



Welcome to Niagara Health System's (NHS) Outpatient Oncology Program

Please be assured that you are in good hands; our team of professionals is here to care for and support you through your treatment plan. Our patient-centred approach will guide you through your initial assessment, testing and treatments, education and ongoing follow-up care.



Research has shown that effective patient education enhances patients' knowledge and understanding of their disease and its treatment while also improving treatment compliance and symptom management, the ability to cope, and overall satisfaction with care.

Cancer Care Ontario (2006)

The Patient and Family Education Binder has been developed as a resource to:

1. Provide relevant information/ education materials
2. Facilitate the development of self-care in order to anticipate and manage the signs and symptoms of disease, side effects of treatments and symptom identification.
3. Inform you and your family about your role in promoting safety during your experience in the oncology clinic.
4. Help you manage all the education materials that you will receive during your visits at the oncology clinic.

Please record any questions you may have under the "personal records" section for discussion at your next visit. It is important to bring your binder with you to each visit so materials can be discussed with your interprofessional team as needed.

We trust you will find this binder helpful as an educational resource.





Table of Contents

INFORMATION FOR PATIENTS AND FAMILY MEMBERS	1
<ul style="list-style-type: none">• Important Phone Numbers• Information for Patients and Family Members• Patient Bill of Rights and Responsibilities	
PATIENT SAFETY	2
<ul style="list-style-type: none">• Patient Safety Information• Medication Safety• Tips for Patients and Families• You and Your IV	
INTERPROFESSIONAL TEAM	3
<ul style="list-style-type: none">• Meeting Your Interprofessional Team• Oncology Community Partners	
CANCER	4
<ul style="list-style-type: none">• The Disease• Cancer Treatments – Surgery, Systemic Therapy, Central Venous Access Devices, Radiation Therapy• About Clinical Trials	
PERSONAL TREATMENT INFORMATION	5
<ul style="list-style-type: none">• Schedules• Medication Information Sheets• Side Effects Fact Sheets• Special Instructions and Notes/Questions	
WELLNESS/LIFESTYLE CHOICES	6
<ul style="list-style-type: none">• Exercising Through Cancer• The Gift of Exercise• Nutrition and Cancer• Sleep Hygiene for Cancer Patients• Spiritual Care – Caring for the Human Spirit• Complementary and Alternative Therapies• I've Completed My Cancer Treatment – What's Next?	
INTERNET AND GLOSSARY	7
<ul style="list-style-type: none">• Internet – Checklist to Evaluate Credibility of Internet Sites• Internet Resources• Glossary• Evaluation – Tell Us What You Think	





Important Phone Numbers



NHS OUTPATIENT ONCOLOGY PHONE NUMBERS

Oncology Clinic	(Mon - Fri 8:30 AM - 4:30 PM) Closed Statutory Holidays	905-682-6451
On Call Oncologist	(After Hours/Holidays/Weekends)	905-685-8082
Registered Nurses	(Mon - Fri 8:30 AM - 4:30 PM)	905-682-6451
Clinical Trials Registered Nurse	(Mon - Fri 8:30 AM - 4:30 PM)	905-684-7271 Ext. 43806
Social Worker	(Mon - Fri 8:30 AM - 4:30 PM)	905-684-7271 Ext. 43812
Spiritual and Religious Services	(Mon - Fri 8:30 AM - 4:00 PM)	905-684-7271 Ext.44233

OUTPATIENT ONCOLOGY COMMUNITY PARTNERS

Canadian Cancer Society	905-684-6455
Wellspring Niagara	905-684-7619
Hamilton Niagara Haldimond Brant (HNHB) CCAC	905-684-9441
Hospice Niagara	905-984-8766





Information for Patients and Family Members

Concern about a family member is natural. We support families and want their help in developing a patient's plan of care. It is helpful, where possible, to provide the name and relationship of one individual to serve as the primary contact or spokesperson for your family.



Outpatient Oncology Information

APPOINTMENT CHANGES

We try hard to make sure that our appointments go ahead as planned but changes can happen. We will give you as much notice as possible if your clinic or treatment appointment needs to be changed. If you need to change an appointment, please call the oncology clinic at **905-682-6451**.

NHS ONCOLOGY WEBSITE

Please visit our website www.niagarahealth.on.ca/oncology for further information on the NHS Oncology Program and patient education resources

TESTS AND LAB RESULTS

Test and lab results are usually given during clinic appointments. We understand that waiting for these results is difficult, but we feel it is important to discuss them in person with your oncologist.

SYSTEMIC THERAPY SUITE (CHEMO ROOM)

The Systemic Therapy suite may be very busy and crowded. For safety reasons, please have only one family member or friend with you. Any support person accompanying you should be over the age of sixteen.

NHS General Information

ASSISTED TRANSPORTATION

If you require assisted transportation to or from the hospital, there are transportation services available. These transportation services usually require advance pickup notice.

OPT - Ontario Patient Transfer **1-866-527-9191**, may be used for patient transfer by wheelchair, stretcher or for someone who can walk but needs assistance. Patient is responsible for payment of this mode of transportation.

Canadian Cancer Society volunteer drivers **905-684-6455**, may be used for patient who can walk or transfer themselves from a wheelchair. This service is free of charge.

Check with your local transit system for other options.



NOURISHMENT/CAFETERIA

Patients requiring lunch and special dietary needs are encouraged to bring a light nourishment with them to their appointments. Cafeterias are located at all Niagara Health System (NHS) hospitals with the exception of Niagara-on-the-Lake (NOTL) and Ontario Street Sites. Varying breakfast, lunch and dinner services are available. In addition to cafeterias, most NHS hospitals provide coffee kiosks/snack bars with a variety of snack items and beverages for your convenience.

The Canadian Cancer Society volunteers serve tea, coffee and cookies in the clinic waiting areas. This free service is made available to you by the Canadian Cancer Society, Niagara Unit.

COMPLIMENTS/CONCERNS

Please contact a Patient Relations Specialist at **905-378-4647 ext 44423**.

FIRE ALARM

Hospital staff members are trained in fire safety and evacuation procedures. In the event of a fire alarm, stay in the department and await their instructions. Please follow instructions carefully. Do not use elevators until the "All Clear" announcement has been made over the Public Address System.

GIFT SHOP

Most NHS hospitals have Gift Shops run by hospital Auxiliary members as a main fundraising program. A wide selection of gift items are available. Proceeds are donated to NHS hospitals to assist in the purchase of patient-care equipment.

INTERPRETER SERVICES

Interpreter services are available in many languages. Please ask a member of your health care team if assistance is required.

PERSONAL INFORMATION/ONTARIO HEALTH CARD

You will be asked to provide the name and relationship of one individual to serve as the primary contact or spokesperson for your family. Please give your Health card to receptionist at each visit and notify receptionist of changes such as family doctor, address, phone number, etc.

POWER OF ATTORNEY

If you have a power of attorney document, please bring it with you.

SCENT FREE POLICY

Staff, patients and visitors are requested to avoid wearing perfume, aftershave and other scented personal products when they come to the NHS.

SMOKE FREE HOSPITAL PROPERTIES

All hospital properties, including buildings, parking lots and lawns/gardens are smoke-free zones as of May 31, 2007. No smoking is allowed on the property to reduce the effects of second-hand smoke and provide a safe and healthy environment.

STAFF IDENTIFICATION

All hospital staff related to the operation of the hospital on a day-to-day basis can be identified by their photo identification badge worn while on duty.

WAITING ROOM

A computer with internet access, patient library and TV are available for your use. A telephone is located in the patient waiting room and quiet room. Long distance phone calls can be made using a calling card. Due to the variations in patient's needs, we sometimes experience delays in our schedule. Please feel free to bring your personal reading materials and entertainment devices. Portable DVD players and a selection of movies are available for your use while you are in the clinic. Please bring your own earphones.



HEALTH RECORDS

The NHS Health Records Department oversees the collection, storage, retention and access to your personal health record. We respect and maintain the confidentiality of your personal health information. The Health Records Information Release Specialist manages release-of-information inquiries and requests for copies of your personal health record. If you would like copies of your Oncology health record please notify your clinic nurse who will contact the Oncology Health Record Professional.

