

# Patient and Family Caregiver Guide





## ***To Our Patients and Family Caregivers—***

When you learn from your doctor that you or a loved one has cancer, it may come as a shock. You may be feeling angry, sad, scared, depressed, and confused. You may be in disbelief and even be questioning the accuracy of the diagnosis.

Regardless of your feelings, it is important to know that those feelings are normal. There is no single, right, or expected way to react to a cancer diagnosis. And while the diagnosis of cancer may leave you and your loved ones with feelings of uncertainty, Ochsner Cancer Institute is committed to minimizing your anxiety. Our medical and support staff is concerned about your health and will do our best to provide excellent healthcare and as positive an experience as possible.

This Patient and Family Caregiver Guide helps patients and their family caregivers navigate through the Ochsner system. The guide contains information on cancer services, programs, and support at Ochsner. It includes explanations and answers to questions that you and your family may have. Use this as a place to keep all important information while undergoing medical treatment for cancer.

The needs of our patients and their families always come first. Please let us know if we can do anything to make your time at Ochsner better. Your thoughts and comments are always appreciated.

Sincerely,

Ochsner's Cancer Care Team





# Ochsner Cancer Institute Locations

Ochsner Cancer Institute (OCI) is the largest provider of multidisciplinary cancer care for adult and pediatric cancer patients in the Gulf South. With the Ochsner Cancer Network, there are more options for cancer treatment, closer to your home. Cancer patients receive care at The Gayle and Tom Benson Cancer Center and other specialized facilities located throughout our region.



## NEW ORLEANS EAST BANK

### The Gayle and Tom Benson Cancer Center

1514 Jefferson Highway, New Orleans, LA 70121

Bone Marrow Transplant	504-842-3910
Cardio-Oncology	504-842-3910
Gynecology Oncology	504-842-4165
Head & Neck Surgical Oncology	504-842-4080
Urologic Oncology	504-842-4083

### Ochsner Medical Center

1514 Jefferson Highway, New Orleans, LA 70121

Hematology/Oncology	504-842-3910
International Internal Medicine	504-842-4075
Radiation Oncology	504-842-3440

### Lieselotte Tansey Breast Center at Ochsner

1319 Jefferson Highway, New Orleans, LA 70121

Breast Oncology	504-842-6406
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### Ochsner Baptist - A Campus of Ochsner Medical Center

2700 Napoleon Avenue, New Orleans, LA 70115

Hematology/Oncology	504-899-9311
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### Ochsner Medical Center - Kenner

200 West Esplanade Avenue, Suite 200, Kenner, LA 70065

Neuroendocrine Tumor Program	504-464-8500
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## **NEW ORLEANS WEST BANK**

### **Ochsner Health Center - Algiers**

3401 Behrman Place, Algiers, LA 70114

Radiation Oncology

504-371-9323

### **Ochsner Health Center - Gretna**

441 Wall Boulevard, Gretna, LA 70056

Hematology/Oncology

504-371-6550

## **NORTH SHORE REGION**

### **Ochsner Health Center - Slidell**

105 Medical Center Drive, Suite 205, Slidell, LA 70461

Hematology/Oncology

985-639-3777

### **Ochsner Health Center - Covington**

1000 Ochsner Boulevard, Covington, LA 70433

Hematology/Oncology

985-875-2828

## **BATON ROUGE REGION**

### **Ochsner Health Center - Summa**

9001 Summa Avenue, Baton Rouge, LA 70809

Hematology/Oncology

225-761-5410

### **Ochsner Health Center - O'Neal**

16777 Medical Center Drive, Baton Rouge, LA 70816

Hematology/Oncology

225-754-3278

## **BAYOU REGION**

### **Ochsner St. Anne General Hospital**

4608 Highway 1, Raceland, LA 70394

Hematology/Oncology

985-537-6841

### **Leonard J. Chabert Medical Center**

1978 Industrial Boulevard, Houma, LA 70363

Hematology/Oncology

985-873-2175

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# Section 1: Treatment & Medications

*Don't deny the diagnosis; try to defy the verdict.  
~ Norman Cousins*





# A Message for Family Caregivers

Most people with cancer want to be cared for at home as much as possible. This care is often given by family caregivers. Family caregivers may be spouses, partners, children, relatives, or friends who help the patient with activities of daily living and health care needs at home.

If you will be taking on the responsibilities of a family caregiver, you will have the very important job of watching for changes in the medical condition while giving care. Some of the other caregiving duties that are expected include:

- helping with medicines
- going to doctor visits
- preparing meals
- organizing schedules
- handling health insurance matters

Caregiving also means giving emotional and spiritual support, such as helping the patient deal with feelings and making hard decisions.

Ochsner Cancer Institute can help family caregivers with their important role in improving the patient's health and quality of life. Please ask about the programs and services we have available.



# Your Care Team

Your Ochsner Cancer Care Team is a multi-disciplinary group of healthcare professionals dedicated to helping you through all phases of your treatment. You will meet different team members over the course of your care and treatment.

Write down the name and contact information of your cancer care team members.

**Physicians** \_\_\_\_\_

\_\_\_\_\_

**Transition Navigator** \_\_\_\_\_

\_\_\_\_\_

**Chemo Clinic Staff** \_\_\_\_\_

\_\_\_\_\_

**Radiation Therapy Clinic Staff** \_\_\_\_\_

\_\_\_\_\_

**Hematology/Oncology Staff** \_\_\_\_\_

\_\_\_\_\_

**Clinical Pharmacist** \_\_\_\_\_

\_\_\_\_\_

**Registered Dietitian** \_\_\_\_\_

\_\_\_\_\_

**Oncology Social Worker** \_\_\_\_\_

\_\_\_\_\_

**Financial Coordinator** \_\_\_\_\_

\_\_\_\_\_

**Clinical Trial Staff** \_\_\_\_\_

\_\_\_\_\_

**Other Cancer Care Team Members** \_\_\_\_\_

\_\_\_\_\_





# Chemotherapy FAQs

Chemotherapy (“chemo”) is a treatment for cancer that uses drugs to kill cancer cells. It is a systemic treatment, where the drugs travel throughout the whole body to reach cancer cells that may have spread, or metastasized, to other areas of the body.

## 1. Why is chemo used?

Chemotherapy is used to treat many different types of cancer. The type, location, stage of the cancer, and your general health will largely determine if chemotherapy is appropriate. It is used to cure, control and relieve symptoms caused by the cancer.

## 2. How does chemo work?

In chemotherapy, specialized drugs target and disrupt different phases of the cell cycle. Most chemotherapy drugs act on reproducing cells. Because cancer cells actively reproduce, they are primarily targeted by chemotherapeutic drugs. However, healthy cells reproduce too so they are affected by chemotherapy. This is why side effects, such as hair loss, occur. Refer to your Chemo Side Effects Guide for more information.

## 3. Why is chemo treatment given in cycles?

When chemotherapy is given, there must be a balance between destroying the cancer cells and sparing the normal cells. Chemotherapy is given in cycles of treatment with periods with no treatment. This lets normal cells recover before the next cycle begins.

## 4. How is chemo administered?

The most common method is intravenously (or IV) which means the drug is given by vein. A thin needle is inserted into a vein on the hand or lower arm at the start of the treatment session and is removed at the conclusion. Chemotherapy can also be delivered by IV through catheters, ports, and pumps. A catheter is a soft, thin, flexible tube that is placed in a large vein in the body. Sometimes the catheter is attached to a port, which is a small round plastic or metal disk placed under the skin. A pump may be used to control how fast the drugs go into the catheter or port.

## 5. Are there other chemo delivery methods?

Yes, chemotherapy may be given in several ways.

- Orally — drug is given in pill, capsule, or liquid form and swallowed
- By injection — drug is given by needle or syringe into the muscle or under the skin
- Topically — drug is applied to the surface of the skin

# Radiation Therapy FAQs

Radiation therapy can help you in your fight against cancer. Radiation destroys cancer cells gradually, over time. Radiation is considered a local treatment because only cells in the area being treated are affected. The goal of therapy is to focus on and kill as many cancer cells as possible.

## 1. Why is radiation used?

Radiation may be used in early stage cancers to cure or control the disease. It can be used before surgery to shrink the tumor or after surgery to prevent the cancer from coming back. Radiation may be used to treat symptoms such as pain caused by the cancer that has spread from the original site. In certain types of cancer it may be used along with surgery and/or chemotherapy.

## 2. How does radiation therapy work?

Radiation therapy works by attacking reproducing cancer cells. Radiation therapy uses high-energy x-rays to kill cancer cells. However, it can also affect reproducing cells of normal tissues. The damage to normal cells is what causes side effects. Each time radiation therapy is given it involves a balance between destroying the cancer cells and sparing the normal cells. Damaged normal cells can repair themselves, often within a few days.

## 3. Will I become radioactive with treatment?

No. Radiation is delivered much like turning on and off a light. When the light is on, the machine is delivering your treatments and when it is off, there is no more radiation.

## 4. What are the ways radiation therapy is administered?

Radiation is given either externally or through internal radiation, which is also called brachytherapy. External beam therapy is administered just like a normal x-ray. The radiation used for external beam radiation treatments comes from special machines. They deliver intense treatments with pinpoint accuracy. Internal radiation therapy involves placing radioactive substances such as cesium, iridium, and iodine near or into cancerous cells within the body. This can be performed on an outpatient basis.

