

# Gynecological Cancer Survivorship Care Plan



**BC Cancer Agency**  
CARE + RESEARCH

*An agency of the Provincial Health Services Authority*



**northern health**  
the northern way of caring

# Cancer Survivorship Care Plan

## Gynecological Cancers of the Uterus and Ovaries

**This plan is prepared for:**

[Patient name]

**on:**

[Today's date]

**by:**

[Name of overseeing HCP]

[Contact information]

**Acknowledgments:**

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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; Anna Tinker, MD, FRCPC; Scott Tyldesley, MD, FRCPC; Lindsay Van der Meer, RD; Cheri Van Patten, RD, MSc; Robb Watt, BSc (Pharm); Lorna Weir, MD, FRCPC; Frances Wong, 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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## Table of Contents

Part 1: Medical Treatment History*	3
My Patient Information*	3
My Healthcare Team*	3
My Treatment History*	4
Part 2: Information for Gynecological Cancer Survivors	9
Who Provides Care	9
Medical Follow-up	9
Your Gynecological Cancer Follow-up Schedule	10
Medical Side-Effects	11
Intimacy & Sexuality	12
Fertility & Pregnancy	13
Fatigue	13
Memory, Concentration & 'Chemo-Brain'	14
Potential Treatment Related Side-Effects*	15
Recurrence	16
Genetic Counseling	17
Part 3: Quality of Life & Healthy Living After Cancer	21
Living Beyond Cancer	21
Stress, Anxiety & Depression	21
Financial Information	24
Returning to Work	27
Family Relationships	28
Spirituality	28
Healthy Eating	29
Managing Common Symptoms	29
Bowel Changes	32
Radiation Enteritis	33
Fatigue	34
Eating Guidelines	35
Supplements	35
Physical Activity	36
Physical Activity Journal	38
Sun Exposure	39
Tobacco Use	39
Alcohol	39
Healthy Living After Cancer*	40
Part 4: Resources Specific to Northern BC	45
Additional Resources	46
Appendix	51
Care Plan Review*	59
My Care Plan Delivery Appointment Reflection*	60
Next Steps and My Referrals*	61
Care plan reviews 2-5*	62
Glossary of Words	66

\* Indicates work sections within the care plan for you to fill-in

+ Indicates words defined in the Glossary at the end of this care plan

# **Part 1: Medical and Treatment History**

## **Table of Contents**

**MY PATIENT INFORMATION**

**MY HEALTH CARE TEAM**

**MY TREATMENT HISTORY**

**SURGERY**

**SYSTEMIC THERAPY (CHEMOTHERAPY OR HORMONAL THERAPY)**

**RADIATION THERAPY**

**ADDITIONAL THERAPY**



## 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.**

<b><u>My Patient Information</u></b>		
Name:	DOB:	
PHN:	Phone:	
Cancer Diagnosis:		
FIGO Stage at 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?
<b><u>My Health Care Team</u></b>	<b>Name</b>	<b>Phone Number</b>
Family Doctor		
Primary Nurse		
GP- Oncology (GPO)		
Gynecologist		
Gynecological Oncologist		
Radiation Oncologist		
Medical Oncologist		
General Surgeon		
Dietitian		
Pharmacist		
Social Worker		
Psychologist		
Physiotherapist		
Occupational Therapist		
Massage Therapist		
Counsellor		



## My Treatment History

### Surgery

Date: (yyyy/mm/dd)

- Uterus removed       Lymph nodes       Colon surgery       Other  
 One ovary removed       Vagina       Debulking  
 Both ovaries removed       Vulva       Omentectomy

Notes:

### Systemic Therapy (Chemotherapy or Hormonal therapy<sup>+</sup>)

Treatment on clinical trials:  Yes    No      If yes, name(s):

BCCA systemic therapy protocol:

- |                                      |                          |                        |
|--------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |

Other non-protocol drugs:

- |                                      |                          |                        |
|--------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |
| <input type="checkbox"/> [drug name] | Start date: (yyyy/mm/dd) | End date: (yyyy/mm/dd) |

Systemic Therapy Notes:

Other notes:

### Radiation Therapy

Did you receive radiation?    Yes    No      Completion date (yyyy/mm/dd):

- | Location | Type:   | Date |
|----------|---|------|
|          | <input type="checkbox"/> External beam <input type="checkbox"/> Brachytherapy |      |
| Location | Type:   | Date |
|          | <input type="checkbox"/> External beam <input type="checkbox"/> Brachytherapy |      |
| Location | Type:   | Date |
|          | <input type="checkbox"/> External beam <input type="checkbox"/> Brachytherapy |      |

## Additional Therapy

Other medications and procedures:

Additional medical information:





## **Part 2: Information for Gynecological Cancer Survivors**

### **Table of Contents**

**WHO PROVIDES CARE?**

**MEDICAL FOLLOW-UP**

**YOUR GYNECOLOGICAL CANCER FOLLOW-UP SCHEDULE**

**MEDICAL SIDE EFFECTS**

**INTIMACY AND SEXUALITY**

**FERTILITY AND PREGNANCY**

**FATIGUE**

**MEMORY, CONCENTRATION AND 'CHEMO-BRAIN'**

**POTENTIAL TREATMENT RELATED SIDE-EFFECTS**

**RECURRENCE**

**GENETIC COUNSELING**



## **Part 2: Information for Gynecological Cancer Survivors**

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.