FREQUENTLY ASKED QUESTIONS

Q *How can I get a copy of my NHS health record?*

A If you are a former patient of the Niagara Health System, you can request your records by submitting a dated, written and signed request to the health records department of the hospital where you were a patient (Ontario Street Site is the former Hotel Dieu Health Sciences Hospital, Niagara). We require a "Request for Access to Personal Health Information" form.

Q *Does the hospital have all my health records on file?*

A The Niagara Health System retains and manages patient records according to current government legislation.

Q *How can I obtain records for an incapable/incompetent patient?*

A For patients who are incapable of signing a consent, a proof of legal signing authority must be provided with the written/signed request for patient information. Proof of legal signing authority such as the Substitute Decision Maker, Public Trustee, may also include: the patient's legal guardian, Power of Attorney for Personal Care, spouse or partner, parent, child, sibling or other relative.

Q *What will it cost me to request medical record information?*

A An administrative fee is charged for non-medical requests. A pre-paid fee must accompany your written/signed request. Call your nearest Health Record Department for more information at **905-387-4647**.

Q *Release of information Hours of Operation?*

A Health Records release of information office is open Monday to Friday (excluding stat holidays) for patient access requests.

Note: Call NHS Regional switchboard at **905-378-4647** (to reach all hospital sites).

PATIENT PRIVACY – YOUR HEALTH INFORMATION AND YOUR PRIVACY AT NHS

At Niagara Health System, we treat your personal health information with respect and sensitivity and so in accordance with the Ontario Personal Health Information Protection ACT (PHIPA, 2004) and all other applicable legislation.

The people at NHS who provide and support your care are allowed to see your health information. This group includes doctors, nurses, technicians, therapists, and other health professions who provide care and treatment.

For more information about why we collect your personal health information and how it is used and shared, please refer to "Your Health Information and Your Privacy in our Hospital" booklet which is available in the waiting room

If you have questions or concerns about our privacy practices, please speak to the Chief Privacy Officer at **905-378-4646 ext. 44475**.

For additional information about Patient Privacy go to <http://www.niagarahealth.on.ca>





Patient Bill of Rights and Responsibilities

The Niagara Health System encourages you (or your substitute decision maker/legally authorized representative) to take an active role during your Hospital treatment.



AS A PATIENT YOU HAVE THE RIGHT TO:

- Be treated at all times with compassion, professionalism and respect.
- Confidential treatment of your health information in accordance with the law.
- Information necessary to make informed health care choices.
- Give or refuse consent to medical treatment.
- Express your concerns or complaints and expect the Hospital to make best efforts to a timely reply to your questions.
- A safe and clean environment.

AS A PATIENT YOU HAVE THE RESPONSIBILITY TO:

- Provide accurate information relating to both your medical and personal history.
- Be actively involved in your plan of care and to ask questions when you don't understand or require more information.
- Be courteous and respectful of other patients, visitors and the Hospital team.
- Be respectful of Hospital property and comply with Hospital policies.





Patient Safety

Take an ACTIVE role in your care.

Patient safety takes top priority at the Niagara Health System. Our facilities and staff work to keep you safe while we provide the healthcare you need. You and your family can play a vital role in the process. You can help prevent potential infections, falls and medication errors.

Please read this section, share it with your family and speak with your interprofessional team if you have any questions.

Ask questions whenever you have a concern about patient safety.

INFECTION

Stopping the spread of infection can be as simple as a thorough washing of your hands. It remains the single most effective way to control infections.

HAND WASHING

Are you washing your hands properly? Follow these simple steps to ensure a clean result!

- Use warm running water and soap.
- Rub hands together briskly for 15 seconds (about the time it takes to sing Happy Birthday).
- Rinse hands thoroughly and dry with a clean paper towel.
- Use paper towel to turn off the tap.

Use these tips at home too!



MAKE SURE YOU WASH YOUR HANDS:

- Before and after visiting a patient.
- After coughing or blowing your nose.
- After using the washroom.
- Before eating.

Waterless alcohol-based hand rub dispensers can be found throughout the hospital for your use.

FALLS PREVENTION

Did you know that...

- Cancer patients and patients on treatment may be at risk for falls.
- Falls are the primary cause of injury admissions to acute care hospitals.
- Falls are the cause of 84.4% of all injury admissions for people age 65 years and older.
- Fall injuries pose a significant burden in terms of reduced quality of life.
- Medications that cause sedation, disorientation, or hypotension increase the patient's risk for falling.
- Most falls occur from or near the patient's bed while trying to transfer from one location to another.

Information adapted from RNAO Best Practice Guideline
for the Prevention of Falls in the Older Adult





Medication Safety

*Your health care is a team effort, and you are an important member of the team.
You and your family can help prevent medication errors.*



BEFORE TREATMENT

Your doctors need information about your medications to make sure new prescriptions don't cause problems.

- Make and carry a list of all medications you take, including over-the-counter drugs, vitamins, and herbal supplements. Show the medication list to your doctor and nurse.
- Tell your interprofessional team about any allergies you have, or bad reactions you had to medications in the past.
- Learn what medications you will take during treatment. Ask what they do, how and when you should take them, and what to do if you miss a dose. Ask about possible side effects, and what you should do if you have them.
- Ask if you should keep taking your usual medications in addition to the new ones.
- Inform your interprofessional team if you have any changes to your medications.

DURING TREATMENT

You can help make sure you get the right medication at the right time.

- Speak up if something doesn't seem right – for example, if a medication looks different, or the routine changes.
- Don't let anyone give you a medication without checking your identity including your full name and date of birth or hospital identification bracelet.
- When a nurse gives you medicine (IV or oral), ask what it is. This can prevent accidental mix-ups.
- Don't take any medicine unless your doctor or nurse practitioner has prescribed or approved it.
- If you have symptoms from medicine, contact your interprofessional team right away.
- Consider asking a relative or friend to come with you to appointments and treatments.
- Use your "special instructions" page and discuss with your interprofessional team.

AFTER TREATMENT

Your prescriptions will probably change after treatment ends.

- Ask your doctor to review with you the list of medications to take after your treatment is done. Ask if you should resume taking medications you had before treatment.
- Ask what to expect. Let your interprofessional team know if you have any unexpected symptoms.
- Don't discontinue a drug or change the dosage without talking with your interprofessional team.
- Talk to your interprofessional team before combining over-the-counter drugs with your prescription medicine.

(used with permission from Dana-Farber www.dfbwcancer.org)





Tips for Patients and Families

Ask. Talk. Listen.

As a patient or family member, studies have shown that people who are more informed and involved in their health care tend to stay safer and have better health outcomes. To ensure that you or your family member receive the best care possible, remember to ask - talk - listen with your team of healthcare providers.

ASK

As a patient or family member, it is important that you understand as much as possible about the health care you receive. Ask questions until you feel comfortable with any treatment options, instructions or health advice.

- Write questions down in advance of your appointment and take notes when meeting with health care providers.
- Ask your doctor or health care provider to explain your condition in simple words if you are not clear about your problem or diagnosis.
- Ask what you can or need to do to alleviate symptoms or make your condition better.
- Ask your doctor, nurse or pharmacist questions about your medications, such as why you are taking the medication, what the side effects are, how the medication will help you, and how and when you should take your medication.
- If you are required to get a test or treatment ask for details, such as: Why do I need this test? What will it involve? What if I do not have this treatment? Are there any alternatives?

TALK

You are best able to tell your doctor or health care provider about any problems you are having. There is important information you should tell your doctor that may help them provide a better diagnosis or avoid any unintended results or interactions.

- Tell your doctor or health care provider about previous treatments or surgeries, current prescriptions or any other health concerns.
- Keep a list or journal of your symptoms, your questions and write down answers.
- Bring an up to date list of all your medications, including herbal supplements and vitamins, or bring the medications in their original containers.
- Let your doctor know if you are under the care or treatment of any other doctors or healthcare professionals, such as a naturopath or herbalist.
- Inform your interprofessional team of any chronic conditions, such as high blood pressure, diabetes or allergies.
- Talk to your pharmacist to ensure the medication dispensed is the one prescribed for your condition.