## 5. What side effects will I experience?

Side effects are dependent on the area of treatment. A nurse will discuss the side effects expected from your treatment and instruct you on the ways to minimize them.

# Clinical Trials at Ochsner

A clinical trial is a research study. It may offer potentially new promising therapies for treating cancer or important scientific knowledge about cancer. Clinical trials are an option for some patients but the decision to participate is between the patient and their cancer doctor.

Clinical trials are ongoing for all major types of cancer. They are continually updated to reflect the needs of our patients. There are a variety of clinical trials available for selected diseases including:

- chemotherapy
- radiation therapy
- surgery
- supportive care and symptom management

Ochsner Cancer Institute (OCI) is involved in cancer prevention and supportive care studies evaluating quality of life, nausea, weight loss, and other symptoms cancer patients may experience. Each clinical trial is designed to answer a specific health question.

OCI has drug development studies that are available at only a few institutions in the United States. Our Community Clinical Oncology Program (CCOP) represents one of the largest clinical trials network in Louisiana and is a partnership with the National Cancer Institute. Clinical trials available through CCOP and pharmaceutical companies allow OCI to offer cutting edge treatment for a variety of cancers.

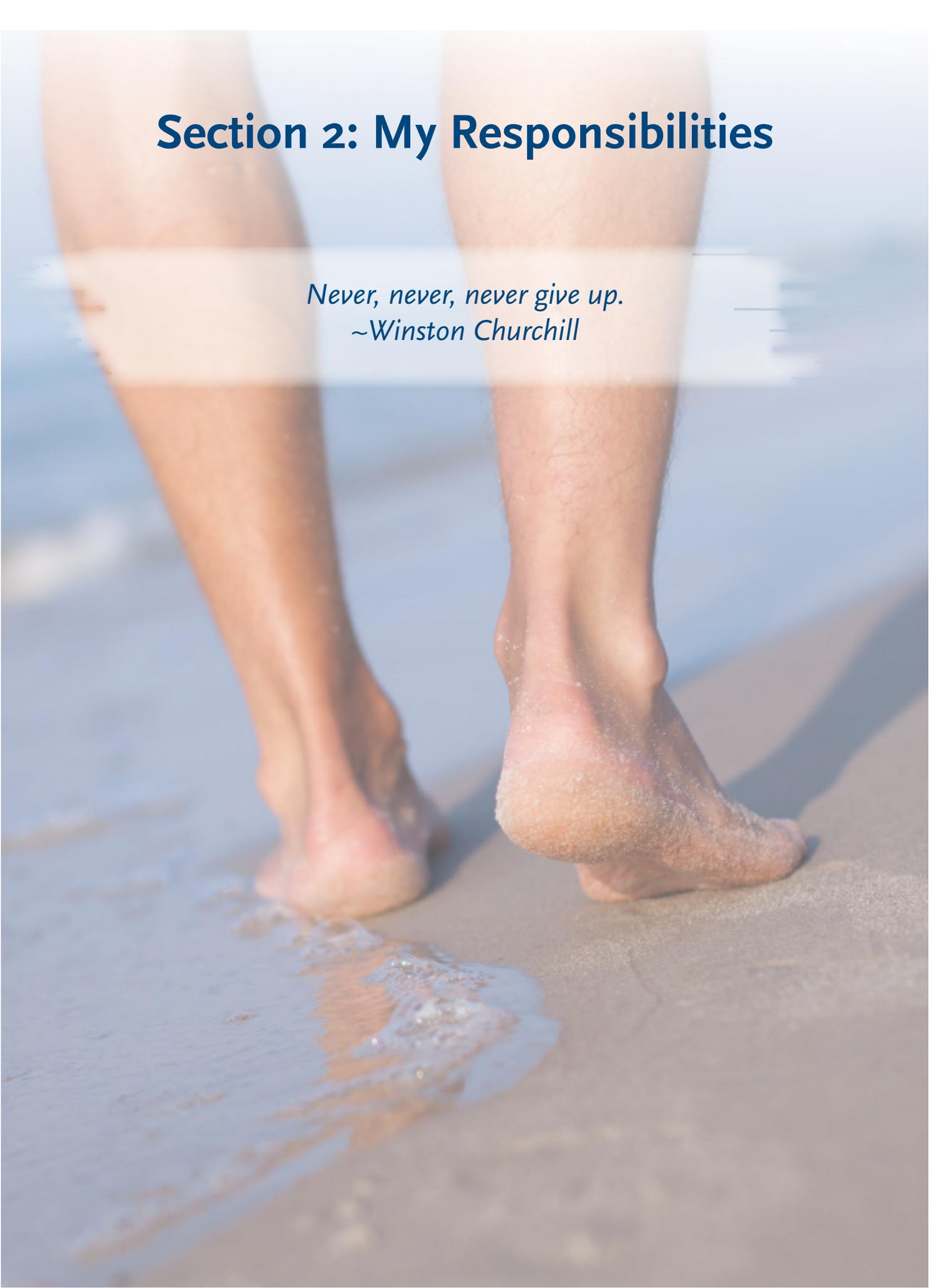
The Ochsner Clinical trials program allows cancer patients the opportunity to receive the best treatment currently available for their type of cancer. Individualized care and direct access to research nurses and staff provide an attentive and personalized experience.

More information on clinical trials is available by calling 504-842-0275 or visit:  
<http://academics.ochsner.org/clinicalpro.aspx?id=61024>



## Section 2: My Responsibilities

*Never, never, never give up.  
~Winston Churchill*





# Talking About Your Cancer

Finding out you have cancer can be overwhelming to you and for your friends and relatives. People often don't know what to say. They may feel sad and uncomfortable and may be afraid of upsetting you.

*Here are some suggestions to help you talk with others about your cancer.*

## **1. Start by making a list of people that you want to talk to in person.**

Decide when you are ready to talk about having cancer. Sometimes, telling those closest to you helps you to begin taking in the reality of what's happening. People usually tell their spouse or partner first, then other family and close friends. Co-workers and acquaintances often find out later, although sometimes you'll need to tell a supervisor or Human Resources staff that you have a medical problem if you must take time off from your job.

## **2. Decide what you want to share and not share about your cancer.**

Think about how much you want to share. You may want to explain what kind of cancer you have, which treatments you might need, and what your outlook (or prognosis) is. It can be OK to explain all this to a few close friends, but it may get tiring to tell a lot of people this much detail over and over again. Think about topics that are too sensitive for you to talk about yet. Then, plan a response that's comfortable for you and cuts off the conversation. Once you've shared what you wish to share, be prepared to change to another topic. Maybe you can say something like "I really get tired of talking about cancer. Let's talk about something else."

## **3. Tell those that offer help what things they can do for you.**

Most people want to help and you will likely need extra help at some point during your cancer treatment. Your loved ones need to do things for you and want to support you. Let your friends and family help you. Be as specific as possible about the kind of help you need. For example, tell them when you need a ride to the doctor, or find out if they might be able to help with housecleaning, yard work, or child care. Friends, loved ones, and even complete strangers will ask you about your cancer. Sometimes you may get unexpected reactions when with talking with others. Below are some common ones you may experience and ways to deal with the situation.





# Telling Children About Your Cancer

Families with young children or teens may be concerned about how children will react to a diagnosis of cancer in a family member. Children understand the world around them and it is important to be honest with them. They need to know the truth otherwise they will think the worst.

*Here are some suggestions for talking with kids about cancer.*

- **Tell them about cancer.** Let them know there is nothing they did to cause cancer and they cannot catch it from someone else.
- **Let them know their feelings are OK.** Tell them you understand if they are upset, angry, sad or scared. Remind them you will love them no matter what happens.
- **Tell them the truth with love and hope.** Let them know you are getting good care and hope to get well again. But don't promise a good outcome if you are not sure of one.
- **Listen and stay involved.** Ask them how they feel and what they are worried about. Try to spend some time with your children in any way you can.

Explaining cancer treatment to children can be a tough job, especially when you are already trying to deal with your own feelings and emotions. What you tell your children depends on many things, like their ages, personalities, and what you know about the treatment.

Write down the questions and concerns you have with talking to your children about your cancer. Your cancer care team can assist you with how to explain it to children.

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# Setting Goals

Deciding what you want out of your cancer treatment is important. Whether you are hoping for a cure, stabilization or symptom relief, you need to have an active role in your care. This can be accomplished by setting goals around your cancer care.

*Below are key areas that require your involvement. After each, write down a personal goal you wish to accomplish related to each area.*

## **1. Keep a Record of Your Medical History**

A record of your medical history is helpful for those involved in your cancer care. It should include dates of your medical issues, symptoms, and side effects.

My goal for keeping a record of my medical history:

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## **2. Keep Your Cancer Care Team Informed**

Discuss with your cancer care team any symptoms that might be related to your cancer and the treatments you are receiving.

My goal for keeping my cancer care team informed:

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## **3. Ask Your Cancer Team to Address Your Concerns**

Talk with your cancer care team about specific areas of concern so they can help you find answers. You may have medical questions or relationship issues.

My goal for asking my cancer care team about my concerns:

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# Appointment Tracker

As a cancer patient you will have many appointments, visits, and phone calls with your cancer care team. Take the time to write down information about these. This will serve as both a reminder and a history for you and others involved in your care.

