

Patient Handbook

*Orientation and education
materials for patients at the
Ridley-Tree Cancer Center*



Ridley-Tree
Cancer Center
at Sansum Clinic



Ridley-Tree Cancer Center

It is normal to feel unprepared for what a cancer diagnosis brings to your life. You may feel anxious, filled with questions and overwhelmed. The cancer center staff care deeply for you and your family and are here to guide and support you along your journey. Ridley-Tree Cancer Center uses a multidisciplinary approach to the treatment of cancer and to the care of our patients. Treatment plans are designed for the specific medical, psychological, social and logistical needs of each patient, and we are committed to providing you with every healing opportunity for a successful return to the activities that enrich your life.

We provide this handbook to our patients as a tool to learn about and manage possible side effects of treatment, and to discover the variety of programs and services available to support you and your loved ones. We are an interdisciplinary and collaborative team dedicated to providing excellent cancer care so you can be treated in a world-class cancer center, close to home, family and work.



New Patient Handbook

Ridley-Tree Cancer Center at Sansum Clinic Orientation & Education Materials

1. General Information

- Locations & Phone Numbers
- MyChart: Communicating with Your Healthcare Team

2. Treatment

- Medical Oncology
- FAQs
- Radiation Oncology
- FAQs
- Surgery
- Treatment Costs

3. Side Effects & Management

- | | |
|--|---|
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Oral Care |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Skin Care |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> What to Eat Before, During & After Treatment |
| <input type="checkbox"/> Infection Precautions | <input type="checkbox"/> Coping |
| <input type="checkbox"/> Low Blood Counts | <input type="checkbox"/> Caring Advice for Caregivers |
| <input type="checkbox"/> Nausea or Vomiting | <input type="checkbox"/> Helping Children Understand Cancer |

4. Research & Clinical Trials

5. Oncology Supportive Care Programs

- Patient Navigation Program
- Genetic Counseling
- Oncology Nutrition Program
- Oncology Wellness Programs & Classes
- Education & Support Groups
- Oncology Social Work Services
- Beauty & Boutique Services
- Community Palliative Care Program
- Cancer Information & Resource Library

6. My Treatment, My Questions, My Calendar

Our Locations & Phone Numbers

The Ridley-Tree Cancer Center at Sansum Clinic is proud to serve patients in the entire Central Coast region at our two locations throughout Santa Barbara County. Please use these maps and phone numbers to contact your cancer care team.

RIDLEY-TREE CANCER CENTER LOCATIONS

540 West Pueblo Street, Santa Barbara

Medical Oncology

Monday - Thursday, 8:00 am - 5:00 pm
 Friday, 8:00 am - 12:00 noon
 (805) 879-0670

Radiation Oncology

Monday - Friday, 8:00 am - 5:00 pm
 (805) 879-0650

Surgical Oncology

Monday - Thursday, 8:00 am - 5:00 pm
 Friday, 8:00 am - 12:00 noon
 (805) 879-0680

300 West Pueblo Street, Santa Barbara

Nuclear Medicine

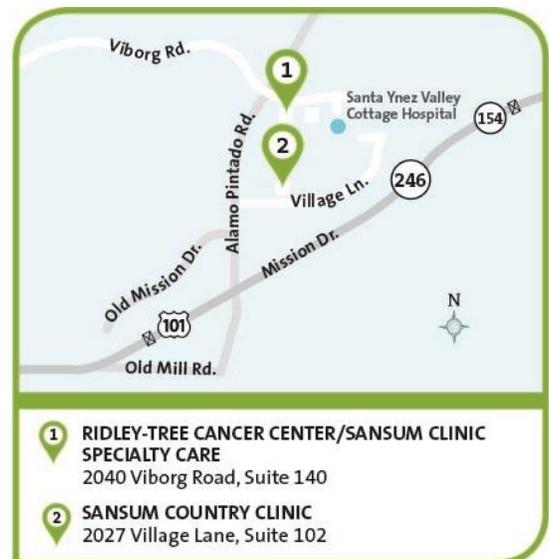
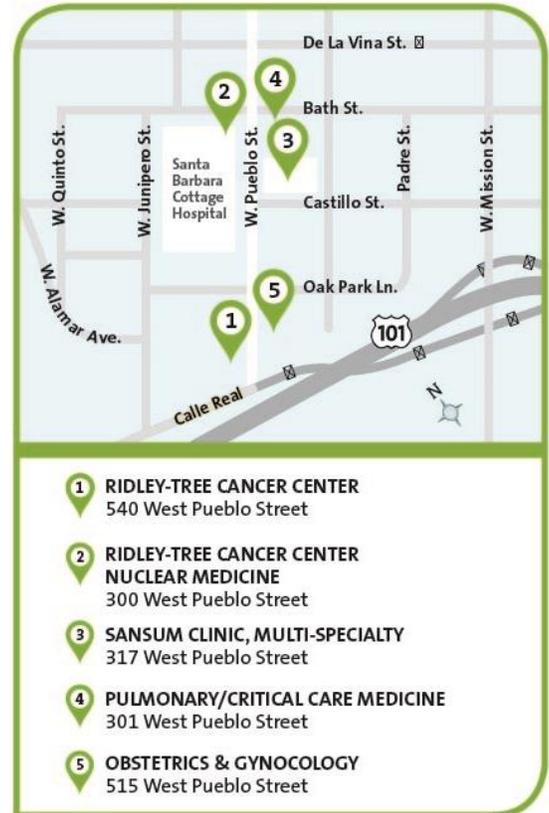
Monday - Friday, 8:00 am - 5:00 pm
 (805) 563-5870

2040 Viborg Rd., Suite 140, Solvang

Monday - Thursday, 8:00 am - 6:00 pm
 Friday, Closed
 (805) 686-5370

ONCOLOGY SUPPORTIVE CARE PROGRAMS

Patient Navigation Program	(805) 879-0660
Genetic Counseling	(805) 879-5653
Oncology Nutrition Program	(805) 879-5652
Oncology Wellness Program & Classes	(805) 879-5651
Oncology Social Work Services	(805) 879-5690
Research & Clinical Trials	(805) 879-0643
Cancer Resource Library	(805) 879-5648
540 West Pueblo Street, Santa Barbara	



MyChart: Communicating with Your Healthcare Team

Electronic Health Record

MyChart, our secure patient portal, is our preferred, and most efficient method for staying in touch with your medical team in between clinic visits. **MyChart** gives you secure, anywhere, anytime access to key medical and account information.

WITH MYCHART YOU CAN:

- Request, view or cancel appointments
- Schedule an Urgent Care or Primary Care appointment, without the help of a scheduler
- Send messages, including photos, to your healthcare team
- Check-in for appointments, pay your co-pay securely and complete any required forms
- Pay bills and message customer service with any questions
- View after-visit summaries and test results
- View health information including allergies, diagnosis, medications and immunizations
- Manage prescriptions including requesting refills
- Request proxy access to view family member's medical records
- Use the mobile app to access your health information on your mobile device

SIGN UP TODAY!

- Visit mychart.sansumclinic.org/MyChart/signup
- Sign up at your next visit by asking a member of your healthcare team
- Call the MyChart Help Desk at (805) 898-3333 to sign up over the phone

MEDICAL ONCOLOGY & HEMATOLOGY

Your Care Team

Your physician will work closely with a team of physician assistants, nurse practitioners, nurses, medical assistants and medical services coordinators to ensure an efficient appointment each time you visit us for treatment or follow-up care.



Mark Abate, MD



Eric Bank, MD



Maíra Campos, MD



Scott Godfrey, DO



Chad Guenther, MD



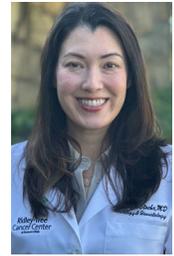
Mukul Gupta, MD



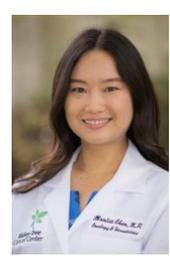
Ryan Kendle, MD



Gregg Newman, MD



Constance Stoehr, MD



Monica Chen, FNP-C



Jessica Davis, DNP,
AOCNP, ACHPN



Kristin DeHahn, FNP-BC



Gina Faruzzi, NP-C



Andrea Kremsreiter, PA-C

Medical Oncologists work in a branch of medicine called Medical Oncology/Hematology, a medical sub-specialty focusing on both blood disorders and cancer treatment. The two branches of medicine are closely related, though people with certain blood disorders do not have cancer. Our community is fortunate to have a group of Medical Oncology & Hematology physicians dedicated to providing patients with the most advanced treatment modalities in a comfortable and patient-oriented setting. Patients receive expert care with treatment plans designed for the specific medical, psychological, social and logistical needs of each patient. Our oncology medical staff is recognized for their exceptional medical training, compassionate care, and ability to collaborate with patients and other professionals to achieve the best outcome for the patient. Our chemotherapy infusion suites are staffed by highly skilled and compassionate nursing teams who provide intravenous treatments. Our experienced teams of professionals work tirelessly to ensure that patients understand their therapy and begin treatment with confidence.

Infusion suites are located at **540 West Pueblo Street in Santa Barbara** and **2040 Viborg Road, Suite 140 in Solvang**. Our priority is to provide excellent compassionate care for patients and family members.

PHYSICIAN ASSISTANTS & NURSE PRACTITIONERS (Advanced Practice Providers)

Throughout treatment and follow-up, appointments alternate between the oncologist and a Physician Assistant and/or Nurse Practitioner. They work closely with and are directed by the oncologist. Nurse Practitioners and Physician Assistants are a valuable part of the cancer care team, and they play a crucial role in keeping patients healthy, managing side effects of treatment and referring patients to other agencies when needed.

NURSES

Oncology nurses play a critical role in your cancer care. They are specifically educated about oncology and often are certified in the field. They will be the healthcare professionals monitoring your physical condition, explaining medications, and administering your chemotherapy and other treatments.