LISTEN

When talking to your inter-professional team, listen to what he or she is saying. If you do not understand, tell them you do not fully understand or ask further questions for clarification.

- Keep a medical journal that keeps the details about your treatment and care. Include information such as medications prescribed, tests you receive and other important information provided by your interprofessional team. If you're unable to do this, ask a friend or family member to do this for you.
- Bring someone with you to do the listening for you. If possible, ask that they write important information down for you in a journal. Often our family members or other care providers may ask important questions that can assist in future decisions about your care.

For more information on patient safety and what is happening in your community please visit our website at: www.patientsafetyinsitute.ca

(information obtained from the Canadian Patient Safety Institute CPSI)





Meeting Your Interprofessional Team

Your interprofessional team is made up of providers from various professions available to help you through your cancer experience.

Medical Oncologist	
Radiation Oncologist	
Primary Care RNs	
Clinical Trials RNs	
Systemic Therapy RNs	
Oncology Pharmacist	
Social Worker	
Receptionist	
Spiritual and Religious Support	

To request a consultation with a clinical dietician or physiotherapist please speak to your primary care nurse.

Other people you may see at the Oncology clinic are:

- Canadian Cancer Society Volunteers
- Wellspring and Hospice Representatives
- Pet therapy volunteers and pets





Interprofessional Team

WHO?	WHAT DO THEY DO?	HOW CAN YOU CONTACT THEM?
Medical Oncologist	<ul style="list-style-type: none"> • Medical assessment and treatment plan • Carries out treatment plan • Follow up to assess effectiveness of treatment 	Monday - Friday 8:30AM - 4:30PM 905-682-6451 After hours/ Holidays/Weekends 905-685-8082
Radiation Oncologist	<ul style="list-style-type: none"> • Medical assessment to decide if radiation treatment should be part of your treatment plan • Arranges and carries out radiation treatments in Hamilton at the Jurivinski Cancer Centre 	Referral will be made by your oncologist
Family Physician	<ul style="list-style-type: none"> • Continues to provide ongoing care of problems unrelated to your cancer or cancer treatment (diabetes, heart problems) • Updates from your oncologist are provided to your family doctor 	Family Doctor's office number
Primary Care Registered Nurses	<ul style="list-style-type: none"> • Nursing Assessment • Provide ongoing health teaching on treatment and management of treatment side effects • Telephone support 	Monday - Friday 8:30AM - 4:30PM 905-682-6451
Systemic Therapy Registered Nurses	<ul style="list-style-type: none"> • Nursing Assessment • Administer chemotherapy • Health Teaching 	
Clinical Trials Team Registered Nurses Clinical Research Coordinator	<ul style="list-style-type: none"> • Nursing Assessment • Provides ongoing health teaching on study medications and management of side effects 	Monday - Friday 8:30AM - 4:30PM 905-684-7271 Ext 43806
Peripherally Inserted Central Catheter (PICC) Nurses	<ul style="list-style-type: none"> • Coordinate PICC referrals • Health teaching for PICC lines • Insert PICC lines • Problem solve PICC problems 	Monday - Friday 8:30AM - 4:30PM 905-682-6451
Social Work	<ul style="list-style-type: none"> • Counselling for emotional and social issues • Financial assistance, work issues • Drug benefits • Crisis intervention 	Monday - Friday 8:00AM - 4:00PM 905-684-7271 Ext 43812 Contact your clinic nurse for referral





Interprofessional Team

WHO?	WHAT DO THEY DO?	HOW CAN YOU CONTACT THEM?
Oncology Pharmacist	<ul style="list-style-type: none"> • Prepares chemotherapy • Double checks chemo orders • Fills internal prescriptions only 	
Spiritual and Religious Services	<ul style="list-style-type: none"> • Religious and spiritual support and counselling • Crisis intervention • Support families with compassionate care decisions 	Monday - Friday 8:00AM - 4:00PM 905-684-7271 Ext 44233 Contact your primary care team for referral
Dietician	<ul style="list-style-type: none"> • Available to answer questions about nutrition • Suggests ways to keep a good nutritional status with your cancer and treatment 	Contact your primary care team for referral
Physiotherapist	<ul style="list-style-type: none"> • Available to help 	Contact your primary care team for referral
Health Record Technician	<ul style="list-style-type: none"> • Gathers test results and reports for your clinic visit • Arranges for copies of your health records 	
Receptionists	<ul style="list-style-type: none"> • Arranges for clinic appointments and booking of tests 	Monday - Friday 8:30AM - 4:30PM 905-682-6451
Canadian Cancer Society Volunteers	<ul style="list-style-type: none"> • Greets/visits with patients and families • Refreshments • Assists with patient transport in hospital 	Look for their bright yellow smocks in the Oncology clinic





Oncology Community Partners

PARTNERS	FUNCTION	HOW TO ACCESS
<p>Canadian Cancer Society</p>	<p>Programs</p> <ul style="list-style-type: none"> • Funds research on all types of cancer • Offers comprehensive and credible information on cancer, risk reduction and treatment • Provides support for people living with cancer, family members and friends <p>Cancer Information Service Dealing with a cancer diagnosis can be stressful and the information difficult to understand. It helps to have someone you can talk to and trust for reliable information. The Cancer Information Service is for all people with cancer, their families, the public and healthcare workers. Service is offered in French and English across Canada.</p> <p>Smokers' Helpline A free confidential telephone or web-based service that provides support, advice and information about quitting smoking.</p> <p>Volunteer Drivers A transportation service offered to those who have no other means of getting to cancer related appointments. Transportation is a busy service, so please give at least 3 full business days notice.</p> <p>Other Programs</p> <ul style="list-style-type: none"> • Peer support • Financial Assistance • Scarves, hats, wigs and prostheses available • Referrals to support groups <p>All of these services and more are possible because of generous donors and volunteers</p>	<p>Niagara Unit St. Catharines tel: 905-684-6455 Monday - Friday 9:00-5:00 www.cancer.ca</p> <p>toll free: 1-888-939-3333 TTY: 1-866-786-3934 cis@ontario.cancer.ca</p> <p>toll free: 1-877-513-5333 www.smokershelpline.ca</p> <p>Niagara Unit tel: 905-684-6455</p>





PARTNERS	FUNCTION	HOW TO ACCESS
<p>Wellspring Niagara</p>	<p>Programs</p> <ul style="list-style-type: none"> • A regional cancer support centre for individuals and their families with cancer • peer support • relaxation & visualization • reiki • therapeutic touch • yoga • Look Good, Feel Better 	<p>Monday-Friday Mon. - Fri. 9:00 - 5:00 3250 Schmon Pkwy, Unit 3 Thorold, ON L2V 4Y6 tel: 905-684-7619</p> <p>Stevensville Satellite 3-2763 Stevensville Road Stevensville, ON L0S 1S0 tel: 905-382-6121 info@wellspringniagara.ca www.wellspringniagara.ca</p>
<p>Community Care Access Centre</p> <p>Hamilton Niagara Haldimand Brant (HNHB)</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Physical • Psychosocial <p>Treatments</p> <ul style="list-style-type: none"> • Medication • IV Therapy • Dressing changes <p>Communication</p> <ul style="list-style-type: none"> • Discussion with other team members <p>Palliative Care Team</p> <p>Services</p> <ul style="list-style-type: none"> • Nursing • Homemaking • Social Work • Dietitian • Case Management • Physiotherapy • Occupational Therapy • Speech Therapy 	<p>Referral made by:</p> <ul style="list-style-type: none"> • A member of the Oncology Team • Self • Family • Friends <p>tel: 905-684-9441 www.ccac-ont.ca</p>
<p>Dentist</p>	<ul style="list-style-type: none"> • Contact before treatment start for thorough checkup if possible. During treatments, contact a member of your interprofessional team. 	





