help alleviate this.
- Drink lots of fluids.
- Avoid laxatives unless your physician has prescribed them for you.

Avoid drinking alcohol while taking pain medication

- Mixing alcohol and pain medications can cause dizziness and slow your respiratory system.
- Avoid driving or operating machinery while taking pain medication.

Measuring your pain

A pain scale helps you rate pain intensity. On the scale, 0 means no pain with 10 being the worst pain possible. Rate your pain every few hours. Pain medications should reduce your pain, though you may feel some pain while taking them. If your pain medication doesn't reduce your pain, or if your pain suddenly increases or changes, contact your healthcare provider.



Tracking Your Pain

Keep track of your pain each day by using the pain journal on this page. The journal can help you more adequately describe your pain to your healthcare provider so they can find the best way to

[illegible]

Introduction

This book is the project of the Cancer Program of Care. This group was formed in January 1997 to ensure that all aspects of cancer care are coordinated. It is our desire to provide the utmost attention, direction, assistance, and ease of transition for our patients and their families who are challenged by this disease. Please feel free to ask questions you may have at any time.

Updated February 2026

Important Phone Numbers

Falck Cancer Center.....	(607) 737-8100
Front desk / Immediate Assistance	(Opt 6)
Schedule / Reschedule	(Opt 1)
Medication Refill Line.....	(Opt 2)
Dr. Dauphin / Rebecca Carr, NP	(Opt 3)
Dr. Mato / Kelly Raniewicz, NP	(Opt 4)
Dr. Navarette.....	(Opt 5)
Penny Stollery, NP, Palliative Care	(Opt 6)
Chemo/Lab/Port Scheduler.....	(607) 737-8117
Radiation – Nurse	(607) 737-8125 or (607) 737-8204
Social Work – Sharon.....	(607) 737-8115
Dietician – Catie	(607) 737-8116
Van – Judy	(607) 737-7704
Breast Cancer Nurse Navigator - Courtney.....	(607) 737-8138

On call – nights/weekends (607) 737 4100
(hospital operator, ask to speak to the on-call physician)

***All messages left will be returned by the end of the day ***

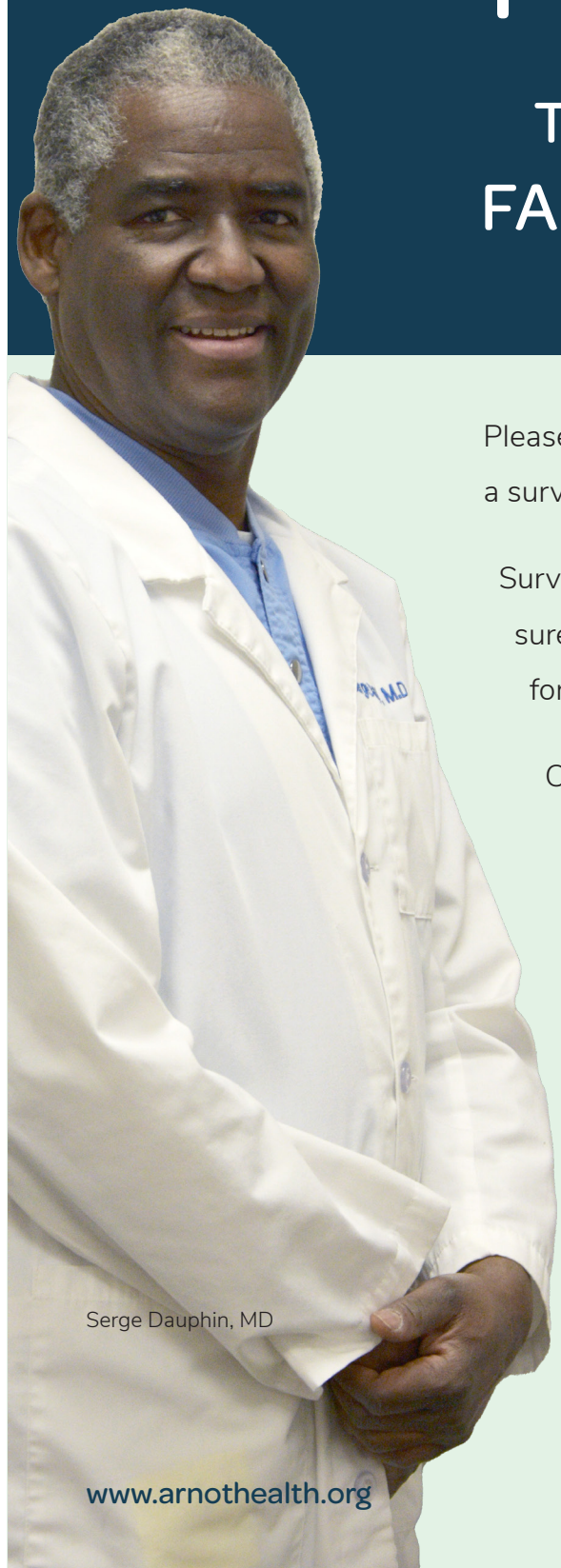
Parking Problems? Can't Find a Parking Space?

If you need assistance parking or if there are no available spaces, we will gladly assist you. Simply pull your car up to the door and notify the receptionist. We will have our security department or customer service attendant park your car. When you are ready to leave, we will retrieve your car.

If you prefer to park your own car in the hospital lot, stop at our door, notify the receptionist, and we will have someone follow you to a parking space and provide a ride to the door in our customer service cart.

Your Opinion Counts

Thank you for visiting the
FALCK CANCER CENTER



Please help us improve the care we deliver by completing a survey regarding your visit.

Surveys will be sent through text or email. Please make sure we have your correct contact information in the form of a cell phone number and email address.

Our survey partner, Press Ganey, will keep your information confidential and it will only be used to help our office improve patient care.

*From the staff at the
Falck Cancer Center, thank you
for trusting us with your care.*

Serge Dauphin, MD

www.arnothealth.org

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Falck Cancer Center

Interpretation of Cancer

Understanding what cancer is, the terminology, tests and treatments will help you be more pro-active in your treatment plan.

This section helps to make you familiar with particular tests and studies your doctor might order to help treat cancer, such as:

- X-ray
- Chest X-ray
- CT or CAT Scan
- MRI
- Bone Scan
- PET CT Scan
- Ultrasound

Laboratory tests are an important component of your diagnosis and treatment. These allow your team to accurately diagnose, monitor treatment effectiveness, screen for complications requiring intervention and assess overall health.

- CBC (Complete Blood Count)
- BMP (Basic Metabolic Profile)
- CMP (Complete Metabolic Panel)
- Cytogenetics
- Biopsy (removal of tissue sample or cells)

Staging occurs when the medical team has gathered necessary information from the various tests, are able to understand how much cancer is in the body and where it is located. Understanding the stage helps the doctor develop a prognosis.

Cancer Overview

What is cancer?

Cancer is an abnormal growth of cells. The whole body is made of cells that act and grow in controlled ways as the body needs them. The cells are controlled by genes. The genes in any one of these cells can become damaged. Then the cell can grow out of control and become cancer.

Cancer cells quickly grow and divide. This happens even when there's not enough space and nutrients. They also grow despite signals sent from the body telling them to stop.

Cancer cells don't look the same as healthy cells. They don't work the way they should. They can spread to other parts of the body. Tumors, masses, or lesions are names for abnormal growths of cells that can become cancer.

Oncology is the branch of medicine that studies and treats cancer.

What do benign and malignant mean?

Tumors can be benign or malignant.

Benign tumors are not cancer. They tend to grow slowly. They do not spread to other parts of the body.

Malignant tumors are cancer. They can grow quickly. They grow into and destroy nearby normal tissues. And they can spread throughout the body.

Understanding Cancer Tests

Doctors use tests such as blood tests, mammograms, MRIs, and CT scans to help them screen for, diagnose, treat, and monitor cancer. If you've been diagnosed with cancer, you may have had one or more of these tests. You may have wondered why you had certain tests and not others, and what exactly the doctor was looking for.

Why do I need to be tested?

There are many reasons why you may need certain tests done. Tests may be done to:

- **Screen for cancer.** Screening tests are done in people without any symptoms as a way to find a cancer early, when it's small and hasn't spread beyond where it started. Examples are the Pap smear to screen for cervical cancer and mammograms to screen for breast cancer.
- **Help diagnose and stage the cancer.** If your doctor thinks that you may have cancer, tests will be needed to help diagnose and stage the cancer (find out how big it is and how far it has spread). For instance, a chest X-ray and CT scan might be done for someone with symptoms that could be caused by lung cancer.
- **Guide cancer treatment.** Sometimes tests are used during treatment to help guide or direct the surgery or radiation that's being done. An example of this might be MRI-guided brain surgery. In this surgery, an MRI is used to create images that help the surgeon remove the tumor and limit the damage to the nearby tissues.
- **Monitor cancer and its treatment.** If you've been diagnosed with cancer or if you have had treatment for cancer, your doctor will use tests to monitor the cancer, see if it has come back, or to check for side effects of the treatment. An example of this might be checking the prostatic-specific antigen (PSA) levels in someone who has been treated for prostate cancer.

Radiology/X-ray or Imaging Studies

An X-ray uses a small amount of radiation to create images of your bones and internal organs. X-rays are used to detect abnormalities of the body associated with cancer as well as non-cancerous problems. Various types of X-rays are available. They are ordered, as the physician needs to investigate a specific problem.

Types of X-rays your doctor may order:

Chest X-ray – determines abnormalities of the chest, ribs, heart and lungs.

Bone Scan – determines abnormalities of the bones, such as fractures, bone metastasis, etc. This test requires an injection and a waiting time of about 2 hours before the test is performed.

CT or CAT Scanning – a commonly used test to “look” inside the body. X-ray images are taken from a series of different angles and computerized to show cross sectional views of the body. There are specific CAT scans of the different body parts; head, chest, abdomen, and pelvis, etc. Often a dye is injected into the bloodstream to highlight internal organs.

MRI – A scan without the use of low levels of radiation. Also can look internally into the body, but may give further information than a CAT scan. Often a dye is given during this exam to highlight the internal organs. Again, MRI testing is based on different body parts; head, chest, spine, etc. Some patients prefer to be sedated for this test, because the MRI machine can seem confining.

Ultrasound – An imaging study using no radiation, but high frequency sound waves to painlessly detect abnormalities.

PET-CT – a combination test with a CT component that allows biological information of the body to be shown. A chemically attached glucose (sugar) is injected to help detect abnormalities and about 45 minutes later, the scan is performed. Some patients may prefer to be sedated for this test due to the close confines of the equipment. The test is very useful to monitor treatment as well as diagnose multiple problems such as cancer.

Many imaging studies are used to guide the radiologist (a physician who performs the X-ray study and interprets the results) to take a sample of tissue without the need of open surgery.

Laboratory Services, Pathology and Staging

Identification of a patient's blood, body fluids and tissues helps oncologists diagnose a disease with greater certainty. The diagnosis of cancer requires a confirmation with the support of measurements and descriptions provided by Laboratory Services. Typical examinations include blood analysis and testing of extracted body tissues for review under the microscope. Importantly, a physician called a pathologist, trained in the discipline of normal vs. abnormal situations, helps to confirm a diagnosis. The pathologist "names" the disease to confirm what is suspected by the patient's clinical presentation and symptoms.

Typical testing includes the following:

CBC (Complete Blood Counts) – performed to view if adequate components of the blood exist, for example, if white blood cells are adequate to fight infections, or if red blood cells are adequate to avoid anemia.

BMP (Basic Metabolic Profile) – a set of multiple chemical tests to determine salt balance and glucose levels.

CMP (Complete Metabolic Panel) – a set of multiple chemical tests to determine liver function, kidney function and calcium levels.

Cytogenics - testing to learn about cell chromosome. Aids in diagnosis and prognosis.

Pathology

Pathologist and the Laboratory can also perform examinations of body tissue. The report generated from this analysis is called the pathology. To obtain tissue sample, a biopsy is performed.

The Pathologist interprets a representative sample of the organ with the tissue processed and viewed under the microscope. The tissue can be removed from a person during surgery, via needle aspiration of an abnormal site, or from a sample taken during a procedure. The Pathologist reviews the specimen using different chemical additives, staining techniques to highlight and thereby "name" the cancer. The Pathologist then begins a classification scheme of the tissue called "staging."

Biopsy

What is a biopsy?

A biopsy is a procedure to remove a tissue sample or cells from the body. The sample is then checked under a microscope. Some biopsies can be done in a healthcare provider's office. Others need to be done in a hospital. In addition, some biopsies can be done with a local anesthetic to numb just the local area affected. Others may need sedation or even full anesthesia that puts you completely asleep during the procedure.

Biopsies are often done to find out if a tumor is cancer. They are also done to find the cause of an unexplained sore, mole, infection, or inflammation.

How is a biopsy done?

A biopsy can be done in many ways. It depends on the type of sample needed. Tissue samples are often small and taken from tissue that looks changed in structure, such as a tumor.

Types of biopsies

Bone marrow biopsy

Bone marrow aspiration or biopsy means taking a small amount of bone marrow fluid (aspiration) or solid bone marrow tissue (called a core biopsy). The tissue is often taken from the back of the hipbones. It's then checked for the number, size, and maturity of blood cells or abnormal cells.

Excisional or incisional biopsy

This type of biopsy is often used when a wider or deeper part of the tissue is needed. Using a surgical knife (scalpel), a full thickness of skin or all or part of a large tumor may be removed. The wound is sewn closed with surgical thread.

When the entire tumor is removed, it's called excisional biopsy. If only part of the tumor is removed, it's called an incisional biopsy. For instance, excisional biopsy is the method often preferred when melanoma is suspected. Both types of biopsies can be done by using local or regional anesthesia. If the tumor is inside the chest or belly, general anesthesia can be used. In some cases, surgeons will take an excisional or incisional biopsy that goes right to the pathologist while the person is still under anesthesia. This is to make sure a tumor is fully removed. One example of this is during Mohs surgery on the face.

Fine needle aspiration (FNA) biopsy

This type of biopsy uses a thin needle and syringe to remove very small pieces from a tumor. Local anesthetic is sometimes used to numb the area. The test rarely causes much discomfort. It leaves no scar.

FNA is not used for diagnosis of a suspicious mole. It may be used to biopsy large lymph nodes near a melanoma to see if the melanoma has spread. Breast and thyroid tumors may be studied through FNA. A CT scan may be used to guide a needle into a tumor in an internal organ, such as the lung or liver. An ultrasound, fluoroscopy (a type of continuous x-ray) or other study may also be used to help guide the needle. A core biopsy is like an FNA. But it uses a larger needle for a larger tissue sample.

What is Staging?

Staging is the process of finding out how far cancer has spread. Staging the cancer is a vital step in determining your treatment choices, and it will also give your healthcare team a clearer idea of the outlook for recovery.

Staging can take time and people are usually anxious to begin treatment. Do not worry that the staging process is taking up treatment time. Keep in mind that by staging the cancer, you and your healthcare team will know which treatments are likely to be the most effective.

There is more than one system for staging. The TNM system is the one used more often. It gives three key pieces of information.

- T describes the size of the tumor, and whether the cancer has spread to nearby tissues and organs.
- N describes how far the cancer has spread to nearby lymph nodes.
- M shows whether the cancer has spread (metastasized) to other organs of the body.

Letters or numbers after the T, N, and M give more details about each of these factors. For example, a tumor classified as T₁ N₀ M₀ is a tumor that is very small, has not spread to the lymph nodes, and has not spread to distant organs of the body. Once the TNM descriptions have been established, they can be grouped together into a simpler set of stages, stages 0 through IV (0-4).

In general, the lower the number, the less the cancer has spread. A higher number, such as stage IV (4), means a more serious, widespread cancer.

After looking at your test results, your doctor will tell you the stage of your cancer. Be sure to ask your doctor any questions you might have about what the stage of your cancer means and how it will impact your treatment options.

If you feel your diagnosis is in question, a pathologist is available to go over your information with you and do a microscopic review. If you would like to arrange a review, speak to your oncologist or nurse and they will be happy to help arrange a meeting.

Treatment Options

Cancer treatment is as individual as patients are. For most people, combinations of methods are used together to achieve the best possible results. This section covers different methods of cancer treatment in detail, how they are administered, and how they may affect your life. They include:

- Surgery
- Radiation Therapy
- Chemotherapy
 - Caring for Yourself During Chemotherapy
 - Chemo Brain
- Immune Therapy
- Mediport
- Clinical Trials

Surgery

Surgery is the oldest form of treatment for cancer. It is used to remove tumors and cancerous cells from the body, and as a tool for diagnosing and staging cancers. It is estimated that more than 90% of cancer patients have some sort of surgical procedure.

Surgery offers the greatest chance of cure for many types of cancer, especially those who have not spread to other parts of the body. Advances in surgical techniques and less invasive technologies mean that surgeries can be less traumatic and invasive, which can mean less time spent recovering after a procedure.

Surgery is performed for one or more of these reasons:

Prevention: Surgery may be performed to remove tissue that is not malignant (cancerous) but is likely to become cancerous in the future. This type of surgery may be used if you have a pre-cancerous condition such as polyps in the colon. Sometimes preventive surgery is used to remove an entire organ when a person has an inherited condition that makes development of a cancer likely.

Diagnosis: Surgery may be used to obtain a tissue sample to determine whether or not cancer is present or to discover what type of cancer it is. Types of this surgery include: fine needle aspiration biopsy, needle core biopsy, excisional biopsy, laparoscopic biopsy or open surgery exploration.

Staging: Staging surgery is performed to determine the extent of disease. In conjunction with a physical exam and lab tests, surgical staging provides an accurate assessment of how far cancer has spread.

Curative: Curative surgery removes a tumor when it appears to be confined to an area. It is done when there is hope of removing all of the cancer. It may be used alone or with other modes of therapy such as chemotherapy and/or radiation therapy.

Debulking: Debulking surgery is done to remove as much of a tumor as possible when removal of the entire tumor would cause too much damage to the organ or surrounding tissue. The doctor will remove as much of the tumor as possible and then treat the remainder with radiation therapy or chemotherapy.

Palliative: Palliative surgery is not intended to cure the cancer, but to treat complications in advanced disease. Palliative surgery may also be used to treat pain when it is hard to control by other means.

Supportive: Supportive surgery is used to help with other types of treatment. As an example, a catheter can be placed in a vein to help deliver chemotherapy, instead of repeatedly inserting an IV.

Restorative: Restorative surgery is used to restore a person's appearance or the function of an organ or body part after the primary surgery.

Radiation Therapy

Radiation therapy is a common form of cancer treatment and is used to treat more than half of all cancer patients. This treatment uses high-energy particles or waves (radiation) to damage and destroy cancer cells. Radiation in high doses kills cancer cells and keeps them from growing and dividing. Radiation therapy can successfully treat many kinds of cancer.

Radiation therapy is a local treatment, meaning it affects the cancer cells only in a specific area of the body. To protect your body's non-cancerous cells, the amount of radiation you are exposed to during radiation therapy is carefully limited and treatments are spread out over time.

How is Radiation Therapy Given?

Radiation therapy can be administered either internally or externally. Most people who receive radiation therapy for cancer receive it externally. Here at the Falck Cancer Center, we exclusively deliver external beam radiation therapy. It is given during an outpatient visit to the Cancer Center using a machine called a linear accelerator. The machine directs a dose of radiation at the cancer and some surrounding tissue.

Side Effects of Radiation Therapy

Radiation therapy itself is pain free. Some patients experience side effects after beginning treatment. These side effects depend mostly on the radiation dose and the part of your body that is treated. Before beginning your treatment, your doctor and nurse will discuss the side effects you might experience, how long they might last and how serious they might be.

The most common side effects of radiation therapy are fatigue and skin changes. They can result from radiation to any treatment site. Other side effects are related to the treatment of specific areas. For example, temporary or permanent hair loss may be a side effect of radiation treatment to the head. Appetite can be altered if treatment affects the mouth, stomach or intestine.

Most side effects will go away in time. In the meantime, there are ways to reduce discomfort. If you have a side effect that is especially severe, the doctor may prescribe a break in your treatments or change your treatment in some way. Be sure to tell your doctor, nurse or radiation therapist about any side effects that you notice. They can help you treat the problems and tell you how to lessen the chances that the side effects will come back.

Understanding Radiation Therapy

- External beam radiation **does not** cause your body to become radioactive
- Radiation only affects the area we are treating
- Radiation is given to destroy cancer cells
- Radiation may injure normal cells, which have the ability to repair over time
- Side effects from radiation usually occur 2-4 weeks into your treatment
- Side effects are usually temporary and will resolve after treatments are completed
- Setup images are X-rays taken to ensure that the radiation is being delivered to the exact place on your body which was outlined by your doctor. Setup images DO NOT tell us how the cancer is responding to treatment. These setup images are taken every day or once a week (check with your therapist).
- MONDAY is DOCTOR DAY. You will meet with a nurse and doctor after your radiation treatment. This allows us to evaluate how you are responding to treatments and to answer any questions or concerns you may have. This is a good day to have a family member come so they can meet with the physician as well.
- Please bring any questions or concerns to the attention of your Cancer Care Team:

Nurse: Darlene Sullivan, RN, BSN
Lynnette Pettitt, RN

Dietitian: Catie Ball MS, RDN

Social Worker: Sharon Cosgrove, LMSW

Therapists: Erica Elston, RTT
Katie Burgey, RTT

In case of illness or emergency, you can contact a nurse or physician at:

- 607-737-8125 or 1-607-737-8100 (8 a.m. to 4 p.m., Monday through Friday)
- 607-737-4100 (4 p.m. to 8 a.m., Monday through Friday and weekends) and the Medical Center operator will page your physician for you.

Stereotactic Body Radiation Treatment (SBRT)

SBRT is a technology that focuses high-dose radiation upon a desired target with surgical precision utilizing three-dimensional targeting, imaging (CT, MRI, PET/CT) and complex computer-assisted planning. SBRT involves the delivery of a single high dose radiation treatment or a few fractionated radiation treatments (usually up to 5 treatments). Despite the fact that SBRT delivers higher biological dosage of radiation, patients experience fewer side effects.

How SBRT Works / Treatment Planning

Planning begins with diagnostic imaging (CT, MRI, PET/CT) to help locate the tumor and determine the area to be treated. A radiation simulation is necessary for planning your individual treatment. During the radiation simulation, the patient will be placed in the treatment position using a specialized immobilization device. A CT scan will then be obtained to plan the treatment. Once the CT scan is complete, the radiation oncologist, physicist and dosimetrist will develop a custom plan that will treat the tumor and ensure safe exposure to normal structures. Planning your treatment may take 1-2 weeks. Each of the treatment sessions takes 15-20 minutes. Patients must be able to lay flat for the treatments. Treatments do not have to be administered on consecutive days, but the entire course of therapy is usually concluded within 10 days.

Who Can Benefit from SBRT?

Lung cancer candidates for SBRT are patients with small tumors who are poor surgical candidates.

The Day of your Treatment

On the day of your treatment you may wear whatever article of clothing is most comfortable for you. Do not use any creams in the area of treatment within 4 hours of treatment.

You can take all your regular medications before your treatment. If you think that you will be uncomfortable lying on the treatment table, please take your pain medication prior to your arrival that day.

You are welcome to bring a family member or friend with you on the day of your treatment but it is not required. He or she will wait in the waiting area while you are receiving your treatment.

During the Treatment

The therapist will position you on the table in your immobilization device. After that, the therapist will leave the room.

You will be alone in the room during your treatment. The staff will watch you closely on a monitor. There is a microphone so that they can talk with you if needed. The treatment can take 10-15 minutes. After the treatment is finished, you will be assisted off the table. If more than one treatment is planned, the therapist will confirm your next treatment date and time.

Side Effects

There have been minimal side effects associated with SBRT treatments for lung cancer. The most common side effect is fatigue. Follow these tips to deal with side effects you may have.

