

Your Survivorship Care Plan



BC Cancer Agency
CARE + RESEARCH

An agency of the Provincial Health Services Authority



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Expert Key Informants

Kerry Courneya, PhD; Janine Giese-Davis, PhD; Frankie Goodwin, RN, BN; Howard Lim, MD, PhD, FRCPC; Gina McKenzie, MSW; Maureen Parkinson, CCRC, MEd; Jeff Sisler, MD, MCISc, FCFP; Lois Smith, BSW, RSW, MEd; Jill Taylor-Brown, MSW, RSW; Lorraine Thibeault, MA; FRCPC; Scott Tyldesley, MD, FRCPC; Lindsay Van der Meer, RD; Cheri Van Patten, RD, MSc; Robb Watt, BSc (Pharm); Lorna Weir, MD, FRCPC; and the Oncology Nutrition Department at the BC Cancer Agency.

Editor

Rob Olson, MD, FRCPC, MSc

Care Plan Development Team

Dana Munroe, BSc

Kristin Turnbull, BHsc

Amanda Ward, PhD

Rehana Manji, BSc

Chelan Zirul, MA

This care plan was created for cancer survivors living in rural and remote communities in northern British Columbia.

The views expressed in this publication do not necessarily represent the views of the Public Health Agency of Canada.

This care plan links to third-party information. As of April 13 2012, all links to other websites are correct. It cannot be guaranteed that links to external sites will work at all times. The information in this care plan is intended to assist your transition from treatment to survivorship and should be used in combination with direction from health care professionals.

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Cancer Survivorship Care Plan

This plan is prepared for:

[Patient name]

on:

[Today's date]

by:

[Name of overseeing HCP]

[Contact information]

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* Indicates work sections for you to fill-in. + Indicates words defined in the Glossary at the end.

Part 1: Medical & Treatment History

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My Patient Information

My Health Care Team

My Treatment History

Surgery

Systemic Therapy (Chemotherapy or Hormonal therapy)

Radiation Therapy

Additional Therapy

Recurrence



Part 1: Medical & Treatment History

You and your health care team should fill out this section together. Keep a copy to help you and your team ensure you are well looked after. **Health care professionals should copy pages 1-3 for their records.**

<u>My Patient Information</u>		
Name:	DOB:	
PHN:	Phone:	
Cancer Diagnosis:		
Centre(s) that treated:		
Date of diagnosis:	Age at diagnosis:	
Have you filled out a health care directive: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where is it kept?
Disease status at the end of treatment: (check all that apply)		Other notes:
<input type="checkbox"/> All evidence of disease was gone <input type="checkbox"/> Possible recurrence based on Imaging <input type="checkbox"/> Evidence of persistent/recurrent disease		
<u>My Health Care Team</u>	Name	Phone Number
Family Physician		
Primary Nurse		
GP- Oncology (GPO)		
Radiation Oncologist		
Medical Oncologist		
General Surgeon		
Dietitian		
Pharmacist		
Social Worker		
Psychologist		
Physiotherapist		
Occupational Therapist		
Massage Therapist		
Counsellor		

*The primary cancer physician is likely the main contact for cancer related matters.

<u>My Treatment History</u>		Treatment was: <input type="checkbox"/> Intent to cure <input type="checkbox"/> Palliative	
Surgery		Date (yyyy/mm/dd)	Notes:
Systemic Therapy (Chemotherapy or Hormonal therapy)			
Pre-operative treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Post-operative treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment on clinical trials: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name(s):	
BCCA Chemotherapy protocol(s):		Dose Delays: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:			
<input type="checkbox"/> [drug name]	Start date: (yyyy/mm/dd):	End date:	
<input type="checkbox"/> [drug name]	Start date:	End date:	
<input type="checkbox"/> [drug name]	Start date:	End date:	
Systemic Therapy Notes: Were any of the above stopped early because of toxicity*? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you hospitalized for toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No			Other notes:
Radiation Therapy			
Did you receive radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Completion date: (yyyy/mm/dd)	
Radiation intent: <input type="checkbox"/> Curative <input type="checkbox"/> Adjuvant <input type="checkbox"/> Palliative <input type="checkbox"/> Other: _____		Notes:	
Radiation Site	Dose	Date	

Additional Therapy

Other medications and procedures:

Additional medical information:

Recurrence

If you experience a second cancer in the same area as the first, this is called a recurrence. When a recurrence of the original cancer occurs in a new area, it is called a metastasis. If the recurrence shows up in multiple areas, it is known as metastases.

Recurrences are grouped by the area in which they "come back". **Local** recurrence appears in the same area that was originally diagnosed. **Regional** recurrence appears around the area that was first diagnosed. **Metastatic** or **Distant** recurrence is when the cancer appears in another area.

Cancer can reoccur in different areas, depending on the type and stage of your cancer. You may ask your health care provider to fill the following out:

My Potential Areas At Risk of Recurrence	
Area	Risk of Recurrence (%)
Local:	
Regional:	
Distant:	

What is the chance I will have a recurrence?

Your oncologist will evaluate your risk for recurrence which depends on factors such as your age, the stage of your cancer, and the treatment you received. Discuss these risks with your oncologist. Signs and symptoms of recurrence depend on the location, which you should discuss with your health care provider, and then fill out the following:

Signs and Symptoms to Watch for and When to Seek Advice	
Sign/Symptom	Who to Contact
1.	1.
2.	2.
3.	3.

Part 2: Information for Cancer Survivors

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Memory, Concentration and 'Chemo-Brain'

Potential Treatment Related Side Effects



Part 2: Cancer Follow-up and Side Effects

After cancer treatment many survivors experience a wide range of emotions, thoughts and concerns both medical and otherwise. Excitement, for example, can be mixed with anxiety and uncertainty about your future. You may also have many questions about your health and other issues. This care plan will make this time of transition easier – helping you know what to expect in the months and years ahead.

This information is not specific to your type of cancer, but references to resources for specific cancer types are available in Part 5.

Who Provides Care?

Changing health care providers once treatment is over can be challenging and unsettling. Many patients come to rely on their oncologist, for example, and are nervous about leaving his or her care. This transition is necessary, however, to ensure you are cared for in a timely manner. Depending on the situation, you may continue to see an oncologist for follow-up visits, but your long-term care should be managed by your local family doctor or nurse practitioner.

Medical Follow-up

Medical follow-up includes appointments with medical professionals, physical exams, and various tests (such as CT scans or blood tests). The main goal is to detect new or recurrent disease. Another goal is to determine the effectiveness of the treatments you have already had, or look for side effects. Follow-up provided to patients depends on type of cancer, and the stage.

The BC Cancer Agency provides recommendation for follow-up on their website: www.bccancer.bc.ca

Follow-up often consists of three main categories, though depends on the type of cancer and stage:

- Physical examination (e.g. breast and armpit exam, colonoscopy)
 - Bloodwork (e.g. tumour markers such as CEA)
 - Diagnostic imaging (e.g. mammogram)
-

Your Cancer Follow-up Schedule

The schedule should be based on BCCA follow-up guidelines, and advice from your oncologist. The dates are a suggested timeline which your physician may adjust to fit your needs.

Stage and recurrence risk level: _____

	Procedure/Test	Recommended Schedule	Target Date
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Beyond			



Medical Side Effects

Treatment for cancer is rapidly changing. With the development of new medications and therapies, it is hard keep up with all the long-term side effects. Further, every person is unique and so are the side effects that each will experience. Be an active participant in your care and share news of any changes in your health with your physician. This section covers common side effects, and provides a location for your health care provider to enter anticipated side effects.

Treatment-Specific Side Effects

Most cancer patients and survivors experience mild, short-term side effects – rarely all of them. Below is a list of potential side effects from surgery, radiation and/or chemotherapy. To determine if you are at risk of developing these, or other side effects, talk to you health care provider or refer to the BC Cancer Agency Website.

Surgery: side effects depend on location and type of surgery, but some general risks include:

- Infection
- Bleeding
- Pain
- Nerve damage⁺
- Functional change (e.g. change in bowel movements, decreased arm mobility)
- Cosmetic change (e.g. breast removal, neck scar)

Chemotherapy: side effects depend on type and dose of chemotherapy, but may include:

- fatigue
- Risk of infection
- Hair loss
- Nausea/vomiting
- Organ damage (e.g. kidney, heart)
- Very rare risk of second cancer (e.g. leukemia)

Radiotherapy: side effects depend on where radiotherapy is targeted and the dose, but may include:

- Skin irritation
 - Hair loss in area of treatment (e.g. armpit)
 - Pain
 - Fatigue
 - Very rare risk of second cancer
-

Most cancer patients and survivors experience mild, short-term side effects – rarely all of them. Here are some common area-specific side effects from radiation and/or chemotherapy.

Heart

There is a small risk of heart damage in patients receiving radiation to the heart or surrounding area. This risk is very low. Some forms of chemotherapy can also damage the heart. Your routine physical exams should include a cardiac exam.

Brain

Long-term effects of radiation to the brain are rare but can occur in both adults, and more commonly children. These effects can include learning difficulties, hormone secretion (due to damage to the pituitary gland⁺ requiring hormone replacement therapy), persistent sleepiness, or gait⁺ abnormalities. Neurocognitive⁺ testing and therapy, hormone evaluation, and occupational and/or physical therapy may be of benefit to those with the above issues.

Spinal Cord

Nerves can be damaged from certain chemotherapy and radiation protocols, including loss of strength, difficulty with coordination, bladder or bowel control, or paralysis. Bones of the spine can also be damaged by radiation therapy; new back pain should be analyzed by a physician for spine curvature or fracture.

Lungs

A small number of patients receiving radiation therapy can develop breathlessness, fever, dry cough or chest pain due to scarring, inflammation or obstruction⁺ of the lung. These symptoms can appear months to years after therapy and are usually temporary. Sometimes, however, they can become long-term side effects. Problems can be worse if you smoke or have asthma. If you develop a dry cough and fever after radiation, contact your radiation oncologist. It is suggested that patients keep up with regular influenza and pneumococcal vaccines.

Throat/Upper Airway

Scarring or swelling of the throat or upper airway may occur making breathing, swallowing and speaking more difficult. Worsened cough, coughing blood, significant weight loss and difficulty eating should be discussed with your health care team. Dehydration and other nutritional concerns may result and should be discussed with a certified dietician.

Thyroid

The thyroid gland, located in the neck below the voice box, can be damaged from a number of chemotherapy drugs or radiation fields. Thyroid damage can present as hyperthyroidism, hypothyroidism, or thyroid nodules or tumours. Fatigue, drastic increase or decrease of weight, constipation, cold intolerance, anxiety, dry skin, brittle hair, and heart tremors, can all be signs of thyroid damage. If any of the above symptoms occur, TSH levels should be evaluated by your family doctor. Patients that have received thyroid irradiation have a 50% chance of developing hypothyroidism and should be treated by a physician.