PARTNERS	FUNCTION	HOW TO ACCESS
<p>Hospice Niagara</p>	<p>10 bed residence for end of life care, 10 private rooms with private washroom, in a homelike setting. 24 hour nursing is provided and volunteers assist residents in a variety of ways. Families welcome to stay in room overnight with loved one.</p> <p>Visiting Volunteer Program Volunteers are extensively screened and trained to provide non-medical support and comfort care to individuals and their families who are living with a life-limiting illness. Volunteers offer practical assistance, emotional and spiritual support and respite for caregivers.</p> <p>Day Hospice Program Provides an opportunity for men and women who are living with a life limiting illness to enjoy a time of relaxation and caring companionship in a safe, comfortable setting. It offers a place for tranquility and quiet social sharing and for taking part in massage therapy, reflexology, aesthetic services, pastoral care, etc.</p> <p>Bereavement Support Program Well-established programs in which expression and communication are encouraged through sharing and activity.</p> <p>Adults</p> <ul style="list-style-type: none"> • Bereavement support group: lead by a professional, eight weeks long; offered twice a year • Grief Walk: every other week, year round; facilitated by trained volunteers. <p>Children and Adolescents Well-established peer support programs in which expression and communication are encouraged through sharing and creativity. Volunteer-led support is offered to any child or adolescent in the Niagara region who requires assistance in coping with the death of a loved family member or friend.</p> <p>Children: ages 6-12; six weeks long, offered twice a year Adolescents: aged 13 - 19; six weeks long, offered twice a year Parents: runs concurrently with Children's Bereavement Support Program</p>	<p>Contact office at: tel: 905-984-8766</p> <p>Residential Care Co-ordinator Ext 247</p> <p>Community Support Day Hospice and Bereavement Support Ext 229 or Ext 223</p> <p>Fax: 905-984-8242</p> <p>Referrals through CCAC</p> <p>www.hospiceniagara.ca</p> <p>Email: info@hospiceniagara.ca</p> <p>403 Ontario Street St. Catharines, ON L2N 1L5</p>





Cancer: The Disease

Cancer is a disease that starts in our cells. Our bodies are made up of millions of cells, grouped together to form tissues and organs such as muscles and bones, the lungs and the liver. Genes inside each cell order it to grow, work, reproduce and die. Normally, our cells obey these orders and we remain healthy. Sometimes the instructions get mixed up, causing the cells to form lumps or tumours, or spread through the bloodstream and lymphatic system to other parts of the body.



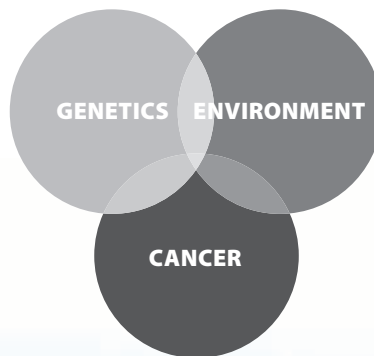
Cancer starts from cells within our body.	You cannot catch cancer from another person or pass it on to anyone else.	Cancer that starts in the bladder but spreads to the lungs is still called bladder cancer with lung metastasis.
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Tumours can be either benign or malignant. Benign tumour cells stay in one place in the body and are not usually life-threatening.

Malignant tumour cells are able to invade nearby tissues and spread to other parts of the body. Cancer cells that spread to other parts of the body are called metastases.

Cancers are named after the part of the body where they start. For example, cancer that starts in the bladder but spreads to the lung is called bladder cancer with lung metastases.

Information adapted from www.cancer.ca



It is still not possible to tell exactly what causes an individual's cancer.





Staging

The stage of a cancer is determined by:

- the size of the tumor
- whether the cancer is invasive or non-invasive
- whether lymph nodes are involved
- whether the cancer has spread beyond its original site

The purpose of the staging system is to help organize the different factors and some of the personality features of the cancer into categories. Staging is only one piece of information used by your oncologist to plan your treatment. For further information about your stage of cancer, speak to your oncologist.

Common tests ordered for staging, screening and follow up purposes may include:

CHEST X-RAY

Used to see if there are deposits of cancer cells within the lungs. An X-ray may show if fluid is present between the lung and the chest wall.

BLOOD TESTS

Will vary depending on the type of cancer. Blood tests help to assess the effects of a tumour or treatment on the rest of your body.

ULTRASOUND

A test that uses high frequency sound waves to form a picture of the internal organs.

COMPUTED AXIAL TOMOGRAPHY (CAT OR CT SCAN)

A test that combines special x-ray equipment with specialized computers to produce multiple images or pictures of the inside of the body and is able to detect deposits of cancer cells.

BONE SCAN

A specialized radiology procedure used to examine the bones of the body to detect areas where cancer cells may have spread.

MAGNETIC RESONANCE IMAGING (MRI)

A procedure that creates images of the body using powerful magnets and radio waves. Provides detailed images of the body to detect deposits of cancer cells.

MAMMOGRAM

An easy Xray of the breast to aid in the detection of cancer cells in the breast

MULTI GATED ACQUISITION SCAN (MUGA SCAN)

A non-invasive test that produces a moving image of the heart to evaluate how well your heart is working. It allows the heart's major pumping chamber (the left ventricle) to be assessed.

COLONOSCOPY

An exam of the large colon and part of the small bowel with a camera on a flexible tube passed through the anus allowing for visualization or biopsy of a growth.

“It is more important to have the right tests done rather than deciding about treatment using inadequate information.”





Cancer Treatment

Just as each person is different, each individual's cancer experience and treatment is different.



The type of treatment offered to you will depend on:

- **the type of cancer**
- **the size of the tumour**
- **if the cancer has spread to other parts of your body.**

You and your doctor will decide on what treatments will work best for you. Some common treatments for cancer are:

- **Surgery**
- **Systemic Therapy**
- **Radiation Therapy**

Surgery

There are different methods of surgery for the various types of cancer. Each type of cancer has its own way of growing or spreading which determines which surgical approach is used.

To effectively remove a cancer, a surgeon must remove not only the original tumour but also any cancer cells which may have travelled outside the primary tumour area. This may include nearby lymph nodes.

Cancer cells are very small, about 100 million of them can sit on the head of a pin. Even the most accurate test may not detect these cells.

When a surgeon tells a patient “I got it all,” they generally mean they have removed all the cancer that they could see.

Sometimes, cancer cells are left. This is because they are so small they cannot be seen.

There is always a chance or risk that these cells may grow again.

The degree of risk depends on:

- the type of cancer
- the stage of cancer
- the amount of tissue removed at surgery.





Systemic Therapy

CHEMOTHERAPY

Chemotherapy is treatment with *anticancer drugs*. Anticancer drugs are powerful agents that work by destroying cancer cells or by preventing them from multiplying, growing or spreading to other parts of your body.

When you are given a single dose chemotherapy, the agent will only kill some of the cancer cells. That is why most people are given a number of *chemotherapy cycles*.

Chemotherapy *agents* may affect the whole body, so healthy cells can also be damaged. This damage to healthy cells causes side effects. These side effects are temporary because the healthy cells will repair themselves.

GOALS OF CHEMOTHERAPY

The choice of treatment to be used will depend on the kind of cancer you have, its stage and what the goal of the treatment is. Chemotherapy is usually given in addition to other cancer treatments, such as surgery, radiation, or other systemic therapies. Your interprofessional team will explain why chemotherapy is a treatment option for you. The goals of your treatment may be to:

- ✓ **Cure the cancer**
Chemotherapy, by itself or with another treatment, is given to destroy cancer cells in the body. Many types of cancer can be treated with a combination of chemotherapy agents.
- ✓ **Shrink a tumour before other treatments (neoadjuvant chemotherapy)**
Sometimes chemotherapy is given to shrink a tumour before surgery or radiation
- ✓ **Destroy cancer cells after other treatments (adjuvant chemotherapy)**
Chemotherapy is often given in addition to surgery or radiation treatments to destroy cancer cells that may have been missed by the surgery or radiation
- ✓ **Prepare for a bone marrow or stem cell transplant (ablative chemotherapy)**
Chemotherapy is used to destroy the bone marrow before it is replaced by the stem cells or bone marrow from a donor
- ✓ **Relieve symptoms caused by cancer (palliative chemotherapy)**
Chemotherapy may be given to reduce pain and other symptoms of cancer.