The information is specific to gynecological cancer survivors including details on medical follow-up, recurrence, and medical and non-medical side effects.

### **Who Provides Care?**

Changing health care providers once treatment is over can be challenging and unsettling. Many patients come to rely on their oncologist, or gynecologist, 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 or gynecologist 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 may include appointments with medical professionals, physical exams, and various 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 and manage treatment related complications. The BC Cancer Agency follow up guidelines for gynecological cancer are based on the risk of recurrence and are available online at [www.bccancer.bc.ca](http://www.bccancer.bc.ca). Your oncologist or gynecologist will likely give you instructions on the frequency of your follow-up. There is limited evidence to support a scientific follow-up program, and therefore one is not provided here.



## Your Gynecological Cancer Follow-up Schedule

Stage and recurrence risk level: \_\_\_\_\_

Gynecological cancer survivors do not usually require follow-up with an oncologist. You can return to visiting your family doctor unless there is any special circumstances in which you need to continue visiting the oncology clinic.

**Specific follow-up notes:**



## **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 a member of your health care team. This section covers common side effects. However, many of the listed symptoms could be unrelated to your cancer or your cancer treatment. For example, a common bladder infection has many of the symptoms listed below.

### **Treatment-Specific Side Effects**

Most cancer patients and survivors experience mild, short-term side effects – rarely all of them. Here are some common side effects based on the treatment received.

#### **Surgery**

- No longer capable of becoming pregnant
- If the ovaries are removed, you may begin menopause (if you have not had natural menopause already) and may experience symptoms such as hot flashes and vaginal dryness

#### **Radiation**

- Mild skin reactions
- Upset stomach
- Loose bowel movements
- Most side effects go away shortly after treatment has ended
- In the long term, radiation can increase the risk of bowel and bladder complications requiring surgery
- Radiation can also weaken bones, pelvic and hip bones may become brittle

#### **Chemotherapy**

- May lose the ability to become pregnant
- May begin early menopause
- Rarely, some types of chemotherapy cause kidney damage, nerve damage and joint aches

#### **Resources:**

[www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Gynecology/default.htm#ovarian](http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Gynecology/default.htm#ovarian)

[www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/default.htm](http://www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPt/default.htm)

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## Intimacy and Sexuality

You may experience a lower sex drive after treatment that may have more than one cause. Your sex drive may be affected by medical and/or emotional issues such as feelings of sadness, depression, stress and overall low self esteem. You may experience changes in your vagina as a result of treatment; some of these changes may lessen or go away over time. Discussing these issues with your partner will help them to understand what you are feeling and help you both to move forward with finding ways of improving your sexual health. You may wish to explore other ways of sharing intimacy and sexual stimulation. To help ease symptoms of vaginal dryness, try using water-soluble lubricants before sexual activity or ongoing moisturizers such as Replens, KY-liquibeads, Gyne-Moistrin and Lubrin. You can try vitamin E oil applied to the area to help reduce burning and irritation. Avoid lubricants with dyes, perfumes, spermicide, flavors and herbs. Discuss with your doctor if you are eligible for products that will replace estrogen vaginally. In addition, your doctor may refer you to a specialist in sexual medicine.

### Symptoms to talk over with your doctor, social worker or counsellor:

- Vaginal dryness and tightness
- Pain during sex or when your genital area is touched
- Loss of desire for sex
- Negative thoughts and feelings during sex
- Difficulty reaching climax

### Resources:

[www.wcn.org/articles/types\\_of\\_cancer/endometrial/side\\_effects/index.html](http://www.wcn.org/articles/types_of_cancer/endometrial/side_effects/index.html)

[www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/SexandWomenwithCancer/sex-and-women-with-cancer-dealing-with-sexual-problems](http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/SexandWomenwithCancer/sex-and-women-with-cancer-dealing-with-sexual-problems)



## Fertility and Pregnancy

Surgery for endometrial cancer usually makes pregnancy impossible. If you have not had your uterus or ovaries removed, you may still be fertile. However, some other cancer treatments, such as radiation to the pelvis or chemotherapy can also cause early menopause and resulting infertility\*. Chemotherapy drugs that are strongly linked to infertility are: cyclophosphamide, cytarabine, vinca alkaloids, and bortezomib.