Fatigue

- Take frequent rest periods and pace your activities.
- Save time for activities you enjoy. Plan them as part of your day.
- Plan a short period of activity, such as a walk each day. Inactivity may actually make you more tired.

Dry Cough

A dry cough can result from irritation of your airway. It usually goes away within one month after the last treatment.

- Unless there is a health reason to limit your fluids, drink plenty of fluids, especially water, throughout the day.
- Suck on sugarless hard candy or lozenges to keep your throat moist.

Temporary Skin Changes

You may have temporary changes to your skin on your chest in the area that was treated. These changes may include redness, dryness, scaling, and itchiness of the treated area. These skin changes usually occur 1 to 2 weeks after your treatment and lasts 1 to 2 weeks after your final treatment.

You may use moisturizers such as Aquaphor on the treated area. Do not use moisturizers within 4 hours before your treatment in the treatment area.

Permanent Skin Changes

- If the area being treated is exposed to the sun, apply sunscreen routinely to the treated area whenever you are outdoors for more than 10 minutes, all year round.
- Use sunscreen that does not contain PABA. It should have an SPF of 30 or more. Since the area being treated will be more sensitive than the rest of your skin, continue to protect the area from sun exposure after your treatment ends.
- Some people have increased sensitivity to hot and cold temperatures.

Any questions or concerns, please call the Falck Cancer Center at 607-737-8125.

Chemotherapy

What is Medical Oncology?

Medical Oncology is a branch of medicine that deals with tumors (cancer). A medical professional that practices oncology is an oncologist. The Medical Oncologist orders therapy for the cancer patient in the form of Chemotherapy, administered by a Chemotherapy trained Certified Registered Nurse.

Chemotherapy is the general term for any systemic treatment involving the use of chemical agents to stop cancer cells from growing. The three most common routes of receiving chemotherapy are by IV, injection or in pill form. Your type of chemotherapy treatment will depend on your specific type of cancer and your medication will be ordered by your Medical Oncologist.

Side Effects of Chemotherapy

Side effects do occur. However, not all side effects are experienced. The side effects depend on the type of chemotherapy and dose that is given. Before you begin your treatment, your nurse and doctor will discuss the side effects you might experience, how long they last and how serious they may be.

The most common side effects of chemotherapy are fatigue, hair loss, nausea, vomiting, diarrhea and/or constipation.

The side effects will go away with time. In the meantime, there are ways to reduce discomfort and medications to help resolve or reduce these side effects. Be sure to tell your nurse or doctor about any side effects that you have been experiencing. If you have side effects that are especially severe, report it to the doctor or nurse immediately so they can help treat the problem and teach you how to lessen the chances of recurrence. The doctor may hold your treatment or change the dose of your particular chemotherapy drug to keep you comfortable.

Caring for Yourself During Chemotherapy

General Tips

- Stay active! It is important to continue doing the activities that interest you.
- Continue to eat! Eat high fiber foods such as green leafy vegetables and whole grain breads. Unless you have been told otherwise, **PLEASE remember TO EAT on your scheduled chemotherapy days! Eating a light meal before treatment is recommended. (Avoid fatty, fried, greasy, and spicy foods on the day of treatment).** You may bring food to the infusion center.
- Drinking fluids is very important for your kidneys. You should drink at least eight (8 ounce) glasses of non-caffeinated liquids each day. Some therapies require larger amounts of daily fluid intake; your health care team will tell you if more liquids are needed with your particular chemotherapy. Avoid juices and foods that have a high acid content such as orange, grapefruit juice, tomato juice, etc.
- Beer, wine and hard liquor and illegal substances may interfere with some treatment regimens. Talk to your oncology team to determine if there are restrictions or limitations.
- Take your anti-nausea medication as directed. You should take your prescribed medicine as soon as you feel queasy to avoid vomiting. If the nausea medication is not effectively working, call the medical oncology team for direction.
- Some over the counter medications, supplements and herbs may interfere with the medications you are being treated with. Check with your doctor before taking any over the counter therapies.

The medical oncology team at Falck Cancer Center is here to help you. If you have any questions about your treatment or a symptom you are experiencing, please do not hesitate to ask. You can call and talk to your nurse if you have questions or concerns any time during business hours. You may choose to leave a message for your physician, nurse practitioner or physician assistant and they will call you back. We always have someone on- call after business hours, and on weekends for emergencies. We are here to help you.

Bleeding:

- Unless approved by your oncologist, avoid taking pain medications such as aspirin, Advil, Motrin, ibuprofen or naproxen (Aleve) as these medications may increase your risk for bleeding.
- Avoid contact sports
- Avoid alcohol unless approved by your oncologist
- Avoid becoming constipated (unable to move your bowels) since this can cause straining and increase your risk for rectal bleeding.

If you experience any of the following, please contact your oncologist immediately:

- Nose bleeds or bleeding gums
- Unexplained bruising
- Blood in your urine or stool
- Petechiae or red dots under your skin

Low Red Blood Cell Count:

Red blood cells carry oxygen to the cells of your body. When your red blood cells are low you are anemic. The following are symptoms of low red blood cell counts and you should contact your oncologist if you experience any of the following:

- Increased heart rate, palpitations or feeling that your heart is racing or beating too fast
- Chest pain
- Shortness of breath
- Dizziness, especially when getting out of bed or up from a chair
- Extreme fatigue
- Difficulty staying warm

Nausea or Vomiting:

- Eat small frequent meals. Bland foods are best, avoiding spicy or fried foods
- Eat foods at room temperature or slightly cooler to decrease smells which may trigger nausea
- Rest after meals, keeping your head elevated
- Eat lightly on treatment days
- Take your anti-nausea medications as directed by your oncologist

Contact your oncologist if you experience nausea and/or vomiting unrelieved by anti-nausea medications, and that prevents you from eating or drinking for 24 hours or more.

Your doctor has prescribed medication to help prevent or control nausea and vomiting.

These drugs were given to you intravenous (IV) before chemotherapy to help prevent nausea and vomiting.

_____ Emend/Cinvanti

_____ Aloxi

_____ Kytril

_____ Zofran

_____ Decadron ****If you have diabetes** Decadron may cause
A temporary rise in blood sugar. Report any
increase to your health care provider.

These drugs have been sent to your pharmacy. Use as needed to control nausea and vomiting.

_____ **Compazine (Prochlorperazine)** 10 mg take 1 by mouth every 6 hours as needed

_____ **Zofran (Ondansatron)** 8 mg take 1 by mouth every 8 hours as needed

OR

_____ **Zofran (Ondansatron)** 4 mg take 1 by mouth every 6 hours as needed

Compazine and Zofran can be used alternatively. For example, if you take Compazine and still have nausea after one hour, take Zofran. Wait the recommended time before you retake each medication.

Call your health care provider @ 607-737-8100 if:

- Anti-nausea medications are not effective or cannot take medications
- Vomiting more than 3 times an hour for 3 hours or more
- Vomiting blood or material that looks like coffee grounds
- Become weak, dizzy or confused
- Develop dark yellow urine (pee) and not urinating as often or as much
- Cannot drink more than 4 cups of liquid or ice chips in a day or can't eat for more than 2 days

The following lists some common side effects related to chemotherapy treatment and how to care for yourself during this time. Your nurse will highlight side-effects you are more likely to experience because of the chemotherapy regimen you are on.

Important:

Please call your oncologist's office **IMMEDIATELY** if you have:

- Fever greater than or equal to 38.0 C or 100.4 F
- Shaking chills
- Nosebleed that won't stop
- Chest pain
- Shortness of breath or trouble breathing
- Nausea or vomiting that prevents you from eating for 24 hours or more
- Signs of infection:
 - burning sensation with urination
 - rash, with itching skin
 - new or worsening cough
 - sore throat
 - redness, pain or tenderness, drainage from the skin, mediport or IV site

Infection:

Because chemotherapy can cause your immune system to be weakened, it is important to try to prevent infections by following these steps:

- Wash your hands frequently, especially before eating and after using the restroom.
- Bathe regularly. Use lotions to keep your skin moist, to help prevent drying or cracking skin. If radiation therapy is part of your treatment, please speak with your radiation nurse before using any lotions on the areas where you are receiving radiation.
- Wear gloves when gardening or cleaning up after pets to avoid cuts, scrapes and exposure to animal germs
- Discuss any dental work with your oncologist **before** you have it done. If dental work is approved, be sure to tell your dentist you are receiving chemotherapy.
- Avoid people with known infections or colds.
- Speak with your oncologist **before** receiving any immunizations.
- Be cautious with the use of acetaminophen (Tylenol) as this may mask a fever
- Avoid salon manicures and pedicures while on treatment
- Avoid large crowds (Disney World or the mall) **ESPECIALLY** if you feel weak or have a cold.

Diarrhea:

- Eat a low fiber diet, including bananas, white rice, applesauce, toast, mashed potatoes, skinless turkey or chicken, fish and well-cooked eggs
- Eat small meals, be sure to increase your fluid intake to 2-3 quarts daily
- Take your anti-diarrhea medication as directed by your oncologist.
- Avoid milk and milk products, raw fruits and vegetables, greasy, fried foods, alcohol, substances containing sorbitol (sugar free candy or gum)

Contact your oncologist if you are experiencing 3 or more episodes of diarrhea daily.

LOPERAMIDE (IMMODIUM AD)

Do not use Loperamide to treat your diarrhea if you have a fever or if there is blood or mucus in your stools. Contact your doctor @ 607-737-8100.

If you are taking an antibiotic or have recently taken an antibiotic and are experiencing diarrhea, alert your doctor before taking anti-diarrhea medication.

For safe and effective use of this medicine:

- Follow the manufacturer's package directions if you are treating yourself.
- Use a specially marked measuring spoon or other device to measure each dose accurately. The average household teaspoon may not hold the right amount of liquid.

DOSING

The following information included only the average doses of this medicine. If your dose is different, do not change it unless your doctor tells you to do so.

Oral Capsules

- Adult usual dose is 4 milligrams (mg, 2 capsules) after the first loose bowel movement, and 2 mg (1 capsule) after each subsequent loose bowel movement. No more than 16 mg (8capsules) should be taken in any 24-hour period.

Oral Solution

- Adult usual dose is 4 teaspoons (4 mg) after the first loose bowel movement, and 2 teaspoons (2 mg) after each subsequent loose bowel movement. No more than 8 teaspoons (8 mg) should be taken in any 24-hour period.

Missed Dose

- If you miss a dose of this medicine, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **Do not double dose.**

Nutrition:

- Prepare meals before chemotherapy days so that you always have something nutritious ready.
- Eat 1/3 of your daily calories for breakfast since appetites tend to diminish as the day goes on
- Light exercise may help stimulate your appetite, such as walking.
- Drink 2-3 quarts of fluid each day unless told otherwise by your oncologist
- Eating foods from the 4 basic food groups (fruits/vegetables, meats, grains and dairy) help to ensure a well-balanced diet.
- If you experience a bitter or metallic taste in your mouth try using plastic utensils. Sucking on hard candy or chewing gum may also be helpful
- Use nutritional supplements to increase your caloric intake when your appetite is poor.
- Nutrition During Chemotherapy Video available at <https://youtu.be/nCjQt6zmPKA> or scan QR code with your smartphone camera:



If you wish to talk with the nutritionist please notify your nurse or oncologist. The nutritionist may see you while you are at the facility or may contact you at home.

Constipation:

- Drink 2-3 quarts of fluid daily unless told otherwise by your healthcare team
- Eat high fiber foods such as fruits (prune juice), vegetables, whole grains etc.
- Increase physical activity as tolerated such as walking around your house, yard, local park or mall
- Take laxatives and stool softeners as directed by your oncologist.

Contact your oncologist if it has been more than 2 days since your last bowel movement.

Managing Constipation

- Keep a record of your bowel movements
- Increase oral fluids (minimum of 2 Liters per day)
- Exercise
- High Fiber diet (20-35 g fiber per day): Raw vegetables, fresh or dried fruits, whole grains, nuts, powdered fiber supplements, prune juice



Bowel Regimen: Begin with pain medication or anti-nausea medicine

**Colace (docusate) – stool softener - 2 tabs twice per day
and**

**Senokot (senna) - natural laxative - 2 tabs twice per day
OR**

Miralax (polyethylene glycol)

1 heaping teaspoon in 8 ounces of water/juice per day

Can increase to twice per day if needed

****Decrease dose of each if you develop frequent/loose stools**

****Adjust so that you have a soft BM each day**

For intermittent worsening of constipation:

Magnesium Citrate – Drink ½ bottle; if no BM after 6 hours drink remainder of bottle.

Call the office at (607) 737-8100 if you do not have BM in 2 days.

Revised 9/21/2023

Mouth Sores (Mucositis):

- Use a soft toothbrush and brush gently to avoid damaging the soft tissue in your mouth. Replace your toothbrush every 3 months or as needed
- Inspect your mouth daily for open areas
- Avoid mouth washes that contain alcohol such as Scope or Listerine, as these can irritate and/or dry your mouth. Biotene is an alcohol free mouth wash that can be purchased over the counter or ask your dentist for alternatives.
- Use a baking soda rinse four times daily; ¼ teaspoon baking soda, 1/8 teaspoon salt, and 1 cup of warm water.

Contact your oncologist if you experience mouth sores that are painful, prevent you from eating or drinking for greater than 24 hours, or if you have white patches on your tongue or mouth that do not easily wipe off while brushing.

Fatigue:

Fatigue is a common side effect of chemotherapy and is experienced as a decrease in physical energy.

- Prioritize activities to those that must be done and those that can wait for another time
- Set realistic and reachable goals
- Pace yourself; alternate periods of activity with periods of rest
- Take short naps during the day (no more than 1 hour). Longer naps can increase feelings of tiredness, decrease energy levels and disrupt a natural sleep pattern.
- Keep an activities journal to help track fatigue patterns
- Put together a list of friends and/or family members who can help you with meals, running errands and household chores. Letting others help you will allow you to save your energy for things only you can do.
- Massage therapy can help with feelings of fatigue. Our licensed massage therapist is available free of charge. Appointments can be made at the checkout desk.

Hair Loss (Alopecia):

- Use mild shampoos, soft hair brushes and low heat on hair dryers or let hair air dry
- Avoid using chemicals on your hair (perms or hair dye), these may speed up hair loss
- Avoid using hot rollers, curling irons or brush rollers
- Ask your nurse about your chemotherapy and hair loss. Not all chemotherapy causes hair loss, some may cause thinning. Typically, hair loss will begin 2-3 weeks after treatment begins. Cutting hair short can delay hair loss but not prevent it.
- Purchase wigs or head scarves before hair loss is expected so you are prepared when your hair begins to fall out. You may qualify for help with purchasing a wig, please ask your oncologist for a prescription. A list of wig and scarf suppliers is available upon request.

Body Fluid Precautions:

Chemotherapy can be present in some of your body fluids (urine, stool, saliva, semen and vaginal secretions) for approximately 48-72 hours following your chemotherapy treatment.

The following can help to ensure the safety of those you live with during this post chemotherapy time frame:

- Close toilet bowl lid and flush twice after use
- Ensure small children and pets do not play in or around the toilet you use
- Condoms should be used during sexual intercourse to protect your partner
- Oral sex should be avoided; kissing and other forms of affection are safe
- You do not need to use special drinking glasses or utensils, normal washing will remove the chemotherapy waste products
- It is generally recommended that you **do not** become pregnant (or impregnate someone) while receiving chemotherapy and for some time once treatment has finished. This is because chemotherapy can change the function of sperm and egg cells which may lead to birth defects. Your oncologist can tell you how long you need to practice birth control.

Support Services:

- Social Work: Sharon Cosgrove 607- 737-8115
- Breast Cancer Nurse Navigator: Courtney Irwin 607-737-8138
- Nutritionist, Catie: (607) 737-8116

Local Resources:

- American Cancer Society: 585-288-1950
- Cancer Resource Center-Ithaca
Offering a range of support group services
612 State St
Ithaca, NY 14850
607- 277-0960
9AM to 5PM

Helpful Resources:

- Cancer Care www.cancer.org
- American Cancer Society www.cancer.org
- National Cancer Institute www.cancer.gov
- Leukemia/Lymphoma society www.leukemia-lymphoma.org
- Cancer Support Community www.cancersupportcommunity.net

Cognitive Dysfunction (“Chemo Brain”)

What is Chemo Brain?

Many cancer survivors who have received or are currently undergoing chemotherapy report having changes to their thinking (cognitive changes or cognitive deficits), often called “chemo-brain”. These changes include having a hard time with:

- Short-term memory
- Multi-tasking
- New learning
- Reading comprehension (understanding what you read)
- Working with numbers
- Decrease in concentration

These effects can lead to being unable to do your job, having a hard time managing family/home matters, and even social withdrawal for fear of embarrassment. These cognitive changes can also impact our caregivers, family, and friends. Each person’s experience is unique, making it hard to predict what cognitive changes you may have, and whether or not they will continue after treatment.

In recent years, many studies have shown some level of decline in brain function in cancer survivors after treatment for cancer, although some studies have not found any change. The effect can be a worsening of a pre-existing cognitive issue or a new change in function. Some study participants worsen during therapy and gradually improve after, while others find their impairments are long-lasting, if not permanent.

Rule out other causes

Cognitive changes can be caused by many other, treatable conditions. These may be:

- Urinary tract infections (UTI)
- Hypothyroidism (changes to how your thyroid works)
- Anxiety
- Depression
- Medication side effects like allergies or adverse reactions

It is important to be sure no other issues are causing your cognitive changes. Don’t just assume your cognitive concerns are due to chemo brain. The most important thing to do if you are having cognitive changes is to talk to your healthcare provider about your symptoms and rule out other causes first.

How is chemo brain treated?

Medications

At this time there are no medications used specifically to treat chemo brain. However, medications used to treat other problems of the brain may help. These medications may stimulate (rev up) the brain and lead to improved concentration, memory, attention, and decreased fatigue. Medications that might help are those used to treat attention deficit hyperactivity disorder (ADHD), Alzheimer’s disease, dementia, depression, and narcolepsy.

Caffeine is an over-the-counter stimulant that improves cognitive function for millions of people every day. It is a relatively safe way to stimulate brain function.

There are also herbal and natural supplements that claim to enhance or improve memory. However, supplements can also interfere with some cancer treatments and other medications. Talk with your provider before taking any supplements.

“Brain Rehab”

Cognitive rehabilitation (rehab) programs are programs that use exercise, memory tasks, and puzzles to “rehabilitate” your mind. These programs are often used for people with brain injuries, but therapists have made programs for cancer survivors. These programs focus on re-training the brain through learning new ways to complete the tasks.

Computer-based cognitive rehabilitation therapy is also being studied in cancer patients. This can be helpful to cancer patients as it can be done at your own pace and at home. There are currently studies looking at the effectiveness of these programs in cancer survivors.

Puzzles using numbers, like Sudoku, may help “exercise” your brain. It is likely that any brain stimulation may be helpful and certainly cannot hurt, whether through a game, taking a course at a local school, or joining a book discussion club.

Fatigue can make cognitive problems worse. Avoid fatigue by getting enough sleep, adding exercise into your life, and by eating a healthy diet.

Tips for living life with Chemo Brain

There is no “quick fix” for chemo brain. It is important to be creative and do things in your daily life that can help fight the symptoms. Some tips to help your daily life are:

- Keep a detailed calendar or planner. Use your smartphone to set alarms to remind you of important appointments.
- The all-too-important sticky note – just be sure to put them in places you will see them.
- In the evening, start a list for tomorrow – what needs to get done and who do I need to call?
- Create a notebook for this so you can flip ahead and add something to next week’s list when it comes to mind.
- Keep a pad in the kitchen for a shopping list. When you see something is running low, add it right away.
- Put a basket near the front door for those items you need every day – cell phone, keys, wallet, etc.
- Avoid distractions when possible. Have important conversations in quiet places.
- Slow down. Our hectic, fast paced lifestyles can add to confusion and frustration. If you find yourself having trouble focusing, take a step back for a moment.
- Trouble remembering that something is cooking? Get into the habit of setting a timer. This is also a great use for your smartphone or smart home devices like Alexa or Google Home.
- GPS / navigation systems / navigations apps can help you get places.
- Be open with friends and family about any problems you might be having.

Most importantly, know your limitations. Don’t take on tasks that require too much multi-tasking. Ask for help. Try to keep a positive outlook and find some humor in your “chemo-brain moments.”

Immunotherapy

Immunotherapy is a type of cancer treatment that helps your immune system fight cancer. The immune system helps your body fight infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system.

As part of its normal function, the immune system detects and destroys abnormal cells and most likely prevents or curbs the growth of many cancers. Even though the immune system can prevent or slow cancer growth, cancer cells have ways to avoid destruction by the immune system. For example, cancer cells may:

- Have genetic changes that make them less visible to the immune system.
- Have proteins on their surface that turn off immune cells.
- Change the normal cells around the tumor so they interfere with how the immune system responds to the cancer cells.

Immuno therapy helps the immune system to better act against cancer.

What are the types of immunotherapy?

- Immune checkpoint inhibitors, which are drugs that block immune checkpoints. These checkpoints are a normal part of the immune system and keep immune responses from being too strong. By blocking them, these drugs allow immune cells to respond more strongly to cancer.
- T-cell transfer therapy, which is a treatment that boosts the natural ability of your T-cells to fight cancer. In this treatment, immune cells are taken from your tumor. Those that are most active against your cancer are selected or changed in the lab to better attack your cancer cells, grown in large batches, and put back into your body through a needle in a vein. T-cell transfer therapy may also be called adoptive cell therapy, adoptive immunotherapy, or immune cell therapy.
- Monoclonal antibodies, which are immune system proteins created in the lab that are designed to bind to specific targets on cancer cells. Some monoclonal antibodies mark cancer cells so that they will be better seen and destroyed by the immune system. Such monoclonal antibodies are a type of immunotherapy. Monoclonal antibodies may also be called therapeutic antibodies.
- Treatment vaccines, which work against cancer by boosting your immune system's response to cancer cells. Treatment vaccines are different from the ones that help prevent disease.
- Immune system modulators, which enhance the body's immune response against cancer. Some of these agents affect specific parts of the immune system, whereas others affect the immune system in a more general way.

How is immunotherapy given?

Different forms of immunotherapy may be given in different ways. These include:

- Intravenous (IV) – The immunotherapy goes directly into a vein.
- Oral – The immunotherapy comes in pills or capsules that you swallow.
- Topical – The immunotherapy comes in a cream that you rub onto your skin. This type of immunotherapy can be used for very early skin cancer.
- Intravesical – The immunotherapy goes directly into the bladder.

Immunotherapy side effects

Immunotherapy can cause side effects, many of which happen when the immune system that has been revved-up to act against the cancer also acts against healthy cells and tissues in the body. Different people have different side effects. The ones you have and how they make you feel will depend on healthy you are before treatment, your type of cancer, how advanced it is, the type of immunotherapy you are getting, and the dose.

About Your Implanted Port

This information will teach you about the placement and care of your implanted port. An implanted port is a type of central venous catheter (CVC).

About Implanted Ports

An implanted port (also known as a “port”) is a flexible tube that’s placed into a vein in your chest. It will make it easier for your healthcare team to:

- Give you intravenous (IV, through a vein) medication.
- Give you IV fluids.
- Take blood samples.
- Give you medications continuously for several days. Sometimes medications must be given in a vein larger than the ones in your arms. The port lets the medication go into the bloodstream through a large vein near your heart.

Implanted ports are usually placed about 1 inch (2.5 centimeters) below the center of your right collarbone (see Figure 1). If you wear a bra, your implanted port will be about 1 inch from where your bra strap lies.

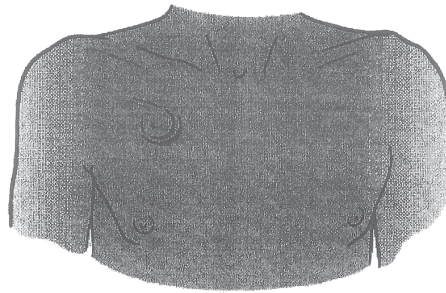


Figure 1: Port location

Implanted ports can stay in place for years. Your doctor will remove your port when you don't need it anymore.