Month: \_\_\_\_\_

MON	TUE	WED	THU	FRI	SAT	SUN

## *Appointment Details*

Date and Time: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

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## *Questions to ask at next appointment*

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# Symptom Tracker

Use this list to indicate any symptoms you get and make notes of when it occurred and any other details. Bring this information to your next appointment or treatment session.

Symptom	Date and Description of Problem
● abdominal pain	_____
● arm swelling	_____
● blood in stool/urine	_____
● bone pain	_____
● chest pain	_____
● constipation/diarrhea	_____
● cough	_____
● dizziness	_____
● fever or chills	_____
● headaches	_____
● heart palpitations	_____
● hot flashes	_____
● indigestion	_____
● leg swelling	_____
● low energy	_____
● nausea/vomiting	_____
● new lumps or redness on chest	_____
● numbness or tingling	_____
● sexual difficulties	_____
● shortness of breath	_____
● sleeping difficulties	_____
● urinary burning/urgency/frequency	_____
● vision problems	_____
● unusual pain	_____
● other _____	_____

Some side effects are fleeting and minor, but others may be a sign of serious problems. You should not be the judge. Tell your doctor right away if you suffer from

- fever of 100.4°F or greater for 1 hour
- bleeding or unexplained bruising
- a rash or allergic reaction
- intense chills
- unusual, intense headaches
- shortness of breath or trouble breathing
- long-lasting diarrhea or vomiting
- bloody stool or blood in your urine

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- bloody stool or blood in your urine

## Section 3: Living With Cancer

*The purpose of life is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience.*

*~ Eleanor Roosevelt*



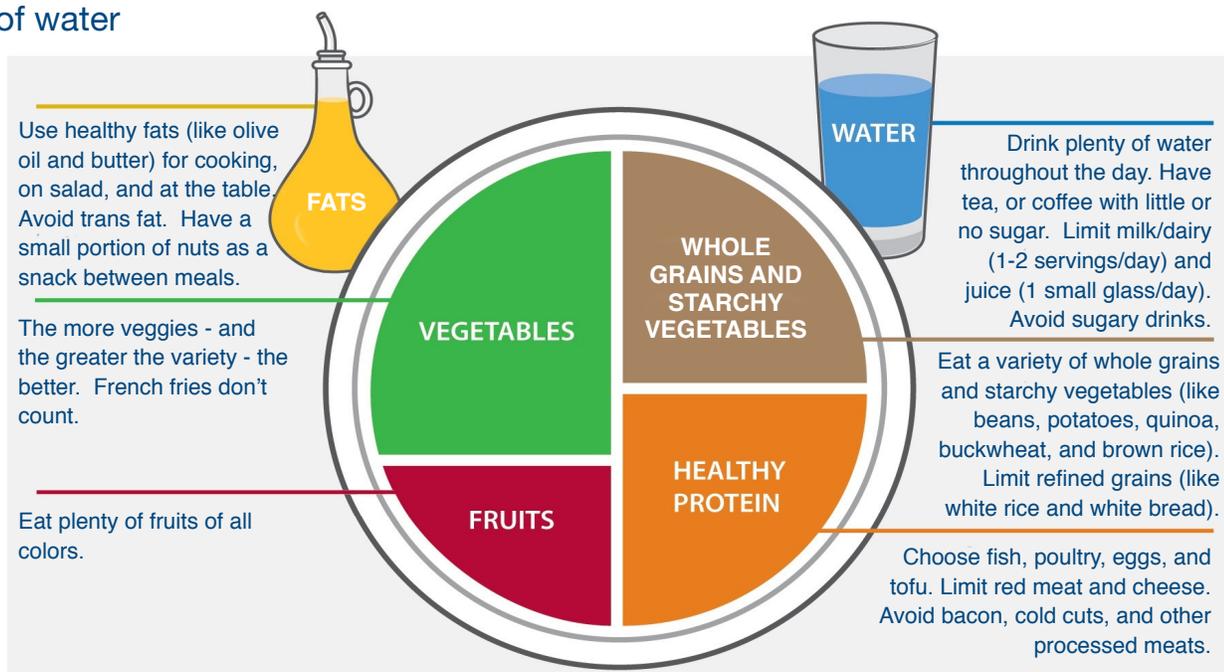


# Nutrition and Food Safety

It is important to have good nutrition and dietary habits for maintaining strength and weight while healing from your disease. Here are some helpful suggestions.

The best diet for cancer patients and survivors is one that contains fruits and vegetables, whole grains, foods rich in healthy fats like omega-3 and monounsaturated fats, and healthy proteins. At every meal, you should have a healthy balance of foods by planning your plate into these sections:

- 1/2 of your plate with vegetables and/or fruits
- 1/4 of your plate with healthy meats or proteins
- 1/4 of your plate with whole grains or starchy vegetables
- a small amount of healthy fats
- plenty of water



When you have a poor appetite:

1. Eat several small meals on a frequent basis (every 2-3 hours 6 times per day).
2. Eat foods known for high calories and protein content such as eggs, ice cream, whole milk, yogurt, and cheese.
3. Add extra calories and protein to foods by including butter, gravy, protein powder, peanut butter, heavy cream, whole milk, etc.
4. Consume high calorie, high protein nutritional supplement drinks (Boost Plus, Ensure, etc) when you don't feel like eating.
5. Drink fluids every 1-2 hours with a goal of 8-10 glasses of decaffeinated, non-carbonated beverages each day.



***Also, follow these guidelines during your cancer treatment.***

- Wash your hands thoroughly before and after preparing and eating foods.
- Rinse all raw fruits and vegetables (peeled and unpeeled) under running water for about two minutes. However, they do not need to be peeled.
- Food preparation must be on a cleaned and sanitized cutting board using cleaned and sanitized equipment.
- Do not clean raw fruits and vegetables by soaking them in water.
- Serve hot food HOT (150° or greater) and cold food COLD (40° or lower).
- Store prepared food in the refrigerator within 2 hours of preparation. Do not eat any food that has not been refrigerated for longer than this amount of time.
- Refrigerator temperature should be maintained at 40° or less. Heat all poultry products, stuffing, dressing and leftovers to at least 165°.
- Store leftover food in one quart containers or smaller and eat within 3 days.
- Avoid raw and undercooked meat, fish, shellfish, poultry, eggs, hot dogs, tofu, sausage and bacon. This includes cold smoked fish, lox and pickled fish.
- Avoid unpasteurized and raw milk products, as well as unpasteurized commercial fruit and vegetable juices.
- Avoid raw sprouts such as alfalfa and Mung beans.
- Avoid aged cheese (Camembert, blue Roquefort, Stilton, Feta, soft cheese), and refrigerated cheese-based salad dressings that are not shelf stable.
- Avoid molded and out-dated food products of any types.
- Avoid all food items the news media has reported may be responsible for causing an outbreak of food poisoning.
- Do not eat food from salad bars and buffets.



# Preventing Infections



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

People receiving chemotherapy are at risk for developing an infection when their white blood cell count is at its lowest. White blood cells are the body's main defense against infection. This condition, called neutropenia, is common after receiving chemotherapy. For patients with neutropenia, any infection can become serious quickly.

<b>1. What?</b>	<b>PREPARE: Watch Out for Fever!</b>		
<b>When?</b>	<p>You should take your temperature any time you feel warm, flushed, chilled or not well. If you get a temperature of 100.4°F (38°C) or higher for more than one hour, or a one-time temperature of 101°F or higher, call your doctor immediately, even if it is the middle of the night. DO NOT wait until the office re-opens before you call.</p>	<p>You should also:</p> <ul style="list-style-type: none"> <li>• Find out from your doctor when your white blood cell count will be at its lowest since this is when you're most at risk for infection. This period of time is also called nadir and usually occurs between 7 and 12 days after you finish each chemotherapy dose—and will possibly last up to one week.</li> <li>• Keep a working thermometer in a convenient location and know how to use it.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep your doctor's phone numbers with you at all times. Make sure you know what number to call when their office is open and closed.</li> <li>• If you have to go to the emergency room, it's important that you tell the person checking you in that you are a cancer patient undergoing chemotherapy. If you have a fever, you might have an infection. This can be a life threatening condition, and you should be seen in a short amount of time.</li> </ul>
<b>Why?</b>	<ul style="list-style-type: none"> <li>• If you develop a fever during your chemotherapy treatment, it can be a medical emergency.</li> <li>• Fever may be the only sign that you have an infection, and an infection during chemotherapy can be life threatening.</li> </ul>		
<b>2. What?</b>	<b>PREVENT: Clean Your Hands!</b>		
<b>When?</b>	<p>Keeping your hands clean is important in preventing infections. This should include you, all members of your household, your doctors, nurses and anyone that comes around you. Don't be afraid to ask people to wash their hands. Use soap and water to wash your hands. If soap and water are not available, it's o.k. to use an alcohol-based hand sanitizer.</p>	<p>Clean your hands:</p> <ul style="list-style-type: none"> <li>• Before, during, and after cooking food</li> <li>• Before you eat</li> <li>• After going to the bathroom</li> <li>• After changing diapers or helping a child to use the bathroom</li> <li>• After blowing your nose, coughing, or sneezing</li> <li>• After touching your pet or cleaning up after your pet</li> <li>• After touching trash</li> </ul>	<ul style="list-style-type: none"> <li>• Before and after treating a cut or wound or caring for your catheter, port or other access device</li> </ul>
<b>Why?</b>	<ul style="list-style-type: none"> <li>• Many diseases and conditions are spread by not cleaning your hands.</li> <li>• Cleaning your hands is EXTREMELY important during chemotherapy treatment because your body can't fight off infections like it used to.</li> </ul>		
<b>3. What?</b>	<b>PROTECT: Know the Signs and Symptoms of an Infection!</b>		
<b>When?</b>	<p>During your chemotherapy treatment, your body may not be able to fight off infections like it used to. Call your doctor immediately if you notice any of the following signs and symptoms of an infection:</p> <ul style="list-style-type: none"> <li>• Fever (this is sometimes the only sign of an infection)</li> <li>• Chills and sweats</li> <li>• Change in cough or new cough</li> <li>• Sore throat or new mouth sore</li> <li>• Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>• Nasal congestion</li> <li>• Stiff neck</li> <li>• Burning or pain with urination</li> <li>• Unusual vaginal discharge or irritation</li> <li>• Increased urination</li> <li>• Redness, soreness, or swelling in any area, including surgical wounds and ports</li> <li>• Diarrhea</li> <li>• Vomiting</li> <li>• Pain in the abdomen or rectum</li> <li>• New onset of pain</li> <li>• Changes in skin, urination, or mental status</li> </ul>	<p>Find out from your doctor when your white blood cell count will be the lowest since this is when you're most at risk for infection. This usually occurs between 7 and 12 days after you finish each chemotherapy dose—and will possibly last up to one week.</p>
<b>Why?</b>	<ul style="list-style-type: none"> <li>• When your counts are low, take even the slightest sign or symptom of an infection as serious and call your doctor immediately.</li> <li>• Infection during chemotherapy can be very serious, and can lead to hospitalization or death.</li> </ul>		