MEDICAL ASSISTANTS

Medical Assistants work closely with physicians and nurses. They are often your initial contact upon arrival to the clinic or when you call with questions.

ONCOLOGY SOCIAL WORKERS

Cancer can involve significant psychological, social, and economic challenges for patients and their families. How these challenges are addressed is an important aspect of a patient's care plan. For this reason, the Ridley-Tree Cancer Center employs clinical social workers who provide emotional and practical support for patients, their families and their friends.

NURSE OR PATIENT NAVIGATOR

The Navigator serves as a liaison between individual patients and the various healthcare providers required for proper diagnosis, treatment and disease management. They serve as a consistent care coordinator throughout a patient's experience, for instance from breast health education and prevention, to diagnosis, treatment and survivorship.

ONCOLOGY GENETIC COUNSELORS

If you have an inherited disease in your family, a Genetic Counselor can explain personal cancer risk or the risk of cancer for other family members. Genetic Counseling can also help with decisions about testing, surveillance, prevention strategies, or research trials that may be appropriate. Discuss Genetic Counseling with an oncologist/NP/PA for answers to your questions about referral.

ONCOLOGY DIETITIAN NUTRITIONISTS

Our goal is to optimize wellness and minimize side effects during and after treatment. Nutritional status and food choices can help improve outcomes and decrease the risk of recurrence. Nutritional counseling offers the unique opportunity to learn about the latest research in nutrition and how to apply this information. Discuss oncology nutrition with an oncologist/NP/PA and ask about a referral to the Oncology Dietitian Nutritionists.

Your Treatment: Chemotherapy

The treatment provided in Medical Oncology, called chemotherapy, involves the use of anti-cancer drugs to destroy cancer cells or to reduce cancer cell growth. Unlike radiation therapy or surgery, which are considered localized treatments, chemotherapy is a systemic treatment because it affects cancer cells throughout the body. During chemotherapy, single drugs or combinations of drugs are used to kill cancer cells. These drugs are usually administered through a vein, and the chemotherapy treatment can last from a few minutes to several hours.

Neoadjuvant chemotherapy is given prior to surgery to shrink a tumor. *Adjuvant* chemotherapy is given after surgery. Sometimes *adjuvant* chemotherapy is given throughout a course of radiation therapy. This type of therapy is called *concurrent* chemotherapy. Adjuvant chemotherapy and concurrent chemotherapy are given to attack cancer cells that may remain in the body after surgery. The type and stage of cancer, as well as your overall state of health, will determine the type of chemotherapy your cancer doctor recommends.

The damage to healthy cells that occurs with standard chemotherapy drugs causes side effects which can include fatigue, nausea, lowered resistance to infection and sometimes hair loss. Side effects generally resolve when the treatment ends, and some of the side effects formerly associated with chemotherapy can now be prevented or controlled. Many people are able to work, travel, and participate in many normal activities while receiving chemotherapy.

Hormonal Therapy

Hormones are naturally occurring substances in our bodies that stimulate the growth of hormone-sensitive tissues, such as the prostate gland or breast. When cancer arises in these tissues, its growth may be influenced by the body's hormones. One way to fight cancer is to use drugs that block hormone production or change the way hormones work. Like chemotherapy, hormone therapy is considered a systemic treatment since it can affect cancer cells throughout the body.

Targeted Therapy

You may have heard about treatments called targeted therapies. These are designed to treat certain kinds of cancer cells and to minimize damage to normal, healthy cells. Conventional chemotherapy and radiation therapy cancer treatments do not distinguish between cancer cells and healthy cells. Because of this, healthy cells can be damaged in the process of treating the cancer, which can result in side effects. Targeted treatments may cause fewer treatment-related side effects. Many targeted agents are given in pill form. The oral targeted therapies can have specific side effects which your doctor will discuss with you.

Biological Therapy

Biological therapy is a treatment that uses the body's own immune system to facilitate the destruction of cancer cells. Biological therapy is also called immunologic therapy, immunotherapy, or biotherapy. Some types of biological therapy are monoclonal antibodies, cytokines, and vaccines.

Frequently Asked Questions: Medical Oncology & Hematology

HOW DO I SCHEDULE AN APPOINTMENT?

Please refer to the *General Information* tab to see locations and phone numbers.

WHAT DO I DO IF I AM UNABLE TO KEEP A SCHEDULED APPOINTMENT?

Please call your doctor's office as soon as possible to reschedule your appointment.

WHERE DO I RECEIVE MY CHEMOTHERAPY TREATMENT?

Chemotherapy treatment is usually given in your oncology doctor's infusion suite. There are 2 locations:

- 540 W. Pueblo Street, a few blocks west of Cottage Hospital. Patient parking spaces are located in the parking structure. The parking lot can be accessed from 540 W. Pueblo Street.
- 2040 Viborg Road, Suite 140. Patient parking spaces are located outside, in front of the building.
- For maps, addresses and contact numbers use the *General Information* tab.

HOW IS MY CHEMOTHERAPY SCHEDULED?

Chemotherapy is typically given in cycles. A cycle (treatment followed by a period of rest) can vary from one to four weeks. Your course of chemotherapy may be multiple cycles.

HOW LONG WILL MY TREATMENTS TAKE EACH DAY?

The administration of the chemotherapy drugs can take minutes to several hours, depending on the drug or drugs given. Your physician or nurse can advise you on how long you should plan to be here for treatment.

I HAVE A PLANNED VACATION. CAN I TAKE TIME OFF FROM MY CHEMOTHERAPY TREATMENTS? CAN I MISS TREATMENTS?

If you know you have travel plans, it is best to discuss your plans with your doctor early in the planning process and before your treatment begins. It is very important to receive all your planned chemotherapy treatments if you want the most successful result.

HOW DO I CONTACT MY DOCTOR?

- In emergency situations, call 911.
- Send a message to your doctor using *MyChart*. A MyChart activation code can be provided at your next visit.
- During regular business hours, use the contact numbers listed on the locations page behind the *General Information* tab.
- We make every attempt to return your call within the business day, however, your call may be returned within 24 hours or the next business day.

WHAT SIDE EFFECTS SHOULD I EXPECT?

WILL THE CHEMOTHERAPY TREATMENTS MAKE ME SICK?

Side effects depend largely on the specific chemotherapy drug(s) given. The oncologist/NP/PA reviews the side effects of treatment at an office visit or education appointment. Common side effects of standard chemotherapy are low blood counts, nausea, vomiting, hair loss, and fatigue.

WILL I LOSE MY HAIR?

Hair loss occurs with some, but not all, chemotherapy drugs. The amount of hair loss varies from slight thinning to complete baldness and affects the scalp, eyelashes and eyebrows, legs, armpits, and pubic area. Hair loss typically begins one to three weeks after your first treatment. Regrowth usually begins two to three weeks after treatment is finished. The hair may grow back a different color or texture.

How to handle hair loss is a personal decision. Some people may embrace being bald and others may choose to wear a head scarf, cap or wig. The Oncology Social Work Services staff is here to support you in finding an option that feels right for you. For those interested in wearing a wig or hat, we have a selection of wigs, hats and scarves that can be provided to patients at no cost. Please contact the Oncology Social Work Services staff to learn more.

CAN I DRIVE MYSELF TO TREATMENTS?

Chemotherapy will not impair your ability to drive. However, some of the pre-medications, such as Benadryl, can cause drowsiness. You will be told at your teaching appointment if you will be receiving these pre-medications. We recommend that you have a ride to and from your first chemotherapy appointment. After the first appointment, you can decide whether you feel well enough to drive yourself.

CAN I WORK WHILE RECEIVING TREATMENTS?

The answer to this question depends on how you are feeling, the type of treatment you are receiving and your type of work. Although it may be necessary for some cancer patients to take a leave of absence from work, many continue working throughout their treatment and recovery. Ask your doctor about what you can expect. Just remember, each patient handles and responds to treatment and recovery differently. It is also important to openly communicate your needs with your employer so that he/she may plan in case you need to decrease your hours, schedule an absence or have increased flexibility.

Contact our Oncology Social Work Services staff to discuss disability benefits.

RADIATION ONCOLOGY

Your Care Team

Your physician will work closely with a team of physician assistants, nurses, radiation therapists, medical assistants and medical services coordinators to ensure an efficient appointment each time you visit us for treatment or follow-up care.



George Cheng, MD, PhD



Shane Cotter, MD, PhD



W. Warren Suh, MD,
MPH, FACR



Justin Voog, MD, PhD

Radiation oncologists are the doctors who will oversee your radiation therapy treatments. These physicians work with the other members of the radiation therapy team to develop your treatment plan and ensure that each treatment is given accurately. Your radiation oncologist will also monitor your progress and adjust the treatment as necessary to make sure the radiation is hitting its target while minimizing side effects. Before, during and after your radiation therapy treatments, your radiation oncologist works closely with other cancer doctors, such as medical oncologists and surgeons, to maximize the radiation's effectiveness.

RADIATION ONCOLOGY NURSING STAFF

Radiation oncology nurses and medical assistants work together with radiation oncologists and radiation therapists to care for you and your family during radiation treatments. They can assess how you are doing throughout treatment and will help you cope with the changes you may experience. They also provide support and information for you and your family.

RADIATION THERAPISTS

Radiation therapists work with radiation oncologists to administer the daily radiation treatment under the doctor's prescription and supervision. They maintain daily records of your radiation therapy and schedule regular quality tests to ensure equipment performance.

ONCOLOGY SOCIAL WORKERS

Cancer can involve significant psychological, social and economic challenges for patients and their families. How these challenges are addressed is an important aspect of a patient's care plan. For this reason, the Ridley-Tree Cancer Center employs clinical social workers who provide emotional and practical support for patients, their families and their friends.

MEDICAL RADIATION PHYSICISTS

Qualified medical radiation physicists work directly with the radiation oncologist during treatment planning and delivery. They oversee the work of the dosimetrist and help ensure that complex treatments are properly tailored for each patient. Medical physicists are responsible for developing and directing quality control programs for equipment and procedures. Their responsibility also includes taking precise measurements of the radiation beam and performing other safety and quality assurance tests on a regular basis.