Types of Implanted Ports

All implanted ports are made up of 2 parts: the port with a septum and a catheter (see Figure 2).

- The port is the starting point of fluid flow through the catheter. It sits under your skin and has a raised center called a septum. The septum is made from a self-sealing rubber material. This is the part of the port where needles will be placed. This is also called the access point.
- The catheter is a small, plastic, flexible tube. One end of the catheter is connected to the port, and the other end sits in a large vein near your heart.

There are 2 types of implanted ports:

- A single lumen port is a port with 1 access point (See Figure 3). Most people will get a single lumen port.
- A double lumen port is a port with 2 access points (See Figure 3). You can put a needle in each access point. Double lumen ports are used for people that regularly need more than 1 point of access.

Most implanted ports will be the size of a nickel or a quarter. They can be circular, oval, or triangle shaped. Your doctor will choose the one that's best for you and your treatments. Your port may be called a BardPort®, a Mediport®, a PowerPort®, or a Port-A-Cath®.

Power-injectable Ports

Most implanted ports are made to be used during imaging tests, such as computed tomography scans or magnetic resonance imaging (MRI), to allow for high speed injections (shots) of contrast. These implanted ports are called power-injectable ports.

When you have your implanted port placed, your nurse will let you know if you have a power-injectable port. They will also give you a wallet card with information about implanted port. You should carry it with you at all times.

Accessing Your Implanted Port

When you need IV fluids or medication, your nurse will place a needle through the access point on your implanted port. This is called accessing your port (see Figure 4). The fluid or medication will move from your implanted port through the catheter into your bloodstream.

Don't let anyone who isn't trained in port access to access your port.

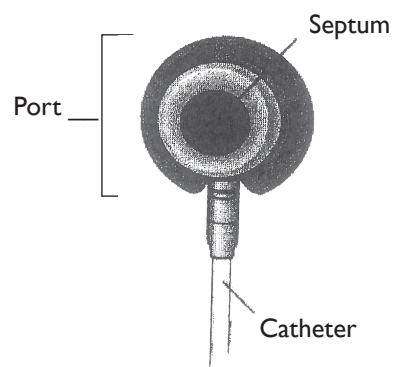


Figure2: Parts of your port

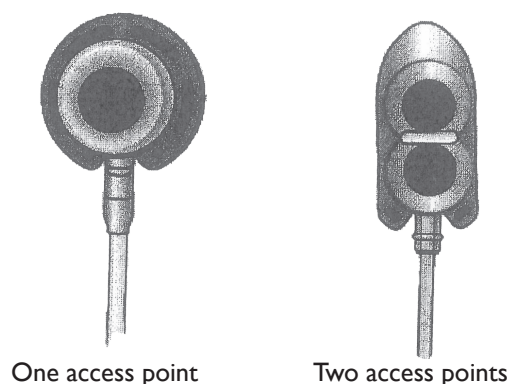


Figure 3: Single and Double Lumen Ports

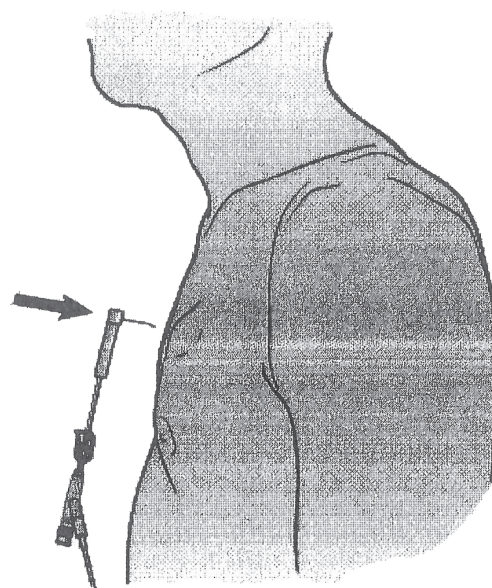


Figure 4: Accessing your port

About Your Implanted Port Placement

Before Your Procedure

Your port will be placed either in Interventional Radiology or in the operating room. Port placement is a short procedure. Your doctor or nurse will tell you how to prepare for it.

Before the procedure, you will have an IV line placed in your arm. You will get medication through your IV that will make you feel drowsy. The medication will control pain and anxiety.

Remove Devices From Your Skin

If you wear any of the following devices on your skin, the manufacturer recommends you remove it before your scan or procedure:

- Continuous glucose monitor (CGM)
- Insulin pump

Talk with your healthcare provider about scheduling your appointment close to the date you need to change your device. Make sure you have an extra device with you to put on after your scan or procedure.

If you're not sure how to manage your glucose while your device is off, talk with the healthcare provider who manages your diabetes care before your appointment.

During Your Procedure

The area where the implanted port will be placed will be cleaned and numbed with local anesthetic (medication that numbs an area of your body). You will be given local anesthetic in 2 places, your neck and your chest.

A small incision (surgical cut) will be made at the base of your neck. A second incision will be made on your chest, under your collarbone. The catheter will be placed through the second incision, tunneled under your skin to the first incision, and threaded in to your vein.

Your incisions will be closed with either sutures (stitches) or surgical glue called Dermabond®. If you have sutures, they will be absorbed and won't need to be removed.

After Your Procedure

You may have some discomfort at your incision sites and where the catheter was tunneled under your skin. This pain should get better in 24 to 48 hours. You can take over-the-counter pain medication (medication you get without a prescription) if you need it. Most people don't need prescription pain medication.

If your port will be used the day it's placed, your doctor will insert an access needle into the septum during your port placement. The needle and port will be covered by a bandage (dressing). There will also be a small bandage over the top incision.

Caring for Your Incision Site

If your incisions were closed with sutures:

- You will have 2 small bandages covering your incision.
- Leave your bandages in place for 48 hours, or as long as your doctor tells you to.
- Don't get your bandages wet. You can shower once your bandages are removed.
- Wearing a seatbelt may put pressure on your incisions. You can put a small pillow or folded towel between the strap and your body to help with this.
- For 3 to 5 days after your implanted port is placed, don't lift anything heavier than 10 pounds (4.5 kilograms).

If your incisions were closed with Dermabond:

- You may have small pieces of tape or bandages covering the incisions.
- Don't apply lotion or place adhesive on top of the tape or bandage.
- Don't pick or scratch the Dermabond. It will come off on its own.
- Wearing a seatbelt may put pressure on your incisions. You can put a small pillow or folded towel between the strap and your body to help with this.
- For 3 to 5 days after your implanted port is placed, don't lift anything heavier than 10 pounds (4.5 kilograms).

After your incision heals

Once your incision heals, you can return to your normal daily activities, such as household tasks, job responsibilities, and exercise. You can swim with your implanted port as long as there is no needle in place. Don't play any contact sports such as football or rugby.

Your implanted port may raise your skin about 1/2 an inch (1.2 centimeters). You may be able to feel it through your skin, but you probably won't be able to see it when you wear a V-neck shift. Most people won't know that you have it.

The skin over your implanted port doesn't need any special care. You can wash it as you normally would.

When your implanted port is being used, you will have a see-through bandage over the needle. The bandage must be kept dry and in place while the needle is in the port. You don't need a bandage over the implanted port when it is not being used.

Your implanted port won't set off metal detectors.

Flushing your implanted port

Your implanted port will need to be flushed by a nurse every 4 weeks when it's not being used. This is done to make sure the catheter doesn't become blocked. If it becomes blocked, it may not work anymore and may have to be removed.

Call your interventional radiologist if you:

- Have new or increased pain at the site of your port
- Have swelling or a growing bruise at the site of your port
- Have pus or fluid coming from your incision(s)
- Notice your incision(s) are hot, tender, red or irritated

Call your healthcare provider if you have:

- A fever of 100.4°F (38°C) or higher
- Chills

If you have any questions, contact a member of your healthcare team directly. If you are a patient at Falck Cancer Center and you need to reach a provider after 5 p.m., during the weekend or on a holiday, call 607-737-4100 and ask to speak to the on-call physician.

Clinical Research - Clinical Trials

Clinical trials are research studies that seek answers to questions about new treatments. These trials test new therapies, look at new ways to give treatments, find out how lifestyle changes can help cancer patients and explore ways to keep cancer from recurring. We are excited to have this opportunity to offer this cutting edge treatment at the Falck Cancer Center. Many treatments used today are the results of past clinical trials.

If an opportunity comes up for you to participate in a study, your doctor, nurse and/or members of the study team will explain the trial and discuss the benefits and risks with you. If you have any questions our Clinical Research Coordinator/Nurse will be happy to talk with you.

Many patients are concerned about the cost of being in a clinical trial. To find out whether or not it is covered by your insurance, you can talk with the Clinical Research Coordinator and Financial Advisor.

If you choose to move forward and participate in a clinical trial your cancer team will follow strict guidelines that are established with the studies. All studies are approved and monitored by the Institutional Review Boards at the University of Rochester and Falck Cancer Center/Arnot Medical Center.

You may ask any of the staff at the Falck Cancer Center for assistance in contacting our clinical research coordinator for you while you are in the Cancer Center. If you are interested in participating in a clinical trial make sure your physician is aware of this.

Supportive Services

To help you during the course of your cancer treatment, the Falck Cancer Center provides a number of support services at no cost to you. The following are covered in the next section:

- Financial – copay assistance and grants
- Medication Cost Assistance
- Medicaid Cancer Treatment Program
- Medical Social Work
- Dietary and nutrition
- Breast Cancer Nurse Navigator
- Lymphedema Treatment
- Smoking Cessation
- Transportation
- Palliative Care
- Hospice Care
- Advanced Directives
- Spiritual Care

Financial

Approximately 75% of cancer patients worry about experiencing financial hardship during and after care. Stress from high treatment costs, out of pocket expenses, lost income and other hidden expenses such as transportation add to your challenges. Listed are some financial supports Falck Cancer Center provides to assist in easing the burden you may experience.

Centralus Financial Assistance

The Financial Assistance program is available to assist the uninsured and under insured who are willing but unable to pay for their care. The program allows a person to receive medical services and emergency services at no charge or at a reduced rate. Your insurance is still billed as your primary source of payment, but should you qualify, the financial assistance program can assist with your out-of-pocket expenses. Eligibility is based on financial criteria and requirements. This program is not an insurance program nor is it meant to replace benefits that are received from employers and government supported programs. Please contact our Financial Coordinator, Deb Smith (607) 271-3827 or the Falck Cancer Center Social Worker for information concerning this program. An application is in this new patient binder for your usage.

Grants

Patients who are receiving treatment at Falck Cancer Center are eligible for annual grant monies provided by the following community organizations: Josh Palmer Fund, Patient Services Fund, WINK, Susan G. Komen. Amount of monies are dependent on diagnosis but not financial condition. To access these grants, please contact the Falck Cancer Center social worker and she will assist with the process.

Additionally, there are many grants available (diagnostic specific) that are accessible online. These require you to complete an application and provide additional information. While we do not have a self-inclusive list, we do include information from different community resources which may guide you.

Medicaid Cancer Treatment Program

The New York State Department of Health Cancer Services has a program that oversees treatment for breast, cervical, colorectal and prostate cancer. This is a Medicaid program designed to cover the costs of such treatment. There are criteria to be eligible, and you must apply. Questions regarding the program and eligibility, call: Chemung/Broome/Schuyler/Tioga Counties (607) 778-3900; Steuben/Allegheeny/Cattaraugus/Chatauqua Counties (607) 385-3962. See flier in this section of your binder.

Gift Cards

Grocery and gas gift cards are provided by the Arnot Foundation for patients who are traveling a distance for treatment as well as experiencing financial difficulties. While we attempt to have them available, we do run out and may not be able to provide them when you ask. Grocery cards are for Walmart or Wegmans and are available monthly. You must be actively receiving treatment to be eligible. As we are finding more patients experiencing food insecurity, we are also giving information on the Food Bank of the Southern Tier which can provide you with locations of food pantries, meal sites, shelters, and mobile food distribution.

PLEASE PRINT IN BLUE OR BLACK INK.

NYS Uniform Hospital Financial Assistance Application

You may be eligible for hospital financial assistance to pay your bills if you are uninsured, if your insurance is exhausted, or if you have health insurance but have proof of paid medical expenses totaling more than 10% of your income. Completing this form will start your request for hospital financial assistance. This form is used by all hospitals in New York State.

This application must be printed in the primary¹ languages spoken by patients served by the hospital.

Patient Name (complete information that is applicable)

Patient Name (First, Middle, Last)		
Date of Birth (mm/dd/yyyy)		
Address	Apartment/Unit #	
City	State	Zip
Contact Phone #		
Parent/Guardian or Lawful Representative Name (if patient is a minor child or an incapacitated adult)		
Email Address (if any)		

Family Information:

Please list below all family members in your household. Your household includes yourself, your spouse or domestic partner, and any children or other dependents. For example, this would include everyone listed on the same tax return.

Gross income means your income **before** taxes are deducted.

Gross income can consist of work earnings (wages, salaries, tips, earnings from self-employment), unearned income (social security, disability, and unemployment benefits), contributions (funds from family or friends), and other sources of income (temporary assistance and supplemental security income).

¹ "Primary languages" includes any language that is used to communicate in at least 5% of patient visits per year, or any language spoken by more than 1% of the primary hospital service area population, as calculated using demographic information available from the United States Bureau of the Census, supplemented by data from school systems.

Full Name	Relationship	Total Gross Income (Current)
	Self	

The hospital may request you submit documentation as proof of income; examples of documentation might include a pay stub, a letter from your employer if applicable, or Form 1040.

Health Insurance Status

Do you have any form of health insurance, including Medicaid, Medicare, or private insurance through your employer or purchased on your own? ☐ Yes ☐ No

If you answered "No," would you like assistance in applying for any of these programs?

☐ Yes ☐ No

Underinsured patients: people with insurance and high medical expenses. If you have insurance, please provide an estimate of the medical bills you paid in the past 12 months.

\$

The hospital may request you submit documentation as proof of paid medical expenses.

Patient/Responsible Party: If not the patient, list the name of the person signing the form and their authority to sign on behalf of the patient (e.g., spouse, parent, legal representative).

I understand that the information I submit may be subject to verification from external sources. I certify that the information is true and complete to the best of my knowledge.

Print Name	Date
Relationship to Patient	
Signature	

Mail Completed Application to your location of Medical Care:

Cayuga Medical Center	Arnot Health
Attn: Financial Assistance	Attn: Financial Assistance
101 Dates Dr.	600 Roe Ave
Ithaca, NY 14850	Elmira, NY 14905
(607) 252-3728	(607) 271-3827

Minimum Eligibility and Guidelines

Application Timeline, Patient Rights, and Confidentiality

- You can apply for financial assistance at any point during the collection process.
- You do not have to make any payment to this hospital until you receive a decision on your application for financial assistance. Hospitals may not forward accounts to collection while your application is pending.
- If you are denied financial assistance, you have the right to appeal. Information on how to do so will be included in the hospital's notice you receive. You may have the right to appeal the amount of your financial assistance. The hospital will include information about how to appeal in their decision letter.
- Hospitals cannot send unpaid bills to a collection agency for at least 180 days after your first bill.
- Hospitals are prohibited from taking legal action, including filing lawsuits, to recover unpaid medical bills for patients below 400% of the federal poverty level. Poverty guidelines can be found here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Any information provided in this application will only be used by the hospital to determine your eligibility for financial assistance and will remain confidential to the extent permitted by law.
- A hospital cannot deny you medically necessary services because you have an outstanding medical bill.
- If you need assistance with this application, please contact:

Cayuga Medical Center, Cayuga Medical Associates, Schuyler Hospital	(607) 252-3728
Arnot Health	(607) 271-3827

- If you need additional assistance with this application or help appealing a decision, you can reach out to Community Health Advocates: 888-614-5400.

Eligibility

Nothing limits a hospital's ability to establish patient eligibility for payment discounts at income levels higher than those specified below and/or to provide greater payment discounts for eligible patients than those required by Public Health Law. Additionally, immigration status shall not be an eligibility criterion for the purpose of determining financial assistance.

The following individuals are eligible:

- Low-income individuals without health insurance; or
- underinsured individuals (out-of-pocket medical costs accumulated in the past twelve months that amount to more than ten percent of such individual's gross annual income); or
- those who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges; or
- at the hospital's discretion, individuals who can demonstrate an inability to pay their co-pay and/or deductible can request a reduced or discounted payment.

PLEASE PRINT IN BLUE OR BLACK INK.

Individuals up to 400% of the federal poverty level are eligible for financial assistance.

Federal Poverty Levels (2026)			
Household Size	200%	300%	400%
1 Person	\$31,920	\$47,880	\$63,840
2 Persons	\$43,280	\$64,920	\$86,560
3 Persons	\$54,640	\$81,960	\$109,280
4 Persons	\$66,000	\$99,000	\$132,000
5 Persons	\$77,360	\$116,040	\$154,720
6 Persons	\$88,720	\$133,080	\$177,440
7 Persons	\$100,080	\$150,120	\$200,160

Updated annually: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Minimum Discount Rates

If you qualify for financial assistance, your charges will be reduced according to your income on a sliding fee scale as follows:

Income Level	Payment
Below 200% FPL	Waive all charges
200% - 300% FPL	Uninsured patients: Sliding scale up to 10% of the amount that would have been paid for the service(s) by Medicaid. Underinsured patients: Up to a maximum of 10% of the amount that would have been paid pursuant to such patient's insurance cost sharing.
301% - 400% FPL	Uninsured patients: Sliding scale up to 20% of the amount that would have been paid for the service(s) by Medicaid. Underinsured patients: Up to a maximum of 20% of the amount that would have been paid pursuant to such patient's insurance cost sharing.

Hospitals may choose to provide greater discounts for eligible patients and/or offer payment discounts for patients at higher income levels.

Installment Plans

Installment plans are available to patients who are unable to pay the reduced rate all at one time. Monthly payments cannot exceed 5% of your gross monthly income and the rate of interest charged to the patient on the unpaid balance, if any, shall not exceed 2%.

Request for Proof of Household Income

Please include the income information for the patient, their spouse, and any dependents (such as children). For example, this would include everyone on the same tax return (tax filer, spouse, and tax dependents) in the calculation of household income.

The following is a list of documents you can use to prove your income. You do not have to provide all these documents. You can also provide a statement of no household income if you have no income.

You may also provide the Eligibility determination page from the NY State of Health Marketplace. If you have this document, you do not have to provide any other income information listed below to the hospital.

<u>If Household Receives:</u>	<u>Amount per Month:</u>	<u>Applicant May Provide:</u>
Wages	\$	Please provide one Paycheck Stub, or Letter from Employer on company letterhead, signed and dated, or most recently filed income tax return.
Social Security Payment	\$	Copy of award letter/certificate, or correspondence from the U.S. Social Security Administration, or annual benefit letter. To request a copy of your Social Security benefit letter, call 1-800-772-1213 or visit www.ssa.gov .
Unemployment Compensation	\$	Copy of award letter/certificate, or monthly benefit statement from NYS Department of Labor, or Copy of Direct Payment Card with printout, or Correspondence from the NYS Department of Labor, or Printout of recipient's account information from the NYS Department of Labor's website (www.labor.state.ny.us).
Disability Payment	\$	Copy of award letter/certificate, or correspondence from Social Security Administration, or copy of annual benefit letter. To request a copy of your benefit letter, call 1-800-772-1213 or visit www.ssa.gov .
Workers Compensation	\$	Copy of Award Letter or Check stub.
Alimony/Child Support	\$	Copy of court order, or 3 months of cashed checks/receipts.
Dividends/Interest	\$	Quarterly dividend statements or 1 month statements.
Other	\$	Letter stating the amount of non-wage earnings (if any), such as rental income, cash for odd jobs, etc.
No Income	\$0	Signed statement of no income.

Assistance with Medication Costs

Good RX – www.goodrx.com

- offers a free discount card that reduces the cost of prescription drugs. Present your card at participating pharmacies and save

CancerCare Copay Assistance Foundation – 1.800.813.4673; www.cancercare/copayfoundation

- helps cover deductibles and co-pays for chemotherapy or targeted treatment for certain cancer diagnoses

HealthWell Foundation – 1.800.675.8416; www.healthwellfoundation.org

- assistance for Rx copays, health insurance premiums, deductibles and coinsurance, travel costs

Merck Co-Pay Assistance Program – 1.855.257.3932; www.Merckaccessprogram-keytruda.com

- covers cost of Keytruda infusions up to \$25,000/year. Patient pays first \$25 of co-pays of each infusion

NeedyMeds – 1.800.503.6897; www.needymeds.org

- anyone is eligible, regardless of age or income

Novartis Patient Assistance Now – www.patientassistancenow.com

- drug cost assistance

Partnership for Prescription Assistance – 1.888.477.2669; www.pparx.org

- acts as a single point of access for individuals without or with limited prescription drug coverage to receive information about financial assistance programs to get prescription drugs for free or at a very low cost
- search engine resources available through various biopharmaceutical industry programs

Patient Access Network Foundation (PAN) – 1.866.316.7263; www.panfoundation.org

- assistance with prescription drug costs

Patient Advocate Foundation – 1.866.512.3861; www.copays.org

- provides financial assistance to financially and medically qualified patients for co-payments, deductibles or prescription medications
- program does have eligibility requirements
- application available online or by calling

ProAct Prescription Discount Card – www.proactrxsavings.com

- cards are available online, at participating local pharmacies
- offers a free discount card that reduces the cost of prescription drugs. Present your card at participating pharmacies and save
- anyone is eligible, regardless of age or income who is without or has limited prescription drug coverage

RxAssist – www.rxassist.org

- information about free and low cost medication programs and ways to manage your medication costs

ScripSave Well Rx – www.wellrx.com

- cards are available online and at participating local pharmacies
- offers a free discount card that reduces the cost of prescription drugs
- present your card at participating pharmacies listed online
- anyone is eligible, regardless of age or income

The Assistance Fund (TAF) – 1.855.845.3663; www.tafoares.org

- financial assistance for copays, coinsurance, deductibles, etc.

Medicaid Cancer Treatment Program

New York State Department of Health
Cancer Services Program
Your partner for cancer screening, support and information

What is the Cancer Services Program?

The New York State Department of Health Cancer Services Program (CSP) oversees the delivery of comprehensive breast, cervical and colorectal cancer screening services to underserved populations in New York State through contractual agreements with local community-based organizations.

What is the Medicaid Cancer Treatment Program?

The Medicaid Cancer Treatment Program (MCTP) is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer (and in some cases pre-cancerous conditions of these cancers). To be enrolled in the MCTP, an individual must complete an application with a New York State Department of Health Cancer Services Program Designated Qualified Entity (DQE). A DQE is a person designated and trained by the New York State Department of Health as a "Qualified" entity for the purpose of assisting individuals to complete the MCTP application.

Once an individual is enrolled in the MCTP, full Medicaid coverage is provided for an initial period of enrollment as determined by the type of cancer or pre-cancerous condition being treated. Recertification is required yearly, if the individual is still in need of treatment, at which time eligibility is reassessed. Enrollees must receive services from a Medicaid enrolled provider in order to have their services covered. MCTP coverage is limited to the individual enrollee and cannot be extended to family members or dependents.

Who is eligible to participate in the MCTP?

BREAST and CERVICAL CANCER TREATMENT

To be eligible for treatment coverage for breast or cervical cancer, or pre-cancerous breast or cervical conditions, individuals must be:

- Screened for and diagnosed with breast or cervical cancer, or a pre-cancerous breast or cervical condition, by a New York State-licensed health care provider, **OR**, if diagnosed with such in another state, were screened and/or diagnosed by that state's National Breast and Cervical Cancer Early Detection Program;
- Not covered under any creditable insurance at the time of MCTP application;
- In need of treatment for breast or cervical cancer or pre-cancerous breast or cervical conditions;
- A resident of New York State; **and**
- A United States citizen or an alien with satisfactory immigration status.