### Birth Control Options

Most women with ovarian, cervical, or uterus cancer receive surgery that makes it impossible to become pregnant. However, in uncommon scenarios, you may have received treatments (e.g. unilateral ovary removal only) that will mean you can still become pregnant. You can still get pregnant even if you are not having a period. If you plan to use the birth control pill, you need to discuss this with your doctor. Birth control methods to consider are condoms or femidoms (female condoms). Sterilization techniques such as a tubal ligation or tubectomy are more permanent options.

#### Resources:

[www.livestrong.org/Get-Help/Learn-About-Cancer/Cancer-Support-Topics/Physical-Effects-of-Cancer/Female-Infertility](http://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

## Fatigue

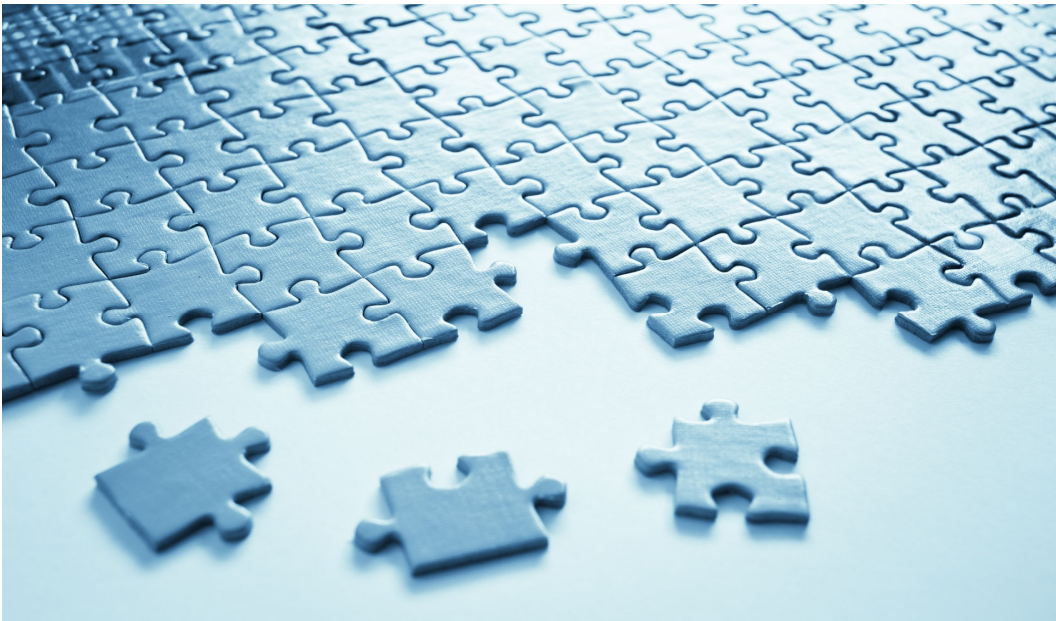
Fatigue is one of the more common side effects of cancer treatment. Friends and family may expect your energy levels to return to normal once treatment is over. You, however, may feel exhausted after treatment. Fatigue can have many causes and you should be aware of changes in your energy level. If you 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.

## **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.

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**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
- Forgetting 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**

My current side effects	My side effect management plan
1.	1.
2.	2.
3.	3.





## **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.

### ***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 can be varied. If you have any new, persistent symptoms, you should talk to your health care provider. Below is a list of possible symptoms. However, these symptoms can occur from other, non-cancer problems (for example a bladder infection).

### **Signs and Symptoms of Cancer Recurrence:**

- Loss of appetite
- Persistent pain
- Nausea
- Change in sleep patterns
- Shortness of breath
- Weight loss
- Persistent cough
- Unusual bleeding (anywhere)
- Swelling in the legs
- Persistent headaches
- Chest pain

### **Resources:**

[www.bccancer.bc.ca/PPI/TypesofCancer/Uterus/default.htm](http://www.bccancer.bc.ca/PPI/TypesofCancer/Uterus/default.htm)

[www.ovariancanada.org/Support/Recurrence](http://www.ovariancanada.org/Support/Recurrence)



## **Genetic Counseling**

Some tumors are considered as hereditary cancer meaning they can be passed down from family member to family member. Talk with your doctor about hereditary cancer and whether genetic testing is needed for you or your family.