**Cut out the emergency number card. Fill in your doctor's information. Carry this card with you at all times.**

**Emergency Number Card**

1. Treat a fever as an emergency.
2. Call your doctor immediately if you develop a fever.
3. If you have to go to the emergency room, tell them right away that you are undergoing chemotherapy treatment.

Doctor's daytime number: \_\_\_\_\_

Doctor's after-hours number: \_\_\_\_\_

FEVER: TEMPERATURE OF 100.4°F (38°C) OR HIGHER FOR MORE THAN ONE HOUR OR A ONE-TIME TEMPERATURE OF 101° F OR HIGHER.

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

Write the number(s) to call in an emergency here:

**Doctor's daytime number:**

\_\_\_\_\_

**Doctor's after-hours number:**

\_\_\_\_\_



# Physical Activity

Physical activity and exercise are important during cancer treatment. Staying physically active each day can enhance physical well-being and spur recovery. Research has found no harmful effects on patients with cancer from moderate exercise.

Daily physical activity increases muscle strength, joint flexibility, and overall conditioning, all of which may be impaired by surgery and some cancer therapies. Exercise is also a great way to relieve stress as it releases endorphins (chemical signals) in your body. Endorphins help us feel pleasure and a sense of happiness and may serve as a drug-free relief for the feelings of depression that sometimes accompany a cancer diagnosis.

## ***An effective exercise program has three components:***

- An aerobic workout that increases heart rate such as walking, jogging, and bicycling
- Strength training to tone and build muscles including lifting weights
- Stretching to keep muscles and joints limber

A good goal is about 30 minutes of exercise five days a week or more. The activity can be done in two sessions of 15 minutes or even three sessions of 10 minutes and still be effective. Be sure not to over exert yourself! It is important to discuss with your doctor the type of exercise you are considering to be certain it is safe for you. Don't exercise if you're not feeling well or running a fever.

What are your favorite ways to stay active?

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What time of day and which days of the week will be your exercise schedule?

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How much time do you plan on spending doing physical activity each day?

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# Support Groups and Healing Yoga

Support groups bring together people that are facing similar medical issues to share their experiences. They can be helpful in giving patients the opportunity to talk with others who are in a related situation. Attending a support group can assist in coping with your diagnosis and allow you to connect with others who are facing similar challenges.

There are also supportive methods used to complement your cancer treatments. They may help control symptoms and improve well-being. Examples might include massage therapy, yoga, and meditation. Ochsner's Healing Yoga program can be used as therapy to help clear out toxins accrued during cancer treatment more effectively. Yoga can help remove tension and anxiety and enable cancer patients to settle into a greater sense of ease and well-being.

Ochsner offers the following support for patients, their families, and friends. Please note dates and times are subject to change.

## ***Breast Cancer Support Group***

Meets the 2nd Tuesday of each month from 6:00 pm to 7:30 pm

Lieselotte Tansey Breast Center

## ***Look Good...Feel Better for Cancer Patients***

Meets the 3rd Monday of each month from 11:00 am to 1:00 pm

Lieselotte Tansey Breast Center

## ***Healing Yoga for Cancer Patients – Jefferson Highway***

Meets weekly on Thursday from 4:00 pm to 5:30 pm and 6:00 pm to 7:30 pm

Meets weekly on Saturday from 11:00 am to 12:30 pm

5th floor sitting area of the Gayle and Tom Benson Cancer Center (bring your own mat)

## ***Healing Yoga for Cancer Patients – North Shore***

Meets every other Monday from 11:00 am to 12:30 pm

2nd floor Training Room of Covington Health Center (bring your own mat)

To confirm dates and times, call 504-842-3910 (select option 3 and ask for a social worker) for Jefferson Highway class or call 985-875-2828 for North Shore class.



## Section 4: Resources

*Your own resolution to succeed is more important  
than any other one thing.  
~ Abraham Lincoln*





# OCI Services: Individual and Family Counseling

Oncology social workers are available to provide counseling for you and your family members. They can help you with many of the issues that may arise during cancer diagnosis, treatment, and after care.

## *Oncology social workers are here to help with*

- the emotional impact of a cancer diagnosis (sadness, anger, worry and fears) you may feel
- the changes you may experience in your work, family and other areas of your life
- understanding social security benefits, disability benefits and insurance coverage
- applications for programs offering financial assistance
- talking with your children, family, friends and co-workers about your diagnosis and treatment
- coping with intimacy in your relationship during and after cancer treatment
- living with cancer, issues commonly experienced, and the resources to help you
- planning for your care with the use of advance directives
- life as a cancer survivor

Our social workers can also help you with accessing prescription drug assistance programs, temporary housing during your treatment if you live more than 40 miles from Ochsner, home health care and hospice services, and medical care items such as walkers or wheelchairs.

**To speak with an Ochsner social worker, call Monday thru Friday between 8:00 am and 5:00 pm: New Orleans 504-842-3910 and North Shore 985-875-2828.**



# OCI Services: Financial Coordinator

We understand that health insurance issues are a concern for our patients.

*A financial coordinator can help you with insurance coverage and billing procedures including*

- billing questions
- payment arrangements
- financial assistance options
- financial assessments to determine eligibility for alternatives or options
- coordinating operational and financial processes on behalf of the patient

Upon patient request, a financial coordinator analyzes accounts and claim filings for accuracy and provides explanation to patient. The most important step you can take as a patient is to verify that we have your correct and most up-to-date billing information such as

- your name, address, and phone numbers
- the name, address, and phone number of the person responsible for your bill
- the name, address, and phone number of your employer
- the name of your insurance provider, group/plan number, claims filing address and your insurance company's phone number

**To speak with an Ochsner financial coordinator, call 1-800-343-0269 (toll-free) Monday thru Friday between 8:00 am and 5:00 pm.**



# OCI Services: Spiritual Care

Diagnosis of a chronic or life threatening/altering illness can offer us a time to recover a sense of what life means and to be reconciled with ourselves, family, friends, and with our Higher Power/God.

Some of the spiritual questions that may come up at the time of diagnosis may be

- Why me?
- What gives life meaning?
- Why is this happening to me/us?
- How will I survive this loss?
- What will happen to me when life ends?

Feelings and emotions such as joy, anger, sadness, fear, and happiness are gifts given to us by God to help us get in touch with what is going on within and around us. These feelings are neither good nor bad. Judgments can only be put on the actions we take in response to the feelings. We do not have control over what we feel only over how we respond.

## ***Please contact the chaplain when a patient or family member***

- Is experiencing anxiety or fear about your situation
- Is having a difficult time sorting out feelings
- Wants someone to pray for or with you
- Has a spiritual question
- Is faced with a difficult decision
- Would like support for those who are supporting you during your illness
- Needs assistance completing advance directives

A chaplain, who is trained to offer support to people of all faiths/beliefs, is available in the hospital 24 hours a day 7 days a week to help patients and families draw on their spiritual resources to cope with illness and hospitalization.

To speak with an Ochsner chaplain, ask your nurse.



# Patient Education at Ochsner

Simple, easy-to-understand about cancer is available to you. Ochsner's Health Library can be found online at <http://healthlibrary.ochsner.org/Conditions/Cancer>.

On the site you can read articles, watch videos and animation, take cancer quizzes, listen to podcasts, and more. You will find information on 50 different cancer types, diagnosis, nutrition, and side effects. These materials can assist you with making informed decisions and having an active role in your cancer treatment.