TARGETED THERAPY	BIOLOGIC THERAPY	HORMONAL THERAPY
<ul style="list-style-type: none"> • cancer cells need certain small compounds in the body to grow • Targeted Therapy is a treatment that interferes with these compounds so that the cancer cells can not use them to grow • because Targeted Therapies are made to work only on the cancer cells, they do not cause the same types of side effects as chemotherapy • some of these medicines are taken orally (a tablet or a capsule), and some are given in the clinic intravenously 	<ul style="list-style-type: none"> • your immune system is your body's defence against disease • Biologic Therapies are medicines that work with your immune system to help fight your cancer (also called Immunotherapy) • these drugs are made from natural sources, but they do have side effects, including allergic-type reactions and flu-like symptoms • may be given intravenously or by injection 	<ul style="list-style-type: none"> • hormones are natural substances or chemicals in your body • some types of cancer use these hormones to help them grow • Hormonal Therapies are drugs that stop certain hormones from being made, or from being active in the body • stopping the hormones can stop the cancer cells from growing • may be given orally or by injection

HOW IS SYSTEMIC THERAPY GIVEN?

The most common ways of giving chemotherapy medications are by mouth (orally), or by intravenous infusion (IV) into a vein or a combination of the two. Your interprofessional team will help you decide on the method that is best for you.

By mouth (orally)

Some systemic therapy drugs can be taken in a pill or capsule form. If you are taking systemic therapy drugs by mouth it is very important to take them as directed. If you change the amount you are taking or the time between pills your treatment may not work as well or it may cause side effects.

- Always take the prescribed dose at the right time. Follow the instructions about taking the drug before or after meals, or with liquids
- Always wash your hands after taking your dose, especially after you touch the medication.
- If you forget to take a dose, follow the instructions from your interprofessional team

By intravenous infusion (IV)

Some systemic therapy drugs need to be infused directly into your bloodstream and are delivered into a vein in your lower arm or through a central venous access device. These drugs can be infused intermittently in the oncology clinic or continuously. When the chemotherapy is ordered over an extended period of time, the chemotherapy is started in the oncology clinic and infused via a pump over 24 hours for a preset number of days at home.

By injection (often referred to as “shot”)

Some systemic therapy drugs are given through a needle under the skin into the tissue or a muscle.

(Information adapted from Canadian Cancer Society's “Chemotherapy” – A Guide For People With Cancer)

SYSTEMIC THERAPY SIDE EFFECTS

Everyone responds differently to each systemic therapy drug. Your interprofessional team cannot say for sure how you will tolerate the chemotherapy but will provide you with a list of potential side effects. Many of the side effects can be managed or lessened so it is important to have good communication with your interprofessional team so they can help you to minimize the side effects and allow you to carry on your normal activities as much as possible. Side effects will gradually disappear when treatment is over, depending on the types of drugs you were taking and your general physical health. Some side effects may be permanent. You will be asked to attend a one hour systemic therapy education class about the clinic and systemic therapy treatment.



Central Venous Access Devices

A central venous access device (CVAD) is a catheter used to deliver intravenous fluids, chemotherapy, medications or blood components. The tip of the catheter sits in the large blood vessel right above the heart called the superior vena cava (SVC). Different types of catheters exit the body at different places. Your interprofessional team will discuss with you if a central line is appropriate for you.

IMPLANTED VASCULAR ACCESS DEVICE (IVAD- PORT)

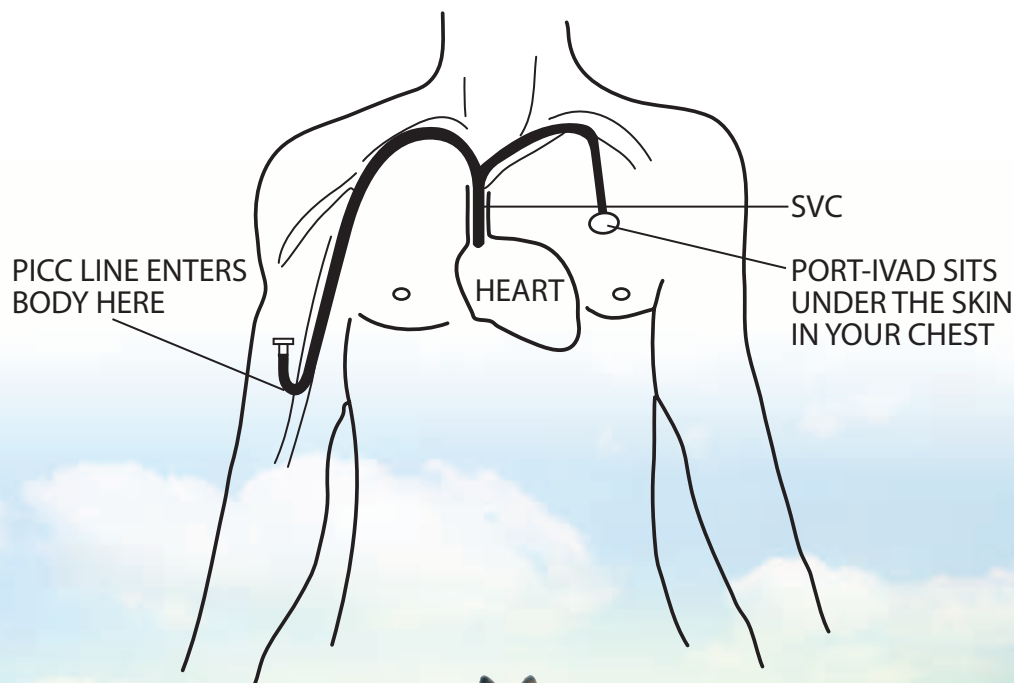
The implanted vascular access device is inserted by a surgeon or radiologist using a local freezing and is considered a long-term access device. It is a chamber placed under the skin in your chest that connects to a catheter that leads to the SVC. It is completely under the skin and has no parts outside of your body. The IVAD is accessed each time with a special needle through the skin. When not in use the IVAD needs to be flushed monthly. A dressing is only required when the IVAD is accessed.

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC)

The Peripherally Inserted Central Catheter is a catheter inserted at the bedside by a specially trained registered nurse using ultrasound and a cream to numb the skin or in special procedures by a radiologist using a local freezing. The PICC is inserted in a large vein in your upper arm and advanced to the SVC. The external portion of the catheter is secured on the arm with a dressing that needs to be changed once a week. It is easily removed by a RN when treatment is over.

TUNNELLED CVC (HICKMAN)

A tunnelled catheter is inserted by a surgeon using a local freezing. It is inserted into a vein near the neck and advanced to the SVC. The external portion of the catheter is tunnelled 3 - 5 cm through subcutaneous tissue to an exit site on the chest. It is secured with absorbable sutures and a dressing that needs to be changed once a week.





Radiation Therapy

WHAT IS RADIATION THERAPY?

Radiation therapy is the use of a certain type of energy (radiation) to destroy cancer cells. Other names for this common method of treating cancer are radiotherapy, x-ray therapy or irradiation.

Radiation in high doses destroys cells in the area being treated by damaging the DNA in their genes, making it impossible for them to grow and divide. During radiation therapy, both cancer cells (which are growing in an uncontrolled way) and healthy cells are affected, but most healthy cells can repair themselves afterwards.

The NHS Oncology Program does not presently offer radiation treatment. If the chosen treatment is radiation or a combination of radiation and chemotherapy, you will be referred to a Radiation Oncologist from the Juravinski Cancer Centre. The initial consultation often occurs at the oncology clinic in St. Catharines. At that appointment, the treatment will be discussed and appointments for the actual treatment in Hamilton will be arranged. Consent forms are signed and information about radiation side effects is given and explained. Directions to the Juravinski Cancer Centre are provided, as well as information about the Canadian Cancer society volunteer driver program. Follow-up appointments after radiation may be made at the St. Catharines oncology clinic.