Bones

Radiation can, on rare occasion, cause bone damage in the area receiving therapy (such as your ribs). Your bones can thin and become more brittle with a slightly increased risk of rib fracture (about 1-2%). Permanent stiffness or arthritis can develop if radiation therapy is administered in the area around joints. Your bones can also thin as a result of hormonal therapy*.

Chest/Breast

Receiving radiation to the chest may vary slightly increase the risk of breast cancer to females, and less regularly males. Females who received chest radiotherapy (sometimes termed “mantle radiotherapy”) at a young age are at an increased risk of breast cancer and the BCCA recommends annual mammograms 10 years after the chest radiotherapy, or at the age of 40, whichever comes first. Annual breast and armpit tissue exams should be done for both males and females by a physician.

Skin

The color and texture of skin can be affected by radiation therapy, as well as scarring and loss of hair to the affected region. Swelling and loss of flexibility in muscles under the skin can occur if irradiated. Vitamin E may help soothe skin discomfort. Sunscreen should be used for patients after receiving radiation. If cuts or wounds persist or may be infected, contact your physician.

Liver

Some chemotherapy drugs and hormonal therapies* can have a negative effect on your liver. Most liver toxicities* resolve over time, but some can result in long-term liver problems such as liver failure or abnormal liver function. There may be no symptoms other than abnormal blood test results or the patient may experience yellowing of the skin or eyes, abdominal swelling, and/or weight gain.

Some chemotherapy drugs can cause specific side effects. For a listing of these side effects visit the BC Cancer Agency website specific to Chemotherapy Protocols. You can also look up specific drugs using the BC Cancer Agency Drug Index where you will find a handout on each drug listing cautions and side effects.

Kidney

Decreased kidney function and high blood pressure may result from some chemotherapy drugs. Those patients with hypertension, diabetes and only one kidney are at greater risk of complications. Blood pressure and kidney function should be checked by a health professional annually.

Bowel

Radiation to the rectum, colon or small bowel may cause several late or lasting effects. Abdominal pain, constipation, vomiting, weight loss, bloating, blood in stool, malnutrition, or abnormal urine passage with blood or air should be reported immediately to a physician. The above symptoms may be a sign of fistula* formation, ulceration or bleeding, chronic diarrhea, or scarring of the abdominal organs.

Female Pelvis

Long term changes to the vagina, uterus, ovaries and groin lymph nodes can result from cancer treatment to the pelvic area. Lubricants, Vitamin E, and physical therapy may aid some symptoms of damage to the pelvic region. Damage to the lymph nodes in the groin may result in swelling of the legs or genital region. If these symptoms, bleeding, pain, dryness or not returning menstrual periods 6 months after treatment, occur please contact your health care provider. Women who become pregnant after receiving treatment affecting the pelvis, should discuss this with their physician as the chance of miscarriage, preterm labor and low birth weight infants is increased.

Male Pelvis

Lymph nodes may be damaged causing swelling in the genital area and legs, for which physical therapy may be useful. Erectile dysfunction has been known to occur in men who receive radiation to the pelvis. If either occurs, please discuss symptoms and treatment with your physician.

Resources:

www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/default.htm

All of the above side effects are just examples of potential side effects. Your health care provider will provide a list of side effects you could experience, and we encourage you or your health care provider to fill out the tables below. You can also refer to Part 5 of this document to find resources specific to your type of cancer.



Lymphedema

Lymphedema is a swelling of the hand, arm, leg, foot, neck, face or other region caused by the surgical removal of lymph nodes or by radiation near the affected area. Lymphedema is usually mild and develops slowly months to years after treatment. This side effect can make daily activities difficult. You may experience stiffness and awkwardness in your hand and arm, for example, that limits your ability to get dressed or prepare food.

Those at risk of developing lymphedema should consider exercise or wearing compression garments. Consult your physician before commencing any exercise routine, and be sure to start with low intensity movements. Sign of lymphedema may include changes in the skin, discomfort, movement difficulty, and heavy feeling in the area, or nearby limb, where surgery occurred.

Once lymphedema occurs it rarely goes away, but can be managed. There are many ways to lessen the condition.

Reducing your risk of lymphedema:

- Obesity increases one's risk for lymphedema. Maintain a healthy body weight
- Avoid injections in the arm and having your blood pressure taken
- Keep the skin on your arm clean and avoid injuring your arm
- Use a compression sleeve for your arm during strenuous exercise and while lifting heavy weights
- Enjoy massage therapy

Special safety measures should be taken with the swollen arm as it can be prone to infection. Tips to prevent infection:

- Wear gloves when cleaning and gardening.
 - Use an electric razor if you shave.
 - Keep your skin clean and dry, use moisturizing cream daily to keep skin supple.
 - Cut your nails with nail clippers instead of scissors and never push back or cut cuticles.
 - Treat even small scrapes and cuts with antiseptic⁺ and keep the injuries clean until they are healed.
 - See your doctor at the first sign of infection (i.e. area feels warm and tender).
 - Avoid sunburns and too much time in the sun.
 - Do not use insect repellents containing DEET as this may be harmful to sensitive skin. Instead, use a repellent with natural ingredients like citronella. Do not apply repellent to any skin that will be under your compression sleeve as this can cause irritation.
-

Fatigue

Fatigue is one of the more common side effects of cancer treatment. Friends and family may expect your energy levels to return to normal once treatment is over. You, however, may feel exhausted for months and sometimes years after treatment. Fatigue can have many causes and you should be aware of changes in your energy level. If you experience new or worsening symptoms talk them over with your doctor. Fatigue can also be caused by dehydration, diarrhea, anemia, fever, infection, nausea, vomiting, pain and depression.

To help manage your fatigue, try planning your days in advance and avoid hectic schedules. If you are going to have a full day, be sure to set time aside to eat and rest between activities. Light exercise can also help improve energy levels and enhance your quality of life.

Sudden or severe fatigue can be caused by an infection or it could be due to the cancer treatment you received. If you suffer from this type of serious fatigue, be sure to discuss it with your doctor.

Fertility and Pregnancy

Some cancer treatments affect a woman's reproductive capabilities. Surgery to remove the ovaries or radiation to the pelvis or brain, for example, can cause early menopause. Chemotherapy can also cause early menopause and resulting infertility*. Chemotherapy drugs that are strongly linked to infertility are: cyclophosphamide, cytarabine, vinca alkaloids, and bortezomib.

Becoming pregnant once you have completed anti-cancer treatments does not increase your risk of cancer recurring. You should be aware that some women are more likely to have low birth weight babies, miscarriages or preterm deliveries after treatment. Please discuss this with your physician.

What are some symptoms of infertility?

Some survivors do not realize that their fertility has been affected until they find they are unable to get pregnant. The following are some symptoms of infertility. If you experience any of these symptoms, it does not always mean that you are infertile. They can also be caused by other medical conditions.

Talk to your doctor if:

- Your menstrual cycles are not regular
- You are having hot flashes
- You have been trying but are unable to get pregnant
- You have had several miscarriages

Resources: www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Infertility

For more information on fertility and pregnancy after treatment see appendix A

Memory, Concentration and 'Chemo-Brain'

Serious memory or concentration problems are less common side effects of cancer treatment. Many survivors do notice minor changes, however, the sources of which are various. Chemotherapy, for example, can directly affect your brain causing lapses in memory and concentration - 'Chemo Brain'. Such problems can also be due to the fatigue and stress caused by the cancer treatments. In rare cases, they can also be a sign of a more serious problem, such as the spread of your cancer, and should be discussed with your doctor.

Possible Causes of Memory Problems and 'Chemo Brain':

Medications

Chemotherapy drugs that weaken your immune system (Immunosuppressive drugs), antibiotics, steroids, pain management drugs, nausea/vomiting drugs, and other cancer-related symptoms can affect your thinking and memory causing symptoms of 'Chemo Brain'.

Metabolic Problems

Certain cancers produce hormones that affect the brain. The thyroid gland, if it is not working properly, can affect thinking and memory and cause a depressed mood. If the liver or kidneys are not functioning right, toxins can build up in the blood and lessen mental sharpness.

Unhealthy Diet

The lack of a well balanced, healthy diet also contributes to memory and concentration problems.

Symptoms of Memory/Thinking Problems in Cancer:

- Difficulty understanding complex information
- Easily distracted
- Exhausted by tasks requiring mental energy

"Chemo Brain" represents a lack of clear thought:

- Not remembering what you are talking about
- Failing to remember what you are doing
- Forgetting phone numbers
- Asking questions only to repeat them 15 minutes later

For information and tips on memory & concentration see Appendix B

Potential Treatment Related Side-Effects			
Short-Term Side Effects	Approximate Risk (%)	Long-Term Side Effects	Approximate Risk (%)
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

Current Side-Effects	
My current side effects	My side effect management plan
1.	1.
2.	2.
3.	3.



Part 3: Quality of Life and Healthy Living After Cancer

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Part 3: Quality of Life and Healthy Living After Cancer

This section includes information on factors that affect your quality of life including the emotional and psychological effects of cancer and cancer treatment and lifestyle factors such as diet, physical activity and tobacco use. Additional information on this subject is included in the resource section.

Living Beyond Cancer

You finally made it. You survived your treatment and are ready to continue with your 'normal' life. Many patients and their loved ones expect life to return to normal. This expectation, however, sometimes brings disappointment. You have just gone through a physically, emotionally, and perhaps spiritually changing experience and the idea of life returning to the way it was before your diagnosis can be unrealistic. As time passes, your side effects and symptoms will lessen and you will be able to start returning to a more normal routine. It is important for you, and for those around you, to realize, however, that this takes time and not to expect that you will feel wonderful right away. You may want to ponder the journey you have just completed and how this finds you in a new situation. You may have to make some changes to daily living, work or how you spend your free time, but this is not necessarily a bad move. You are not alone and there are many resources and support services to help.

Stress, Anxiety and Depression

Stress

Stress can affect you in many different ways - physically, emotionally and/or behaviorally. Review the list of symptoms below and ask yourself if any are having a negative effect on your life? When they affect your day-to-day living, you need to seek professional help.

Physical	Emotional	Behavioral
Muscle tension	Anxiety	Change in appetite
Cold sweaty hands	Fear	Sleep disturbance
Facial ticks	Irritability	Forgetfulness
Fatigue	Hopelessness	Physical Violence
Tension headaches	Helplessness	Decline in productivity
Indigestion	Impatience	Social withdrawal
High blood pressure	Depression	Indecisiveness
Heart palpitations	Nervousness	Misuse of alcohol-drugs
Back pain	Feeling overwhelmed	Misuse of caffeine
Jaw tension	Loss of concentration	Misuse of tobacco
Nervous stomach	Anger	Use of addictive methods of coping such as:
Nausea	Sadness	Gambling
Diarrhea	Disbelief	Hoarding
Teeth grinding	Indifference	Excessive spending
Appetite change	Frustration	

Exchange your Stresses

Understanding the types of stress you are faced with can help you handle them better. For example, you may be able to deal with your stress level by "exchanging stresses". This means that you rank your stresses (make a list of your top 5 or 10) so that you are dealing with the most important ones. Ask yourself 'What is one thing on this list I can take care of today? What steps can I take to remove this stress from my list?' Decide on a step you can take to remove a stressor. This will help to avoid piling up all of your stresses until you are unable to cope. Sometimes the process of listing stressors also helps one to organize and de-stress.

