Lung Cancer

Information Guide
and Personal Record
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My personal information

NAME__________________________________________________________

Address ______________________________________________________________________

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Telephone:  Home __________________________________________________________
            Work __________________________________________________________
            Other __________________________________________________________

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Other Information ____________________________________________________________

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Personal contacts

NAME__________________________________________________________

Relationship____________________________________________________

Address ______________________________________________________________________

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Telephone _______________________________  or _______________________________

In case of emergency, please notify (if different from above)

NAME__________________________________________________________

Telephone _______________________________  or _______________________________
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How do I use the Lung Cancer Information Guide and Personal Record?

What is the Lung Cancer Information Guide and Personal Record?
What is the Lung Cancer Information Guide and Personal Record?

The Lung Cancer Information Guide and Personal Record have been written for people who have been diagnosed with lung cancer and their loved ones. Living with lung cancer can be overwhelming and confusing. This guide contains some basic information as well as tools and resources that other individuals who have been diagnosed with lung cancer have found helpful. The information is organized into sections that address different needs. As you collect other information that is helpful to you, it can easily be added to your guide.

In summary, this guide will:

- Provide you with some basic information about lung cancer, its treatment and the possible effects of lung cancer on you and those close to you.
- Help you to organize and make sense of the information you collect about your lung cancer.
- Help you to understand the cancer care system.
- Allow you to share the information you have gathered with your health-care team.

You can take your guide to medical appointments so that:

- You can use it as a reference.
- Your health-care professionals can see the information that you have collected so that they can help you to understand the information.

Other considerations

- It is important to remember that you are carrying confidential information about yourself—it should be kept secure at all times.
- You can photocopy any part or section of the guide (for example, if you need additional pages to record appointments or medications).

Remember:

Not everything you read will apply to you. Also, information needs change as people progress through their cancer treatment. Sometimes patients do not want to read anything at the start, but later will feel the need to know more.
A patient’s story by Anne Scott:
Nothing short of a miracle

I have been diagnosed with lung cancer

Q What is lung cancer?
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A patient’s story by Anne Scott: Nothing short of a miracle

I had what I believed, was a very bad cold, with a serious cough. I promised myself that as soon as I started feeling a little bit better, I would make an appointment to see my family doctor and commence with my long over due heart investigation. This would make my family happy as we have a history of cardiovascular issues and I was a long time smoker.

During my heart investigation things took a turn and I was now being investigated for cancer. I wasn’t worried because other than my nasty cold, I felt fine, and fortunately for me I was one of those people that rarely got sick.

Well on April 25, 2007 the carpet was ripped right out from under my feet when my oncologist told me I had small cell lung cancer, and that I wasn’t a candidate for surgery as the tumour/cancer was wrapped around my esophagus and bronchiole tubes where my lungs joined together. The real kicker was my prognosis of 6 weeks to 10 months. I told the doctor there must be some kind of mistake because I felt fine—yet he was telling me I had a maximum of 10 months to live.

He then explained to me how my lungs worked, and why lung cancer is often not detected until it is at a late stage. He said, don’t start smoking again (I had stopped smoking 5 years prior to my diagnosis of cancer). I thought this was an odd thing to say so when I questioned him, he said most patients with this prognosis either continue smoking, or start to smoke again.

I really needed to get my head around the diagnosis and more importantly, around the fact that I might not be alive next year, month, or even next week. I was angry, sad, in denial, scared, I couldn’t think clearly, I couldn’t even cry. I didn’t want to talk about it to anyone and I already felt a void in my life. I realized I knew very little about cancer and I was really mad at myself for smoking for the past 38 years. I was at a total loss.