THE TYPES OF RADIATION THERAPY

The different types of radiation therapy are:

EXTERNAL BEAM RADIATION THERAPY	BRACHYTHERAPY	SYSTEMIC RADIATION THERAPY
Also called external radiation therapy	Also called internal radiation therapy or implant therapy	Also called unsealed internal radiation therapy

THE GOALS OF RADIATION THERAPY

Radiation therapy can have many different purposes, and it can be combined with other ways to treat cancer. The goals of your treatment may be to:

- ✓ **Cure the cancer**
Radiation therapy by itself or with another treatment, is given to destroy cancer cells in the body.
- ✓ **Shrink a tumour before other treatments**
Sometimes radiation therapy is given to shrink a tumour before surgery or chemotherapy.
- ✓ **Destroy cancer cells after other treatments**
Radiation therapy is sometimes given after surgery or chemotherapy to destroy cancer cells that may remain.
- ✓ **Relieve symptoms caused by cancer**
Radiation therapy may be given to reduce pain and other symptoms of cancer.





RADIATION THERAPY AND SIDE EFFECTS

Many treatments for cancer can have side effects but it's hard to know if and when they might happen to you. Side effects from radiation therapy vary from person to person, depending on:

- the amount of radiation
- the part of your body being treated
- your treatment schedule
- your general physical health
- other medications you are taking

Some people think that having side effects means that the radiation is working and not having them means that it's not. Side effects are caused by damage to healthy cells during treatment. They are different from person to person and are not a sign of whether the treatment is working or not.

Your radiation therapy team is there to help you manage any side effects you have. They will explain which side effects to report right away, and which ones can wait until your next appointment. Ask them about ways to reduce your side effects or make them easier to deal with. If you notice any unexpected side effects or symptoms, talk to your radiation therapy team.

Information adapted from Canadian Cancer Society's "Radiation Therapy"- A guide for people with cancer.

COMBINATION THERAPY

You may receive two or more of the treatment types listed above, at the same time, or one after the other. Research has shown that often the combination of treatments can fight the cancer better together than if they were used alone.





About Clinical Trials

The Niagara Health System Oncology Program participates in phase II, III, and IV clinical trials. We are members of the NCIC Clinical Trials Group (NCIC-CTG) and Ontario Clinical Oncology Group (OCOG) and work closely with a number of industry partners. There are several studies actively recruiting patients at any time and many more that continue to collect information on patients previously enrolled in studies.



Clinical trials have led to many new advances in health care research.

HAVE YOU CONSIDERED A CLINICAL TRIAL?

If you or someone you care about has been diagnosed with a disease, understanding your treatment options is an important first step. Many patients and their families don't realize that a clinical trial may be a treatment option worth considering. Clinical trials offer early access to promising new treatments that are not yet widely available to the public.

DID YOU KNOW A CLINICAL TRIAL COULD BE A TREATMENT OPTION FOR YOU?

By participating in a clinical trial, you could be among the first to benefit from the newest treatments available. For many patients, clinical trials also provide an opportunity to play a more active role in their health care, reducing feelings of helplessness and being out of control.

Another important reason that patients get involved in clinical trials is to support the advancement of research. Through clinical trials, doctors and scientists have developed less invasive approaches to surgery, more effective treatment options and new drugs with fewer side effects. As a result, many patients are living longer and enjoying a better quality of life.

WHAT YOU NEED TO KNOW ABOUT CLINICAL TRIALS

A clinical trial is a scientific study to investigate new ways to prevent, diagnose or treat diseases. Clinical trials are federally regulated and closely monitored to ensure the safety and care of participants. If you decide to enroll in a clinical trial, you should know that there is no guarantee that you will receive the newer treatment being tested. At the very least, however, you will receive the best available standard treatment.

Contrary to popular belief, clinical trials are not just for people who have not responded to other therapies. There are clinical trials that test new treatments for various types and stages of diseases. Other clinical trials focus on ways to control the side effects of treatments, while some look at ways to prevent illness. However, a clinical trial isn't suitable for everyone. There may not be a clinical trial for your type of disease or the eligibility criteria for a trial may not match your situation.

Some patients are surprised to learn that clinical trials usually take place in the same location where they would normally receive care, and that they are followed closely by a team of doctors, nurses and other health professionals. Patients are free to leave the study at any time.





KNOW THE RISKS

While there are many benefits to being part of a clinical trial, there are risks to consider too. Not all new treatments being studied will turn out to be better or even as good as the best available standard care. There may also be unknown side effects with the new treatment. And being in a clinical trial may be time-consuming, requiring more trips to the study site, more tests and extra medications.

MAKE AN INFORMED DECISION

Knowing all of your options is an important part of making the best decision for you. You should talk to your doctor about whether a clinical trial might be a suitable treatment option for you. A referral from your doctor is required to participate in any clinical trial. To find out more about clinical trials and what is available to you, speak to your doctor and research your options on the Internet.

For more information about clinical trials visit
Canadian Cancer Society at www.canadiancancersociety.ca
Ontario Institute for Cancer Research www.oicr.on.ca

Adapted with permission from OICR





Exercising Through Cancer

Even when living with cancer, exercise and physical activity can help improve your overall wellness and life.



BENEFITS OF EXERCISE

- Increases physical abilities
- Increases muscle strength
- Increases energy
- Increases quality of life
- Increases social interaction
- Increases self-esteem
- Weight control
- Better balance
- Decreases anxiety
- Decreases nausea
- Decreases fatigue
- Decreases dependence on others

PHYSICAL ACTIVITIES

Exercise

- Walking
- Riding bike
- Walk the dog
- Dancing
- Stairs

Household/Everyday Activities

- Mow grass
- Rake leaves
- Cleaning
- Wash car
- Gardening

Other useful tips

- Park further away
- Get off bus early
- Get a pedometer
- Play games with your children

GETTING STARTED

Keep It Fun

- Make exercising fun!
- Find activities you enjoy
- Try new things!
- Have a Buddy
 - Friend
 - Family
 - Coworkers
- Make short-term goals
- Record your progress
- Reward your achievement

Location

- Find something convenient:
 - Home
 - Work
 - Community

Be Prepared

- Dress appropriately
- Get good/comfortable footwear
- Warm-up/stretch before exercises
- Drink lots of water/fluids
- Wear sunscreen when outside
- Cool down/stretch after exercise



TIPS TO REDUCE FATIGUE

- Don't over-do it!
- Keep to a daily routine
- Get plenty of fresh air
- Eat a balanced diet
- Drink 8-10 glasses of water daily
- Control your pain/nausea
- Save energy for important tasks
- Relax when needed
- Balance activity and rest
- Ask for help

PRECAUTIONS

Stop exercising if you:

- are very tired
- are short of breath
- are having pain
- have nausea & vomiting

Call Doctor or go to Emergency if:

- you have chest pain
- you have shortness of breath that lasts longer than 5 minutes
- you have pain for a long time
- you have new pain
- you have extreme headaches
- you are very dizzy
- you have blurred vision
- you have sudden tingling or numbness

Oncology Clinic

Contact

905-682-6451





The Gift of Exercise



By James Huddleston, modified with permission

The other day I was looking for a gift to give to a friend. This friend is very important to me and I wanted her to be around for a long time; I wanted her to live a long and healthy life. I thought how great it would be if I could give her a gift that would improve the quality of her life.

So I sat down and made a list of what I would look for in that special gift:

It would help her to be stronger, firmer, leaner, more flexible and energetic.

It would help to lower her risk of dying from heart disease or cancer, help lower her blood pressure and improve lipid profile, control blood glucose, fight obesity, and help her to age more gracefully.

It would help improve immune function, concentration, task performance, and the quality of sleep.

It would help reduce stress, improve mood, enhance self-esteem, and increase optimism and confidence.

It would help increase self-awareness and control over choices in life.

It would be fun, but also challenging.

It would allow for socialization, but also time alone, depending on her needs.

It would come in all different modes and styles, and adapt to various environments and weather condition.

Finally, it would have a good Consumer Reports rating, supported by scientific data from reputable sources.

After completing my list, I realized that the only gift that meets all the criteria is the gift of exercise.

Have a happy and healthy life my friend.