Develop a "Tool Box" for Dealing with Stress

Once you have identified the types of stress in your life, you can begin to try different ways of dealing with them. These can then become part of a 'tool box' that you go to for help during times of stress. What are some of the common ways you already use to cope? New tools might include deep breathing and active relaxation. Learning about ways and tools to reduce stress means that you can use them whenever you need to. You will learn what works best for you and to seek help from others when needed.

For more information on ways to deal with stress see Appendix C

Anxiety

Ongoing physical problems associated with cancer can result in anxiety. Anxiety often stems from feelings of loss of control, feeling alone and uncertain about your health. These feelings can be handled by using helpful tools and seeking support when needed.

Feelings of anxiety during treatment usually continue into survivorship despite the belief that when treatment is over the anxiety will lessen. Situations like returning to work and dealing with health benefits details are sources of anxiety for survivorships.

We all experience anxiety at some time in our lives and there are ways to reduce and manage it. Identifying anxiety is the first step. From there, you can learn the cause of your anxiety and decide on ways to cope. Counseling, support groups and relaxation techniques can also be helpful. Anti-anxiety medication may be another option to talk over with your doctor.

Managing your Anxiety

Learning about the causes of your anxiety is the first step to help you to manage that which makes you feel anxious. Try keeping a diary of moments when your anxiety level increases so that you can measure your improvement. You may need to talk with a counsellor at the beginning. Try methods like deep breathing, muscle relaxation and others until you find what works for you.

Sadness

Your views on how your family is affected by your cancer or whether you will be able to return to your old job may create feelings of sadness. It is important to work through your emotions and express them rather than keeping them to yourself. Identify supportive people in your life whom you feel will be helpful in sorting through emotions with you.

Normal Sadness

- Is common during your illness as you experience losses
- Can impact sleeping and eating and cause irritability
- Is experienced in waves that come and go
- Doesn't stop your ability to look forward to the future and enjoy life
- May create temporary withdrawal from social activities

Depression

Depression is an affliction different from sadness. The duration is longer and the symptoms are different and more serious. You may experience any number of these symptoms.

Symptoms of Depression

- Persistent sad, anxious, or 'empty' mood
- Feelings of guilt, worthlessness, helplessness
- Don't feel like your usual self
- Nothing cheers you up or lifts your mood, feelings of hopelessness
- Loss of interest or pleasure in hobbies, activities and relationships you enjoy
- Decreased energy or increased fatigue
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Restlessness, irritability
- Thoughts of death or suicide, suicide attempts
- CALL CRISIS LINE 1-800-784-2433

Depression can reduce your quality of life. The stage at which you were diagnosed with cancer and treatment you received both have an effect on your risk of depression.

If you feel any of these symptoms, see your doctor or a counsellor to learn how you can better manage them. You may just need someone to talk with who will help you explore your emotions and provide suggestions to help you cope. The **BC Crisis Line** is also available for 24 hours a day, 7 days a week **1-800-784-2433**.

Financial Information

Programs and resources are available through the federal and provincial governments to lessen the financial impact of cancer.

Prescription Drug Expenses

Cancer survivors living in rural or remote regions of Canada are often self-employed or not employed with an organization offering group health benefits. Provincial programs exist to help lower the cost of prescription drugs for such people. For more information contact:

B.C. Pharmacare: Information: www.health.gov.bc.ca/pharmacare/plans/index.html

Application: <https://pharmacare.moh.hnet.bc.ca>

Telephone: 1-800-554-0250

Fair Pharmacare: Telephone: 1-800-663-7100 (Patients must self-register)

Financial Support Drug Program:

www.bccancer.bc.ca/RS/CommunitiesOncologyNetwork/Emergency+Aid+Drug+Program/default.htm

BCCA Financial Information Pamphlet: available online and hard copy

http://www.cw.bc.ca/library/pdf/BCCA_financialbrochure_2012.pdf

Travel Assistance

The federal government of Canada offers Canada Revenue Agency's *Travel Expenses Tax Credit and Medical Deductions* - for those with receipts from travel expenses incurred during or as a result of treatment such as meals and vehicle expenses (gas, km).

Canada Revenue Agency:

Telephone: 1-800-959-8281

Visit: www.cra-arc.gc.ca/tx/ndvdl/tpcs/ncm-tx/rtrn/cmpltng/ddctns/Ins300-350/330/llwbltrvl-eng.html

The Ministry of Health *Medical Travel Assistance Program (TAP)* - helps to alleviate the cost of certain travel expenses with a medical referral and by completing a Travel Assistance form stating the need for out-of-town treatment.

Telephone: 1-250-952-1587 or 1-800-661-2668

Visit: www.health.gov.bc.ca/cpa/1-800.html#travel

The provincial government of British Columbia offers a *Medical Travel Accommodation Listing* of hotels and inns in regions of B.C. that provide discounted rates of medical-related travel available at: <http://csa.pss.gov.bc.ca/medicaltravel/>

Northern specific, there is the *Northern Connections* bus:

www.northernhealth.ca/YourHealth/NHConnectionsmedicaltravelservice.aspx

The Canadian Cancer Society (CCS) also helps with financial assistance for certain medications and travel as well as information on wigs and prosthetics.

www.cancer.ca or call 1-888-939-3333.

Child Care Benefits

The federal government of Canada offers *The Universal Child Tax Benefit* - a tax credit paid on a monthly basis for child care related expenses specifically for children under the age of six. www.cra-arc.gc.ca/bnfts/ucb-puge/menu-eng.html

The Canada Child Tax Benefit - a monthly payment offered to low and middle income families to aid in the financial costs of raising children based on a family's net income. Under this benefit, *The National Child Benefit Supplement* provides additional monetary support for low-income families. www.cra-arc.gc.ca/bnfts/ncb-eng.html

The provincial government of British Columbia offers *The Child Care Subsidy* - a monthly payment offered to families based on their circumstance such as income, family size and children's ages. This services is available by telephone at 1-888-338-6622 or online www.mcf.gov.bc.ca/childcare/subsidy_promo.htm

Employment and Pension Plans

The federal government of Canada offers *Employment Insurance Sickness Benefits* - available to those who are unable to work due to an illness, have 600 insured hours of accumulated work over the last year (previous to diagnosis) and have medical confirmation (from a doctor) regarding their illness. This program will provide 55% of your average insured earnings.

www.servicecanada.gc.ca/eng/sc/ei/benefits/sickness.shtml

Canada Pension Plan Disability Benefits - available to those who have contributed four out of six years to CPP with a 'severe' and 'prolonged' illness as deemed by a select medical adjudicator.

www.hrsdc.gc.ca/eng/oas-cpp/cpp_disability/index.shtml

The provincial government of British Columbia offers *BC Employment Assistance* - to help those who are 'temporarily or permanently' unable to acquire basic necessities due to financial hardship. This program is available based on the individual's income and asset levels.

Hardship Assistance can be accessed on a month to month basis if one is denied BC Employment Assistance.

BC Employment and Assistance for Persons with Disabilities can be accessed if an individual is significantly restricted in their ability to perform daily activities as documented by an authorized health care practitioner.

Available from the *BC Ministry of Housing and Social Development* at: 1-866-866-0800 or www.hsd.gov.bc.ca/bcea.htm

The information found in this subsection of the care plan was taken in part from the BC Cancer agency and the : Canadian Breast Cancer Network. (2011) *Breast Cancer Survivor to Financial Survivor Rural and Remote*.

www.cbcn.ca/index.php?pageaction=content.page&id=6582&lang=en

Returning to Work

For some cancer survivors, returning to work offers the opportunity to resume 'normal' routines, to be back in control, to focus on other challenges, and to reconnect with friends and co-workers.

Deciding When to Return to Work:

Discuss with your health care team when would be best for you to return to work. The ideal time is unique to each individual. If your job is physically demanding, stressful or increases your chance for infection - such as nursing or child care - you may need to wait for a longer time before returning.

Before Planning a Return to Work:

1. Discuss the physical and mental challenges you may experience with a health care professional and have that professional write a letter for your employer outlining the situation including possible solutions.
2. Discuss your follow-up care with a health care professional including how it may affect your ability to do your job.
3. Discuss flexibility and options with your employer including employee assistance programs, transitional plans and extended medical coverage. You can also ask for help from the human resources department, the return to work coordinator, union representative, and insurance vocational rehabilitation consultant if available.

Once at Work:

Once you have returned to work, you may face challenges that did not affect you before your diagnosis. Do not ignore these difficulties as your body may need more time to recover. Be sure to:

1. Take small breaks throughout the day and be realistic about your workload. Try not to be overwhelmed with work tasks.
2. Eat a healthy diet.
3. Know what time of day you have the most energy and adjust your routine and meetings to fit.
4. Be sure to book your follow-up medical appointments near the end of the day or the work week so that you have time to recover before returning to work.
5. Discuss any challenges with your employer including potential solutions.
6. Track employment issues. Although employment discrimination happens rarely to cancer survivors, be sure to protect yourself. A helpful resource is the BC Human Rights Coalition, www.bchrcoalition.org

If you would like information, support and counseling related to remaining or returning to work call the Provincial BC Cancer Agency Vocational Rehabilitation Counsellor at 1-800-663-3333 67-2189.

For more information on self-esteem see Appendix D

Family Relationships

You may need to work at rebuilding your relationships with those who supported you during your cancer journey particularly if you feel less close than before diagnosis. In many cases, family members do not talk about the effects of the treatment in effort to protect their loved ones. It is important that you talk openly about your experience. This will help bring back the closeness of your relationships so that you can work towards recovery together. The BC Cancer Agency Patient and Family Counseling are also available at 1-800-663-3333 extension 2194.

Resources:

- Empower (2010). Education and Support for the family of Cancer Survivors. <http://www.bccancer.bc.ca/NR/rdonlyres/76F9BC19-E2F9-4E5C-8F28-0CB6BDCFB81/56127/Empowerparticipantworkbook.pdf>

How to move forward every day:

- Be honest and caring with each other, laugh often
- Keep a regular time and place or outing when you don't discuss cancer
- Talk about each other's goals and dreams
- Find ways to exercise together
- Relax together and do activities that you both enjoy
- Try something new



Spirituality

Cancer may leave you with a new outlook on life. You might find yourself searching for meaning and wanting to make the best of the time you have. There are many ways to bring new meaning to your life and to help make sense of what you have gone through. Some people find their religion or faith helpful in this regard while others prefer to volunteer their time for various causes. You may decide to change your own priorities or try new activities like meditation or expressing yourself through art. Recovery includes making our experiences a part of who we are and who we have become.