So for the next few days I did nothing but read and read and read all the material that was given to me about lung cancer. I didn’t answer my phone or open my door. I didn’t want to talk to anyone, family or friends. I had to deal with this myself and I needed to be alone to do that.
There was a section in the Lung Guide that talked about “preparing for the end of life”, and all I could think of was someone is really pushing the envelope on this one. It was then that I came to the conclusion I was going to do everything in my power to beat this nasty disease. I had already quit smoking. I started to exercise as much as possible—walked, played golf, softball. I followed all the doctor’s recommendations and I never searched the internet for information. I always tried to have a positive attitude and smiled as much as possible. I learned that you have to be honest with your family and friends. Don’t keep things from them. I bought a calendar and a journal and the learning curve began.

It has been 5 ½ years since I was diagnosed with “small cell lung cancer”. Thanks to the big guy upstairs and the overwhelming support I received from my family and friends, my medical team, and my employer, I am nothing short of a miracle.
What is lung cancer?

Lung cancer occurs when cells develop abnormally in one or both of the lungs and grow out of control to form a **tumour**. **Tumours** make it difficult for the lungs to work properly.

There are two major types of lung cancer: **non-small cell** and **small cell**. The terms non-small cell and small cell refer to how the cells look when seen through a microscope. The terms refer to the kinds of cells that make up the tumour, not the actual size of the tumour.

**The lungs**

The lungs are in the chest, one on each side of the heart. The right lung has three main sections, called lobes. The left lung is a bit smaller and has two lobes. The lungs are cushioned and protected by a thin covering called the pleura. The pleura have two layers of tissue: one layer covers the lungs and the other lines the inside wall of the chest. There is a small amount of fluid (pleural fluid) between the two layers of the pleura.
Lungs are used to breathe. Air is taken in through the nose or mouth and flows down the trachea (windpipe). The trachea divides into two tubes called the left and right bronchi, which carry air to each lung. Once inside the lung, the bronchi divide into smaller and smaller tubes called bronchioles. Each bronchiole ends with a cluster of tiny air sacs called alveoli. The alveoli take oxygen from the air and pass it into the blood for circulation to all parts of your body. The alveoli also remove carbon dioxide from the blood, which is pushed out of the lungs when a person exhales.

**What type is my lung cancer?**

The first step in diagnosing lung cancer is to determine whether it is small cell lung cancer or non-small cell lung cancer. Your initial biopsy is sent to a pathologist to be looked at. The pathologist will examine the tissue sample and report the findings back to your physician. Your physician will discuss the results with you. You may request a copy of your pathology report as it contains a valuable blueprint of your cancer and is used to plan further treatment.

**Non-small cell lung cancer**

Over 75% of all people diagnosed with lung cancer have non-small cell lung cancer (NSCLC). Most people diagnosed with NSCLC are smokers or former smokers. There are four major types of non-small cell lung cancer:

- Squamous carcinoma
- Adenocarcinoma
- Large-cell carcinoma
- Carcinoid tumours—Carcinoid tumours are uncommon malignant tumours and are divided into two types:
  - typical, which behave more like a benign tumour
  - atypical, which behave like a NSCLC

**Small cell lung cancer**

Small cell lung cancer is a more rapidly growing type of lung cancer than non-small cell lung cancer. Most people diagnosed with small cell lung cancer are smokers or former smokers. It usually starts in the main breathing tube (bronchus) and it tends to grow rapidly.
Other malignant lung tumours

Other types of lung cancer cell types occur in a small number of patients:

- pancoast tumour
- tracheobronchial gland tumour (sometimes called bronchial adenoma), adenoid cystic carcinoma, mucoepidermoid carcinoma
- sarcoma
- lymphoma

What are the major causes of lung cancer?

- Smoking—Most people who get lung cancer smoke or have smoked cigarettes in the past.
- Exposure to second-hand smoke—even people who do not smoke can develop lung cancer from cigarette smoke.
- Environmental factors—a person’s risk of developing lung cancer is increased by exposure in the home or in the workplace to harmful substances such as asbestos.
- Genetics—your genetic makeup may play a role in developing lung cancer. Numerous studies have shown that lung cancer is more likely to occur in both smoking and non-smoking relatives of those who have had lung cancer than in the general population. Genetic differences may explain why some smokers do not develop lung cancer.