COLORECTAL CANCER TREATMENT

To be eligible for treatment coverage for colorectal cancer, or pre-cancerous colorectal conditions, individuals must be:

- Screened and/or diagnosed with colorectal cancer by a current CSP credentialed provider;
- Under 65 years of age;
- Income eligible (income at or below 250% Federal Poverty Guideline [FPG] at the time of MCTP application);
- Not covered under any creditable insurance at the time of MCTP application;
- In need of treatment for colorectal cancer or a pre-cancerous colorectal condition;
- A resident of New York State; **and**
- A United States citizen or an alien with satisfactory immigration status.

PROSTATE CANCER TREATMENT

To be eligible for treatment coverage for prostate cancer, or pre-cancerous prostate conditions, individuals must be **all** of the following:

- Screened and/or diagnosed with prostate cancer by a current CSP credentialed provider*;
- Under 65 years of age;
- Income eligible (income at or below 250% Federal Poverty Guideline [FPG] at the time of MCTP application);
- Not covered under any creditable insurance at the time of MCTP application;
- In need of treatment for prostate cancer or a pre-cancerous prostate condition;
- A resident of New York State; **and**
- A United States citizen or an alien with satisfactory immigration status.

*For the purposes of program implementation, screened or diagnosed with prostate cancer through a current CSP credentialed provider is interpreted as having received screening or diagnostic testing by a health care provider or facility currently credentialed as a provider in the CSP. Please note that this eligibility criterion reflects the fact that the CSP does not currently provide reimbursement for prostate cancer screening or diagnostic services.

If an individual who meets the above requirements appears to be eligible for Medicaid in any of the mandatory categories, the individual will be given Medicaid coverage under the MCTP for a limited time pending a Medicaid eligibility determination.

For more information about cancer screening, please call the toll-free CSP referral line at 1-866-442-CANCER (2262). For information about the MCTP, contact BCPC-Health Systems Unit nurses at 518-474-1222.

Medical Social Work

Phone: 607-737-8115

A medical social worker is available at the Falck Cancer Center. Your social worker provides counseling, education and information services, referrals to community resources and helps you navigate the health care system. offers emotional support and counseling so you and your family can adjust to living with cancer. This service is offered to help you and your family adjust to living with cancer. Your social worker can assist you with navigating financial challenges, referrals to community agencies, support group information in addition to creating advanced directives. Please feel free to talk with the social worker, even if you think you are doing okay, as there may be resources out there you may be interested in.

Some possible reasons to speak with a social worker:

- Hair loss / wigs
- Food insecurity
- Support groups for both men and women - information for your review is located in the Self Care & Survivorship section
- Cancer resources in the community
- Transportation concerns
- Assistance with obtaining medications
- Emotional concerns
- Advanced directives
- Community referrals
- Educational information / handouts
- Financial challenges / applications for fund assistance
- Social Security Disability
- Palliative and hospice programs
- Someone to listen to you and be your advocate

Please feel free to ask to speak with the Medical Social Worker when you are at the Falck Cancer Center or call 607-737-8115.

Dietary & Nutrition

Phone: 607-737-8116

The Falck Cancer Center Registered Dietitian is available to assist you in improving your eating habits at all stages of your cancer journey: during treatment, for prevention of new cancers and in survivorship. Your dietitian can help you understand how your cancer or treatment regimen may affect your eating and provide ideas for overcoming eating problems. Your dietitian will consider your food preferences and individual needs and provide non-judgemental and evidence-based information.

Nutritional Goals During Treatment

Nutrition goals during treatment include getting enough protein and calories and managing any Nutrition Impact Symptoms. Nutrition Impact Symptoms can occur from your cancer or treatment regimen and can make it more difficult for you to eat enough to maintain your weight and overall nutrition status. Your dietitian can assist you in managing eating problems, including taste changes, reduced appetite, constipation or diarrhea, nausea and fatigue.

Regardless of your body size, it is important to try to maintain your weight during treatment by getting enough calories and protein in your diet. This helps you to stay strong enough for treatment and can help to prevent delays or changes to your treatment regimen from excess weight loss. If weight loss is your goal, please put it on the back burner and ensure that you are first meeting your protein and calories needs. If you are feeling well and want to begin exercising or changing your diet, weight loss should not exceed 1-2 lbs per week. It is generally not recommended to try to lose weight while you are on treatment as this can have a negative impact on your treatment outcomes. When you are feeling well enough, moving towards the guidelines for cancer prevention set forth by the American Institute for Cancer Research is recommended. These include eating a more plant-based diet that is rich in whole grains, fruits, vegetables, and beans as well as limiting consumption of sugar sweetened beverages.

Meals While You Heal

We recognize the burden of preparing healthy meals when you are not feeling your best. This can be especially challenging if you live alone or if you are usually the primary cook in your family. In collaboration with the Southern Tier Food Bank and Chemung County Meals on Wheels, we are pleased to offer nutritious, frozen meals to our patients in treatment. Our “Meals While You Heal Program” is available to you at no cost regardless of income. Meals are typically provided to you after a treatment to take home for your freezer. This way on days you do not feel up to cooking, you can reheat a frozen entree. If you find that you would like to receive these meals daily, we are happy to make a referral to Meals on Wheels.

Oral Nutrition Supplement Program

Some patients benefit from including a high calorie and protein supplement in their diet to help in meeting their nutrition needs. Falck Cancer Center provides oral nutrition supplements (ONS), such as Enure or Glucerna, to patients on active treatment at no cost. You may also wish to make your own shake or smoothie to increase calories and protein. Recipes are included at the end of this section. It is important that any ONS is used to supplement your diet and does not take place of other foods. Ask your dietitian how an ONS can fit in to your nutrition plan.

Vitamins and Supplements

We recommend not taking any high dose vitamin supplements during your treatment, other than any that are recommended or prescribed by a health care provider. You may take a regular multivitamin, such as Equate or Centrum brand. Foods with naturally occurring antioxidants, such as fruits and vegetables, are recommended and should be included in your diet as tolerated.

You should generally not take a probiotic supplement if you are receiving immunotherapy. This is because some studies have found probiotics reduce the effectiveness of immunotherapy in certain cancers. Please ask your doctor, nurse or dietitian if you are unsure.

The website About Herbs from Memorial Sloan Kettering Cancer Center provides information on herbs and supplements. Please discuss any herbs or supplements you are thinking of taking with your oncologist and registered dietitian.

[About Herbs, Botanicals & Other Products | Memorial Sloan Kettering Cancer Center \(mskcc.org\)](http://mskcc.org)

How to Make a High-Calorie Shake

High-calorie shakes can help you meet your nutrition goals. It is easy to make your own shake from ingredients you already enjoy, or you can follow a recipe. Experiment with the amount of each ingredient, adding more liquids or solids as needed. Make extra and freeze for later.

1

Start with a liquid base.

Try one of these to start:

- Whole milk (regular or lactose-free)
- Half-and-half
- Buttermilk
- Heavy whipping cream
- High-calorie, high-protein nutritional drink
- Yogurt (whole milk)
- Soy milk
- Almond milk with added protein

2

Add fruit and/or flavorings.

Add some fruit or some of your favorite flavors like:

- Flavored syrups like chocolate, caramel, butterscotch, or strawberry
- Jam or jelly
- Hot fudge sauce
- Hazelnut spread
- Honey
- Cocoa powder
- Instant coffee
- Fresh canned or frozen fruit like peaches, strawberries, blueberries, or bananas

3

Add extra protein and calories.

■ Protein choices:

- Protein powder
- Silken tofu
- Cottage cheese
- Dried or regular peanut butter
- Nut butters
- Seeds like flax, chia, or hemp
- Powdered milk

■ Calorie choices:

- Ice cream
- Canned coconut milk
- Oils like flaxseed, olive, or canola
- Avocado

4

Blend until smooth and enjoy!

Recipes for Shakes With Dairy

To make each of these shakes, combine all ingredients in a blender and blend until smooth.

Basic High-Protein Drink

- 1 packet Nestlé Carnation Breakfast Essentials
- 1 cup whole milk
- ½ cup vanilla ice cream

Yield: One 12-ounce serving

Nutrition information per serving: 530 calories, 23 grams protein

Buttermilk Smoothie

- ¼ cup buttermilk
- ¼ cup lemonade or orange juice
- ½ cup vanilla ice cream
- ¼ cup liquid egg substitute

Yield: One 1-cup serving

Nutrition information per serving: 250 calories, 12 grams protein

Chocolate Mint Shake

- ½ cup chocolate ice cream
- 1 package Nestlé Carnation Breakfast Essentials
- ½ cup whole milk
- ½ teaspoon peppermint extract

Yield: One 12-ounce serving

Nutrition information per serving: 435 calories, 20 grams protein

Fall Spice Latte

- 2 tablespoons canned pumpkin pie mix
- 1 teaspoon decaffeinated instant coffee
- ½ cup whole milk
- ½ cup vanilla ice cream
- 1 dash ground cinnamon
- 1 dash ground nutmeg

Top with cinnamon and nutmeg.

Yield: One 1-cup serving

Nutrition information per serving: 250 calories, 7 grams protein

Mexican Chocolate Shake

- ¼ cup whole milk
- ¼ cup sweetened condensed milk
- ½ cup vanilla ice cream
- ¼ cup unsweetened cocoa powder
- 1 tablespoon cinnamon

Yield: One 1-cup serving

Nutrition information per serving: 475 calories, 15 grams protein

Orange Sherbet Shake

- ¾ cup orange sherbet
- 1 cup whole milk
- ½ cup sliced peaches (may substitute pears or apricots)
- 1 tablespoon thawed frozen orange juice concentrate

Yield: One 1-cup serving

Nutrition information per serving: 430 calories, 11 grams protein

FRANKLY SPEAKING ABOUT CANCER

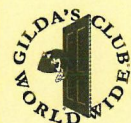
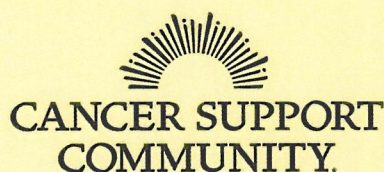
Eating Well During Cancer Treatment



A healthy diet is an important part of a cancer patient's journey before, during, and after treatment. Eating healthy can help prevent weight loss, lack of appetite, and other side effects of cancer treatment. It can help you feel better and respond better to your cancer treatment.

This booklet addresses how cancer patients can cope with common eating problems faced during treatment, like nausea or mouth sores. It also features recipes to help with common problems.

If you are not having any eating problems, see our *Nutrition for Cancer Survivors* booklet, at www.CancerSupportCommunity.org/SurvivorNutrition. If you are a head and neck cancer patient, see our *Eating Well with Head and Neck Cancer* booklet, at www.CancerSupportCommunity.org/HNCEating.



Why a Healthy Diet is Important at Each Step in the Cancer Journey

	EFFECT OF CANCER AND TREATMENT	HOW EATING HEALTHY HELPS
BEFORE TREATMENT	Cancer can cause problems like weight loss, loss of appetite, and trouble swallowing before treatment begins.	■ Can help manage problems that may make eating difficult. ■ Can help prevent weight loss. ■ Helps your body keep the strength it needs to respond to treatment.
DURING TREATMENT	Eating problems like nausea or decreased appetite are common during cancer treatment. These problems can make it hard to feel well and eat healthy.	■ Can help with side effects like nausea, diarrhea, or taste changes. ■ Can help maintain body weight and muscle mass. ■ Can help give you more energy. ■ Can help prevent delays or breaks in treatment. ■ Can help prevent hospital stays or reduce the time you are in the hospital. ■ Can help improve how well you respond to treatment. ■ Can help improve how well treatment works.
AFTER TREATMENT	Some people with cancer have side effects that continue after treatment. Some people with cancer find it hard to maintain a healthy weight after cancer treatment.	■ Can help manage side effects and weight changes that continue after treatment. ■ Can help prevent other health conditions like heart disease and diabetes and is good for overall health.

WHAT IS AN ONCOLOGY REGISTERED DIETITIAN?

A Registered Dietitian (RD or RDN) is an expert on diet and nutrition. An RD who has the letters “CSO” after their name is a “Board Certified Specialist in Oncology Nutrition.” They have demonstrated experience and skills in helping cancer patients eat healthy and manage eating problems.¹ It is important for cancer patients to visit with an oncology dietitian to develop a plan for a healthy diet. If there is not a CSO available where you are receiving treatment, ask for an RD with oncology experience.

To find an oncology dietitian, you can search online (see Resources, page 27) or ask your health care team to recommend one. Meeting with your oncology dietitian on a regular basis helps you cope with eating problems as they occur and stay healthy. For example, patients who get help from an RD are able to limit weight loss better than patients who don’t get help from an RD.

OTHER HEALTH CARE TEAM MEMBERS CAN HELP WITH NUTRITION

There are many important members of your health care team who help support you during treatment. Each of these team members will have a role to help you stay healthy and strong. It is important to talk to each of them regularly about nutrition.

- **ONCOLOGIST (MD):** This is the doctor who usually coordinates your cancer treatment after surgery. (In some cancers, care is coordinated by the surgeon, such as a urologist or gynecologist.) Doctors can also help you get the right advice and treatment for your nutrition problems.
- **ONCOLOGY NURSE (RN, OCN):** Can help support you through medical and nutrition issues during your treatment.
- **PHYSICAL THERAPIST (PT) OR OCCUPATIONAL THERAPIST (OT):** Can help if you have weakness or problems doing normal activities. If treatment makes it hard to chew or swallow, a PT or OT can give you exercises to help.
- **SOCIAL WORKER (LCSW), PSYCHOLOGIST (PHD), OR PSYCHIATRIST (MD):** Can help with emotional support during treatment. Social workers may also help you find financial support and other resources to help you.
- **SPEECH-LANGUAGE PATHOLOGIST (SLP):** Can help if you are having swallowing problems while eating. The SLP provides ongoing treatment and exercises to help with swallowing. They will also work with your RD to ensure that you are eating the correct food textures and calories.

¹ In order to be a CSO, an RD must have 2,000 hours of oncology nutrition experience and pass a national exam every 5 years.

IMPORTANT QUESTIONS TO ASK YOUR MEDICAL TEAM:

BEFORE AND AFTER SURGERY	■ Do I need to stop taking any over-the-counter supplements or vitamins before surgery? ■ Is there a special diet that I need to follow before or after surgery?
FIRST VISIT WITH ONCOLOGIST	■ How will my treatment affect my nutrition and eating? ■ What side effects should I expect? ■ Is there an oncology registered dietitian who I can meet with?
FIRST CHEMO OR RADIATION TREATMENT	■ Are there any foods or over-the-counter supplements that I need to avoid during treatment? ■ Will my treatment affect my bowel movements? ■ How much fluid should I drink to stay hydrated?
FIRST VISIT WITH RD	■ Can you help me with weight loss or weight gain? ■ Are there any foods or tips that will help my symptoms? ■ Can you help me with dietary supplements, special diets, food allergies, and intolerances? ■ Can you help me make a plan for healthy eating during and after treatment?



Taking an Active Role in Your Cancer Treatment

Cancer can be overwhelming. There are so many questions, issues, and concerns that can come up. It is important to talk to your health care team about your questions and concerns. Make sure you write them down before your visits and include topics such as:

- Side effects, like nausea, diarrhea, or problems swallowing or chewing
- Inability to eat or drink regularly or having consistent pain when doing so
- Ongoing weight loss (see chart on page 16)
- Inability to complete normal tasks
- Severe diarrhea (>3 loose bowel movements per day)
- Severe constipation (>3 days with no bowel movement)
- Dehydration and lightheadedness
- Feeding tube issues like digestive problems (nausea, vomiting, bringing food back up, diarrhea, cramping, or bloating) or mechanical problems with the tube, like formula leaking or pain at the site
- Coughing or bringing food back up after eating. (You may need to meet with your speech-language pathologist to assess how well you swallow.)
- Trouble opening and closing your mouth to chew foods. (You may need to meet with your physical therapist for exercises to help you.)

- Ongoing depression or anxiety
- Remember always to talk to your health care team before taking any new drugs or any dietary supplements.

FOOD AND SYMPTOM JOURNAL

Another way to be an active partner with your health care team is to keep a food and symptom journal. It will help you track what you eat and your side effects. Show this journal to your health care team often so they can address and manage any issues. It will help your team manage your treatment and recommend the healthiest diet for you. The next page has a sample food and symptom journal you can use.

NUTRITION SUPPORT WITH A FEEDING TUBE

If you have problems swallowing or have lost a lot of weight, your health care team may recommend a feeding tube. It is a short-term solution for making sure that you get the right amount of calories and nutrients. Though it can be a tough decision, a feeding tube can reduce your stress about eating and prevent further weight loss. You may still be able to eat by mouth while using a feeding tube. Once you can eat enough by mouth, the feeding tube can be easily removed. Then you can get back to eating normally.

Daily Food & Symptoms Diary

Date:

Make copies of this and fill out daily.

BREAKFAST			Time:
FOOD & DRINKS	SERVING SIZE	SYMPTOMS	
			☐ Mild ☐ Moderate ☐ Severe

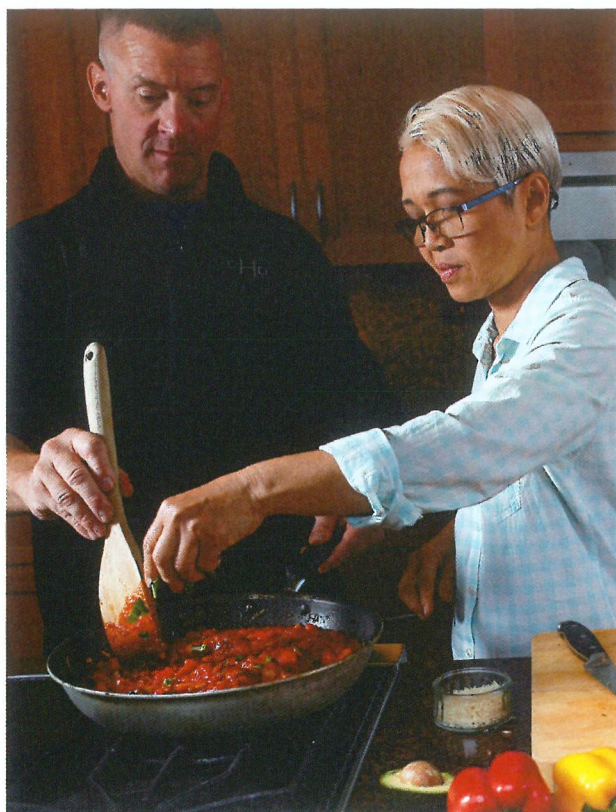
LUNCH			Time:
FOOD & DRINKS	SERVING SIZE	SYMPTOMS	
			☐ Mild ☐ Moderate ☐ Severe

DINNER			Time:
FOOD & DRINKS	SERVING SIZE	SYMPTOMS	
			☐ Mild ☐ Moderate ☐ Severe

SNACKS			Time:
FOOD & DRINKS	SERVING SIZE	SYMPTOMS	
			☐ Mild ☐ Moderate ☐ Severe

Did you make any changes to your eating habits today? If yes, what did you change? Did it help any symptoms?

Coping with Eating Challenges from Cancer Treatment



Cancer treatment can cause eating problems that may be challenging for both the patient and the caregiver. These problems often continue after treatment has ended. Side effects like being too tired or not wanting to eat are normal and will pass with time. The good news is that a healthy diet can help with managing these side effects. The following pages provide some tips on how to manage eating problems caused by cancer treatment.

APPETITE CHANGES

(Not Feeling Hungry, Feeling Full Quickly or Feeling too Hungry):

If you don't feel hungry or feel full too quickly:

- Eat 5-6 small meals throughout the day, instead of 3 big meals.
- Eat with friends or family or watch television while eating to take your mind off your lack of appetite.

HAVE EASY-TO-EAT, EASY-TO-PREPARE FOODS IN THE HOUSE

- Yogurt, pudding, or applesauce
- Cottage cheese with canned fruit
- Whole grain cereals
- Low sodium canned soups
- Oatmeal packets
- Pre-made smoothies
- Peanut butter crackers
- Trail mix or nuts (if you can chew and swallow well)
- Mashed or baked potatoes
- Pre-made nutritional drinks
- Hard boiled eggs
- Hummus dip
- Pasta salad, tuna salad, egg salad

- Keep an eating and drinking schedule and set an alarm to remind you to eat.
- Keep snacks next to you during chemotherapy or while in bed.
- Make mealtime as pleasant as possible. One idea is to set the table, use nice plates, and have flowers as a centerpiece.

If you have an increased appetite, or feel more hungry than usual:

- Eat small frequent meals throughout the day instead of 3 big meals.
- Limit high calorie foods such as pizza, fried foods, foods made with cheese or cream, desserts.
- Choose lower calorie foods like fresh fruits and vegetables, baked or grilled poultry and fish, and beans.
- Eat higher fiber foods such as whole grains, fruits, vegetables, nuts, and beans to help you feel more full.
- Include small portions of healthy fats from avocado ($\frac{1}{8}$ slice), nuts ($\frac{1}{4}$ cup), or nut butters (2 tbsp) to help you feel more full.
- Be aware of the right portions. For example, a portion of meat is about the size of a deck of cards, a piece of fruit or a serving of vegetables is the size of a baseball, a serving of grains is the size of a lightbulb, a serving of nuts is the size of a golf ball.
- Drink a glass of water before meals to fill up and avoid overeating.

CHANGES IN TASTE AND SMELL

Foods may taste or smell different every day. You may find it helpful to keep trying different foods to find what appeals to you.

If everything tastes bland or has no taste:

- Add stronger flavors onto foods. Pickles, condiments, sauces, dressings, vinegar, or citrus juices may help. (You may need to avoid these if you have mouth or throat sores.)
- Add spices and seasonings to enhance the flavor of your food.
- Marinate meats for a stronger flavor.
- Suck on sugar free tart candies before or after a meal.
- Clean your mouth with homemade baking soda rinse. (See page 13)

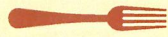
If everything tastes metallic or bitter:

- Add sweeteners such as honey or pure maple syrup onto foods to offset the bitter taste.
- Choose other protein sources (such as fish, chicken, or beans) if red meat tastes metallic.
- Use plastic utensils instead of silverware.
- Avoid cooking on iron skillets.

If the smell of food makes you not want to eat:

- Avoid being in the kitchen when food is being made.

- Choose cold or room-temperature foods instead of hot foods, which can smell stronger.
- Light a scented candle or essential oil diffuser to remove unpleasant or offensive odors.
- Open a window or turn on a fan to minimize the smells.



Try these recipes (located in the back of this booklet) if you are having trouble with changes in taste and smells:

- **Apple Cinnamon Muffins**
- **Baked Falafel with Ginger Tzatziki**
- **Cauliflower Burgers**
- **Cheesy Chicken Millet Bake**
- **Chicken Puttanesca over Zucchini**
- **Golden Milk Popsicles**
- **Mango Lassi Overnight Oats**
- **Turkey and Barley Vegetable Soup**

For more recipes, go to
www.CancerSupportCommunity.org/Recipes

PROBLEMS CHEWING OR SWALLOWING

Choose foods that are easier to chew and swallow:

- Soft foods, such as scrambled eggs, oatmeal, soft pasta, potatoes, soups, and stews
- Softer protein sources such as fish, ground meats, eggs, beans, and creamy nut butters
- High calorie drinks, such as smoothies, milkshakes, or nutritional supplements. (Be sure to discuss all nutritional supplements with your health care team first.)

