

LOCAL CARE TEAM

The newly updated Texas Oncology Care Guide is intended to assist you in conducting treatment review and coordination sessions with patients. The information included is comprehensive. Some content may or may not be relevant to each patient.

Importantly, the Care Guide is designed to be customized and personalized with information added by the local care team that is specific to individual patients.

| In the **My Team** section, please insert patient- and location-specific information, such as:

- Physician and advanced practice provider (APP) bios
- Patient's multi-disciplinary team, if appropriate
- Location-specific fact sheets
- Site-specific contact information

| In the **My Diagnosis** section, please insert information as needed, such as:

- Patient diagnosis information (e.g., pathology report)
- Fact sheets about the patient's cancer type
- Websites or other helpful resources for patients

| In the **My Treatment** section, please insert information, such as:

- Patient treatment plan
- Information and fact sheets about medications prescribed to the patient
- Fact sheets about the treatment modality to be used for the patient
- Symptoms management checklist

WITH TEXAS ONCOLOGY, YOU CAN FIGHT CANCER.

We are here to help you every step of the way. Please use this binder to keep all your treatment information in one convenient place. With tools to keep you organized, you can stay focused on one thing: fighting cancer.

| **Name**

| **Phone Number**



Dear Patient,

A cancer diagnosis is a life changing, often overwhelming experience. Today, with ongoing innovations in cancer treatment and promising new research developments, we offer patients more hope for a positive outlook than ever before.

As a compassionate, patient-focused practice, Texas Oncology provides treatment options and resources to help you in your fight against cancer from diagnosis, through treatment, and into survivorship.

Our experienced team of physicians, advanced practice providers, nurses, pharmacists, and support staff comprise a powerful network ready to bring you comprehensive care with a personal touch. This includes the newest cancer therapies like immunotherapy, leading-edge technologies, and clinical trials and research to ensure you have access to the most effective treatment available.

Across the practice, our team is united around a commitment to “do the right thing” for you, our communities, and for each other. Our focus is delivering high-quality, cost-effective care in a community setting near the critical support of your family and friends.

Please use this Texas Oncology Care Guide to help organize and inform our time with you. You and your family are our priority, and we are here to provide the best possible overall experience. We urge you to communicate with us early and often to ensure that your treatment plan aligns with your goals and values.

Thank you for choosing Texas Oncology.

Sincerely,

A handwritten signature in black ink that reads "Steve" in a cursive, flowing script.

R. Steven Paulson, M.D.
President and Chairman of the Board
Texas Oncology

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ABOUT TEXAS ONCOLOGY



More than
500
physicians



5,700+
Employees

175+ Advanced
practice providers

More than **320**
oncology certified nurses



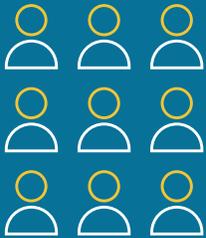
More than **210**
sites of service

55 Comprehensive cancer centers
offering most services under one roof

44 Integrated
pharmacy locations



More than **55,000** new cancer patients seen each year



CLINICAL TRIALS AND RESEARCH:

Participation in trials for **100+** FDA-APPROVED THERAPIES

Almost **2,000** patients enrolled annually

More than **150** open national clinical trials

SPECIALTIES

- Blood and marrow transplant
- Breast surgery
- Colon and rectal surgery
- Genitourinary oncology
- Gynecologic oncology
- Hematology
- Medical oncology
- Orthopedic oncology
- Pediatric oncology and hematology
- Radiation oncology
- Surgical oncology
- Thoracic surgery

ALSO PART OF TEXAS ONCOLOGY

- Austin Brain Tumor Center
- Texas Breast Specialists
- Texas Center for Interventional Surgery
- Texas Center for Proton Therapy
- Texas Colon and Rectal Specialists
- Texas Oncology Surgical Specialists
- Texas Urology Specialists

TEXAS ONCOLOGY

More breakthroughs. More victories.®



OUR PROMISE

DOING **THE RIGHT THING**

At Texas Oncology, we believe that doing the right thing is not only possible, it is essential.

For our patients. For ourselves. For our communities.

Doing the right thing requires a culture that empowers our team to deliver optimum patient-centered care with compassion and integrity.



PATIENT-CENTERED

an enduring and relentless focus on quality care.



INTEGRITY

a commitment to build trust through honorable actions and honest communications.



ACCOUNTABILITY

a desire for constant personal and professional improvement.



COLLABORATION & RESPECT

a spirit of understanding and active collaboration with each other.



ADAPTABILITY

an agility to act in an ever-changing environment.



MY CARE TEAM

WHEN TO CALL TEXAS ONCOLOGY – 24/7

When you and your care team decide on your treatment, you will receive a **wallet card** with the name of your oncologist, the name of your chemotherapy or immunotherapy treatment, and our office and after-hours phone numbers. We have a team on call 24/7 to help you. Please keep this card handy. You can also find our office and after-hours phone numbers on our website: www.TexasOncology.com/Cancer-Centers.

If you develop new symptoms, call Texas Oncology before going to an emergency room (ER) or urgent care clinic, even if it is after hours. We're here to help and may be able to assist in managing your symptoms without you having to go to the ER. If you can be treated early, we may be able to prevent complications.



Know
WHEN TO CALL US
before visiting
the ER

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*Texas Oncology will provide you with a wallet card.
Please keep it handy.*

TEXAS ONCOLOGY

Name: _____

Oncologist: _____

Office ph#: _____

After hours#: _____

Name of chemotherapy: _____

Report your symptoms to your oncologist - please call prior to going to ER or urgent care clinic.

Please call us first. If you can be treated early, we may be able to prevent complications.

Some signs and symptoms to watch out for:

- Chills or fever greater than 100.4
- Burning with urination, frequency, urgency, lower back pain (UTI)
- Productive cough, with green, yellow, red, brown sputum
- Unmanaged diarrhea, constipation, nausea, vomiting
- Unmanaged pain
- Swelling, redness, and pain on extremities
- Shortness of breath / chest pain
- Dizziness with changing position or lightheadedness
- Dark urine, less urine than normal, thirst, dry mouth (dehydration)
- Mouth sore, difficulty swallowing, frequent or severe heartburn (mucositis)
- Severe fatigue



When to Call Us

Signs and symptoms to watch for:

- Chills or fever greater than 100.4°F
- Burning, increased frequency, and urgency with urination and lower back pain (urinary tract infection symptom)
- Productive cough, with green, yellow, red, or brown mucus
- Unmanaged diarrhea, constipation, nausea, or vomiting
- Unmanaged pain
- Swelling, redness, and pain on extremities
- Shortness of breath and/or chest pain
- Dizziness with changing position or lightheadedness
- Dark urine, less urine than normal, excessive thirst, dry mouth (dehydration)
- Mouth sores, difficulty swallowing, or frequent or severe heartburn (mucositis)
- Severe fatigue



NAVIGATING YOUR CANCER TREATMENT EXPERIENCE WITH YOUR TEAM

Navigating the many aspects of a cancer diagnosis and treatment can be daunting for patients. The clinical “path” you will walk can include multiple rounds of imaging, blood tests, chemotherapy or other treatments, and difficult side effects. But there’s much more. Living with cancer can be stressful.

Cancer impacts you physically, but also your relationships, your finances, and your emotions. Significant change and challenges will follow patients during and after treatment. We deliver comprehensive care through the System of Support depicted below.

A SYSTEM OF SUPPORT

Your oncology care team guides you through all aspects of your treatment. Each plays an important role in surrounding you with support.



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Challenges that frequently arise include accessing transportation, eating nutritious food, the need for care at home, and support for children when a parent has a serious illness. Distress linked to cancer can lead to missed appointments, depression, anxiety, and to an overall decreased quality of life. To optimize your health and well-being, Texas Oncology and your care team encourage you to reach out to us. We are available to listen to your concerns and connect you with the resources and assistance available in your community.

The **integrated, multi-disciplinary care team that surrounds you at Texas Oncology** forms a hub of activity and support. Your treatment team will be comprised of healthcare professionals that align with your specific needs, and may include the following key roles: physician, advanced practice provider, nurse, social worker, patient benefits representative, medical assistant, pharmacist, and other office support staff.

With an emphasis on collaboration, everyone on your team is united to guide you through your cancer treatment experience and all aspects of its impact on you as a patient and as a person. We encourage you to ask questions so that you stay informed and engaged as you and your team make decisions together about your treatment.

You will find a list of helpful questions in the “My Diagnosis” tab in this guide.

*Your Texas
Oncology
care team is
available
for you.*



MY DIAGNOSIS

UNDERSTANDING YOUR CANCER DIAGNOSIS

After learning about a cancer diagnosis, many patients soon realize that all aspects of their lives can be impacted. Family, work, finances, social outlets, self-image, and sexuality are some of the most essential components of who we are. Cancer affects everything about how we see ourselves today and in the future.

Understanding your cancer diagnosis helps to prepare for today's treatment and tomorrow's outcome. Whether your diagnosis is simple or complex, you can be prepared to think about and discuss your diagnosis with your physicians, family, and friends. Ask questions and take notes during your appointments. Talk with your doctor about goals for your treatment and discuss expectations for treatment results. Learning about your diagnosis will help you make informed decisions about your cancer, your treatment, and your life beyond cancer.

| **What is cancer?**

Cancer is the general name for a group of more than 200 diseases where cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because abnormal cells grow out of control. Untreated cancers can cause serious illness and death.

Not all cancers are the same, even when they share a common name. Cancers can begin in many different parts of the body. Different types of cancer can act very differently. For example, lung cancer and breast cancer are very different diseases. They grow at different rates and respond to different treatments. That is why people with cancer need treatments that target their specific type of cancer. As research into the genetic and molecular make up of cancer cells advances, oncologists have an increasingly clearer view of how to personalize treatment plans for patients.

| **How does a normal cell become cancer?**

Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more quickly until the person becomes an adult. After that, cells in most parts of the

body divide only to replace worn-out or dying cells and to repair injuries.

Cancer cells develop because of damage to DNA. DNA is in every cell and directs all of the cell's activities. Most of the time when DNA becomes damaged, either the cell dies or is able to repair the DNA. In cancer cells, the damaged DNA is not repaired. People can inherit damaged DNA, which accounts for inherited cancers. Many times though, a person's DNA becomes damaged by things in the environment, such as chemicals, viruses, tobacco smoke, or too much sunlight.

Benign tumors are not cancer. In fact, they are rarely life threatening. In most cases, when benign tumors are removed, they *do not* grow back. They *do not* invade the surrounding tissues, and they *do not* spread to other parts of the body.

On the other hand, **malignant tumors** are cancerous. They are typically more serious than benign tumors and can be life threatening. Sometimes, malignant tumors *can* be removed, but they may later return in either the same location or somewhere else in the body. They *can* invade nearby tissue and damage nearby organs. They *can* spread, or metastasize, to other parts of the body. They *can* spread by breaking away from their primary site and enter the

bloodstream or lymphatic system. Once they have spread to other parts of the body, they *can* attach to organs or bone and form new tumors.

The spread of cancer cells is called **metastasis**. This occurs when some of the cancer cells break away and travel through the blood stream or the lymph system. If the cancer spreads to another area of the body, it is still the same cancer. For example, if prostate cancer cells metastasize to bone, it is not bone cancer. They are still prostate cancer cells and, therefore, the treatment is still for prostate cancer. To determine if your cancer has spread, your physician may order additional diagnostic tests.

| *How is cancer diagnosed?*

For some, cancer is found through routine screening tests. For many, cancer does not cause problems until it has progressed enough to cause symptoms. Some people notice unusual pain, fatigue, fever, or weight loss. Others experience shortness of breath, drenching night sweats, or develop a suspicious lump. In most cases, cancer is a suspect because of the combination of symptoms that may be brought on by a number of different diseases.

Physicians generally perform a series of special blood tests and imaging procedures (such as PET or CT scans) to determine if cancer does exist and the extent to which it may have spread. Usually cells are removed from the area of disease so that they can be viewed closely under a microscope. Removal of tissues for microscopic review is called a **biopsy**. Depending on the type of cancer, a biopsy

procedure may occur via surgery, blood testing, needle aspiration, or tissue scraping. Biopsy specimens are reviewed by specialized physicians known as **pathologists**. The pathology report describes the cell type, whether the cells are normal or abnormal, and the degree and scope of abnormality.

When cells are found to be abnormal, or **malignant**, then a specific cancer diagnosis is made by the pathologist and reported to your doctor in a **pathology report**. With a surgical procedure, the pathologist will also look at the tissue that was removed to see if the **margins** (outer edges) contain cancer cells. If cancer cells are seen at the edges of the tissue, the margins are called “positive.” Positive margins can mean that some cancer was left behind. When no cancer is seen at the edges of the tissue, the margins are said to be “negative,” “clean,” or “clear.”

Staging is the process of finding out how much cancer is in the body, where it is located, and if it has spread. Doctors use staging information to plan treatment and to help determine a person’s **prognosis**, or outlook for survival. Cancers of the same type, diagnosed at the same stage, usually have a similar prognosis and are often treated the same way.

There are several different staging systems. Each system is somewhat specific to individual types of cancer. The **TNM** staging system (Tumor, Node, Metastasis) is the most common system, and it describes the extent of the primary (main) tumor, whether nearby lymph nodes contain cancer cells, and if metastatic disease is present.





COPING WITH CANCER

A cancer diagnosis can feel overwhelming. You may feel shock and disbelief when you first hear the word “cancer” from your doctor. You may find it hard to believe you have cancer because you feel fine. You may be trying to deal with what it means for you and your loved ones. Having cancer is not easy, and coping with it takes a lot of energy, strength, and perseverance from you and those who care about you.

Once the initial shock wears off, you may feel a wide range of emotions, including fear, anger, sadness, anxiety, or guilt. You may be afraid of dying or of the cancer treatments and how they will affect you physically and emotionally. You may be angry that this is happening to you. Some people feel sadness about things they may not get to do, or anxious about how they will pay for their care.

You’re not alone if you wonder how all of this will affect your loved ones. You may also feel guilty that something you did, or did not do, in your past may have led to developing cancer. You may even begin to question the spiritual beliefs you have always held.

These feelings are normal, yet fear of the unknown may be the hardest part of your cancer diagnosis. To combat this fear, learn all you can about your illness, treatment options, and likely outcomes. Keep in mind that one of your best sources of information is your Texas Oncology care team. Ask them any questions you have. Their job is to help you understand all aspects of your care.

As you begin this journey, **bring someone with you to your appointments** whenever possible. They may remember things you did not hear and can provide support. As you seek answers, the internet can be a valuable source of information. But keep in mind that *there is also a lot of misinformation on the internet*. Before making any changes based on suggested treatments or drugs, discuss them with your doctor. The “My Resources” section of this Care Guide includes a list of reliable websites we recommend you visit for more information.

Dealing with cancer is perhaps one of the hardest challenges you will ever face, but know that you don’t have to face this journey alone. Your care team, family, friends, and even friends you have not yet met, are here to help you along the way.

| Below are suggested, **helpful questions** that you may want to ask your team.



Questions about diagnosis/prognosis

- What additional tests are needed at this time?
- What is the goal of treatment?
- What is my likelihood for a successful outcome?
- Is my cancer terminal? If I cannot be cured, will I live longer with treatment? If so, roughly how much longer?
- What is my life expectancy? (Ask for a reasonable range of time and the most likely scenario.)
- How will you manage my symptoms and complications?
- What options do I have if I don't want to continue my cancer treatments?
- When should I think about hospice?



Questions about treatment

- What things are likely to happen to me?
- What are the common side effects? How do I manage those side effects at home?
- When should I contact the clinic for help?
- Is there a document I can give to my family members that can help them stay informed on my treatment?
- What is the cost of this treatment?
- Am I healthy enough to undergo the treatment?
- What clinical trials are available?
- Which hospital or urgent care center is best for my needs?
- How will treatment affect my other medical conditions?



Questions about advanced diseases

For some patients with advanced stages of cancer, treatment is aimed at improving length and quality of life. For advanced diseases, here are some questions to ask your physician:



Questions about family and spiritual needs

- Who will help me talk to my children?
- Who is available to help me cope with this situation?



Questions about advance care planning

- Are there things I should be doing to plan ahead?
 - Draft a will?
 - Participate in advance care planning and decide on my advance directives?
 - Choose a healthcare proxy who can speak for me if I am unable?
 - Address financial or family legal issues?
 - Appoint a durable power of attorney for financial affairs?
 - Write notes or create videos for loved ones?

MY TREATMENT



***Every form
of cancer
has unique
characteristics
– like you.***

No single cancer treatment is right for everyone. That's why your Texas Oncology care team has developed an evidence-based treatment plan that is specific to your needs, created in collaboration with you, and with respect for your values and wishes.

We have included in this Care Guide information about your cancer treatment plan, and the medications prescribed to you. Your care team also has included information about potential side effects, how to address side effects, contact information should you need to call Texas Oncology during your treatment, and guidelines for when you should call us regardless of the day and time.

Please see additional helpful information in this section:

- Your Treatment and Your Role in Treatment Options
- Treatment Options
- Managing Cancer Symptoms and Treatment Side Effects
- Nutrition During Treatment
- Sexuality and Cancer
- Self-Care and Healthy Conversations During Treatment
- Telemedicine
- Pharmacy Services and Filling Prescriptions
- Genetic Risk Evaluation & Testing for Hereditary Cancer
- Clinical Trials and Research

Your Treatment and Your Role in Treatment Options

Choosing a treatment plan is a significant step in your cancer journey. Your values and wishes are paramount in the treatment decision-making process. The decisions about your treatment will be made jointly with you, your doctor, and your care team.

| Treatment plan

Your doctor and care team will develop a treatment plan together with you. They will discuss with you what is important to you based on your values and desires, and outline expected outcomes of treatment choices that may be available to you. Having an open and frank conversation is key to ensuring that your treatment plan meets your goals as the patient. These conversations and the choices you make can be difficult, but your team is here to give you information, help you work through those decisions, and listen to the reasons you may or may not want to have chemotherapy or other treatments.

A Guide to Creating Your Cancer Game Plan

Texas Oncology encourages patients to play an active role in their care through the following steps.



ESTABLISH TRUST

Once diagnosed, developing rapport with your care team starts during the first meeting.

PLAY AN ACTIVE ROLE

Your values matter. Shared decision making is essential to creating the right treatment plan for you.

What stage is my cancer?

What are my treatment options?



KNOW WHAT TO EXPECT

Once a treatment plan is determined, patients meet with multiple care team members, and may include advanced practice providers (APPs), patient benefits representatives, social workers, and pharmacists.



COME READY WITH QUESTIONS

The treatment review and coordination (TRC) visit is the perfect opportunity to ask.



PREPARE FOR TREATMENT

Each patient's pre-treatment preparation is unique. Ask your care team how to prepare.



ADVOCATE FOR YOUR HEALTH

Take control of your cancer experience by honestly communicating with your care team before, during, and after treatment.



| If you prefer, family members or a close friend can be included in the discussions with the care team.

The conversation with your care team will include the benefits and challenges of different treatment options, including chemotherapy, immunotherapy, hormonal therapy, radiation, and surgery. Your care team will also explain:

- How the treatment fights your cancer and could relieve your symptoms caused by cancer
- Potential side effects or complications
- How treatments might affect your daily quality of life
- The likelihood of the treatment helping you live longer or effectively making you cancer-free

Your care team will develop a treatment plan based on your particular cancer, values, and desires. Moving forward with any treatment option is completely up to you.