What are the symptoms of lung cancer?

- There is no one single symptom of lung cancer.
- Symptoms are not always obvious during the early stages of the disease.
- Symptoms are varied and can include: a persistent cough, pain, coughing up blood, shortness of breath, fatigue, unexplained weight loss or hoarseness.
- Symptoms can also include frequent chest infections, such as pneumonia, or an infection that doesn’t go away.
**Why is lung cancer often detected at a late stage?**

Lung cancer can take a long time to develop and it is very difficult to detect at an early stage. Because of the large size and elastic nature of the lungs, cancer may grow for many years without any symptoms. Symptoms of lung cancer (e.g. persistent cough, etc.) do not always appear in the early stages of lung cancer. Even then, a persistent cough may be diagnosed as bronchitis and treated with antibiotics.

Unlike some other cancers, there is no one test that can detect lung cancer. It is known that chest x-rays and CT scans can detect small tumours. However, these types of tests are usually ordered after the patient has developed symptoms. In some cases, lung cancer is found during a routine check-up with a family physician.

**Who will be part of my lung cancer treatment team?**

Your care will be provided by a team of health-care professionals who will help you to decide on a treatment plan that is best for you. Depending on the kind of treatment you receive, your health-care team may include surgeons, medical and radiation oncologists, nurses, pharmacists and radiation therapists.

Other members of your treatment team, such as social workers who can help you adjust to your treatment and disease by providing coping strategies and counselling for you and your family. Community Care Access Centre (CCAC) care coordinators may be able to organize care in the home. Physiotherapists can provide a treatment plan to help you physically function at your best. A dietitian can give you advice about eating well. Palliative and supportive care providers have expertise in managing symptoms such as pain, nausea and breathlessness and will work with you and your family to address these needs and offer other support if the need arises.
What is the role of my family physician?

The role of your family physician or nurse practitioner during the course of your treatment should remain much the same as before your cancer diagnosis. They should continue to be your main support and take care of your medical needs that are not related to cancer. They will also see to your follow-up care once you have finished your cancer treatment.

Your family doctor will receive reports about your appointments, as well as results of any diagnostic or staging tests. It may be helpful for you to specifically ask for copies of test results, appointments, etc. to be sent to your family physician to ensure they are kept up to date. Your family physician can serve as a vital link between you and your lung cancer health-care team by assisting in the coordination of your care, as well as providing information and support for your entire family.

It is recommended that throughout the course of your treatment, you make an appointment to see your family physician regularly. We suggest routine appointments to review your physical health status, symptoms and emotional health as well as to take care of prescription renewals for non-cancer related medications. Although you can feel overwhelmed with numerous appointments, it is important to remember to attend to all areas of your health.

What to do if you do not have a family doctor or nurse practitioner?

It can sometimes be difficult to find a new doctor, particularly if there is a shortage of physicians in the area where you live. If you’re trying to find a new doctor, you may wish to try one of the following strategies:

- **Ask around.** Ask a friend or family member if their doctor is accepting new patients.

- **Contact ‘Health Care Connect’**. This is a government program which refers people to doctors or nurse practitioners who are accepting new patients. To register for the Health Care Connect program, call 1-800-445-1822. Or for more information, visit the MOHLTC website at: www.health.gov.on.ca/en/ms/healthcareconnect/public/overview.aspx.
Connect with a Community Health Centre (CHC) in your area.
Keep in mind that most CHCs only accept people who live within their specific community or neighbourhood. To find a list of CHC’s in Ontario, visit the Ontario Ministry of Health and Long-Term Care website at: www.health.gov.on.ca/english/public/contact/chc/chcloc_mn.html.

Scan local newspapers. When doctors are new to an area or starting a new practice, they will sometimes advertise that they are accepting new patients.