Healthy Eating

Nutrition is a key part in your recovery from cancer and/or its treatment and can have many other positive effects. After a diagnosis of cancer, and its treatment, it may take some time for your energy level to improve and for symptoms you may have had to get better. You might find that some symptoms do not fully get better and that you have to use longer-term solutions to manage them.

Use these eating tips and tools to help improve your health and help you in your recovery from treatment. These tips may help manage the symptoms from cancer as well suggest foods to try if eating is difficult for you.

This section also describes an eating pattern that aims to improve your health and manage other health conditions. That is because eating well also is important to keep you healthy and help to prevent or better manage other common diseases such as diabetes and heart disease. A healthy diet can also help you achieve or maintain a healthy weight. In addition, early research shows that lifestyle factors that you can control or modify such as diet, smoking, body weight and exercise can help to reduce your risk of recurrence. There are several websites listed at the end to help you find more help if needed.

Managing Common Symptoms

You may have had several side effects from your cancer treatment. Most of these symptoms will slowly improve over time after treatment is finished, but it can take weeks or months. Each person is different. Common symptoms that can last for a long time include fatigue, changes to normal bowel habits, and changes in appetite and body weight.

Changes in Appetite

Changes to your appetite are common during cancer treatment. Some people find that their appetite can vary and doesn't return to normal for quite some time.

If your appetite is less than normal or you have difficulty maintaining a healthy weight

- Stay hydrated with high calorie and high protein fluids
 - Smoothies, milkshakes, and nutritional supplement drinks
- Choose foods that pack a lot of calories
 - Avocados, nuts and seeds and nut butters (such as peanut, cashew or almond), Greek yogurts, cottage cheese, and eggs
- Eat more when your appetite is at its best
 - If you feel best in the morning, have a bigger meal at that time
- Take the stress out of making meals by enjoying simple meals, using more ready-to-eat foods or making meals in advance and freezing portions. If you can, have friends and family help with grocery shopping, making meals or clean up.
- Make mealtimes fun
 - Eat with others and try new recipes

If your Appetite is Increased or you have food cravings

Hormonal changes, medications, change in your daily routine and stress can cause your appetite to increase. For some people, this can also cause food cravings.

- Fill up on healthy choices
 - fruit and yogurt, veggies and dip, or hummus and pita
- Savor small portions of foods you are craving
 - Over-restricting can lead to over-eating
- Be mindful of why you are eating
 - Listen to your body's hunger cues

Changes in Body Weight

Weight loss

Some people lose weight during cancer treatment due to factors such as changes in appetite or factors that make eating more challenging such as a sense of taste, nausea, diarrhea, and fatigue. If you lost weight and were not trying to, now is a good time to look at how your diet can help you return to a healthy weight.

Tips for dealing with unwanted weight loss:

- Eat at regular times during the day
 - Even if you don't feel hungry or like eating much, try to eat something. It will help create a routine
- Make every sip count
 - 100% fruit juice, milk, smoothies and milkshakes give you fluid and calories
- Choose healthy protein choices
 - Meat, fish, poultry, eggs, beans, nuts, cheese and yogurt are all good choices
- Choose healthy fats
 - Fats that are liquid at room temperature, such as vegetable oils, are better for heart health
 - Nuts and seeds are good sources of healthy fat

Physical activity can help to manage stress and build muscle. Excess activity, however, can make it difficult to return to a normal weight.

See your doctor if you are not able to maintain your weight. You may need help with symptoms or to be seen regularly by a dietitian.

Weight gain

Your body weight may have changed since your diagnosis. Unwanted weight gain is common in some cancer survivors and may also result in changes to your body composition such as an increase in fat mass and a loss of muscle mass. The cause of weight gain is unclear but likely results from a number of factors that create a change in eating habits or physical activity levels such as an increase in appetite, fatigue. At times weight gain is associated with the use of some medications or can occur if you have just stopped smoking. Weight gain may result from other factors such as fluid weight gain. Now may be a good time to think about how to make changes in your eating habits to attain a healthy body weight. Achieving a healthy body weight is one of the most important steps to take for people who have had cancer to improve overall health, manage other health conditions and possibly decrease risk of cancer recurrence.

See ***"Health Canada's BMI online calculator"*** in the Resources section below to find out if you are at a healthy body weight.

Some people lose weight without trying after their cancer diagnosis and may find it difficult to maintain their weight. Others may gain weight or be at a stable but increased body weight. Weight loss is not easy for many people. Even if you cannot get your body weight within a healthy range, any amount of weight loss can still have health benefits for people who are overweight.

Tips for dealing with unwanted weight gain

- Choose fibre-rich vegetables and fruits often such as peas, leafy greens, raspberries, pears, oranges and dried fruit
 - Eat them whole instead of as juice
 - Keep the skin on potatoes, sweet potatoes, and fruits with edible peels
- Quench your thirst with water
- Choose whole grain breads and cereals
 - Look for 100% whole grain as the first ingredient
- Limit portions of high calorie foods
 - Have only small portions of regular or high-fat dairy products, fried foods, store bought baking, desserts and convenience foods
- Keep Track
 - Keep a record of your food intake to help you stay on track
 - See “EATracker” in the Resources Section below for a free online tool

As well, physical activity can help you meet your weight goals. Being physically active is also one of the best ways to keep unwanted weight off and maintain your goal weight.



Bowel Changes

It is common to notice changes in your bowel habits during and after cancer treatment. After treatment, most people eventually settle into a new routine that may not be the same as before. Loose stools and constipation are two of the most common changes in bowel habits.

Tips for managing Loose stools

If you had loose stools after surgery or during treatment, this may be a symptom you need to learn to manage. Surgery, radiation to the pelvis, and some medication can cause loose stools. Here are some tips to help you manage:

- Drink 8-10 cups of fluid daily
 - Limit drinks with caffeine such as colas, coffee, or energy drinks
- Choose lower fibre fruits and vegetables
 - Fruits: peeled apples and peaches, bananas, melons and grapes
 - Vegetables: potato (no skin), asparagus, tomato, mushroom and zucchini
- Choose grain products that are low in fibre
 - Look for less than 2 grams of fibre per serving on the Nutrition Facts panel.
- Choose lower fat choices that are bland and not fried

Constipation

Hard stool or trouble having bowel movements may be a problem for you. Here are some tips to help you manage:

- Drink 8-10 cups of fluid daily
 - Warm fluids such as hot water, tea, or coffee can be helpful
- Choose higher fibre fruits and vegetables
 - Fruits: berries, raisins, prunes, dates, pears
 - Vegetables: beans, peas, leafy green vegetables and broccoli
- Choose grain products that are high in fibre
 - Look for 'whole grain' or 'whole wheat' at the start of the ingredients list

Physical activity can also help to manage constipation.

Some people need to take medication to manage their bowels. If these tips are not helpful for you, speak with your doctor for more help.

Radiation Enteritis

Some people treated with radiation therapy to the pelvis can develop an inflammation of the small or large bowel, called radiation enteritis. Those who receive this type of treatment for cancer may have some symptoms of radiation enteritis during and shortly after treatment such as gas, cramps, and diarrhea. For a small number of these people, radiation enteritis can be a chronic condition that can appear months or years after treatment. Symptoms can include urgency with bowel movements, wave-like abdominal cramps, bloating, diarrhea, and in more serious cases, and changes to the bowel that can result in a higher risk of a blockage known as bowel obstruction.

For those experiencing these symptoms, seek help from a dietitian to help with symptom management and doctor for an accurate diagnosis and to rule out recurrent cancer.

Fatigue

Fatigue is possibly the most common side effect among people recovering from a diagnosis of cancer or its treatment. It can take months or even years for you to feel like your energy level is closer to what is normal for you. In some cases your level of energy may vary and may improve, but may not completely return to normal for a number of reasons.

Here are some tips if your energy level is affecting your eating:

- Look for easy-to-make choices when food shopping
 - Deli's often carry cut up fruit or vegetables, salads and to-go foods
- Soft and easy to chew foods take less energy to eat
 - Soups, stews, baked vegetable dishes and starches like rice or pasta
- Ask for help
 - Those who may have helped you out during your treatment are likely still able to, they just may not know you still need help
 - Some communities have meals-on-wheels type services that can bring a hot meal to your home for a reasonable price

Physical activity can help to manage fatigue.

If you have other symptoms that make it difficult to eat enough, or you find it hard to keep your weight stable, talk to your doctor.

Eating Guidelines

If you do not have symptoms that make eating difficult and you are able to keep your weight stable, there are eating guidelines that are good for your health and may reduce risk of cancer recurrence.

There has been a lot of research on diet and cancer prevention, but not as much on the role of diet in preventing cancer recurrence. Early research suggests that the same dietary patterns that reduce risk of cancer may also help to prevent it from coming back. These guidelines are for cancer prevention but are also appropriate for reducing risk of cancer recurrence and are good for overall health:

1. Be as lean as possible without being underweight
2. Be physically active as part of everyday life
3. Limit energy-dense foods (such as processed or fast foods) and sugary drinks (pop and sweetened juices or drinks)
4. Favor vegetables, fruits, whole grains, beans and lentils
5. Limit red meat (includes beef, pork, lamb, and goat) and avoid processed meat (smoked, cured or salted)
6. If consumed, limit alcohol intake to no more than 2 drinks per day for men and 1 drink per day for women
7. Limit salt intake by avoiding salt-preserved or salty foods
8. Aim to meet nutritional needs through diet alone. Dietary supplements are not recommended for cancer prevention.

Supplements (Vitamins, minerals, and herbal pills and powders)

Many cancer survivors may want to know more about supplements and the role that these products may have in their health. Research that has looked at whether supplements are helpful for people who have had cancer has shown that supplements do not reduce the risk of cancer recurrence and, in fact, some may be harmful. It is best to get your nutrition through food.

Information on supplements is easy to find on the internet, though not all of it is reliable. If you are looking for more information about supplements, please see the “**CAMEO Links**” in the Resources section.

If you have concerns that you are lacking in a nutrient, speak with your doctor or dietitian. Doctors can order tests to check if a nutrient is low in your blood. Dietitians can talk to you about your diet to see if you are getting enough of the nutrients your body needs.

Physical Activity

Physical activity is an important part of healthy living. It can improve how your body works, build your strength and fitness, and add to your quality of life. It can also help you better manage symptoms and reduce anxiety, depression, and fatigue. Further, physical activity can help with stress and weight management and improve your body image.