After you and your team agree on a treatment plan, you will receive a written copy of the plan, along with more information about the treatment itself. Your team will also explain next steps.

| *Understanding your treatment and test results*

We want to ensure that you fully understand your treatment plan, as well as results from blood tests, scans, or other diagnostic tests. Your team will share the results of tests that are given during treatment to see what impact the treatment is having on your cancer. Our goal is to speak to you in language that is clear and understandable, not using technical jargon and “medical speak.” If you don’t understand or a term is unfamiliar to you, ask your team to clarify and explain it another way.

With chemotherapy, hormonal therapy, targeted therapy, or immunotherapy, you may also be prescribed other medications. Your team will explain why those medications are necessary and how they help in your treatment, as well as potential side effects.

| *Questions? Just ask.*

Your care team’s goal is to make sure that you and your caregivers understand not only your treatment and test results, but everything that may affect your care. Don’t be shy about asking questions, even in between appointments. We’re happy to answer them.

| *Maintaining health during treatment*

It is important to practice healthy habits during treatment. It will help keep your energy up and could stave off some side effects.

- Eating properly is key. Your treatment may affect your appetite or may dictate changes in your diet. Your care team can give you guidance on what is best for your specific treatment plan and may recommend nutritional counseling.
- Exercise is beneficial. Some level of exercise can assist in maintaining your energy. Talk with your care team about what types and amounts of exercise you need.
- Discuss other health concerns. Talk with your care team about other health concerns you have and maintaining your regular health checkups, such as dentist appointments, flu shots, and other health screenings.

TREATMENT OPTIONS

Treatment options vary by disease type, location, and extent of metastasis. Just as there are many different types of cancer, there are many types of treatments. The most common cancer treatments are surgery, radiation therapy, chemotherapy, immunotherapy, and targeted therapy. It is common for patients to receive more than one form of treatment during the course of their illness. It is important to discuss your treatment options in detail with your physician.

Ask questions about how long each treatment takes, how long your treatment regimen will last, and how often you will have to get treatment.

Discuss possible side effects that could occur during and after treatments. Other questions to consider:

- How will you determine whether my treatment is working?
- Am I a qualified candidate for participation in a clinical trial?
- What is the expected outcome for the prescribed treatment?

You will find a comprehensive list of questions to ask your physician in the “My Resources” section of this Care Guide.



Surgery

Surgery can be useful to diagnose cancer, determine its stage of development, and to treat it. One common type of surgery that may be used to help with cancer diagnosis is a biopsy. A biopsy involves removing a tissue sample from your body. This sample is sent for examination by a specialist in a laboratory. A positive biopsy indicates the presence of cancer; a negative biopsy may indicate that no cancer is present in the sample.

In addition to helping in the diagnosis of cancer, surgery can provide other benefits:

- **Cure** – Sometimes surgery involves completely removing cancer cells. Surgery alone may

be effective, or your doctor may recommend combining it with other treatments, such as chemotherapy and/or radiation therapy, for the best results.

- **Symptom relief** – Your doctor may determine that surgery can help treat possible side effects of cancer, such as pain.
- **Reconstruction** – When necessary, surgery can help minimize deformities caused by cancer and, as a result, improve your quality of life.

Talk with your doctor about whether surgery is right for you. If together you determine that it is, be sure to discuss the specific goals of your surgery. Ask what to expect, and how to prepare for the surgical procedure and recovery.



Radiation Therapy

Radiation therapy is the use of high-energy X-rays to stop cancer cells from growing and multiplying. About half of all people with cancer receive radiation treatment, and for many individuals, radiation is the only cancer treatment they need. The goal of radiation therapy depends on your specific type of cancer and your overall health. Generally, radiation therapy is designed to achieve one or both of the following results:

- Stop the growth of cancer cells by reducing the size of cancer cells before surgery or by stopping their growth after surgery.
- Improve your quality of life. Even if it is not possible to cure certain cancer cases, radiation therapy may still offer improvement in symptoms and provide relief from pain and discomfort.

The broad term “radiation therapy” covers many different treatments. For example, you may hear radiation therapy referred to as radiation oncology, X-ray, cobalt, or irradiation therapy. The therapy is given in doses measured in grays or centigrays via treatments over a period of several weeks.

External radiation therapy focuses a high-energy X-ray or electron beams at specific points on your body where the tumor is located.

Another option is internal radiation therapy, also called **brachytherapy**, that uses sealed containers of radioactive material placed close to or inside the tumor. Internal radiation therapy delivers a higher dose of radiation directly to the cancerous area than external radiation treatments. Internal radiation therapy is most often used to treat breast, prostate, skin, and gynecological cancers.

Proton therapy is an advanced type of radiation therapy aimed at destroying cancerous cells using protons. The treatment offers pinpoint precision that delivers high-energy proton beams directly to tumors, minimizing damage to surrounding healthy tissue.

As always, your doctor will coordinate your care. You will also work closely with the specialists – such as radiation oncologists or radiation therapists – who administer the treatment. Prior to your treatment, your team will take precise measurements of where the radiation therapy will be given. For radiation therapy given to the outside of your body, the specialist may even draw special, temporary markings on your skin to guide them and the instruments they use.

Generally, you will not feel anything during the treatment, and many people are able to arrange their treatment around their work schedule or other daily commitments. Some people who receive radiation treatment recommend getting the procedure early in the morning, leaving the rest of the day for other activities.



| *What are the side effects?*

Unlike chemotherapy, side effects related to radiation therapy are generally limited to the specific area of the body receiving treatment. For example, temporary hair loss may occur only in the radiation treatment area, but not over the entire body. If you receive radiation therapy to the prostate, your lungs will not be affected by this treatment.

Side effects from radiation therapy are generally classified as either early or late. Early side effects occur during or immediately after radiation therapy. The more common early side effects may include skin reactions (redness, swelling, dryness, pain, peeling,

sloughing), decreased blood cell counts, dry mouth, difficulty swallowing, nausea/vomiting, and diarrhea. The side effects you may expect will depend on the physical location of the radiation treatments. Severity of early side effects is not a predictor of later responses.

Late side effects may occur months to years after radiation therapy. It is rare that a secondary malignancy results from radiation therapy. Your radiation oncology team will explain the specific side effects you may experience with your treatment plan, as well as any necessary follow-up or monitoring.





Chemotherapy

Chemotherapy is a group of medicines used to treat cancer. While surgery and radiation therapy target specific areas of the body, chemotherapy works systemically (throughout the body). Chemotherapy can also destroy cancer cells that have metastasized to parts of the body away from the original tumor site.

Answers to most commonly asked questions:

| *How does chemotherapy work?*

Chemotherapy is designed to destroy cancer cells. Some cancer cells grow slowly, others rapidly. As a result, different types of chemotherapy drugs are designed to target the growth patterns of specific types of cancer cells. Each drug has a different way of working and is effective at a specific time in the life cycle of the cell targets.

Your doctor will develop a treatment plan specifically for you, based on your type of cancer, its stage of advancement, and your overall health. Depending on your individual condition, your chemotherapy may be designed to achieve one or more of three goals:

- Eliminate the cancer
- Control the cancer
- Provide symptom relief

| *How is chemotherapy administered?*

Your doctor will choose the chemotherapy method that will be most effective against your particular type of cancer and cause the fewest side effects. You may receive chemotherapy drugs in one or more of the following ways:

- Pill (also referred to as “oral” or PO [per os] medication)
- Shot (injection)
- IV (also known as “intravenous” – delivering liquid medicine through a tube into a vein)

Some types of chemotherapy can be given at home. Through instruction, you and your family members can learn how to administer chemotherapy in pill form or by injection with a small syringe and needle similar to those people with diabetes use to administer insulin. In some cases, a nurse will administer chemotherapy in our clinic. In other situations, it may be necessary to go to the hospital to receive treatment.

| *Which chemotherapy drugs will I receive?*

Not everyone receives the same type of chemotherapy. There are many drugs designed specifically to treat cancer. Your doctor will decide which drug(s), dose, and schedule are best for you. This decision is based on the following important factors:

- Type of cancer
- Location of cancer
- Stage of development of cancer
- How normal body functions are affected
- General health
- How chemotherapy affects your other medical conditions

Your doctor will help you

determine the most effective treatment schedule for you.



| How often will I take chemotherapy?

How often you take chemotherapy depends on the type of cancer and which drug or combination of drugs you receive. Different drugs work at varying times in the process of cancer cell growth. Your treatment schedule will take all of these factors into consideration. Chemotherapy is usually structured in cycles with rest periods between. Generally, treatments are given daily, weekly, every other week, every third week, or monthly. Your doctor will help you determine the most effective treatment schedule for you.

| What are the side effects?

We mentioned earlier that chemotherapy works by destroying cancer cells. Unfortunately, chemotherapy cannot tell the difference between a cancer cell and a healthy cell. Therefore, chemotherapy can cause side effects.

Among the most common are nausea, vomiting, hair loss, fatigue, and low blood counts. Some side

effects may be temporary and merely annoying. Others, however, can be life threatening. For example, one of the most serious potential side effects of chemotherapy is low white blood cell count – a condition called **neutropenia** (new-tro-pee-nee-uh) – which can put you at risk for severe infection or treatment interruptions. In most cases, you can successfully manage side effects by working with your healthcare team and by staying in close communication throughout your treatment cycles.

Remember, when you experience side effects, it is important to contact Texas Oncology first before going to an emergency room or urgent care clinic. See pages 7-8 for guidelines on when to call us.

| How do I know my chemotherapy is working?

Each person responds differently to treatment. Your doctor will monitor you closely and schedule appropriate tests to evaluate the effectiveness of your treatment. Your doctor may keep your treatment the same or adjust your treatment depending on the results of your tests.

| *How do I address concerns about my diagnosis and chemotherapy?*

Learning that you have cancer can be very emotionally upsetting – not only to you, but also to your family and friends. It is important to seek emotional support. Always talk with your Texas Oncology care team about your feelings and concerns, and ask for resources that may support your emotional well-being. In addition, your local American Cancer Society chapter offers free programs for those diagnosed with cancer. Other local support groups may provide the opportunity for you and your loved ones to talk with others who understand what you are experiencing. Talk openly about your needs. Supporting each other will help all of you keep a positive outlook. The “My Resources” section of this Care Guide lists a wide range of resources and support options.

| *What questions should I ask about my chemotherapy treatment?*

Gather all the information you can to make informed decisions about your cancer treatment and about how to protect yourself against possible side effects. Your Texas Oncology care team is always your best source of information. Talk with them about your chemotherapy, possible risks, and your best protection. Take notes to help you remember questions you want to ask. Questions to ask might include:

- What are my treatment options? Which do you consider the best for my condition?
- What are the names and doses of all the drugs I will be taking?
- Is the goal of my chemotherapy to get rid of my cancer or to control it for as long as possible?
- What personal goal should I have? Eliminating my cancer? Controlling my cancer? Being comfortable?
- How long will I receive chemotherapy? How often? Where?
- How will my chemotherapy be administered?
- How will I know if my chemotherapy is working?

- How might a disruption in my chemotherapy dose or schedule affect my results?
- Can I talk with other patients who have received the treatment you recommend?

Also, be sure to discuss the possible side effects of your chemotherapy by addressing questions such as the following:

- What possible side effects should I prepare for?
- When might side effects start?
- Will side effects get better or worse as my treatment progresses?
- How can I lessen the impact of side effects?
- Are any treatments available to help relieve the side effects?
- Which side effects are most serious?
- How can I best monitor myself for side effects or complications related to my disease or chemotherapy?



Immunotherapy

Immunotherapy is an innovative and advanced form of targeted cancer therapy that boosts your body’s own immune system and defense mechanisms to fight cancer at the cellular level. Unlike traditional cancer treatments that target the cells in tumors, immunotherapy drugs boost the body’s immune system to attack cancer cells to stop or slow their growth or limit the cancer’s ability to spread.

Immunotherapy drugs are used to treat many different types of cancer. While chemotherapy works by killing cancer cells, it cannot tell the difference between cancer cells and normal cells. Immunotherapy is a type of treatment that uses certain parts of a person’s immune system to fight diseases such as cancer. This can be done in two ways:

- Stimulating your own immune system to work harder or smarter to attack cancer cells.

- Giving your immune system components, such as man-made immune system proteins.

Immunotherapy may be used alone or in combination with other types of treatments, such as chemotherapy, radiation, or surgery. Immunotherapy is usually administered as an IV, oral, or topical application.

| How does immunotherapy work?

Immunotherapy uses the patient's own immune system to help fight the cancer. Cancer cells often stay alive because they are able to hide from the immune system. Part of the immune system's "job" is to recognize the differences between normal cells and cells it thinks are "foreign." Immunotherapy drugs can leave a mark on cancer cells, which helps the immune system recognize them more easily. The immune system then attacks the "foreign" or cancer cells and leaves the normal cells alone.

| What are the side effects of immunotherapy and what should I do?

You should always report any concerns or side effects that bother you to your care team. Side effects that are common with immunotherapy drugs are nausea, fatigue/tiredness, cough, loss of appetite, and skin rash. Because immunotherapy uses the immune system, it can cause the immune system to attack some normal organs in the body. This is rare, but when it happens, more serious problems can occur. These types of side effects are often treated with steroids, such as prednisone. However, if your symptoms are mild, there are some things you can do to treat your symptoms with over-the-counter remedies.

Skin/Rash

If your skin is involved, you may notice itching, reddening of your skin, or possibly a flat, red area that has little bumps. Usually, the rash will be on your trunk, arms, or legs. A less common skin reaction might be areas with white patches.

If your skin is itchy, ask your doctor if you can take anti-itch medicines such as diphenhydramine (Benadryl®) or use a steroid cream so that you are more comfortable.

Tell your care team right away if you have swelling around the eyes, a severe rash, or a rash that looks like pimples or blisters on the skin, in the mouth, or on the genitals. This may be a sign of a more serious reaction.

Stomach/Intestines

If your intestines are affected, you might experience an increased number of bowel movements, diarrhea or constipation, blood or mucous in your stool, stomach pain, or cramping.

If you have mild diarrhea, ask your doctor if you can take an anti-diarrhea medicine, such as loperamide (Imodium®). If you are having diarrhea, it is very important to increase your fluid intake so that you do not become dehydrated. Also make sure you are not taking a laxative or stool softener as these medicines make diarrhea worse. Eating a bland diet such as bananas, rice, applesauce, and dry toast (BRAT) may also help.

Tell your care team right away if you have severe diarrhea, stomach pain with nausea, vomiting, blood in your stool, constipation, or a fever.

Liver

In most cases, blood tests will indicate if your liver is affected. However, you might experience pain on the right side of your stomach, fatigue/tiredness, yellowing of the skin or whites of the eyes; you may bleed or bruise more easily; or your urine might turn the color of tea. You should tell your doctor if you have any of these symptoms.

Hormone Glands

Immunotherapy can affect your hormone glands. If your thyroid is affected, your thyroid gland may become too active (hyperthyroid) or not active enough (hypothyroid). Tell your doctor if you have constipation, stomach pain, dizziness, constant headaches, vision changes, weight gain or loss, hair loss, a rapid heartbeat, or an increase in sweating. You should also tell your doctor if you feel irritable, more tired, or more cold than usual.

Lungs

Immunotherapy can cause coughing or shortness of breath. Please call your doctor if you experience these symptoms.

Please see additional helpful information about:

- Managing Cancer Symptoms and Treatment Side Effects
- Nutrition During Treatment
- Intimacy and Cancer
- Self-Care and Healthy Conversations During Treatment



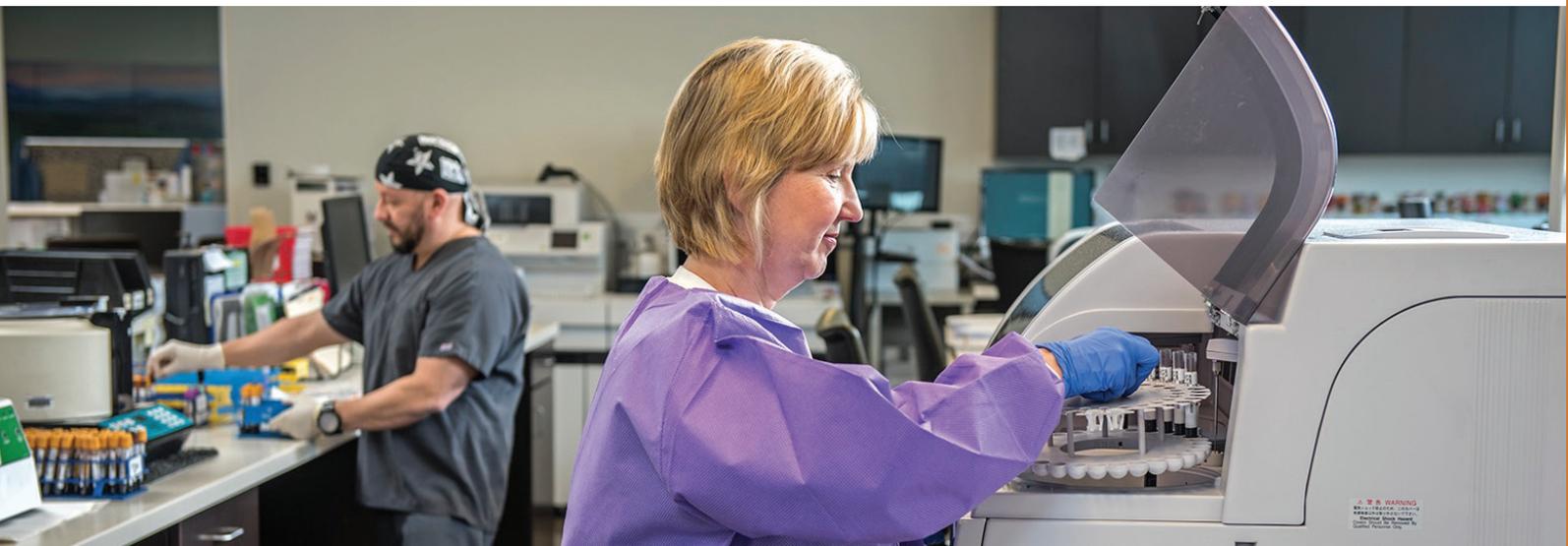
Targeted Therapies

Targeted therapies are an advanced form of cancer treatments that more precisely fight your cancer.

- Chemotherapy takes a broad-based approach and focuses on all rapidly dividing cells. Targeted therapies are focused on specific genetic mutations that make cancer cells different from healthy cells.
- Chemotherapy can damage healthy cells if they divide rapidly. Targeted therapies concentrate only on cells with the specific gene mutation.
- Targeted therapies attack the genes, proteins, or tissue environment that contributes to your cancer's growth and survival.
- Chemotherapy kills tumor cells; targeted therapies block the reproduction of cancerous cells.
- Targeted therapies are often used in conjunction with other treatments including chemotherapy, radiation, and surgery.

Just like there are many cancer types, there are multiple targeted therapies. Some therapies attack a single trait of the cancerous cell, while others attack several mutations within the cancer cells. You may receive multiple targeted therapies as part of your treatment plan.

Targeted therapies can cause side effects, depending on the type of therapy. Cancer cells can also adapt to the targeted therapy rendering them ineffective. Not every cancer type is receptive to targeted therapies.





Precision Medicine

Precision medicine in cancer treatment, or precision oncology, is also called “personalized medicine” and is a rapidly evolving approach to cancer treatment and prevention. It allows physicians to select treatments that are most likely to help patients based on a genetic understanding of their disease.

Precision medicine is a type of targeted therapy that uses information about genetic changes in the tumor, also known as molecular profile of the tumor, to help decide which treatment will work best for an individual with cancer.