If you still cannot find a family doctor, speak to your nurse or social worker—they may have additional suggestions.

Where will I receive care?

In the hospital
If you need treatment or surgery for your cancer or for symptoms and conditions related to your cancer, you might be admitted to the hospital. If this is the case, the health-care team at the hospital will provide the care and services that you need while you are in the hospital and make arrangements for you when you are discharged.

In the Cancer Centre
Many patients will visit the Cancer Centre for appointments with their oncologist and for radiation treatments and/or chemotherapy. In Ottawa, The Ottawa Hospital offers cancer care services at the General Campus as well as the Irving Greenberg Family Cancer Centre, located on the grounds of the Queensway Carleton Hospital. In addition, the Regional Cancer Program provides chemotherapy and some cancer care to patients living outside the city in various outlying communities. You may be able to receive treatment closer to home if you live an area that is served by this program.

At home
Community health-care professionals, where appropriate or necessary, will visit you in your home to help you manage side effects, to teach about medication and help you and your family members cope at home. A Community Care Access Centre
(CCAC) care coordinator can help arrange such services for you and also help you to obtain other services such as physical care and emotional support if necessary.

If you have any questions about your cancer or treatment, or if there is any information in this guide that you don’t understand, don’t hesitate to ask your nurse, doctor or other healthcare provider. If you need help obtaining any of the services mentioned in the guide, ask a member of your health-care team to refer you to a social worker or to someone else who can help you.

**What is a common reaction to a diagnosis of lung cancer?**

By the time most people are diagnosed with lung cancer, they have been through a series of tests and many have thought about the possible diagnosis of cancer. However, finding out for sure that you have lung cancer may come as a shock. For most people, the shock of knowing you have lung cancer may make thinking clearly and problem solving hard. It may be difficult to take in and remember all of the information you are being given—this can be both frustrating and frightening.

- Often, the first thought is, “Am I going to die?” This is a common reaction. A sense of panic and overwhelming anxiety can take over, especially when you do not have the information.
- Sadness is another feeling that people describe. At times, these feelings of grief bubble to the surface. It is ok to cry.
- Others may be angry. “Why me?” “Why now?”
- Because of the association of lung cancer to smoking, some people may also feel guilty and ashamed. They may be reluctant to seek health-care advice because they fear that health-care professionals will blame them for their illness.
- You may feel very tired. Many people have trouble sleeping and notice changes in their appetite.
- Some people have difficulty believing they have lung cancer.

*Each person deals with this situation differently. It may be helpful to talk to someone you trust about how you are feeling.*
How should I share my diagnosis?

The most important reason for sharing with others is that it allows family and friends to be supportive. Patients who have this type of support seem to do better. You may also find it helpful to talk about your lung cancer.

Reasons for telling

- As you tell others, it may help you to understand the information you have been given.
- It avoids secrets. People who find out from someone else do not know if they have permission to talk to you.
- It may lift the burden of keeping it to yourself.

How to tell family and friends

There is no easy way to tell people that you have lung cancer. The way in which you tell certain family and friends will be different. Here are a few tips to think about when sharing this news:

- First give the headline:
  E.g. I have undergone a series of tests and my doctor has told me I have lung cancer.
- Give them any other information you have:
  E.g. I expect to be starting treatment soon.
- Allow them to ask questions:
  E.g. Do you have any questions? (Be sure to tell them that you may not have the answers).
- Tell them how you are feeling:
  E.g. I’m frightened and need your support.
- Tell them what they can do:
  E.g. I need you to tell Aunt Susan about my diagnosis.

Often family and friends feel helpless. It will be up to you to let them know that you need them as an important part of your support team. You may not be certain what you need specifically but only that their support will be important.
How do families normally react?