Check with your doctor before increasing your physical activity. If you have anemia (low blood count), a weakened immune system, or problems with nerves that affect your balance, you may need to take special precautions. You should be aware that pain medications, such as anti-inflammatory medications, can mask pain related to physical activity. Injuries should be taken seriously and looked after right away.

When beginning any form of physical activity, consider your starting level and set a timeframe with short and long-term goals. *Exercise for Health* recommends at least 150 minutes per week of moderate intensity physical activity (e.g., brisk walking) or 75 minutes per week of vigorous intensity physical activity (e.g., jogging). The total minutes should be spread over at least 3 days per week (e.g., 3 days for 50 minutes or 5 days for 30 minutes of brisk walking). People who have been inactive for some time, however, should start with 10 minutes per day (or less) and increase as their fitness improves. As your fitness improves, you can increase your activity 10 minutes at a time.

Measure your level of exertion based on your breathing. In moderate exercise, you should be able to talk in full sentences but not be able to sing. In vigorous exercise, you will only be able to talk in short phrases if at all. If you feel that you are working hard, you probably are. It is important to listen to your body and be aware of how much it can take.

Exercise and Healthy Living

You might find yourself anxious to return to good health after treatment. The recommendations for cancer survivors are the same as those for anyone wanting to live a healthier lifestyle.

Small changes such as taking the stairs instead of the elevator, or walking a few blocks instead of driving are great ways to introduce more activity into your routine. Make sure you get your doctor's okay before starting an exercise program.

Benefits of Exercise:

- Improved sense of well-being, mood and self-esteem
 - May speed up recovery and possibly lower chance of recurrence
 - Improved strength, endurance, muscle and bone strength
 - Increased life expectancy
 - Decreased depression, anxiety and fatigue
 - Decreased symptoms of menopause and arthritis
-

Research indicates that exercise benefits the heart, lungs and other organ systems and may help to reduce the risk of cancer and possibly its recurrence. Ease into any new routines to allow your body to adjust. This will also ensure that the changes become a part of your life and not just a phase.

Strengthening

The length of time after surgery that will be safe for you to begin strengthening will vary based on the type of surgery received. Some people may be ready at 4-6 weeks, some may take up to 8 weeks. Discuss with your doctor when you can begin strengthening. Start with light weights, 1-2 pounds and gradually work your way up to 5-10 pounds. Start with the muscle group you feel most comfortable with doing 8-12 repetitions in one set about two times per week and step by step involve all major muscle groups. Whatever form of strength training you choose, the recommended guidelines are at least 2 days per week. Try to incorporate flexibility and stretching of the major muscle groups and tendons after your strength training as much as possible. Many other strengthening exercises exist and are highlighted in the online resource provided below, the *Exercise for Health* Guidebook is specific for breast cancer survivors (although the recommendations can be applied to other cancer types), and includes helpful tips, for example, goal-setting.

Resources:

Exercise for Health: www.behaviouralmedlab.ualberta.ca/ForCancerSurvivors.aspx

www.mayoclinic.com/health/cancer-survivor/CA00070

Home and yard duties are also strengthening activities. Heavy weight training is anything more than 10 lbs. You should wear a compression sleeve to reduce swelling if you have lymphedema. You can buy these at medical equipment stores or pharmacies where trained staff will ensure you are fitted properly. If you experience swelling of the fingers while wearing your sleeve, you may also require a glove or gauntlet which can likely be purchased at the same store where you bought your sleeve.

Aerobic and Conditioning Exercises

Aerobic exercise targets your cardiovascular fitness which helps to maintain an ideal body weight and increases your sense of well-being. Studies show that women who get 3-5 hours a week of aerobic exercise (it can be as easy as a fast paced walk) are significantly less likely to suffer cancer recurrence or to die from breast cancer.



Physical Activity Journal

Weekday	Type of exercise	Length of time	Intensity level	Comments
<i>(Example)</i>	<i>Brisk walk</i>	<i>30 minutes</i>	<i>Moderate</i>	<i>Felt energized</i>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Totals				



Sun Exposure

Avoid overexposure to the sun and sunburns. Skin that has been radiated may remain sensitive to the sun after radiation treatment has ended.

Be Sun Smart:

Use sunscreen of at least SPF15. Check the expiry date on the bottle as old sunscreen will not protect you from sun damage

Re-apply at least every two hours or after swimming or sweating

Seek shade especially between 10 a.m. and 3 p.m.

Cover yourself with clothing and wear a hat

If you are outdoors on a sunny day in the winter, you still need sunscreen

Tobacco Use

Tobacco use (including smoking and chewing tobacco) is the single most preventable cause of death, disease and disability. All tobacco users have a higher risk of numerous chronic diseases and tobacco use is responsible for 30% of all cancer deaths. The harmful effects of smoking on health is widely known and there are several programs to help you quit. If you smoke, please ask your doctor for help in quitting. Provincial programs (British Columbia) exist to provide you with different stop smoking products free of charge. Visit www.health.gov.bc.ca/pharmacare/stop-smoking/

Northern Health Tobacco Reduction Program - visit:

www.northernhealth.ca/YourHealth/PublicHealth/SchoolYouthHealth/TobaccoReductionProgram.aspx

Alcohol

Research shows that alcohol increases the risk of cancer specifically in the mouth, throat, larynx (voice box), esophagus (swallowing tube from mouth to stomach), liver and breast. As the amount of alcohol a person drinks increases, the risk of developing cancer increases. The link between alcohol consumption and breast cancer recurrence is not as strong. Moderate alcohol consumption can even be good for your heart and studies that have looked at survival after breast cancer as opposed to breast cancer recurrence may show a benefit. To determine whether you should avoid alcohol completely, however, talk with your doctor to weigh the benefits and risks for your individual health needs.

To reduce your risk of cancer, limit the amount of alcohol you drink. Women are recommended to limit alcohol to less than one drink per day. Men should have less than two drinks per day.

One drink is considered to be:

- 350mL (12 oz) bottle of beer- at 5% alcohol
 - 45mL (1.5oz) of spirits- at 40% alcohol
 - 145mL (5oz) glass of wine- at 12% alcohol
-

Healthy Living After Cancer	
Lifestyle change suggestions (ie. quit smoking, weight management)	Suggested Programs
1.	1.
2.	2.
3.	3.



Resources

Living beyond Cancer

- Cancer Connection – *Canadian Cancer Society Peer Support* (telephone or online) 1-888-939-3333
www.cancer.ca/support-and-services/support-services/how-we-can-help/?region=bc
- Canadian Cancer Society- *Life after Cancer* (online and hard copy available at CCS)
www.cancer.ca/~media/cancer.ca/CW/publications/Life%20after%20cancer%20treatment/life_after_cancer_treatment_en_may2013.pdf

Stress, Anxiety and Depression

- Depression
www.bccancer.bc.ca/PPI/copingwithcancer/emotional/dealingemotions/depression.htm
- Anxiety www.bccancer.bc.ca/NR/rdonlyres/9E1A20D0-F427-4B88-B774-72C8EEA48CF2/19437/Anxiety1.pdf

Fatigue

- American Cancer Society – *Fatigue*
www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/Fatigue/index
- Cancer.Net- *Coping with Cancer – Fatigue*
<http://www.cancer.net/all-about-cancer/treating-cancer/managing-side-effects/fatigue>
- Chemocare.com – *Fatigue and cancer fatigue*
www.chemocare.com/managing/fatigue_and_cancer_fatigue.asp

Memory, Concentration and ‘Chemo Brain’

- BC Cancer Agency – *Memory/Thinking Dysfunction*
www.bccancer.bc.ca/PPI/copingwithcancer/symptoms/memorydysfunction/understanding.htm

Returning to Work and Financial

- BC Cancer Agency – *Work related Issues*
www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm
- Canadian Cancer Society – *Work and finances*
www.cancer.ca/en/cancer-information/cancer-journey/life-after-cancer/work-and-finances/?region=bc
- Financial Assistance
www.bccancer.bc.ca/PPI/copingwithcancer/practical/financial.htm

Self Image and Appearance

- Look Good, Feel Better www.lgfb.ca
-

For Family Members (children ages 8-12)

- Cancer in my family – *My anything but ordinary journey*
www.cancerinmyfamily.ca/#/landing-page

Tobacco

- Northern Health Tobacco Reduction Program
www.northernhealth.ca/YourHealth/PublicHealth/SchoolYouthHealth/TobaccoReductionProgram.aspx
- Canadian Cancer Society www.cancer.ca/ontario/prevention/quit%20smoking.aspx

Healthy Eating

- HealthLink BC – Ask for a dietitian who has training in cancer care and find services close to home www.healthlinkbc.ca or call toll free 8-1-1
 - My Menu Planner – EatRight Ontario www.eatrightontario.ca
 - EATracker – Dietitians of Canada www.eatracker.ca
 - Eating Well with Canada’s Food Guide – Health Canada call toll free 1-866-225-0709 or visit the website www.hc-sc.gc.ca (click on *English* button, then click on *Food and Nutrition* under *Main Menu* on the left sidebar, then click on *Canada’s Food Guide* on the left sidebar.)
 - Health Canada’s BMI online calculator – www.hc-sc.gc.ca (click on *English* button, then click on *Food and Nutrition* under *Main Menu* on left sidebar, then click on *Nutrition and Healthy Eating*, then click on *Healthy Weights*, then click on *Canadian Guidelines for Body Weight Classification in Adults*.)
 - Dietary Reference Intake Tables for Vitamin and Minerals – Health Canada www.hc-sc.gc.ca (click on *English* button, then click on *Food and Nutrition* under *Main Menu* on left sidebar, then click on *Nutrition and Healthy Eating*, then click on *Dietary Reference Intakes*, then click on *DRI Tables*.)
 - American Institute for Cancer Research – Information about diet for people who have had cancer www.aicr.org
 - CAMEO Links – Complementary medicine education and outcomes program www.bccancer.bc.ca/cameo (click on *Useful Links* on the left sidebar.)
 - Stay Healthy – American Cancer Society www.cancer.org (click on *Stay Healthy* on the top bar, then *Eat Healthy and Get Active* on the right sidebar.)
 - Keeping Track – Monitoring your eating and bowel habits www.med.umich.edu (In the search bar on the top right corner, type *in FBD weekly diary*, then in the search results click on *FBD Weekly Diary*.)
-

Physical Activity

- Exercise for Health – An exercise guide for breast cancer survivors that can be utilized by other cancer types
<http://www.behaviouralmedlab.ualberta.ca/en/~media/behaviouralmedlab/Documents/AnExerciseGuideforBreastCancerSurvivors.pdf>
- American Cancer Society- *Staying active*
www.cancer.org/Treatment/SurvivorshipDuringandAfterTreatment/StayingActive/index

Alcohol

- Canadian Cancer Society – *Alcohol*
<http://www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/alcohol/?region=bc>

For information on other resources survivors found helpful and a list of recommended books, see Appendices E and F



Part 4: Resources Specific to Northern BC

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Part 4: Resources Specific to Northern BC

Rural and Remote Survivorship

Individuals living in rural, remote and northern regions of Canada can face different cancer survivorship issues than urban populations including higher travel costs and distances, challenging terrain and/or weather, less access to services and social support, cultural differences, loss of income, lifestyle risks, and other issues related to being away from home. The following outlines some specific helpful resources:

Northern Health Website: www.northernhealth.ca

Northern Health Connections

Medical transportation: www.northernhealth.ca/nhconnections

Telephone: 1-888-647-4997

The Northern Cancer Control Strategy

The Northern Cancer Control Strategy is focused on enhancing support programs throughout the North for cancer patients and their families.

www.northerncancerstrategy.ca/

Under *After Treatment* Patient Support you can find:

Post-Treatment Support Programs for Patients, which provides information for existing programs in the North, such as Cancer and Beyond, Supportive Counseling, Vocational Rehabilitation, and Evening Education Sessions at:

www.northerncancerstrategy.ca/TheStrategy/PatientSupport/Aftertreatment.aspx

Counseling

UNBC Community Care Centre in Prince George offers \$10 supervised counseling sessions facilitated by graduate students from social work and counseling programs. Call 250-960-6457.