The screenshot displays the Ochsner Health Library website interface for the Cancer section. At the top, there is a navigation bar with a home icon, a breadcrumb trail (Home > Health Centers > Cancer), and the title 'Cancer'. Below the title are social media icons (Facebook, Twitter, YouTube, LinkedIn, etc.) and a 'Translate' button. A search bar is located on the right, with a 'Health Library Explorer' icon and a magnifying glass. Below the search bar is an alphabetical index (A-Z). A horizontal menu contains categories: Conditions & Treatments, Health Centers, Drugs, Herbs & Supplements, Nutrition & General Wellness, Your Family, News Center, Healthy Living, and Tools & Multimedia. The main content area is divided into two columns. The left column features a large image of a female doctor and a list of resources under the heading 'Getting Started': Nutrition and Cancer Quiz, Prostate Health Quiz, Smoking Cessation, Stages of Change, Colonoscopy Animation, and Cancer Overview. Below this is a 'Today in Health News' section with a featured article titled 'Experimental Treatment for Rare Soft-Tissue Cancer Shows Promise in Mice' and a 'Read this Article' link. The right column has a 'CONTACT OUR HEALTH PROFESSIONALS' section with buttons for 'Request an Appointment', 'Find a Doctor', and 'Pay My Bill', followed by social media icons. Below that is a 'Media Results' section showing 'Videos (28)' and a link to 'Diverticulosis'.

Additionally, the Ochsner Medical Library is available for patients and their family members. Medical Librarians can help with other resources and finding specific cancer information. To learn more, contact:

## ***Ochsner Medical Library***

***Address:*** 1514 Jefferson Highway, 1st floor, New Orleans, LA 70121

***Phone:*** 504-842-3760

***Email:*** [MedicalLibrary@ochsner.org](mailto:MedicalLibrary@ochsner.org)

***Website:*** [www.ochsner.org/medical-library](http://www.ochsner.org/medical-library)

# Chemo Class

Ochsner offers a free Chemo Class for patients who receive chemotherapy as part of their treatment plan.

*The class includes a small group of patients and covers topics such as*

- what to expect, what to bring, and what is provided during infusion
- information on the most common side effects you may experience
- how to recognize problems during treatment
- infection and food safety precautions
- other Ochsner resources available to you

New Orleans Chemo Class is held every Monday from 2:00 pm to 4:00 pm on the 3rd floor of the Benson Cancer Center located at 1514 Jefferson Highway. Call 504-842-3910 to reserve a seat in the next class.

North Shore Chemo Class is available by appointment with a nurse practitioner or a registered nurse in Slidell and Covington. Call 985-875-2828 for the next class.

Also, Ochsner has collaborated with the American Cancer Society to provide a comprehensive and interactive video about chemotherapy.

Visit [www.ochsner.org/chemoclass](http://www.ochsner.org/chemoclass) to view the video.



# MyOchsner Patient Portal

MyOchsner is a secure, online tool that connects you with your physicians, care team, and private health information.

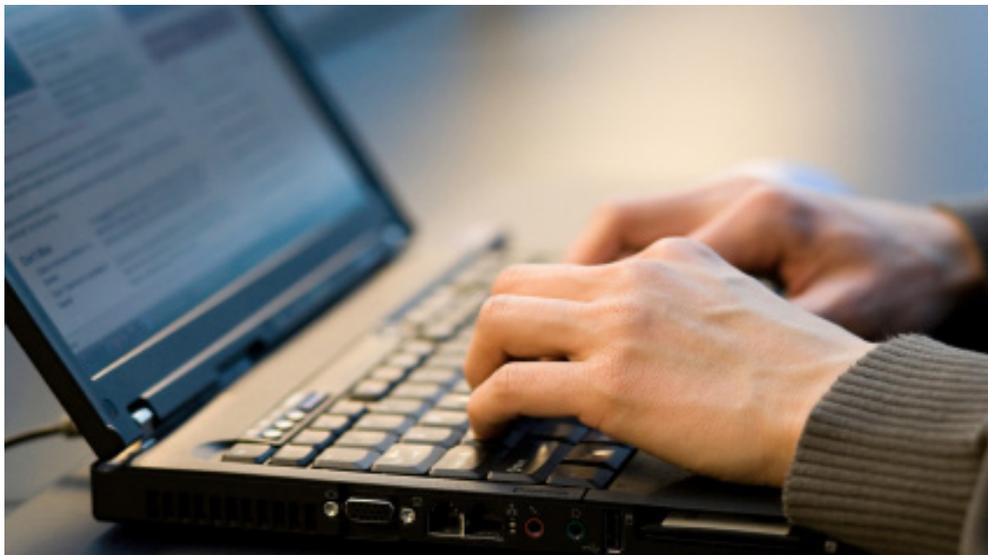
## *On the MyOchsner site, you can:*

- access your healthcare information 24/7
- receive lab results
- view lists of your medications
- scheduled appointments and receive email reminders
- communicate directly with your doctors and care team
- update your personal and insurance information

Activating your MyOchsner account is easy. Sign-up information is available on your personalized After Visit Summary (AVS). If you don't have an AVS, you can still set-up a new account. Just follow these steps:

1. Go to [my.ochsner.org](http://my.ochsner.org). If you have an activation code, select the Activate Now button under 'Have An Access Code.' If you do not have an activation code, select the Get Started Today button under 'Are You A New User?'
2. After page opens, enter the requested information and submit.
3. If you have questions, send an email to [myochsner@ochsner.org](mailto:myochsner@ochsner.org) or call toll-free to 1-877-339-2637.

MyOchsner should not be used for urgent medical needs.



# Ochsner-Approved Cancer Websites

With a diagnosis of cancer, we understand the need to research and read as much as possible about the condition. Below is a list of cancer-related websites that may be useful for patients and their families. If you do not have internet access at home, visit the Ochsner Medical Library located on the first floor of Ochsner Medical Center.

Although these websites are generally considered to be reliable sources, information should be verified and never used as a substitute for advice from a qualified medical professional. Also, this list does not imply endorsement for any particular organization by Ochsner Cancer Institute.

**American Cancer Society** [www.cancer.org](http://www.cancer.org)

Information about all types of cancer and treatments and is regularly updated with new medical news and treatment breakthroughs.

**American Institute of Cancer Research** [www.aicr.org](http://www.aicr.org)

Information on diet, nutrition, and foods that can fight cancer.

**American Pain Management** [www.painfoundation.org](http://www.painfoundation.org)

Publications, studies and information about pain management.

**American Society of Clinical Oncology** [www.cancer.net](http://www.cancer.net)

Information on types of cancer, support organizations, clinical trials, and side effects.

**Association of Cancer Online Resources** [www.acor.org](http://www.acor.org)

Publications and information about web resources to help patients and their families find and use credible information relevant to their illness.

**Cancer Symptoms and Side Effects** [www.thecancerjourney.org](http://www.thecancerjourney.org)

Ways to manage cancer symptoms such as fatigue, pain, nausea and vomiting, depression, eating problems, and more.

**CancerCare** [www.cancer.org](http://www.cancer.org)

Free support services for anyone affected by cancer.

**Cancer Hope Network** [www.cancerhopenetwork.org](http://www.cancerhopenetwork.org)

Support information, a bulletin board and volunteer information, online support groups, telephone support groups, and more.

**Clinical Trials** [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

A registry of federal and privately supported clinical trials.

**Medline Plus** [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)

Authoritative information from the National Library of Medicine, the National Institutes of Health, and other health related organizations.

**National Cancer Institute** [www.cancer.gov](http://www.cancer.gov)

Information on types of cancer, current treatments, a medical dictionary, NCI drug dictionary, statistical information, and clinical trials.

**National Comprehensive Cancer Network** [www.nccn.org](http://www.nccn.org)

A not-for-profit alliance of 25 of the world's leading cancer centers with information and resources devoted to patient care, research, and education so that patients can live better lives.

**Complementary and Alternative Medicine** [www.cancer.gov/cam](http://www.cancer.gov/cam)

Government resource in complementary and alternative medicine as it relates to cancer prevention, diagnosis, treatment, and symptom management.

**Patient Advocate Foundation** [www.patientadvocate.org](http://www.patientadvocate.org)

Resources specifically for solving insurance and healthcare access problems.

**Susan G. Komen for the Cure** [www.komen.org](http://www.komen.org)

Information on the causes and cures of breast cancer, advocates action on breast cancer issues, provides patient information and more.

**U.S. Food & Drug Administration** [www.fda.gov/drugs](http://www.fda.gov/drugs)

Safety information on drugs and other FDA-regulated products.

**Websites for Specific Cancers**

Brain Tumors [www.abta.org](http://www.abta.org)

Breast Cancer [www.breastcancer.net](http://www.breastcancer.net)

Colon Cancer [www.ccalliance.org](http://www.ccalliance.org)

Kidney Cancer [www.kidneycancer.org](http://www.kidneycancer.org)

Leukemia and Lymphoma [www.lls.org](http://www.lls.org)

Lung Cancer [www.lungcanceralliance.org](http://www.lungcanceralliance.org)

Ovarian Cancer [www.ovarian.org](http://www.ovarian.org)

Oral Cancer [www.oralcancerfoundation](http://www.oralcancerfoundation)

Oral, Head and Neck Cancer [www.spohnc.org](http://www.spohnc.org)

Pancreatic Cancer [www.pancan.org](http://www.pancan.org)

Prostate Cancer [www.zerocancer.org](http://www.zerocancer.org)

Sarcoma [www.sarcomaalliance.org](http://www.sarcomaalliance.org)

Thyroid Cancer [www.thyca.org](http://www.thyca.org)

## Section 5: Glossary

*I have heard there are troubles of more than one kind.  
Some come from ahead and some come from behind.  
But I've bought a big bat. I'm all ready you see.  
Now my troubles are going to have troubles with me!*  
~ Dr. Seuss





# Commonly Used Cancer Terms

During your treatment, you are likely to encounter medical terms that may be unfamiliar to you. Ochsner had compiled a list with definitions of words that are commonly used by medical professionals when discussing cancer.