A diagnosis of lung cancer affects everyone in your family. Shock, disbelief, confusion, anger, anxiety, guilt, fear and other difficult feelings are common. Your family wants to help but sometimes they feel helpless. Here are some suggestions to help you and your family:

- Face the cancer together. It is reassuring and comforting for your loved one to know your support will always be there. We can bear more when we have someone to share with.
- Don’t assume you know what your loved one is thinking or feeling. Talk to each other about your emotional reactions and concerns.
- Communication can also be physical; holding hands, hugging, etc.

Frequently everyone feels they have to maintain a positive attitude. Pretending that everything will be all right denies the person with cancer the opportunity to discuss fears and anxieties. Also avoiding discussions about cancer, out of concern to protect each other, results in feelings of isolation.

How can I talk to my children about lung cancer?

When someone they love is ill, children experience sadness, loneliness, confusion, anger, fear of separation, and of being left alone. They worry about the safety of the family. Depending on their ages, they will react differently. Sometimes they “act out,” withdraw, or overcompensate by taking on too many responsibilities. Children tend to express their emotions in actions rather than words.

Explain, in terms they understand, about your lung cancer, treatments, and any side effects you may have. Be open and honest from the start. (Children have wonderful antennas—they pick up when something is wrong. Their imagination may be worse than the reality). Let them know that you will keep them informed if there are changes, and that they can ask any questions. A child has a right to know about anything that affects the family, as a diagnosis of lung cancer does. Not telling is a breach of trust. It is also OK to say you don’t know the answer to their question when you don’t have the answer.
Reassure the children that there is nothing wrong with feeling sad, crying, and being angry. Drawing, reading storybooks, and having special play times sometimes allow children to express their fears.

Tell them that lung cancer is not an illness that you can catch from someone else such as the flu, or colds. Assure them nothing they have done, said, or thought caused the lung cancer to occur. (Sometimes, when children are angry with their parents, they wish they were dead).

Things you can do to help your children cope include the following.

- Involve your children in your treatment program.
- Try to keep the family routine as much as possible, including being consistent with discipline.
- Notify teachers and all significant adults in the child’s life such as sitters, coaches, neighbors, as soon as possible. They can offer extra attention and support.
- Communicate with your children on a regular basis. Try to reserve consistent time for them.
- Encourage your children to keep up their outside activities.
SECTION 3

Keeping track

- Summary of my lung cancer diagnosis
- My health-care team
- My appointments
- Questions for my health-care provider(s)
- My medication record
- My test results
- My symptom diary
- Personal notes and diary

“When someone tells you that you can’t go any farther, just tell them to look behind you and see how far you’ve come.”

—Linda Pitre
Summary of my lung cancer diagnosis

Many people on your health-care team will ask you similar questions about your lung cancer. You may find it helpful to complete this section so that you will have a record that you can share when these questions are asked. You may need your doctor or nurse to help you.

1. What kind of lung cancer do you have?
   □ Small Cell  □ Non-small Cell

2. What stage was your lung cancer when you were first diagnosed?
   □ Small Cell:    □ Limited Stage  □ Extensive Stage
   □ Non Small Cell: □ Stage I  □ Stage II  □ Stage IIIA
                  □ Stage IIIB  □ Stage IV

3. Date of diagnosis:  ____/YY____/MM____/DD

4. Date of your most recent chest X-ray:  _______ / YY _______ / MM _______ / DD

5. Have you ever had a surgery or procedure that involved your lungs? If so, which side, what kind, and when (approximate date)?

   □ Right
   □ Bronchoscopy  ____/YY____/MM____/DD  ____/YY____/MM____/DD
                    ____/YY____/MM____/DD  ____/YY____/MM____/DD
   □ Mediastinoscopy  ____/YY____/MM____/DD  ____/YY____/MM____/DD
                    ____/YY____/MM____/DD  ____/YY____/MM____/DD
   □ Lobectomy  ____/YY____/MM____/DD  ____/YY____/MM____/DD
                    ____/YY____/MM____/DD  ____/YY____/MM____/DD
   □ Pneumonectomy  ____/YY____/MM____/DD  ____/YY____/MM____/DD
                    ____/YY____/MM____/DD  ____/YY____/MM____/DD