DOSIMETRISTS

Dosimetrists carefully calculate the dose of radiation to make sure the tumor gets enough radiation. Using computers, they work to develop a number of treatment plans that can best destroy the tumor while sparing normal tissue. Since treatment plans are often very complex, dosimetrists work with the radiation oncologist and the medical physicist to choose the treatment plan that is right for you.

NURSE AND PATIENT NAVIGATORS

Nurse and Patient Navigators serve as a liaison between individual patients and the various healthcare providers required for proper diagnosis, treatment, and disease management. They serve as a consistent care coordinator throughout a cancer patient's experience, from health education and prevention, to diagnosis, treatment and survivorship.

ONCOLOGY GENETIC COUNSELORS

If you have an inherited disease in your family, a Genetic Counselor can explain personal cancer risk or the risk of cancer for other family members. Genetic Counseling can also help with decisions about testing, surveillance, prevention strategies, or research trials that may be appropriate. Discuss Genetic Counseling with an oncologist/NP/PA for answers to your questions about referral.

ONCOLOGY DIETITIAN NUTRITIONISTS

Our goal is to optimize wellness and minimize side effects during and after treatment. Nutritional status and food choices can help improve outcomes and decrease the risk of recurrence. Nutritional counseling offers the unique opportunity to learn about the latest research in nutrition and how to apply this information. Discuss oncology nutrition with an oncologist/NP/PA and ask about a referral to the Oncology Dietitian Nutritionists.

Your Treatment: Radiation Therapy

How Does Radiation Therapy Work?

Radiation therapy, or radiotherapy, is the use of various forms of radiation to safely and effectively treat cancer and other diseases. Radiation oncologists may use radiation to cure cancer, to control the growth of the cancer, or to relieve symptoms such as pain.

Sometimes radiation therapy is the only treatment a patient needs. At other times, it is only one part of a patient's treatment. For example, early-stage prostate and larynx cancers are often treated with radiation alone, while a woman with breast cancer may be treated with surgery, radiation therapy and chemotherapy.

Radiation may also be used to make your primary treatment more effective. For example, you can be treated with radiation therapy before surgery to help shrink the cancer, or you may be treated with radiation after surgery to destroy small amounts of cancer that may have been left behind.

Sometimes, the overall goal is to slow down the cancer as much as possible. In other cases, the goal is to reduce the symptoms caused by growing tumors which can improve your quality of life. When radiation therapy is administered for this purpose, it is called palliative radiation or palliation. In this instance, radiation may be used to shrink tumors to relieve pain by reducing the size of a tumor to improve function.

Frequently Asked Questions: Radiation Therapy

CAN I CHANGE MY APPOINTMENT TIME?

We hope that once your radiation appointment time is set, you can keep that time for the entire course of treatment. Please arrange outside appointments around your treatment schedule. If you must change your treatment time, please talk with your therapist several days in advance in order to accommodate your request. In addition, there may be times that we will have to change your appointment due to unexpected scheduling issues. We will give you as much notice as possible.

HOW OFTEN WILL I BE TREATED?

Radiation treatments are generally delivered five days per week, Monday through Friday, for two to nine weeks, depending on the tumor and type of treatment.

WHAT DO I DO IF I AM UNABLE TO KEEP A SCHEDULED APPOINTMENT?

Please notify your therapist as soon as possible by calling the Radiation Department.

CAN I MISS TREATMENT?

Radiation treatments provide the optimal outcome if delivered in succession. Breaks in treatment are not in your best interest, unless there is a family crisis or medical reason. Discuss vacation plans with your doctor early in the planning process before your treatment begins. If you miss a treatment, it will be added to the end of your treatment schedule.

HOW DO I CONTACT MY DOCTOR?

For emergency situations, call 911.

Please call: (805) 879-0650. After hours/weekends you will be prompted to reach an on-call physician.

The Radiation Oncologist schedules a weekly visit and examination with you after one of your treatments. If you need to speak to your physician or have concerns in between your weekly visits, please inform the nursing staff.

WHAT SIDE EFFECTS CAN I EXPECT?

With the possible exception of fatigue, side effects from radiation generally occur in the area that is being treated. Treating the abdomen may cause nausea. Treating the brain may cause hair loss or patchy thinning. The radiation does not affect any site other than the one being treated. Your physician reviews the side effects of treatment at the time of your consultation.

WILL RADIATION THERAPY DAMAGE NORMAL TISSUE?

Radiation therapy is designed to treat tumor cells; however adjacent normal tissue may receive some radiation. Therefore normal tissues can be temporarily affected. These effects usually resolve shortly after treatment. Rarely, delayed or chronic complications may occur. Please check with the radiation oncologist for further information.

WILL I GET A RADIATION BURN?

Reactions to radiation vary from patient to patient and are dependent upon the site of treatment. The dose given to a certain area and its penetration into tissue determines surface reaction of the skin. Tumors farther from surface area, like prostate or uterus have very little skin reaction. Tumors closer to the skin surface, like the larynx (voice box) or throat, may have greater skin reaction.

DO I HAVE TO STAY AWAY FROM CHILDREN OR PREGNANT WOMEN?

No, patients receiving external beam radiation do not become radioactive. There is no radioactivity in your body when you leave the treatment room.

CAN I WORK WHILE UNDER TREATMENT?

The answer to this question depends on how you are feeling, the type of treatment you are receiving and your type of work. Although it may be necessary for some cancer patients to take a leave of absence from work, many continue working throughout their treatment and recovery. Ask your doctor about what you can expect.

Just remember, each patient handles and responds to treatment and recovery differently. It is important to openly communicate your needs with your employer so that he/she may plan in case you need to decrease your hours, schedule an absence, or have increased flexibility.

SURGICAL ONCOLOGY

Your Care Team

Your surgeon will collaborate with your multidisciplinary team that includes medical oncologists, radiation oncologists, radiologists, pathologists, patient navigators, and other support staff to provide prompt, compassionate diagnostic services and comprehensive care.



Rosa Choi, MD, FACS



William Charles Conway, MD, FACS



Katrina B. Mitchell, MD, FACS

Your Treatment

Surgical oncology is the oldest treatment for cancer and it remains a key component in the care of patients living with cancer. Surgical treatment together with medical and radiation oncology are the mainstays of cancer care and the framework for your cancer treatment. Depending on the type of cancer, surgery can occur before chemotherapy and/or radiation, in the middle of another treatment like chemotherapy or after chemotherapy and/or radiation have been completed.

Surgery is central to the care of people living with cancer.

- As a result of new and better understanding of cancer growth, surgery can be used to **prevent** cancer in high-risk patients. For instance, the person who has a specific gene mutation may wish to have removal of an organ to prevent cancer's growth (cancers like testicular, colon, thyroid, breast and ovarian).
- The **diagnosis** of cancer using new surgical techniques permits treatment at the earliest stage of cancer to increase the chance for cure. When your doctor thinks that cancer is a possibility, the surgeon is often the next doctor you visit. The surgeon obtains a small amount of tissue for examination under a microscope. A fine-needle aspiration involves placing a very thin needle into the mass to obtain tissue. An excisional biopsy means that the surgeon makes an incision through the skin and into the mass to obtain tissue. Sometimes the surgeon places a small marker to mark the area biopsied which guides the accuracy of later imaging studies.
- **Surgical resection** of cancer continues to be the primary therapy to remove solid tumors. The surgeon's goal is to remove the primary tumor source and have "negative" margins to show that the tissue around the tumor is free of cancer cells. This is not always possible since many cancers start to invade other tissues before cancer is diagnosed.
- The ability to **stage** cancer or determine where the cancer is in the body is called *surgical staging*. As a result of advances in technology, many surgeries are less invasive and have fewer complications than in the past. Newer techniques allow the surgeon to actually see the cancer, nearby organs and to obtain tissue for examination under the microscope during the surgical procedure.
- **Rehabilitation** after cancer diagnosis includes surgery that repairs or reconstructs healthy tissue to improve overall health.

- **Monitoring** cancer patients after treatment can involve removing small amounts of tissue (biopsy) to look for cancer.
- Surgery that is aimed at tumor control or symptom management for the patient whose cancer has come back or spread to another part of the body is called **palliation**.
- If your doctor has discussed surgery with you, be sure to discuss any problems you may have had in the past with anesthesia. Also, be sure to review medications that you may be taking. Some medications have to be discontinued before surgery.

Treatment Costs

Paying for treatment is one of the first concerns you may have once you've received a diagnosis and agree to treatment. We do all that we can to assist you in understanding your financial obligation for treatment costs and helping you to find sources of financial assistance. In some cases, the expense of transportation may also be available. If you are uninsured, Oncology Social Work Services may be able to help you locate a private or public assistance program to help with medical expenses. Many drug manufacturers provide drug co-pay cards, free drugs, co-pay and co-insurance assistance to patients. In addition, there are numerous national not-for-profit foundations that have been created to assist patients with the expense of treatment. Finally, we have established a charity assistance program at the Ridley-Tree Cancer Center at Sansum Clinic to assist patients who do not qualify for other sources of financial assistance.

PATIENT FINANCIAL COUNSELOR

If you have out-of-pocket costs, you are able to meet with our Patient Financial Counselor to create a financial estimate for your treatment plan. It is important to know that this is an estimate and may not include all costs for the treatment you receive. The estimate reflects your insurance coverage and the remaining treatment costs that are your responsibility. If you have more than one insurance providing medical benefits, it is possible that you will have minimal out of pocket expense beyond deductibles and out-of-pocket maximums required by your plan(s).

It is very important that you advise the counselor at this time if you believe that you may have difficulty paying for your share of the estimated costs. The counselor can then refer you to a representative from Oncology Social Work Services who can help you apply for financial assistance. Many, but not all, patients qualify for some form of assistance. It is important to realize that while you may qualify for assistance this does not mean that all of your costs for treatment will be covered by an outside agency. You remain responsible for expenses that are not covered by insurance, charitable organizations, pharmaceutical programs or foundations.