This treatment is more precise because it is tailored to the distinct genetic changes of each individual cancer, rather than focusing on the type of cancer (e.g., lung cancer versus breast cancer), tumor size, or whether it has spread. Research has shown that changes that occur in one individual’s cancer may not occur in others who have the same type of cancer. Also, the same cancer-causing genetic changes may be found in different types of cancer. As a result, patients with tumors that share the same *genetic change* receive the drug that targets that change, regardless of the type of cancer.

With the rapid evolution in technology, genetic changes in the tumor are being identified in tumor samples (tissue biopsy) and in blood samples (liquid biopsy) of individuals with cancer. Special labs with equipment to sequence the DNA perform what are called genomic testing, molecular profiling, or tumor profiling.

While all genetic changes that can cause cancer to develop, grow, and spread have not yet been discovered, significant progress is being made every day. As specific genetic changes are discovered, new drugs are being developed and treatments are being designed to target these genetic changes in tumors. Many of these new treatments are being tested in clinical trials.

Precision medicine is not yet part of routine care for most patients. With more research into genetic changes that drive cancer cells to divide and grow, more patients will be able to receive customized cancer treatments in the future.



Palliative Care

Palliative care (pal-lee-uh-tiv) is specialized care that aims to improve quality of life for those with a serious illness by adding an extra layer of support to provide relief from the symptoms and stress of illness.

Palliative care focuses on relieving symptoms from a serious illness, no matter the diagnosis or stage of disease. Often people, even in the medical field, hear palliative care and associate it with hospice and dying. This is not true. Palliative care is for anyone who would benefit from focused symptom management.

Palliative care is provided by an interdisciplinary team, such as a physician, nurse practitioner or physician assistant, nurse, social worker, or chaplain, and can be provided alongside treatment at any stage of illness. Palliative care can be provided in various settings (for example, a physician’s office, at home, or at the hospital), depending on a patient’s needs.

Palliative care includes:

- Symptom management to provide relief from pain, nausea, shortness of breath, emotional distress, anxiety, and depression, among others
- Emotional support for a patient, their family, and/or a caregiver
- Advance care planning
- Discussions around care goals
- Referrals to appropriate supportive services or care coordination



Palliative care may be right for you if you experience pain, stress, or other symptoms from cancer or serious illness. Palliative care teams will work alongside your doctors to provide an extra layer of support for you and your family. Most insurance plans, including Medicare and Medicaid, cover palliative care.

Talk to your care team for more information.

Take only the medications prescribed and recommended by your doctor. Do not take any other treatments without your doctor’s knowledge, including over-the-counter medicines and natural supplements or vitamin therapies that could affect your treatment. Communicate closely with your care team. Talk openly about your symptoms and any questions or concerns you may have. The first key to controlling cancer symptoms is *understanding* them.

Managing Cancer Symptoms and Treatment Side Effects

It is important for you to be aware of changes in your body that may be related to your cancer. Stay alert to aches and pains, changes in your body functions, or changes in your appearance. Make notes of these symptoms, then discuss them promptly with your care team.

There are other important steps you can take to ensure the most effective management of your cancer symptoms.

- Stay on course with your treatment schedule.
- Make sure you take your medication as directed by your doctor.
- Contact your care team if, for any reason, you have missed a dose or if you anticipate interruptions in your schedule.

| Managing potential side effects of treatment

Cancer treatment affects everyone differently, and can have a variety of effects depending upon the individual’s diagnosis, overall condition, and specific course of therapy. Some people experience few side effects from cancer treatment. Others may experience side effects that are considered “normal” reactions to treatment, while others experience side effects that may require specific treatments or changes in the overall cancer treatment plan.

There are actions you can take to manage or even help prevent unwanted effects of your treatment. However, as part of taking control of your care, it is your responsibility to be aware of side effects and to report them immediately to your doctor. Don’t just make note of physical effects. If you experience emotional issues that may be related to your treatment, note them, and then talk openly about them with your care team.

Ideally, the effects are exactly what you and your care team hope for: eliminating or controlling your cancer. However, some effects may be unwanted. Understanding and closely observing both wanted and unwanted effects of treatment are vital to controlling your cancer.

| *Nausea and vomiting*

During your treatment, you may feel mildly ill, be overcome by nausea, or have bouts of vomiting (also referred to as “emesis”). These side effects can occur before, during, right after, and days after you receive your chemotherapy. The cause can be the cancer itself or its treatment.

Tell your care team if you experience nausea or vomiting. They can prescribe one of the many medications developed to help stop nausea and vomiting. Also, tell your doctor if you have a history of a weak or nervous stomach, motion sickness, or nausea in response to stress or trauma. Sometimes these conditions heighten your susceptibility to nausea and vomiting.

Be aware that different medications work for different people, and that you may need more than one to get relief. Do not give up. Do not accept nausea as something you have to tolerate. Keep working with your care team until you find the medication or combination of medications that work best for you. The following are some tips that may help you manage nausea and vomiting:

- Breathe deeply and slowly if you start to feel nauseated.
- Avoid big meals; instead, eat small meals throughout the day.

- Stay away from sweet, fried, and fatty foods.
- Eat foods cold or at room temperature to avoid cooking odors.
- For morning nausea, eat dry foods like toast or crackers before getting out of bed. (Do not do this if you have mouth or throat sores or lack saliva.)
- Drink cool, clear, unsweetened fruit juice, such as apple or grape, or light-colored sodas that have lost their fizz, such as flat ginger ale.
- Wear loose clothing – this is surprisingly helpful.
- Try ginger tea, fresh ginger, and pickled or candied ginger.
- Get your mind off the nausea by exercising, taking a walk, talking, listening to music, or watching TV.
- Use relaxation techniques (with or without music or visual imagery).
- Sleep during periods of intense nausea.

| *Diarrhea*

While undergoing cancer treatment, some people experience diarrhea. Diarrhea is the passage of frequent and watery stools with or without pain. When the small intestine does not sufficiently absorb fluid or food, the excess is passed on to the large intestine rather than into the bloodstream. Diarrhea can cause dehydration and chemical imbalance, which can produce excessive thirst, weakness, and fatigue. These problems can be brief or, if not managed effectively, may go on for many days and potentially result in other complications. Diarrhea can be caused by cancer itself, your treatment, other medications you are receiving, or stress.





FAVORABLE FOOD CHOICES WHEN SIDE EFFECTS OCCUR



DAIRY PRODUCTS AND LIQUIDS

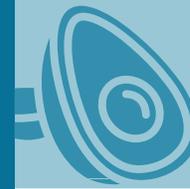
- Cottage cheese, cream cheese, mild processed cheese
- Custard, pudding, tapioca, gelatin, rice pudding, yogurt
- Creamed soups
- Broth and bouillon
- Apple, grape, and cranberry juices
- Gatorade® and noncarbonated soft drinks

| *Fluids restore your electrolytes and replace the water lost through diarrhea, so it is very important to keep up your fluid intake.*



GRAINS AND PROTEIN

- Cooked cereals (Cream of Wheat®, Cream of Rice®, or farina)
- Crackers, white bread, white rice
- Macaroni, noodles, and pasta made with refined flour
- Eggs (whites cooked solid, not fried)
- Smooth peanut butter



FRUITS AND VEGETABLES

- Apples, applesauce, ripe bananas
- Avocados
- Baked, boiled, mashed potatoes
- Cooked or pureed mild vegetables (asparagus tips, beets, green and wax beans, carrots, peas, spinach, squash)

| *Treating diarrhea*

To treat diarrhea, your doctor may prescribe antidiarrheal medication, intravenous fluids, or a change in diet. You can take the following steps as well:

- Eat bland, low-fiber foods (such as white rice and mashed potatoes).
- Eat foods that contain salt (sodium) and those high in potassium that don't contribute to diarrhea, such as baked potatoes, halibut, asparagus tips, avocados, bananas, and citrus fruits.
- Consider adding nutmeg to your foods to decrease the motion in your gastrointestinal track. Do not take more than ½ teaspoon of nutmeg in 24 hours. Please speak with your doctor if using nutmeg to manage diarrhea.
- Drink many clear fluids; avoid coffee, caffeinated tea, alcohol, and milk.
- Avoid smoking.
- Clean thoroughly after bowel movements.

| *Skin care during bouts with diarrhea*

A potential problem related to diarrhea is skin sensitivity. Remember to take special care of the skin and membranes around your rectal area. After each bowel movement, clean yourself well with mild soap. Rinse gently and pat dry. Do not rub.

You may wish to use a sitz bath or sit in a tub of warm water to soothe your skin. Wipe with a premoistened wipe after each bowel movement and then apply a cream or ointment such as Vaseline®, Preparation H®, or Anusol® to protect skin from irritation and heal inflamed rectal tissue. Choose loose-fitting underwear to allow more air to reach the area. If you are still uncomfortable, speak to your care team about other possible solutions.

| *Constipation*

After food is broken down to waste products in your gastrointestinal (GI) tract, it moves through the intestines and is eliminated. Sometimes this process is slowed, causing irregular or infrequent bowel movements of hard, dry stools. Passing hard stools can be difficult or unsuccessful; you may experience discomfort, pain, or even develop hemorrhoids because of straining. This is constipation.

Like diarrhea, constipation can be caused by cancer itself, your treatment, other medications you are receiving, or stress. In addition, dehydration or bowel obstruction can contribute to constipation and can cause nausea, vomiting, hemorrhoids, and other problems.

| *Preventing constipation*

To prevent constipation, be sensitive to your body and any changes you note. You know your body best, and you know when you regularly have a bowel movement. Be sure to allow ample time, privacy, and respond as soon as you have the urge to have a bowel movement.

Even if you are doing the best you can to prevent constipation, other factors can interfere with your normal bowel routine. Fatigue slows the GI tract, allowing waste to become dry, hard, and difficult to pass. Fatigue can also rob you of the energy you need to have a bowel movement. If you are fatigued, it is important to take care of yourself by resting often.



Helpful Tip:
Your system works best when on a regular routine. Try to schedule your meals at the same time every day.

Exercise

Regular exercise is an important factor in stimulating bowel regularity. Walking is a simple yet effective way to achieve a regular exercise routine, but any type of daily exercise is beneficial.

Fluids

Drinking plenty of fluid throughout the day, especially fruit juice and water, will help prevent constipation. It is recommended that you drink at least six, 8-ounce glasses of water daily. In addition, sipping hot liquids right before attempting to have a bowel movement sometimes helps stimulate the bowels.

Fiber

The quality of your diet also affects bowel regularity. Make sure that your diet works for your system. Eating foods high in fiber keeps bowel movements regular and stools easy to pass. High fiber foods increase the volume of stools and pull water into the bowel, which helps soften the stools. Always increase your fluid intake when you increase your fiber intake. Make sure that you are taking at least six, 8-ounce glasses of water as mentioned above. If you are on a fluid restricted diet, please talk to your doctor before increasing fiber in your diet.

Avoid cheese products, refined grain, or other foods that may cause constipation. Instead, eat foods that are rich in fiber such as:

- Whole grain products
- Bran
- Nuts and seeds
- Corn and popcorn
- Fresh raw vegetables
- Fruits with skins and peels
- Coconut
- Raisins, dates, and prunes
- Prune juice

| Treating constipation

If you usually have a bowel movement every one to three days, but have gone past that time and are experiencing uncomfortable symptoms (such as bloating, abdominal cramping, or straining during bowel movements), be sure to call your care team. They will assess the situation and suggest ways to deal with the problem. They may encourage you to use stool softeners, laxatives, suppositories, and/or an enema.

However, sometimes conditions exist in which suppositories and/or enemas are not advisable, ***so always check with your care team before treating constipation yourself.***

Stool Softeners

Stool softeners work naturally with your GI tract without irritating the intestines. The softeners absorb water and expand to increase bulk and moisture content of the stool, which in turn encourages “motility” (natural movement of stools through the intestines). ***Always check with your care team before using stool softeners.***

Laxatives

If stool softeners alone are not effective, your care team may recommend laxatives to help you regain regularity. Laxatives work by stimulating the intestinal walls to move waste rapidly and forcefully through the digestive tract. Frequent use of laxatives can result in dependency, making it difficult to regain normal bowel habits. However, for those who are elderly or taking narcotic medications, use of laxatives may be required indefinitely. ***Always check with your care team before using laxatives.***

| Mouth sores

Mouth sores occur when chemotherapy destroys fast-growing healthy cells lining your mouth. You may hear the following terms when mouth sores are discussed: **mucositis**, **stomatitis**, and **esophagitis**. All describe inflamed soft tissues in the mouth and/or throat. They may be caused by chemotherapy

(which can alter the lining of the mouth and throat), the overgrowth of bacteria in your mouth, or other factors unrelated to chemotherapy. Call a member of your care team immediately if you have trouble swallowing or eating; tenderness, swelling, dryness, or mild burning in your mouth and throat; red or white patches in your mouth; or bleeding gums.

Preventing Mouth Sores

There are steps you can take to prevent or treat mouth sores:

- **Use a mouth rinse at least five times a day.** To make a mild mouth rinse, combine one cup of warm water, 1/8 teaspoon of salt, and 1/4 teaspoon of baking soda. Mix the ingredients to dissolve. Rinse and gargle. If you wear dentures, it is best to remove them so the rinse can reach all of the gum area. Also, avoid alcohol and tobacco because they, too, can alter the lining of your mouth and throat.
- **Eat soft foods and take small bites.** Hard foods can irritate your mouth and soft foods are easier to handle. You can also mix foods with gravy, butter, or sauce, or puree them to make swallowing easier. If necessary, your doctor can prescribe anesthetic medications or spray to numb your mouth and throat long enough to eat meals.
- **Take good care of your mouth and teeth.** It is very important to not just clean but moisturize your mouth as well. Rinse your mouth with the mouth rinse mentioned above at least five times daily. It may be more comfortable to soften your toothbrush with hot water or use a disposable foam stick or cotton swab with a nonirritating cleanser, such as baking soda, to brush your teeth. Remember to use gentle action, whether brushing, flossing, or rinsing. Use mouthwashes that do not contain alcohol. You

will also want to protect your lips by applying salves, petroleum jelly, or vitamin E oil.

Remember to drink plenty of water to keep your mouth from drying out. Because chemotherapy and radiation alter the lining of your mouth, dental problems such as tooth decay can result. Be sure to check with your doctor before making any follow-up dental appointments.

- **Relieve dry mouth.** Chemotherapy or radiation treatment can reduce the flow of saliva, a natural mouth rinse. Saliva carries away bacteria and particles that stick to your teeth. Dry mouth makes it harder to chew and swallow, and can even change the way foods taste. If the problem of dry mouth is severe, your doctor can prescribe medication to produce artificial saliva or anesthetics that you can apply directly to sores and lesions. Remember to use caution in chewing and swallowing when using these numbing agents.

| Pain

Some people with cancer may experience pain caused by the cancer itself or related to its treatment. For example, one type of pain experienced by some cancer patients is **neuropathy** (new-rap-uh-thee). Neuropathy is numbness, tingling, or pain in the hands and feet resulting from nerve damage that is caused by some types of chemotherapy. The good news is that pain can often be controlled through medication or other means.

Let your care team know if you are feeling pain. You should call right away if you have sudden pain that you did not have before, particularly pain in your chest or when you breathe. Your doctor or nurse will ask you to describe your pain: where it is, how bad it is, how long it lasts, and how often it occurs.



CAUSES OF FATIGUE

Sometimes fatigue is related to your treatment, but it can also result from physical, emotional, or situational causes.

 PHYSICAL CAUSES	 EMOTIONAL CAUSES	 SITUATIONAL CAUSES
<ul style="list-style-type: none">• Accumulation in your body of cells that have been destroyed by chemotherapy or radiation treatments• Lowered red blood cell count• Poor nutrition• Disruption in sleep or rest patterns• Pain• Constipation• Diarrhea	<ul style="list-style-type: none">• Depression• Fear• Anxiety related to diagnosis or treatment• Coping with situations that cause stress• Feeling of dependence or loss of control	<ul style="list-style-type: none">• Diagnosis of cancer• Anticipation of treatment• Feeling a loss of control over your life• Change in quality of life

They will also ask you whether the pain is dull or sharp, and what makes it better or worse. Once your care team knows the type of pain you are having, they will work with you to choose the best treatment. It may be over-the-counter medication, a prescription pain reliever, or even breathing and relaxation techniques. Many people with cancer fear that they may become addicted to prescription pain medication. Discuss your concerns with your care team. You do not have to live with pain – you can manage it with their help.

| *Fatigue*

Fatigue is characterized by a general feeling of tiredness, weariness, weakness, exhaustion, or lack of energy. It can have numerous causes – both physical and emotional. If left unattended, fatigue can prevent you from leading a normal, active life or even feeling strong enough to come in for your treatment.

There are two types of fatigue: acute and chronic.



Acute fatigue can occur quickly but lasts a short time. It is usually associated with illness and some types of treatment. You can help relieve acute fatigue by limiting your activities and getting plenty of rest. Chronic fatigue is more serious and can last longer. It is usually due to an accumulation of physical, emotional, or “situational” factors, and is not as readily relieved or eliminated as acute fatigue. Chronic fatigue can rob your body of precious energy that is needed for your health and well-being, making it difficult for you to function in roles that give meaning and value to life.

Treating Fatigue

Recognizing the cause is the first step in treating fatigue. If you try to understand the source of your fatigue, you and your doctor will be better prepared to treat it. Then, once you understand why you are feeling fatigued, you can take steps to treat it.

- **Rest** – Give yourself permission to rest whenever you feel tired. During the day, several short naps can be refreshing and help boost your energy level.
- **Exercise** – Mild exercise, even a short walk, can be energizing. Remember not to overdo it; keep a balance between activity and rest. At night, go to bed earlier or sleep later in the morning, if possible.
- **Treat pain** – If pain is contributing to fatigue, tell your care team. They can help you treat your pain.
- **Treat constipation and diarrhea** – Constipation and diarrhea can also contribute to fatigue. Make sure you treat them promptly and thoroughly.
- **Eat a proper diet** – Make sure you enjoy a well-balanced diet of leafy green vegetables and foods with high iron and protein content, such as meats, cheeses, seafood, yogurt, cereals, nuts, and

legumes. These foods will increase your blood’s iron and protein levels, which may improve your energy. You may also want to include vitamin supplements and nutritional drinks in your diet. First, be sure to talk with your care team about the safest, most effective options for you.

- **Try relaxation and meditation techniques** – Try to focus your attention away from your treatment and the disease. Relaxation, meditation, quiet reflection, and visual imagery are helpful. Distractions, such as reading or listening to music, can help you relax and turn your thoughts away from the disease.
- **Communicate** – Do not carry the burden of fatigue or any side effects alone. Talk with your family and your care team about how you are feeling.

Depression and anxiety

It is completely natural to feel depressed, anxious, angry, or confused when you are being treated for cancer. Emotions run high when you have a serious disease that needs serious treatment. If you feel depressed, you may not be motivated to keep your medical appointments, continue your treatment, or generally take good care of yourself. Your ability to stay the course when it comes to your cancer treatment matters. That’s why it’s important to know: *You can do something about depression and anxiety.*

Anxiety can be caused by the need to sort through difficult and sometimes confusing choices about your treatment. A breast cancer patient, for example, may be asked to choose between removing a breast or

removing a lump and then having chemotherapy or radiation. Another patient may be offered the option of a clinical trial. You may also be worried about how effective your treatment will be and what side effects it may cause.