James Huddleston (2002) Health Promotion Across the Lifespan. (5th edition)



Nutrition & Cancer

Good nutrition can help maintain your strength and energy allowing you to carry on with the important things in life



BENEFITS OF GOOD NUTRITION:

- Feel better
- Keep up your strength and energy
- Stronger muscles and bones
- Maintain your weight and your body's store of nutrients
- Help manage treatment-related side effects
- Lower your risk of infection
- Heal and recover more quickly

NUTRITION GOALS:

- Consume enough calories to maintain a healthy weight
- Consume adequate protein to maintain muscle mass and strength
- Keep well hydrated by drinking enough fluids
- Ensure adequate vitamin and mineral intake by including foods from the 4 food groups in your diet on a daily basis (see Canada's Food Guide).

THE FOLLOWING ARE SOME GENERAL HEALTHY EATING TIPS:

FRUITS AND VEGETABLES	HIGH PROTEIN FOODS	GRAIN PRODUCTS
Aim for 7 servings/day of a variety of fruits and vegetables (1 serving = 1/2 - 1 cup)	Include high protein food(s) at each meal. High protein foods include: <ul style="list-style-type: none"> • Legumes (ex. lentils, chick peas, kidney or other types of beans) • Nuts/seeds, nut/seed butters • Poultry (chicken, turkey), fish, red meat (ex. beef, pork, lamb) • Milk, cheese, yogurt • Cream soups • Tofu or other soy products (ex. soy milk) 	Include whole grain products as part of a healthy diet. Whole grain product include: <ul style="list-style-type: none"> • Barley, brown rice, oats, quinoa and wild rice • Breads, bagels, pita bread, tortillas and cereals made from whole grains • Whole wheat pasta

For more information on a healthy balanced diet ask your nurse for a copy of Canada's Food Guide to Healthy Eating or visit

www.healthcanada.gc.ca/foodguide

Depending on your type of cancer, your cancer treatment and associated side effects, and any other medical conditions you may have, there may be specific dietary guidelines for your situation. The booklet *Eating Well When You Have Cancer: A guide to good nutrition* (included in binder) may provide some answers.

If you have other nutrition-related questions, please contact your interdisciplinary team for further information or resources: Oncology Clinic Contact: **905-682-6451**

Information adapted from Cancer Smart (2007) & American Cancer Society (2008)





Sleep Hygiene for Cancer Patients



Personal Habits

FIX A BEDTIME AND AN AWAKENING TIME

Be careful not to allow bedtime and awakening time to drift. The body “gets use” to falling asleep at a certain time, but only if this is relatively fixed. Even if you are retired or not working, this is an essential component of good sleeping habits.

AVOID NAPPING DURING THE DAY

If you nap throughout the day, you may not be able to sleep at night. The late afternoon for most people is a “sleepy time.” Many people will take a nap at that time. This is generally not a bad thing to do, provided you limit the nap to 30-45 minutes and can sleep well at night.

AVOID ALCOHOL 4 - 6 HOURS BEFORE BEDTIME

Many people believe that alcohol helps them sleep. While alcohol has an immediate sleep- inducing effect, a few hours later as the alcohol levels in your blood start to fall, there is a stimulant or wake-up effect.

AVOID CAFFEINE 4 - 6 HOURS BEFORE BEDTIME

This includes caffeinated beverages such as coffee, tea and many sodas, as well as chocolate, so be careful.

AVOID HEAVY, SPICY, OR SUGARY FOODS 4 - 6 HOURS BEFORE BEDTIME

These can affect your ability to stay asleep.

EXERCISE REGULARLY, BUT NOT RIGHT BEFORE BED

Regular exercise, particularly in the afternoon, can help deepen sleep. Strenuous exercise within the 2 hours before bedtime, however, can decrease your ability to fall asleep.





Your Sleeping Environment

USE COMFORTABLE BEDDING

Uncomfortable bedding can prevent good sleep. Evaluate whether or not this is a source of your problem, and make appropriate changes.

FIND A COMFORTABLE TEMPERATURE SETTING FOR SLEEPING AND KEEP THE ROOM WELL VENTILATED

If your bedroom is too cold or too hot, it can keep you awake. A cool (not cold) bedroom is often the most conducive to sleep.

BLOCK OUT ALL DISTRACTING NOISE

Eliminate as much light as possible.

RESERVE THE BED FOR SLEEP AND SEX

Don't use the bed as an office, workroom or recreation room. Let your body "know" that the bed is associated with sleeping.

Getting Ready For Bed

TRY A LIGHT SNACK BEFORE BED

Warm milk and foods high in the amino acid tryptophan, such as bananas, may help you to sleep.

PRACTICE RELAXATION TECHNIQUES BEFORE BED

Relaxation techniques such as yoga, deep breathing and others may help relieve anxiety and reduce muscle tension.

DON'T TAKE YOUR WORRIES TO BED

Leave your worries about job, school, daily life, etc., behind when you go to bed. Some people find it useful to assign a "worry period" during the evening or late afternoon to deal with these issues.

ESTABLISH A PRE-SLEEP RITUAL

Pre-sleep rituals, such as a warm bath or a few minutes of reading, can help you sleep. *Get into your favorite sleeping position.* If you don't fall asleep within 15-30 minutes, get up, go into another room, and read until sleepy. Don't use the bed as an office, workroom or recreation room. Let your body "know" that the bed is associated with sleeping.





Getting Up in the Middle of the Night

Most people wake up one or two times a night for various reasons. If you find that you get up in the middle of night and cannot get back to sleep within 15- 20 minutes, then do not remain in the bed “trying hard” to sleep. Get out of bed. Leave the bedroom. Read, have a light snack, do some quiet activity, or take a bath. You will generally find that you can get back to sleep 20 minutes or so later. Do not perform challenging or engaging activity such as office work, housework, etc. Do not watch television.

TELEVISION

Many people fall asleep with the television on in their room. Watching television before bedtime is often a bad idea. Television is a very engaging medium that tends to keep people up. We generally recommend that the television not be in the bedroom. At the appropriate bedtime, the TV should be turned off and you should go to bed. Some people find that the radio helps them go to sleep. Since radio is a less engaging medium than TV, this may be a good idea.

Other Factors

Several physical factors are known to upset sleep

These include arthritis, acid reflux with heartburn, menstruation, headaches and hot flashes.

Psychological and mental health problems like depression, anxiety and stress are often associated with sleeping difficulty

In many cases, difficulty staying asleep may be the only presenting sign of depression. A doctor should be consulted about these issues to help determine the problem and the best treatment.

Many medications can cause sleeplessness as a side effect

Ask your doctor or pharmacist if medications you are taking can lead to sleeplessness.

To help overall improvement in sleep patterns, your doctor may prescribe sleep medications for short-term relief of a sleep problem

The decision to take sleeping aids is a medical one to be made in the context of your overall health picture.

Always follow the advice of your doctor and other healthcare professionals

The goal is to rediscover how to sleep naturally.

Information obtained from Cancer Care Manitoba Nursing Department (2008)





Spiritual Care



Caring for the Human Spirit

When life's landscape changes significantly, no aspect of life is left unaffected. A diagnosis of cancer can be a time of discovery or re-discovery of one's spirituality, faith, sense of sacredness, and value in life. Any time the meaning, purpose and direction of life get brought into question we engage our spirituality.

Patients and families often have many questions

- What can I hope for as I face this new landscape?
- How will I be supported as I face this sudden unknown?
- How do I understand and draw upon my spirituality and faith now?
- What meaning might I discover as I walk along this path of sickness?
- Is there someone with whom I can talk openly and honestly about feelings, personal beliefs, values, hopes and fears?

Speaking with someone to address your spiritual needs and questions may provide a source of comfort and strength during this challenging time of life. The hospital has chaplains available or you may wish to contact someone from your own faith community.

If you have spiritual related questions please contact your interprofessional team for further information or a referral. Oncology Clinic Contact: **905-682-6451**





Complementary and Alternative Therapies

Canadians are interested in complementary and alternative therapies and often consider including them in their cancer treatment. The decision to use a complementary or alternative therapy is a personal one, but if you are thinking about trying a complementary or alternative therapy, be sure to make an informed choice.



MAKING AN INFORMED CHOICE MEANS:

- Understanding the difference between conventional, complementary, and alternative therapies
- Finding out as much as you can about the complementary or alternative therapy you are considering
- Talking to your interprofessional team about the complementary or alternative therapy and how it may interact with the medication you are receiving.