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<td>Needle biopsy</td>
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<td>Other</td>
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6. Other (including other medical history):

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## My health-care team

### Doctors involved in my care

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<th>Role</th>
<th>Name</th>
<th>Phone</th>
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<td>Family doctor</td>
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<tr>
<td>Surgeon</td>
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<td>Medical oncologist</td>
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<td>Radiation oncologist</td>
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### Others involved in my care

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<td>Cancer Centre nurse (PDN)</td>
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<tr>
<td>CCAC care coordinator(s)</td>
<td></td>
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<tr>
<td>Community Agency Nurse(s)</td>
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<td></td>
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<tr>
<td>Pharmacist/Drug store</td>
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<td>Social worker(s)</td>
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<td>Dietitian</td>
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<td>Dentist</td>
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<td>Optometrist/ophthalmologist</td>
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<td>Clinical study trial coordinator</td>
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Complementary care providers
(Such as massage therapists, chiropractors, exercise specialist, physiotherapist, and occupational therapists)

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Other supports
(E.g. neighbours, volunteer driver, clergy)

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<th>Health-care provider</th>
<th>Name of clinic and location</th>
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<th>Questions, answers or comments</th>
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<table>
<thead>
<tr>
<th>NAME OF MEDICATION and dosage instructions</th>
<th>Prescribed by</th>
<th>Time of day taken</th>
<th>Reason for taking</th>
<th>Side effects</th>
<th>Advice for side effect relief</th>
<th>Date started</th>
<th>Date stopped and reason for stopping</th>
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MY MEDICATION RECORD

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<th>Name of Medication</th>
<th>Dosage</th>
<th>Instructions</th>
<th>Date Started</th>
<th>Date Stopped</th>
<th>Reason for Stopping</th>
<th>Advice for Side Effect Relief</th>
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These pages can be used to keep track of any tests you have (e.g. CT scans, MRI, blood tests).

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If you do not have the results of a specific test, you can contact your family doctor, or contact Health Records at the hospital (please note: the hospital charges a fee for this service).
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If you do not have the results of a specific test, you can contact your family doctor, or contact Health Records at the hospital (please note: the hospital charges a fee for this service).
Keeping track of symptoms helps you to:

- Report to your health team more accurately;
- Recognize possible trends in your symptom development;
- Identify what makes your symptoms worse and what makes them better;
- Keep a record of medication and other treatments used and how they are working.

### MY SYMPTOM DIARY

<table>
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<tr>
<th>Date and Time</th>
<th>Symptom Examples: Pain, diarrhea, constipation, fatigue, nausea, other</th>
<th>What was I doing? Examples: physical activity, emotional event, sleeping, eating, other</th>
<th>How bad is the symptom? Circle a number</th>
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<th>Did it help?</th>
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“If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning.”

— Mahatma Gandhi
Making decisions

Ottawa Personal Decision Guide
What is the decision guide?
The decision guide is a tool that is designed to help individuals think through information to help them make difficult decisions. It is a step-by-step process that helps you to make the decision and then plan how to carry it through. You can share this tool with your health-care providers for any further support or feedback that you may need.

What are some of the difficult decisions?
After a diagnosis with lung cancer, you will be faced with a number of decisions. For example: What is the best treatment for you? What are the best medications for your symptoms? Challenging personal decisions also arise: Who to share your diagnosis with? How to manage your finances? Should you consider complementary therapies? This guide is not focused on any one decision; rather, it can lead you through thinking about any decision that you are dealing with.

Do I need to use this guide?
The following signs may mean that you are having a hard time making a decision. The guide may be helpful if you are experiencing:
- Feeling unsure about what to do.
- Feeling worried about the outcomes of the decision.
- Feeling upset when you think about the decision.
- Feeling like you can’t get the decision off your mind.
- Wavering between the choices you face.
- Wanting to put off making the decision.
- Questioning what is important to you in making the decision.
- Physical signs of stress when you think about the decision.