QUESTIONS REGARDING YOUR STATEMENT

We have representatives available to help answer questions that you may have regarding the billing statement that you've received for treatment. These statements may be confusing especially if you receive care from more than one department.

Our onsite Patient Financial Counselor can assist you with questions about your bills or you can call the number on the billing statement.

Poor Appetite can be a common problem that occurs as a result of cancer or cancer treatment. Other factors, such as pain, changes in taste, fatigue, fear, depression and anxiety can contribute to loss of appetite as well. Being well nourished helps maintain strength, support the immune system and manage other side effects of treatment.

Recommendations to help manage appetite loss:

1. Eat 5 to 6 small meals or snacks per day. It is easier to eat smaller amounts more frequently rather than 3 large meals per day.
2. Increase the calories of meals and snacks by including healthy fats such as avocados, nuts or nut butters, seeds, sauces and olive oil.
3. Sip small amounts of fluids with meals. If there is too much fluid with a meal, feelings of fullness and fewer calories from solid food result. Remember to drink fluids *in between* meals to stay well hydrated.
4. When solid foods are difficult, drink fluids that contain calories such as hearty soups, yogurt (yes, this counts as a fluid), smoothies, milk and juices.
5. Eat the largest meal when you are the most hungry. This may be a different meal pattern than usual.
6. Serve smaller portions on smaller plates.
7. Eat with friends and family. Eating is as much a social event as a nutritional one.
8. Keep pain controlled by taking pain medication as prescribed.
9. A clean mouth that is fresh-tasting makes food more appealing. Perform oral care throughout treatment.
10. Exercise before meals. Even moving arms and legs for a few minutes can help increase appetite.
11. Remember that diet is an important part of the treatment plan.

If you would like more personalized food and nutrition recommendations for appetite loss management, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

Constipation is the slow progression of a bowel movement through the large intestine. Many aspects of cancer care contribute to constipation, including treatment medications, pain medications, decreased food and fluid intake, depression and decreased activity levels.

Recommendations for preventing and managing constipation include:

FOOD & FLUIDS: Drink plenty of fluids, including water. Try to drink 8 to 12 cups per day unless the medical team has recommended a limit on fluid intake.

Drink warm water, prune juice or tea in the morning and after each meal.

Eat high-fiber foods such as whole grain breads and bran cereals, fresh and dried fruits and vegetables, dried beans and peas, nuts and seeds. Some people with certain cancers should not eat a high fiber diet, so check with the medical team before increasing fiber intake.

If you would like more personalized food and nutrition recommendations for constipation prevention and management, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

STOOL SOFTENER: Take DAILY. Use any of the following: Colace, Surfak, or Dialose, etc. These are all available over-the-counter. Take as many stool softeners as needed to achieve comfortable consistency.

EXERCISE: Include physical activity in a daily routine.

The Cancer Center's Oncology Wellness Program offers classes that may help you incorporate physical activity into your daily routine, including: Yoga, Qi Gong, Tai Chi Yoga, and Well-Fit Exercise Program. To learn more, please visit www.ridleytreec.org or call (805) 879-5651.

LAXATIVES: If you cannot prevent constipation with any of the above recommendations, and there is no bowel movement for 2 days, take 2-3 tablespoons of Milk of Magnesia or Senna tablets. Repeat every 12 hours for a total of 4 doses or until you have a bowel movement.

CALL YOUR PHYSICIAN:	Call if you have abdominal pain, fever and no bowel movement for two days.
-----------------------------	--

Diarrhea is frequent, loose, watery bowel movements. This may be experienced with or without discomfort, and it can be caused by a number of factors including treatment medications and stress. Notify our office if diarrhea lasts longer than 24 hours and is not controlled by any of the following recommendations. Prolonged diarrhea can result in loss of body water, electrolytes and nutrients which can lead to dehydration.

Recommendations for preventing and managing diarrhea include:

FLUID INTAKE: Drink plenty of fluids to prevent dehydration. Include diluted juices, broth and broth-based soups, bouillon, coconut water and sports drinks to help replace electrolytes. Ask your medical team how much fluid to drink. Most people are advised to drink 8 to 12 cups of fluid per day.

FOOD INTAKE:

1. Eat a low fiber diet. Include white rice, white bread, potato without the skin, baked lean meats and fish, baked or roasted vegetables (such as winter squashes and parsnips) and some fruits without the skin (such as bananas and mangos).
2. Eat small frequent meals and snacks.
3. Drink most fluids in between meals rather than with meals.
4. Some foods may make diarrhea worse. These include:
 - a. Foods and fluids with caffeine (regular coffee, tea, some sodas and chocolate).
 - b. Alcohol
 - c. Fluids that are high in sugar such as full strength juice and regular soda.
 - d. High fiber foods.
 - e. High fat, fried and greasy foods.
 - f. Very hot or very cold foods and fluids.
 - g. Milk products that contain lactose, especially milk and ice cream.
 - h. Spicy foods.

If you would like more personalized food and nutrition recommendations for diarrhea management, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

MEDICATIONS: Kaopectate and Imodium are anti-diarrheal medications. Check in with our office before starting these medications unless specific instructions to start Imodium right away are provided. Some treatment medications are commonly associated with diarrhea and your oncologist will prescribe anti-diarrheal medications at the beginning of treatment.

RECTAL CARE: Cleanse the area gently after each bowel movement with mild soap, warm water and PAT DRY, do not wipe. Apply A & D Ointment, Desitin or other soothing, healing cream. You can take a Sitz bath or soak in a tub for comfort too.

CALL YOUR PHYSICIAN:

If you experience more than 5-6 loose stools per day, diarrhea accompanied by fever, abdominal pain, dizziness or presence of blood or mucus in the stool.

Be prepared to describe the number of diarrhea episodes, the amount of loose stool and its appearance.

Fatigue is a feeling of lack of energy, weariness or weakness. It may also be accompanied by irritability, tearfulness, decreased ability to make decisions, withdrawal, apathy, feelings of hopelessness and helplessness, impaired concentration, increased insomnia or sleepiness and loss of appetite. Fatigue can result from chemotherapy and/or radiation therapy as well as: anemia, insufficient nutritional intake, excess metabolic waste products due to cell destruction that result from treatment, insufficient sleep or rest, chronic pain, stress, or depression.

If treatment is complete, it can come as a surprise to feel that energy is just not as available as you would like. Struggling with fatigue can be discouraging. Many patients struggle with lack of energy after treatment. Regaining energy after chemotherapy and radiation is a gradual process for many patients.

Recommendations for relieving and managing fatigue include:

LIFESTYLE CHANGES: Try to enjoy fresh air daily.

Each day, build an enjoyable activity into your routine.

ASK FOR HELP: Recognize when fatigue is greatest and accept help at those times. Family and friends want to help and often need direction about how to help: childcare, housework, yard work, driving, etc.

Pain is exhausting and contributes to fatigue if left unmanaged. Work with your healthcare team to control pain and other distressing physical symptoms.

DIETARY CHANGES: Eat well! Small frequent meals with high caloric and protein value help rebuild tissues.

If you would like more personalized food and nutrition information for fatigue management, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

EXERCISE: Avoid doing too much, too soon. Plan for gradually increasing activity. A few small walks or activities performed over the course of the day help to maintain and build strength. Resting all day and then taking one long walk or doing a big chore can use all your energy reserves. Longer periods of rest alternating with short periods of activity will help to build endurance.

The Cancer Center's Oncology Wellness Program offers classes that may help you with fatigue including: Gentle Yoga, Exercise Programs, Healing Touch, Mindfulness Meditation, and Patient Massages. To learn more, please visit www.ridleytrecc.org or call (805) 879-5651.

Fertility can be affected during cancer treatment and after treatment. Infertility is usually defined as the inability to conceive after one year of intercourse without contraception. For patients who want to have children, this can be devastating. As well, an unplanned pregnancy during treatment can be a serious problem.

It is important to know that you should prevent pregnancy during chemotherapy or radiation treatment and for at least six months after treatment. Although cancer treatment may lower a man's sperm count or cause a woman's menstrual periods to stop, a pregnancy may still be possible. Talk to your doctor about the best method of birth control.

Chemotherapy drugs and radiation to the pelvis cause genetic changes in sperm and oocytes (eggs). Embryos with genetic damage often miscarry early in pregnancy. There is also a risk of having a baby with a birth defect, but so few babies have been conceived during cancer treatment that no statistics exist on the risk of birth defects.

If a woman is pregnant and her husband is having chemotherapy, using a condom will keep the medicines from reaching the fetus through intercourse. Also, during the first few days after having radioactive seed implants for prostate cancer, men may ejaculate a radioactive seed in their semen. The doctor can advise when it is safe to resume intercourse and whether to use a condom.

By six to 12 months after cancer treatment, the sperm that were exposed to chemotherapy or radiation have usually been ejaculated. Eggs that are healthy enough to be ovulated are also more likely to be undamaged. In fact, both the eggs and the stem cells that produce sperm have some ability to repair genetic damage during the first several years after cancer treatment. However, genetic damage is common in human embryos, even when neither parent has had cancer treatment. A third of very early pregnancies miscarry because the embryo had genetic damage, often without a woman's ever realizing she was pregnant.

If a woman already is pregnant at the time of cancer diagnosis, she may be able to continue the pregnancy and have a healthy baby even if she needs chemotherapy, particularly if the pregnancy is past the first three months when most organs are formed. This situation occurs occasionally in young women with breast cancer. However, radiation treatments are rarely ever indicated for pregnant women. Full consultation with medical and radiation oncologists is warranted.

INFERTILITY IN WOMEN: Surgical removal of a woman's reproductive organs means that having children is an impossibility. However, infertility may occur if the hormonal balance or ovarian function is disturbed. Age at the time of treatment, the type of cancer, and pretreatment fertility all have an impact.