Stay away from foods that could cause chewing or swallowing pain:

- Hard foods, such as crackers, crusty breads, raw vegetables, and crunchy cereals
- Tough meats, such as steak, pork chops, turkey, or chicken breast
- Acidic foods such as tomatoes and citrus fruits

Make foods easier to chew and swallow by:

- Adding dressing, sauces, or gravy to meats and other dishes
- Pureeing foods in the blender
- Thickening foods as needed with cornstarch, baby cereal, potato flakes, gelatin, or commercial thickeners

If you have trouble opening and closing your mouth to chew foods, talk to your health care team. You may need to meet with your physical therapist for exercises to help you.

If you regularly cough or bring food back up after eating, be sure to tell your health care team. You may need to meet with a speech-language pathologist to assess how well you swallow.



If you have difficulty chewing or swallowing, try these recipes:

- **Golden Milk Popsicle**
- **Mango Lassi Overnight Oats**
- **Turkey and Barley Vegetable Soup**

CONSTIPATION

Food tips for constipation:

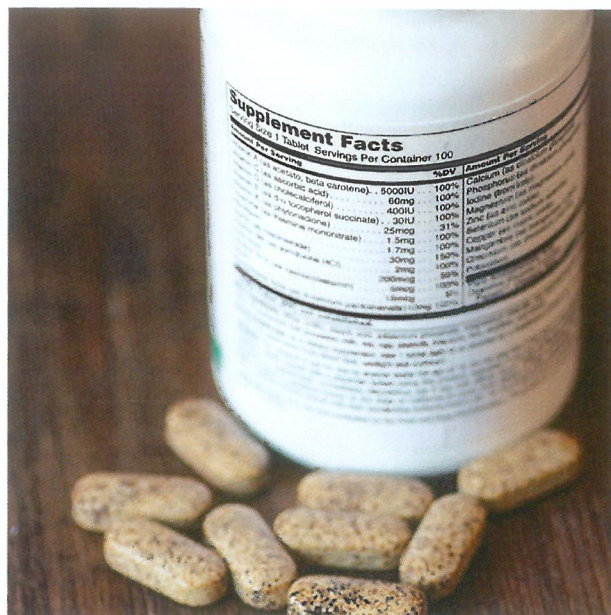
- Increase foods that can help promote a bowel movement:
 - Choose high fiber foods, such as whole grains, fruits, vegetables, nuts, and beans.
 - Try prunes and other dried fruits and juices, such as prune or apple juice.
 - Drink hot beverages, such as herbal tea and decaffeinated coffee.
- Make sure you drink enough fluids.
- If you are having gas and bloating, stay away from “gassy” vegetables like cabbage, broccoli, cauliflower, peas, corn, and beans. Avoid drinking through a straw or chewing gum. These can also make gas and bloating worse.

Non-food tips for constipation:

- Move more if you are able - walk, stretch, or do yoga.
- Talk to your health care team about drugs or other tips that can help with constipation.

“My pain meds were making me constipated. Two things that helped were carrying a water bottle to make sure I drank more fluids and eating a breakfast of oatmeal with flax seeds each morning.”

— Jack, metastatic lung cancer patient



Remember always to talk to your health care team before taking any drugs or dietary supplements!

 These are examples of recipes that are ideal if you are experiencing constipation:

- **Baked Falafel with Ginger Tzatziki**
- **Cheesy Chicken Millet Bake**
- **Chicken Puttanesca over Zucchini Noodles**
- **Mango Lassi Overnight Oats**

For more recipes, go to
www.CancerSupportCommunity.org/Recipes

DIARRHEA

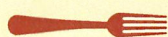
Foods to AVOID when you have diarrhea:

- Alcohol and caffeinated drinks
- Dairy foods (other than cultured dairy like yogurt or kefir)
- Foods that are high in sugar, such as juices or sweets
- Greasy and fried foods
- High fiber and bulky foods, such as raw vegetables, nuts, and whole grains

Easy-to-digest foods to eat when you have diarrhea:

- Apples (without skin) or applesauce
- Baked chicken, turkey, or fish
- Bananas
- Canned fruit (in juice), such as canned peaches or pears
- Oatmeal, barley, or cream of rice cereal
- Plain potatoes without skin
- White rice or pasta

- Drink hydrating fluids with electrolytes, such as coconut water, broth, electrolyte drinks, and diluted fruit juices. Carry a water bottle to stay hydrated.
- Eat probiotics from food such as yogurt, kefir, and fermented foods. Talk to your health care team before taking any probiotic supplements



To help manage diarrhea, try our **Apple Cinnamon Muffins** and **Turkey and Barley Vegetable Soup** recipes

DRY MOUTH

Food tips for dry mouth:

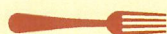
- Avoid alcohol and limit caffeinated drinks.
- Increase your saliva by:
 - Sucking on sugar free tart candies prior to eating
 - Chewing on sugar free gum in between meals
 - Moistening foods with sauces and gravies
 - If acidic foods don't irritate your mouth or throat, you can also try:
 - Adding lemon or lime to water
 - Using citrus fruits or juices in marinades or dressings
- Limit dry or hard-to-swallow foods, such as baked potatoes, peanut butter, tough meat, and "doughy" bread.
- Make sure you drink enough fluids to prevent dehydration. Carry a water bottle with you to stay hydrated.



Staying hydrated can help prevent dry mouth and taste changes. Aim for at least 64 oz (8 cups) of hydrating fluids daily unless told otherwise by your doctor.

Non-food tips for dry mouth:

- Apply lip balm or petroleum jelly to protect your lips.
- Sleep with a humidifier in your room to help moisten your mouth at night. Be sure to clean the humidifier regularly.
- Use alcohol-free mouthwash daily and/or saliva substitutes.



These are examples of moist recipes to help with dry mouth:

- **Cheesy Chicken Millet Bake**
- **Chicken Puttanesca over Zucchini Noodles**
- **Golden Milk Popsicles**
- **Turkey and Barley Vegetable Soup**

For more recipes, go to
www.CancerSupportCommunity.org/Recipes

FATIGUE (Feeling tired):

- Ask family and friends to help make meals and assist with other daily tasks.
- On days that you have more energy, cook soup or stews in bulk to have meals on hand.
- Increase your physical activity as best you can in order to help fight fatigue.
- Take it one day at a time and look at each day as a new day.
- Take breaks throughout the day.
- Try something you did not do yesterday and try not to let your lack of energy discourage you.
- Try not to overdo it on higher energy days, so you can conserve your energy.



MOUTH SORES AND MOUTH PAIN

Food tips for mouth sores and mouth pain:

- Choose foods that help soothe the mouth, including:
 - Cold foods, such as popsicles, frozen fruit, and ice cream
 - Soft, mild foods, such as cottage cheese, smoothies, and yogurt
 - Well-cooked, soft meals such as potatoes, macaroni and cheese, casseroles, stews, and ground meats
- Avoid foods that could irritate the mouth, including:
 - Acidic or spicy foods, such as citrus fruits, tomatoes, peppers, and vinegar
 - Alcohol and carbonated drinks
 - Crunchy or hard foods, such as crusty bread, pretzels, and chips
 - Hot foods – choose room temperature or cold instead

Non-food tips for mouth sores and mouth pain:

- Drink through a straw to avoid sore spots
- Suck on ice chips when you have mouth pain
- Use a baking soda rinse before and after meals



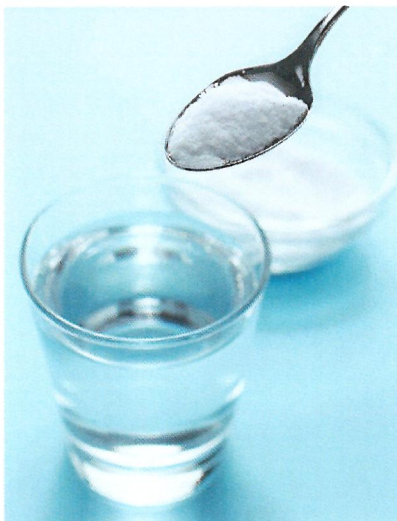
Find these soft, easy-to-chew, and mild recipes to help with mouth pain at the back of this booklet:

- **Golden Milk Popsicle**
- **Mango Lassi Overnight Oats**

For more recipes, go to
www.CancerSupportCommunity.org/Recipes

“To eat ravioli, I rinsed off the tomato sauce and replaced it with white sauce.”

— Dave, head & neck cancer patient



BAKING SODA MOUTH RINSE

Rinse your mouth out with a homemade baking soda rinse. Swish and spit, **do not swallow**. Prepare a new batch each day.

- ½ tsp salt
- 1 tsp baking soda
- 1 quart of water

NAUSEA AND VOMITING

Food tips for nausea and/or vomiting:

- Even though you do not feel like eating, an empty stomach can make nausea worse. Aim to eat a small amount of food every 1-2 hours to prevent nausea.
- Choose bland foods, such as plain pasta or rice. If dry mouth isn't a problem, you can also try dry food such as crackers and pretzels.
- Choose room temperature or cold foods, instead of hot entrees.
- Drink ginger tea or chew ginger candies when you feel nauseous.
- Drink hydrating fluids (such as water, 100% juice, coconut water, or chamomile or ginger tea) throughout the day to prevent dehydration.
- Limit your intake of fried, greasy, or "heavy" foods, as these can make nausea worse.

Non-food tips for nausea and/or vomiting:

- If drugs or supplements make you nauseous, talk to your health care team about taking them with food, instead of on an empty stomach.
- Talk to your health care team about anti-nausea drugs. For the most benefit, take anti-nausea drugs 30-45 minutes prior to a meal. You may also need to take them around the clock, instead of as needed.
- Try deep breathing, meditation, or guided imagery to help settle your stomach and mind.



These are examples of recipes to help with nausea:

- **Apple Cinnamon Muffins**
- **Golden Milk Popsicles**
- **Mango Lassi Overnight Oats**
- **Turkey and Barley Vegetable Soup**

For more recipes, go to www.CancerSupportCommunity.org/Recipes

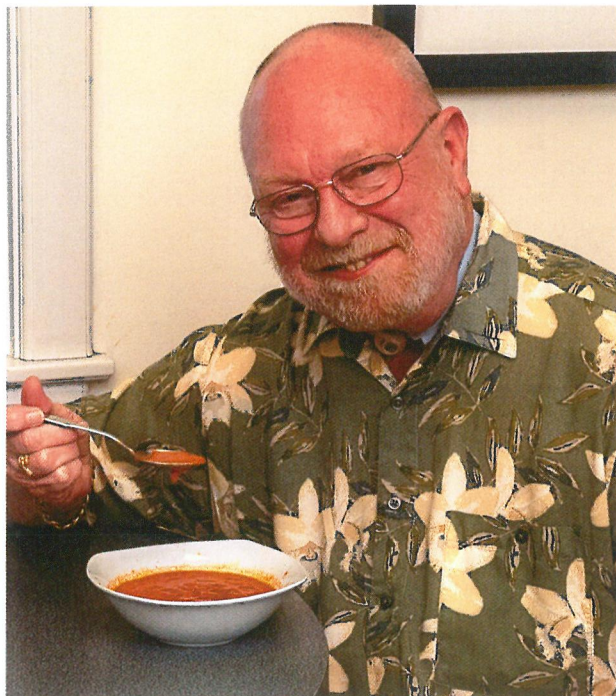
"My doctors rotated my anti-nausea meds so that they would work better. Taking dissolvable Zofran helped me a lot if I was out and food smells started to make me nauseous. I wouldn't necessarily be able to eat, but I wouldn't regret going out... I could sit through dinner without getting sick."

— Chris, head & neck cancer patient

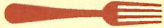
WEIGHT LOSS

It is important to prevent weight loss during cancer treatment. To prevent weight loss and add calories to your diet:

- Add healthy high-calorie additives to the foods you eat regularly:
 - Avocado
 - Olive oil or butter
 - Nuts and seeds
 - Cheese
 - Sauces and gravies
 - Dried fruit
 - Peanut butter, almond butter, or other nut butters
- Aim to eat 5-6 small meals daily, instead of 3 big meals.
- Include high-calorie smoothies or nutritional drinks to your daily routine.



- Include high-protein foods to help your body heal and prevent further muscle mass loss:
 - Nuts, seeds, and nut butters
 - Beans
 - Meat
 - Fish
 - Poultry
 - Eggs
 - Dairy products
- Talk to your health care team about physical therapy if you feel weak or unable to maintain your daily routine.

 Try these tasty, high-calorie recipes:

- **Apple Cinnamon Muffins**
- **Baked Falafel with Ginger Tzatziki**
- **Cauliflower Burgers**
- **Cheesy Chicken Millet**
- **Chicken Puttanesca over Zucchini Noodles**
- **Golden Milk Popsicle**
- **Mango Lassi Overnight Oats**
- **Turkey and Barley Vegetable Soup**

For more recipes, go to
www.CancerSupportCommunity.org/Recipes

Be aware of ongoing weight loss. Use the chart below to learn more about how much weight loss is too much and may signal malnutrition.

WEIGHT LOSS TIME FRAME 	PERCENTAGE OF WEIGHT LOSS THAT IS SIGNIFICANT*	IF YOU WEIGHED 150 LBS. , SIGNIFICANT LOSS* IS	IF YOU WEIGHED 200 LBS. , SIGNIFICANT LOSS* IS
1 MONTH	>5%	7.5 lbs.	10 lbs.
3 MONTHS	>7.5%	11.25 lbs.	15 lbs.
6 MONTHS	>10%	15 lbs.	20 lbs.
1 YEAR	>20%	30 lbs.	40 lbs.

* It is important to let your doctor and dietitian know about any weight loss, even if yours is not this large.

Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition), 2012.

WEIGHT GAIN

Some patients experience weight gain during or after cancer treatment. It can be related to many factors. These can include appetite changes, decreased activity, hormonal treatment, steroids, and for women whether or not they've reached menopause. Managing weight gain is all about choosing a healthier lifestyle by eating healthy foods and exercising within your ability.

Choose healthier foods

- Avoid higher calorie foods made with rich creamy sauces, cheese, oils, and fried foods.
- Fill up more of your plate with lower calorie fruits, non-starchy vegetables, and high-fiber whole grains.
- Choose baked or broiled fish and lean meats like skinless chicken and turkey breast over high fat meats like hamburgers, steak, pork, and roasts.

Keep a food journal and meal plan

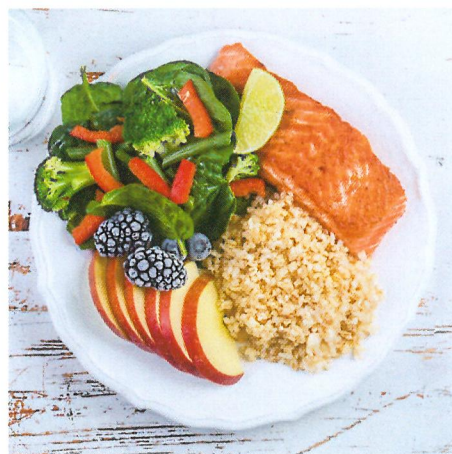
- Planning ahead and tracking what you eat can help you to stick with your goals. Food journals and meal planning help can be found at: www.eathealthy.org.
- Identify parts of your diet that can be improved and set goals to work on them.

Avoid empty calories

- Avoid high-calorie sugar-sweetened beverages, baked goods, and processed foods which offer little or no nutrition benefit.
- Choose beverages like water, seltzer, and plain tea. Flavor them with your favorite fruits.

Include more physical activity

- Aim for at least 150 minutes of moderate physical activity per week.
- Find a friend to stay active with you.
- If you are able, consider including cardio, stretching, and resistance training to help maintain or increase your muscle mass.



AVOID LARGE PORTIONS. When dining out aim to eat half and take half home.

USE VISUAL CUES TO HELP YOU EAT RIGHT.

Here are some examples:

- | | |
|---|--|
| ■ Deck of cards:
3 oz of meat | ■ Computer mouse:
½ cup chopped fruit
or vegetables |
| ■ Baseball:
1 medium fruit | ■ Palm: 2 oz. nuts |
| | ■ Thumb: 1 Tbsp oil |

Food Safety

It is important to handle food safely during cancer treatment. Cancer and cancer treatment can weaken your immune system and make you more prone to infection. This includes infection from foods. The following tips are helpful ways to keep your food safe.

- Wash your hands before eating.
- Keep surfaces that come into contact with food clean.
- Keep hot foods hot (above 140°F) and cold foods cold (below 40°F).
- Avoid cross contaminating raw meats and vegetables. Store raw meat on the lowest shelf to avoid juices contaminating other foods.

- Wash raw fruits and vegetables well before eating.
- Avoid high risk foods like undercooked eggs, meat, poultry, fish, or shellfish and unpasteurized milk or cheese.
- Avoid high risk foods like sushi, ceviche, raw bean and alfalfa sprouts, foods from street vendors, and self-serve buffets.
- Thaw frozen meats in the refrigerator and not on the counter.
- Refrigerate foods promptly after eating.
- Your healthcare team may give you more specific instructions.



COOK MEATS THOROUGHLY

- When roasting meat and poultry, use an oven temperature no lower than 325°F.
- Cook ground meats to 160°F, ground poultry to 165°F, and fresh pork to 160°F.
- Whole poultry should reach 180°F in the thigh and 170°F in the breast.
- Beef, veal, lamb steaks, roasts, and chops may be cooked to 145°F.

Breast Cancer Navigator

Phone: 607-737-8100

A breast nurse navigator is here to support you every step of the way through your breast cancer journey. From the moment of diagnosis, they are your personal guide, helping you understand your treatment options, coordinating appointments, and ensuring you have access to the resources you need. They work closely with your medical team to keep your care on track while also offering emotional support and answering any questions you may have. If you're feeling overwhelmed, your navigator can help break things down, connect you with support groups, and address any concerns, such as financial assistance or transportation. You are not alone – your nurse navigator is here to help make this journey smoother and less stressful for you and your loved ones.

Understanding Your Diagnosis – If you have questions about your breast cancer diagnosis, staging or what it means for your treatment plan.

Treatment Guidance – Need help understanding your treatment options, side effects, or what to expect during chemotherapy, radiation or surgery.

Appointment Coordination – Assistance scheduling or keeping track of appointments with your healthcare team.

Emotional Support – If you're feeling overwhelmed, anxious, or unsure about what's next, your navigator can provide reassurance and connect you with counseling or support groups.

Financial Concerns – Help finding financial assistance programs, insurance guidance, or support with medication costs.

Transportation & Logistics – Assistance arranging transportation to and from medical appointments.

Survivorship & Follow-Up Care – Understanding your long-term care plan, follow-up screenings, and healthy lifestyle recommendations after treatment.

Accessing Community Resources – Help finding local and national resources, such as support groups, wellness programs, or assistance for caregivers.

Lymphedema Treatment After Breast Cancer

Lymphedema is an accumulation of lymphatic fluid in the interstitial tissue that causes swelling, most often in the arm(s) and/or leg(s), and occasionally in other parts of the body. Lymphedema can develop when the lymphatic system is compromised, when lymphatic vessels are missing or impaired (primary) or when lymph vessels are damaged or lymph nodes removed (secondary). When the lymphatic system cannot transport fluid properly, an abnormal amount of protein-rich fluid collects in the tissues of the affected area. Left untreated, this stagnant, protein-rich fluid can increase the size of the limb, cause changes in the tissue, and increase the risk for infection. The onset of lymphedema is slow, occurring over months or even years.

Why are breast cancer survivors at risk for lymphedema?

Breast cancer survivors often had one or more lymph nodes removed when their lumpectomy or mastectomy was performed. Many will likely also go through radiation therapy, which can damage remaining lymph nodes in the axilla. A decreased amount of functioning lymph nodes places an individual at risk for developing lymphedema.

What are the signs/symptoms of lymphedema?

Signs or symptoms of lymphedema to watch for include: a full or heavy sensation in the limb(s), skin feeling tight, decreased flexibility in the hand, fingers, and/or wrist, difficulty fitting into clothing in one specific area, or ring/wristwatch/bracelet tightness. Swelling will generally occur in the fingers and hand first. Symptoms will only be present in the at-risk quadrant of the body, meaning the side the surgery and/or radiation was performed on. This includes the whole arm and the trunk from the breast bone over, and from the belly button to the collar bone.

Is there anything that can decrease the risk of developing lymphedema?

Unfortunately, there is no way to determine who will or who will not develop lymphedema and there is no sure way to prevent developing it. However, there have been risk reduction practices published by experts in the field of lymphedema that are believed to help reduce the risk of developing the condition.

What should I do if I think I have signs/symptoms of lymphedema?

If you think you may have signs or symptoms of lymphedema, you should contact your physician promptly. He or she may recommend that you be seen for an evaluation with a certified lymphedema therapist to determine if you have developed lymphedema.

Information obtained from the National Lymphedema Network at lymphnet.org.

ArnotHealth

A Member of  Centralus Health

Arnot Health's Lymphedema Treatment Program is part of Rehabilitation Services.

Assessment and care is provided by staff physical therapists and occupational therapists that are certified as lymphedema therapists. Services include patient education, evaluation, diagnosis and treatment of lymphedema and other related conditions. Many individuals are referred to lymphedema therapy for education and evaluation solely, while others may be symptomatic and require treatment. Treatment may consist of the following interventions; manual lymph drainage, multilayer compression bandaging, education, fitting for a proper compression garment(s) and a home exercise program.

A referral from a physician is required to be evaluated by a certified lymphedema therapist. If you have been referred for a lymphedema initial evaluation, please contact the Rehabilitation Services Centralized Scheduling Department at **(607) 737-7804 option 1** to set up your appointment at one of the following rehabilitation clinics. If you have a question or concern you would like addressed by a lymphedema therapist prior to your initial evaluation, please contact one of the therapists listed below.

Arnot Health's Certified Lymphedema Therapists:

Jamie Rumsey MSPT, CLT

Senior Physical Therapist, Certified Lymphedema Therapist
Rehab Services Outpatient Physical Therapy
Horseheads Medical Office Building
(607) 737-7804 option 4

Certified Lymphedema Therapist through Norton School of Lymphatic Therapy
Medical Education: Nazareth College, Rochester, NY

Joshua Tryon OTR/L, CLT

Occupational Therapist, Certified Lymphedema Therapist
Rehab Services Outpatient Occupational Therapy
St. Joseph's Hospital
555 St. Joseph's Boulevard, Elmira, NY
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Certified Lymphedema Therapist through Norton School of Lymphatic Therapy
Medical Education: Keuka College, Penn Yan, NY

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Medical Education: Marymount University

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Physical Therapist, Certified Lymphedema Therapist
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Meade Rehabilitation Center
7571 State Route 54, Bath, NY
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Certified Lymphedema Therapist through Norton School of Lymphatic Therapy
Medical Education: Daemen University

ArnotHealth

A Member of  **Centralus Health**

Rehabilitation Services

Quitting smoking is hard.

Arnot Health is here to help!

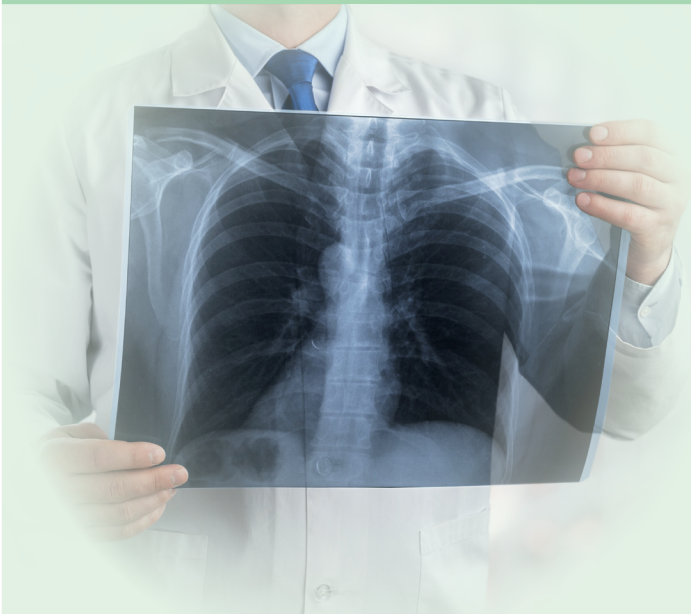
Come join our Tobacco Cessation Support group held at Arnot Ogden Medical Center in the Petrie East room.

