

PLUGGED-IN TO YOUR HEALTH

Cancer Podcast Program



SWEDISH CANCER INSTITUTE'S

Plugged-In To Your Health: Cancer Podcast Series

Your Swedish Cancer Institute (SCI) health-care team has recorded a series of cancer-related patient education lectures. These lectures are for patients, family members and caregivers. We want you to be well informed about your cancer treatment and options at the SCI. This packet will help organize the information presented in each podcast lecture.

Each podcast is accompanied by an outline. This document details the podcast and related contact information. It may be helpful for you to view the outline while listening to a podcast of your choice.

We have also recorded a short series of meditation podcasts. The meditation podcasts have a separate informational packet. The meditation series will introduce you to the topic of Mindfulness Meditation for beginners. Our three meditation podcasts include an introduction lecture on Mindfulness Meditation and two guided meditations, five and twenty minutes in length.

We hope this information helps to answer some of your questions about cancer care and provides a moment of guided meditation and relaxation.

If you have any problems with your iPod or any questions about the podcasts, please contact the Cancer Education Center at 206-386-3200.

Additionally, if you want to listen to a podcast at home, you can visit www.swedish.org/cancerpodcasts.

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Welcome to the Swedish Cancer Institute

There are many services available to patients and their families through the SCI and being aware of these services will help you to make informed decisions about your care.

Education

The Cancer Education Center offers free resources, such as books, brochures and videos about cancer.

The Center also offers free online access to an expansive cancer database that can be used to find information on specific types of cancer.

Complementary Therapies

- Art Therapy
- Massage Therapy
- Music Therapy
- Naturopathic Services
- Emotional, Genetic and Physical Therapies
- Cancer Rehabilitation
- Hereditary Cancer Clinic
- Nutrition Care Clinic
- Psycho-oncology Program
- Spiritual, Home and Hospice Care Services
- Spiritual Care
- Swedish's Home Care Service
- Swedish Pain Center
- Hospice Care

BREAST CANCER

A Guide for Newly Diagnosed Women

Susan M. Gardner, R.N., CBEC

Breast cancer occurs mostly in women. In North America, it is the most common type of cancer in women and one of the most treatable. The chance of a woman having breast cancer in her lifetime is about 1 in 8; however the chance of dying from breast cancer is only 1 in 33.

What is Breast Cancer?

Breast cancer is when cells of the breast ducts or glands become very abnormal – more than atypical. In-situ cells are early cancer cells that are confined to the breast glands and ducts. These cells threaten the breast but not usually the individual's life.

Invasive or infiltrating cancer is cancer that has broken through the walls of the breast glands or ducts.

Types of Breast Cancer

Ductal Carcinoma In-Situ (DCIS) is the most common type of non-invasive breast cancer.

Lobular Carcinoma In-Situ (LCIS) is cancer that begins in the milk-making glands but does not break through the wall of the lobules.

Infiltrating or Invasive Ductal Carcinoma (IDC) is cancer that has broken through the wall of the duct and invades the tissue of the breast and has the capacity to spread to other parts of the body.

Infiltrating or Invasive Lobular Carcinoma (ILC) is cancer that starts in the milk glands or lobules but has broken through the wall of the lobule and invades the tissue of the breast and has the capacity to spread to other parts of the body.

The Diagnosis

- You may feel anxious, afraid, depressed or angry
- Symptoms of depression can appear
- This is a good time to start taking notes during visits

Meeting the Breast Surgeon

- Bring a support person
- Pathology will be reviewed
- Treatment will depend on size, location and spread of the cancer

Surgical Options

- Options may include reconstruction, lumpectomy, partial or total mastectomy
- Lymph nodes may or may not be removed
- Sometimes removal of the fat pad in the arm pit is necessary
- Candidates for a mastectomy may want to discuss breast reconstruction

The medical oncologist specializes in cancer treatment.

The radiation oncologist specializes in the use of radiation (rays of energy) to destroy cancer cells.

The Bottom Line

- Breast cancer is often a treatable and curable disease
- Understanding your cancer is essential to getting the best possible treatment
- Our health-care team is here to determine the best treatment
- Feel free to talk with any of your providers about your cancer

BREAST CANCER

What to Expect when Dealing with Breast Cancer

Claire Buchanan, M.D.

Who is on my Breast Cancer Treatment Team?

- You: an essential member of the team
- A Radiologist: who identified your cancer by mammogram, ultrasound, MRI (or, maybe it was something that you or your doctor felt)
- A Pathologist: who generated a report outlining the details about your cancer
- A Surgeon: whose job is to remove the cancer in the breast, and possibly evaluate and remove some lymph nodes underneath your arm

After the surgery is done, radiation may be required to decrease the risk of the cancer coming back, and chemotherapy or anti-estrogen therapy may be recommended.

Other people who may join your team:

- Radiation oncologist: who is the doctor who will be treating the breast with radiation
- Medical oncologist: who will treat the cancer with medications - like chemotherapy or anti-estrogen therapy - that affect the entire body

What will my first appointment look like?

- Usually involves taking a history of any medical problems, other surgeries, medications, allergies, and performing a physical exam
- It is a good idea to bring a list of medications and any allergies
- It may be helpful to bring a family member or friend with you

- We try and leave some time at the end of the visit to answer your questions
- Additional tests or appointments may be scheduled

What is the treatment for breast cancer?

Surgery:

- Lumpectomy or Partial Mastectomy: to remove the tumor and get a rim of normal tissue around the tumor called a “clear margin”
- Mastectomy: to remove the entire breast, the skin that overlies the tumor, the nipple, and the areola complex

Depending on the type of tumor you have, the surgery may also include a procedure to remove and evaluate a few lymph nodes from the armpit.

Radiation:

- Decreases the risk of cancer coming back
- Traditionally, this is six weeks of treatment, Monday through Friday

What happens next?

- Tissue from both the breast and the lymph nodes is sent off to our pathologist
- A medical oncologist may talk to you about treatments to treat your entire body

What happens once treatment is over?

- Your medical team will want to keep in contact with you.
- We will want to do a physical exam and make sure that we are imaging your breasts very closely
- You may be seeing your surgeon, nurse practitioner, or your medical oncologist every six months or so

The time after treatment is finished can be very difficult for patients. Sometimes, patients say they feel at “loose ends”, and they miss the security of such close contact with their treatment team. This is a time of transition, and we have survivorship programs to address these issues as well.

BREAST CANCER

Understanding Pathology

Sean Thornton, M.D., Cellnetix Pathology & Laboratories

What is a Pathologist?

Pathologists are doctors who work for their patients behind the scenes and spend her or his day quietly and carefully studying thin layers of human body tissue under the microscope looking for anything unusual.

What is breast cancer?

- Unusual or abnormal cell growth
- DNA which makes up the genes in the affected cells has been damaged

What are the different types of breast tumors?

Situ Carcinoma:

- Occurs within the lobules or ducts
- Usually treated primarily with surgery
- Radiation and hormone therapy may also be recommended after surgery

Infiltrating Carcinoma:

- Abnormal cells that are able to break out of the ducts and lobules
- Treatment varies depending on tumor size, extent of local spread, lymph node involvement, and the existence of certain tumor features
- Typically known as “cancer”

What are the different types of cancer?

Ductal:

- Tumor cells form little ovals, or ducts

Lobular:

- Tumor cells invade the supporting tissue in a single-file fashion

How is cancer detected?

- Cancers are typically found when a patient or her doctor feels a lump, or an abnormal finding on a mammogram is found
- Additional imaging studies may also be performed, such as a MRI or a PET scan

How do we treat cancer?