Remember, your care team is there to answer your questions and help you decide. Here is what you can do to help yourself get beyond these feelings of depression and anxiety:

- Discuss your feelings and concerns with your care team. Do not keep your feelings to yourself.
- Consider professional counseling to help deal with what you are feeling and experiencing.
- Join a support group to share what you feel with others who are going through the same experience.
- Look to your family and friends for support.
- Try relaxation techniques.
- Do not be afraid to take medication if it is prescribed for you.

| Infections

As discussed earlier, chemotherapy cannot tell the difference between a cancer cell and a healthy cell. As a result, chemotherapy can destroy normal cells in hair, skin, bone, blood, and other areas of your body. Among the normal cells it can destroy are white blood cells. These cells help your body fight infection, which is one of the most serious possible side effects of chemotherapy. A dangerously low white blood cell count is called **neutropenia** (new-tro-pee-nee-uh). Because white blood cells help your body fight infections, neutropenia makes your body less able to protect itself.

Infections are especially dangerous for people receiving chemotherapy.

- Infections can temporarily disrupt your cancer treatment or result in having your treatment dose decreased. Both of these situations may jeopardize the effectiveness of your cancer treatment.

- If you get an infection during chemotherapy, you may need to be hospitalized. Today, most cancer patients are treated outside of the hospital. Unplanned hospitalizations can disrupt your life by restricting your daily activities, such as work and childcare, and force you to be away from your family and your support network. In addition, being in the hospital can increase your exposure to even more infections.
- Finally, infections at their most serious can be life threatening.

Infections can start in almost any part of your body, including your mouth, skin, lungs, urinary tract, colon, rectum, and reproductive tract. Treatment is usually antibiotics; hospitalization may be necessary. In fact, if your body cannot fight infections, even a case of bronchitis can be life threatening and require hospitalization.

Low white blood cell count or related infections can force you to change or delay your chemotherapy treatment. Low white blood cell count is the most common cause of dose reductions in chemotherapy. Your goal is to make your chemotherapy as effective as possible while still being as safe as possible and affording you the best quality of life. In some cases, drugs can be used to prevent neutropenia, but in other cases, the best strategy is dose reduction. Your care team considers the risks and benefits of various approaches to your treatment.

| Anemia

As a cancer patient, you may find yourself with a low red blood cell count, known as **anemia** (a-nee-me-a). You may experience some of the following symptoms:

- Fatigue
- Difficulty breathing
- Chest pain
- Dizziness, lightheadedness
- Pale skin
- Feeling of being cold

Anemia can be caused by the cancer itself, the cancer treatment, blood loss during surgery, or poor nutrition. If you are anemic because of nutritional deficits, such as low iron, your doctor may recommend dietary supplements. Always discuss dietary supplements with your doctor as blood tests are usually needed to test for deficits before starting a supplement. If your anemia is caused by your cancer treatment, you may receive a red blood cell transfusion or medication to stimulate red blood cell production. You can do many things to help manage your symptoms of anemia.

- Call a member of your care team if you experience any of the symptoms of anemia.
- Schedule your activities so that you have time to rest.
- Ask for help with daily activities.
- Eat a well-balanced diet, drink lots of fluids, and take supplements if your doctor recommends them.
- Do some type of moderate exercise on a regular basis as exercise may increase your energy level.
- Try relaxation techniques, such as meditation or deep breathing.
- Breathe with your lips pursed when you are short of breath.
- Rise slowly after sitting or lying down to prevent dizziness.

| **Thrombocytopenia**

Thrombocytopenia (throm-boh-site-oh-pee-nee-uh) is a decrease in the number of platelets in your blood. When you have thrombocytopenia, broken blood vessels under the skin occur more easily than usual. This leads to formation of a **hematoma** (hee-ma-toe-muh), commonly called a “black and blue mark” or a bruise.

Thrombocytopenia also can result in unusual bleeding, such as nose bleeds, continuous bleeding from small cuts, bleeding gums, blood in the stool or urine, or heavier than normal bleeding during menstruation.

If your complete blood count (CBC) shows that your platelet count is low, your doctor may order a platelet transfusion to ensure that your body can form clots in the event of a serious cut or bruise.

You can take the following steps to minimize your chance of bruising and bleeding:

- Use a soft toothbrush, don't floss, and use lip balm.
- Blow your nose gently.
- Don't use tampons during menstruation.
- Use an electric razor for shaving.
- Be very careful around sharp objects, such as scissors and knives.

| **Skin changes**

Changes in your skin may occur with various forms of treatment. The changes may be general (all over) or localized (occurring at the site of an injection) and may involve your toe and fingernails, mucous membranes, or hair follicles. Some reactions occur immediately. Others occur later and may be a result of receiving chemotherapy over time.

Skin reactions vary from patient to patient and drug to drug. Always keep your care team aware of any skin changes you experience. In rare cases, an immediate reaction to chemotherapy, like an allergic reaction to pollen or a bee sting, can have serious consequences.

Call your doctor immediately if you have problems breathing.

Other changes, such as flushing of the skin, redness, or skin rash, may indicate an allergic reaction of less concern. Always notify your care team of these reactions.

These changes can appear immediately and become less severe after several hours, or they may not occur until after the treatment is finished. In any case, it is important that your care team be aware of any reaction that occurs, which may or may not be related to your treatment.

| **Preventing and treating short-term skin changes**

Flushing, redness, and rash may go away as the treatment continues, but can recur with each successive treatment. If you experience a recurrence, your doctor can prescribe an antihistamine prior to your next chemotherapy treatment to lessen the reaction. Cool cloths on your neck and cool compresses on the rash may soothe the sensitive area.

If itching occurs, avoid scratching. Your doctor may suggest hydrocortisone cream or other topical solutions to lessen the discomfort of itching. If itching continues after the treatment is over, be sure to tell your doctor.

| **Preventing and treating long-lasting skin changes**

Examples of longer lasting skin changes include acne-like rash; skin, nail, or vein darkening; excessively dry skin; and photosensitivity, such as a reaction to sunlight.

Acne-Like Rash

Some people develop an acne-like rash as a response to chemotherapy, but it often disappears within a few weeks following treatment. Typically, if you have a history of acne problems, this is more likely to occur with chemotherapy. Keep your face clean by washing several times a day. Your doctor also may recommend over-the-counter acne products. Avoid foods that may aggravate the problem, and never scratch or pick at blemishes.

Darkening

Darkening of the skin all over, under the nails, or along veins can be caused by some chemotherapy drugs that are thought to increase the levels of melanin in your body. Balanced levels of melanin give your skin an even color; however, too much melanin will result in dark patches or blotchy areas. Typically, darkening of the skin, nails, or veins occurs two to three weeks after you begin treatment and may continue for some

time past the last treatment. However, it will not interrupt your scheduled chemotherapy treatments, and should fade over time.

Photosensitivity – Skin

Photosensitivity is the skin's reaction to ultraviolet rays from sunlight or tanning beds. Exposure to these harmful rays can cause severe burning and even blistering of the skin. Wear sunblock at all times, even when you are outside for short periods. **Do not use tanning beds.** It is probably best to avoid ANY direct exposure to the sun until after your treatments are completed. Use sunscreen on any exposed areas of your skin.

Sunscreens with a sun protection factor (SPF) of 15-30 block most of the sun's harmful rays. Reapply sunscreen often; one application is not enough to protect your skin for long periods. In addition to sunscreen, you should wear protective clothing to cover as much of your skin as possible, such as a wide-brimmed hat to protect your face and scalp.

Photosensitivity – Eyes

Photosensitivity of the eyes can also be a side effect of chemotherapy. This can affect your vision by causing intense glare and excessive watering of the eyes. Photosensitivity usually lessens after treatments are completed.

Light of any kind can irritate your eyes, mucous membranes, cornea, or retina. If you experience sensitivity to light, your doctor may prescribe special drops to protect your eyes. If photosensitivity becomes severe or if you experience migraine headaches, excessive watering, or blurred vision, contact your doctor immediately.

Dry Skin

Dry skin can be soothed with lotions. To lock in moisture, apply lotion to wet skin immediately after bathing, and then pat dry. Do not rub, as this may irritate dry skin.

| Hair loss

It helps to know that hair loss (or **alopecia**, al-o-pee-shee-ah) is usually temporary. How much you lose and how quickly depends on your chemotherapy drugs. You may also develop alopecia in any area receiving radiation treatment. If your doctor tells you that hair loss is likely:

- Remember that your hair will grow back.
- Before you start to lose hair, consider cutting it short. This will help make hair loss less troubling emotionally. For hair thinning, a short cut helps delay the need to cover up.
- Be kind to your hair. Use mild shampoos and soft brushes.
- Men generally choose to wear hats; women choose wigs, scarves (cotton is best), or hats. It is better to choose a wig before your hair loss so you can match your existing color and hairstyle. Your insurance company may cover the cost of a wig. If not, ask a social worker or nurse for local resources where you can get one free of charge.
- Contact the American Cancer Society about their free program, Look Good...Feel Better®. The program provides resources on looking and feeling better during cancer treatment. To learn more, call 1-800-395-LOOK, or visit www.LookGoodFeelBetter.org.

| Understanding lab results

One of the most important actions you can take in managing your cancer care is to understand and track your laboratory and test results. Knowing what each result means and when and why it changes is essential to taking an active role in your treatment. Be sure to talk openly with your care team about what your results mean.

Complete Blood Count (CBC)

The following is a brief overview of the key measurements of your CBC and the “normal” value (or score) for each.

- **Absolute neutrophil count (ANC)** measures the number of specific infection-fighting white blood cells called neutrophils (new-tro-fils). Normal treating lab value: 1,500/mm³ and above.
- **Erythrocytes** (eh-rith-ro-sites) are red blood cells. Normal lab value for males: 4.7 - 6.1 million/mm³
Normal lab value for females: 4.2 - 5.4 million/mm³
- **Hematocrit (Hct)** (hee-mat-uh-krit) is the proportion of blood that consists only of red blood cells. Normal lab value for males: 42 - 52%
Normal lab value for females: 37 - 47%
- **Hemoglobin (Hb)** (hee-mo-glow-bin) measures the amount of blood that contains iron and carries oxygen. Normal lab value for males: 14 - 18 g/dL
Normal lab value for females: 12 - 16 g/dL
- **Platelets (Plt)** (plate-lets) are the cells that help form clots and stop bleeding. Normal lab value: 150,000 - 400,000/mm³





| *Comprehensive metabolic panel*

Your physician also may order a comprehensive metabolic panel (CMP), or a group of 14 blood tests that evaluates liver and kidney function and measures sugar and electrolyte levels. CMP results will help your clinical team monitor how treatment may be impacting you, and whether additional steps need to be taken to address side effects.

| *Tracking blood test results*

Observing the progress of your treatment and changes in your condition includes tracking your lab results. Throughout your treatment, you and your care team may monitor your CBC to measure the effectiveness of your treatment and your body's ability to prevent and fight certain unwanted side effects, such as infections.

| *Tumor markers*

Tumor markers measure substances found in increased amounts in the body that may indicate the presence of cancer. Tumor markers help in cancer **screening** (finding cancer early), **diagnosis** (making sure it is cancer), **prognosis** (predicting how the cancer will change over time), **monitoring** (measuring the effectiveness of treatment), and **surveillance** (follow-up care).

Specific tumor markers help identify specific types of cancer. Examples include the prostate-specific antigen (PSA) for prostate cancer and carcinoembryonic antigen (CEA) for colon cancer. Make sure to ask your care team about tumor markers related to your specific cancer, how the test is performed, what your specific levels are, and how to interpret them.



Nutrition

Chemotherapy, radiation treatment, surgery, immunotherapy, and other treatments are all designed to kill or remove cancer cells. However, these powerful tools can also affect healthy cells, causing nutritional problems. A good diet is important during cancer treatment because your body needs nutrients to fight the disease and heal from possible side effects. Healthy eating habits are always important, but even more so when your body is fighting an illness. Your body needs the right nutrients to help control your cancer; good nutrition also helps you gain the greatest benefit and fastest healing during and after your treatment.

Cancer may make it difficult for you to follow healthy eating habits. At times during your disease and treatment, you may not feel like eating. Work closely with your care team to understand how to meet your nutritional needs. The following pages include nutrition tips and guidelines you may find helpful. Additionally, your care team may provide specific suggestions tailored to your diagnosis and treatment. Follow their recommendations closely.

NUTRITION DURING TREATMENT



| *Stimulate Your Appetite*

- Make breakfast or lunch your main meal if you are less hungry at dinnertime than earlier in the day.
- Eat more frequently, but eat smaller amounts at each meal.
- Try to eat around the same time every day.
- Keep snacks close at hand.
- Try different flavors to keep your interest in eating.
- Increase the amount of calories in your food by adding olive oil.
- Talk with your doctor about food supplements that may help you.



| *Choose Foods That are Easy to Eat*

- Serve foods and liquids warm or at room temperature. Avoid very hot or very cold foods.
- Avoid greasy, fatty, or fried foods.
- Avoid strong spices.
- Limit foods and drinks that contain caffeine, such as coffee, tea, some sodas, and chocolate.
- Tailor your diet as needed to special challenges, such as diarrhea or constipation.



| *Save Time and Energy*

- Let someone else cook when possible.
- Save cleaning time by using as few dishes, pots, and pans as possible. Also, consider using disposable plates, cups, and utensils.
- Cook larger batches of food to freeze for future use.
- Use mixes, frozen or ready-to-eat meals, or take-out foods.



| **Fluids and Hydration**

Oral fluids are vital to your body, and this is especially true when you have cancer. The right fluids and the right quantities, along with good nutrition, can go a long way toward supporting your good nutrition in two key ways:

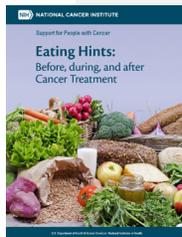
| **Staying Hydrated**

Keeping healthy always depends on keeping a proper fluid balance. Make sure you get the proper amount of liquids your body needs to fight cancer and heal quickly. Talk with your doctor about when – and, in certain cases, when not – to drink water and other fluids.

| **Nutrition**

Certain fluids can be excellent sources of nutrition by providing vitamins, minerals, other nutrients – or simply calories – that your body needs. As an added advantage, you may find nutritional oral fluids to be relatively easy and convenient to prepare and enjoy. Talk with your care team about the exact amount and type of fluids you need every day to maintain good health and to control the impact of cancer on your body. Also, discuss how fluids can help you deal with potential side effects of your cancer treatment that may affect your nutritional balance. You may wish to discuss the following items with a member of your care team:

- Healthy oral fluids that you can – and should – drink daily.
- The importance of limiting your intake of beverages containing caffeine, such as coffee, tea, hot chocolate, and certain soft drinks.
- The potential role of supplemental drinks in your diet.
- The value of beverages, such as peppermint tea and flat ginger ale, to prevent or reduce nausea.
- Which liquids to consume to help overcome constipation, diarrhea, and related disorders.



You can download a complete guide to nutrition for cancer patients at: www.Cancer.gov/Publications/Patient-Education/EatingHints.pdf



Taste Changes

Changes in taste can result from your cancer and different cancer treatments. To find foods that are appealing, try experimenting with different seasonings and flavors. The following are some common taste changes and suggestions to mask or overcome these taste alterations.

• **TOO SWEET**

Try counter-balancing the sweetness with an acid. Fresh lemon or lime work particularly well. Many types of vinegar, including brown rice, red wine, and balsamic vinegar also work.

• **TOO SALTY**

The purpose of salt is to enrich the flavor of foods you eat, but too much salt can be overbearing. Try using an acid such as vinegar or a citrus fruit, such as a lemon, to limit this.

• **TOO BLAND**

Use sea salt to heighten the flavor of your foods. You may also try using sour, acidic, or bitter ingredients to add value to the palate.

• **TOO SPICY**

Avoid using citrus or salty ingredients in this case. Instead, use oil, and sweeteners to reduce the heat.

• **TOO BITTER**

If food is too bitter, try a small amount of Grade A or B maple syrup to help improve the flavor. Honey, brown rice syrup, and agave nectar may also help in a pinch.

• **TOO SOUR**

Choose foods high in protein such as eggs, meats, fish, soy, legumes, milk, dairy, and cheese.

SEXUALITY AND CANCER

It is perfectly natural for people who have been diagnosed with cancer to be concerned about the effect of their illness on their sexuality. After a diagnosis, you may temporarily lose interest in sexual activities as you focus on understanding and treating cancer. Even after treatment, you may have concerns about the effects of the disease and treatment on sexual desire and performance.

Without a doubt, one of the most common problems regarding cancer and sexuality is reluctance to talk

about it with one's sexual partner and care team. It is completely normal to worry about cancer's impact on your sexuality. Don't be afraid to openly and honestly discuss your concerns with your care team – they are accustomed to addressing these issues every day.

There is one more person with whom you should talk openly: your sexual partner. Share your thoughts, feelings, and any fears you may have regarding sexual dysfunction.



Self-Image, Self-Esteem, and Body Image

Concerns about the impact of cancer and treatment on sexuality are often closely linked to issues of self-image, self-esteem, and body image. Cancer treatment often involves surgery, which can leave scars and cause physical or neurological damage. Radiation treatment, chemotherapy, and immunotherapy can produce side effects such as hair loss and extreme fatigue. These effects and others can strongly influence how a person with cancer feels about his or her body.

There is a lot you can do to support a positive sexual self-image:

- Remember that disease and treatment may decrease sexual desire, but it is still possible to be intimate with your sexual partner.
- Explore all the ways to express intimacy beyond intercourse: gentle touching, holding hands, kissing, hugging, and sharing physical and emotional closeness.

To support a positive body image and high self-esteem, follow these suggestions that have helped many people with cancer:

- It sounds simple, but looking better may help you feel better. Try to maintain the same grooming habits – fashion, hair and skin care, and so on – as you did before your diagnosis.
- Plan special activities for the days when you are feeling well and those when you are not. Acknowledge that cancer and treatment can cause shifts in mood.
- Enjoy the days when you are feeling well. On those days that are difficult, keep a positive outlook – plan all you would like to do as soon as you feel better.
- If you need help with clothes and hair and other aspects of your appearance, do not hesitate to ask for it. For example, the Look Good...Feel Better® program (1-800-395-LOOK or www.LookGoodFeelBetter.org) offered through the American Cancer Society can help.

Rely on your family, friends, and care team for support as you work through your concerns about sexuality and self-image. The American Cancer Society also offers helpful publications on this subject. You are never alone in your fight against every aspect of cancer. Turn to the many people who want to help, including the organizations listed in the “My Resources” section of this Care Guide.



Self-Care and Healthy Conversations During Treatment

As you face your cancer diagnosis and treatment, it may be easy to get caught up in the demands of going to treatments, work, and taking care of your home and family. But don't forget to take good care of yourself. Below are some suggestions for taking care of yourself during this trying time and beyond:

- **Learn when to call your physician.** As you are going through treatment, make sure you understand how to manage the side effects of your treatment and when you should call your doctor. Keep his or her phone number on the fridge or near the phone so you can always find it.
Remember, when you experience side effects, it is important to contact Texas Oncology first before going to an emergency room or urgent care clinic. See pages 7-8 for guidelines on when to call us.
- **Make good use of this Care Guide.** Write down what you learn about your cancer and plan of care. Use it to keep track of your appointments, test results, and treatments. Write down any questions you have and the answers so you can look back on it later.
- **Eat right and exercise moderately.** Ask your care team for diet suggestions, or ask your physician for the names of nutritionists who may be able to help you. Exercise as your physician recommends and as your physical condition allows. Walking is often the best exercise – physically and emotionally.
- **Talk to someone.** Cancer can create an emotional roller coaster for you and your loved ones, and sharing your feelings, concerns, and fears can lighten your burdens. Counseling may help. You may want to join a support group where you can share your experiences, thoughts, and feelings with others going through the same thing.
- **Write it down.** Journaling can be private or shared in a support group. You may choose to keep an online journal or blog where you can share with

family and friends, or others who may benefit from learning about what you are going through.