Mental Health and Addictions

Northern Health Interior Mental Health and Addictions Screening: Community Response Unit (CRU) Call 250-565-2668.

The BC Cancer Agency Centre for the North

The new Centre for the North in Prince George is expected to open late 2012 and will provide services such as medical oncology, radiation oncology, pharmacy, patient and family counseling, oncology nutrition and volunteer services. The centre will be located adjacent to the University Hospital of Northern BC. More information on the centre can be found at: www.bccancer.bc.ca/RS/north/default.htm

For more information on the difference between the BC Cancer Foundation, the BC Cancer Agency, and the Canadian Cancer Society please see Appendix G

Oncology Clinics in Northern BC:

Dawson Creek and District Hospital

11100 13 Street, Dawson Creek,
BC V1G 3W8
(250) 782-8501

Fort St John Hospital and Health Centre

9636 100 Avenue, Fort St. John, BC
V1J 1Y3
(250) 262-5200

Haida Gwaii, Queen Charlotte Islands General Hospital

3209 Oceanview Drive, BC
V0T 1S0
Tel: 250-559-4300
Fax: 250-559-4312

Kitimat Hospital

Kitimat General Hospital, 920
Lahakas Blvd Kitimat, BC
Tel: 250-632-2121

Prince George University Hospital of Northern BC

1475 Edmonton Street Prince
George, British Columbia V2M 1S2
Hospital switchboard: (250) 565-
2000
Fax: 250-565-2343.

Prince Rupert Regional Hospital

1305 Summit Ave, Prince Rupert,
BC V8J 2A6
Phone: (250) 624-2171
Fax : 250-624-2195.

Quesnel: GR Baker Memorial Hospital

543 Front Street, Quesnel, BC V2J
2K7
(250) 985-5600

Smithers: Bulkley Valley District Hospital

Bulkley Valley District Hospital
3950 8th Avenue, PO Box 370.
Smithers, BC V0J 2N0 Phone: (250)
847-2611
Fax: (250) 847-2446

Terrace: Mills Memorial Hospital

4720 Haugland Ave, Terrace, BC
Phone: (250) 635-7630
Fax: (250) 635-7639

Vanderhoof Ruby Ellen Van Andel Cancer Clinic

3255 Hospital Road
Vanderhoof, BC
V0J 3A2
Tel: 250 567 2211
Fax: 250 567 5684

Tele-health Locations

The following list of locations is available to access through your Health Care Provider. They can book this equipment for your use during your appointments.

Chetwynd	Fort St. John	Prince George	Terrace
Dawson Creek	Hazelton	Prince Rupert	Vanderhoof
Dease Lake	Kitimat	Queen Charlotte	
Fort Nelson	Masset	Smithers	

Part 5: Resources Specific to Common Cancer Diagnoses

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Testicular Cancer

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Colorectal Cancer

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Prostate Cancer

Hodgkin-Lymphoma

Non-Hodgkin-Lymphoma

Lung

Stomach



Part 5: Resources Specific to Common Cancer Diagnoses

The following list of websites have been compiled and reviewed by BC Cancer Agency librarians according to their established Inclusion/Removal Policy. This section outlines common cancer diagnoses and provides information on follow-up guidelines, resources, support websites, and available books and pamphlets. Some of the follow-up information sources and guidelines may be complicated, therefore be sure to discuss follow-up with your health care provider.

General information on most tumor types, including: risk factors, screening, diagnosis, treatment, side-effects, and follow up can be found at:
www.bccancer.bc.ca/HPI/CancerManagementGuidelines/default.htm

(Hard copies of these resources should be available from your health care team)

Testicular Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Genitourinary/Testis/Management/Followup.htm
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Good places to start:

Testicular Cancer: American Cancer Society	www.cancer.org/cancer/testicularcancer/index
Testicular Cancer: Cancer.Net	www.cancer.net/cancer-types/testicular-cancer
Testicular Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/testicularcancer.html
Testicular Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/testicular/
What is Testicular Cancer?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/testicular/overview/?region=on
Testicular Cancer Resource Centre (US)	tcrc.acor.org/

Support websites:

Livestrong: Lance Armstrong Foundation US	www.livestrong.org/
Testicular Cancer: Health Talk Online	www.healthtalkonline.org/Cancer/Testicular_Cancer

Books and Pamphlets:

ASCO Answers Testicular Cancer: Cancer.net	www.cancer.net/sites/cancer.net/files/asco_answers_testicular.pdf
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Ovarian Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	Epithelial: www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gynecology/OvaryEpithelial/Followup.htm Non-Epithelial: www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gynecology/OvaryNonepithelial/Followup.htm
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Good places to start:

Ovarian Cancer: American Cancer Society	www.cancer.org/cancer/ovariancancer/index
Ovarian Cancer: Cancer.Net	www.cancer.net/cancer-types/ovarian-cancer
Ovarian Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/ovariancancer.html
Ovarian Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/ovarian/
Ovarian Cancer: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/ovarian/overview/?region=on

More Ovarian websites:

National Ovarian Cancer Coalition	www.ovarian.org/
Ovarian Cancer Canada	www.ovariancanada.org/
OvCaRe BC	www.ovcare.ca/

Genetics websites:

Hereditary Breast and Ovarian Cancer Society of Alberta	hbocsociety.org/
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Support websites:

Support and Information for Gynecological Cancer	www.eyesonthepize.org/
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Uterine / Cervical Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gynecology/UterineCervix1of2/4FU.htm
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Good places to start:

Endometrial Cancer: American Cancer Society	www.cancer.org/cancer/endometrialcancer/index
Endometrial Cancer: US National Cancer Institute	www.cancer.gov/cancertopics/types/endometrial/
Uterine Cancer: Cancer.Net	www.cancer.net/patient/cancer-types/uterine-cancer
Uterine Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/uterinecancer.html

Memorial Sloan-Kettering Cancer Centre	www.mskcc.org/cancer-care/survivorship
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Uterine sarcoma websites:

Uterine Sarcoma: American Cancer Society	www.cancer.org/cancer/uterinesarcoma/index
Uterine Sarcoma: US National Cancer Institute	www.cancer.gov/cancertopics/types/uterinesarcoma/

Support websites:

Support and Information for Gynecological Cancer	www.eyesontheprize.org/
Cancer Chat Canada	www.cancerchatcanada.ca/page.php?p=resources/survivors

Breast Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Breast/Followup/default.htm
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Good places to start:

Breast Cancer: American Cancer Society	www.cancer.org/cancer/breastcancer/index
Breast Cancer.Net	www.cancer.net/cancer-types/breast-cancer
Breast Cancer: MedlinePlus(US)	www.nlm.nih.gov/medlineplus/breastcancer.html
Breast Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/breast
Breast Cancer Navigation Map: Canadian Breast Cancer Foundation	www.breastcancernavigationmap.com
Breast Cancer, Now What?	www.breastcancernowwhat.ca
What is Breast Cancer?: Canadian Cancer Society	www.cancer.ca

More breast cancer websites:

Breastcancer.org	www.breastcancer.org
Breast Cancer: University Health Network	www.uhn.ca/Patients & Visitors/health_info/topics/b/breast_cancer.asp
Canadian Breast Cancer Foundation	www.cbcf.org/
Canadian Breast Cancer Network	www.cbcn.ca
Johns Hopkins Breast Cancer	www.hopkinsmedicine.org/avon_foundation_breast_center/
Susan Love Research Foundation	www.dslrf.org/

Inflammatory breast cancer websites:

Breast-Inflammatory Cancer: Cancer.Net	www.cancer.net/cancer-types/breast-cancer-inflammatory
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Male breast cancer websites:

Men with Breast Cancer: Canadian Breast Cancer Network	www.cbcn.ca/index.php?pageaction=content.page&id=2&lang=en
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Genetics and biology websites:

Biology of the Mammary Gland	mammary.nih.gov/
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Support websites:

Inflammatory Breast Cancer Research Foundation	www.ibcresearch.org
Willow Breast Cancer Support	www.willow.org/

Decision tools:

Treatment Decision Tools: American Cancer Society	www.cancer.org/treatment/findingandpayingfortreatment/treatmentdecisiontoolsandworksheets/index
Surgery Choices for Women with Early-Stage Breast Cancer: National Cancer Institute	www.cancer.gov/cancertopics/treatment/breast-cancer-surgery-choices

Practice guidelines:

Questions and Answers on Breast Cancer- A Guide for Women and their Physicians	www.cmaj.ca/content/suppl/2007/06/14/158.3.DC1
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Clinical trials:

National Surgical Adjuvant Breast and Bowel Project	www.nsabp.pitt.edu/
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Magazines

Abreast and the Rest	www.abreastandtherest.ca
Artemis - Johns Hopkins Breast Centre e-journal	www.hopkinsbreastcenter.org/artemis

Leukemia**Follow-up Guidelines**

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Leukemia/default.htm
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Good places to start:

US National Cancer Institute	www.cancer.gov/cancertopics/types/leukemia
Canadian Cancer Society (What's Leukemia?)	www.cancer.ca/en/cancer-information/cancer-type/leukemia/overview/?region=on

Survivors' Stories:

Leukemia and Bone Marrow Transplant Program (BC)	www.leukemiabmtprogram.org/patients_and_family/survivors_stories/index.html
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Leukemia websites:

Leukemia and Lymphoma Society of Canada (BC/Yukon)	www.llscanada.org/#/aboutllsc/chapters/bc/
Leukemia Research (UK)	leukaemialymphomaresearch.org.uk/
Acute Leukemia: American Cancer Society	http://www.cancer.org/cancer/leukemia-acute/lymphocyticallinadults/index
Adult Chronic Leukemia: American Cancer Society	www.cancer.org/cancer/leukemia-acute/lymphocyticallinadults/index
Childhood Leukemia: American Cancer Society	http://www.cancer.org/cancer/leukemia/inchildren/index

Books and Pamphlets:

BC Blood Cancer Resource Guide	www.llscanada.org/content/chaptercontent/bc/pdf/BC_Blood_Cancer_Resource_Guide.pdf
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Colorectal Cancer**Follow-up Guidelines**

BC Cancer Agency: Follow-up Information and Guidelines	Colon: www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gastrointestinal/05.Colon/default.htm Rectal: www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gastrointestinal/06.Rectum/default.htm
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Good places to start:

Colon/Rectum Cancer: American Cancer Society	www.cancer.org/cancer/colonandrectumcancer/index
Colorectal Cancer: Cancer.Net	www.cancer.net/cancer-types/colorectal-cancer
Colorectal Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/colorectalcancer.html
Colon and Rectal Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/colon-and-rectal
What is Colorectal Cancer?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/colorectal/overview/?region=on

Genetics websites:

Familial Gastrointestinal Registry	www.zanecohencentre.com/fgicr
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Ostomy Websites

United Ostomy Association of Canada	www.ostomycanada.ca/
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Practice Guidelines

Detection of Colorectal Cancer for Patients (BC Medical Assc)	www.bcguidelines.ca/pdf/col_pat.pdf
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Thyroid Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/HeadnNeck/FollowUp/default.htm
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Good places to start:

Thyroid Cancer: American Cancer Society	www.cancer.org/cancer/thyroidcancer/index
Thyroid Cancer: Cancer.Net	www.cancer.net/cancer-types/thyroid-cancer
Thyroid Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/thyroidcancer.html
Thyroid Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/thyroid
What is Thyroid Cancer?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/thyroid/overview/?region=on

More Thyroid Cancer websites:

Thyroid Cancer Canada	www.thyroidcancercanada.org/
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Prostate Cancer

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Genitourinary/Prostate/Management/Followup/default.htm
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Good places to start:

Prostate Cancer: American Cancer Society	www.cancer.org/cancer/prostatecancer/index
Prostate Cancer: Cancer.Net	www.cancer.net/cancer-types/prostate-cancer
Prostate Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/prostatecancer.html
Prostate Cancer: National Cancer Institute	www.cancer.gov/cancertopics/types/prostate
What is Prostate Cancer?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/thyroid/overview/?region=on

Support websites:

Support Group Listing (Prostate Cancer Foundation of BC)	www.prostatecancerbc.ca/support/listing.php
PSA Rising	www.psa-rising.com/

Decision Tools and Practice Guidelines

Prostate Cancer Screening: A Decision Guide	http://wellnessproposals.com/health-care/handouts/cancer-and-cancer-prevention/prostate-cancer-treatment-guide.pdf
Treatment Summaries: Prostate Cancer (NCCN)	www.nccn.com/index.php

Hodgkin Lymphoma

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines (Please refer to Section 2.4)	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Lymphoma/HodgkinDisease.htm
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Good places to start:

Hodgkin Disease: American Cancer Society	www.cancer.org/cancer/hodgkindisease/index
Hodgkin Lymphoma: Cancer.Net	www.cancer.net/cancer-types/lymphoma-hodgkin
Hodgkin Disease: Medline Plus	www.nlm.nih.gov/medlineplus/hodgkindisease.html
Hodgkin Lymphoma: National Cancer Institute	www.cancer.gov/cancertopics/types/hodgkin/
What is Hodgkin Lymphoma?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/non-hodgkin-lymphoma/overview/?region=on

Books and Pamphlets:

BC Blood Cancer Resource Guide	www.ilscanada.org/content/chaptercontent/bc/pdf/BC_Blood_Cancer_Resource_Guide.pdf
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Non-Hodgkin Lymphoma

Follow-up Guidelines

BC Cancer Agency Follow-up Information and Guidelines	www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Lymphoma/HD/FU.htm
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Good places to start:

Non-Hodgkin Disease: American Cancer Society	www.cancer.org/cancer/non-hodgkinlymphoma/index
Non-Hodgkin Lymphoma: Cancer.Net	www.cancer.net/cancer-types/lymphoma-non-hodgkin
Lymphoma: Medline Plus	www.nlm.nih.gov/medlineplus/lymphoma.html
Non-Hodgkin Lymphoma: National Cancer Institute	www.cancer.gov/cancertopics/types/non-hodgkin
What is Non-Hodgkin Lymphoma?: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/non-hodgkin-lymphoma/overview/?region=on

Books and Pamphlets:

BC Blood Cancer Resource Guide	www.llscanada.org/content/chaptercontent/bc/pdf/BC_Blood_Cancer_Resource_Guide.pdf
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Lung**Good places to start:**

Lung Cancer: Cancer.Net	www.cancer.net/cancer-types/lung-cancer
Lung Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/lungcancer.html
Lung Cancer: US National Cancer Institute	www.cancer.gov/cancertopics/types/lung
Lung Cancer non-small cell: American Cancer Society	www.cancer.org/cancer/lungcancer-non-smallcell/index
Lung Cancer small cell: American Cancer Society	www.cancer.org/cancer/lungcancer-smallcell/index
What is lung cancer: Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/lung/overview/?region=on

Books and Pamphlets:

Understanding lung cancer: Cancer Care Ontario	www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=14458
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Stomach**Good places to start:**

Stomach Cancer: American Cancer Society	www.cancer.org/cancer/stomachcancer/index
Stomach Cancer: Cancer.Net	http://www.cancer.net/cancer-types/stomach-cancer
Stomach Cancer: Medline Plus	www.nlm.nih.gov/medlineplus/stomachcancer.html
Stomach (Gastric) Cancer: US National Cancer Institute	www.cancer.gov/cancertopics/types/stomach/
What is stomach cancer: Canadian Cancer Society	http://www.cancer.ca/en/cancer-information/cancer-type/stomach/overview/?region=on

For a listing of resources other survivors have found helpful see appendix I, for a recommended reading list see appendix J

Appendix

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Fertility and Pregnancy After Treatment

Tips on Memory & Concentration

Ways to Deal with Stress

Self Esteem

Listing of Resources Other Survivors Have Found Helpful

Recommended Reading List

BC Cancer Agency, BC Cancer Foundation and Canadian Cancer Society



Appendix

A. Fertility and Pregnancy after Treatment

Risk of Harm to the Ovaries	Generic Names of Medicines	Brand Names of Medicine
High Risk	Cyclophosphamide	Cytoxan, Endoxan
High Risk	Chlorambucil	Leukeran
High Risk	Melphalan	Alkeran, Medphalan, Merphalan, Sarcolysin
High Risk	Busulfan	Myleran
High Risk	Nitrogen Mustard	Mustargen
High Risk	Procarbazine	Natulan, Matulane
Intermediate Risk	Cisplatin	Platinol, Platinol-AQ
Intermediate Risk	Doxorubicin	Adriamycin, Rubex
Intermediate Risk	Bleomycin	Blenoxane, Bleomycin
Intermediate Risk	Dactinomycin	Actinomycin D, Cosmegen
Low Risk	Methotrexate	Rheumatrex, Folex PFS
Low Risk	5-Fluorouracil	Adrucil

General rules for determining likelihood of fertility based on return of menstruation:

- Age 40 and over within a year of completing treatment
- Aged 40 and under can take up to two years.

You can have your fertility checked by blood tests and/or ultrasounds. If, however, you are taking a hormone therapy it might have an effect on the accuracy. You may also want to consider using donated eggs (you will need to discuss your eligibility for hormone treatments to prepare the womb for this procedure). Currently, there is a lack of evidence to suggest that your cancer treatment will affect your children. We recommend, however, that you wait two years after diagnosis as that is a period of greater risk for the cancer to return.

B. Tips on Memory & Concentration

Both daily mental and physical activity will increase memory and other mental functions. Training your brain by reading, doing puzzles, learning new skills and hobbies all help to strengthen your brain (think of it as mental housekeeping - unused brain power will collect 'dust'). Physical activity is also important as it increases your blood flow and triggers muscle groups and their various control centers in the brain.

You can cope better with symptoms of memory and concentration by making sure you are well rested, paying attention, organizing yourself and writing reminder notes. Support groups can also help by learning of others' experiences by sharing your own.



C. Ways to Deal with Stress

Start the day by putting yourself on your To-Do list. Make you a priority! Spend time doing the activities you love or try volunteering for a cause you believe in. Deep breathing and active relaxation are healthy and helpful techniques for dealing with stress.

Deep Breathing

Use deep breathing for a calming effect before an event that makes you anxious. Deep breathing is a simple and effective way to relieve tension and increase comfort. It can make you more comfortable if you are experiencing episodes of pain, fatigue or nausea. This method can be used before you go to bed to help ease you into a restful sleep. You can practice deep breathing anywhere.

Deep breathing technique:

1. 1. Place yourself in a comfortable position with legs and arms uncrossed
2. 2. Take the palm of one hand on your chest; place the other on your abdomen
3. 3. Breathe normally. Notice how your hands rise and fall with your breathing
4. 4. Picture your stomach as a balloon as you do this
5. 5. Concentrate on breathing from your stomach silently keeping count
6. 6. Say to yourself 'relax' each time you exhale

Try to practice this method for 5 minutes every day

Muscle Relaxation

By learning how to relax your muscles, you can actively lower your blood pressure, heart rate and breathing rate. Progressive muscle relaxation is the tensing and then relaxing of each muscle group of the body, one group at a time. In a comfortable position, breathe slowly taking deep breaths. The idea is to tense one muscle group at a time and hold for 5-10 seconds (if a part of the body is painful or tender, do not tense in that area). Release the tension and stay relaxed for 10-20 seconds. You can tense the areas of the body in any order and as much as you like. There are also tapes available that can guide you through this process. Examples of this method: clench hands into fists, flex biceps, tense abdomen, eyes (close tight, hold, and release), and arch your back to name a few.

D. Self Esteem

Low self-esteem can have a negative effect on all aspects of your quality of life. People who think poorly of themselves for long periods of time can still make simple changes to improve their self esteem. Here are four steps to start recovering your positive sense of self.

Step 1: Identify the main sources

What lowers your self-esteem? A troubling environment at work or home? Problems in certain relationships? Once you identify the root of the problem you can start targeting your action plan for success.

Step 2: Awareness of your inner voice

Pay attention to your inner voice as you come across situations which make you say negative things about yourself. You will need to decide if you are being reasonable or if you are thinking about it in an unrealistic way. Were you thinking about any positive points or was your inner conversation mostly negative?