- Information gathered from the pathology evaluation and imaging studies is used to help design the most appropriate surgical approach
- The affected area is usually removed surgically
- Sometimes patients will elect to have the entire breast removed, a procedure called a mastectomy
- A technique called the sentinel lymph node procedure may be used

What is in a pathology report?

- Final tumor size
- Histologic subtype and grade
- Evaluation of how close the cancer comes to the margins of surgical resection
- The pathologic stage

What if I move to a new doctor?

- Previous pathology will be reviewed to ensure all information is known

BREAST CANCER

Genetic Counseling and Testing

Bob Resta, CGC

Genetic Testing:

- Involves a blood test that looks for changes in breast-cancer causing genes, usually BRCA1 and BRCA2
- Can help determine the chance of developing or passing on certain inherited forms of breast cancer
- Can guide you and your doctors in making medical recommendations for preventing, detecting, and treating breast cancer
- Available for some forms of ovarian cancer, colon cancer, and some other rare cancer syndromes

A genetic counselor can help you decide which gene test, if any, is right for you, based on your family and medical history.

Cost and Coverage

Genetic counseling and genetic testing are billed separately.

Genetic Counseling:

- Typically costs about \$220

Check with your insurer to see if genetic counselors are covered, or if your insurance provider contracts with Swedish Medical Center.

Genetic Testing:

- Typically costs around \$3,500-4,000
- Most insurance companies including Medicare and Medicaid cover genetic testing
- The amount of coverage varies from plan to plan

Preparing for the Appointment

- For patients outside of the Swedish system, make sure your healthcare provider sends copies of your records prior to your appointment

- Gather health history information about your family, including siblings, parents, nieces, nephews, children, grandparents and, as much as reasonably possible, aunts, uncles, cousins, from both sides of your family

The Appointment

Your genetic counselor will:

- Review your medical and family history and determine which tests are appropriate
- Discuss how the results may affect your medical care
- Explain how the results may be interpreted
- Explore the implications of your test results for your entire family
- Provide time for questions

You are welcome to take notes or use a tape recorder. Be prepared to spend about one hour with your genetic counselor.

Family and friends are welcome to attend.

Results

- Usually takes about two weeks to get your results, though sometimes insurance approval might delay results
- All test results and consultation notes are confidential, and will only be shared with health care providers that you identify

The Genetic Information Nondiscrimination Act

A federal law prohibits health insurers from using genetic information to decide:

- If they will cover you
- If they will continue to cover you
- How much they will charge you

This law applies to individual and group policies; it also covers you if you switch health plans.

Additional Considerations

- Preparing Emotionally

For further information, please call **206-215-4377**.

BREAST CANCER

Surgery and Recovery

Pat Dawson, M.D., Ph.D.

Types of Breast Cancer Surgery

- Lumpectomy (Partial Mastectomy)
- Total Mastectomy (Simple Mastectomy)
- Modified Radical Mastectomy (Total Mastectomy with Axillary Lymph Node Dissection)

Influential Factors

1. Size of the tumor compared to the size of your breast
2. Location of the tumor within your breast
3. Type of cancer
4. Imaging findings
5. Your overall medical health and personal wishes

Determining the First Treatment

Surgery may not be the first treatment if:

- Chemotherapy is used first to shrink the tumor so surgery can be made possible
- A woman has cancer that has spread to other parts of her body

Possible Risks after Surgery

- Small risk of infection with any surgery
- Some bruising and collection of fluid within the breast tissue
- Soreness, but usually not severe pain
- Arm stiffness that can be relieved with gentle stretching

What to Expect

Surgery

- Most can be done as a day surgery procedure
- Length of the surgery can vary
- Surgery can take longer if the patient decides on immediate reconstruction

Following Surgery

- Normal to tire out easily
- May take you a few days or weeks to get back to your normal range of arm motion
- Drain management (“Drain Management Podcast, in the Breast Cancer Series”)
- Psychological and emotional adjustments
- Individualized follow up recommendations by your surgeon

BREAST CANCER

Reconstructive Surgery

Wandra Miles, M.D.

Options for Breast Reconstruction

- Immediate
- Delayed
- No reconstruction

The option you choose may depend on many factors, such as:

- The pathology of your cancer is unclear
- You are not sure you are interested in reconstruction
- Radiation therapy is planned

Types of Reconstructive Surgery

Autologous tissue: using your own tissue

Advantages:

- Generally only need to have one or two surgeries
- No need for surgery in the future once reconstruction has been done

Disadvantages:

- More scars
- Longer recovery time
- Potential risk of flap failure
- Risk that the donor site could become infected

Implants

Advantages:

- Keeps the procedure as simple as possible
- The fastest recovery time
- The surgery is usually a shorter duration
- You can return to work, and your lifestyle much faster
- No additional scars with implant reconstruction

Disadvantage:

- Additional surgery would be needed in the future to replace the implant

Implant Procedures

- Not the same as with cosmetic breast enlargement
- A temporary tissue expander is needed to create the size of the mass that one wishes
- The temporary tissue expander is removed and the permanent implant is inserted
- Option of saline or silicone implants

Silicone Gel Implants

- FDA approved
- Life span is approximately 10 years but can last for 15-20 years
- Replacing the implant is a simple procedure, and can be done as an outpatient surgery

Types of Autologous Tissue

- Latissimus dorsi pedicle flap
- The TRAM flap

As the type of flap used become more complex, the complications and risks are greater.

Final notes

- Risk of surgery
- Course of reconstruction

BREAST CANCER

Lymphedema

Peg Maas, P.T.

Lymphedema is a condition that is commonly discussed in the course of care for women who have been treated for breast cancer. The way cancer is treated – the surgeries and radiation – puts women with breast cancer more at risk for developing lymphedema.

The Lymphatic System

The lymphatic system is a network of vessels into which the engorged white blood cells can easily enter. The vessels of the lymphatic system transport the body's waste.

Lymphedema occurs when:

- Fluid traveling up through the lymphatic vessels gets trapped because of insufficient pathways
- Fluid seeps out into the nearby tissues, causing swelling

Risk factors for Lymphedema

- Surgical removal or damage to nodes
- Radiation treatment
- Failure to regain full shoulder movement
- Obesity
- Sedentary lifestyle
- Sunburn
- Bug bites
- Other trauma to the limb

Treatment of Lymphedema

Swedish Lymphedema Therapists

- Physical Therapists
- Occupational Therapists

Your visit with a Lymphedema Therapist will include:

- A thorough discussion of your history and lifestyle
- An assessment of the movement of the limb, feeling for and measuring of swelling, and checking the healing of the surgical incision

Treatment Options

- Lymphatic Drainage Massage
- Compression
- Exercise

Treatment choices will be made with the advice of a therapist and based on your particular evaluation findings and preferences.

Lymphedema Prevention

At this time, we do not have definitive research to guide us with this. However, there is some indication that doing self-massage as taught by a therapist, learning the precautions, such as avoiding sunburn and cuts, and keeping fit can help prevent lymphatic problems.

Breathing Techniques

Diaphragm Breathing

- The belly expands on the in-breath, and flattens on the out-breath
- Massages some of the large vessels of the lymphatic system and promotes lymphatic transportation

Taking at least a few minutes every day to breathe in this deep abdominal way is something you can do to help your lymphatics function at their best.

Lymphatic Massage Strokes

Examples

- Collarbone
- Underarm

BREAST CANCER

Drain Management

Chris Yeckley, R.N.

What is a Jackson Pratt (JP) drain?

The JP drain is a wound drainage system that allows fluids to be removed from your surgical site. The drain is inserted during surgery to prevent a large collection of fluid under your skin. Drainage tubing coming from your incision area is connected to a small plastic suction bulb pinned to your hospital gown or clothing. When the bulb is squeezed, it makes suction that pulls extra fluid into the bulb.

How do you empty the bulb?