- **Learn meditation or relaxation techniques.** Discover whatever it is that helps you feel at peace.
- **Celebrate milestones.** Plan a special event to mark the end of treatment cycles or moving into a new phase of treatment.

| Talking to others about your diagnosis

Cancer affects you deeply, and it also impacts those around you: family, friends, coworkers, and even acquaintances. There may be times when strangers approach you to discuss their own experiences. While you are dealing with your own reaction to your diagnosis – shock, disbelief, fear, and anger – you must now share this information with others. Most people need to talk to someone, and friends and family can provide the perspective, support, and love you will need in your fight against cancer.

Just as you reacted in your own way to your cancer diagnosis, others will too. Some will become awkward and distant; others may act overly anxious and try to be helpful. Some will say nothing, afraid of saying something wrong. A few will treat you the same as always. Whatever the reactions, try to understand that those you care about – and who care about you – are simply trying to cope with this new reality. In time, most will become more comfortable with the situation and treat you with compassion, love, and friendship. It is a difficult time for all.

So, what do you say? Moreover, how – and to whom – do you say it? Below are some tips that may help:

- Start the conversation in a place that is comfortable for you, at a time when you are not likely to be interrupted. Be prepared for their reaction – shock, disbelief, fear, anger – and **understand they are reacting to your diagnosis, not to you.**
- Be as open as you are comfortable about your diagnosis, treatment, and prognosis. If a question makes you uncomfortable, say so or simply state, “I’m not ready to talk about that right now,” and be prepared to change the subject.

- Set boundaries. It is okay to say, “I know that you are concerned for me, but I am just not ready to talk about this yet.”
- Think about responses that might make you upset or angry and plan a response for them ahead of time.
- Choose a family member or friend to be a spokesperson for you for times when you do not want to talk about your cancer or its treatment. Prompt them ahead of time as to what, and how much, to tell others.
- Family and friends will want to help. Let them. You need to focus on your own health, and they need to feel like they are helping you. You both win.
- Keep life as normal as your health permits. Remind your family and friends that you still enjoy the same activities and stay involved. If you are having a bad day, say so.
- Talking with children and teens can be especially difficult.
 - Give children information that is appropriate for their age and maturity level.
 - Be open and honest. Even if they are not told about your diagnosis, they will sense something is wrong. Without the right information, what they imagine may be far worse than the truth.
- Give them time to ask questions and express their feelings. Children may better express their thoughts or feelings through drawing or puppets.
- Let them be as involved as their age or coping skills allow.
- Children see the world as it relates to them. Reassure them that they are loved and will be cared for.
- Keep life as normal as possible. Try to keep children’s daily routines.
- If your child begins acting out, consider enrolling them in counseling or a support group or set up a meeting with a member of the clergy.

We can all agree that life sometimes presents us with uninvited challenges. We each have different ways of facing our fears and dealing with the unexpected. Many cancer patients and their loved ones cope best with all that cancer involves when they face it together. Open lines of communication and respect for personal wishes and needs can help you all through this difficult time. Dealing with cancer is a journey, and talking openly with family and friends about your cancer can make every difference in how you look at and feel about each step.

Many cancer patients and their loved ones cope best with all that cancer involves when
they face it together.



TELEMEDICINE

Telemedicine describes a technology that allows you to meet with your doctor from home by using a smartphone or camera-enabled computer. Texas Oncology uses a program called VSee, which functions through a web application that guides you through a virtual waiting room.

Telemedicine enables you to connect directly with our doctors, even if you live many miles away from their offices or clinics. It also allows your care teams to continue to actively follow your care while outside the clinic walls. Through telemedicine, you have access to the expertise of your physician or another physician in Texas Oncology's network for follow-up visits, acute care visits, and consultations for specialized care. This is vitally important in many areas of Texas, where access to specialty healthcare is limited, and when you can't come to the clinic.

Telemedicine may also offer your family members to join your virtual appointment – an added advantage when many clinics are limiting or prohibiting visitors to in-person appointments due to COVID-19. This can allow for important decisions about treatment to be inclusive of other caregivers in your life.

Knowing what to expect and taking steps to prepare will help your telemedicine appointment go smoothly.

- **Check your connection.** Telemedicine requires a reliable internet connection, so make sure your home has reliable internet. If you're using your smartphone, make sure you have ample coverage.
- **VSee instructions will be provided before your appointment.** A member of your care team will contact you prior to your first appointment with instructions on how to access the platform.
- **Test it out.** Don't wait until the day of your appointment to test your connection and access to the telemedicine portal. Walk through the initial steps of joining the appointment on your own.
- **Come prepared. Ask questions.** Talk with your doctor just like you would at an in-person appointment. Speak up about your health history, write down your concerns before the appointment, and don't be afraid to ask questions.

Telemedicine does not completely eliminate the need for you to travel for certain aspects of treatment and in-person doctor appointments.

For more information, and to find out if your doctor feels telemedicine may be appropriate as part of your treatment plan, contact your Texas Oncology clinic or talk to your care team.





Pharmacy Services and Filling Prescriptions

Texas Oncology's comprehensive approach to cancer care includes an award-winning, integrated pharmacy. At many of our locations, patients can conveniently fill all their prescriptions and get expert advice and consultation from a pharmacy team specially trained to meet the unique needs of cancer patients. Texas Oncology pharmacists work closely with patient care teams to provide a comprehensive approach to our patients' oncology care and offer support throughout their oncology journey.

Our team of more than 70 pharmacists, plus 130 pharmacy technicians and support staff, dispense prescription medications at 44 Texas Oncology locations across the state. We also provide convenient pharmacy services by mail to patients as needed. Each year, we fill more than 220,000 prescriptions for more than 60,000 patients.

| Medically integrated pharmacy advantages

Texas Oncology pharmacies realize that choosing the right pharmacist is an important decision. The many advantages of our medically integrated pharmacy include:

Cancer-specific advice and consultation. Our pharmacists specialize in cancer medications and how they may interact with other drugs and treatment, including chemotherapy infusion, radiation, or immunotherapies. With your care team nearby, questions are easily answered, and patients get clear instructions on how and when to take their medicines.

What cancer patients need – in stock. Because cancer is our primary focus, our pharmacies are routinely stocked with cancer drugs and related pain, supportive, and hard-to-find medicines that our oncologists commonly prescribe. Special-order medications are available swiftly, and in most cases with a one-day turnaround.

More support = better care. Our pharmacists are integral members of our patients' multi-disciplinary care teams. Through close coordination with physicians and nurses, the pharmacy team reinforces patient instructions for taking medications. This has resulted in a greater than 90% adherence rate for our patients (the national average is below 70%). Patients who take their medicines properly have better overall outcomes.

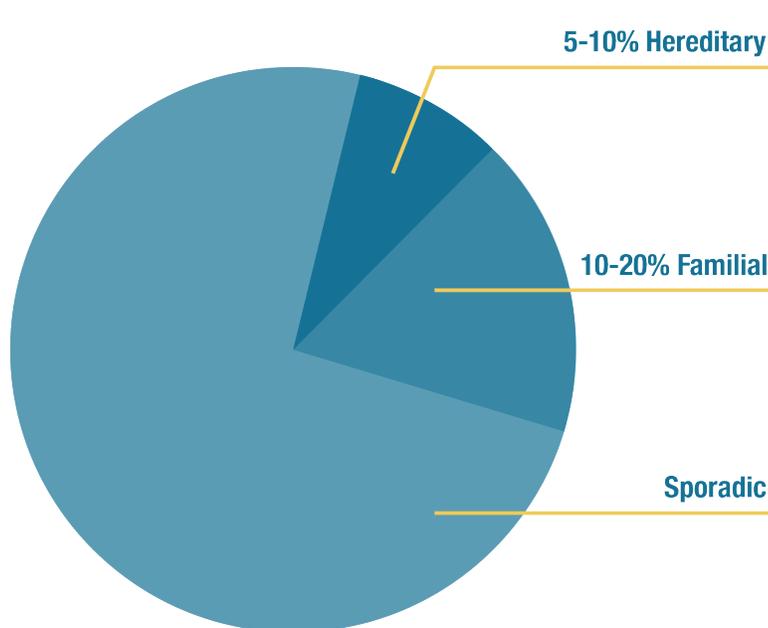
Patient assistance and advocacy. Cancer medications typically require prior authorization from insurance companies. With efficient processes and an experienced, specially trained team in place, we secure authorizations quickly – in many cases within 24 hours. Also, our patient assistance specialists are deeply knowledgeable of the many ways to help patients afford costly cancer medications, including grants from foundations, pharmaceutical company coupon and free drug programs, and other resources.

Cost-effective. Patients who use our pharmacy services are more likely to get their prescriptions filled without delay, and with rigorous education so medicines are taken as intended. This leads to greater adherence, which means the medications are more likely to deliver their full effectiveness. This can significantly reduce the cost of care as more patients avoid unnecessary follow-up care or emergency room hospitalizations. The savings total thousands of dollars per patient per year on average, according to Texas Oncology data.

Texas Oncology pharmacists are available 24 hours a day, seven days a week. In case of an emergency, call 1-800-778-9577.

GENETIC RISK EVALUATION & TESTING FOR HEREDITARY CANCER

Cancer is common, and many families have multiple relatives with cancer. Despite this, most cancers are sporadic and are not passed down through families. When multiple cancers occur in a family, it is usually due to shared risk factors, like smoking or obesity. Only 5-10% of cancers are hereditary, meaning they are caused by a genetic change that can be passed down in a family. For specific types of cancer, this may be higher or lower. For example, as many as 25% of ovarian cancers are hereditary, but cervical cancer is almost never hereditary.



Hereditary

- Gene mutation is inherited in family
- Significantly increased cancer risk

Familial

- Multiple genes and environmental factors may be involved
- Some increase in cancer risk

Sporadic

- Cancer occurs by chance or related to environmental factors
- General population cancer risk

| The Importance of Hereditary Cancer Genetic Testing

Genetic changes found in tumors help decide targeted therapies, but genetic changes that are **inherited** are also important for multiple reasons. These changes are also called **germline variants** or **germline mutations**.

Germline variants may:

- Help us understand why your cancer developed in the first place.
- Increase your risk of another cancer in the same body part. This information can help guide your treatment, such as choosing a different type of surgery or targeted medications.

- Increase your risk to develop a different type of cancer. This information can help us decide the best cancer screenings for you and sometimes even prevent cancers.
- Be inherited. Your genetic test can help us determine if your family members have a higher chance to develop certain cancers. Then they can take steps to screen for or prevent those cancers.

| *Who should have hereditary cancer genetic testing?*

It is important to identify individuals with hereditary cancers, but not everyone needs genetic testing. Before doing hereditary cancer testing, you should meet with a genetics provider who can review your personal and family history, determine if genetic testing would be helpful for you and/or your family, and decide the best test for you. Individuals with cancer are usually better candidates for genetic testing than their family members who have not had cancer.

However, ask your healthcare provider for a referral for genetic evaluation if you or anyone in your family has any of the following:

- Breast cancer at age 45 or younger
- Triple-negative breast cancer (ER, PR, and HER2-negative) at age 60 or younger
- Two breast cancers with the first at 65 or younger
- Colon or rectal cancer before age 50
- Endometrial (uterine) cancer before age 50
- Metastatic breast cancer
- Male breast cancer
- Ovarian, fallopian tube, or primary peritoneal cancer
- Pancreatic cancer
- Intraductal or metastatic prostate cancer
- Kidney cancer at age 45 or younger

- 10 or more colon polyps (total combined number)
- Rare tumors including, but not limited to: pheochromocytoma or paraganglioma, medullary thyroid cancer, diffuse gastric cancer, leiomyosarcoma, adrenal cortical carcinoma
- Ashkenazi Jewish ancestry
- A known cancer gene mutation

In addition, individuals from families with the following combinations of cancers may benefit from a genetic evaluation. This may include your own cancer, but it is not necessary that you have one of the cancers listed.

- Three or more family members with breast or prostate cancer
- Three or more family members with colon, endometrial, ovarian, stomach, ureter, biliary, small bowel, pancreatic, brain, or sebaceous adenomas
- Three or more family members with melanoma
- Multiple family members with the same type of cancer

Please note this does not include all reasons for genetic evaluations. In addition, genetic evaluation is a lifelong process. Your personal and family history changes over time, as does genetic testing technology and our understanding of hereditary cancer. Even if you had a genetic test in the past, you may qualify for updated testing. Talk to your healthcare team regularly to see if a visit with a genetics provider would be helpful for you.



| *What to expect during a genetic evaluation*

A healthcare provider with special training in cancer genetics will review and discuss your personal health history and your family history. We use this information to create a diagram of your family tree (called a pedigree) and decide if genetic testing would be helpful for you and/or your family. The initial appointment often lasts about an hour and includes discussion of the following:

- The genetics of cancer
- How likely you are to have hereditary cancer
- The benefits of genetic testing
- The limitations of genetic testing
- The possible test results
- How the results may be used to help you
- How the results may impact your family
- The costs and availability of genetic testing

If you choose to have a genetic test, it can usually be completed the day of your initial genetics appointment. Most often, this is done using a small blood sample. You will then follow up with your provider in about two to four weeks to discuss your results.

During that visit, you will receive a copy of your results and discuss recommendations for you and your family members. Even if a genetic test is negative (normal), there could still be other recommendations made for you and your family, so it's important to attend this appointment.

| *Scheduling a genetic evaluation*

If you are interested in a genetic evaluation, please discuss this with your healthcare provider. Many Texas Oncology locations offer genetic evaluations through our Genetic Risk Evaluation and Testing (GREAT) program, or your provider can refer you to a local genetic counselor or tele-genetics service.

| *Direct to consumer genetic testing*

Direct to consumer genetic testing (DTC), or home-based genetic testing, is widely available. If you have had a DTC test or are considering one, it's important to understand what it is (and isn't!) looking for, and who has access to your genetic data. DTC tests are not as accurate as medical quality genetic testing, like those ordered by your cancer care team. DTC tests *do not* accurately assess your risk of developing cancer; they should never be used as a replacement for cancer screening or genetic counseling and testing by a qualified healthcare provider.





Clinical Trials and Research

Clinical trials are research studies in which people help doctors find ways to improve health and cancer care. Each study tries to answer scientific questions and find better ways to prevent, diagnose, or treat cancer.

Texas Oncology is a leader in groundbreaking cancer research and clinical trials in Texas, paving the way for new breakthroughs in cancer care. Your doctor may

suggest that you consider taking part in a clinical trial because the treatment under study may be of value for your specific condition. ***This does not mean that you have no other options to treat your condition. It simply means that your doctor believes the clinical trial may offer you important potential benefits.***

A member of your Texas Oncology care team can help answer questions you may have about clinical trials. You can also find additional information and resources about clinical trials online at www.TexasOncology.com/Clinical-Trials.



CLINICAL TRIALS AND RESEARCH

Breakthroughs that advance prevention and treatment of cancer are made possible by patients who volunteer to participate in clinical trials and research. Discoveries like new drug therapies or combinations of drugs, innovations in radiation therapy, and better screening and diagnosing methods come from clinical trials. Research studies also reveal insights into the disease and ways to deliver better care. To learn more, visit TexasOncology.com/clinical-trials.

WHAT IS A CLINICAL TRIAL?

A clinical trial is a research study examining the safety and effectiveness of different cancer treatments.

CLINICAL TRIALS DISCOVER BREAKTHROUGHS IN:

-  TREATMENTS
-  SCREENING AND DIAGNOSTICS
-  PREVENTION

RESEARCH AT TEXAS ONCOLOGY



Almost **2,000** patients enrolled annually

6

Phase I programs offer first opportunity for promising treatments

Helped develop **100+**

FDA-approved cancer therapies, about one-third of all approved cancer therapies to date



150+

Open national clinical trials, on average

53

Locations offering clinical trials

PHASES OF CLINICAL TRIALS

PHASE I



15-20 participants

-  Safety
-  Delivery method
-  Dosage
-  Side effects

PHASE II



25-100 participants

-  Efficacy
-  Side effects

PHASE III



100s-1000s of participants

-  Efficacy compared to available treatments
-  Side effects

Treatment is submitted for FDA approval. Once approved, it is available for commercial use.

PHASE IV



1000s of participants

-  Long-term safety
-  Long-term efficacy
-  Long-term side effects

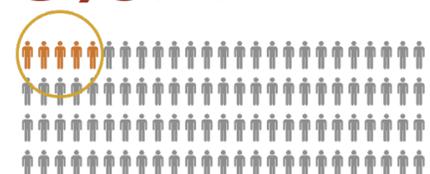
BENEFITS OF PARTICIPATING IN A CLINICAL TRIAL

-  Actively involved in your healthcare
-  Treatment may be more effective than available options
-  Access to new treatments often not available to the public
-  Help others by supporting medical research
-  Continue receiving high-quality care

PARTICIPATION RATE

Participation in clinical trials contributes to scientific breakthroughs – victories in the fight against cancer.

Less than **5%** of adult cancer patients participate in clinical trials.



Source: National Center for Biotechnology Information

MY RESOURCES



MY RESOURCES

As you begin your cancer journey, your Texas Oncology care team is here to guide you. The additional services and resources outlined in the pages that follow are designed to help you navigate the days and months ahead.

Whether it's having conversations with loved ones about your care, finding cancer organizations, learning more about survivorship, or addressing workplace concerns, we want our patients to feel empowered and supported.



This section includes the following additional services and resources:

- Patient Communications
- Technology Platforms
- Survivorship
- For Caregivers
- Helpful Services
- Cancer in the Workplace
- Federal Laws
- Financial Counseling
- Texas Oncology Support Groups
- Advance Care Planning
- Glossary
- Advocacy and Support Groups
- Nondiscrimination and Accessibility Notice
- Language Assistance Services



Patient Communications

| Navigating Cancer

www.NavigatingCancer.com/Navigating-Care/Patient-Care-Management

What is it?

Navigating Cancer is a computer system Texas Oncology uses to record incoming phone messages from patients to our providers and staff to improve communications and promote quicker response times. Navigating Cancer allows our administrative and clinical staff to see patient phone messages in a visual manner. This allows our team to prioritize and deliver messages accurately and efficiently.

How does it help me?

Navigating Cancer allows your care team to see your phone messages in real time via a visual dashboard, which enables them to handle critical or urgent issues as quickly as possible.

How do I access it?

When you call our office, a telephone operator will greet you. These operators are responsible for creating the messages that are sent to your care team. They accomplish this by asking you the reason for your call, along with any follow-up information your care team may need.

| Health Tracker

www.NavigatingCancer.com/Health-Tracker

What is it?

Health Tracker is an extension of Navigating Cancer. It helps you and your care team to stay in contact between office visits. A link to Health Tracker is sent to your smartphone or email address to check in on you while you are receiving treatment or taking oral medications at home. This information is then sent back to your care team in real time to ensure they have your most up-to-date clinical status.

How does it help me?

Health Tracker allows you to stay connected to your care team while you are not in our office, and if you are experiencing moderate to severe side effects, then a member of your care team will be alerted right away to contact you for further assessment.

How do I access it?

A member of our clinical team will register you for Health Tracker while you are in our office. A link will then be sent to your smartphone or email address weekly while you are enrolled. Simply click on the link, confirm your identity, and follow the prompts to complete the check in.