**Adenocarcinoma:** A form of malignant abnormality that develops in the cells lining glandular tissue.

**Adenoma:** A benign tumor made up of glandular tissue that is usually a result of the accumulation of abnormal amounts of that tissue.

**Adjuvant chemotherapy:** Chemotherapy given to kill any remaining cancer cells, usually after tumor removal or radiation.

**Adrenal glands:** Two small organs near the kidneys that release several different hormones including sex hormones.

**Advance directive:** Legal document that addresses the use of life support measures if required.

**Alopecia:** Partial or complete loss of hair resulting from radiation or chemotherapy.

**Alternative medicine:** Healing practices other than those of mainstream medicine.

**Analgesic:** Any medication or treatment that relieves pain.

**Anemia:** A condition in which the decreased number of red blood cells may cause symptoms including tiredness, shortness of breath, and weakness.

**Anorexia:** Loss of appetite.

**Antibody:** A substance produced by the body to defend the body against infection.

**Antiemetics:** Drugs given to minimize or prevent nausea sensation and vomiting.

**Antifungal:** Drugs used to treat fungal infections.

**Antigen:** A foreign substance in the body that stimulates the body to produce antibodies against them.

**Antineoplastic agents:** Drugs that prevent, kill, or block the growth and spread of cancer cells.

**Benign:** A swelling or growth that is not cancerous and does not spread from one part of the body to another.

**Biopsy:** The surgical removal of tissue for microscopic examination for diagnosis.

**Bone marrow:** A fatty substance at the center of bones that aids in creating red and white blood cells as well as platelets.

**Bone marrow biopsy and aspiration:** The procedure by which a needle is inserted into a bone to withdraw a sample of the bone marrow.

**Bone marrow suppression:** A decrease in the production of the number of blood cells.

**Bone marrow transplant:** The addition of bone marrow into a patient who has been treated with high-dose chemotherapy or radiation therapy. Patients may use their own marrow which has been frozen in some cases.

**Bone scan:** A picture of the bones using a radioactive dye that shows any injury, disease, or healing. This is a valuable test to determine if cancer has spread to the bone, if anticancer therapy is successful, and if affected bony areas are healing.

**Brachytherapy:** Radiation treatment that uses radioactive pellets inserted into a flexible tube placed inside the breathing passage to directly treat a lung cancer.

**Breast self-examination (BSE):** A manual examination of the breast.

**CA125:** A blood protein that can be measured and is an important tumor marker in ovarian cancer.

**Cancer:** A group of diseases in which malignant cells grow out of control and spread to other parts of the body.

**Cancer in-situ:** The stage where the cancer is still confined to the tissue in which it started.

**Candidiasis:** A common fungal infection.

**Carcinogen:** A substance that causes cancer. For example, nicotine in cigarettes is a carcinogen that causes lung cancer.

**Carcinoma:** A kind of cancer that starts in the skin or the lining of organs.

**Cardiomegaly:** An enlargement of the heart.

**CAT scan:** Computerized axial tomography, or CT scan, an x-ray test that produces cross-sectional images of the body that are more detailed than standard x-rays.

**CEA (Carcinoembryonic antigen):** A blood tumor marker.

**Cellulitis:** The inflammation of an area of the skin (epithelial layer).

**Central venous catheter:** A special intravenous tubing that is surgically inserted into a large vein near the heart and exits from the chest or abdomen. The catheter allows medications, fluids, or blood products to be given and blood samples to be taken.

**Cervical nodes:** Lymph nodes in the neck.

**Chemotherapy:** The treatment of cancer with drugs.

**Chemo brain:** A common side effect of anemia-related fatigue where chemo temporarily affects the nerve cells of the brain, causing confusion.

**Chest tube:** A flexible tube inserted between the ribs and into the space surrounding the lungs in order to drain air or fluid.

**Chest x-ray:** A picture of the chest taken with x-rays.

**Chronic:** Persisting over a long period of time.

**Clinical trials:** Also called clinical studies. Research studies with people. Each trial tries to answer specific scientific questions and to find better ways to prevent, detect, or treat diseases or to improve care.

**Colonoscopy:** A procedure for looking at the colon or large bowel through a lighted, flexible tube.

**Colostomy:** A surgical procedure by which an opening is created between the colon and the outside of the abdomen to allow stool to be emptied into a collection bag.

**Combination chemotherapy:** More than one (generally between 2 and 4) different anticancer drugs used together to treat cancer.

**Community Clinical Oncology Program (CCOP):** A program funded by the National Cancer Institute.

**Complementary medicine:** Healing practices other than those of mainstream medicine.

**Complication:** An undesired additional problem related to a disease process or to a treatment for a disease.

**Computerized tomography (CT scan):** A series of detailed pictures of areas inside the body; the pictures are created by a computer linked to an x-ray machine. Also called computed axial tomography' (CAT scan).

**Conformal radiation therapy (3DCR1):** Radiation treatment that uses sophisticated computer software to conform to the shape of the diseased prostate, sparing damage to normal tissue in the vicinity of treatment.

**Congestive heart failure:** A buildup of fluid in the lungs and/or extremities (especially the legs). This occurs because the heart cannot pump the blood adequately.

**Consent form:** A document that provides key facts about a clinical trial. This includes information about the study agent, tests that study participants may have, and possible benefits and risks. Although all participants in a clinical trial must sign a consent form, they can leave the study at any time. As a trial proceeds, there may be new consent forms.

**Constipation:** The inability to have a bowel movement over an extended period of time, sometimes caused by chemotherapy, reduced activity, or limited food intake.

**Counseling:** Discussions with a health professional regarding assistance with life situations, behavior, relationships, and feelings.

**Curative treatment:** A treatment intended to eradicate disease.

**Cyst:** An accumulation of fluid or semisolid material within a sac.

**Cystitis:** An inflammation of the bladder.

**Cytotoxic drug:** A drug that kills specific cells in the body.

**Diagnose:** To determine the cause of an illness or medical condition.

**Diagnostic radiologist:** A medical specialist trained to read x-rays.

**Diarrhea:** Liquid or watery stool.

**Drug resistance:** The result of cancer cells' ability to resist the effects of a specific drug.

**Durable power of attorney:** A legal document that gives a person or persons the authority to make decisions for another person.

**Dysphagia:** Difficulty swallowing either solids or liquids.

**Dysplasia:** An increase in both the number of cells in a tissue and in the size of those cells, a precancerous change.

**Dyspnea:** Difficulty or painful breathing; shortness of breath.

**Dysuria:** Difficulty or painful urination.

**Edema:** The accumulation of fluid within the tissues in a part of the body.

**Electrocardiogram (EKG or ECG):** A test that makes recordings of the electrical activity of the heart.

**End-of-life care:** Palliative and supportive care given to persons with a terminal illness.

**Endoscopy:** A procedure looking at the inside of body cavities, such as the esophagus (food pipe) or stomach.

**Enteral feeding:** A method of providing nutritional support to malnourished patients through tubes, e.g., a nasogastric tube or gastrostomy tube.

**Erythema:** Redness of the skin.

**Erythrocyte:** The red blood cell that carries oxygen to the body cells and carbon dioxide away from body cells.

**Esophagitis:** Inflammation of the esophagus (food pipe).

**Estrogen:** Female sex hormone secreted by the ovaries that is responsible for secondary sex characteristics, such as the growth of breasts.

**Estrogen receptor assay (ER assay):** A test that determines if breast cancer is stimulated by the hormone estrogen.

**Estrogen receptor test:** A test done during the biopsy of cancerous tissue to determine if its growth depends on estrogen.

**Excision:** Surgical removal.

**Excisional biopsy:** Surgical removal of an entire mass in order to determine what it is.

**External beam radiation therapy:** Radiation therapy that is given by directing a beam of radiation at the cancer from a source located outside of the body.

**Extravasation:** The leaking of intravenous fluids or medication into tissue surrounding the infusion site. Extravasation may cause tissue damage.

**Fatigue:** A feeling of tiredness and lack of energy, related to cancer or cancer treatment or both.

**Fine needle aspirate:** A procedure in which a needle is inserted under local anesthesia to obtain a sample for the evaluation of suspicious tissue.

**Fistula:** An abnormal opening between two areas of the body.

**Five-year survival:** In the setting of lung cancer, this term is often synonymous with cure.

**Frozen section:** A technique in which tissue is removed, then quick-frozen and examined under a microscope by a pathologist.

**Gene:** The biologic unit of heredity that determines the traits a person gets from past generations.

**General anesthetic:** A state of unconsciousness produced by anesthetic agents.

**Granulocyte:** A type of white blood cell that kills bacteria.

**Guaiac test:** A test that checks for hidden blood in the stool.

**Health-care proxies:** A legal document that authorizes someone other than the patient to make decisions for the patient about health issues when necessary.