Step 3: Challenge negative or unrealistic thoughts

The first thought that comes to your mind in these situations needs to be checked as to whether it makes sense. Your thought process may be so set that it will be difficult at first. You need to question whether your view of situations that leave you with thoughts that lower your self-esteem are based on facts or just your own opinion.

Step 4: Changing the way you evaluate yourself

Now that you have identified the root of your self-esteem issues, your increased awareness of your inner voice and negative thought processes, it is time to start taking a positive outlook.

Thought processes that are counterproductive:

- All-or-nothing thinking. Pass or fail style of thinking. : “If I can’t do this, I am a complete failure”.
 - Mental Filtering perceiving only the bad side of every situation: “I made a mistake and now everyone will think I’m incompetent”.
 - Converting positives into negatives. You are unable to accept compliments or achievements: “I only succeeded because it wasn’t hard to do”.
 - Jumping to negative conclusions. In the absence of any evidence, you still reach a negative conclusion: “My friend didn’t return my call so they must be mad at me for something I did”.
 - Mistaking feelings for facts Confusing your own opinion with facts: “I feel useless therefore I am useless”.
 - Self put-downs. Combination of overreacting to a situation and undervaluing yourself: “I am not worthy of succeeding”.
-

Thought processes that are realistic and constructive:

- Hopeful statements. Treat yourself how you would treat others. If you feel confident you are capable of the task at hand, you are more likely to succeed: “This isn’t easy, but I can do it”.
- Forgive yourself. Nobody is perfect and mistakes happen, but he or she shouldn’t change your opinion of yourself: “I didn’t do it right the first time, but that doesn’t mean I am incapable of getting it right the second time”.
- Avoid unrealistic goals. If you are constantly placing demands on yourself and others that are not possible, you are only setting yourself up to fail.
- Focus on the positive. If you doubt your abilities and self-worth, remind yourself of your accomplishments and other aspects of your life of which you are appreciative.
- Re-label upsetting thoughts. If your inner voice is saying you can’t do something, think of a way to change the situation to make it more manageable: “How can I make this less stressful?”
- Encourage yourself. You need to compliment yourself. If you feel that something went well, take a moment to acknowledge yourself and use it to inspire your next task.

Don’t feel discouraged if you need to return to step one. Do this as often as you need to. Habits can be hard to break, but if you work at it, you will notice your self-esteem begin to improve and benefit from increased confidence in all aspects of your life. If you are unable to resolve self-esteem issues on your own, or if your self-esteem interferes with your daily functioning, seek professional help.



E. Listing of Resources Other Survivors Have Found Beneficial

What other survivors have found helpful for moving forward
Services and Resources
The Pharmacist and/or The BC Cancer Agency 'phone the pharmacist' Naturopath Dietitian Physiotherapy and/or Massage therapy and/or deep tissues massage (scar tissue) Vocational rehabilitation Emotional Freedom technique Lymph drainage Home care nurses The Canadian Cancer Society Cancer Connections Cancer Navigator Counseling and/or the use of Spiritual Healers Aquasize BC Cancer Agency Prevention and Education Coordinator Healing Touch and/or Relaxation sessions Support groups Relay for Life
Survivor recommended books
The Intelligent Patient Guide <i>by</i> Olivotto, Gelmon, McCready, Pritchard and Kuusk. Emotional Freedom <i>by</i> Judith Orloff Naturally There's Always Hope <i>by</i> Dr. Neil McKinney Love, Medicine & Miracles <i>by</i> Bernie Seigel, M.D. Picking up the Pieces <i>by</i> Sherri Magee and Kathy Scalzo

F. Recommended Reading List

For Survivors:

Dancing in limbo: making sense of life after cancer by G. Halvorson-Boyd & L.K. Hunter (1995).

“Offers inspiration, affirmation, and straight-from-the heart talk about the questions that haunt cancer survivors.”

Love, medicine and miracles: lessons learned about self-healing from a surgeon’s experience with exceptional patients by Bernie Siegel (1986).

“Unconditional love is the most powerful stimulant of the immune system. The truth is: love heals. Miracles happen to exceptional patients every day – patients who have the courage to love, those who have the courage to work with their physicians to participate in and influence their own recovery.”

Picking up the pieces: moving forward after surviving cancer by Sherri Magee & Kathy Scalzo (2006).

“Reassuring, insightful and practical, this book presents a unique four-phase process with useful daily practices to support you along your recovery journey.”

The cancer survivor’s guide: Foods that help you fight back by Neal Barnard & Jennifer Reilly (2008).

“Researchers have been investigating how food choices can help prevent cancer and, when cancer has been diagnosed, how nutrition can improve survival...Certain dietary patterns seem to have a major effect, helping people diagnosed with cancer to live longer, healthier lives”

Your brain after chemo: A practical guide to lifting the fog and getting back your focus by Dan Silverman and Idelle Davidson (2009).

“Calling on cutting-edge scientific research and the inspiring stories of survivors, this groundbreaking book will forever change the way you think about your brain after chemo - and give you the coping skills to move on with your life.”

100 questions & answers about life after cancer: a survivor’s guide by Page Tolbert (2008).

“Answers questions survivors might have about life after cancer on topics such as communicating with friends and family, workplace concerns, intimacy, spirituality and staying healthy.”

For Family Members of Survivors:

Help me live: 20 things people with cancer want you to know by Lori Hope (2005).

“When we hear that someone close to us has been diagnosed with cancer, we want nothing more than to comfort them with words of hope, support, and love. But sometimes we don’t know what to say or do and don’t feel comfortable asking. With sensitive insights and thoughtful anecdotes, *Help me live* provides a personal yet thoroughly researched account of words and actions that are most helpful.”

G. BC Cancer Agency, BC Cancer Foundation, and Canadian Cancer Society.

What is the BC Cancer Agency?

The BC Cancer Agency is part of the Provincial Health Services Authority and is responsible for BC/Yukon population-based cancer control program. The agency is concerned with all aspects of care ranging from prevention and screening, to diagnosis, treatment, and survivorship.

Resources:

www.bccancer.bc.ca/ABCCA/default.htm

What is the BC Cancer Foundation?

This is the fundraising partner of the BC Cancer Agency and also the largest charitable funder of cancer research in BC.

Resources:

<http://bccancerfoundation.com/about-us/who-bc-cancer-foundation>

What is the Canadian Cancer Society?

The CCS is a national, community-based organization of volunteers. The CCS exists by the generosity of donors and the work of volunteers and staff. Their particular focus is allocating donations to research, advocacy, prevention, information and support.

Resources:

www.cancer.ca/British%20Columbia-Yukon/About%20us/BC-Mission.aspx?sc_lang=en

Quotes by Survivors, for Survivors

“Feeling I’m an important part of the team, not someone that decisions are made for.”

“What helped me is knowing what to expect later on, who to talk to, questions to ask.”

“Have realistic expectations about your recovery time.”

“Redefining normal is very important to me.”

“Be in charge of your medical care.”

“Read other peoples stories.”

“I have a medical summary that I carry around.”

“People feel empowered when they have information.”

“It would be encouraging to tell other patients to have a goal or vision in mind.”

“I find my connection through books written by those who had experienced cancer.”

My Initial Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before second assessment:

Large empty space for writing goals to achieve before the second assessment.



My Care Plan Delivery Appointment Reflection...

Please use this space provided to write down questions that you wish to remember to ask in your next care plan appointment along with any other thoughts, information that you would like to have in this care plan that was not included:



Next Steps		
Outcome of today's care plan appointment:	No further face-to-face required:	
	Follow-up telephone call required:	
	Other:	
Care plan is ready to be sent to my family physician:	YES / NO (Please circle)	
Date of next review (if required):		
My review was carried out by:		
Today's date:		

My referrals (if required)			
Complementary Therapies		Lifestyle Advice:	
Physiotherapist		Diet	
Occupational Therapist		Exercise	
Counsellor		Smoking Cessation	
Psychologist		Dietitian	
Work and Finance			
Social Worker			



My Second Care Plan Review

During my review we have identified these areas of concern to work on

1.

Action Plan:

2.

Action Plan:

3.

Action Plan:

Goals to achieve before third assessment:

My Third Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before fourth assessment:

Large empty space for writing goals to achieve before the fourth assessment.

My Fourth Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Goals to achieve before fifth assessment:

Large empty space for writing goals to achieve before the fifth assessment.



My Fifth Care Plan Review

During my review we have identified these areas of concern to work on

1.	Action Plan:
2.	Action Plan:
3.	Action Plan:

Reflection on goals achieved and long term goal setting:



Glossary of Words

Active treatment: directed management and care of a patient to combat or cure a disease or disorder

Allogeneic Transplant: A type of transplantation using the cells of a donor that are a match to the patient's own cells.

Antiseptic: A substance that inhibits the growth and spread of microorganisms therefore preventing infection.

Autologous Transplant: A type of transplantation using the patient's own cells.

Bone marrow: Tissue in the center of bones that creates red and white blood cells and platelets.

Brachial plexus: A nerve network running from the spine, through the neck, into the arm and hand.

Central nervous system: the nervous system consisting of the brain and spinal cord, which is responsible for the integration and coordination of activity to all parts of the body.

Dysfunctional: the malfunctioning, or inability to properly or normally function, of a structure or part of the body.

Fistula: An opening or passage between an organ and the skin, or between two organs, that is abnormal. This may be caused by infection, surgery, injury, or inflammation.

Gait: Pattern of movement, such as characteristics of walking, during locomotion.

Hormone: A chemical produced by the body that is released by a gland or cell in an area of the body that signals and affects cells in another region of the body. Responses to hormones depend on the signal sent and can involve, but are not limited to, mood, immune function, metabolism, and reproduction.

Hormonal Therapy: A common method of medical treatment for certain cancers and other conditions that involves the use of hormones for management of the illness.

Infertility: Inability to conceive a pregnancy after one full, consecutive year of trying to conceive.

Immune system: The organization of structures and processes within the human body that protect the body against infection or invasion by a variety of agents that potentially cause diseases.

Lymph nodes: Glands located throughout the lymphatic system of the body, most predominately in the neck, groin and armpits.

Lymphatic system: The system of the body that stores and carries lymphocytes, a type of white blood cell, to fight infections and diseases. The lymphatic system is a network of organs, vessels and tissues.

Nerve damage: Damage to nerves or the nervous system resulting in a variety of symptoms.

Neurocognitive: The ability to think and reason, including concentration, learning, speaking and understanding.

Recurrent disease: The return of a disease after remission.

Sepsis: When the blood or tissue is infected with toxins or bacteria.

Stage: The amount and spread of cancer in the body.

Stem Cell: A cell type that has the ability to divide and develop into other cell types and therefore can be used to replace cancerous cells.

Steroid: Examples of steroids include cholesterol, estradiol, testosterone and anti-inflammatory drugs.

Toxicity: The extent or degree to which a substance can damage an organism (or portion of) and organism. This includes unwanted side effects.