**The following criteria indicate the possibility of a hereditary cancer:**

- Unusually early age of cancer diagnosis
- For ovarian cancer, High Grade Serous Carcinoma can occur with hereditary conditions and some patients with these are referred to the Hereditary Cancer Program
- Multiple cancers in a single individual (i.e. colorectal and endometrial cancer)
- Clustering of the same cancer type in close relatives (i.e. mother, daughter and sisters with uterine cancer)
- Cancers occurring in multiple generations of a family
- Occurrence of rare tumors (i.e. retinoblastoma, adrenocortical carcinoma, granulosa cell tumor of the ovary, ocular melanoma or duodenal cancer)
- Rare cancers associated with birth defects
- Geographic or ethnic populations known to be at high risk of hereditary cancers

Resources:

[www.bccancer.bc.ca/PPI/Prevention/Hereditary/Default.htm](http://www.bccancer.bc.ca/PPI/Prevention/Hereditary/Default.htm)

## **Screening Recommendations**

### **Uterine**

Screening procedures have not been proven beneficial in high risk patients that do not show symptoms. A biopsy of the endometrial lining can be done in patients that are known to have hyperplasia and use progestin. Tamoxifen is associated with a higher risk and women who experience abnormal uterine bleeding need to have endometrial sampling done. The Pap smear cannot be considered proper screening for uterine cancer. As well, menopausal women that have unusual vaginal discharge also require endometrial tissue sampling. Ultrasounds indicating normal endometrial thickness are not considered sufficient screening for uterine cancer. Techniques that can be used for screening include endometrial biopsies, hysteroscopy and fractional D&C.

### **Ovarian**

Screening procedures have not been proven effective. Pap tests look at the cervix and do not take any sampling from the ovaries so they cannot be considered effective screening for ovarian cancer. Methods such physical exams, ultrasound imaging and the biomarker CA 125 have been used as screening methods however they were found to be unreliable based on the high number of false positives (women without ovarian cancer being wrongly diagnosed with ovarian cancer).

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## **Resources**

### **Treatment Specific Side Effects**

- BC Cancer Agency – [www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Gynecology/default.htm#endometrial](http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Gynecology/default.htm#endometrial)
- Cancer.net – Treatment  
[www.cancer.net/cancer-types/uterine-cancer/treatment?sectionTitle=Treatment](http://www.cancer.net/cancer-types/uterine-cancer/treatment?sectionTitle=Treatment)  
[www.cancer.net/cancer-types/ovarian-cancer/treatment-options?sectionTitle=Treatment](http://www.cancer.net/cancer-types/ovarian-cancer/treatment-options?sectionTitle=Treatment)

### **Intimacy and Sexuality**

- Canadian Cancer Society – Sexuality and Cancer: A guide for people with cancer  
<http://www.cancer.ca/~media/cancer.ca/CW/publications/Sexuality%20and%20cancer/Sexuality-and-cancer-2012-EN.pdf>
- American Cancer Society – Sexual Side Effects in Women  
[www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/index](http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/SexualSideEffectsinWomen/index)
- Sexuality and U – [www.sexualityandu.ca](http://www.sexualityandu.ca)
- National Cancer Institute – Coping with issues related to sexual health and cancer  
1-800-4-CANCER [422-6237]

### **Recurrence**

- Mayo Clinic – [www.mayoclinic.com/health/endometrial-cancer/DS00306/DSECTION=complications](http://www.mayoclinic.com/health/endometrial-cancer/DS00306/DSECTION=complications)
- Livestrong – Symptoms of recurrent ovarian cancer  
[www.livestrong.com/article/46795-symptoms-recurrent-ovarian-cancer/](http://www.livestrong.com/article/46795-symptoms-recurrent-ovarian-cancer/)
- National Cancer Institute – What you need to know about ovarian cancer  
[www.cancer.gov/cancertopics/wyntk/ovary/page3](http://www.cancer.gov/cancertopics/wyntk/ovary/page3)

### **Screening Programs**

- BC Cancer Agency – Predisposing Factors & Screening  
[www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gynecology/OvaryEpithelial/PredisposingFactors.htm](http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/Gynecology/OvaryEpithelial/PredisposingFactors.htm)
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# **Part 3: Quality of Life & Healthy Living After Cancer**

## **Table of Contents**

**LIVING BEYOND CANCER**

**STRESS, ANXIETY AND DEPRESSION**

**FINANCIAL INFORMATION**

**RETURNING TO WORK**

**FAMILY RELATIONSHIPS**

**SPIRITUALITY**

**HEALTHY EATING**

**MANAGING COMMON SYMPTOMS**

**BOWEL CHANGES**

**RADIATION ENTERITIS**

**FATIGUE**

**EATING GUIDELINES**

**SUPPLEMENTS (VITAMINS, MINERALS, AND HERBAL PILLS AND POWDERS)**

**PHYSICAL ACTIVITY**

**PHYSICAL ACTIVITY JOURNAL**

**SUN EXPOSURE**

**TOBACCO USE**

**ALCOHOL**

**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 finished your treatment and are ready to continue with your 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 may 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 thing. You are not alone and there are many resources and support services to help mentioned throughout the care plan.