Many chemotherapy drugs can lead to temporary interruption of menses, but not all cause permanent sterility. However, there can be decreases in the number of eggs in the ovaries even when the woman resumes menses. Therefore, keeping track of menses may not be a good indicator of fertility.

Another cause of infertility in women is premature ovarian failure, which is when menopause occurs before a woman is 40. Premature ovarian failure happens when both ovaries are surgically removed, and may also occur if the ovaries are damaged by chemotherapy. High-dose chemotherapy is more destructive than lower doses. Chemotherapy with alkylating agents, such as cyclophosphamide, is very toxic and can directly damage the

ovaries. Radiation to the ovaries also can be damaging, resulting in temporary or permanent menopause.

Younger women and those who had lower doses of chemotherapy or radiation therapy are more likely to regain menstrual periods, though they may not occur regularly. Women over 35 are less likely to recover their fertility. This may be because a woman in her 30s has fewer eggs in reserve, so a larger percentage of eggs are destroyed. However, even young women are at risk for early infertility and menopause because eggs in the ovaries may be damaged or killed by cancer treatment.

INFERTILITY IN MEN:

Surgical removal of a man's reproductive organs means that he cannot have children. An imbalance of hormones can also impair fertility. Sperm cells are easily damaged by radiation and their formation is impaired by chemotherapy.

**PRESERVING FERTILITY
IN WOMEN:**

Fertility options are available and briefly described here. If preserving fertility is important to you, consultation with a Fertility Specialist is so important! Discuss the issue of fertility with your medical and radiation oncologist as treatment options are being considered. It might be possible to remove eggs from the patient and fertilize them in a test tube with the sperm of a partner or donor. The resulting embryos can then be frozen and stored. This delicate process requires consultation with a Fertility Specialist.

**PRESERVING FERTILITY
IN MEN:**

Fertility preservation is much easier, cheaper and more effective for most men. It simply involves collecting a sample of semen and freezing it. Sperm must be banked before any chemotherapy or pelvic radiation therapy begins in order to avoid storing damaged sperm. The sperm can be thawed later and used for intrauterine insemination or in vitro fertilization.

Many young men diagnosed with cancer have poor sperm quality because of the illness, recent anesthesia or stress. Even if a man has only a few live sperm in his semen, they can be used for in vitro fertilization to provide a good chance of pregnancy. In this situation, when the sample is thawed, the healthiest sperm are captured and injected into the woman's harvested eggs using a robotic microscope in the laboratory.

Insurance generally does not cover the cost of the sperm banking, and storing one ejaculate for five years averages around \$500. Some sperm banks have special payment plans for cancer patients. For men who no longer ejaculate semen but would like to bank sperm, a urologist may be able to collect sperm from the storage areas above the testicles or even from tissue inside the testicles with outpatient surgery.

RECOVERY OF FERTILITY: For some people, fertility does return after cancer treatment. However, it may take a long time. For women, the return of menstruation may or may not signal fertility, but getting blood tests for hormones and other tests performed by an infertility specialist can give a better answer.

Women who have had chemotherapy or have had radiation treatment to the pelvic or abdominal area should consult an obstetrician before trying to

get pregnant, to make sure that their heart, lungs and uterus are healthy enough to avoid pregnancy complications. For example, when a girl or young woman has radiation that includes the uterus, it is important to know whether the uterus is normal in size and can expand enough during pregnancy.

Men often have low sperm counts or motility (movement) at the time their cancer is diagnosed, but this may improve after treatment. Sperm quality may rise for several years following cancer treatment, depending on the drugs used, the doses and each person's individual recovery. Even though men may produce sperm, the number and motility may not be enough to conceive without some medical help. A semen analysis, in which a man's semen is examined under a microscope, can indicate whether a pregnancy is likely through intercourse, or what type of infertility treatment will be needed. Because each person's situation is different, it is important to talk to your doctor before trying to start a pregnancy.

Fertility conservation is very important to many people living with cancer and needs to be discussed at the initial cancer diagnosis. Referral to an infertility specialist is recommended for patients who want to preserve fertility or who need guidance after treatment. Often these referrals are urgent, so that the cancer can be treated in a timely manner.

We are very fortunate to have a specialist in the community who is committed to seeing cancer patients quickly so treatment is not delayed. To learn more, please ask your oncologist or the Oncology Social Work Department. Please inform the oncologist of your desire to have children early in your treatment discussions.

Infection Precautions During Treatment

Chemotherapy and/or radiation therapy can temporarily reduce infection fighting blood cells (white cells). By practicing preventative measures, it is possible to reduce your risk of infection.

CALL YOUR PHYSICIAN:

Please call **IMMEDIATELY** for:

1. Fever of 100.5 or greater. (If you have difficulty reading a thermometer, let your nurse or doctor know).
2. Burning, hesitancy, or difficulty urinating.
3. Sore throat or difficulty swallowing.
4. Cough with or without sputum (phlegm).
5. Reddened or painful sores with or without pus.
6. Shaking chills or sweating.
7. Rectal pain or burning.
8. Soreness or red or white patches in your mouth.
9. Drainage from an eye or ear.
10. Flu-like symptoms: aching joints, headache, and fatigue.
11. If anyone in your home has been exposed to chicken pox.

Recommendations for minimizing risk of infection include:

CONSERVE ENERGY:

Listen to your body. Plan for periods of rest and sleep.

EAT WELL:

Include foods high in calories and protein in your diet. Eat fresh fruits and vegetables daily, and wash them well with under running water before eating.

Unless told otherwise, drink at least 8 cups of liquid daily.

AVOID POTENTIAL OF INFECTION:

Avoid people with bacterial infections, colds, sore throats, flu, chicken pox, measles, and cold sores.

Use caution when caring for pets: Don't clean animal cages, litter boxes, bird cages, etc. during the time you are receiving treatment and for a month after treatment is finished.

Avoid crowds, especially in the winter. Avoid sitting next to someone who appears to have a cold or symptoms of a contagious illness.

Notify your children's school to alert you about any chicken pox outbreak or exposure at school.

KEEP CLEAN:

Bathe daily and wash hands often. It is especially important to wash your hands before eating or preparing food, after shopping and after using the restroom. Use alcohol-based hand sanitizers in between washing with soap and water.

Keep nails clean, clipped, short and straight across.

Perform oral care daily (see patient education handout on oral care).

Keep lips moist with lubricant.

Clean carefully after bowel movements. Ladies: always wipe from front to back.

**GENERAL
PRECAUTIONS:**

Protect your skin from cuts and burns. Wear shoes or slippers to prevent cuts on your feet. Wear gloves while gardening.

Avoid straining to have bowel movements. Stool softeners can help, but do not use enemas. For suggestions regarding constipation management, please refer to our section on constipation.

Obtain a digital thermometer and take your temperature orally or under the arm. NEVER take a rectal temperature, and know your “normal” temperature.

For dental work, consult with your oncologist/NP/PA before making arrangements with a dentist.

You cannot receive any live vaccines for at least six months after the end of chemotherapy treatment. Alert your child’s pediatrician about the concern for live vaccines and the need for rapid treatment of childhood infections.

Avoid others who have recently received a vaccine from a live virus, especially oral polio.

What to Expect After Chemotherapy: Low Blood Cell Counts

While working to destroy cancer cells, chemotherapy and radiation therapy can also cause short term low blood cell counts. It is important to understand how each of blood cell type works and to recognize the different signs and symptoms when blood counts are low.

WHAT ARE RED BLOOD CELLS (RBC)?

RBC's carry oxygen to all parts of the body to provide energy. If RBC count is low (anemia), fatigue and pallor (pale skin tone) are common.

WHAT IS HEMOGLOBIN (HGB)?

Hemoglobin is part of the RBC and its job is to transport oxygen. If your HGB is very low (8.0 gm or less), a blood transfusion may be recommended.

WHAT ARE PLATELETS (PLT)?

Platelets help stop bleeding by clotting the blood. The normal count is 150,000 or greater. During and after chemotherapy, platelets may be low. When the platelet count drops to less than 50,000, there may be more bleeding from injury. Bruising easily or nose bleeds can occur. Platelets less than 20,000 with signs of bleeding may require platelet transfusion. Platelet counts less than 10,000 require platelet transfusion because bleeding can occur without obvious injury.

IMPORTANT SIGNS TO OF LOW PLATELET COUNT:

1. Bruising easily.
2. Small red-purple dots on the skin (petechiae).
3. Blood in the urine or vomit.
4. Black (looks like tar) or bright red bowel movements
5. Bleeding from the gums, mouth, nose, vagina or rectum.

IF YOU HAVE A NOSE BLEED:

1. Sit up and lean forward.
2. Squeeze nostrils tightly against the bones at the top of the nose.
3. Put ice in a washcloth and hold it on the top of your nose.

WHEN RECEIVING CHEMOTHERAPY, YOU SHOULD AVOID:

1. Aspirin or Ibuprofen (Advil or Motrin) without permission from your doctor.
2. Rough sports (contact sports).
3. Rectal temperatures, enemas or suppositories without permission from doctor.
4. Unsafe situations that can result in a fall or injury.

WHAT ARE WHITE BLOOD CELLS (WBC)?

White blood cells fight infection. The normal count is 4,000-10,000. During and after chemotherapy, your count may be low. Neutrophils (segs) are the first responder to infection. Young neutrophils are called Bands.

WHAT HAPPENS WHEN YOU HAVE NEUTROPENIA?

Because infection fighting cells are decreased in number, there is a higher risk for infection. The risk of infection increases as the WBC count decreases, because white blood cells - neutrophils, lymphocytes, monocytes, eosinophils, and basophils function to protect the body from infection.

HOW DO YOU KNOW YOU HAVE AN INFECTION?

Neutropenia (low neutrophil count), your body will not have enough neutrophils to fight infection, so you may not see the usual signs of infection: redness, tenderness and pus.