**Hematocrit (Hct):** The percentage of red blood cells in the blood.

**Hematologist:** A doctor who specializes in the problems of blood and bone marrow.

**Hematology:** The science that studies the blood.

**Hematuria:** Blood in the urine.

**Hemoccult (Guaiac test):** A test that checks for hidden blood in the stool.

**Hemoptysis:** Coughing up any amount of blood.

**Hemorrhoids:** Veins near the anus that can become swollen and painful and sometimes bleed.

**Hereditary risk factor:** Altered or mutated genes that make it more likely that a person will develop cancer.

**Herpes simplex:** The most common virus that causes sores often seen around the mouth. Also known as a cold sore.

**Herpes zoster:** A virus that settles around certain nerves causing blisters, swelling, and pain. This condition is also called shingles.

**Hickman catheter:** A hollow silicone tube inserted and secured into a large vein in the chest for long-term administration of drugs or nutrients.

**Hoarseness:** Raspy voice.

**Hodgkin's disease:** A cancer that affects the lymph nodes. See Lymphoma.

**Hormone:** A substance that regulates growth, metabolism, and reproduction and is secreted by various organs in the body.

**Hospice:** A concept of supportive care to meet the special needs of patients and family during the terminal stages of illness. The care may be delivered in the home or hospital by a specially trained team of professionals.

**Human Leukocyte Antigen test (HLA):** A special blood test used to match a blood or bone marrow donor to a recipient for transfusion or transplant.

**Hyperalimentation:** The intravenous administration of a highly nutritious solution.

**Hyperplasia:** An abnormal increase in the number of cells in an otherwise normal tissue.

**Hypnotherapy:** The use of hypnosis in the treatment of disease.

**Hysterectomy:** Surgical removal of the uterus.

**Ileostomy:** A surgical procedure performed to create an opening in the ileum (the lower part of the small intestine) for the elimination of digestive wastes when the colon is removed.

**Imagery:** A technique that uses visualization for the purposes of healing.

**Immunity (Immune system):** The body's ability to fight infections and disease.

**Immunosuppressant:** An agent that diminishes or prevents the immune response.

**Immunosuppression:** Weakening of the immune systems causing a lowered ability to fight infection and disease.

**Immunotherapy:** The artificial stimulation of the body's immune system to treat or fight disease.

**Incision:** A wound made by cutting with a sharp instrument for the purpose of performing an operation.

**Infection:** Inflammation in body tissue caused by microorganisms.

**Infiltration:** The leaking of fluid or medicines into tissues, which can cause swelling.

**Infuse-a-Port (Mediport):** A small device containing a thin catheter that is generally implanted under the skin for administration of drugs and nutrients.

**Infusion:** The delivery of fluids or medications into the bloodstream over a period of time.

**Infusion pump:** A device that delivers measured amounts of fluids or medications into the bloodstream over a period of time.

**Injection:** Pushing a medication into the body with the use of a syringe and needle.

**Institutional Review Board (IRB):** A group of people who review research studies to protect your rights.

**Integrative medicine:** A term for the combined use of mainstream medical techniques with alternative medicine.

**Interferon:** A natural chemical released by the body in response to viral infections. Interferon can be artificially produced and used as a form of immunotherapy.

**Interleukin:** A natural or artificially produced chemical released by the body.

**Interventional radiologist:** A specialist trained to perform procedures, such as biopsies, using imaging equipment such x-rays.

**Intramuscular (IM):** Into the muscle.

**Intravenous:** Administration of medication or fluid to patient by introducing it through a vein.

**Invasive:** Growing into and destroying normal tissues.

**Laparoscopy:** Examination of abdominal organs with a laparoscope (a lighted tubular instrument) passed through a small incision in the abdominal wall.

**Laparotomy:** Any surgical procedure which involves opening the abdominal cavity for examination (exploratory laparotomy) or to perform additional surgery.

**Laryngectomy:** The surgical removal of the larynx.

**Lesion:** A lump or abscess that may be caused by injury or disease, such as cancer.

**Leukemia:** Cancer of the blood. White blood cells may be produced in excessive amounts and are unable to work properly.

**Leukocyte:** See White blood cells.

**Leukopenia:** A low number of white blood cells.

**Limited disease:** A term that describes small cell lung cancer when it has not spread beyond the chest.

**Living will:** A document indicating the treatments a person will accept or not accept for use in the event that he or she is unable to communicate those wishes.

**Lobectomy:** The surgical removal of one of the lobes of a lung.

**Local anesthetic:** A drug used to block sensation in a specific area.

**Lymph nodes:** Small glands located throughout the body that filter out and destroy bacteria and that can collect cancer cells.

**Lymphadenectomy:** Surgical removal and biopsy of lymph nodes to-determine the spread of cancer.

**Lymphangiogram:** A test to look at the lymph nodes.

**Lymphatic system:** A network that includes lymph nodes and lymph vessels that serves as a filtering system for the blood.

**Lymphedema:** Swelling either from obstructed cancerous lymph nodes or from surgically removed lymph nodes. Commonly associated with breast cancer.

**Lymphocytes:** White blood cells that kill viruses and defend against the invasion of foreign material.

**Lymphoma:** A cancer of the lymphatic system. Doctors determine the different lymphomas by the type of cell that is involved in making up the tumor. Treatments depend on the type of cell that is seen.

**Magnetic resonance imaging (MRI):** A machine that produces images of the body using magnetic fields.

**Malignant:** Cancerous.

**Malignant tumor:** A tumor made up of cancer cells of the type that would spread to other parts of the body. This type of tumor needs treatment.

**Mammogram (Mammography):** A low- dose x-ray of the breasts to determine whether abnormal growths or cysts are present.

**Massage:** A relaxation technique.

**Mastectomy:** The surgical removal of the breast.

**Mediastinum:** The area between the lungs that contains the heart, the windpipe, the esophagus, lymph nodes, nerves, and blood vessels.

**Medical oncologist:** A specialist trained to use medicine to treat cancers.

**Melanoma:** A cancer of the pigment- forming cells of the skin or the retina of the eye.

**Metastasis:** An area of cancer that has spread from another part of the body.

**Metastasize:** The spread from the first cancer site, such as breast cancer spreading to the bone.

**Monoclonal antibodies:** Artificially manufactured antibodies specifically designed to find targets on cancer cells for diagnostic or treatment purposes.

**MRI (Magnetic Resonance Imaging):** A sophisticated technique to examine the body using powerful electromagnets, radio-frequency waves, and a computer to produce internal pictures of the body.

**Mucosa (Mucous membrane):** The lining of the mouth and gastrointestinal tract.

**Mucositis:** Inflammation of the lining of the mouth and gastrointestinal tract.

**Multimodality therapy:** A treatment program that combines at least two of the three main methods for treating cancer surgery: radiation therapy or chemotherapy.

**Mutation:** A change in genetic material.

**Myelogram:** An x-ray procedure by which a dye is injected into the spinal column to show any pathology of the spinal cord.

**Myeloma:** A malignant tumor of the bone marrow associated with the production of abnormal proteins.

**Myelosuppression:** A decrease in the production of red blood cells, platelets, and some white blood cells by the bone marrow.

**Nasogastric tube:** A catheter inserted into the stomach through the nose and throat.

**National Cancer Institute:** U.S. Government agency charged with promoting research and new treatment of cancer.

**Nausea:** A sensation of needing to vomit.

**Needle biopsy:** A procedure in which a needle is advanced into a tumor mass in order to obtain a small piece of the tumor.

**Neoadjuvant therapy:** Refers to treatments such as chemotherapy or combined chemotherapy and radiation therapy when they are given before surgical treatment.

**Neoplasm:** A new growth of tissue or cells; a tumor that is generally malignant.

**Neutropenia:** A decreased number of neutrophils, a type of white blood cell.

**Non-Hodgkin's lymphoma:** A cancer of the lymphatic system. Non-Hodgkin's lymphoma is related to Hodgkin's disease, but is made up of different cell types. See Lymphoma.

**Non-small cell lung cancer:** The most common type of lung cancer; it accounts for 75-80% of all lung cancers.

**Oncogene:** A heredity unit that controls the growth of cancer cells.

**Oncologist:** A doctor who specializes in the diagnosis and treatment of cancer.

**Oncology Clinical Nurse Specialist:** A registered nurse with a master's degree who specializes in the education and treatment of cancer patients.

**Oncology:** The study and treatment of cancer. Doctors who specialize in oncology are called oncologists.

**PSA (Prostate Specific Antigen):** A marker used to determine prostate disease may be benign or malignant.

**Palliative treatment:** Treatment aimed at the relief of pain and symptoms of disease but not intended to cure the disease.

**Paracentesis:** Removing fluid from the abdomen using local anesthesia, a needle, and syringe.

**Pathological fracture:** A break in a bone usually caused by cancer or some disease condition.

**Pathologist:** A medical specialist trained to detect the structural changes in tissues and cells caused by disease.

**Pathology:** The study of disease by the examination of tissues and body fluids under the microscope. A doctor who specializes in pathology is called a pathologist.

**Patient-controlled analgesia (PCA):** A device that allows the patient to self-administer safe amounts of pain medication.

**Performance status:** A way of describing the overall function of a person, a key indicator or response to chemotherapy.