### **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.

<b>Physical</b>	<b>Emotional</b>	<b>Behavioral</b>
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 to reduce stress means that you can use these tools 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/or 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 many survivors.

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 health care team.

### **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.

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## 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 your 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 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

If you experience the following symptoms and are concerned

CALL CRISIS LINE 1-800-784-2433

- 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

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**.

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## **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](http://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](http://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](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, kilometers).

*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](http://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](http://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 for medical-related travel available at: <http://csa.pss.gov.bc.ca/medicaltravel/>

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

[www.northernhealth.ca/YourHealth/NHConnectionsmedicaltravelservice.aspx](http://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](http://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/uccb-puge/menu-eng.html](http://www.cra-arc.gc.ca/bnfts/uccb-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](http://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](http://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](http://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](http://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.

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*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](http://www.hsd.gov.bc.ca/bcea.htm)

The information found in this subsection of the care plan was taken in part from: 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](http://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 rarely happens to cancer survivors, be sure to protect yourself. A helpful resource is the BC Human Rights Coalition, [www.bchrcoalition.org](http://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 extension 672189.

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## **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 available by phone at **1-800-663-3333 extension 2194** and in Prince George at **1-250-645-7330**.

### **Resources:**

Empower (2010). Education and Support for the family of Cancer Survivors.

[www.bccancer.bc.ca/NR/rdonlyres/76F9BC19-E2F9-4E5C-8F28-0CB6BDCFB81/56127/Empowerparticipantworkbook.pdf](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 reproductive 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 reproductive cancer or cancer treatments 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 woman 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. In this section, you will find tips to help with some of the most common symptoms you may be faced with after treatment.

### **Changes in Appetite**

Changes to your appetite are common during cancer treatment. Some women 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 by eating with others and trying 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 women, 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

### **Weight loss**

Some women also 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.

### **Strategies**

- 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.

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## 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 women 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 women. 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.

### Strategies

- 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.

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## Bowel Changes

It is common to notice changes in your bowel habits during and after cancer treatment. After treatment, most women 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. Some women may also develop enteritis as a complication from radiation therapy.

### 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

As well, 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.

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## Radiation Enteritis

Women treated with radiation therapy to the pelvis can develop an inflammation of the small or large bowel, called radiation enteritis. Many women who receive this type of treatment for their reproductive cancer have some symptoms of radiation enteritis during and shortly after treatment such as gas, cramps, and diarrhea. For a small number of these women, 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, changes to the bowel that can result in a higher risk of a blockage known as bowel obstruction.

### **For mild symptoms such as gas and abdominal cramps:**

- Keep a diet and symptom diary to help identify foods that make symptoms worse
  - See “**Keeping Track**” in the Resources section below
  - Lactose (a sugar found in milk and some milk products), high fat foods, spices, excess caffeine, and alcohol may make symptoms worse for some women
  - Yogurt with live-cultures, psyllium fibre, oatmeal, probiotic supplements and herbal teas (e.g. peppermint) may be helpful for managing symptoms.

### **For more severe symptoms such as chronic diarrhea:**

- Follow the tips above for loose stools
- Re-introduce one new food at a time in small portions
  - if tolerated, slowly increase portion size
- Medication to control diarrhea may be needed
  - this may allow more flexibility with your diet

For women experiencing these symptoms, seeing a specialist and/or oncologist is important for an accurate diagnosis and to rule out recurrent cancer.

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## 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
  - Some grocery stores may also have a delivery service

As well, 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 at the end of Part 3.

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**

Preliminary research suggests that long periods of sitting may increase the risk of uterine cancer. Physical activity has been associated with a reduced gynecological cancer risk as well as a reduced risk for all cancer types. 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 also help with stress and weight management and give you with a more positive 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 your 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.

### **Specific Recommendations for Gynecological Cancer Survivors**

Before beginning exercise of the lower body, make sure you are not experiencing any swelling or inflammation in the areas of your abdomen, groin or lower extremities. Also if you experience any of these signs after you have started an exercise program, stop and consult your doctor. The lower body will still benefit from exercise, but it is important that you are careful. If you currently have lymphedema make sure that you wear a properly fitted compression garment during exercise. You may also want to consider discussing your particular case with your doctor before starting exercise of the lower body. If you received

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hormonal therapies, or are diagnosed with osteoporosis or bony metastases you may be at a higher risk for fractures and should take this into consideration when deciding exercises. If you have peripheral neuropathy<sup>+</sup> you might find it easier to use a stationary bike instead of weight bearing exercises.