After surgery in the hospital:

- A nurse will empty your drain three times a day, or as often as needed, to keep the bulb less than one-third full

After surgery at home:

- Continue to empty your drain at least three times a day or more if needed to keep the bulb compressed and no more than one-third full
- Write down how much drainage you emptied over one day (24-hours) on a chart

How do you empty a JP drain?

1. Wash your hands before emptying the drain
2. “Milk” or “strip” the tubing while the bulb is capped
3. Open the plug attached to the top of the bulb
4. Pour the contents into a small measuring cup and write down the amount on your chart
5. To start the suction, squeeze the bulb, and cap the plug on the bulb while you are still squeezing it

What should the drainage look like?

Over time, the amount of drainage is less and the color will slowly change from red to pink and then yellow and watery.

What should I do if my JP drain is not working?

Check to see that the bulb is compressed, the plug is closed, there aren't any clots in the tubing, and finally try "stripping" the tubing a few times with the plug closed.

Call your doctor if:

- The skin around your drain becomes red or swollen
- More bleeding happens
- There is yellow pus (thick drainage) coming from around your drain
- The drain tubing seems plugged up and no fluid is coming into the bulb
- The bulb will not stay compressed

When the amount of drainage you empty over one or two days (24 - 48 hours) is less than 30 milliliters, (one ounce), make an appointment to have the drain removed.

Hints for JP drain management:

- Make sure you empty the bulb at least three times a day or as needed. Do not allow it to get more than one-third full
- Strip the JP drain tubing at least three times a day
- Finally, call your doctor when the day's total amount from the drain is 30cc or less

BREAST CANCER

Adjuvant Therapy

Erin Ellis, M.D.

Adjuvant Therapy

- Using anti-cancer drugs to eliminate micro metastatic disease

Determining Your Treatment

Prognostic Factors:

- Size of tumor
- Lymph node involvement
- Grade of tumor
- Estrogen receptor and her2/neu overexpression
- Gene expression testing

Chemotherapy: Usually multi drug regimens delivered over 3-6 months

- Side effects can include:
 - Tiredness
 - Nausea
 - Menopause
 - Low counts among others

All of these issues need to be weighed against the benefit from therapy

Hormonal Therapy: For patients with positive estrogen receptors

- Examples:
 - Tamoxifen
 - Aromatase inhibitors (post menopausal patients)
 - Side effects can include:
 - Hot flashes
 - Joint stiffness
 - Change in bone density

Biological Therapy: Targets receptors or pathways that stimulate tumor growth

- Examples:
 - Herceptin which targets the her2/neu receptor

In Conclusion:

The close relationship you will develop with your medical oncologist will let you choose the path that is right for you.



BREAST CANCER

Resources in the Community

Shannon Marsh, ACS American Cancer Society, patient navigator

Financial Hardship

Oncology Social Work Department

- Assistance with applications and additional recommendations
- Phone: (206) 540-0477

Lodging

American Cancer Society Lodging Program

- Offers free or discounted hotel rooms for a limited number of nights to cancer patients and caregivers in need of short term lodging
- Access this program through the Patient Navigator 206-215-6557

Emotional Support

The Reach to Recovery program

- Matches patients that are presently in treatment with survivors
- Access this program through the Patient Navigator 206-215-6557

Oncology Social Work Department

- Phone: 206-540-0477
- Individual and family counseling
- After Breast Cancer support group

Additional Resources in the Community

- Cancer Lifeline
- Gilda's Club

Appearance-Related Side Effects

American Cancer Society

- Complimentary wigs
- Beauty program for women in active treatment

Mastectomy bras and prosthesis

- Swedish Cancer Institute, ACS Patient Navigator
- Nordstrom's Prosthesis Department (1-800-804-1502)

Hereditary Cancer Clinic

Review medical and family histories to determine whether genetic testing is appropriate, as well as risks, advantages, and costs of genetic testing for hereditary cancer.

Education Resource

Cancer Education Center

- Comprehensive library
- Health Education Specialist
- Patient Navigator, ACS Patient Navigation

Contact

Patient Navigator

Phone: 206-215-6557

COLORECTAL CANCER

Overview

John Fitzharris, M.D.

What is Colorectal Cancer?

Colorectal cancer is a medical term used to describe abnormal growth of cells in either the colon or the rectum.

What are Some of the Risk Factors for Colorectal Cancer?

- Family history of bowel disease
- Diabetes
- Jewish heritage
- Being over the age of 50
- Obesity and/or smoking
- Physical inactivity

What are Some Common Symptoms of Colorectal Cancer?

- Blood in bowel movements
- Constipation/diarrhea
- Change in bowel movements
- Pain in the abdomen
- Tiredness
- Unexpected weight loss

How is it Diagnosed?

- Stool sample to test for blood
- Sigmoidoscopy or colonoscopy
- Barium enema with X-ray
- Fecal Occult Blood Test (FOBT)
- Fecal Immunochemical Test (FIT)

What are the Stages of Cancer?

- Stage 0: cancer only in colorectal lining
- Stage 1: cancer beyond inner wall
- Stage 2: cancer is outside the colon
- Stage 3: cancer has spread to lymph nodes
- Stage 4: cancer has spread to distant organs

Treatments

- Surgery (sometimes anastomosis or colostomy)
- Chemotherapy
- Radiation
- Biologic Therapy

Can it be Cured?

If detected early, colorectal cancer can be cured with surgery alone. In later stages, often chemotherapy and radiation are necessary. Your chance of cure depends upon how much the cancer has spread. 90 percent of people with stage 2 colorectal cancer will survive five years or longer. The chance of survival decreases with more advanced cancer.

ESOPHAGEAL CANCER

Introduction

Brian Louie, M.D.

What is esophageal cancer?

Squamous cell carcinoma

- Cancer in the simple cell lining of the esophagus
- Major risk factors
- Tends to be found in the upper to middle portion

Adenocarcinoma

- Cancer of the glands found in the esophagus
- Typically found in the middle to lower portion
- Major risk factors

What are the symptoms of esophageal cancer?

- Food hangs up in the chest
- Trouble swallowing (dysphagia)
- Weight loss and early feelings of fullness
- Longstanding heartburn, regurgitation, and/or stomach problems

It is important to communicate with your doctor about your symptoms, either about the symptoms you are having or if your symptoms suddenly go away.

How is cancer staged?

Based upon:

- The tumor itself and how deep it has grown into the esophagus
- Whether it has spread to the lymph nodes that are near the esophagus
- Whether it has spread to other organs

Stage I – Stage IV or early, middle, and late

How is esophageal cancer diagnosed?

- Barium Swallow and Endoscopy:
- CT scans, Endoscopic Ultrasound, and PET scans
- Endoscopic Mucosal Resection
- Bronchoscopy, Laparoscopy, or Thoracoscopy
- Physical Tests

How is esophageal cancer treated?

Typical treatment for:

- Early esophageal cancers
- Locally advanced esophageal cancers
- Metastatic esophageal cancers

How do I eat after my esophagus is removed?

- “New” esophagus created out of their stomach, colon, large bowel, or small intestine
- Over time, most patients can eat an unrestricted diet that is only limited by the size of the portion

What are some treatment outcomes that I can expect?

- Cancer Outcomes
- Quality of Life Outcomes

ESOPHAGEAL CANCER

GERD and Barrett's Esophagus

Ralph Aye, M.D.