**A TEMPERATURE ELEVATION OR FEVER IS THE
MOST RELIABLE SIGN OF
INFECTION IF YOU ARE NEUTROPENIC.**

Nausea or vomiting can occur with cancer treatment. Learning to manage these symptoms during treatment may present a challenge. Even though much progress has been made in anti-nausea (sometimes called “antiemetic”) medications, a small percentage of patients still struggle with this challenge. People with a history of motion sickness or nausea and vomiting associated with pregnancy are more prone to experience problems during treatment. The amount and degree of nausea and vomiting depends upon the disease and type of treatment.

There are different types of nausea and vomiting:

- ANTICIPATORY:** This type of nausea/vomiting occurs when a familiar sound, sight, or smell triggers the remembrance of a prior unpleasant episode with nausea and vomiting causing the same response. Stress and anxiety increase the likelihood of occurrence. This could occur, for example, when treatment day/time approaches.
- CHEMO-INDUCED:** Occurs within the first 24 hours after chemotherapy is given.
- DELAYED:** Occurs after the first 24 hours of chemotherapy administration and may peak at 48 to 72 hours. Some drugs have a high potential for delayed nausea/vomiting.
- REFRACTORY:** Persistent and non-responsive to most traditional medications.
- BREAKTHROUGH:** Occurs even though medication has been given to prevent nausea and vomiting.

Recommendations for preventing and managing nausea and vomiting:

- MEDICATIONS:** Some anti-nausea medications are taken in order to prevent nausea and vomiting, regardless of whether or not these symptoms are present. Other anti-nausea medications may be prescribed to control “breakthrough” nausea or vomiting. If “breakthrough” symptoms occur, take anti-nausea medication at the first sign of nausea, lie down, and wait for the medication to take effect.
- Always take pain medication with food; this is really helpful in preventing nausea.
- Try not to confuse nausea and heartburn because different medications are needed for each condition.
- The most commonly prescribed medications for nausea include: Ondansetron (Zofran®), Granisetron (Kytril®), Aprepitant (Emend®), Prochlorperazine (Compazine®), and Lorazepam (Ativan®).
- FOOD:** Eat small frequent meals and snacks as this eating pattern may help prevent nausea. Foods high in complex carbohydrates (crackers, breads, pasta, potatoes, rice) are usually easy to tolerate. Eat slowly and chew your food thoroughly. Avoid lying down immediately after meals. Instead, rest with your head slightly elevated.

Reduce your food intake to clear liquids if vomiting occurs 2 or 3 times. Have small sips of liquid every few minutes rather than a whole glass at a time, and have liquids 30-60 minutes before or after meals, rather than with meals.

Let friends and family help with meal planning. Suggest single portions labeled and placed in the freezer. Reduced cooking time decreases cooking odors which sometimes reduce appetite further. Cold foods may be more appealing than hot ones since they have fewer smells.

Minimize or avoid greasy, fried or spicy foods as they may make nausea worse.

If you would like more personalized food and nutrition recommendations for nausea and vomiting management, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

ORAL CARE:

Perform oral care prior to meals. (See “Oral Care” patient education handout for more information).

CALL YOUR PHYSICIAN:

Inform your physician for vomiting and/or if nausea medications are not managing symptoms adequately.

Call for persistent vomiting and/or abdominal pain and/or diarrhea.

Oral Care During Treatment

Because treatment affects the cells that line your mouth, slight soreness may start within 7-10 days after therapy starts. Proper mouth care can help prevent or reduce the discomfort. Not all chemotherapy drugs cause soreness and few patients experience serious problems. However, receiving a combination of chemotherapy and radiation therapy in the head or neck area, can result in very tender mouth and throat.

Visit the dentist as soon as possible before treatment begins for a thorough examination: teeth, gums and mouth. Explain that you will be undergoing cancer treatment.

Patients receiving radiation therapy to the head and/or neck receive special oral care instructions from the treating physician.

Please follow this oral care routine throughout treatment:

1. Open your mouth wide and look inside for areas of redness, swelling, tenderness, coating on the tongue, or white patches. Report any of these symptoms.
2. Brush teeth with a soft toothbrush within 30 minutes after each meal and at bedtime.
3. If you normally floss your teeth, continue to do so once a day. Use dental tape as you would floss. Stop if there is pain or bleeding. If platelets are low and here is frequent bleeding, you may be asked to stop this step.
4. Rinse mouth after meals and at bedtime with a salt water solution: *Add 1 teaspoon of salt to 2 cups of water.* If you would prefer, use a baking soda solution: *1 teaspoon of baking soda to 2 cups of water.* Some people prefer to use both salt and baking soda.
5. Remove dentures at night to give your gums a rest. Do not wear dentures if they do not fit properly, have rough spots on them, or gums become painful. Call the dentist to have them checked.
6. Do not use commercial mouthwashes. Many mouthwashes contain alcohol which is drying and irritating to sensitive tissues in your mouth.
7. Drink lots of fluids, at least 8 cups of liquid daily, if possible. Keep mouth moistened. If water does not appeal, drink diluted fruit juices, warm or cool teas and/or non-carbonated beverages.
8. Chew sugarless gum or suck on sugarless, fruit-flavored candy to improve taste changes or a metallic taste. This stimulates the flow of saliva and helps to reduce the bad taste. Frequent mouth care, especially before eating, will also diminish the unpleasant taste.
9. Soften the soft toothbrush under hot water before use if brushing causes discomfort or buy a child's soft toothbrush.

10. For increasing discomfort, rinse your mouth every two hours.
11. Please call the office for blisters, sores, or open areas on lips or in your mouth. Medications for pain relief may be needed. A prescription for a special mouthwash to fight both viral and fungal infection may be prescribed for you. It also has a numbing medication which helps relieve pain.
12. Keep lips moist by applying moisturizer, or lip balm every 2 hours.
13. Avoid hot (temperature), spicy, acidic (orange juice or fruit, grapefruit, tomatoes, lemon) or coarse, rough foods. Try soft, cool or liquid foods such as milk shakes, creamed soups, ice cream, pudding, custards, sherbet, frozen yogurt, popsicles, soft eggs, instant breakfast or protein drinks.
14. Avoid alcohol and tobacco.
15. It is important to continue this routine for at least 2 weeks after your last treatment.

Pain, also described as discomfort, can take on many characteristics including: burning, stabbing, tingling, cramping, and aching. It is important to know that not all cancer causes pain and that not all pain is cancer-related.

Your physician and nurse are especially interested in any new onset of discomfort. In order to accurately report what you are experiencing, consider the following questions:

1. Where is the pain located?
2. When did it start?
3. How severe is the pain?
4. What makes the pain better? Or worse?

RATE YOUR PAIN ON A SCALE FROM 0 TO 10										
0	1	2	3	4	5	6	7	8	9	10
None					Moderate					Terrible

Recommendations for self care include:

MEDICATIONS:

For chronic pain, take pain medication prescribed by your physician on a regular schedule to prevent pain from recurring.

The side effects of pain medication are constipation, dry mouth, drowsiness (especially when you are just starting the medication), and itching.

Preventing constipation when you take pain medication is important. Please take daily stool softeners and laxatives to ensure a bowel movement every two days. If you experience constipation, please consult our "Constipation Management" patient education handout.

RELAXATION:

Learn how to help your body and mind relax. Pain can be exhausting, so get plenty of rest. When you are tired, pain seems worse and coping with daily life is more difficult.

The Cancer Center's Oncology Wellness Program offers classes that may help you with relaxation and pain management including: Gentle Yoga, Healing Touch, Mindfulness Meditation, and Patient Massages. To learn more, please visit www.ridleytrecc.org or call (805) 879-5651.

CALL YOUR PHYSICIAN:

Please notify your physician if the pain medication does not relieve your pain.

Sexuality is not limited to intimate relations with a partner. Sexuality encompasses self-esteem, body image, relationships with others and zest for life. Sexual thoughts and feelings are an important part of daily life. Intimacy includes the way you express yourself in relationships, like hugging, kissing, touching, expressions of tenderness and body language.

Cancer treatment can cause a variety of sexual changes. Surgery, chemotherapy, radiation therapy or hormone treatment result in potential changes to all phases of sexual response: desire, arousal, orgasm, resolution. The most common sexual change is an overall loss of desire. Men frequently experience erection problems. Women frequently experience vaginal dryness and pain with sexual intercourse. Many men and women are still able to reach orgasm, however more time or stimulation may be necessary.

Psychological responses to the disease and treatment, such as grief, fear and anxiety can make it hard to feel close to your partner. Sometimes, other factors may negatively affect a patient's sexual health. These factors can include cancer treatment side effects such as fatigue, nausea, vomiting, diarrhea, or constipation. Subtle feelings related to weight fluctuations, changes in taste or smells, loss of hair, scars, and other body image concerns affect the way you feel about yourself and your interest in sex.

Changes in your sex life can take time and patience to remedy. The remedy may not work immediately; it will take time to experience improvement. Some changes may be short term and others may be permanent. Talking to your healthcare team before treatment can help you prepare for some of these changes. Talking to them throughout your therapy will help connect you with the resources you need. Having sex during treatment is usually safe unless your doctor tells you not to.

If you continue to have sex during chemotherapy and radiation therapy, you must avoid pregnancy. Barrier protection, such as condoms or dental dams for oral sex, provide protection from chemotherapy chemicals which can be found in all body fluids, vaginal fluid and semen. Radiation therapy delivered by a machine does not make you radioactive or place your partner in any danger. However, if you have seeds implanted in your body (brachytherapy), do not engage in sexual activity for the time indicated by your radiation doctor.

WHAT IS A NORMAL SEX LIFE?	<ul style="list-style-type: none">• Some people like to have sex every day.• Some people feel that once a month is enough.• Normal is what gives you and your partner pleasure together. The ideal is for both partners to agree on how to make their sex life happy.
WHAT IS NORMAL FOR PEOPLE LIVING WITH CANCER?	<ul style="list-style-type: none">• It is normal for people with cancer to have periods of disinterest in sex and loss of desire.• Fatigue, doubt and fears can make you feel less than your best.• It is important to remember that sexual touching between partners is always possible, regardless of physical problems or medical conditions.• Despite the effects of cancer or its treatment, feeling pleasure from touching almost always remains.