**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 shows that exercise benefits the heart, lungs and other organ systems and can reduce the risk of cancer recurrence and the possibility of dying from cancer. 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:**

[www.behaviouralmedlab.ualberta.ca/ForCancerSurvivors.aspx](http://www.behaviouralmedlab.ualberta.ca/ForCancerSurvivors.aspx)

[www.cdc.gov/nccdphp/dnpa/physical/pdf/PA\\_Intensity\\_table\\_2\\_1.pdf](http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Intensity_table_2_1.pdf)

[www.mayoclinic.com/health/cancer-survivor/CA00070](http://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 garment 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 (if applicable), you may also require a glove or gauntlet which can likely be purchased at the same store where you bought your sleeve.

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### 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.

### 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>
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				
<b>Totals</b>				



## **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/](http://www.health.gov.bc.ca/pharmacare/stop-smoking/)

Northern Health Tobacco Reduction Program - visit:

[www.northernhealth.ca/YourHealth/PublicHealth/SchoolYouthHealth/TobaccoReductionProgram.aspx](http://www.northernhealth.ca/YourHealth/PublicHealth/SchoolYouthHealth/TobaccoReductionProgram.aspx)

## **Alcohol**

As the amount of alcohol a person drinks increases, the risk of developing cancer increases. Moderate alcohol consumption can even be good for your heart. To determine whether you should avoid alcohol completely, 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

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### Living beyond Cancer

- Cancer Connection – *Canadian Cancer Society Peer Support* 1-888-939-3333  
[www.cancer.ca/support-and-services/support-services/how-we-can-help/?region=bc](http://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](http://www.cancer.ca/~media/cancer.ca/CW/publications/Life%20after%20cancer%20treatment/life_after_cancer_treatment_en_may2013.pdf)
- American Cancer Society – Guidelines on nutrition and physical activity for cancer prevention  
[www.cancer.org/acs/groups/cid/documents/webcontent/002577-pdf.pdf](http://www.cancer.org/acs/groups/cid/documents/webcontent/002577-pdf.pdf)

### Stress, Anxiety and Depression

- Depression  
[www.bccancer.bc.ca/PPI/copingwithcancer/emotional/dealingemotions/depression.htm](http://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](http://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](http://www.cancer.org/Treatment/TreatmentsandSideEffects/PhysicalSideEffects/Fatigue/index)

### Memory, Concentration and ‘Chemo Brain’

- BC Cancer Agency – *Memory/Thinking Dysfunction*  
[www.bccancer.bc.ca/PPI/copingwithcancer/symptoms/memorydysfunction/understanding.htm](http://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](http://www.bccancer.bc.ca/PPI/copingwithcancer/emotional/Work+Related+Issues.htm)
- Canadian Cancer Society [www.cancer.ca/en/cancer-information/cancer-journey/life-after-cancer/work-and-finances/?region=bc](http://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](http://www.bccancer.bc.ca/PPI/copingwithcancer/practical/financial.htm)

### For Family Members (children ages 8-12)

- Cancer in my family – *My anything but ordinary journey*  
[www.cancerinmyfamily.ca/#/landing-page](http://www.cancerinmyfamily.ca/#/landing-page)

## Healthy Eating

- HealthLink BC – Ask for a dietitian who has training in cancer care and find services close to home [www.healthlinkbc.ca](http://www.healthlinkbc.ca) or call toll free 8-1-1
- My Menu Planner – EatRight Ontario [www.eatrightontario.ca](http://www.eatrightontario.ca)
- EATracker – Dietitians of Canada [www.eatracker.ca](http://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](http://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](http://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](http://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](http://www.aicr.org)
- CAMEO Links – Complementary medicine education and outcomes program [www.bccancer.bc.ca/cameo](http://www.bccancer.bc.ca/cameo) (click on *Useful Links* on the left sidebar.)
- Stay Healthy – American Cancer Society [www.cancer.org](http://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](http://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

- American Cancer Society- *Staying active* [www.cancer.org/Treatment/SurvivorshipDuringandAfterTreatment/StayingActive/index](http://www.cancer.org/Treatment/SurvivorshipDuringandAfterTreatment/StayingActive/index)
- BC Cancer Agency – Exercise for people with cancer [www.bccancer.bc.ca/PPI/RecommendedLinks/coping/exercise.htm](http://www.bccancer.bc.ca/PPI/RecommendedLinks/coping/exercise.htm)
- Physical Activity Line – Preparing for activity [www.physicalactivityline.com](http://www.physicalactivityline.com)
- Walk BC – <http://walkbc.ca>