Gastroesophageal Reflux Disease (GERD)

- A breakdown in the barrier between the stomach and the esophagus, allowing acid and other digestive fluids from the stomach to come up into the esophagus
- Typical symptoms include heartburn and regurgitation
- Less common symptoms can affect the lungs, the nose and throat, the heart, and the mouth

Complications of GERD

Treatment for Esophageal Reflux

Medical Treatment

Endoscopic Treatment

Surgical Treatment

- Surgery Methods
- Risks
- Recovery and side effects

Barrett's Esophagus

- A condition in which the lining of the lower esophagus is replaced with a lining similar to the stomach
- Develops after years of constant reflux
- Considered a pre-cancerous condition

Monitoring Barrett's esophagus

- Usually involves undergoing an upper endoscopy to take biopsies of the Barrett's tissue
- Biopsies are examined by pathologists, they look for microscopic changes (dysplasia) in the tissue
- Assign 'low grade dysplasia' or 'high grade dysplasia'

Treatment

- Low grade dysplasia or Barrett's esophagus with dysplasia: PPI medication and anti-reflux surgery are used along with lifelong surveillance to determine if the Barrett's cells will continue to change
- High grade dysplasia: esophagectomy, EMR and/or Barrx

By identifying and monitoring Barrett's to find any dysplasia early, we are able to treat each patient more simply and thoroughly, allowing them a faster and easier recovery



HEAD AND NECK CANCER

Overview

Namou Kim, M.D.

What is Head and Neck Cancer?

- Any tumor, benign or malignant, that originates in the head and neck
- Typically refer to cancers arising from the mouth and throat, called “squamous cell cancers”

Factors Associated with Development

- Chronic use of tobacco, and to a lesser degree with alcohol consumption
- High-risk Human Papilloma Viruses (HPV)
- Epstein Barr Virus (EBV)

Warning Symptoms

- Symptoms can initially be very mild, such as a small sore in the mouth, voice hoarseness, minor difficulty swallowing, a small neck lump, or even unexplained weight loss
- Seek medical care if symptoms last more than 10-14 days

Diagnosing

- Further evaluation by an otolaryngologist
- Pathologic diagnosis needs to be established by performing a biopsy
- Imaging studies will be necessary to stage and map the cancer

Heck and Neck Specialists and Guidelines

Multidisciplinary head and neck tumor board

- Includes doctors in the field of head and neck surgery, reconstructive surgery, radiation oncologists, medical oncologists, dentists, speech and swallow therapists, physical therapists, cancer care social workers, and cancer care coordinators
- Discuss each patient's case in great details

The National Comprehensive Cancer Network (NCCN)

- Clinical practice guidelines for the treatment of head and neck cancers

Treatment

- The best treatment is often multimodal

Surgical Treatment

- Minimally invasive laser endoscopic surgery through the mouth: Faster recovery with minimal impairment of swallow and speech
- State-of-the-art DaVinci Robotic Surgery through the mouth to excise cancers of the mouth and throat
- Immediate reconstructive surgery using auto-graft (free flap) to minimize cosmetic and functional deficits

Non-Surgical Treatment

- Advanced radiation delivery techniques (IMRT, IGRT, tomotherapy)
- Chemotherapy

MESOTHELIOMA

Malignant Pleural Mesothelioma

Alex Farivar, M.D.

Anatomy of the pleura

Pleura: a double layer sac that lines chest wall and lung

Visceral layer

Parietal layer

Pleural space: space between these two pleural layers

Diagnosis and Staging

Sub-types of mesothelioma

- Epithelioid
- Sarcomatoid
- Mixed

Subtle symptoms can include:

- Dyspnea, chest pain, cough, loss of appetite, weight loss, night sweats, and hemoptysis

Diagnostic tests

- CT scans
- PET scans
- MRI
- Thoracentesis
- Pleural biopsy
- Operation with videoscope and multiple biopsies

Staging

- Additional tests to determine if the cancer has spread

Treatment for Patients with Mesothelioma

Multimodal treatment

- Combination of radiation, surgery, and chemotherapy

Operations

- Pleurectomy and decortication: removal of both the visceral and parietal pleurae (with all involved tumor), while leaving the lung in place
- Extrapleural pneumonectomy: complete removal of the lung, the parietal and visceral pleurae, a part of the pericardial sac, as well as the hemi-diaphragm

Additional considerations

- Depends on the anatomy of your tumor and your overall status
- Chemotherapy before surgery?

LUNG CANCER

An Overview

Howard (Jack) West, M.D.

What is Lung Cancer?

Lung cancer is the most commonly diagnosed cancer in the U.S. in both men and women. 170,000 new cases are diagnosed each year. What are the causes of lung cancer?

Smoking is the leading cause

- 10-15 percent of lung cancer is diagnosed in non-smokers
- Females of Asian descent are at greater risk
- Radon, second-hand smoke and other environmental factors

What are the Symptoms and How is it Diagnosed?

- Half of all new cases involve metastatic lung cancer where the disease has spread from its original site. Symptoms are:
- Cough, shortness of breath
- Chest pain
- Coughing up blood
- Wheezing
- Whole-body symptoms — weight loss, general weakness, severe fatigue
- Sometimes cancer is found early on an X-ray or CT scan before these symptoms develop

What are the Subtypes of Lung Cancer?

While there is only one type of small cell lung cancer, non-small cell lung cancer has several types, including:

- Adenocarcinoma
- Squamous cell carcinoma
- Large cell carcinoma
- Large cell neuroendocrine carcinoma

Treatments Include:

- Surgery – typically for non-small cell lung cancer
- Chemotherapy – often used as a systemic or whole-body approach to target the cancer
- Radiation – sometimes necessary as well

Staging of Lung Cancer:

Non-Small Cell Lung Cancer

- Stage 1: does not involve lymph nodes
- Stage 2: involves lymph nodes and may involve rib or chest wall
- Stage 3: cancer has spread to lymph nodes in mid-chest
- Stage 4: metastatic cancer has spread through bloodstream to other parts of the body

Small Cell Lung Cancer

- Limited Stage: present in one-third of cases, cancer is confined to just one side of the chest
- Extensive Stage: present in two-thirds of cases; occurs when cancer has spread to other parts of the body

What are Treatment Outcomes I Can Expect?

- Individual outcomes vary
- Cure rates for lung cancer remain below 20 percent
- Even though a cure may not be possible, palliative care can improve survival rates and quality of life

Clinical Trials and Future Treatments

- New medications are being developed
- Radiation treatments continue to improve results
- Surgical techniques are being refined

The Swedish Cancer Institute is committed to clinical trials which provide new treatment approaches and better clinical outcomes for lung cancer patients

FOR MORE INFORMATION

The National Cancer Institute

www.cancer.gov/clinicaltrials

LUNG CANCER

Surgery, Diagnosis and Staging

Jed Garden, M.D.

Introduction

- Thoracic Oncology Team
- Multi-disciplinary approach to diagnosis and treatment
- New patient referral and visit

Types of Lung Cancer

Non-Small Cell Carcinomas

- Adenocarcinoma
- Squamous Cell Carcinoma
- Large Cell Carcinoma
- Large Cell Neuroendocrine Carcinoma

Small Cell Carcinomas

Staging of Lung Cancer

Staging Small Cell Lung Cancer:

- Based on disease distribution, limited or extensive

Staging Non-Small Cell Lung Cancer:

- Tumor size and location
- Lymph node location and involvement
- Metastatic foci of disease
- Stage is classified as I – IV
- Stage I earliest stage of disease
- Stage IV most advanced stage of disease

Techniques for Staging Lung Cancer

- CT imaging
- Positron Emission Tomography scans (PET scans)
- Advanced bronchoscopy with ultrasound
- Surgical mediastinoscopy

Diagnosis

Methods to confirm a cancer diagnosis

- Specialized bronchoscopy technique that uses electromagnetic navigation
- Advanced bronchoscopy with ultrasound
- Transthoracic needle aspiration
- Surgical camera assisted biopsy

Swedish and You

- Your treatment plan will be developed based on your diagnosis and what you need individually
- From the time you are told you have an abnormal x-ray to the time a diagnosis is made and a treatment plan is created, you will be supported by a team that will be here for your medical needs



LUNG CANCER

Treatment

Eric Vallières, M.D.