CONVENTIONAL THERAPIES

Conventional therapies are the treatments that are currently accepted and widely used in the Canadian healthcare system for a certain type of disease. Physicians prescribe these treatments because the best available scientific research has shown them to be safe and effective.

These methods have been scientifically tested, and are constantly being improved, in well-designed clinical trials that explore whether the medicine or treatment is safe and whether it works for a particular disease or medical condition.

COMPLEMENTARY AND ALTERNATIVE THERAPIES

There has been very little scientific research done on complementary and alternative therapies, so we often don't know whether they are safe and we don't know whether or how they help people with cancer.

Whether a therapy is considered to be complementary or alternative depends on its purpose or how it is used.

Information obtained from www.cancer.ca





I've Completed My Cancer Treatment What's Next?



Patients who have finished cancer treatments often have psychological and medical challenges that vary from person to person. Some effects from the treatment may persist over time and others may not appear for months or years after the end of therapy such as early menopause, infertility, osteoporosis, joint pains, memory loss or cardiac dysfunction. Some survivors who finish their treatment struggle emotionally from the trauma of having experienced a life threatening illness. Others deal with the thought that they will never be cured, or that the cancer could return at anytime. Many patients are anxious that any minor aches or pains may suggest that the cancer has returned. Once treatment is finished and the frequency of contact from the healthcare team decreases, some patients feel insecure as life returns to a “new” normal. Frustration is often experienced as those around you think you, “look good” and, “look back to normal” but you don’t feel like yourself. Psychological and social recovery can take much longer than your physical recovery.

Special relationships may undergo a change. Old friends may not feel as close and new friendships may emerge. Relations with family members may be strained or strengthened.

As you transition from active treatment to follow up care, you may find you have different needs and interests than when you were first diagnosed with cancer. You may feel motivated to make healthy living a priority. In an effort to regain a sense of general well being, many patients feel eager to take control of their lives again and use physical activity as a way to fight fatigue, depression, and improve their body image. Maintaining a healthy body weight and following a healthy diet are ways you can make a difference in how you feel.

Treatment completion is often a time of transition, renewal and goal setting about this next stage of your life. Find a way to celebrate your endurance.

You may want to consider:

- Becoming a cancer volunteer
- Joining in a cancer fundraising activity
- Supporting a newly diagnosed acquaintance
- Creating a journal or writing about your experience
- Joining a cancer survivor group

Your medical oncologist will provide your cancer care, and your family physician will continue to monitor your general health until you are discharged from the oncology clinic. After discharge from the oncology clinic your family physician will coordinate all your health care needs and may refer you back to the oncology clinic if required.

“Discover what moves you, find your passion and live life around it!”

Mac Anderson





Internet

The internet provides an easy way to share and use healthcare information. However, cancer information can be posted on the Internet by anyone, regardless of their background or medical qualifications.



Sources of cancer information range from universities, government, medical centres and individuals with cancer sharing their experiences. Many of these sources are scientific and reliable, others mean well, but are misinformed, while still others may try to mislead the user. Adding to the problem is the chance of a user may unknowingly move from a credible site to a less credible site.

Patients should always discuss information obtained from the Internet with their interprofessional team before assuming the information is correct.

CHECKLIST TO EVALUATE CREDIBILITY OF INTERNET SITES

There is no simple method for evaluating the credibility of any Internet resource. The following are some points to keep in mind.

- ✓ A good health Web site indicates who is responsible for the site content. In general government agencies, hospitals and university sites tend to be less biased and provide quality information.
- ✓ Take into account the provider's qualifications. All posted articles should be followed by references. Authors and dates of information posted should be clearly displayed.
- ✓ Posted information should be current. Sites should be active and reviewed regularly.
- ✓ Consider whether the study results were scientifically valid and note if other studies have shown similar findings.
- ✓ Source of funding can influence site content. Sponsorship and funding should be easily identified.
- ✓ Seek information from several sources.
- ✓ Avoid any online physician who proposes to diagnose or treat you without a proper physical examination and consultation regarding your medical history.
- ✓ Read the Web site's privacy statement and make certain that any personal medical or other information you supply will be kept absolutely confidential.
- ✓ Most importantly, use your common sense! Be suspicious of miracle cures and always read the fine print.
- ✓ Information should be presented in a clear manner and the site should be easy to navigate.





Internet Resources

Successful information gathering from the Internet, requires patience and time. The sites listed are not meant to be a definite list, but a starting point for the information posted on the web sites.



1. CANADIAN CANCER SOCIETY

www.cancer.ca

A national community based organization whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

2. CANCER CARE ONTARIO

www.cancercare.on.ca

Provincial agency responsible for continually improving cancer.

3. ONTARIO INSTITUTE FOR CANCER RESEARCH

www.oicr.on.ca

Independent not for profit corporation funded by Government of Ontario dedicated to research in prevention, early detection, diagnosis, and treatment of cancer.

4. CHEMOREADY

www.chemoready.ca

An information site and online tutorial that can help patients and caregivers understand and get ready for chemotherapy.

5. CHEMOTHERAPY SIDE EFFECTS

www.chemotherapysideeffects.ca

Offers a personalized plan and tools for patients.

6. CANCER.NET

<http://www.ascofoundation.org/patient/library/cancer.Net&Features>

7. HEALTH CANADA

www.hc-sc.gc.ca

This Health Canada web site contains clinical, research and statistical information for a number of different types of cancer as well as information about Canada's health care systems.

8. HEALTH ON THE NET FOUNDATION

www.hon.ch

Guides lay persons and non-medical users to useful and reliable online medical and health information.

9. CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

www.handinhand.cano-acio.org

Patient information from Canadian Oncology nurses.





Glossary

Adjuvant	Extra treatment (either chemotherapy or radiation) given after surgery to improve the cure rate.
Biopsy	Surgical removal of a small portion of tissue for diagnosis
Cells	The basic unit or building block of human tissue
Cycle	A treatment period which is followed by a recovery period before another treatment period begins.
Concurrent	Different types of treatment given at the same time.
Gene	Part of a cell able to transmit a characteristic from parent to offspring.
Hormone Therapy	Drugs that affect hormones in your body to help prevent cancer cells from growing.
Lymph Nodes	Also called lymph glands, located throughout the body. Acts as our first line of defence against infection.
Lymphatic System	System of lymph nodes – the vessels that connect them
Malignant	Having the ability to invade surrounding tissue and to break off and spread elsewhere (metastasis).
Metastasis	When cancer spreads from the original site to another area of the body.
Oncology	The medical specialty that deals with the diagnosis, treatment and the study of cancer.
Palliative	Treatment that aims to improve well being, relieve symptoms, control cancer growth – not expected to provide a cure
Standard Treatment	The best treatment currently known for a cancer, based on results of past studies.
Tumour	Lump, mass or swelling – may be benign or malignant.

For a more inclusive glossary visit, The Canadian Cancer Encyclopedia at www.info.cancer.ca/e/glossary/glossary.html





Tell Us What You Think

Thank you for reading the new NHS Outpatient Oncology Patient and Family education binder. Please answer the following statements to help us improve on the information we provide to our patients and families.



On a scale from 1 to 5, with 1 = strongly disagree and 5 = strongly agree, circle the number that best describes how you agree with the statement.

	STRONGLY DISAGREE				STRONGLY AGREE
STRONGLY DISAGREE STRONGLY AGREE					
The information was relevant to my learning needs.	1	2	3	4	5
I learned about what the NHS Oncology program has to offer patients with cancer.	1	2	3	4	5
I understand my role in ensuring my safety.	1	2	3	4	5
The information answered my questions.	1	2	3	4	5
The words and sentences were easy to read.	1	2	3	4	5
The information is understandable.	1	2	3	4	5
The binder helped me to organize and manage the information provided.	1	2	3	4	5

What other information would be helpful to know?

Comments:

Completed by: Patient Family member

**PLEASE RETURN THIS SURVEY TO THE RECEPTIONISTS AT YOUR
NEXT VISIT TO ONCOLOGY**