Sessions are every second Tuesday of each month, 5:15 p.m. - 6:15 p.m.

Registration is recommended but not required by calling 607.737.4499.



A Low-Dose CT Lung Screening is a simple test that can save your life.



Studies show that early detection can increase survival rates by as much as 20%. Lung Cancer Screenings at Arnot Health are covered by insurance for those who qualify based on age and smoking history.

Who qualifies?

Myself or a loved one:

- is age 50-80
- has smoked at least 1 pack a day for 20 years or more.

Myself or a loved one:

- is a lung cancer survivor

How can I schedule my Low-Dose CT Lung Screening?

Contact Arnot Health's Lung Cancer Screening Coordinator today at **(607) 367-LUNG** or **scan the QR code** to access the Lung Cancer Screening website to schedule your screening visit now.

ArnotHealth

A Member of  Centralus Health



www.arnothealth.org/services/lung

Falck Cancer Center Courtesy Van Transportation

607-737-7704

The Falck Cancer Center Courtesy Van provides transportation at no charge to patients who have no other alternative methods of transport to their treatments. While we cannot guarantee availability of service, every effort will be made to provide you with transportation to and from the Center.

The Transportation Coordinator will call you to review your transportation options and advise you of the scheduled pickup time (if you have not already been notified by Cancer Center staff).

You will be contacted as soon as possible by staff should we experience an unforeseen or unexpected delay in picking you up or returning you home.

To assist us, we would appreciate if you would:

Provide a phone number where you can be reached or a message can be left. If you have caller ID or a phone block on your number, our telephone system does not allow us to make a call from the Falck Cancer Center to these numbers.

Notify us by calling one of the following numbers if you have a change in your schedule, preferably 24 hours in advance if an appointment has been changed, if family or friends will be transporting you, if you become ill, etc.

Transportation Office..... 607-737-7704

Falck Cancer Center Receptionist 607-737-8100

Falck Cancer Center Toll Free Number..... 800-262-3252

Please be ready 15 minutes prior to your scheduled pick-up time. This will help accommodate any changes in traffic patterns or schedule changes of other patients.

Please speak with our social worker or the transportation coordinator for more information or call 737-8115 or 737-7704.

Is Palliative Care Right for You?

Do you have one or more serious illnesses such as:

- cancer
- congestive heart failure (CHF)
- chronic obstructive pulmonary disease (COPD), emphysema, lung disease
- kidney failure
- liver failure
- neurological disease (e.g. ALS, Parkinsons)
- dementia

Do you have symptoms that make it difficult to be as active as you would like to be or impact your quality of life? These symptoms might include:

- pain or discomfort
- shortness of breath
- fatigue
- anxiety
- depression
- lack of appetite
- nausea
- constipation

Have you, or someone close to you, experienced the following:

- difficult side effects from treatment
- eating problems due to a serious illness
- frequent emergency room visits
- three or more admissions to the hospital within 12 months, and with the same symptoms

Do you, or someone close to you, need help with:

- knowing what to expect
- knowing what programs and resources are available
- making medical decisions about treatment choices/options
- matching your goals and values to your medical care
- understanding the pros and cons (benefits/burdens) of treatment (e.g. dialysis, additional cancer treatments, surgery, etc.)

Do you, or someone close to you, need help with:

- coping with stress of a serious illness
- emotional support
- spiritual or religious support
- talking with your family about your illness and what is important to you

Ask your cancer nurse, Nurse Practitioner or MD for a referral.

Hospice Care

Hospice care is for people who are in the final stages of an incurable illness such as cancer, heart disease, late-stage kidney and lung disease. The aim is to ensure they are comfortable, and able to live their last days as fully as possible.

Hospice care professionals do not cure diseases. Instead, they treat a person's symptoms to improve their quality of life. They also aim to include family members and caregivers in decisions that affect a person's care.

People can receive hospice care within the following settings:

- at home
- in the hospital
- at an extended care facility, such as a nursing home
- at a specialized hospice center

The focus of hospice care is:

- symptom control and management, also known as palliative care
- pain management
- stress management and other mental health support
- spiritual support
- family support

Hospice services are covered under insurance.

If you would like more information on either of these programs, please ask to speak with the social worker.

Advanced Directives

An advance directive is a legal document that explains how you want medical decisions about you to be made if you cannot make the decisions yourself. An advance directive is used to guide your health care team and loved ones when they need to make these decisions or to decide who will make decisions for you when you can't. These medical decisions might include special actions or emergency care from your health care team. An advance directive can help you think ahead of time about what kind of care you want.

There are several different kinds of Advanced Directives including:

- Health Care Proxy (Durable Medical Power of Attorney)
- Living Will
- MOLST (Medical Orders for Life-Sustaining Treatment)

Health Care Proxy: A Health Care Proxy is a document that names someone you trust as your proxy, or agent, to express your wishes and make health care decisions for you if you are unable to speak for yourself. Your proxy does not come into play until you are unable to speak for yourself and their responsibility is to make health care decisions based on your wishes. In choosing your proxy, here are questions to ask yourself:

- Am I comfortable talking with this person about my wishes and priorities for health care?
- Will this person honor my wishes and do as I ask when the time comes?
- Do I trust this person with my life?
- Can this person handle conflicting opinions from my family, friends, and health care providers?
- Does this person live near me or would they travel to be with me if needed?

Living Will: A living will is used to instruct care providers in the event that you can no longer make decisions for yourself. It is a legal document that tells others what your personal choices are about end-of-life medical treatment. It lays out the procedures or medications you want—or don't want—to prolong your life if you can't talk with the doctors yourself. It can shield your loved ones from having to make difficult choices about your care and reduces the chances of confusion or arguments over what's in your best interest.

MOLST: MOLST is a set of medical orders that defines life-sustaining treatment the patient wants to receive or avoid now. Once MOLST is properly completed and signed by a physician, nurse practitioner, or by a physician assistant, MOLST must be honored by all health care professionals in all settings. Typically, a MOLST is used by someone who:

- Wants to avoid or receive any or all life-sustaining treatment
- Resides in a long-term care facility or requires long-term care services
- Might die within the next year

Information for Patients and Families about Cardiopulmonary Resuscitation or CPR

Written by: Nation Center for Ethics in Health Care

What is CPR?

CPR stands for cardiopulmonary resuscitation. It is sometimes used in an emergency when someone's heart has stopped beating adequately. Cardiac arrest is another term for when the heart stops beating.

Information for Patients and Families About CPR

If you are in cardiac arrest, blood stops flowing through your body.

This means that oxygen cannot get to your brain. Your brain can survive without oxygen for only about five minutes. After that point, you would have permanent brain damage, even if your heart started again.

CPR can help blood and oxygen flow to your brain while medical staff try to get your heart to beat normally again. This may help prevent brain damage.

CPR may include:

- Someone pushing on your chest with their hands (chest compressions)
- Artificial breathing. This might mean that someone breathes from their mouth into yours (mouth-to-mouth), or uses a small bag attached to a mask to push air into your lungs.
- Someone giving you medications to stimulate your heart
- A machine giving you one or more quick electrical shocks to your chest (defibrillation)
- Someone putting a tube into your windpipe to help air reach your lungs

When might CPR be used?

You would only get CPR if your heart stopped beating (cardiac arrest). Cardiac arrest can be expected or unexpected. It is a normal part of the dying process. Cardiac arrest could happen unexpectedly because of a sudden severe illness or injury, or due to a heart problem that the person may or may not know about.

Health care staff would automatically do CPR if you went into cardiac arrest, unless you have a Do Not Attempt Resuscitation (DNAR) order. A DNAR order tells health care staff not to do CPR if you go into cardiac arrest. In some places, this order is called a Do Not Resuscitate (DNR) order.

You have a choice about whether or not you would get CPR when your heart stops beating. Your choice about CPR does not affect the care you will receive or your decisions about other treatments.

Benefits and Risks

What are some possible benefits of CPR?

CPR can save lives, especially when given to a young, relatively healthy person right after their heart stops. In some cases, CPR may return the person to the same health they were in before their heart stopped. This is more likely if the person does not have serious health problems, and if CPR is started quickly after their heart stops.

CPR might or might not work to re-start your heart. The chances of surviving are a little better if CPR is started quickly after the heart stops and if you receive CPR in the hospital. About one in six people who get CPR while in the hospital survives their hospital stay, and five in six people die. Survival chances for you may be more or less, depending on your health problems.

What are some possible risks of CPR?

CPR often does not work to re-start the heart, especially when given to someone who has more than one illness or a very serious disease.

If you survive after CPR, you will have a sore chest and may have broken ribs because of the chest compressions. You may have a collapsed lung.

If you do not get enough blood to your vital organs during cardiac arrest and you survive after CPR, you might have serious problems afterward. You might be dependent on others to care for you, have brain damage, or need a breathing machine. Depending on the health problems you have after CPR, you may not be able to live at home.

What if my heart stops?

If you had a cardiac arrest, you would lose consciousness and pass out quickly. Once you passed out, you would not feel anything.

If you do not receive CPR, or if CPR does not work to restart your heart, you would die. If CPR works to restart your heart but you do not start breathing on your own, you would be put on a breathing machine (ventilator) unless you have a doctor's order stating that you do not want to be on a breathing machine. If CPR works to restart your heart, you would receive medical care to treat any problems caused by CPR. Some possible risks of CPR are listed on the page before.

Your health care team can tell you if you are at increased risk for cardiopulmonary arrest. Talk with them about treatment options that support your goals and preferences.

Spiritual Care

Providing support during times of stress and uncertainty



Are you feeling...

- ♦ Sad
- ♦ Lonely
- ♦ Hurt
- ♦ Anxious
- ♦ Depressed
- ♦ Angry
- ♦ Distressed
- ♦ Lost
- ♦ Afraid
- ♦ Overwhelmed

We are here for **you!**

ArnotHealth

A Member of  Centralus Health

www.arnothealth.org

Spiritual Care chaplains provide support and guidance. We listen when you or a loved one are struggling. Whether you are facing a sudden health challenge, a difficult decision, or just want someone to talk to, Spiritual Care chaplains are here for you.

**We listen with open minds
and open hearts.**

Contact a Chaplain

Non-Urgent Requests Call:

Arnot Ogden Medical Center
(607) 737-4399

St. Joseph's Hospital
(607) 795-8040 xt. 2425

Ira Davenport Memorial Hospital
(607) 776-8892

Urgent or After-Hour Emergencies:

You can call or ask your nurse to page the chaplain.

Arnot Ogden Medical Center..... (607) 737-4100
St. Joseph's Hospital.....(607) 733-6541
Ira Davenport Memorial Hospital(607) 776-8500

Survivorship & Self Care

What is survivorship

- Bill of Rights
- Challenges of survivorship / now what?
- Who helps me as I move forward

Communicating with others about your cancer

- Tips for sharing the details of your cancer treatment with your loved ones
- Tips for discussion with your doctor

Caregiver information

- How caregivers can help you in your day to day experience while taking care of themselves

Survivorship

- After treatment has ended
- Finding your new normal

Support Groups

- Breast Cancer
- Cancer Resource Center – Ithaca, NY
- Online groups and resources

Integrative Therapies

- Yoga
- Cancer Fit
- Acupuncture

Survivorship

Cancer survivorship begins at diagnosis and encompasses the ongoing physical, emotional, and social challenges faced by anyone who has had cancer. Effective survivorship helps you improve your day to day quality of life, manage long term health risks and navigate the transitions you will experience at each phase.

- **Acute phase:** During active treatment, managing side effects and coping with the diagnosis
- **Extended phase:** Immediately after treatment, focusing on recovery, follow-up care, and adjustments to a new normal
- **Permanent phase:** Long-term survivorship, addressing late effects, ongoing health maintenance, and psychosocial well-being

Survivorship presents challenges often overlooked but important to address

- **Physical:** Fatigue, pain, lymphedema, cognitive changes, and late effects of treatment
- **Emotional:** Anxiety, depression, fear of recurrence, and changes in life priorities
- **Social and financial:** Family dynamics, work reintegration, and financial burdens from treatment costs

Optimal survivorship care includes your medical team, social supports and positive day to day changes to maximize your health and well-being

- **Follow-up care plans:** Monitoring for recurrence, managing late effects and preventive health measures
- **Wellness strategies:** Nutrition, physical activity, stress management, and sleep hygiene
- **Support systems:** Family, peer support groups, spiritual guidance, and online platforms like CaringBridge for communication and emotional support

Practical tips for survivors

- Maintain regular follow-up appointments and communicate openly with your healthcare team.
- Address emotional health pro actively through counseling or support groups.
- Adopt a healthy lifestyle with balanced nutrition, regular exercise, and adequate rest.
- Plan for financial and social support to reduce stress and improve overall well-being.

Cancer survivorship is a lifelong journey that requires attention to **physical, emotional, and social health**, with care tailored to your individual needs and preferences.

This section is focused to the various challenges and resources available to support you while you move forward in your survivorship. It is not inclusive of all those you may experience and supports in the community. If you would like additional information, please speak with your oncology team.

The
Cancer
Survivors'

Bill of Rights

written by Natalie Davis Spingarn

The National Coalition for Cancer Survivorship presents this...*Survivors' Bill of Rights* to call public attention to survivor needs, to enhance the quality of cancer care, to empower cancer survivors, and at the same time bring greater satisfaction to them and their physicians, employers, families, and friends.

Survivors have the right to continuous lifelong medical care, as needed. The physicians and other professionals involved should make every effort to be:

- *sensitive* to cancer survivors' lifestyle choices and their need for self-esteem, dignity and privacy of the information trusted to them;
- *careful*, no matter how long these patients have survived, to take symptoms seriously and not to dismiss aches and pains, for fear of recurrence is a normal part of survivorship;
- *vigilant* to watch for any long-term and late effects of cancer and its treatment in follow-up clinics and offices;
- *informative* and open, providing survivors with as much or as little candid medical information as they wish, and encouraging informed participation but not expecting survivors to manage that care on their own;
- *knowledgeable* about counseling and rehabilitation resources...

No matter in which setting their care is offered-be it fee-for-service or some sort of managed care system- survivors have the right to quality care emphasizing:

- *informed choice* - choice of the setting in which care is delivered, choice of primary physicians and specialists delivering that care, as well as choice of appropriate, effective and safe treatments (including ongoing clinical trials);
- *efficient yet humane management* of such unfortunate by-products of disease as fatigue and pain...
- *appropriate use of hospital and other facilities*, wherein cost effectiveness and patient-centered care are balanced ...
- *constant respect for survivors' wishes* as to when and how to discontinue treatment should that time arise, including the scrupulous honoring of "living wills" and similar documents.

In their personal lives, survivors, like other Americans, have the right to the pursuit of happiness. This means they have the right:

- *to talk* with their families and friends about their cancer experience if they wish, but to refuse to discuss it if that is their choice...
- *to be free* of the stigma of cancer as a "dread disease"...
- *to be free* of blame for having the disease and of guilt for having survived it;
- *to participate* in support groups and other survivor support and/or advocacy activities as they wish...

In the work place, survivors have the right to equal job opportunities. This means they have the right:

- *to aspire to jobs* worthy of their skills, and for which they are trained and experienced, and thus to not have to accept jobs they would not have considered before their cancer experience;
- *to be hired, promoted, and accepted* on return to work, according to their individual abilities and qualifications, and not according to "cancer" or "disability" stereotypes, with "reasonable accommodation," under federal and state law...
- *to privacy* about their medical histories.

Since health insurance is an urgent survivorship concern, every effort should be made to assure all survivors decent, affordable coverage, whether public or private, or provided under managed care or fee-for-service systems. This means:

- *for employers*, that survivors have the right to be included in group health coverage...
- *for physicians, counselors, and other professionals concerned*, that they keep themselves and their survivor-clients informed and up-to-date on the dangers of health insurance discrimination...
- *for social policy makers*, both in government and in the private sector, that they seek both to broaden insurance programs to include diagnostic procedures and treatments which help prevent recurrence and ease survivor anxiety and pain, as well as to lower the unfair barriers often imposed by the accidents of race, minority culture, age, or plain lack of means to pay for adequate health insurance coverage.

In sum, cancer survivors have the overriding right to access quality health care. Implicit in that right is universal access to adequate health insurance coverage. For "quality" becomes an empty word without the means to achieve such coverage. A cancer may not even be discovered. And if it is, care may be sub-optimal, no one will be accountable for it, and the whole society will be the losers.

*Excerpt from NCCS's
Cancer Survivors' Bill of Rights
Copyright © 1999 NCCS*

Now What?

As a **cancer survivor**, you might find yourself facing many new concerns, including a fear of recurrence, changing relationships, and overwhelming feelings of sadness and anger. Taking care of your social and emotional health is an important part of **cancer survivorship**. Survivorship is a **complex, lifelong journey** that extends beyond the absence of disease.

Physical Challenges

Cancer and other serious illnesses often leave **long-term physical effects**. Survivors may experience **fatigue, chronic pain, neuropathy, cardiac issues, hormonal changes, bone density loss**, and secondary cancers even years after treatment ends. These effects often require **continuous monitoring and management** by multiple specialists to maintain health and quality of life.

Emotional and Psychological Challenges

Survivors frequently face **anxiety about recurrence, depression, post-traumatic stress, and feelings of isolation**. The transition from intensive treatment to periodic follow-ups can create a sense of being unsupported, and societal pressure to “move on” may exacerbate emotional distress.

Social and Relationship Challenges

Illness can **alter social identity and relationships**. Survivors may struggle to maintain friendships, adapt to new family roles, or reintegrate into work and community life. Caregivers also face adjustments, which can affect family dynamics and social support networks.

Financial Challenges

Many survivors encounter **financial toxicity**, including medical bills, lost income and ongoing treatment costs.

Survivorship Care Plans

To address these new challenges, **survivorship care plans** are recommended. These plans provide **personalized guidance for monitoring long-term health, managing side effects, and supporting emotional and social well-being**. They help survivors navigate the post-treatment phase and improve overall quality of life.

It is important to recognize and acknowledge that you are in a new “normal” and that your life has changed. Moving forward means involving those in your life to support you as you grieve what was but celebrate what is ahead. Survivors often feel alone, the steady stream of appointments and interactions with your care team are not occurring and it may feel as though you have been forgotten. It is an important time to establish healthy coping strategies such as exercise, joining a support group or community organization. Network with those who have experienced cancer and be willing to seek counseling to help learn strategies for how to manage your emotions.

Most importantly, your cancer care team is still involved but in a different fashion. We are still here to support you, answer questions, offer advice, and connect you with resources that help you.

Communicating With Others About Your Cancer

Now that you are facing treatment for cancer, you may have concerns that you want to share. If you do want to talk, you may not know how to start. These ideas may help.

If Talking Helps

Maybe you sense that the people in your life want to know more about what's going on with you. Or maybe you feel that sharing your situation with others will help you work through your own feelings. Here are some tips that will help prepare you to talk.

Be Open and Honest

People will be more willing to help if they are aware of what you are going through. Talk openly and honestly about your condition, its treatment and how you are feeling. If people offer, talk about how they can help you.

Ease Their Awkwardness

People may be afraid to say or do something wrong. Assure them that showing they care is helpful. And let them know that there may be no perfect thing to say.

Expect Different Reactions

People will respond in different ways. Some may seem angry. Others may refuse to hear any more. Still others may seem too upbeat. Understand that each of them means well. People often don't know what to say to someone with a serious illness.

If You Prefer Privacy

It is your right to decide if and when you will talk openly about your cancer and its treatment.

- Think of yourself. Take some time to absorb what you know before discussing it with others.
- Other people may want to talk before you are ready, especially people who are close to you. Let them know if you do not want to talk yet.
- Some families encourage being open and others do not. You may want to find people on the outside that you're at ease talking with.
- Talking to a person who is not as close to you, such as a counselor, may be more helpful right now.
- Don't withdraw from friends and family if you are finding it hard to talk. Keep in mind that regardless of how much you decide to share with them, they can be a source of comfort.

To Family and Friends

- Don't pressure the person to talk. Just make it known that you are willing to listen.
- You or the person who has cancer may be feeling angry. This is a normal stage in the coping process. Try not to take the anger personally.
- Don't make empty statements like "don't worry" or "everything will be fine." Instead, offer true help, such as rides to appointments or doing housework and errands. Arrange for others to be there when you can't.

Tips for Communicating with your Doctor – “Doctor, Can We Talk?”

Talking to your doctor can be difficult. No matter what your diagnosis, simply hearing about it can leave you feeling frightened or overwhelmed. Good communication with your doctor can help improve the quality of care you receive.

Remember: You are the consumer

As a patient, you are a consumer of healthcare. The way to begin making difficult decisions about healthcare is to educate yourself.

Here are some tips that will help you talk with your doctor:

- It is a good idea to bring someone with you when you have an appointment. It is always helpful to have a support system, a second set of ears and another person to think of questions.
- Write out a list of questions beforehand. A list will help you remember important questions. Make them specific and brief because your doctor may have limited time. Ask your most important questions first.
- Write down the answers you get. Writing down answers will help you remember your doctor's responses and instructions, and you can go over the information later when you have time to research and concentrate.
- If possible, bring a tape recorder. It is okay to ask your doctor if you can record your visit. Taping is helpful because you may want to hear a reassurance or diagnosis again or share it with friends and family.

Saying and Hearing: Tips for understanding your doctor

- When you are talking to your doctor, use “I” statements. For example, the phrase “I don't understand...” is much more effective than “You're being unclear about...”
- Also, don't be afraid to be assertive. If you don't know what a word means, ask about it. Remember to make your questions specific and brief. If there is something you can't understand or resolve, ask your doctor if there is some other time that you can discuss it in more detail.
- Finally, if something seems confusing to you, try to repeat it back to your doctor. For example “You mean I should...” If you think you will understand better with pictures, ask to see X-rays, slides or have the doctor draw a diagram.

Questions that can help cancer treatment in follow-up

Here are some questions that you may want to ask your doctor or nurse to help you understand your treatment and follow-up

- What are my treatment options? What is the recommended treatment?
- How often will I receive treatment? What are the side effects?
- What are the benefits vs. the risks?
- How much will it cost?
- If I have questions during my treatment, and my doctor is not available, whom can I ask? (Nurse? Social Worker? Other specialist?)
- Is there anything else I should know? Is there anything I can read about this?

Caregiver Information

Caregivers are the people who help with your daily tasks such as bathing, getting dressed, or eating. Caregivers are often family members or close friends. Just like you, your caregivers need help and support. Ways to help your caregiver include:

- ☐ building a team
- ☐ keeping your caregivers informed
- ☐ finding extra help
- ☐ doing what you can to help your caregiver
- ☐ showing your caregiver that you care

*There is no one-way friendship.
~Maasai (African) Proverb*

Build a Team

Build a team of caregivers so that you don't have to depend on just one person. With a team, people can take turns with tasks such as:

- ☐ washing your hair or giving you a back rub
- ☐ going food shopping or cooking a meal for you
- ☐ driving you to the doctor's office
- ☐ doing errands like going to the bank or post office
- ☐ cleaning the kitchen or mowing your lawn
- ☐ picking up your children after school

Keep Your Caregivers Informed

Make sure your caregivers know about your treatment and care. Ask your doctor or nurse to talk with the person who helps you the most. Suggest they talk about your cancer and its treatment and also what to do in case of an emergency.

You can help by:

- ☐ Making a list of important phone numbers. This list should have the phone numbers of your doctor, nurse, pharmacist, family members, neighbors, friends, and spiritual leaders. Keep copies of this list next to each phone in your house.
- ☐ Letting your caregivers know about the drugs you take. Make an up-to-date list of all your drugs. Include the name of each drug, as well as how much of this drug you take and how often you need to take it.
- ☐ Letting your caregivers know about possible side effects to medications and any drug allergies.
- ☐ Letting your caregivers know about important paperwork. Let your caregivers know where you keep a copy of your insurance policies, social security papers, living will or advance directive, and power of attorney form. (For more information about advance directives, living wills, and power of attorney see Chapter 7 "Living Each Day" on page 63 of "Take Time" NCI – NIM Publication NO 05-2059.)