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

## **Part 4: Resources Specific to Northern BC**

### **Table of Contents**

**RURAL AND REMOTE SURVIVORSHIP**

**ONCOLOGY CLINICS IN NORTHERN BC**

**TELE-HEALTH LOCATIONS**

**ADDITIONAL RESOURCES**

**UTERINE CANCER**

**OVARIAN CANCER**



## **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 for these groups:

#### **The BC Cancer Agency Centre for the North**

The new Centre for the North in Prince George provides services such as medical oncology, radiation oncology, pharmacy, patient and family counseling, oncology nutrition and volunteer services. The centre is located beside the University Hospital of Northern British Columbia. More information on the centre can be found at: [www.bccancer.bc.ca/RS/north/default.htm](http://www.bccancer.bc.ca/RS/north/default.htm) or at **1-250-645-7300**

**Northern Health Website:** [www.northernhealth.ca](http://www.northernhealth.ca)

#### **Northern Health Connections**

Medical transportation: [www.northernhealth.ca/nhconnections](http://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/](http://www.northerncancerstrategy.ca/)

Under *After Treatment* Patient Support you can find:

[Post-Treatment Support Programs for Patients](http://www.northerncancerstrategy.ca/TheStrategy/PatientSupport/Aftertreatment.aspx), 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](http://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.

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

## Oncology Clinics in Northern BC:

### Dawson Creek and District Hospital

11100 13 Street, Dawson Creek, BC V1G 3W8  
Tel: 250-782-8501

### Fort St John Hospital and Health Centre

9636 100 Avenue, Fort St. John, BC V1J 1Y3  
Tel: 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  
Tel: 250-565-2000  
Fax: 250-565-2343.

### Prince Rupert Regional Hospital

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

### Quesnel: GR Baker Memorial Hospital

543 Front Street, Quesnel, BC V2J 2K7  
Tel: 250-985-5600

### Smithers: Bulkley Valley District Hospital

3950 8th Avenue, PO Box 370. Smithers, BC V0J 2N0  
Tel: 250-847-2611  
Fax: (250) 847-2446

### Terrace: Mills Memorial Hospital

4720 Haugland Ave, Terrace, BC  
Tel: 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 communities have Telehealth equipment available in their local hospital. If you would like to consider using Telehealth, please talk to your Health Care Provider to discuss whether or not you are eligible to use Telehealth.

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

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## **Additional Resources**

The following list of websites have been compiled and reviewed by BC Cancer Agency librarians according to their established Inclusion/Removal Policy.

### **Support Websites**

Support and Information for Gynecological Cancer	<a href="http://www.eyesontheprize.org/">www.eyesontheprize.org/</a>
Cancer Chat Canada	<a href="http://www.cancerchatcanada.ca/page.php?p=resources/survivors">www.cancerchatcanada.ca/page.php?p=resources/survivors</a>

## **Uterine Cancer**

### **Good places to start:**

Endometrial Cancer: American Cancer Society	<a href="http://www.cancer.org/cancer/endometrialcancer/index">www.cancer.org/cancer/endometrialcancer/index</a>
Endometrial Cancer: US National Cancer Institute	<a href="http://www.cancer.gov/cancertopics/types/endometrial/">www.cancer.gov/cancertopics/types/endometrial/</a>
Uterine Cancer: Cancer.Net	<a href="http://www.cancer.net/cancer-types/uterine-cancer">www.cancer.net/cancer-types/uterine-cancer</a>
Uterine Cancer: Medline Plus	<a href="http://www.nlm.nih.gov/medlineplus/uterinecancer.html">www.nlm.nih.gov/medlineplus/uterinecancer.html</a>
Memorial Sloan-Kettering Cancer Centre	<a href="http://www.mskcc.org/cancer-care/survivorship">www.mskcc.org/cancer-care/survivorship</a>

### **Uterine sarcoma websites:**

Uterine Sarcoma: American Cancer Society	<a href="http://www.cancer.org/cancer/uterinesarcoma/index">www.cancer.org/cancer/uterinesarcoma/index</a>
Uterine Sarcoma: US National Cancer Institute	<a href="http://www.cancer.gov/cancertopics/types/uterinesarcoma/">www.cancer.gov/cancertopics/types/uterinesarcoma/</a>

## **Ovarian Cancer**

### **Good places to start:**

Ovarian Cancer: American Cancer Society	<a href="http://www.cancer.org/cancer/ovariancancer/index">www.cancer.org/cancer/ovariancancer/index</a>
Ovarian Cancer: Cancer.Net	<a href="http://www.cancer.net/cancer-types/ovarian-cancer">www.cancer.net/cancer-types/ovarian-cancer</a>
Ovarian Cancer: Medline Plus	<a href="http://www.nlm.nih.gov/medlineplus/ovariancancer.html">www.nlm.nih.gov/medlineplus/ovariancancer.html</a>
Ovarian Cancer: National Cancer Institute	<a href="http://www.cancer.gov/cancertopics/types/ovarian/">www.cancer.gov/cancertopics/types/ovarian/</a>