Technology Platforms

| Relatient

What is it?

Relatient is a program Texas Oncology uses to communicate with our patients through automated messages, such as appointment reminders, follow-up messages for missed appointments, and surveys. You may receive text messages, phone calls, and emails. You can opt out of these options at any time. Relatient also uses broadcast messaging to notify you about our COVID-19 policies and safety measures, as well as inclement weather office closures. Broadcast messaging can also be sent via text, call, and email.

How does it help me?

You receive important appointment reminders five days, three days, two days, and on the night before or day of your appointment. If you confirm your appointment during the first reminder, you will not receive the three day and two day reminders. Additionally, if you are unable to keep your appointment, a friendly reminder is sent to your Texas Oncology office to reschedule in order to keep you on track with your treatment schedule. You have a choice in which messages you receive.

How do I access it?

By providing us with a cell phone number, text reminders are automatic for most appointments. If a cell phone number is not provided, but instead a home or office phone is provided, you will receive an automated phone call. If both numbers are provided, you can receive a text and/or voice call. Additionally, by providing us with an email address, reminders, surveys, and broadcast messages can be sent. To opt out of any method of communication, you can simply let your Texas Oncology office know you would like to opt out from receiving communications and the method you would like to opt out of (email, phone, text, or all).

| VSee Telemedicine

What is it?

VSee is a telemedicine application used by most Texas Oncology providers. You can have appointments with our providers and invite others to attend, such as family that might live out of town.

VSee is a convenient way for you to interact with your care team for certain scheduled appointments. For instance, if a patient in El Paso wants a consultation with a provider at Texas Center for Proton Therapy in Irving, telemedicine is an excellent way to have an initial consult due to distance and expense. During the appointment, you and your care team can see and hear each other using a smartphone, PC, or laptop computer. Our providers can also share information from your medical chart with you.

How does it help me?

When using VSee, you don't have to leave your home and can invite others you want to be involved in the appointment. During COVID-19, patients have found this technology both convenient and helpful in reducing the spread of the virus. This is especially important for people with weakened immune systems, such as cancer patients.

How do I access it?

Our provider will ask if you want to use telemedicine for certain appointments. If you agree, a member of our staff will schedule the appointment just like for a normal in-office appointment. You will receive the link for your appointment either the day before or day of your appointment. You are instructed to download the VSee application on your smart phone or PC/laptop computer before your appointment. You can even test your connection, camera, and microphone before your appointment. To use a PC for an appointment, you need a camera and microphone. Laptops typically have built-in cameras and microphones. Once you enter the provider waiting room by clicking the link, our provider is notified you are in the virtual waiting room.

Detailed instructions for VSee are on our website at www.TexasOncology.com/Telemedicine-Consult.



Survivorship

Survivorship begins from the time of diagnosis, throughout treatment, and for the duration of life. Family, friends, and caregivers can also be impacted and are included in the definition of cancer survivor. Survivorship is focused on healthy living and life beyond treatment. Care planning seeks to address prevention with appropriate screening and surveillance, management of any treatment-related side effects, and quality of life. Education on survivorship is directed to prepare you with knowledge and resources to optimize your health after cancer treatment.

Your Texas Oncology care team can help you with the transition to survivorship and wellness.

After treatment concludes, we encourage you to schedule an office visit with a member of your healthcare team to:

- Review your care plan and goals for achieving wellness (what your treatment was and what you should do going forward)
- Discuss surveillance and monitoring of your health
- Link you to community resources
- Transition back to your primary care physician or help you find one



Helpful Tip:
Your Texas Oncology care team can help you with the transition to survivorship and wellness.

SURVIVORSHIP TIPS

During treatment, energy and activity are all around you. A team of medical professionals surrounds you, along with added emotional and other critical support from friends and family. After treatment, you can feel alone, and uncertain as you transition to managing aspects of your life as a cancer survivor. Here are some tips to help with your adjustment:

Talk with your oncologist to ask important questions.

- What's my monitoring plan?
- What are my risks of recurrence?
- What signs and symptoms should I look for in the future?
- If a problem should arise, when should I call you and when should I call my primary care physician?
- How often will I need to see you?
- What imaging or testing do I need? How frequently?
- Am I at risk for other health issues because of my cancer or the treatment I received?
- How can I manage these risks?

Follow-up with your primary care physician.

- Moving forward, your primary care physician will provide the majority of your medical care. We recommend you schedule an appointment and provide them with a treatment summary of your cancer care including:
 - The type and stage of cancer for which you were treated
 - Details about treatments you received
 - Potential long-term effects from your treatment
 - Oncologist recommendations for monitoring and surveillance

Consider joining a support group.

Concern about cancer recurrence is normal, but letting it rule your life is not healthy. Joining a cancer survivor's support group or connecting individually with other cancer survivors can provide a deeper level of understanding and support, and help manage your fears about recurrence.

Care plan – You will be given a full care plan with all of your cancer treatment documented for your records. The care team will also discuss ways to continue or begin healthy lifestyle changes to maintain wellness.

Surveillance and monitoring – Completing treatment is a major milestone, but it's important to keep an eye on your health and monitor for any changes or new symptoms. You will continue to see your care team periodically. The appointments will be more frequent at first (i.e., every three months for the first year) and become less frequent over time.

Community resources – Texas Oncology works with community organizations to connect patients to resources outside of the care team that fit your interests and needs.

Primary care physician – We'll also help you reconnect with your primary care physician, who will once again care for most of your health needs. If you do not have a primary care physician, we can help you find one.

Your care team is here to help you make the transition to survivorship and will be here should you need us after treatment is completed.



For Caregivers

Caregivers are the unsung heroes of cancer care, playing a critical supporting role throughout a cancer patient's journey. Helping a friend or loved one navigate cancer treatment is a vital role that can take many forms. You're an essential part of the treatment team. You sacrifice time, energy, and resources in support of your loved ones. At the same time, the emotional and practical support you provide can have a significant positive impact on the outlook of a patient, which impacts outcomes.

CAREGIVER PREPAREDNESS BAG

As a caregiver, you will likely spend many hours in cancer centers for treatment sessions. Likewise, patients can spike a fever and must go immediately to an emergency room. Unfortunately, hospitals aren't typically designed for caregiver comfort.

We recommend creating a caregiver "go" bag to have at the ready. Being prepared can make treatment sessions go a little faster or the unplanned trip to the hospital a little easier – for both the patient and you. Customize it for your needs, but here's a starter list.

- A copy of your loved one's medication list, medical history, and physician list/contact information
- Insurance cards
- Family and friends contact list
- Cell phone and tablet or computer
- Headphones/music player
- Chargers for your electronic devices
- Healthy snacks – nuts, granola, popcorn, and a bottle of water
- Magazines or a good book
- Entertainment items such as crossword puzzles or knitting
- Pen and notepad
- Comfortable clothes that you can wear in layers (some facilities get cold)
- Socks
- A favorite blanket for your loved one and a small travel blanket for you
- Moisturizing lotion
- Tissues
- Antibacterial hand gel
- A small flashlight
- Toothbrush/travel size toothpaste
- Small pillow
- Lip balm

Caregiving occurs in many forms, from providing occasional transportation and housekeeping to 24/7 in-home care. With the majority of all cancer treatment now delivered in an outpatient setting, the role of a caregiver has never been more important.

Research indicates most cancer-related caregivers spend more than eight hours a day tending to patients receiving chemotherapy. In a sense, you are on a parallel journey with the cancer patient.

Caregivers assume numerous new roles, including “nurse,” “financial manager,” “psychologist,” “housekeeper,” and “personal assistant.” You are also their ears at appointments and assistant who ensures questions are asked, appointments are made, and medications are taken. Caregivers are patient advocates. You should learn all you can about your friend or loved one’s diagnosis, treatment options, possible side effects, and advance care planning, to help make treatment decisions.

Being prepared to care

Stepping into the role of a caregiver can be overwhelming, but there are ways to help ease the transition.

- Talk to your loved one or friend about their medical care and how you can best help.
- Understand and respect your loved one’s wishes.
- Educate yourself about their condition using credible resources.
- Communicate with the patient, doctor, and other family members.
- Be a good listener.
- Involve others and delegate caregiving responsibilities to those who offer to help.
- Stay organized.
- Be open to new treatments, technologies, and clinical trials.

More information and resources for caregivers is at: www.TexasOncology.com/Caregivers/Guide.





Helpful Services

Cancer treatment can impact your quality of life, and your specific treatment may facilitate the need for additional services. Please tell your care team if you have difficulties that impact your treatment or your health. Your care team can help identify resources to address your needs.

For example, your care team may be able to find resources and arrange help with:

- Your care at home – home healthcare, special medical equipment, or special supplies
- Assistance with self-care
- Emotional health
- Language interpretation
- Transportation to appointments



Cancer in the Workplace

If you're working with cancer, your diagnosis can impact your workplace. While talking to your employer about your cancer diagnosis is a personal choice, consider a few things.

- Share your news when you feel ready.
- Familiarize yourself with your employer's policies to reduce stress and help you plan ahead.
- You may need to take time off from work to receive treatment. You can still inform your employer of your cancer diagnosis without sharing the details of your diagnosis or treatment plan. You can inform your human resources representative or benefits office without telling your direct supervisor. However, oftentimes, the more information you give your employer, the more they will try to work with you to arrange time off while you are in treatment.

- Be honest with yourself, and don't be afraid to admit that you may need help from colleagues when you're feeling sick.
- Evaluate what you can and can't do and be willing to let go of things that aren't essential and engage others early to avoid overloading yourself.
- Understand that your feelings – anger, grief, anxiety, loneliness – are normal and may carry over into the workplace.

If you do decide to talk to your employer, talk to your doctor first to find out how your treatment might affect your ability to do your job. If you think that telling your employer may create a problem, talk to your oncology social worker or a member of your care team. They can provide guidance to help you to make this process go more smoothly.



Helpful Tip: More information is available at

[www.TexasOncology.com/
CancerInTheWorkplace](http://www.TexasOncology.com/CancerInTheWorkplace)
and
www.CancerAndCareers.org

CareFlash®

CareFlash® is a mobile-friendly online community with tools and content that makes it easier for your friends and loved ones to stay updated on your health and join you on your cancer journey. For more information, visit www.CareFlash.com/TXO.



There are Federal Acts That May Help Protect Your Rights:

American with Disabilities Act (ADA)

The ADA is very complex; however here are some facts you should know while receiving cancer treatment. If you are looking for a job, an employer cannot request you take a medical exam before you are hired. They can ask you medical questions after you are hired, but only if it pertains to the work you were hired to do.

Family and Medical Leave Act (FMLA)

The FMLA allows protection during medical leave if an employee is ill; and family leave such as when an employee is caring for a spouse, child, or parent who is ill. It allows an eligible employee to use up to 12 weeks of unpaid time off in a 12-month period. If you are an eligible employee, your job will be protected during that time. At the return of the 12-week period, your employer must allow you to return to your original job, or an equivalent job with equivalent pay, benefits, and other previous terms and conditions.

However, certain limitations may apply and some employers may be exempt from this act, so talk to your employer. Here are a few facts to help you determine if you are eligible to use FMLA.

According to the U.S. Department of Labor, covered employers are:

- Public agencies, including state, local, and federal employers, and local education agencies (schools).
- Private-sector employers who employed 50 or more employees in 20 or more work weeks in the current or preceding calendar year and who engaged in commerce or in any industry or activity affecting commerce – including joint employers and successors of covered employers.

FMLA eligible employees

- You must work for a covered employer.
- You must have worked for the employer for a total of 12 months.
- You must have worked at least 1,250 hours over the previous 12 months.

- You must have worked at a location in the United States or in a territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

Intermittent FMLA leave

Taking time off from work in blocks of time or by reducing the normal weekly hours or daily work schedule is acceptable under the FMLA if it is medically necessary and you are considered seriously ill and unable to work.

FMLA for my family member

FMLA may also apply to a family member who is helping to care for you. There are certain conditions that apply so they will need to talk to their employer.





Financial Counseling

We provide financial counseling to patients and their families to assist in alleviating the stress and strain that can occur.

Your patient benefits representative is available to assist you by:

- Obtaining referrals and pre-authorizations for your treatment
- Obtaining verification of insurance benefits
- Answering questions about account balances
- Helping identify sources for payment assistance
- Managing resources and working through financial difficulties caused by your disease

We are a participating provider for:

- Most commercial insurance plans
- Medicare
- Medicaid (Texas)
- Selected Health Insurance Marketplace plans

Once you and your physician have finalized a treatment plan, your patient benefits representative will provide an estimate of your benefits and out-of-

pocket expenses. Please keep in mind that any unpaid balances remaining after your insurance has paid the claim(s) will be your responsibility.

Talk with your patient benefits representative, nurse, or physician if you are having financial difficulties. Your financial counselor can assist you in resolving problems and may be able to help you obtain financial assistance, but we need to know as soon as possible to avoid disruption in health insurance coverage.

It's important to stay current on your insurance premiums to keep your benefits in effect. Your insurance policy could require that you are responsible for full payment of your healthcare expenses for any time periods your premiums were not paid.



Helpful Tip:
*Texas Oncology
provides financial
counseling to patients
and their caregivers.*



Texas Oncology Support Groups

Cancer affects far more than your body – your psychological and emotional health is equally as important as your physical health. Texas Oncology is committed to providing comprehensive cancer care to our patients by focusing on your whole person, as well as the needs of the friends and family who support you. Support groups bring patients together in person or online to share their experiences, receive information and guidance, and learn how to live with cancer.

These groups can help resolve feelings of isolation and loneliness and are a source of valuable information. Many participants find that the community, learning resources, and coping skills that are created through ongoing open sharing is highly rewarding and valuable.

Participants in support groups report:

- Feelings of community and connection with people that have similar experiences and challenges
- Reduced stress, depression, anxiety or fatigue
- Ability to be open and honest about their experiences without fear of judgment
- Improved coping skills
- Encouragement and increased motivation

to manage chronic conditions or stick to treatment plans

- Feeling empowered
- Improved understanding of their disease and how to manage emotions on a daily basis

Support that's right for you

Texas Oncology understands that patients have different experiences and needs. We offer a variety of support groups that vary by location, format, topics, facilitation, and include in-person meetings, teleconference, and online communities. For example, the facilitator of a support group may be a professional such as a social worker, psychologist, nurse, or other member of the cancer community. Some support groups offer educational opportunities, such as a guest doctor, specialist, or subject matter expert.

Texas Oncology's support groups are offered to patients and their families throughout the state.

To learn more or register, visit www.TexasOncology.com/Support-Groups.

**Support groups are not the same as group therapy sessions. Group therapy is a specific type of mental health treatment that brings together several people with similar conditions under the guidance of a licensed mental healthcare provider.*



ADVANCE CARE PLANNING

We believe that every patient's choices for current and future healthcare should be respected and supported. Our mission for advance care planning is to provide an environment where each patient is able to make fully informed, thoughtful decisions regarding their current and future healthcare. Our goal is to ensure every patient has access to programs, tools, and resources to make and document those decisions, and have them respected and supported by their care team and significant others.

Advance care planning is an ongoing process of learning about the choices we each have in relation to our future medical care and how each of us would want to be treated if we were not able to speak for ourselves. Advance care planning discussions can be very different, depending on an individual's current health.

Someone who is generally healthy should explore what kind of life-sustaining treatments they would want if suddenly they became incapacitated and their condition was not likely to improve. Someone with a chronic illness may want to think about what healthcare treatments they would choose to receive if their condition got worse. In addition, individuals facing the end of life must communicate to their loved ones what they want their final months, weeks, or days to be like.

For each of these individuals, the process is similar and includes:

- Learning about medical treatment options and the goals for those treatments
- Taking time to explore thoughts and feelings about lifesaving or life-sustaining treatments
- Choosing someone to represent their choices (healthcare advocate) if they are unable to speak for themselves
- Putting those wishes into writing

| *Understanding medical treatment options*

The advance care planning process can be very useful in helping individuals to understand and clarify their

wishes and values as they relate to future medical treatment choices. Considerations include:

- When to start a treatment
- When to stop or not start a treatment
- What are the goals of treatment
- How and when to use comfort measures

Following are a list of medical treatments that are considered lifesaving or life sustaining. **Decisions to accept or forego each of these treatments must be considered in relation to the individual's health and personal values and wishes.** For example, there is no question that antibiotics would be given to a healthy child who has developed an infection. However, while one person may choose at end of life to forego treatment and "let nature take its course," another individual may find it unacceptable to withhold treatment.

Cardiopulmonary Resuscitation (CPR)

CPR provides breathing and chest compressions when a person's heart or breathing has stopped and provides blood flow to the heart and brain to "buy time" until the heart or the ability to breath begin to function normally.

While television shows frequently portray CPR as being successful, the truth is that less than half of all people whose hearts stop are revived, and half of these die in the next two days. One in five people, or 20%, will leave the hospital, usually to a nursing home. For those with advanced cancer for whom CPR is attempted, leaving the hospital and survival is rare.

Generally, those who were in good health and living independently before receiving CPR recover most fully.

Intubation and ventilation

When someone cannot breathe on their own, a tube is placed into their trachea or windpipe, either through the mouth or an opening created in the neck, and the tube is connected to a machine called a ventilator.

For someone who has been in an accident or has a sudden illness, intubation and ventilation can be lifesaving; however, individuals with advanced lung disease or other debilitating conditions can be very difficult to wean from the ventilator once started.

It is very important to consider what you would like medical personnel to do in the event that you were to stop breathing suddenly or your heart were to stop. You might be in a medical facility or paramedics could be called. Would you want CPR and/or a ventilator? Would you prefer to not be resuscitated? Your answer will probably depend on your health at the time. Medical staff must do everything for you in this situation – possibly including CPR, defibrillator, rescue IV medications, and ventilator, unless you make your wishes known otherwise.

IV hydration and nutritional support

IV hydration and nutritional support may be given when an individual cannot eat or drink enough to sustain life. IV hydration refers to fluids given through a tube inserted into a blood vessel. Nutritional support may be given through a vein, a tube passed through the nose into the stomach or intestine, or a tube surgically inserted through the abdominal wall into the stomach or intestines.

Whether to start, stop, or continue IV hydration and nutritional support is perhaps the most difficult decision to be made in relation to healthcare. As death approaches, the body's need for fluids and nutrients wanes, as well as the body's ability to flush fluids and digest food. Some people believe that not giving fluids and nutrition allows the natural process of dying to occur. Others may consider foregoing nutrition or hydration as inhumane. It is important for everyone to consider carefully when they believe such support

should be given. Identify goals for treatment, and think about when or if it should be discontinued. Make these wishes known to family members, healthcare advocates, and medical care providers.

Kidney or renal dialysis

Kidneys play an important role in the body, filtering the blood to get rid of wastes and extra water by making urine. When the kidneys are not working properly, wastes can build up in the body and cause illness and even death if not treated. When the kidneys stop working, dialysis is performed to filter the blood through a machine to get rid of waste products.

For some, dialysis is required for a short time until the kidneys begin functioning on their own. For individuals with end-stage renal failure, dialysis is usually required three days a week for the rest of their lives, or until they receive a working kidney through a transplant, if eligible. In addition to dialysis, individuals with end-stage renal disease must follow a very strict diet and limit fluid intake.

Antibiotics

Antibiotics are drugs that help the body fight infections caused by bacteria. The term antibiotic is sometimes used to describe drugs that fight other organisms that cause infections.