Find Help Where You Live

Many towns have community volunteers. These people offer help to others near where they live or work. Here are some ways to find volunteers:

- ☐ Ask at your hospital, library, or place of worship.
- ☐ Look in your local newspaper
- ☐ Call your state or local health department.
- ☐ Contact the Cancer Information Service (see “Resources for Learning More” on page 65 of “Taking Time” NCI – NIM Publication NO 05-2059)

Some towns also have services such as respite care, home care, and hospice.

Respite Care programs arrange for someone else to stay with you while your caregivers take time off. To learn more about respite care, call your local hospital, home care agency, or hospice program. For ways to find out more, see “Resources for Learning More” on page 65 in the “Taking Time” booklet.

Home Care programs arrange for you to receive skilled nursing care or help with personal tasks such as bathing or dressing in your own home. Your doctor needs to order these services. Talk with your doctor or nurse if you want to learn more.

Hospice can be a great source of comfort and support to patients, family members and caretakers. It can help with medical care and be a way for people who are dying and their families to talk about their feelings. In some towns, hospice can also help with respite care. Let your doctor know if you want to learn more about a hospice near you.

When you have no choice, mobilize the spirit of courage.

~Jewish Proverb

Take Care of Your Caregivers

Cancer and its treatment are hard on everyone, even the people who take care of you. Encourage your caregivers to take time off so they can do errands, enjoy hobbies, or simply have a rest.

Your caregivers might want to join a support group and meet others who are also caring for people with cancer. To find a group nearby, contact your local hospital, cancer center or social worker.

Watch for signs of depression in your caregivers. If you think that one of them is depressed, talk to him or her about it. Urge your caregiver to seek professional help. Let him or her know that other people can help you while they are taking care of themselves.

Show That You Care

Try to keep your sense of humor. If you like to joke with your friends and family, don't stop now. It's okay to laugh at things that make you upset. For many people, humor is a way to gain a sense of control. A woman who just had cancer surgery said, “I had a lot of tubes and such hooked up to me after my surgery, and I could tell it made some of my visitors uncomfortable. When I noticed them staring at all the high-tech stuff, I'd make a joke about being the ‘Bionic Woman.’ They'd laugh at that and relax, and then we'd be able to talk.”

One kind word can warm three winter months.

~Japanese Proverb

And remember to say “thank you.” Let your caregivers know that you value their help, support, and love.

Summing Up: People Helping People

People who have cancer often find that their needs change because of their cancer. The tasks of daily life become harder to manage. Feelings can be intense. And spiritual questions loom larger than ever before.

Even though their needs are greater, people with cancer may find it hard to ask for help. Many people do not know where to look for the help they need.

People you can turn to for help include:

- ☐ **Family and friends.** Most people are happy to find out that something they have to offer – a meal, a ride to the doctor, a phone call – is helpful to you. They may want to offer you help but do not know what you need or want.
- ☐ **Others who also have cancer.** People who have been through cancer often share a special bond with one another. Sharing what you have been through with others and hearing how they have coped can be a source of strength for you.
- ☐ **Support groups.** There are many types of groups. Think about what you would like in a group and talk to your health care provider or contact a social worker to help you find that type of group.
- ☐ **Spiritual help.** Spiritual help can come from your church, synagogue, or other religious center. Or you may find that reading, talking with others, and meditating or praying provide you with a sense of peace and strength.
- ☐ **Health care providers both in the community and in the hospital.** A whole range of specially trained people are available to help you meet all your needs.
- ☐ **Caregivers, who provide your day-to-day care.** As they care for you, remind them that they need to care for their own needs as well.

Caregiver Support – Cancer: When You’re a Caregiver

A caregiver is someone who gives basic care to a person who has a medical condition, such as cancer, that prevents his or her from independently doing activities of daily living. The caregiver helps the person with tasks such as preparing and eating food, taking medications, bathing and dressing.

As a caregiver, what can I do to make caregiving easier on me?

Being a caregiver takes a lot out of you – physically and emotionally. It’s important to your health not to ignore your own needs while you care for someone else. The following are some things you can do to make sure you stay as healthy as possible during your loved one’s illness:

Make wellness a priority – You may feel like you have to “do it all,” regardless of the toll it takes on you. However, one of the most important things you can do for your loved one is to take care of yourself by doing the following:

- Visit your doctor for regular check-ups.
- Eat a balanced diet. This may be easier than you think because you may be sharing meals with your loved one, who will need to eat well.
- Get plenty of rest. If you’re short on sleep, take naps when your loved one does.

- Get some exercise. Thirty to 60 minutes of exercise 4 to 6 times a week can give you more energy, reduce stress and lift your mood.
- Do relaxation exercises such as deep breathing or meditating, to reduce stress.
- Take a break from caregiving. If you take some time for yourself, you'll be better able to take care of your loved one.

Stay organized – Caregiving is often a full-time job, but it may be done on top of your other responsibilities, such as working or taking care of children. Make a schedule with your family. This will help all of you stay organized and will help you manage the demands of your time. Don't forget to schedule time for things you enjoy, such as seeing friends, playing cards or going to the movies.

Create a support team – Plan for times when you will need help by making a list of people who are willing to help. Family members, friends and respite care workers can give you a break or help out when you can't be there. On your list, include your phone numbers, the times they are available and the tasks they feel most comfortable doing. Keep a copy of the list with you at all times in case you're away from home when you need to ask someone to help.

Set boundaries – Accept that there is a limit to what you can do as a caregiver. Recognize when you feel overwhelmed and ask for help caring for your loved ones.

Is it normal to have so many different feelings about being a caregiver?

Caring for a loved one who is seriously ill is never easy. At times you may feel scared, angry, sad or lonely. You may also feel guilty. All of these feelings are normal, but you must learn to tell them apart from the signs of depression and stress-overload. These signs are listed in the box below. Call your doctor if you notice any of these signs. He or she can help.

Signs of stress overload

- Excessive anger toward the person you care for, your family or yourself
- Social withdrawal
- Anxiety
- Extreme tiredness
- Sleep problems (sleeping too much or not enough)
- Irritability
- Health problems (catching every "bug" that goes around)

Signs of depression

- No interest or pleasure in things you enjoy
- Feeling sad or numb
- Crying easily for no reason
- Feeling slowed down or feeling restless or irritable
- Feeling worthless or guilty
- Change in appetite; unintended change in weight
- Trouble recalling things, concentrating or making decisions
- Headaches, backaches or digestive problems
- Sleep problems (sleeping too much or not enough)
- Thoughts about death or suicide

How can I cope with my emotions?

Talk to your loved ones and your family – You may feel like you shouldn't burden people with your feelings because you're not the one who is sick. However, talking about the illness and how you feel can help relieve stress. If your loved one is unable to participate, be sure to talk about how you are feeling with other family members or friends who can provide support.

Educate yourself about cancer – Find out all you can about the kind of cancer your loved one has, the treatment he or she is going through and its side effects. Being informed is a good way to regain a sense of control. Your loved one's doctor, support groups, the Internet and libraries are good resources for more information.

Join a support group – Support groups give you the opportunity to share your feelings and experiences with people who are going through similar situations. Your doctor can suggest ways to find a support group or you can contact the American Cancer Society (<http://www.cancer.org>) or the National Cancer Institute (<http://www.nci.nih.gov/cancerinfo/support/>). Also, the Falck Cancer Center offers a variety of support groups. Speak with our medical social worker if you are interested in becoming involved in these groups.

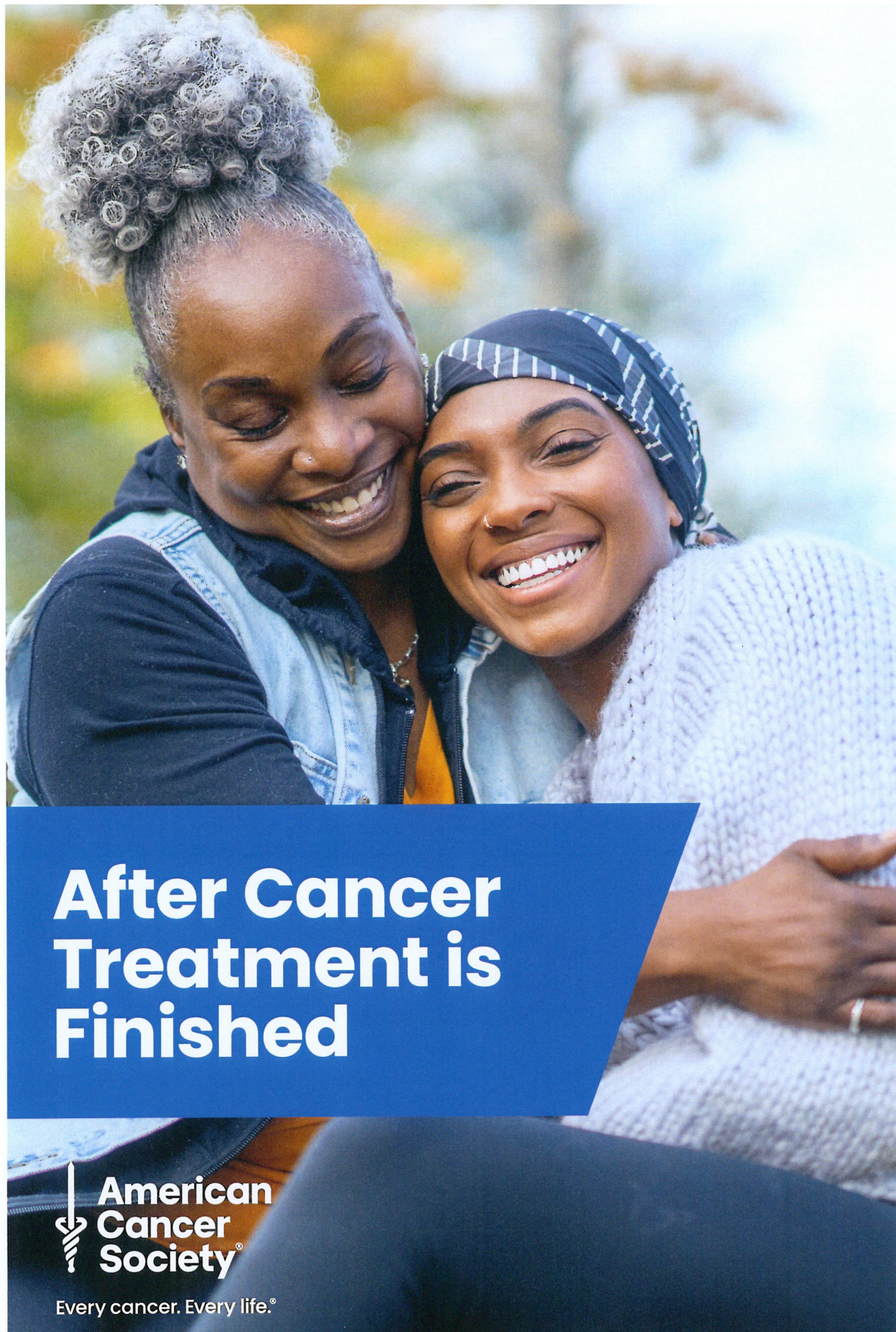
Seek counseling – Sometimes it is helpful to talk with a counselor about how you're feeling. This is not a sign of weakness. Recognizing that you need help takes a lot of strength and courage. Talk to your doctor. He or she can help you or refer you to a doctor or therapist who specializes in counseling.

Dealing with Loss - What Helps

1. Recognize that few will understand your grief. Treasure those who can grieve with you, rather than attempt to take away your pain.
2. Allow yourself time to grieve.
3. Even though it may not make sense to you right now, take care of yourself, eat right, exercise and rest regularly.
4. Find someone or some group who will provide ongoing support as you move through your grief.
5. Recognize that strong reactions are normal.
6. Accept your expressions of grief – crying, screaming, sobbing, excessive talking, silence and other behaviors – as a normal part of the grieving process.
7. Reach out for professional help if you feel the need. It is an act of courage and good sense to seek help when necessary.
8. Recognize that with time you will hurt less.
9. Draw on your resources, your family, friends, church and others.
10. Take comfort from knowing that a part of your loved one will survive within you, to be held close forever.

"And can it be that in a world so full and busy, the loss of one weak creature makes a void in any heart, so wide and deep that nothing but the width and depth of vast eternity can fill it up!"

--Charles Dickens



After Cancer Treatment is Finished



Every cancer. Every life.®

Finishing cancer treatment or moving to maintenance therapy can be both stressful and exciting. You might have questions about how to manage your health care, stay healthy, and adjust to changes in your routines.

Some people with cancer finish their recommended treatment and don't need more treatment.

But people with some types of cancer may need ongoing or maintenance therapy for long periods of time to help control the cancer after the first recommended treatment is done.

This booklet is for people nearing the end of cancer treatment when no maintenance therapy is planned. It provides information about how to adjust to life and manage your health after cancer treatment is completed.

Your treatment summary and survivorship care plan

You most likely have been working with a team of doctors and nurses during your treatment called your cancer care team. As you get close to the end of treatment, you will likely have fewer visits with them. Some people like making fewer trips to visit their cancer care team. Others may find they miss regularly seeing their cancer care team and having their questions answered.

To help with this transition, ask your cancer care team to give you a summary of the treatments you received (treatment summary or cancer treatment plan). This summary will help as you talk about your cancer and treatments with your primary care team, other specialists, or health care professionals you may see in the future.

Working with your cancer care team, you can develop a survivorship care plan. A survivorship care plan might include information like how often you should have checkups, the type of follow-up tests you will need, symptoms to watch out for, possible late and long-term effects of the cancer treatments you got, or suggestions for living healthy after treatment.

Visit the American Cancer Society website at **cancer.org/content/cancer/en/survivorshipcareplans** for more information and examples of survivorship care plans for different cancers.

Your treatment summary or cancer treatment plan:

- Describes your cancer diagnosis
- Describes treatments you got or are still getting
- Lists side effects that you had or might still have
- Helps you talk with health care professionals who were not part of your cancer care team

Your survivorship care plan:

- Should include a treatment summary or cancer treatment plan
- Lists the follow-up appointments and tests you will need and when you should have them
- Provides names and contact information for your cancer care team
- Includes symptoms you should watch for and who to contact if they develop
- Lists side effects of your treatment you may still be having, as well as late effects to watch for
- Describes things you can do to help you stay healthy

Possible side effects of cancer treatment

Even after cancer treatment ends, you may have some physical or emotional side effects. The kind of side effects that you have and how long they last will depend on the treatment you received.

Late side effects are ones that start after treatment ends. Long-term (or chronic) side effects are ones that start during treatment and continue even after treatment is over. Some types of late and long-term side effects might include:

- Fatigue
- Pain
- Lymphedema (swelling that occurs after lymph nodes are removed or damaged)
- Memory loss or trouble concentrating
- Changes in sexual function or fertility
- Numbness and tingling in hands and feet
- Bone and joint problems or muscle weakness
- Bowel and bladder changes
- Skin changes
- Heart or lung problems
- Anemia

- Increased risk of infection
- Anxiety or depression
- Second cancers

Talk to your cancer care team about what side effects that you might still have after treatment and what can be done to manage them.

Emotional and social issues

Having cancer can be stressful and the stress doesn't always go away when treatment ends. In fact, some people might be more stressed after treatment. You may be concerned about:

- Going back to work after a long time away
- Having enough money or being able to make money
- Connecting with friends and family again
- Finding a new “normal” and returning to day-to-day life
- Feeling unsure about the future
- The cancer coming back

Having support from friends and families or being in a support group with other people who have finished cancer treatment can help you cope.

You might also find it helpful to talk to a health care professional such as a social worker, counselor, or psychologist about any concerns you might have. Your cancer care or primary care team might also be able to refer you to any support groups or resources that might be available in your area.

Managing your health after treatment

After finishing treatment, there are things you can do to help lower the risk of the cancer returning, of having a new cancer, or developing other serious diseases. These steps can also help improve your health. You will want to check with your cancer care team to see if you have any food, diet, or physical restrictions before making changes to your diet or participating in exercise.

- Stay away from all types of tobacco and tobacco smoke, including secondhand smoke.
- It is best not to drink alcohol. If you do drink, men should have no more than 2 drinks each day and women no more than 1 drink each day.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity. Limit the time you spend sitting or lying down and return to normal daily activities as soon as possible. Start slowly and build up the amount of physical activity over time. Try for at least 150-300 minutes of moderate (or 75-150 minutes of vigorous intensity) activity each week. Include strength training exercises at least 2 days per week.

- Follow a healthy eating pattern. Try to eat a variety of colorful fruits and vegetables and plenty of high-fiber foods, like whole grain breads and cereals. Avoid or limit red (beef, pork, or lamb) and processed meats, highly processed foods, and sugary foods and beverages.
- Protect your skin and eyes from ultraviolet (UV) light from the sun. Use sunscreen with at least SPF 30. Stay away from sunlamps and tanning beds.
- See your doctor and dentist for regular checkups.
- Get recommended cancer screenings.

Questions to ask your cancer care team

Here are some questions you can ask your cancer care team about your follow-up care:

- How often should I return for a follow-up visit?
- What tests will I need when I come for my follow-up visits?
How long will I need to continue getting tested?
- Who will be coordinating my follow-up care? If someone other than my cancer care team - do they have experience with people who have finished cancer treatment?
- For what reasons should I contact my cancer care team? For what reasons should I contact my primary care team?

- How soon can I return to my usual activities like work, school, exercise, or other hobbies?
- What long-term side effects or late effects are possible based on the cancer treatment I received? What can be done about them?
- Do I need to take any special medications or follow a special diet?
- Do I need to be referred to a specialist?
- What is the risk of the cancer returning? What are the signs and symptoms I should watch for?
- What should I do if I notice one of these symptoms?
- What can I do to help lower my risk of the cancer coming back or developing another cancer?
- What other cancer screenings do I need?
- How can I get a treatment summary and survivorship care plan to keep in my personal records?
- Are there any support services or resources available to me? To my family?



For more information and answers, visit the American Cancer Society website at **cancer.org** or call us at **1-800-227-2345**. We're here when you need us.

Finding Your New Normal



Helping patients through the transition from active treatment to surveillance and into your new life of “New Normal” requires thought and proper action. The items below may assist you now that your therapy is completed.

Treat your recovery as an active phase of healing. After your last dose of radiation or chemotherapy, your cancer treatments continue working for weeks or longer. Your body continues repairing any normal tissues that might have been injured or irradiated along the way - an unavoidable side effect of optimal treatments.

Take steps to assist your healing during recovery. 1. Pace yourself. 2. Eat healthful foods. 3. Take all medications as prescribed. 4. Get regular exercise. 5. Get enough good quality sleep. Let the Falck Cancer Center team know if you have difficulty with any of these measures.

Prepare yourself for the possibility of a few setbacks. Don't lose heart if you hit a few speed bumps along the road to recovery.

Make sure you know when to call us. Your visits will be less frequent now but follow-up visits are planned. If in doubt, call us. Better safe than sorry!

Keep in mind that transitions are trying. Even long awaited and hard-earned successes such as your remission can lead to stressful transitions. Be kind to yourself and those around you, especially if things aren't going as smoothly as you want. We encourage you to take advantage of resources to guide and support you (and your loved ones) during this transition such as our social worker and all staff members at the Falck Cancer Center.

Expect strong emotions. Don't be surprised if you don't feel completely happy and carefree after completing treatments. Transitions are trying (See tip #5). Recovery is often the time when people react to changes and losses that occurred weeks or even months ago. Certain fears make their first appearance after completing treatments.

Learn how to calm the fear of recurrence. Fear that your cancer may return is common, normal and justified. Nobody wants to face cancer again. The good news is that you do not have to live the rest of your life with the burden of untamed fear of recurrence. We can connect you to resources that teach you healthy ways of calming this fear, so it does not distract you from enjoying your life.

Work toward making your “New Normal” the best it can be. After cancer, the vast majority of patients cannot slip back into their old life as if they never had cancer - not physically, mentally or emotionally. So our goal is to help you create a “New Normal” that includes the changes brought on by your cancer experience.

Again, congratulations on graduating from active treatment. We know there is work yet to be done. But we all have good reason to celebrate this joyous milestone in your life. Cheers!

*Reprinted with permission from Oncology Times, May 10, 2010. By author Dr. Wendy S. Harpham, M.D.
www.wendyharpham.com Cancer Program of Care 9/2010*

600 Roe Avenue
Elmira, New York 14901
607-737-8100

ArnotHealth

A Member of  **Centralus Health**

Falck Cancer Center

Support Groups

A cancer diagnosis can be profoundly isolating. Whether you are a patient or a caregiver, you may find yourself constantly reacting to new information, adjusting to changing circumstances, and managing the complex responsibilities of securing, coordinating, and financing care. These demands can feel overwhelming, making it difficult to feel hopeful or confident in your ability to cope or make informed decisions. It is common to feel small, powerless, and very much alone.

A support group can play a meaningful role in easing that burden. It offers an opportunity to connect with others who genuinely understand the emotional and practical challenges of living with cancer. While friends and family may struggle with discomfort, fear, or uncertainty about how to help, members of a support group can relate more directly and provide a space for open, honest processing.

Beyond reducing feelings of isolation, support groups often serve as valuable sources of information. Participants frequently share resources, coping strategies, and practical insights. Discussions may include how to locate reliable medical information, communicate effectively with healthcare providers, and navigate the challenges of treatment. The overall experience of a support group depends greatly on the dynamics of its members and the quality of its facilitation. Many groups are led by licensed social workers or healthcare professionals who guide conversations and help members address the emotional and logistical complexities of a cancer diagnosis.

Ultimately, if you are feeling alone, overwhelmed, or in need of both information and emotional support, a support group may offer a meaningful way to connect with others and strengthen your ability to cope with your situation.

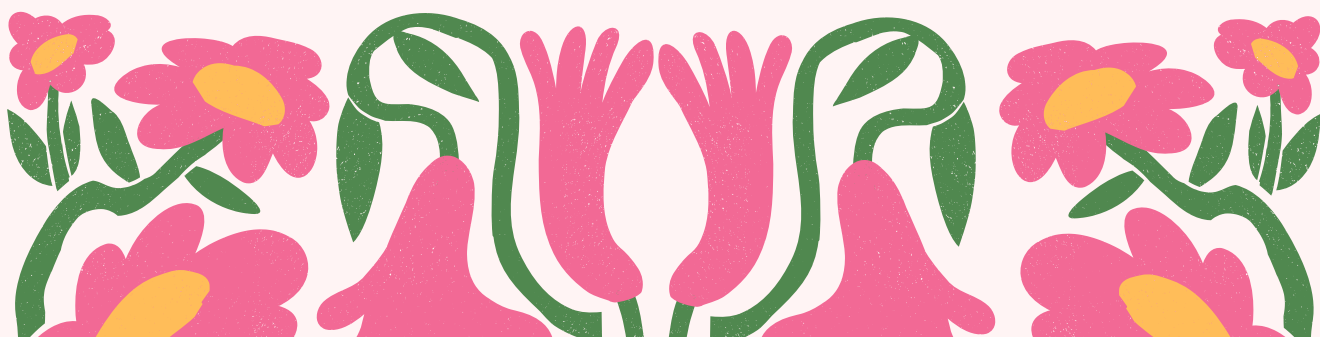


JOIN OUR

BREAST CANCER SUPPORT GROUP

SECOND TUESDAY OF EACH MONTH
Falck Cancer Center
5pm

Reach out to Courtney at courtney.irwin@arnothealth.org or at
(607)737-8138 with any questions





Our Funding

We are a locally-based non-profit organization serving individuals in and around Tompkins County.