The Thoracic Oncology Team:

- A multi-disciplinary team made up of radiologists, pathologists, oncologists, radiation oncologists, pulmonologists, interventional pulmonologists, and thoracic surgeons

The first appointment will include:

- Questions about your own personal health history, current medical condition, and family's health history
- A brief examination with particular attention to your lungs and heart
- A review of current x-rays
- An explanation of the basics on how we approach each individual with lung cancer in whom surgery is being contemplated (see video)

Discussion of:

Resectability as assessed by:

- CT
- PET
- Brain Imaging
- Mediastinoscopy or EBUS

Operability

- Evaluation of pulmonary function
- Cardiac Function Tests
- Overall Health

Treatment Options

- Surgery
 1. VATS / Robotic
 2. Open Thoractomy or Sternotomy
- Primary Radiation Therapy
- Chemotherapy
- Watchful Waiting

Clinical Trials

- Chemotherapy before or after surgery
- Adjuvant Vaccine Therapy

FOR MORE INFORMATION

Website

www.swedishthoracicsurgery.org

LUNG CANCER

How to Prepare for Lung Surgery and What to Expect after Your Operation

Kathy Witmer, ARNP

What should I do to prepare for surgery?

- Exercise
- Smoking Cessation
- Diet
- Alcohol
- Medication

What can I expect when I wake up immediately following surgery?

- Anesthesia
- Incisions from Lung Surgery
- Diet
- Pain Management
- Activity

When will I be ready to go home?

- Average of four days after lung surgery
- Occasionally an air leak from a chest tube continues longer and that will delay the removal of your chest drains
- When your pain is controlled on oral medication, then we can start planning to get you home
- Before you leave the hospital, your surgeon will review the results of your surgery with you and tell you what to expect during your recovery

What instructions will I be given when I leave the hospital?

- Diet
- Medications
- Wound Care
- Activity
- Returning to Work Guidelines
- Contact with your Doctors Office: If you have any questions or concerns between the time you leave the hospital and the time that you return for your follow up appointment, please do not hesitate to call our office

PROSTATE CANCER

Overview

John Fitzharris, M.D.

What is Prostate Cancer?

Prostate cancer is the most common cause of cancer in men, excluding skin cancer. Over 200,000 men are diagnosed with prostate cancer each year. Almost 90 percent of men with prostate cancer will survive the disease.

How is the Cancer Diagnosed?

- Biopsy
- Rectal exam
- Elevated PSA (Prostate Specific Antigen) test

How Advanced is the Cancer?

Determining how advanced your cancer is depends upon several factors:

- The Gleason score
- The cancer stage
- The PSA level

Gleason score (ranges from two-10) measures how abnormal the prostate cancer cells appear under a microscope.

Cancer stage is a measure of how far the cancer has spread from the prostate. The lowest stage is when cancer remains in the prostate. The stage increases as the cancer travels from the prostate to lymph nodes and eventually other parts of the body.

How is Prostate Cancer Treated?

The best treatment will be an individual approach determined by you and your doctor.

Early-Stage Treatments Include:

Radiation Therapy – provided by a radiation oncologist. This therapy is well-tolerated in prostate-cancer patients.

Surgery – performed by a urologist. Advances in surgical techniques have reduced recovery time and long-term side effects.

Even when a cure is not possible, there are still many options for treatment. Prostate cancer is slow growing. Therefore, the majority of patients may live long lives even if the cancer is not completely cured.

Advanced-Stage Treatments Include:

Active surveillance – involves the close observation of the patient and initiation of treatments when symptoms develop.

Androgen therapy – is based upon removing the testosterone that cancer requires to grow. If testosterone is blocked, then the growth of the cancer may be slowed or regress.

Chemotherapy – sometimes chemotherapy is necessary if other therapies are not successful.

In advanced-stage prostate cancer, the goal of treatment is to reduce symptoms and increase the quality of life. Androgen therapy can often be used for years to maintain quality of life.

CANCER 101

Cancer 101

Wendy France, R.N., BSN, OCN

Definition

Cancer is a term used for disease in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the blood stream and lymphatic system to other parts of the body.

Why Do Some People Get Cancer?

- Age
- Sex
- Family medical history
- Environmental factors
- Specific viruses
- Certain hormones

Some people with one or more risk factors may never develop the disease, while other people who do develop cancer have no apparent risk factors.

Treatments

- Surgery
- Radiation
- Chemotherapy
- Biologics
- Anti-angiogenesis

Your cancer treatment will be determined based upon your cancer type and stage. Treatments may be done alone or in combination.

Cancer Pain

Talk to your Swedish doctor if you are feeling discomfort or pain. They may prescribe you medicine or refer you to our complementary services.

FOR MORE INFORMATION

When the Focus is on Care	American Cancer Society, 2005
Understanding Cancer, DVD	Judith Lipton, M.D., 2004



CANCER 101

The Chemotherapy Experience

Nancy Thompson, R.N., M.S., AOCNS

Chemotherapy Overview

Many people have heard horror stories about chemotherapy. Recent progress has made chemotherapy side effects very minimal.

What is Chemotherapy?

- Chemotherapy is chemical therapy
- Drugs are used to kill cancer
- Therapy is based upon type of cancer, how advanced it is, and your health status
- It is often used with radiation or surgery

How is it Administered?

- Drugs are given in cycles
- Sometimes they are given daily for a period of several days
- The number of cycles will depend upon the treatment plan

How is Treatment Scheduled?

- The doctor and oncology nurse will develop a treatment plan
- Doctors will advise you on how to avoid side effects
- Your treatment plan is like a road map
- It may be helpful to keep a treatment diary to share with your health-care team

Side Effects

- Chemotherapy drugs can't tell the difference between a cancer cell and a healthy cell
- Side effects occur when healthy cells are destroyed
- You may experience no side effects or just a few
- Normal cells recover when chemotherapy is over
- Common side effects include hair loss, fatigue, anemia, nausea, vomiting or infection

Getting the Best Outcome

Experience has shown that patients who fare the best are those who:

- Follow their treatment plan
- Use support services
- Provide feedback to their doctors

FOR MORE INFORMATION	
Cancer Education Center	See Page 80

CANCER 101

The Radiation Experience

Astrid Morris, M.D.

Treatment Goal

- The main goal of radiation treatment is to maximize cancer cell death, while avoiding or minimizing the radiation effect on surrounding healthy cells

Radiation Delivery

- External beam radiation: Uses a specialized machine called a linear accelerator outside the body
- Internal Radiation or Brachytherapy: Radiation is inserted and removed inside the body next to the tumor

Duration

- External beam radiation: Usually provided on an outpatient basis, given five days a week, for up to seven weeks
- Internal Radiation or Brachytherapy
- For high-dose brachytherapy, an implant is left in the body for a short period, usually twice daily for weekly treatments
- Low dose brachytherapy may require an overnight hospital stay

Possible Side Effects

- Fatigue
- Side effects in localized area
- Depend on dosage and field size

FOR MORE INFORMATION	
Talk to your Swedish medical oncology doctor or radiation specialist	Swedish Radiation 206-386-2323
Coping with Radiation Therapy	Daniel Cukier, M.D., 2000



CANCER 101

Getting a Second Opinion

Gary Goodman, M.D.