Conditions such as pneumonia or urinary tract infection may be easily treated with antibiotics, although organisms that have become resistant to antibiotics are becoming more common. The decision to treat these conditions in an individual who is terminally ill or has a condition from which they are unlikely to recover can be very difficult, especially near the end of life.

| Taking time to consider end-of-life treatment options

Making decisions about future medical care requires much discussion and reflection and can be a very emotional process. Everyone must make decisions that are right for them, but should do so with input from respected family members and friends, spiritual

leaders, and/or healthcare providers. It is also an ongoing process. What is right for a person now may not be right six months or 10 years from now. Some questions to ask include:

- What experiences have you had with a loved one or close friend who faced decisions about a life-sustaining treatment and what did you learn from that?
- When would I want life-sustaining treatment and under what circumstances would I want it stopped?
- What do the terms “a good life” or “living well” mean to me at this point in my life?

| *Choosing a healthcare advocate*

Perhaps one of the most important decisions to be made in the advance care planning process is choosing a healthcare advocate. A healthcare advocate can be a family member, close friend, or someone else you trust to make decisions in accordance with your wishes, but should be designated through legal documentation. It's important to have ongoing discussions with your healthcare advocate about your future medical choices, including specifics about when and what medical treatment options you prefer, because your decisions may change over time. In order to legally empower this person to carry out healthcare wishes and decisions when you are unable to do so, please fill out a medical power of attorney. Some questions to ask a potential advocate include:

- Do you understand my wishes, values, and treatment goals?
- Are you willing to follow my preferences even if others disagree?
- Can you uphold my wishes even if others challenge my decisions?

| *Putting your wishes into writing*

Creating a written document that states your preference for future and end-of-life medical care is an essential

part of the advance care planning process. Advance directives, also referred to as a living will or medical power of attorney, are formal legal documents and generally meet state requirements when completed by an adult over age 18.

- **Medical power of attorney** – A medical power of attorney allows you to legally appoint a healthcare advocate to make medical decisions on your behalf. It can be enacted even if you are not diagnosed with a terminal disease. It is not required that an attorney draft a medical power of attorney.
- **Directive to family, physicians, and surrogates** – One of the most common documents, this directive informs your family, physicians, and surrogates of your instructions about your medical treatments should you be unable to communicate your wishes. Sharing this information with your family and medical team is a “gift,” and it empowers you to direct your care, when you can't communicate to direct your care.
- **Do not resuscitate (DNR) order** – A do not resuscitate (DNR) order is separate from a directive to family, physicians, and surrogates. An out-of-hospital do not resuscitate (OOH DNR) order is a legal document that formally requests that if your heart stops or you stop breathing that you do not wish for medical intervention. If you do not want life-sustaining measures outside of the hospital, you will need to complete an OOH DNR order, which is signed by your physician.
- **Medical order for scope of treatment (MOST)/physician order for scope of treatment (POST)** – The MOST/POST form may be called different things in different states. It is a portable medical order where the plan for the level of care and treatment the patient wants is documented. These fall into three categories: full, selective, and comfort care interventions. Documentation includes instructions regarding cardiopulmonary resuscitation, intubation and mechanical ventilation, and artificial nutrition. MOST/POST forms are appropriate for individuals with a serious illness or frailty near the end of life.

Most states have forms available to document future healthcare wishes. Varieties of commercial forms are available. Less formal, but possibly effective forms, include documented conversations with a physician and a handwritten letter signed by you. Additional information on specific state requirements is available through your local state department website or the National Hospice and Palliative Care website: www.NHPCO.org/AdvanceDirective

| Considerations for advance care planning

Regardless of current health status, ensuring that loved ones and healthcare providers are aware of your healthcare wishes is the most effective way to ensure these choices would be honored. Through several high-profile cases, recent history has revealed the private agony and public furor resulting from family and friends disagreeing upon what their loved one would have wanted. The ongoing process of conversation and documentation of your wishes serves as both a gift and protection for you and your family.



Helpful Tip:
Document in writing your healthcare choices and wishes should you no longer be able to make decisions on your own.

MY GUIDE TO ADVANCE CARE PLANNING

One of the most important decisions you need to make is about future medical care. Your choices and your wishes of how you want to be treated and cared for when you can no longer speak or make those decisions for yourself is some of the hardest work you must do. There are many questions in this section for you to reflect on and answer. You may want to do this alone, with a family member, or with someone close to you. These are your thoughts and feelings, your choices and wishes and therefore there are no wrong answers. Review your choices, thoughts, and feelings periodically to confirm your future healthcare choices. Changing your mind is always acceptable.

Let's begin –

When faced with an incurable illness, many people look at what is most important to them, such as relationships, values, events, decisions, and tasks. Many questions will arise that will need to be answered.

Answering the following questions will allow you to communicate your choices and wishes.

| As you reflect on these sets of questions, imagine that you are in the last six months of your life:

What in life has given me the most joy?

What in life has made me feel sad or regretful?

What gives my life meaning and purpose?

What religious, spiritual, or ethical beliefs do I have that I feel guide my thoughts about life and death?
Would I communicate these to my family and friends?

Is forgiveness an important issue for me? If so, with whom will I seek it and how? With whom do I need to give it?

Do I have concerns about my future health or healthcare?

What brings me the most pleasure in living my life?
For example, does listening to music or being outdoors bring me peace?

How important are my surroundings?

| Personal insights for you to consider near the end of your life:

What will help me most to live well at this point in my life?

Are there places or people I would like to visit?

What are the ways I would like to share some time with my family and friends?

What kind of conversations would be comforting to me?

What kind of conversations would distress me?

What do I want my family and friends to know?

When and where will I have those conversations?

| Legal, work, and financial decisions:

Who is my durable power of attorney?

If I am still working, can I delegate some obligations, duties, and projects that need to be completed?

What do I want family and friends to know about working during this time?

Do I have a living trust, a will, or any other legal document?
Where are they kept?

Do I want others to know of any financial arrangements I have made, such as transfers of property, providing for dependents, donating to charitable organizations, or perhaps about any insurance plans?

Where do I keep my information regarding my insurance policies, bank accounts, deeds, titles, stock certificates, etc.?
Does anyone know where they are kept besides me?

| Near the end of your life decisions:

Whom did I choose for my medical power of attorney or healthcare advocate?

Do I have a second choice?

Have I had (or, when will I have) a conversation with them about my choices and wishes?

What does good pain management mean to me?

What are acceptable levels of pain for me?

Under what situations or circumstance would I refuse or stop treatment that might prolong my life?

Would I be interested in having palliative or comfort care services to help with my pain and to keep me comfortable?

If I could no longer swallow, would I want to be “tube fed”?

Do I wish to be medicated but alert?

Would I wish to be sedated if that was the best way to control my pain?

Are there specific treatments or procedures that I would choose never to have again?

Would I be willing to participate in a research study?



| Please check your response and add any additional comments or thoughts you might have to the following questions:

Would I choose to begin or continue treatments, such as tube feedings, breathing tubes, CPR, major surgery, blood transfusions, dialysis, antibiotics, or anything else meant to keep me alive?

If I am no longer able to communicate with my family, friends, or team of doctors?

Yes No Please explain: _____

If I can no longer think for myself?

Yes No Please explain: _____

If I am in a persistent vegetative state (permanently unconscious)?

Yes No Please explain: _____

| At the end of your life:

Are there family members or friends that I would want to write a letter to or make a video for, perhaps for them to open at a later time or event?

If I could choose, where do I want to be when I die?

What would be my second choice?

What would bring me peace and comfort?

Would I prefer to have family and friends around me?

Would I prefer privacy and quiet?

Would I want my family and friends to play music, share stories, pictures, and traditions around me?

What religious or spiritual support do I want as I make my journey towards death?

Would I want to pray with a member of clergy, or be read to from a spiritual or religious text?

Do I wish to be an organ and tissues donor?

Would I like to donate my body for medical science? If so, where?

Do I prefer cremation or burial?

Have I planned and made my final arrangements?

Where would my family find my paperwork stating my choices and wishes?

| These pages are yours and yours alone to help instill a sense of calmness in yourself that your choices and wishes will be respected, honored, and understood. It will also help to bring about confidence and peace of mind, both to you and to the ones who will be making healthcare decisions for you.

GLOSSARY

Advance Directive: A legal document that tells the doctor and family what a patient wants for future medical care in the event that he or she becomes unable to make his or her own decisions. This may include whether to start or stop life-sustaining treatments. See also: living will.

Advanced Practice Providers: Physician assistants, nurse practitioners, or clinical nurse specialists who provide many services in partnership with physicians, including assessment, diagnosis, developing and/or coordinating treatment plans, ordering diagnostic tests and labs, as well as prescribing medications.

Benign: A tumor that is not cancer or malignant.

Biopsy: A sample of tissue that is removed and examined by a pathologist to determine if cancer cells are present.

Bone Scan: A diagnostic imaging test to determine if the cancer has spread to the bones.

Brachytherapy: An internal radiation treatment. Radioactive seeds or pellets are placed directly into the tumor to destroy the cancer. It may also be called seed implantation.

Cancer: An abnormal group of cells that grows uncontrollably and spreads, if untreated, throughout the body.

Cancer Care Team: Healthcare professionals who work together to find, treat, and care for people with cancer. It may include: primary care physicians, pathologists, oncology specialists (medical oncologists, radiation oncologists), surgeons (surgical specialists such as breast surgeons, colon and rectal surgeons, thoracic surgeons, urologists, etc.), nurses, oncology nurse specialists, oncology nurse navigators, advanced practice providers, and oncology social workers.

Cancer Cell: An abnormal cell that grows uncontrollably and has the potential to spread throughout the body.

Cancer-Related Fatigue: An unusual and persistent sense of tiredness associated with cancer or cancer treatments. It can be overwhelming and interfere with everyday life.

Carcinogen: A substance that causes cancer. For example, tobacco smoke contains many carcinogens that greatly increase the risk of lung cancer.

Catheter: A thin, flexible tube through which fluids enter or leave any part of the body. A catheter may be used to drain urine (also called a Foley catheter), or to deliver medications.

Cell: The basic unit of which all living things are made. Normal cells replace themselves by splitting and forming new cells (this process is called mitosis). When cancer is present, the process that controls the formation of new cells and the death of old cells is disrupted, thus leading to uncontrolled growth.

Chemotherapy: Medications used to treat or destroy cancer. It can be used either alone or with surgery or radiation. Often referred to as chemo.

Chimeric Antigen Receptor – T Cell (CAR-T) Therapy:

A type of immunotherapy that uses genetically engineered immune T cells to recognize specific proteins on tumor cells then extracts, modifies, and replicates white blood cells to recognize and attack cancer cells.

Clinical Staging: By examining all diagnostic studies, biopsy, or pathology results, and through physical examination, the physician team will estimate the extent, or spread, of the cancer.

Clinical Trials: Research studies used to test new drugs or other treatments. They compare current and standard treatments with others that may or may not be better. Before a new treatment can be used on people, it is studied in a lab. If the lab study suggests the treatment will work, the next step is to test its value in patients.

The main questions the researchers want to answer are:

- Does the treatment work?
- Does it work better than what we are currently using?
- What side effects does it cause?
- Do the benefits outweigh the risks?
- Which patients are most likely to find this treatment beneficial?

Computed Tomography (CT): X-ray images of the body taken from many different angles. These images are combined by a computer to make cross-sectional pictures of internal organs. This is usually a painless procedure that can be done in an outpatient clinic, except for the injection of a dye (needed in some but not all cases). It is often referred to as a “CT” or “CAT” scan.

Conformal Radiation Therapy: This is a newer type of radiation treatment that utilizes a special computer which helps shape the beams of radiation to the shape of the tumor. It delivers the beams from different directions providing less radiation to healthy tissues.

Cryoablation: The process of using extreme cold to freeze and destroy cancer cells. This technique is also called cryosurgery.

CT Scan or CAT Scan: See computed tomography.

Diagnosis: To identify a disease by its signs or symptoms, by using imaging tests, physical exam, and laboratory findings.

Dietary Supplement: These are products such as vitamins, minerals, or herbs. They are intended to improve health but not to diagnose, treat, or cure disease. Some supplements may interfere with your cancer treatment. Always discuss taking dietary supplements with your physician.

Dietitian/Registered Dietitian/Nutritionist: This is an expert in the area of food and diet. A registered dietitian (RD) has at least a bachelor’s degree and has passed a national competency exam. You may also see a nutritionist, but there are no educational requirements associated with this title.

Distant Cancer: Cancer that has spread far from its original location or primary site to distant organs or lymph nodes. This can be called a distant metastases. See also primary site.

Dosimetrist: Your care team member who plans and calculates the proper radiation dose for cancer treatment.

External Beam Radiation Therapy: External radiation is focused from a source outside the body on the area affected by the cancer. It is similar to getting a

diagnostic X-ray, but for a longer time period.

Fatigue: An overall weakness or feeling of exhaustion.

Hormone: A chemical substance released by the endocrine glands such as the thyroid, adrenal, or ovaries, into the body. Hormones travel through the bloodstream and are responsible for various body functions. Testosterone and estrogen are examples of male and female hormones.

Hormone Therapy: This may be the administration of hormones or administration of drugs that prevent the body’s ability to produce hormones to control the growth of the cancer.

Hot Flush: This can be a sudden brief feeling of body warmth, along with flushing of the skin and sweating, common during menopause and hormone therapy. Also called hot flash.

Immune System: This is the complex system that protects the body from infection. It may also help the body fight some cancers.

Immunotherapy: An advanced form of cancer treatment that boosts the body’s own immune system to fight cancer; often used in combination with traditional cancer treatments, such as chemotherapy, radiation, and surgery.

Impotence: The inability to achieve or maintain an erection that is satisfactory for sexual performance. Also called erectile dysfunction.

Incontinence: The inability to hold or control the flow of urine or bowel contents. Leakage of urine or feces.

Invasive Cancer: This is when cancer has spread beyond the layer of cells where it first developed and has grown into nearby tissues.

Lesion: Often used to describe a tumor, it is a change in body tissue. It can also be used to describe a change in the appearance or texture of skin, such as an open sore, scab, or discolored area.

Linear Accelerator: A type of machine that delivers external beam radiation.

Living Will: A legal document that allows a patient to decide what should be done if he or she becomes unable to make healthcare decisions. It is a type of advance directive. See also: advance directive.

Lymph: The clear fluid that flows through the lymphatic vessels. It contains cells known as lymphocytes. These cells help to fight infection and may have a role in fighting cancer. See also lymphatic system, lymph nodes.

Lymph Node Biopsy: The test in which all or part of a lymph node is removed and examined under a microscope to find out if cancer has spread to the lymph node.

Lymph Nodes: These are small bean-shaped collections of immune system tissue, such as lymphocytes, found along lymphatic vessels. They remove cell waste, germs, and other harmful substances from lymph. See also lymph, lymphatic system.

Lymphatic System: The tissues and organs (including lymph nodes, spleen, thymus, and bone marrow) that produce and store lymphocytes. This includes the channels that carry the lymph fluid. Invasive cancers can sometimes spread (metastasize) through lymphatic vessels (channels) to lymph nodes.

Magnetic Resonance Imaging (MRI): An imaging diagnostic test that uses a powerful magnet to send radio waves through the body. The images appear on a computer screen and appear similar to X-rays.

Malignant Tumor: A tumor or mass of cancer cells that invades surrounding tissues or spreads (metastasizes) to distant areas of the body.

Medical Oncologist: A physician who is specially trained to diagnose and treat cancer with chemotherapy, immunotherapy, and other drugs.

Metastasize: The spread of cancer cells to one or more sites in the body, often by way of the lymph system or bloodstream.

Metastatic: Describes cancer that has spread from the primary site (where it started) to other structures or organs, either nearby and/or far away (distant).

Needle Biopsy: A procedure to remove fluid, cells, or tissue with a needle so that it can be looked at under a microscope. There are two types: fine needle aspiration (FNA) and a core biopsy. The FNA uses a thin needle to draw up (aspirate) fluid or small tissue fragments from a cyst or tumor. The core

needle biopsy uses a larger needle to remove a cylindrical sample of tissue from the tumor.

Nurse Practitioner: A registered nurse with a master's or doctoral degree. These licensed nurse practitioners diagnose and manage illness and disease, usually working closely with doctors.

Oncology: The branch of medicine concerned with the diagnosis and treatment of cancer.

Oncology Clinical Nurse Specialist: This is a registered nurse with a master's degree in oncology nursing who specializes in the care of cancer patients. They may prepare and give treatments, monitor patients, prescribe and provide supportive care, and teach and counsel patients and their families.

Oncology Nurse Navigator: A nurse who specializes in the coordination of cancer care including patient education, psychosocial support, coordination of care, and acts as a point of contact for the cancer patient.

Oncology Social Worker: A master's degreed professional in social work who is an expert in coordinating and providing non-medical care to patients. They counsel and assist people with cancer and their families, especially in dealing with the non-medical issues that can result from cancer, such as financial problems, housing (when treatments must be taken at a facility away from home), and child care.

Osteoporosis: The thinning of bone tissue that causes less bone mass and weaker bones. Osteoporosis can cause pain, deformity (especially of the spine), and broken bones. This condition is common among postmenopausal women and patients undergoing hormone therapy.

Positron Emission Tomography (PET) Scan: A PET scan is a type of imaging test that helps doctors see how the organs and tissues inside your body are functioning. The test involves injecting a very small dose of a radioactive chemical, called a radiotracer, into the vein of your arm. The tracer travels through the body and is absorbed by the organs and tissues being studied. Next, you will be asked to lie down on a flat examination table that is moved into the center of a PET scanner – a doughnut-like shaped machine. This machine detects and records the energy given off by the tracer substance and, with the aid of a computer, this energy is converted into three-dimensional pictures.

Primary Site: The site where the cancer originated or first started growing. See also distant cancer.

Proton Therapy: Proton beam therapy is an advanced type of radiation therapy aimed at destroying cancerous cells using protons. The treatment offers sub-millimeter precision that delivers high-energy proton beams directly to tumors, minimizing damage to surrounding healthy tissue.

Radiation Oncologist: This physician specializes in using radiation to treat cancer.

Radiation Therapist: This certified professional is trained to work the equipment that delivers radiation therapy.

Radiation Therapy: The process of treating cancer with high-energy rays (such as X-rays) to kill or shrink cancer cells. It can be external radiation, from outside the body, or internal radiation by placing radioactive materials directly in the tumor (brachytherapy). Radiation therapy has many uses including to shrink the cancer before surgery, to destroy any remaining cancer cells after surgery, or as the main treatment. It may also be used as palliative treatment for advanced cancer by treating bone metastasis.

Side Effects: Any unwanted effects of treatment such as hair loss caused by chemotherapy, and fatigue caused by radiation therapy.

Staging: By examining all diagnostic studies, biopsy or pathology results, and physical exam, the physician team will estimate the extent of or spread of the cancer.

Surgeon: A physician who operates or performs surgery.

Surgical Biopsy: The removal of tissues during surgery so that the tissues can be looked at under a microscope to determine if it contains cancer cells. Also called open surgical biopsy. Biopsies may also be done laparoscopically, or with thin surveillance needles.

Symptom: These are changes in the body caused by an illness or condition, as described by the patient experiencing it.

Tissue: This is a collection of cells, united to perform a particular function.

Tumor: Refers to an abnormal lump or mass of tissue. Tumors can be benign (non-cancerous) or malignant (cancerous).

Ultrasound: A means of imaging in which high-frequency sound waves are used to outline a part of the body. These sound wave echoes are picked up and displayed on a television screen. Also called ultrasonography.