We depend on the support of our community through individual and corporate donations and through events such as our Walkathon & 5K Run (held every October).

Statement of Inclusion

The Cancer Resource Center seeks to serve all people living with and affected by cancer. Our goal is to create an inclusive, welcoming community in which the perspectives and needs of all those we serve are heard and respected.

We are proud that all donations to the Cancer Resource Center remain here in our community.



612 W State St, Ithaca, NY 14850

Phone: 607.277.0960

info@crcfl.net

www.crcfl.net



We won't tell you what to do because every situation is different. Instead, we promise to listen, answer your questions, and guide you to the resources that are most likely to be useful.



No one should face cancer alone



Information and support

People come to the Cancer Resource Center of the Finger Lakes for many reasons:

- When they are first diagnosed
- Because they are concerned about a loved one or friend with cancer
- When they finish treatment and are wondering, "Now what?"

We recognize that every person and every cancer is different.

We begin by listening. Our warm and caring staff will answer questions, suggest resources, and share what

we've learned from others who have come through our door.

We can meet you at our office, at Cayuga Medical Center, or even visit you at home.

We know that you're coming to us at a stressful time in your life.

Groups

Our groups focus on building community. No one should face cancer alone.

Groups include:

- Friday noon group for women
- Young adult group
- Pat's Group: Living with cancer as a chronic disease
- Men's Breakfast Club
- Colorectal group
- Caregiver Group
- Living Well with Cancer Workshops (monthly educational programs)

Newcomers are always welcome.

New groups are sometimes formed. Please call our office at 607-277-0960 to get the most up-to-date group information.



Wellness Activities

We routinely offer classes and programs for people affected by cancer, including one-day retreats and ongoing classes in yoga and water exercise.

Going through cancer is a process. Know that we are here for you today, and next month, and next year.

Subscribing to our monthly E-news is the best way to stay up-to-date with the latest offerings. Please visit www.crcfl.net to sign up.

Boutique

We have new and gently used wigs, hats, scarves, post-mastectomy supplies such as prostheses and bras, and other supplies – all available for free!



Cancer Resource Center Groups, Classes, & Events

In-Person Support Groups

Men's Breakfast Group

Meets Fridays from 8-9 a.m. in person at the Falls Cafe in Kendal at Ithaca
2230 N Triphammer Rd, Ithaca, NY.

A relaxed and supportive group for men with any type and at any stage of cancer.

Facilitated by Bob Riter

Colorectal Group

Meets every 1st Tuesday from 5:30-7:30 p.m. at the 2nd Floor Conference Room at Cayuga Park
401 Cayuga Park Lane Ithaca, NY

Discussion and sharing group for anyone who has had a colorectal cancer diagnosis.

Facilitated by Bert Scholl

Caregivers Group

Meets every 2nd Tuesday from 5:30-7:00 p.m. at the 2nd Floor Conference Room at Cayuga Park
401 Cayuga Park Lane Ithaca, NY

For family members, loved ones, and anyone caring for someone with cancer.

Facilitated by Bert Scholl

Prostate Group

Meets every 2nd Thursday from 5:30-7 p.m. at the 2nd Floor Conference Room at Cayuga Park
401 Cayuga Park Lane Ithaca, NY

Discussion and sharing group for anyone who has had prostate cancer.

Facilitated by Bert Scholl

Women's Group

Meets Wednesdays from 1- 2:30 p.m.

Meetings will be at the YMCA Community Room

50 Graham Rd W, Ithaca, 2nd floor.

Discussion and sharing group for women who have ever had a cancer diagnosis.

Facilitated by Cynthia Davis

Multiple Myeloma Group

Meets 3rd Tuesday of each month from

1- 2:30 p.m. Meetings will be at the YMCA Community Room, 50 Graham Rd W, Ithaca, 2nd floor.

Zoom Peer Support Groups

Bladder Group

Meets every 3rd Thursday from 5:30-7 p.m.

Discussion and resource peer group for anyone who has had bladder cancer.

Facilitated by Bert Scholl

Open Group

Meets Fridays from 1-2:30 p.m.

Non-discriminating peer group for anyone who has ever had any type of cancer.

Facilitated by Bert Scholl

Gentle Yoga

Meets Tuesdays from 10-11 a.m. on Zoom

Restorative yoga with chair & bed-based options, open to anyone affected by cancer.

Facilitated by Nick Boyar

To join Zoom meetings, visit: crcfl.net/calendar and click on the specific day and meeting.

For more details, contact us at: info@crcfl.net

Support Groups and Education

American Cancer Society – www.cancer.org

Cancer network connection survivors/caregivers

Cancer Care – www.cancercare.org

Online and live support groups for cancer patients and caregivers.

Cancer Hope Network – www.cancerhopenetwork.org

Provides one-on-one support to people undergoing treatment for cancer and to their families through training individuals who have recovered from cancer and matching them with cancer patients currently undergoing a similar experience.

Cancer Support Community / Gilda's Club – www.csrochester.org

In person and virtual support group community for cancer patients, survivors, and caregivers. Run by qualified health professionals.

Cancer Survivors Network – www.csn.cancer.org

Peer support community for cancer patients, survivors, caregivers, family and friends

Fingerlakes Cancer Center – www.crcfl.net

Online and in person support groups are available. Groups are helpful for information, support and a sense of community. Calendar available on the website. Peer to peer program connects patients and caregivers with mentors who provide a perspective of “someone who’s been there”.

Hope for Two – www.hopefortwo.org

The Pregnant with Cancer Network: Offers free support for women diagnosed with cancer. Connects women who are currently pregnant with cancer with other women who have experienced a similar cancer diagnosis.

Imerman Angels – www.imermanangels.org

Provides comfort and understanding for all cancer fighters, survivors, pre-survivors and caregivers through a personalized, one-on-one.

Leukemia & Lymphoma Society – www.lls.org

Blood cancer support community whose focus is supporting those diagnosed financially, emotionally and with education. Podcasts, webcasts, grants, nutritional support and guidance are some of the areas of support.

MD Anderson My Cancer Connection – www.mdanderson.org

A cancer support community that offers free, one-on-one support. Open to patients, caregivers and survivors regardless of where they receive treatment.

Prostate Cancer Foundation – www.pcf.org

Managing the stressors associated with a prostate cancer diagnosis, support groups, financial resources, treatment options, education.

Sloane-Kettering Cancer Center – www.mskcc.com

Provide support groups, diagnosis and treatment information/education, caregiver supports.

Susan G. Komen Breast Cancer Foundation – www.breastcancerinfo.com

A trusted, go-to source for timely, accurate breast health and breast cancer information, services and resources. Support groups for patients and caregivers in addition to financial support.

Stupid Cancer – www.stupidcancer.org

Helps empower everyone affected by adolescent and young adult cancer (ages 18-39 years of any diagnosis) by ending isolation and building community. Stupid cancer offers a lifeline to the adolescent and young adult cancer community by providing age-appropriate resources to help navigate treatment and survivorship on your own terms.

This is not an all-inclusive list of support groups and resources. One of the greatest advantages of the internet is the ability to access a wide range of information that can support your decision-making, connect you with peer communities, and help you locate financial assistance. We encourage you to explore these and other reputable resources.

At the same time, it is essential to discuss treatment options and any questions you may have with your oncologist. Every diagnosis is unique and requires individualized attention and care.

Integrative Therapies

Integrative therapies are supportive approaches used alongside conventional cancer treatment. These therapies are supportive approaches used alongside conventional cancer treatment. These therapies may help reduce stress, manage symptoms, improve comfort, and enhance overall quality of life. When used safely and in coordination with medical care, integrative therapies can support the physical, emotional and spiritual well being of those living with cancer.

Common Integrative Therapies

- Massage therapy – may help reduce pain, tension, and anxiety.
- Acupuncture or acupressure – often used for managing nausea, pain and fatigue
- Mindfulness and meditation – supports stress reduction and emotional well being.
- Yoga or gentle movement – improves flexibility, balance and relaxation
- Breathing and relaxation techniques – helps manage stress and treatment related anxiety
- Guided imagery – encourages calmness and coping during treatment
- Reiki or energy-based therapies – promotes relaxation and a sense of balance
- Aromatherapy – may ease stress, nausea or sleep difficulties

Mind-body and Emotional Support

- Counseling and supportive talk therapy
- Support groups
- Spiritual care or chaplain services

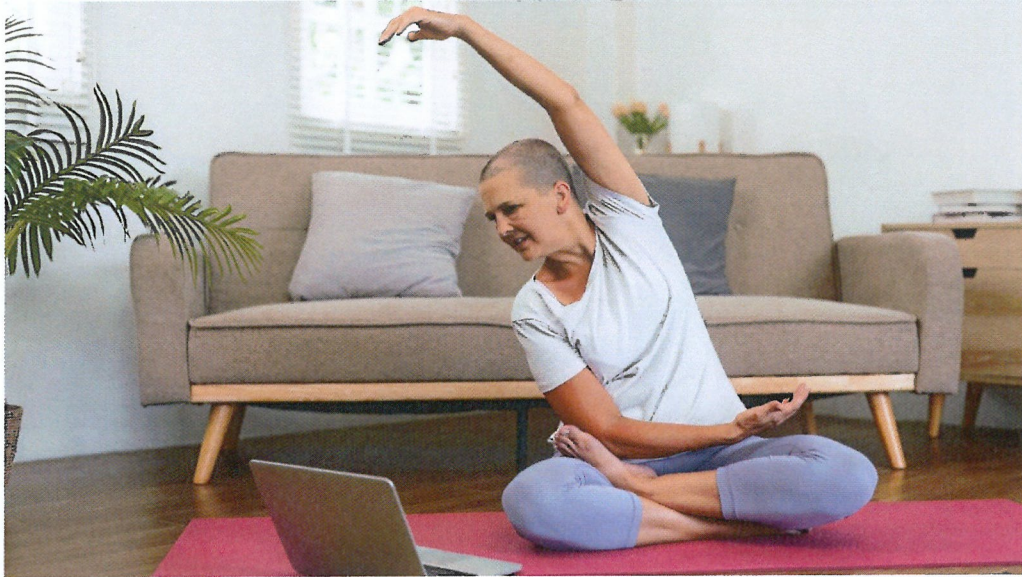
Lifestyle-Focused Approaches

- Nutrition counseling (in coordination with medical care)
- Sleep support strategies
- Stress-management education

Talk to your healthcare team for more information on these therapies if you are interested.

NOTE: Integrative therapies are used alongside conventional cancer treatment and should always be discussed with our healthcare team to ensure safety and coordination of care.

Reclaim Your Strength with CancerFit



Getting stronger after cancer is just a few clicks away.

Online fitness video library for cancer survivors

CancerFit training videos are led by personal trainers certified in exercise oncology, designed to help cancer survivors rebuild strength, energy, and confidence after cancer treatment.

CancerFit On Demand: A library of exercise videos available to watch 24/7 on YouTube.

Why Choose CancerFit?

Expert-Led Sessions: Our certified CancerFit trainers specialize in exercise oncology, focusing on enhancing cardiorespiratory fitness, muscular strength, endurance and flexibility – all while understanding the unique challenges that come with cancer recovery.

Improved Outcomes: Exercise is associated with better cancer outcomes as well as improved quality of life during all phases of the cancer journey.

Accessible Anywhere: Watch recorded trainings from your home, eliminating the need for travel or gym memberships.

Community Support: Connect with fellow survivors who understand your journey, fostering a sense of camaraderie and mutual encouragement.

Website: <https://cancer.fit/>

Heart to Heart Yoga & Healing

315 West Water Street
Elmira, New York

Class Schedule In-Person and Zoom

Note: Classes subject to change on Holidays or from time to time.

Please check our Mindbody app via clicking "Schedule & Pricing".

Note: Zoom links can be found on our FB page. Please register first via our Heart to Heart Yoga & Healing Mindbody app.

Monday

9 a.m. Gentle Yoga w/Amani
5 p.m. All Levels Yoga w/Doris

Tuesday

9 a.m. Yoga Fusion w/Doris
4 p.m. Barre Happy Hour w/Amani

Wednesday

9 a.m. Gentle Yoga w/Amani
10:30 a.m. Tai Chi w/Mary Gill Scott
5 p.m. Moderate Yoga w/Susan Pirozzolo

Thursday

9 a.m. Gentle Yoga Fusion w/Doris
10:30 a.m. Medical Qigong w/Terry Centrone
4 p.m. Core Focused Yoga w/Amani

Friday

9 a.m. Gentle Yoga w/Amani

Saturday

10 a.m. Stretch & Restore Yoga w/Doris

Questions? Contact doris@yogahearttoheart.com

Phone: 607-742-9682



360 PRONOIA

Yoga Class Schedule

SUNDAY

Candlelight Flow w. Erica 7:00PM – 8:00PM

MONDAY

Chair Yoga Challenge w. Phyllis 10:30AM – 11:30AM

Yoga Qigong Fusion w. Sara 5:30PM – 6:30PM

TUESDAY

Slow Flow w. Erica 5:30PM – 6:30PM

WEDNESDAY

Chair Yoga Challenge w. Phyllis 10:30AM – 11:30AM

THURSDAY

Yoga for Every Body w. Susan 9AM–10AM

Slow Flow w. Erica 5:30PM – 6:30PM

FRIDAY

Chair Yoga Challenge w. Phyllis – 10:30AM – 11:30AM

360 FREE YOGA SERIES

Once a month – date/time varies

Pricing & How to Pay:

- Chair Yoga – \$8
- Slow Flow & Candlelight – \$10
- Yoga for Every Body – \$10

Ask your instructor about 10 class passes! Weekly schedule posted ever Saturday to Facebook and Instagram!

We value and support entrepreneurship, for that reason the individual teachers of these classes will be collecting payment personally at the door. (Cash, Check & Venmo Accepted) Thank you for supporting the vision!

Chair Yoga Challenge – Blends traditional yoga poses while both sitting and standing along side a chair. The one hour class is designed for all fitness levels and encourages muscle strength, flexibility, balance, mobility, range of motion, bone and joint strengthening. Connecting yoga breath with each position improves health by reducing stress, lowering blood pressure and heart rate while relaxing the nervous system.

Slow Flow & Candlelight – Links breath, movement and traditional yoga poses together at a pace that is relaxed yet therapeutic. Pose modifications and assistance as well as pose challenges are offered during practice so that you can alter the intensity according to your comfort level. This class is beginner friendly, a general knowledge of yoga can be helpful but is not necessary as body specific cues are provided throughout the entire practice. The flow, music and theme change from class to class, but we will always practice a full body warming stretch, a gentle cool down and end in sweet Shavasana. Benefits include improved range of motion, flexibility, strength, and more.

Yoga for Every Body – A welcoming and inclusive yoga class designed for all body types, ages, abilities, and experience levels. We focus on gentle, accessible movement, breath awareness, and mindful stretching. The goal for this class is to connect with your body in a way that feels good for you.

Yoga Qigong Fusion – A class focused on building a deeper connection to your body, and your breath, while clearing away the mental chatter. It blends the structure of yoga with the fun free flowing nature of the ancient movement practice of Qigong to create a safe space to move, feel and openly experience meditation in movement. This allows the space to flow through life's ups and downs while moving through a fun flow of yoga and qigong movement to open, move, and generate Qi, life force energy in the body.

Who We Are.

360 Pronoia Inc. is a not for profit organization created to build and support cultural growth in the Upstate NY region (& beyond). We help create awareness, community events, skill-sharing, networking, and personal growth.

*With love & gratitude,
The 360 Team*



Upcoming
Events!

360 E. 14TH STREET, ELMIRA HEIGHTS, NY 14903 | 607.333.4764
WWW.360PRONOIA.COM | [f @360AURORA](#) [@_360AURORA](#)

7 HEALTH BENEFITS OF ACUPUNCTURE

1

REDUCES STRESS AND ANXIETY

According to several studies, acupuncture can help the body produce less cortisol and other stress hormones.

2

REDUCES CHRONIC PAIN

Acupuncture works as a natural analgesic for chronic pain because it increases the production of endorphins.

3

ENHANCING IMMUNITY

Acupuncture induces the release of cytokines, a protein that controls the operation of the immune system.

4

REDUCES DIGESTIVE PROBLEMS

Acupuncture helps to improve digestion by balancing the nervous system.

3

IMPROVES SLEEP QUALITY

As acupuncture has been shown to lessen stress and anxiety, this will help you sleep better.

5

REDUCES SYMPTOMS OF MENOPAUSE

According to research, acupuncture can lessen hot flashes, mood fluctuations, and sleep disturbances.

4

TREATMENT OF MIGRAINES AND HEADACHES

Acupuncture is a highly effective treatment for headaches and migraines.



Glossary

This glossary reviews or introduces some common terms related to cancer and cancer treatment that may help make your treatment and condition easier to understand

Acute – a symptom or issue that begins or worsens quickly

Adjuvant chemotherapy – anticancer drugs or hormones given after surgery and/or radiation to prevent cancer from coming back

Adverse event – an unexpected medical problem occurring during a medical treatment with a drug or therapy; these may vary from mild to moderate to severe. If you have an adverse event, call your doctor

Alopecia – hair loss

Anemia – having too few red blood cells. Symptoms include feeling tired, weak and short of breath.

Antiemetic – a medicine that prevents or controls nausea and vomiting

Axillary lymph node dissection – also called axillary dissection, this is a surgery to remove lymph nodes in the armpit area

Benign (non-malignant) – a growth that is not cancerous and does not spread to other parts of the body. It is usually related to a tumor

Biological therapy – treatment to stimulate or restore the ability of the immune system to fight infection and disease. Also called immunotherapy

Biomarker/molecular testing – a biomarker is a biological molecule found in the blood, other body fluids, or tissues that is a sign of a normal or abnormal process or of a condition or disease. Cancer biomarkers can help doctors identify the type of cancer a patient has, plan the right type of treatment for a patient or show how cancer is responding to treatment

Blood cell count – the number of red blood cells, white blood cells and platelets in a sample of blood. This is also called complete blood count (CBC)

Bone marrow – the inner, spongy tissue of bones where blood cells are made

Cancer – the medical term for when abnormal cells start to increase in number without control. Cancer cells may spread to other parts of the body

Catheter – a thin, flexible tube through which fluids enter or leave the body

Cell – in biology, the smallest unit of life that can live on its own. All living things and tissues are made up of cells including healthy tissue and cancerous tissue

Central venous catheter – a special thin, flexible tube placed in a large vein. It remains there for as long as it is needed to deliver and withdraw fluids

Chemotherapy – the use of drugs to treat cancer

Chromosomes – threadlike bodies found in the nucleus, or center part of a cell that carry DNA, the information of heredity

Clinical trials – studies that test new medical treatments. Clinical trials are conducted with volunteers and concentrated on one of the following aspects of cancer: prevention, treatment or improving the quality of life of patients with cancer

Combination therapy – the use of more than one drug to treat cancer

Diuretics – drugs that help the body get rid of excess water and salt

Gastrointestinal – the digestive tract, which includes the mouth, esophagus, stomach and intestines.

Gene – a piece of DNA responsible for carrying genetic information from the parent to child

Hormones – substances produced by the endocrine glands of the body. Hormones are released directly into the bloodstream and have a specific effect on the cells and organs in the body, stimulating or turning off their growth

Immune system – the system of the body consisting of cells, tissues, organs and the substances they make to help the body fight disease and infections. It includes white blood cells, organs and tissues of the lymphatic system.

Immunotherapy – treatment to stimulate or restore the ability of the immune system to fight infection and disease. Also called biological therapy

Infusion – slow and/or prolonged intravenous delivery of a drug or fluids

Injection (shot) – using a syringe or needle to push fluids or drugs into the body

Intra-arterial (IA) – into an artery

Intracavitary (IC) – into a cavity or space, specifically the abdomen, pelvis or the chest

Intralesional (IL) – into a cancerous area in the skin

Intramuscular (IM) – into a muscle

Intrathecal (IT) – into the spinal fluid

Intravenous (IV) – into the vein

Lumpectomy – a surgery to remove cancer and some surrounding tissue from the breast. Some lymph nodes in the armpit area may also be removed for biopsy. Also called a “breast-conserving surgery”, a “partial mastectomy” or a “segmental mastectomy”, this procedure does not remove the breast itself

Lymphedema – swelling because of extra lymph fluid building up in tissues

Lymph node – a small, bean-shaped part of the immune system that contains white blood cells. There are hundreds of lymph nodes connected through the lymphatic system to help fight disease and infection

Malignant – a cancerous growth that may spread to other parts of the body, describes a cancerous tumor

Mastectomy – a procedure to remove all or part of the breast. There are various kinds of mastectomy that vary in how much tissue and how many lymph nodes are removed

Metastatic – cancer that has spread from where it started to other parts of the body; this spread is called metastasis

Mucositis – see stomatitis

Neoadjuvant chemotherapy - chemotherapy that a person with cancer receives before their primary course of treatment. The aim is to shrink a cancerous tumor using drugs before moving onto other treatments, such as surgery. Neoadjuvant chemotherapy helps doctors target cancerous growths more easily at a later stage.

Neutropenia – a condition in which the number of neutrophils (a type of white blood cell) is lower than normal in the blood

Oncotype – Oncotype DX® is a tumor profiling test. It helps determine the benefit of using chemotherapy in addition to hormone therapy to treat some estrogen receptor-positive (ER-positive), HER2-negative early breast cancers

Palliative care – a form of care that is given to people who are affected by a serious illness. It can use a variety of ways to relieve symptoms and to help manage side effects and psychological problems to improve quality of life

Peripheral Neuropathy – a condition of the nervous system that usually begins in the hands and/or feet with symptoms of numbness, swelling, tingling, burning and/or weakness. Can be caused by cancer, cancer treatment and/or other physical conditions.

Per os (PO) – by mouth, orally ingested

Platelets – blood cells that help stop bleeding

Port (Mediport) – a small plastic or metal container surgically placed under the skin and attached to a central venous catheter inside the body. Blood and fluids can enter or leave the body through the port using a special needle.

Radiation therapy – cancer treatment with radiation (high energy rays)

Red blood cells – cells that supply oxygen to tissues throughout the body

Remission – partial or complete disappearance of signs and symptoms of cancer

SBRT (Stereotactic body radiation therapy) - a cancer treatment that delivers extremely precise, very intense doses of radiation to cancer cells while minimizing damage to healthy tissue. SBRT involves the use of sophisticated image guidance that pinpoints the exact three-dimensional location of a tumor so that the radiation can be more precisely delivered to cancer cells.

Sentinel lymph node biopsy – a surgeon identifies, removes and analyzes the sentinel nodes to check for cancer cells. The sentinel nodes are the first lymph nodes that cancer is likely to spread to from where it started

Side effect – a problem that happens when a treatment has an effect on healthy tissue and organs in the body. There are many kinds of side effects that may occur with cancer treatment. If you experience any side effects, be sure to tell your doctor right away

Stage – the extent of a cancer in the body. It is generally based on the size of the tumor, if lymph nodes contain cancer cells and if the cancer has spread from where it started to other areas of the body

Stomatitis – sores on the lining of the mouth

Subcutaneous (SQ or SC) – under the skin

Surgery – a procedure performed by a surgeon to treat or explore a condition in the body. Surgery to treat cancer usually removes the cancerous tissue from the area of the body that is affected

Symptom – a problem such as pain or nausea that a patient experiences which may be a sign of a disease or a condition

Targeted therapy – a type of cancer treatment that targets proteins that control how cancer cells grow, divide, and spread. It is the foundation of precision medicine. As researchers learn more about the DNA changes and proteins that drive cancer, they are better able to design treatments that target these proteins

Tumor (neoplasm) – an abnormal growth of tissue in the body. Tumors can be benign (not cancerous) or malignant (cancerous)

White Blood Cells (WBCs) – the blood cells that fight infection

MISCELLANEOUS NOTES

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MISCELLANEOUS NOTES

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