Key Points

- Everyone with a diagnosis of cancer should be referred to a medical oncologist
- When you get a second opinion, an outside provider will review your charts and history, this process may give you additional options for diagnosis and treatment
- A second opinion is a good way to gain more information about your cancer
- Doctors are not offended or insulted if their patients seek a second opinion
- The treatment of cancer has changed dramatically in the past 5-10 years, new drugs and techniques are constantly being created and medical oncologists are up-to-date on these advances

The Second Opinion Process

When you get a second opinion try to have all of your medical records with you. The outside provider will want to review everything. The outside provider may be able to suggest a clinical trial or have new information. Sometimes the new provider will give you the same diagnosis and treatment plan that you already had. This can be reassuring.

The Providers

Different doctors have different styles and communication skills. By obtaining a second opinion, you may find a provider who is a better match with your personality or needs.

Many patients fear they will offend their provider by seeking a second opinion. Most physicians are not upset by this even if the patient decides to choose a new doctor. We want to provide the best possible care.

So What's the Bottom Line?

A second opinion can assure you that the suggested treatment is the best option for you.

Second opinions can provide you with additional information about your cancer.

Don't be afraid to seek a second opinion and ask your doctor for a copy of all of your medical records.

Here at Swedish we see many patients seeking a second opinion. We also send many of our patients to other cancer centers for a second opinion. To schedule an appointment, please call the Swedish Cancer Institute at 206-386-2323.

FOR MORE INFORMATION	
Swedish Cancer Education Center	See page 80
The National Cancer Institute	www.cancer.gov/clinicaltrials

CANCER REHABILITATION

ACTIVE Podcast

Bev Ricker, P.T. & David Zucker, M.D., Ph.D.

What is the ACTIVE program?

- “Addressing Cancer Through Individualized Exercise”
- Goal of the program is to help people live well while living with cancer
- Addresses not only body, but mind and spirit as well

What changes with cancer and cancer treatment?

- Side effects can impact a person’s energy level, physical fitness, muscle and bone strength, mood, sleep, and eating patterns
- Cancer can affect one’s spirit, including self-confidence, sense of belonging in the world, and vision of self in the future
- Many positive changes are also possible

What are the benefits of the Active Program?

- Teaches patients how to exercise in a way that is safe and effective both during and after treatment
- Tailored to you at any stage of your treatment
- Feeds not only the body, but also the mind and spirit
- Guided Self-Management
- Reduction or elimination of symptoms
- Pre-rehabilitation

Steps in ACTIVE program

- Referral to the program
- Consultation with your oncology rehabilitation physician, including a physical examination, to review the history of your illness
- Periodic visits with your oncology rehabilitation physician
- Assessments from physical therapists and exercise physiologists
- As you gain independence in your program, we will taper your visits to our clinic

Benefits of Exercise

- Reduces cancer-related fatigue and increases physical fitness both during and after treatment
- Guidance in skillful pacing and exercise dosing helps people safely and effectively move towards former fitness and activity levels



CANCER REHABILITATION

Home Safety

Ashleigh Blankenship, O.T.

Importance of Home Safety

- Cancer and cancer treatments can have serious side effects that can increase your risk for falling and getting injured

Improving Safety at Home

- Pathways clear of clutter and tripping hazards such as cords and area rugs
- Pathways, stairwells, and workspaces should be bright and well lit
- Ensuring access to emergency support

Areas for Improvement

Staircases

- Make sure there are no broken or worn steps
- Handrails are essential for your safety
- Do not attempt stairs when you are already feeling fatigued or drowsy
- Special considerations for ambulatory devices such as canes or walkers

Bathroom

- Grab bars to provide sturdy support
- Non skid mats or safety treads on the floor of your tub or shower
- Seats and other options from local drugstores or durable medical equipment suppliers

Kitchen

- Place frequently used items within easy reach
- Consider using automatic can and jar openers and utensils with large ergonomic handles
- Sit when possible to prepare food using elevated chairs or stools
- Utility cart and high stools or elevated chairs

Living room and bedroom

- Adaptations furniture to ease transitions
- Refinish surfaces or redecorate to accent thresholds and ensure adequate lighting

Outdoor Home Care

Key Tips

- Maintain a clean, clutter-free environment
- Plan ahead for your activities to help eliminate unnecessary movements
- Alternate rest breaks with activities
- Use appropriate labor-saving tools
- Avoid lifting and bending

If you are concerned about your safety in your home, speak with your care provider about possibly obtaining a home evaluation by an occupational therapist.

CANCER REHABILITATION

Energy Conservation

Laura Bouma, P.T.

Tips to help conserve energy:

Bathing or grooming

- Shower chair
- Adaptive devices
- Alternatives to toweling off

Dressing

- Clothes and shoes that are easy to put on and take off

Planning ahead

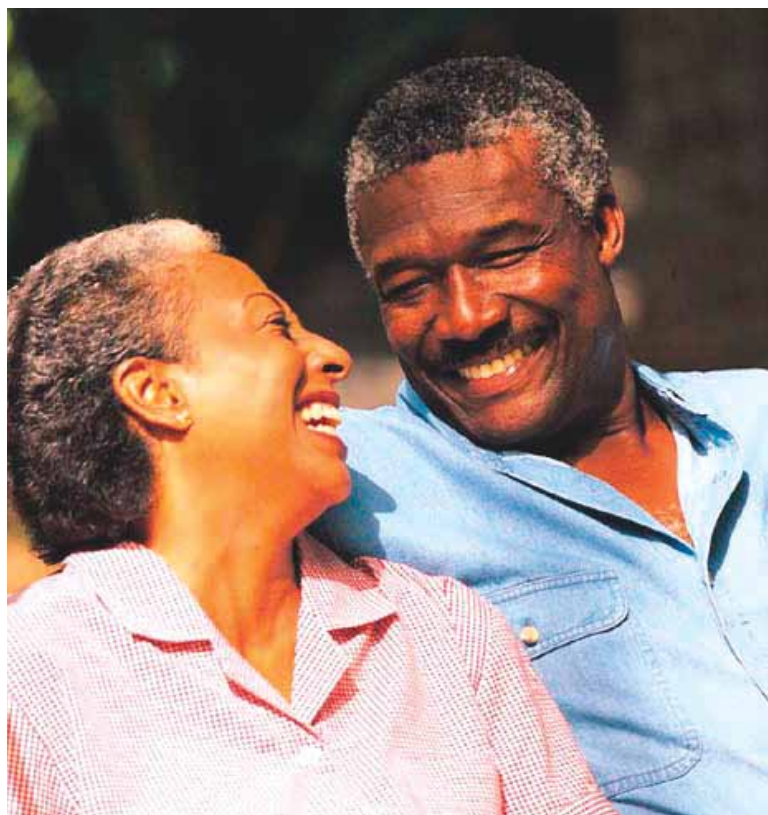
- Try to alternate tasks that take more energy with those that take less
- Rest between activities
- Combine chores and errands
- Delegate tasks

Housework

- Spreading out tasks over a longer period of time
- Preparing meals
- Alternatives to heavy lifting or standing while cooking
- Pacing yourself
- Prioritize activities

Navigating around the home

- Good practices for staircases
- Rest breaks



CANCER REHABILITATION

Exercise During Treatment

David Zucker, M.D., Ph.D.

Exercise

- Can help you tolerate the rigors of treatment more easily, minimize your fatigue, and enhance your sense of well-being and control during treatment
- Goal is to increase your body's capacity to produce the energy needed to counteract treatment related fatigue and to enhance your wellbeing and quality of life both during and after treatment
- Learn to “dose” your exercise, identify fatigue patterns, practice “energy conservation,” and maintain a balance between rest and activity
- With low to moderate intensity fitness training, you increase your body's capacity to efficiently and smoothly produce the energy it needs to sustain everyday activity and to counteract treatment related fatigue

Figuring Out Your Dose

- Low to moderate zone of aerobic exercise (“talk test”)
- What it feels like does matter
- “Exercise snacks”
- Exercise early in the day when you have the most energy
- Stick to the same modality or modalities across your treatment

Exercise outside if possible.