Watchful Waiting: Also called “active surveillance,” it simply means to have no treatment for a cancer. Instead the progression of the cancer is closely monitored.

X-rays: A form of radiation that when used at low levels, produces an image of the body on film, and at high levels it is used to destroy cancer cells.

ADVOCACY AND SUPPORT GROUPS

American Cancer Society

250 Williams St. NW
Atlanta, GA 30303
800-227-2345
www.Cancer.org

Find a location near you:
www.Cancer.org/About-Us/Local.html

American Society of Clinical Oncology (ASCO)

2318 Mill Road, Ste. 800
Alexandria, VA 22314
888-282-2552
www.ASCO.org

CancerCare

275 Seventh Ave.
New York, NY 10001
800-813-HOPE
www.CancerCare.org

Cancer.net

American Society of Clinical Oncology
2318 Mill Road, Ste. 800
Alexandria, VA 22314
888-651-3038
www.Cancer.net/Portal/Site/Patient

Cancer Support Community

734 15th St. NW, Ste. 300
Washington, DC 20005
202-659-9709
www.CancerSupportCommunity.org
Find a location near you:
www.CancerSupportCommunity.org/FindLocation

CaringBridge

2750 Blue Water Road, Ste. 275
Eagan, MN 55121
651-452-7940
www.CaringBridge.org

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road
Atlanta, GA 30333
800-CDC-INFO
www.CDC.gov

COA Patient Advocacy Network

1225 New York Ave. NW, Ste. 600
Washington, DC 20005
202-729-8147
www.COAAAdvocacy.org

Corporate Angel Network, Inc.

Westchester County Airport
1 Loop Road
White Plains, NY 10604
914-328-1313
www.CorpAngelNetwork.org

Gilda's Club

195 W. Houston St.
New York, NY 10014
212-647-9700
www.GildasClubNYC.org

LiveStrong Foundation

623 W. 38th St., Ste 300
Austin, TX 78705
855-220-7777
www.LiveStrong.org

National Cancer Institute

9609 Medical Center Drive
Rockville, MD 20850
800-4-CANCER
www.Cancer.gov

National Coalition for Cancer Survivorship

8455 Colesville Road, Ste. 930
Silver Spring, MD 20910
877-NCCS-YES
www.CancerAdvocacy.org

National Comprehensive Cancer Network (NCCN)

3025 Chemical Road, Ste. 100
Plymouth Meeting, PA 19462
215-690-0300
www.NCCN.org

National Institutes of Health

9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.NIH.gov

National Library of Medicine

8600 Rockville Pike
Bethesda, MD 20894
888-346-3656
www.NLM.NIH.gov

National Patient Advocate Foundation (NPAF)

1100 H St. NW
Washington, DC 20005
800-532-5274
www.NPAF.org

Patient Advocate Foundation

421 Butler Farm Road
Hampton, VA 23666
800-532-5274
www.PatientAdvocate.org

Texas Department of State Health Services

1100 W. 49th St.
Austin, TX 78756
512-776-7111
www.DSHS.Texas.gov

Texas Oncology Foundation, Inc.

12221 Merit Drive, Ste. 500

Dallas, TX 75251

972-490-2930

www.TexasOncologyFoundation.org

The US Oncology Network

McKesson Specialty Health

10101 Woodloch Forest

The Woodlands, TX 77380

281-863-1000

www.USOncology.com

Find your local US Oncology

practice:

[www.USOncology.com/Patients/](http://www.USOncology.com/Patients/Find-A-Location)

[Find-A-Location](http://www.USOncology.com/Patients/Find-A-Location)



*At Texas Oncology,
we want our patients
to feel*

***empowered
and
supported.***

DISEASE-SPECIFIC INFORMATION

ANAL CANCER: **The HPV and Anal Cancer Foundation**

ACF USA
P.O. Box 232
New York, NY 10272
646-593-7739
www.AnalCancerFoundation.org

ANEMIA: **American Society of Hematology**

2021 L St. NW, Ste. 900
Washington, DC 20036
202-776-0544
www.Hematology.org

Aplastic Anemia & MDS International Foundation

4330 East West Highway, Ste. 230
Bethesda, MD 20814
800-747-2820
www.AAMDS.org

BLADDER CANCER: **American Bladder Cancer Society**

12 Flansburg Ave.
Dalton, MA 01226
413-684-2344
www.BladderCancerSupport.org

Bladder Cancer Advocacy Network

4520 East West Highway
Ste. 610
Bethesda, MD 20814
888-901-2226
www.BCAN.org

BLOOD AND MARROW TRANSPLANT: **Be the Match**

National Marrow Donor Program
500 N. Fifth St.
Minneapolis, MN 55401
800-MARROW2
800-627-7692
www.BeTheMatch.org

Blood and Marrow Transplant Information Network

BMT InfoNet
1548 Old Skokie Road, Ste. 1
Highland Park, IL 60035
847-433-3313
www.BMTInfonet.org

Center for International Blood and Marrow Transplant Research

Milwaukee Campus
Froedtert and the Medical College of Wisconsin Clinical Cancer Center
9200 W. Wisconsin Ave., Ste. C5500
Milwaukee, WI 53226
414-805-0700

Minneapolis Campus
500 N. Fifth St.
Minneapolis, MN 55401
www.CIBMTR.org

BRAIN CANCER: **American Brain Tumor Association**

8550 W. Bryn Mawr Ave., Ste. 550
Chicago, IL 60631
773-577-8750
800-886-2282
www.ABTA.org

Children's Brain Tumor Foundation

1460 Broadway
New York, NY 10036
212-448-9494
www.CBTF.org

National Brain Tumor Society

55 Chapel St., Ste. 200
Newton, MA 02458
617-924-9997
www.BrainTumor.org

National Coalition for Cancer Survivorship

8455 Colesville Road, Ste. 930
Silver Spring, MD 20910
877-NCCS-YES
www.CancerAdvocacy.org

BREAST CANCER: **Breast Cancer Research Foundation**

28 W. 44th St., Ste. 609
New York, NY 10036
866-346-3228
www.BCRF.org

Bright Futures for Families

345 Park Blvd
Itasca, IL 60143
800-433-9016
www.BrightFutures.AAP.org

National Breast Cancer Foundation

2600 Network Blvd., Ste. 300
Frisco, TX 75034
972-248-9200
www.NationalBreastCancer.org

Susan G. Komen

13770 Noel Road, Ste. 801889
Dallas, TX 75380
877-GO-KOMEN
www.Komen.org

Young Survival Coalition

75 Broad St., Ste. 409
New York, NY 10004
877-972-1011
www.YoungSurvival.org

CERVICAL CANCER:**American Society for
Colposcopy and
Cervical Pathology**

131 Rollins Ave, Ste. 2
Rockville, MD 20852
301-857-7877
www.ASCCP.org

Cervical Cancer-Free Coalition

UNC Gillings School of Global
Public Health
2103 McGavren Greenberg CB7435
Chapel Hill, NC 27599
www.CervicalCancerFreeCoalition.org

**National Cervical Cancer
Coalition**

P.O. Box 13827
Research Triangle Park, NC 27709
800-685-5531
www.NCCC-Online.org

CHILDHOOD CANCER:**American Childhood Cancer
Organization**

P.O. Box 498
Kensington, MD 20895
855-858-2226
www.ACCO.org

**The National Children's
Cancer Society**

500 N. Broadway, Ste. 1850
St. Louis, MO 63102
314-241-1600
www.TheNCCS.org

COLORECTAL CANCER:**Colorectal Cancer Alliance**

1025 Vermont Ave. NW
Ste. 1066
Washington, DC 2005
202-628-0123
877-422-2030
www.CCAlliance.org

Fight Colorectal Cancer

134 Park Central Square, Ste. 210
Springfield, MO 65806
703-548-225
877-427-2111
www.FightColorectalCancer.org

ESOPHAGEAL CANCER:**Esophageal Cancer Action
Network**

P.O. Box 243
Stevenson, MD 21153
410-358-3226
www.ECAN.org

**HEAD AND NECK
CANCERS:****American Head & Neck Society**

11300 W. Olympic Blvd., Ste. 600
Los Angeles, CA 90064
310-437-0559
www.AHNS.info

Head and Neck Cancer Alliance

P.O. Box 21688
Charleston, SC 29413
866-792-HNCA
www.HeadAndNeck.org

Oral Cancer Foundation

1211 E. State St.
Boise, Idaho 83712
949-723-4400
www.OralCancerFoundation.org

**Support for People with Oral
and Head and Neck Cancer**

P.O. Box 53
Locust Valley, NY 11560
800-377-0928
www.SPOHNC.org

HEMOPHILIA:**Hemophilia Federation
of America**

999 N. Capitol St. NE, Ste. 201
Washington, DC 20002
202-675-6984
www.HemophiliaFed.org

National Hemophilia Foundation

7 Penn Plaza, Ste. 1204
New York, NY 10001
212-328-3700
www.Hemophilia.org

INFLAMMATORY**BREAST CANCER:****Inflammatory Breast Cancer
Research Foundation**

P.O. Box 2805
West Lafayette, IN 47996
877-STOP-IBC
www.IBCResearch.org

KIDNEY CANCER:**Kidney Cancer Association**

9450 S.W. Gemini Drive, Ste. 38269
Beaverton, OR 97008
800-850-9132
www.KidneyCancer.org

National Kidney Foundation

30 E. 33rd St.
New York, NY 10016
800-622-9010
www.Kidney.org

LEUKEMIA:**Leukemia & Lymphoma Society**

3 International Drive, Ste. 200
Rye Brook, NY 10573
800-955-4572
www.LLS.org

Leukemia Research Foundation

191 Waukegan Road, Ste. 105
Northfield, IL 60093
847-424-0600
www.AllBloodCancers.org

LIVER CANCER:**American Association for the Study of Liver Diseases**

1001 N. Fairfax St., Fourth Floor
Alexandria, VA 22314
703-299-9766
www.AASLD.org

American Liver Foundation

P.O. Box 299
West Orange, NJ 07052
800-465-4837
www.LiverFoundation.org

LUNG CANCER:**Go2 Foundation for Lung Cancer**

1050 Connecticut Ave. NW
P.O. Box 65860
Washington, DC 20035
202-463-2080
800-298-2436
<https://Go2Foundation.org>

Lung Cancer Foundation of America

15 S. Franklin St.
New Ulm, MN 56073
507-354-1361
www.LCFAmerica.org

LYMPHOMA:**Leukemia & Lymphoma Society**

3 International Drive, Ste. 200
Rye Brook, NY 10573
800-955-4572
www.LLS.org

Lymphoma Foundation of America

1100 N. Main St., Ste. 110
Ann Arbor, MI 48104
734-222-1100
www.LymphomaHelp.org

Lymphoma Research Foundation

88 Pine St., Ste. 2400
New York, NY 10005
212-349-2910
800-500-9976
www.Lymphoma.org

**MULTIPLE MYELOMA:
International Myeloma Foundation**

12650 Riverside Drive, Ste. 206
North Hollywood, CA 91607
818-487-7455
www.Myeloma.org

Multiple Myeloma Research Foundation

383 Main Ave., Fifth Floor
Norwalk, CT 06851
203-229-0464
www.TheMMRF.org

NEUROBLASTOMA:**The Neuroblastoma Children's Cancer Society**

P.O. Box 957672
Hoffman Estates, IL 60195
800-532-5162
www.NeuroblastomaCancer.org

**NON-HODGKIN
LYMPHOMA:****Lymphoma Research Foundation**

88 Pine St., Ste. 2400
New York, NY 10005
212-349-2910
800-500-9976
www.Lymphoma.org

OVARIAN CANCER:**National Ovarian Cancer Coalition**

12221 Merit Drive, Ste. 1950
Dallas, TX 75251
214-273-4200
888-OVARIAN
www.Ovarian.org

Ovarian Cancer Research Alliance

14 Pennsylvania Plaza, Ste. 2110
New York, NY 10122
212-268-1002
www.OCRAHope.org

Ovations for the Cure of Ovarian Cancer

79 Main St., Ste. 202
Framingham, MA 01702
508-655-5412
866-920-OFTC
www.OvationsForTheCure.org

PANCREATIC CANCER:**National Pancreas Foundation**

3 Bethesda Metro Center, Ste. 700
Bethesda, MD 20814
301-961-1508
www.PancreasFoundation.org

National Pancreatic Cancer Foundation

P.O. Box 1848
Longmont, CO 80502
800-859-NPCF
www.NPCF.us

Pancreatic Cancer Action Network

1500 Rosecrans Ave., Ste. 200
Manhattan Beach, CA 90266
310-725-0025
877-573-9971
www.PanCan.org

**PROSTATE CANCER:
Prostate Cancer Foundation**

1250 Fourth St.
Santa Monica, CA 90401
310-570-4700
800-757-CURE
www.PCF.org

US TOO

2720 S. River Road, Ste. 112
Des Plaines, IL 60018
630-795-1002
800-808-7866
www.UsToo.org

ZERO – The Project to End Prostate Cancer

515 King St., Ste. 420
Alexandria, VA 22314
202-463-9455
844-244-1309
www.ZeroCancer.org

SARCOMA:**Sarcoma Alliance**

775 E. Blithedale Ave., Ste. 334
Mill Valley, CA 94941
415-381-7236
www.SarcomaAlliance.org

SICKLE CELL:**Sickle Cell Disease Association of America**

7240 Parkway Drive, Ste. 180
Hanover, MD 21076
410-528-1555
800-421-8453
www.SickleCellDisease.org

SKIN CANCER:**National Council on Skin Cancer Prevention**

1629 K St. NW
Washington, DC 20006
301-801-4422
www.SkinCancerPrevention.org

Skin Cancer Foundation

205 Lexington Ave., 11th Floor
New York, NY 10016
212-725-5176
www.SkinCancer.org

STOMACH CANCER:**Gastric Cancer Foundation**

14600 Weston Parkway
Cary, NC 27513
www.GastricCancer.org

TESTICULAR CANCER:**Testicular Cancer****Awareness Foundation**

202 North Ave. Ste. #305
Grand Junction, CO 81501
www.TesticularCancerAwarenessFoundation.org

Testicular Cancer Society

8190A Beechmont Ave., Ste. 161
Cincinnati, OH 45255
513-696-9827
www.TesticularCancerSociety.org

THYROID CANCER:**American Thyroid Association**

2000 Duke St., Ste. 300
Alexandria, VA 22314
703-998-8890
www.Thyroid.org

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Texas Oncology complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Texas Oncology does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Texas Oncology:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact your local Texas Oncology location or call 1-888-864-4226.

If you believe that Texas Oncology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email with:

Paula Sturiale, Director of Clinical Services for Texas Oncology

12221 Merit Drive, Ste. 500
Dallas, Texas 75251
1-888-864-4226
txocares@usoncology.com

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://OCRPortal.HHS.gov/OCR/Portal/Lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019

Complaint forms are available at www.HHS.gov/OCR/Office/File/Index.html.

LANGUAGE ASSISTANCE SERVICES

ATTENTION:

If you speak any of the following languages, language assistance services are available to you free of charge. Contact your local Texas Oncology location or call **1-888-864-4226** to request this service.

Arabic

تنبیه: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بمركز الأورام المحلي الذي تتعامل معه في ولاية تكساس أو اتصل على الرقم 1-888-864-4226 لطلب هذه الخدمة.

French

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Contactez votre cabinet local d'Oncologie du Texas ou appelez le 1-888-864-4226 pour votre demande de service.

Gujarati

ધ્યાન આપો: જો તમે ગજરાતી બોલતા હોવ તો તમને ભાષા સહાયકી સેવા નિ:શુલ્ક ક મળશે. આ સેવા મેળવવા માટે તમારું સુધાનક ટેક્સાસ ઓનકોલોજી ડોક્ટર (Texas Oncology practice) નો સંપર્ક કરી અર્વ 1-888-864-4226 પર ફોન કરો.

Japanese

お知らせ：日本語を話される方には、無料でご利用いただける言語サービスを提供しています。最寄りのTexas Oncology センター、またはお電話（1-888-864-4226）でご依頼ください。

Laotian

ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ ຫຼື ອັງກິດ ບໍ່ສາມາດເຂົ້າເຮົາ ສາມາດໃຊ້ໂຕ້ໂຕຍຕິດຕໍ່ພູ້ປະຕິບັດການ Texas Oncology ຫຼື ໂທຫາ 1-888-864-4226.

Chinese

请注意：如果您讲中文，您可以免费享受语言协助服务。如需服务，请联系您当地的德克萨斯州癌症中心，或者拨打 1-888-864-4226。

German

ACHTUNG: Wenn Sie Deutsch sprechen steht Ihnen ein Fremdsprachendienst zur Unterstützung zur Verfügung. Kontaktieren Sie Ihre Onkologiepraxis vor Ort in Texas oder rufen Sie 1-888-864-4226 an, um diesen Dienst anzufordern.

Hindi

ध्यान दें: अगर आप हिन्दी बोलते हैं तो भाषा सहायता सेवाएं बिल्कुल आपको उपलब्ध हैं। इस सेवा का अनुरोध करने के लिए टेक्सास स्थित अपना स्थानीय अबुदरोग (क्यान्सर) उपचार केंद्र में सम्पर्क करें। 1-888-864-4226 में काल करें।

Korean

주의: 한국어를 사용하실 경우, 무료로 제공하는 언어지원 서비스를 이용하실 수 있습니다. 서비스 신청은 지역내 텍사스 중앙내과병원(Texas Oncology practice) 또는 전화 1-888-864-4226번으로 연락하시기 바랍니다.

Persian (Farsi)

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. برای تقاضای این خدمات لطفاً با مرکز سرطانشناسی (آنکولوژی) محلی تان در تگزاس تماس بگیرید یا به شماره 1-888-864-4226 زنگ بزنید.

| Russian

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены бесплатные услуги переводчика. Чтобы воспользоваться этими услугами, свяжитесь с Вашим местным отделением Texas Oncology или позвоните по телефону 1-888-864-4226.

| Tagalog

Paalala: Kung ang wika mo ay Tagalog, may libreng tulong para sa iyo upang makaunawa ng Ingles. Tawagan mo lamang ang "Texas Oncology Practice" (ang opisina ng pangagamot ng cancer sa Texas) sa iyong sariling bayan o tawagan ang 1-888-864-4226 upang hilingin itong serbisyo.

| Vietnamese

LƯU Ý: Nếu quý vị nói [insert language], có dịch vụ trợ giúp ngôn ngữ miễn phí cho quý vị. Liên lạc với cơ sở Texas Oncology tại địa phương quý vị hoặc gọi số 1-888-864-4226 để yêu cầu dịch vụ này.

| Spanish

ATENCIÓN: Si usted habla español, dispone de servicios de asistencia de idiomas sin cargo. Comuníquese con su grupo de Texas Oncology local o llame al 1-888-864-4226 para solicitar este servicio.

| Urdu

فہم لہذا ارگنڈپ اردو بولنے والے کے لیے مفت خدمات فراہم کیے جاسکتے ہیں۔
تعمیر دس شعبے ہیں۔ ان میں سے ہر ایک کے لیے ایک اہم خدمت
پیش کی گئی ہے۔ اس سے رابطہ رکھنے کے لیے 1-888-864-4226 پر اہل رکھیں۔

MY JOURNEY

WHAT CANCER CANNOT DO

| Cancer is so limited ...

It cannot cripple love.
It cannot shatter hope.
It cannot corrode faith.
It cannot eat away peace.
It cannot destroy confidence.
It cannot kill friendship.
It cannot shut out memories.
It cannot silence courage.
It cannot reduce eternal life.
It cannot quench the spirit.

| *Author Unknown*

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