Men and women can remain sexually active until the end of life. No one should ever have to apologize for being interested in sex at any age. Sexual behavior is one aspect of a human need for closeness, touch, playfulness, caring and pleasure. Physical expression of caring remains an important way to be close to your partner. Please discuss any concerns with your oncology care team.

Skin Care is an important consideration during radiation therapy. Temporary changes may occur to the skin in the treatment area and the skin becomes more sensitive. Clothing and cleansing may cause irritation. Varying degrees of redness, tanning, a burning sensation, dryness and/or flaking are common. On rare occasions, the skin will show areas of blisters and cracking. These temporary changes vary in degree for each patient and may occur at any time from the first few weeks of treatment and last for several weeks after treatment is finished. After treatment is completed the skin usually returns to its normal appearance within a few weeks. Occasionally a slight tanning effect remains.

Recommendations to help care for your skin during radiation therapy:

LESSEN SKIN IRRITATION: Bathe the treatment area with lukewarm (never hot) water. If showering, just let the water run over the area. Please use non-perfumed soap on the skin of the treated areas. Pat the area dry with a soft towel. Avoid vigorous rubbing or scrubbing.

CLOTHING: Wear loose clothes to prevent chafing or rubbing. Fabric of 100 % cotton, linen or silk is usually recommended for clothing in contact with areas receiving treatment. Polyesters, wools and synthetics can retain perspiration and be irritating.

SUN & WIND: Protect the treatment area from sun and wind exposure by making sure the area is covered outdoors. After therapy is complete, be sure to protect the treated area by keeping it covered and using a full strength sun screen (at least 15 SPF) for one year.

SHAVING: Use an electric razor if shaving is necessary in the treatment area. However, check with the radiation oncologist first. After several weeks radiation temporarily suppresses the hair growth so shaving becomes unnecessary.

HEAT OR COLD: While receiving treatment, avoid the use of hot water, heat lamps, hot water bottles, hot compresses, heating pads, hot or cold packs, ice packs and very cold water. Avoid saunas, steam baths and hot tubs.

LOTION: Apply lotion to the treated area as needed. We recommend the following products: Aquaphor, Miaderm or Elta cream and we will supply you with samples of each. Please do not apply any lotion, powder or deodorant to the treatment field four hours prior to each treatment.

Please talk with your doctor or nurse before you start using a topical lotion other than Aquaphor, Miaderm or Elta cream.

If you experience any skin discomfort in the treatment area, please inform the staff prior to treatment. You will be examined each week by the radiation oncologist during radiation treatment. Your radiation oncologist is available more often if necessary. Please do not hesitate to ask questions or let us know if you have any concerns.

What to Eat Before, During & After Treatment with Chemo

What to eat the day of treatment:

Eat lightly on treatment day. Eat small portions of bland foods slowly. Avoid fatty, greasy or spicy foods.

Examples of good choices are:

- Fresh fruit and cottage cheese
- Yogurt with a handful of almonds
- Toast with peanut butter or almond butter
- Cereal and milk
- An egg with toast
- Chicken rice soup and ½ turkey sandwich

What to eat during treatment itself:

Eat small amounts of bland foods like those listed above, or try crackers and sips of an herbal tea or a low acid juice (apple, grape or fruit nectars). A piece of gum or a mint can help relieve an unpleasant taste.

What to eat for approximately 2-3 days after treatment:

- Drink small amounts of fluid frequently. Unless fluid intake is restricted, drink at least 10 - 12 cups of fluid per day to prevent dehydration and to remove the by-products of treatment.
- Drink a variety of fluids. Do not drink only water. Include fluids with electrolytes, minerals and calories: apple juice, grape/white grape juice, fruit nectars, broth-based soups, smoothies, flavored sparkling waters, sports drinks, fruit popsicles and sorbets, etc. Soups provide salt (sodium) and other minerals; juices, sports drinks and smoothies provide potassium and other electrolytes. Acidic juices such as orange juice and tomato-based soups may be irritating to your stomach.
- Eat small meals/snacks and eat frequently throughout the day rather than eating 3 large meals. Take small sips of fluid with meals. Drinking large amounts of fluid with meals may cause a feeling of fullness and bloating which may limit the amount of calories eaten.
- Eat lower fat and bland foods. Greasy and spicy foods may be irritating or cause nausea.
- Eat cool or cold foods such as hard-boiled eggs and smoothies if odors cause discomfort. Hot foods often have stronger odors.
- Rest after eating. However, if nausea or heartburn is a problem, do not lie flat after eating. Rest in a reclined position with your head up. Wear loose clothing and focus on deep, natural breathing.
- Take anti-nausea medications as recommended. Don't wait to take your medication if you feel nauseated. Take it right away.
- NOTE: Don't worry if solid foods do not seem appealing. It is most important to take fluids. Drink small amounts of fluids every 15-20 minutes as tolerated. Avoid eating favorite foods for the first few days after treatment to avoid potential negative feeling about these foods if you become nauseous or vomit.

If you would like more personalized food and nutrition recommendations, please schedule an appointment with our Oncology Dietitian Nutritionists: (805) 879-5652.

Fluid Guidelines:

Drink a variety of fluids as indicated in the table below. Do not drink diet beverages, especially if it is difficult to take in enough calories from solid foods to maintain weight.

<p style="text-align: center;"><u>Broth</u> Miso Soup Broth-based soups such as split pea soup and chicken noodle soup</p>	<p style="text-align: center;"><u>Water</u> Coconut water Sports drinks Herbal teas Coffee</p>
<p style="text-align: center;"><u>Milk (cow's, almond, soy, rice, coconut...)</u> Smoothies Yogurt Fruit popsicle Sorbet</p>	<p style="text-align: center;"><u>Fresh Juices</u> Apricot nectar Peach nectar Pear nectar Apple cider or juice Grape juice</p>

Homemade Sports Drink/Gatorade:

1 quart water + ½ teaspoon salt + ¾ teaspoon baking soda + 1 cup of orange juice. If you are unable to tolerate citrus, try pear nectar or other nectar.

Sample Menu:

- Breakfast:** Egg with toast, fresh fruit, tea or coffee
- Snack:** Whole grain crackers with peanut or almond butter, apple juice
- Lunch:** Broth, ½ turkey sandwich, seasonal fruit
- Snack:** Smoothie
- Dinner:** Chicken rice soup, seasonal vegetables, tea
- Snack:** Fruit popsicle

Fluids throughout the day in-between meals

Coping Over the years, many survivors diagnosed with cancer have found ways to cope with the emotional impact of this illness. Adjusting to a diagnosis of cancer and its treatment can be difficult. Most people cope with cancer just like they cope with other problems in life: each person does it in his or her own way. When you first learn of the cancer diagnosis, you may have feelings of shock and disbelief. Other normal feelings that you and your family may experience are fear, anxiety, guilt, anger and sadness. There are many ways to manage the feelings and changes that result from a cancer diagnosis.

Coping is the use of thoughts and behaviors to adjust to life situations. For example, changing a daily routine or work schedule to manage the side effects of cancer treatment is a coping method. As you look for ways to cope with a cancer diagnosis, you may want to try some of these ideas:

Learn as much as you can about cancer and its treatment. Having your questions answered by your oncology care team may help to relieve feelings of uncertainty and help you regain a sense of control. Understanding the treatment plan reduces fear of the unknown. As you discuss your particular situation, doctors, oncology nurses and social workers can link you to helpful resources.

Express your feelings. Some people find that having an outlet to express their feelings helps. Other people feel that expressing sadness, fear, or anger is a sign of weakness. On the contrary, it takes more strength to express powerful emotions, than it does to avoid them. There are many ways to process your feelings. You can talk with trusted friends, loved ones, or a counselor/oncology social worker, write in a private journal, or express yourself through music, painting, drawing or dancing. Oncology support groups can be helpful in this area as well.

Take care of yourself. Take time to do something you enjoy every day: prepare a favorite meal, spend time with a friend, meditate, watch a movie, exercise, listen to your favorite music, take a walk outside and enjoy the natural world. And remember, rest and nutrition are essential for physical and mental wellness.

Exercise. Mild exercise like walking, yoga, swimming or stretching can help you to feel better. There is a lot of research that shows the benefit of physical activity while you are receiving treatment for cancer.

Reach out to others. There may be times when you feel overwhelmed. It can be hard for any one person to handle cancer and its treatment all alone. Try to widen your social circle by reaching out to friends, family or organizations that offer support. You will feel less alone when you can share your fears, hopes, and triumphs along every step of the journey. And, allow yourself to accept the offers of help from others. You will find that in doing so, you help yourself and those who care about you.

Shared joy is a double joy; shared sorrow is half a sorrow. -Swedish Proverb

If you are interested in learning more about our individual and family counseling services, please call the Oncology Social Work Services department at: (805) 879-5690.

Caring Advice for Caregivers: How Can You Help Yourself?

Being a caregiver can be a full time job. Focusing on your own needs is an important part of that job. Here are some ideas on how to cope with the challenges of caring for loved ones as well as yourself.

Tips for coping with the challenges of caring for loved ones as well as yourself:

1. **Organize help:** Decide which of your loved one's needs you can or would like to meet on your own, and which you could use help with. Then ask friends, family members, neighbors, co-workers, or professionals to share the care. Ideally, many people will want to help. Realistically, you may find only one or two, but those people can make a difference. Also, check with community agencies, religious institutions, or the Oncology Social Work Services department for information on volunteer and respite care programs.
2. **Seek support:** Attend a support group for caregivers. Talking to other caregivers who will understand how you feel and share how they are coping with the same situation can help you feel less alone. Individual counseling provides you with an opportunity to explore some of the complexities of being a caregiver and managing/preserving your own daily routines.