The bottom line is: conserve energy, avoid inactivity, engage in a gentle fitness training program, and sleep well.



CANCER REHABILITATION

Survivorship and Cancer Rehabilitation

Laura Bouma, P.T.

Cancer Survivorship

- Begins with a diagnosis and continues throughout the rest of one's life
- Challenges may arise as people learn to cope with such issues as body image, pain, and difficult emotions
- Dealing with symptoms after treatment

Preparing for After Treatment:

- After treatment plan
- Regular monitoring and managing of late and long term effects of treatment
- Cancer screening at certain intervals
- Possible referrals

Problems After Treatment

The most common problems after treatment may include:

Fatigue, neuropathy, lymphedema, mouth/teeth problems, changes in weight or eating habits, trouble swallowing, bladder/bowel control, memory and concentration problems, and menopause symptoms.

Talk to your doctor if you are having any of the following symptoms:

- Fatigue
- Difficulty with memory and concentration (chemobrain)
- Pain
- Nervous system
- Lymphedema

Resources

The ACTIVE program at Swedish

- Medically supervised exercise and support program
- Integrated Care at Swedish
- Support groups and education classes

Team Survivor Northwest

- Variety of health education and fitness programs

Gilda's Club

- Support and networking groups
- A variety of lectures, workshops, and social events

Cancer Lifeline

- Provides information on free classes and support groups

CLINICAL TRIALS

Understanding Clinical Trials

Patra Grevstad, R.N.

Key Points

- The Swedish Cancer Institute has more than 150 clinical trials open to ensure that the most current treatments are available to you
- Talk to your physician about whether a clinical trial might be right for you
- Participation in a study is voluntary
- Participation involves responsibilities on your part
- Clinical trials are now considered a standard treatment option

What is a Clinical Trial?

A clinical trial is a carefully designed experiment aimed at testing various treatment options in a group of people.

How Do I Gain Access to a Trial?

- Check the clinical trial list in the Swedish Cancer Institute's Cancer Education Center
- Talk with your doctor to see if a trial is right for you

What Determines if I Can Participate in a Trial?

Everyone who participates in a trial has to meet the eligibility criteria. It is important for all study participants to have the same characteristics (such as the same type of cancer, for example).

Should I Participate if I am Eligible?

When considering a study, you will go through an informed consent process. This process ensures that you fully understand the procedures of the study. You and your medical team will make this decision together.

What Happens if I Join a Trial?

- You will have regular visits with your physician and research nurse
- You will be asked to adhere to the study treatment calendar
- You may be asked to complete forms about how you are doing
- You may have additional monitoring tests such as X-rays to evaluate your response to treatment
- You will be asked to share your medical history
- You will be carefully monitored for your safety and to avoid harmful side effects

What Questions Should I Ask When Considering a Trial?

- What is the purpose of the study?
- What types of tests will I have to take?
- What can I expect?
- What are the risks and side effects?
- What is the schedule?
- How will my life be affected?
- How long will I participate?
- What are the financial aspects?
- How will I know the treatment is working?
- Will study results be provided?

FOR MORE INFORMATION

The National Cancer Institute

www.cancer.gov/clinicaltrials

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Surviving Cancer

Alexis Vanden Bos

Swedish Cancer Institute Patient and Cancer Survivor

Elin A. Björling, the Swedish podcast program manager, interviews Alexis Vanden Bos about her experience fighting and surviving cancer. Alexis discusses:

How to stay motivated

- What she'd do differently next time
- Who was most inspiring to her
- How she built a support community
- How cancer affected her worklife
- Fear of a reoccurrence
- What she has learned as a result of having cancer

FOR MORE INFORMATION	
American Cancer Society	www.cancer.org
The National Cancer Institute	www.cancer.gov/clinicaltrials
Swedish Cancer Education Center	See page 80

Cancer-Related Fatigue

David Zucker, M.D., Ph.D.

Definition

Cancer-related fatigue is a persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning.

Associated Medical Conditions

- Anemia
- Nutritional deficiencies
- Pain
- Infection
- Thyroid disorders

Symptoms

- Anxiety
- Depression
- Sleep deprivation
- Lack of social support
- “Overdoing it”

Prevention

- Talk to your doctor
- Seek support
- Prioritize your activities
- Maintain physical activity

FOR MORE INFORMATION	
Talk to your doctor at Swedish	
Cancer Rehabilitation Services ACTIVE Program (Addressing Cancer Through Individualized Exercise)	206-215-6333
National Comprehensive Cancer Network	www.nccn.org
NCCN <i>Fatigue Treatment Guidelines</i> for Patients with Cancer	National Comprehensive Cancer Network www.cancer.org

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Complementary Medicine and Nutrition

Dan Labriola, N.D.

At the Swedish Cancer Institute, naturopathic physicians work cooperatively with medical oncologists.

Natural Medicine Benefits

- Improve quality of life
- Help reduce treatment side-effects
- Address pre-existing health issues

Natural Medicine Strategies

- Diet
- Nutrition
- Exercise
- Mind-body medicine
- Risk reduction
- Many more

Commonly Treated Problems

- Digestion
- Absorption of nutrients
- Gas
- Bloating
- Upset stomach
- Constipation
- Diarrhea

Sleep difficulties

- Fatigue
- Hot flashes
- Stress anxiety
- Numbness in fingers and toes
- Muscle cramps

FOR MORE INFORMATION	
Talk to your doctor at Swedish	
Talk to your Swedish medical oncology doctor or naturopathic doctor	Naturopathic Services 206-386-3015
National Comprehensive Cancer Network	www.nccn.org
Complementary Cancer Therapies	Dan Labriola, N.D, 2000

COPING WITH CANCER

What to Expect in Art Therapy

Nicole Stiver, M.A.

An assurance:

- Many people are afraid to try making art
- You do not need art skills or confidence to try art therapy
- Anyone can do art therapy
- Always remember, there is no “wrong way” to make art

What Art Therapy is/is not:

Art therapy is:

- A healing modality intended to bring together physical, emotional and spiritual care by facilitating creative ways for patients to respond to their cancer experience

Art therapy is not:

- An instructional art class
- A place where I will judge or interpret your art work

Remember, art therapy is therapy

Benefits/Why do people use art therapy?

- Provides an outlet for feelings
- A way to learn and practice positive coping skills
- Reduced symptoms related to pain and anxiety in patients with cancer
- Increases self-awareness and self-discovery
- A way to regain a sense of control

What a typical visit is like:

- 50 minutes in length
- Visits are self-directed
- Large variety of art supplies available
- Combination of talking, art making, and reflection

Location & Scheduling

- Nicole Stiver
Art Therapist
Phone: (206) 215-6178



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Mindfulness Meditation Podcasts

Meditation has been practiced throughout recorded history and in virtually every human culture and tradition. Meditation has also been shown to help reduce stress and pain, and to help in the healing process.

Meditation Podcasts

Three meditation podcasts have been recorded for you. The first is called *An Introduction to Mindfulness Meditation*. The introduction podcast is a discussion about the practice of mindfulness. Following the introduction, there are two practice meditation podcasts for beginners with a 20-minute and a five-minute version. The 20-minute meditation gives a full set of instructions and serves as an introduction to the five-minute abbreviated version. Feel free to use either of these meditations to guide you in beginning your meditation practice. Please use them as often as you would like.

Mindfulness Meditation

Mindfulness meditation involves being alert and relaxed in the same moment. We wait, watch and acknowledge whatever happens, whether pleasant or unpleasant, with kindness and judgment-free awareness. Like learning any new skill, learning mindfulness meditation takes practice. By practicing regularly, we learn that we can be mindful in everyday life, moment to moment.