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Ovarian Cancer: Canadian Cancer Society	<a href="http://www.cancer.ca/en/cancer-information/cancer-type/ovarian/overview/?region=bc">www.cancer.ca/en/cancer-information/cancer-type/ovarian/overview/?region=bc</a>
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**More Ovarian websites:**

National Ovarian Cancer Coalition	<a href="http://www.ovarian.org/">www.ovarian.org/</a>
Ovarian Cancer Canada	<a href="http://www.ovariancanada.org/">www.ovariancanada.org/</a>
OvCaRe BC	<a href="http://www.ovcare.ca/">www.ovcare.ca/</a>

**Genetics websites:**

Hereditary Breast and Ovarian Cancer Society of Alberta	<a href="http://hbocsociety.org/">http://hbocsociety.org/</a>
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# **Appendix**

## **Table of Contents**

- A. FERTILITY AND PREGNANCY AFTER TREATMENT**
- B. TIPS ON MEMORY & CONCENTRATION**
- C. WAYS TO DEAL WITH STRESS**
- D. LISTING OF RESOURCES OTHER SURVIVORS HAVE FOUND BENEFICIAL**
- E. RECOMMENDED READING LIST**
- F. BC CANCER AGENCY, BC CANCER FOUNDATION, AND CANADIAN CANCER SOCIETY**





## Appendix

### A. Fertility and Pregnancy after Treatment

<b>Risk of Harm to the Ovaries</b>	<b>Generic Names of Medicines</b>	<b>Brand Names of Medicine</b>
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<sup>+</sup> 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 and speak with your health care team.

### **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, organized and writing reminder notes. Support groups can also help by learning of others' experiences by sharing your own.

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

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## **D. Listing of Resources Other Survivors Have Found Beneficial**

<b>What other survivors have found helpful for moving forward</b>
<b>Services and Resources</b>
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

## **E. Recommended Reading List**

<b>Survivor recommended books</b>
The Intelligent Patient Guide <i>by</i> Olivotto, Gelmon, McCreedy, 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

**100 questions & answers about uterine cancer** by Don Dizon & Linda Duska (2011).

“Written by two renowned gynecologic oncologists and including insider advice from an actual patient, this book explains many important facts about symptoms and the diagnosis process, treatment options, post-treatment quality of life, coping strategies, and sources of patient and family support in easy to understand language.”

**Taking it step by step: A guide for women diagnosed with gynecological cancer** by BC/Yukons Womens Cancer Information and Support Alliance & Deborah Rusch (2011).

[www.bccancer.bc.ca/NR/rdonlyres/9301BB9A-C95B-4B25-BD97-A04AF3719364/0/TakingItStepByStep\\_2011.pdf](http://www.bccancer.bc.ca/NR/rdonlyres/9301BB9A-C95B-4B25-BD97-A04AF3719364/0/TakingItStepByStep_2011.pdf)

**Johns Hopkins patients guide to uterine cancer** by Teresa Diaz-Montes (2010.)

“Concise, easy-to-follow how to guide that puts you on a path to wellness by explaining uterine cancer treatments from start to finish. It guides you through the overwhelming maze of treatment decisions, simplifies the complicated schedule that lies ahead, and provides valuable tools to help you to put together your plan of care.”

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**Intimacy after cancer: a woman's guide** by Sally Kydd and Dana Rowett (2006).

"Discusses how to reclaim and regain intimacy after a cancer diagnosis. Includes stories of cancer survivors; self-questionnaires, checklists, facts you should know."

**Women cancer sex** by Anne Katz (2010).

"Dr. Katz describes the experience of women with different types of cancer and problems they may face, including altered body image, loss of sexual desire, pain, fertility issues, etc."

**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. Help me live provides a personal yet thoroughly researched account of words and actions that are most helpful."

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## **F. 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 the 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](http://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](http://www.cancer.ca/British%20Columbia-Yukon/About%20us/BC-Mission.aspx?sc_lang=en)

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## 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:



### **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 or information that you would like to have in this care plan that was not included:





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

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

## 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:

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### 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.



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### 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:

Reflection on goals achieved and long term goal setting:



## Glossary of Words

**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 at least one full, consecutive year of trying to conceive. After this amount of time, you may be experiencing infertility.

**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.

**Peripheral Neuropathy:** damage to the peripheral nervous system, meaning everything outside of the brain and spinal cord, caused by trauma or disease.

**Recurrent disease:** The return of a disease after remission.

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

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