**Perfusion scan:** A test that estimates the blood flow to each lung.

**Peripheral neuropathy:** Functional disturbances of the peripheral nerves sometimes caused by chemotherapy, accounting for symptoms such as numbness and tingling sensations in the hands and toes.

**Peritoneum:** A transparent membrane that lines the inside of the abdomen.

**Petechiae:** Tiny areas of bleeding under the skin, usually due to a low platelet count.

**Phlebitis:** A painful inflammation of the vein.

**Photosensitivity:** Extreme sensitivity to the sun, leaving the patient prone to sunburns. Some cancer drugs and radiation have this side effect.

**Placebo:** An inert substance often used in clinical trials for comparison.

**Platelet count:** The number of platelets in the blood sample.

**Platelets:** Cells in the blood that are important for blood clotting.

**Pleural effusion:** An accumulation of fluid within the pleural cavity, the space between the lungs and the interior walls of the chest.

**Pneumonia:** An infection within the lung.

**Polyp:** A growth of tissue protruding into a body cavity, such as a nasal or rectal polyp. It may be benign or malignant.

**Port:** A device usually implanted under the skin that is used for the infusion of drugs or fluid into the blood stream or for drawing blood for blood tests.

**Port-implanted:** A catheter connected to a quarter-sized disc that is surgically placed just below the skin in the chest or abdomen. The tube is inserted into a large vein or artery directly into the bloodstream. Fluids, drugs, or blood products can be infused or blood drawn through a needle that is inserted into the disc.

**Positron emission tomography (PET):** A test that produces an image based on the uptake of glucose by a cancer, used to determine if a tumor is a cancer and if a cancer has spread.

**Primary tumor:** The original cancer site. For example, breast cancer that has spread to the bone is still called breast cancer.

**Progesterone:** One of the female hormones produced by the ovaries.

**Progesterone-receptor assay (PR assay):** A test that determines if breast cancer is stimulated by female hormones.

**Prognosis:** The likely outcome of a disease, often given in terms of the expected chance of surviving for a certain number of years.

**Prophylactic cranial irradiation:** Radiation therapy given to the brain in patients with small cell lung cancer to prevent brain metastases from developing.

**Prosthesis:** Artificial replacement of a missing body part.

**Protocol:** An action plan for a clinical trial. The plan states what the study will do, how, and why. It explains how many people will be in it, who's eligible to participate, what study agents they'll take, what tests they'll receive and how often, and what information is gathered.

**Psycho-oncologist:** A specialist in the psychological aspects of cancer.

**Psychotherapist:** A specialist who treats behavioral and mental disorders using a variety of methods other than the use of drugs.

**Radiation oncologist:** A medical doctor specializing in the treatment of cancer with radiation.

**Radiation pneumonitis:** Inflammation in the lung that sometimes results from the radiation therapy beam.

**Radiation recall:** The reoccurrence of a side effect of radiation treatments (such as skin irritation) long after the radiation therapy has been completed.

**Radiation therapist:** A specially trained technician who administers radiation treatments.

**Radiation therapy:** Use of high-energy x-rays, either beamed from a machine or emitted by sources implanted in a body part, to kill cancer cells.

**Radical mastectomy:** Removal of the entire breast along with underlying muscle and lymph nodes of the armpit.

**Radioactive:** Emitting energy in the form of waves or particles.

**Radioactive seeds:** Small pellets of radioactive material that can be placed down a catheter positioned in an organ of the body.

**Radiologist:** A doctor who specializes in the use of x-rays to diagnose and treat disease.

**Stage:** The anatomic extent of a cancer, how far it has spread.

**Randomization:** A method used to prevent bias in research. People are assigned by chance, often by a computer, either to receive the study agent (intervention group) or not (control group).

**Recurrence:** The reappearance of cancer after a period of remission.

**Red blood cells (erythrocyte):** Cells in the blood that bring oxygen to tissues and take carbon dioxide from them.

**Red blood count (RBC):** The number of red blood cells seen in the blood sample.

**Regression:** The shrinkage of cancer growth.

**Relapse:** The reappearance of cancer.

**Remission:** Complete or partial disappearance of the signs and symptoms of disease.

**Resectable:** The finding that a cancer does not grow into any vital structure and can be removed by a surgical procedure.

**Risk factor:** Anything that increases a person's chance of developing cancer, e.g. smoking.

**Sarcoma:** A malignant tumor of muscles or connective tissues, such as bone and cartilage.

**Screening:** The detection of a disease process before it causes any symptoms.

**Sedation:** Medication given to reduce awareness.

**Seizures:** Convulsions or muscle spasms. Shingles: See Herpes Zoster.

**Side effects:** Secondary effects of cancer treatment.

**Sigmoidoscopy:** An examination of the first 1-2 inches of the rectum with a sigmoidoscope (a thin, lighted metal or plastic tube) inserted through the rectum.

**Sign:** Observable evidence of disease.

**Small cell lung cancer:** One of the two main types of lung cancer.

**Sponsor:** The agency or firm responsible for financing the clinical trial.

**Sputum:** Secretions produced by the lungs.

**Sputum cytology:** Analysis of cells present in sputum to determine if there are signs of cancer.

**Squamous cell carcinoma:** One of the specific types of cancer cells.

**Staging:** A method to describe the extent of cancer, using such characteristics as the size of the tumor, lymph node involvement, and where it has spread.

**State-of-the-art:** The most advanced and latest methods.

**Stoma:** An artificial opening between two cavities or between a cavity and the surface of the body.

**Stomatitis:** Temporary inflammation and soreness of the mouth.

**Study agent:** A treatment modality medicine, vitamin, mineral, food supplement, or a combination of them being tested in a cancer chemical trial.

**Subcutaneous:** Into the fatty tissue under the skin.

**Subclavian vein:** Large vein behind the clavicle, sometimes used for infusion of fluid or medicine.

**Superior vena cava:** The large vein that drains blood from the head, neck and arms back to the heart; may be blocked by a lung cancer in the upper right lung.

**Superior vena cava syndrome:** Swelling in the head, neck and arms caused by obstruction of the superior vena cava.

**Surgeon:** A medical doctor trained to perform operations.

**Survival:** The act of continuing to live after a certain event, such as a diagnosis of lung cancer.

**Symptom:** A change in condition as perceived by a patient; subjective evidence of disease.

**Systemic disease:** A disease that affects the whole body instead of a special organ.

**Taste alteration:** A change in taste perception.

**Testicular self-examination (TSE):** A simple manual exam of testes.

**Thoracentesis (pleural tap):** A procedure to remove fluids from the area between the two layers (pleura) covering the lung.

**Thoracic surgeon:** A surgeon who has undergone at least two additional years of training in order to specialize in heart and lung surgery.

**Three-dimensional conformal radiation:** A special method of treating someone with external beam radiation therapy that minimizes exposure of normal tissue to radiation.

**Thrombocytopenia:** An abnormally low number of platelets (thrombocytes). If the platelets are too few, bleeding could occur.

**TNM:** An abnormally low number for tumor, lymph nodes, and metastases; a method of describing important features about a cancer.

**Total parenteral nutrition (TPN):** Providing nutrients to a malnourished patient via a large vein.

**Tracheostomy:** A surgical opening through the trachea in the neck to provide an artificial airway.

**Transfusion:** The procedure of giving blood or blood products to a person.

**Tumor:** An abnormal overgrowth of cells. Tumors can be either benign or malignant.

**Ultrasound (Ultrasonography, Sonogram):** An examination to locate and measure cystic tumors using very high frequency sound waves, which the human ear cannot hear.

**Ultrasound examination:** The use of high frequency sound waves, which the human ear cannot hear.

**Vaccine:** A substance used for injection that contains part of the antigen infection from that organism in the future by stimulating the immune response to it.

**Venipuncture:** Puncturing a vein in order to obtain blood samples to start an intravenous drip, or to give a medication.

**Vesicant:** An intravenous medication that, if leaked into tissues, could cause pain, swelling, tissue damage, and destruction.

**Virus:** A tiny infectious agent that is smaller than bacteria. The common cold is caused by a virus. For example, herpes simplex (cold sore).

**Wedge resection:** Removing a small piece of the lung, usually with a surgical stapler.

**White blood cells (WBC):** General term for a variety of cells responsible for fighting invading germs, infections, and allergy-causing agents. Specific white blood cells include granulocytes and lymphocytes.

**White blood count (WBC):** The actual number of white blood cells seen in a blood sample.

**X-ray:** High-energy electromagnetic radiation used to diagnose and treat disease. Diagnostic test using high energy to visualize internal body organs (see radiation therapy).



# Patient Guide Evaluation

Your feedback about our Patient Guide is requested so we can continue to improve this important educational resource. Your comments will be held in confidence.

Today's date: \_\_\_\_\_ Are you the patient \_\_\_\_\_ caregiver \_\_\_\_\_

What is your primary cancer diagnosis (skin, lung, prostate, breast, etc)?

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After reading and using the guide, give your opinion for each statement:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The guide gave me all the information I needed.					
The guide is organized and easy to understand.					
The pages of the guide where I could write personal details about my treatment are helpful.					
The guide is a valuable, high quality, educational resource.					
I will use the guide to place information for future reference.					

Suggestions for making the guide better:

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*Please give the completed evaluation to your nurse. Thank you.*

Item: 55925  
Revised: 07/2017