Meditation Posture

Mindfulness meditation can be practiced sitting down, lying down, walking or standing. The most important instruction for meditation is to be attentive and alert to what is arising and passing in your mind and your body, moment to moment. It is important to be comfortable, so choose a posture that feels right for you. This posture may be different at different times, so listen to your body. Following are some suggestions for specific postures you may choose.

Sitting Meditation:

There is no “perfect” posture for sitting meditation. The best posture for you can only be sensed by you. How your posture looks to others is not important. From the outside it may not look “right” to others. That’s okay. Our sitting posture is influenced by the unique life experiences each of us have had. Trauma, chronic or acute illness, lifestyle choices, and genetics are only a few of many factors that contribute to the posture we take when practicing meditation. The five-minute and 20-minute meditation podcasts are designed to be used while practicing sitting meditation.

- Sit in a chair with your feet flat on the floor and close your eyes
- Bring your torso into a comfortable, upright and balanced position

Lying Down Meditation:

If you practice mindfulness meditation while lying down, you may want to open your eyes so that you remain alert. Many people are comfortable lying completely flat on their back, while others like a pillow beneath their head or knees to increase comfort.



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Walking Meditation:

For some people, meditating while walking — called “walking meditation” — is very helpful. If you choose to practice slow walking meditation, keep your eyes open and focused on the ground about six feet in front of you. Focus attention on the sensations as each foot is placed, moved and lifted from the ground. Make sure you are in a safe and quiet place.

If you choose to walk faster, focus attention on natural movements of your arms and legs as you walk. Let your eyes be softly focused in front of you so that you are fully aware of your surroundings. Allow your body and mind to be relaxed and quiet.

No matter what posture you choose, you can still benefit from meditation. We hope you find the meditation podcast series useful and informative.

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Introduction to Mindfulness Meditation Transcript

David Zucker, M.D., Ph.D.

I have recorded two practice sessions of mindfulness meditation for you. The first is a 20-minute practice period. The second is a five-minute practice period. I hope that you find these useful.

Mindfulness practice is bringing attention to experience itself — the sensations and feelings that are occurring every moment — and not getting swept away in associations or judgments. Eventually, we can even become mindful of our thoughts. They become like passing clouds in an open sky. We learn to let our body and mind relax into the open sky, letting it become our home. Sometimes there are many clouds; sometimes there are none. We gradually learn to abide in the open sky whether there are many clouds or few. We learn to trust the safe harbor of awareness that mindfulness practice brings.

An example of mindfulness is being on a hike and suddenly you hear the cry of an eagle — immediately, you stop and look up with full attention towards the sky. Another example of mindfulness is seeing the joy of a child happily playing — you are fully absorbed in the experience of witnessing the child's joy. Your mind and body are full with the actual felt experience without any “inner commentary.” In these examples, full awareness of the present moment seems to have occurred spontaneously and naturally. In fact, full awareness of the present moment is the state of being that sages across many traditions and centuries have described in a variety of ways as our natural way of being. Usually, we are caught up in associations and conditioned thinking — judging ourselves or

others, or wishing that things were different. There is nothing wrong or bad about thinking — we all do it; it’s just that when we are caught up in thinking, mindfulness of the present moment is less accessible to us.

A good way to begin learning about mindfulness meditation is to sit in a chair, close your eyes, and then bring your attention to the contact of your body with the seat of the chair. Notice the feelings that arise simply because there is contact of body with the seat of the chair. Now, describe those sensations to yourself. For example, words that come to mind might be “warm,” “firm,” “soft,” “pressure”... etc. Notice that the words do not fully encompass the totality of the experience itself, any more than words fully encompass the taste of chocolate. You can also practice mindfulness by bringing attention to your hands resting on your legs; the arms of the chair or touching one another. Mindfulness practice is learning to gently rest your attention on the moment-to-moment changing sensations that we call “sensate experience” rather than the words that come to mind that we call “thinking.”

FOR MORE INFORMATION	
Mindfulness for Beginners	Jon Kabat-Zinn, Audio CD, 2006

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Five-Minute and 20-Minute Meditations

David Zucker, M.D., Ph.D.

Practice Meditation

Two meditation podcasts are available in a five-minute and a 20-minute version. You may use these meditations to practice. We recommend that you listen to the 20-minute meditation first. Both of these meditations include a period of silence that begins and ends with the sound of a bell. The five-minute meditation is an abbreviated version of the 20-minute practice. Feel free to use either of these podcasts as often as you would like to help guide you in your meditation practice.

Introduction to Mindfulness Meditation

If you have not already, please listen to the Introduction to Mindfulness Meditation Podcast.

To begin learning mindfulness meditation remember to:

- Choose a sitting posture that is comfortable for you; close your eyes
- Let yourself relax by gently scanning your attention through your body
- Notice the sensations of breathing within your body
- Notice that your breath moves in and out, like waves on a beach
- If your mind wanders, gently bring it back to the sensations of breathing

If you choose to practice mindfulness meditation while lying down, you may want to open your eyes so that you remain alert. When practicing walking meditation, keep your eyes open and try to pay attention only to your walking.

FINANCE

Financial Aspects of Cancer Care

Stephanie Wichmann, MSW

Medical Assistance Programs

- COBRA
- Hospital Supported Financial Assistance
- Medicaid
- Medicare

Income Support Programs

- Leukemia and Lymphoma Society
- General Assistance for the Unemployable (GAU)
- Social Security Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)

Medication Assistance Programs

- Swedish Cancer Institute
- The Leukemia and Lymphoma Society
- The Partnership for Prescription Assistance

Supportive Services Programs

- American Cancer Society
- The Brain Tumor Society
- AVONCares Program for Medically Underserved Women
- Low Income Home Energy Assistance
- Senior Services
- Northwest Hope and Healing Foundation (Available for breast-cancer patients)
- Swedish Patient Assistance

FOR MORE INFORMATION

In Treatment: Financial Guidance for Cancer Survivors and Their Families

American Cancer Society, 2004
(available in the Swedish Cancer Education Center)

CAREGIVERS

Supporting the Cancer Patient

Sylvia Farias, MSW, LICSW

First Diagnosis Symptoms

- Overwhelmed
- Numb
- Shocked
- Lack of short term memory
- Less tolerant

Caregiver Advice

- Take care of yourself
- Remember your appointments
- Take breaks
- Attend a support group
- Do not be hard on yourself

Talking to Children

- Be honest
- Use the word cancer
- Keep things predictable
- Mark down appointments
- Invite them to ask questions

For More Information on Supporting the Cancer Patient:

- First Hill Social Workers
206-386-2323

FOR MORE INFORMATION	
Caregiving: A Step-By-Step Resource for Caring for the Person with Cancer at Home	American Cancer Society, 2003

INFORMATION RESOURCES:

Cancer Education Center

Arnold Building
A-Floor West, 1221 Madison Street
Seattle, WA 98104
206-386-3200
www.swedish.org/cancer

American Cancer Society Resource

The navigator helps cancer patients, families and caregivers navigate the many systems required during diagnosis and treatment.

Located in the Cancer Education Center.
206-215-6557

Oncology Social Work

The oncology social workers at the Swedish Cancer Institute can help you sort out your financial concerns.

Arnold Building
1221 Madison Street
Seattle, WA 98104
206-540-0477

COMMUNITY OUTREACH RESOURCES

Cancer Lifeline

A non-profit program with classes, programs and a 24-hour statewide toll-free Lifeline designed to meet each client's individual needs.

206-297-2100 • www.cancerlifeline.org

Gilda's Club

A non-profit program with social and emotional support groups, workshops, activities and social events for men women, children and families touched by cancer.

206-709-1400 • www.gildasclubseattle.org



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www.swedish.org/cancerpodcasts