The Cancer Center's "Caring for the Caregiver Support Group" meets frequently and is open to anyone caring for a loved one with cancer. The program is offered free-of-charge. For more information, please call (805) 879-5690 or visit www.ridleytreecc.org.

3. **Become informed:** Use the Cancer Center's healthcare team for support. Speak to the provider or nurse with your loved one's permission. Create a list of questions, and write down the answers so you can refer to them again. Learn more about the entire health care team that is available to you (for example, oncology social workers, oncology nurses, patient navigators, etc.)
4. **Understand your rights:** Be aware of the Family and Medical Leave Act. Most employers are required to provide up to 12 weeks of unpaid, job-protected leave for family members who need time off to care for a loved one. Many insurance companies will assign case managers to help you manage the insurance concerns, clarify benefits, and suggest ways to obtain additional health-related services.
5. **Do something good for yourself:** Plan a few moments for yourself. Take a walk around the block. Treat yourself and give yourself rewards for the work you do.

Helping Children Understand Cancer: Talking to your Children about your Cancer Diagnosis

Your cancer diagnosis has a profound impact on your entire family. There is new information to be learned, treatment decisions to be made, and throughout it all, you may wonder, how much of this information do I need to give my children in order for them to feel comfortable and secure? All of these questions can cause a lot of worry, but remember that you are the expert on your children. Cancer may be very overwhelming and disruptive, but it does not have the power to take away the fact that you are the person who knows your children best.

The best thing you can do for your children during this difficult time is to talk to them about cancer and their feelings.

Tips for communicating with your children:

1. Give your children accurate, **age-appropriate information about cancer**. Don't be afraid to use the word "cancer" and tell them where it is in the body. Practice your explanation beforehand so you feel more comfortable. If you don't provide this information for them, they will often invent their own explanations, which can be even more frightening than the facts. Our Oncology Social Workers are available for guidance.

The Cancer Center's Resource Library has a collection of age-specific books and DVDs that can help you explain cancer to your child.
2. **Explain how the treatment plan affects them.** (e.g. Dad will bring you to soccer practice instead of Mom). **Prepare your children for any physical changes** you might encounter throughout treatment (e.g. hair loss, weight gain or loss, fatigue, etc.)
3. **Answer your child's questions as accurately as possible** given their age and prior experience with serious illness in the family. If you do not know the answer to a question, don't panic. Say "I don't know. I will try to find out the answer."
4. Explain that they cannot "catch" cancer like they catch a cold.
5. Let the children know about other members of the support system, including your partner, relatives, friends, clergy, teachers, coaches, and your health care team. Let them know they can ask questions of these adults, and can always talk to them about their feelings.
6. Allow your children to participate and make a contribution to your care by giving them **age-appropriate tasks** such as bringing a glass of water or reading to you.
7. Encourage your children to express their feelings, even ones that are uncomfortable. But also let them know it's OK to say "I don't want to talk right now."
8. Assure your children that **their needs are very important** and that they will be cared for, even if you can't always provide the care directly.
9. **Communicate with your children.** Understand what they are asking, and make sure they understand what you are saying.

10. As always, **show them lots of love and affection.** Let them know that although things are different, your love for them has not changed.

Children have many different reactions when they learn a parent or relative has cancer. They can be afraid, confused, guilty, or angry. Let them know that feelings are never wrong. Whatever they are feeling is OK and normal. It is even normal to feel one way one day and another way the next. Let your children know that you have a lot of different feelings, too. As a parent, you may not always be prepared for every situation and sometimes, may not know what to say. This is a normal reaction to your children and the many overwhelming feelings and issues that are affecting you.

The Cancer Center's Oncology Social Work Department offers a variety of support groups for parents and children of parents with a cancer diagnosis. For more information, please call (805) 879-5690.

Research & Clinical Trials

Finding out that you have cancer and deciding what to do about it can be overwhelming. Knowing you have treatment options can help you feel more in control. Participating in a clinical trial can give you more options. The Cancer Center's Clinical Research Program provides access to a wide variety of clinical trials.

What is a Clinical Trial?

A clinical trial is a comparison between standard treatment and a new treatment that may prove to be better. Clinical trials are vital to the evolution of cancer treatment. Today's standard practices were all proven by clinical trials before they became widely available. While patients may choose to enter a trial to improve their own conditions, they also help map the future of cancer care for others.

Possible Benefits

Enhanced Monitoring: In addition to your doctor and nursing team, study coordinators from the Research Department work closely with you during your treatment and follow-up.

Innovative Therapies: A clinical trial compares standard treatment to a new treatment that will hopefully prove to be better than the current standard. By participating in a trial, you may be among the first patients to benefit from a new therapy that is not yet widely available.

Hope: Advances in cancer treatment would be very difficult, if not impossible, without the generous cooperation of trial participants. If you decide to enroll in a clinical trial, you will contribute to a better standard of care for future cancer patients.

Ask Your Doctor if there is a clinical trial that is right for you. Your doctor is your best resource for determining if a clinical trial is a good option for you.

Oncology Supportive Care Programs

At the Ridley-Tree Cancer Center at Sansum Clinic, we are dedicated to your total well-being and are here to support you and your family throughout the entire cancer experience. The Cancer Center's comprehensive Oncology Patient Support Programs are available to anyone in our community who is facing the challenge of cancer, regardless of where they are receiving medical care. We are so very fortunate to have the support of the Cancer Foundation of Santa Barbara to fund these programs.

Patient Navigation Program | (805) 879-0660

Our Patient Navigators are consistent care coordinators throughout a patient's experience for instance from breast health education and prevention, to diagnosis, treatment, and survivorship. They serve as a liaison between individual patients and the various healthcare providers required for proper diagnosis, treatment, and disease management.

Genetic Counseling | (805) 879-5653

If you have an inherited disease in your family, a Genetic Counselor can explain personal cancer risk or the risk of cancer for other family members. Genetic Counseling can also help with decisions about testing, surveillance, prevention strategies, or research trials that may be appropriate. Discuss Genetic Counseling with an oncologist/NP/PA for answers to your questions about referral.

Oncology Nutrition Program | (805) 879-5652

Our goal is to optimize wellness and minimize side effects during and after treatment. Nutritional status and food choices can help improve outcomes and decrease the risk of recurrence. Nutritional counseling offers the unique opportunity to learn about the latest research in nutrition and how to apply this information. Discuss oncology nutrition with an oncologist/NP/PA and ask about a referral to the Oncology Dietitians.

Cancer Information and Resource Library | (805) 879-5648

The Library has a large collection of books, brochures, CDs and DVDs covering all aspects of cancer. Personalized information searches may be requested, and computers are available for use by patients or family members. We are fortunate to have an excellent librarian on staff who is a knowledgeable resource for our patients and their loved ones.

Oncology Wellness Programs & Classes | (805) 879-5651

A wide range of wellness activities, classes and programs are available to patients and caregivers, providing the opportunity to address all aspects of healing and to promote recovery.

Education & Support Groups | (805) 879-5690

Support groups provide a place where patients and families can meet others going through a similar experience. Patients find that meeting with others helps to reduce anxiety, stress and isolation, while providing cancer information and other coping tools.

Oncology Social Work Services | (805) 879-5690

Cancer can involve significant psychological, social, and economic challenges for patients and their families. How and if these challenges are addressed is an important aspect of a patient's care plan. For this reason, the Ridley-Tree Cancer Center employs clinical social workers who provide emotional and practical support for patients, their families, and their friends. Oncology Social Workers can provide advocacy and referrals as well as individual and family counseling services.

Beauty & Boutique Services | (805) 879-5690

Beauty Consultations

Available on Mondays with Beth Higgins, Beauty Consultant, by appointment.

Wig & Hat Boutique

For those interested in wearing a wig or hat, we have a selection of wigs, hats and scarves that can be provided to patients at no cost.

Welcome Back Program | (805) 252-6495

Free consultations with a professional hair stylist; conditioning and cuts at no cost for those who may lose their hair during chemotherapy.

Palliative Care and Advance Care Planning Program | (805) 879-0675

Palliative care provides an extra layer of support by helping patients and families manage disease-related or treatment-related symptoms, and by offering emotional support, spiritual support and comfort care for improved quality of life. Sansum Clinic's multidisciplinary Palliative Care Team works with each patient's primary care and specialty care providers to address any issues caused by the illness or treatments. Palliative care may be provided at any time during a person's illness, even from the time of diagnosis. Palliative care can also be offered alongside curative treatments.

Advance Care Planning is an integral part of our program. The Palliative Care Team engages with patients and loved ones in meaningful discussions about healthcare goals and preferences, and provides guidance during the completion of an advance directive, a legal document that explains your medical care preferences for your loved ones and healthcare team.

Library Information & Educational Websites

The Cancer Resource Library is located at 540 West Pueblo Street in Santa Barbara and has books and audiovisuals to check out, brochures, and treatment information. There are two public computers available, a comfortable seating area, and a daily newspaper subscription.

For more information about our Library services, visits library.ridleytreec.org.

Personalized help is available. Phone: (805) 879-5648. Email: library@ridleytreec.org

Some websites we recommend:

The American Cancer Society

www.cancer.org

Easy to understand information on all aspects of cancer and coping with cancer.

Spanish language site: click on “Información en Español” link from home page.

ChemoCare

www.chemocare.com

This site has information on all aspects of chemotherapy, including medications and side effects, and eating well during chemotherapy.

Cancer.net –Patient information from the American Society of Clinical Oncology

www.cancer.net

Diagnosis, treatment, and coping.

Spanish language site: click on “en Español” link from home page:

The National Cancer Institute

www.cancer.gov

Very comprehensive website, including statistics, and clinical trials information.

Spanish language site: www.cancer.gov/espanol

Cancer Care

www.cancercare.org

Support issues, including telephone education workshops.

Spanish language site: www.cancercare.org/espanol

Ridley-Tree Cancer Center at Sansum Clinic

www.ridleytreec.org