During a time where emotions and anxieties may be quite high, this guide may help you to think through some of the more difficult challenges that you will be faced with throughout your cancer journey.
Ottawa Personal Decision Guide For People Facing Tough Health or Social Decisions

You will be guided through four steps:

1. Clarify the decision.
2. Identify your decision making needs.
3. Explore your needs.
4. Plan the next steps.

**1. Clarify the decision.**

What is the decision you face?

What is your reason for making this decision?

When does this decision have to be made?

How far along are you with your decision?

Are you leaning toward a specific option?

- I have not yet thought about options
- I am close to choosing an option
- I am considering the options
- I have already made a choice

If yes, which one?

**2. Identify your decision making needs.**

A. Support

Do you have enough support and advice from others to make a choice?

Are you choosing without pressure from others?

B. Knowledge

Do you know which options are available to you?

Do you know both the benefits and risks of each option?

C. Values

Are you clear about which benefits and risks matter most to you?

D. Certainty

Do you feel sure about the best choice for you?

People who answer “No” to one or several questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes. Therefore, it is important to work through steps three and four that focus on your needs.

**3. Explore your needs.**

A. Support

Who else is involved? Name: Name: Name:

Which option does this person prefer?

Is this person pressuring you?

How can this person support you?

What role do you prefer in making your choice?

- I prefer to share the decision with
- I prefer to decide myself after hearing the views of
- I prefer that someone else decides. Who?

Decisional Conflict Scale © 2006 O'Connor
**Ottawa Personal Decision Guide**

**For People Facing Tough Health or Social Decisions**

### B. Knowledge

In the balance scale below, list the options and main benefits and risks that you already know. Underline the benefits and risks that you think are most likely to happen.

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<th>@ BENEFITS</th>
<th>How much it matters</th>
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<tr>
<td>Reasons to choose this option</td>
<td>Add ★ to</td>
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### C. Values

Use stars (★) to show how much each benefit and risk matters to you. 5 stars means that it matters “a lot”. No star means “not at all”.

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### D. Certainty

Circle the option with the benefits that matter most to you and are most likely to happen. Avoid the option with the risks that are most important to avoid.

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**Plan the next steps based on your needs.**

**✓ Things making the decision difficult**

- **A. Support**
  - You feel you do NOT have enough support
  - Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends)
  - Find out what help is on hand to support your choice (e.g. funds, transport, child care)

- You feel PRESSURE from others to make a specific choice
  - Focus on the opinions of others who matter most.
  - Share your guide with others.
  - Ask others to complete this guide.
  - Find areas of agreement. When you disagree on facts, agree to get information. When you disagree on what matters most, respect the other’s opinion. Take turns to listen, mirror back what the other has said matters most to him or her.
  - Find a neutral person to help you and others involved.

- **B. Knowledge**
  - You feel you do NOT have enough facts
  - Find out about the chances of benefits and risks.
  - List your questions and note where to find the answers (e.g. library, health professionals, counsellors):

- **C. Values**
  - You are NOT sure which benefits and risks matter most to you
  - Review the stars in the balance scale to see what matters most to you.
  - Find people who know what it is like to experience the benefits and risks.
  - Talk to others who have made the decision.
  - Read stories of what mattered most to others.
  - Discuss with others what mattered most to you.

- **✓ Things you are willing to try**
  - Other factors making the decision DIFFICULT
  - List anything else you need:

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How will my lung cancer be treated?

Q  What is *staging*?
Q  How will my lung cancer be staged?
Q  How will my lung cancer be treated?
Q  What are *clinical trials*?
Q  What is new on the horizon?
Q  How will I be followed when my treatment is over?
Q  How will I feel at the end of my treatment?
What is staging?

To describe your lung cancer and plan the right treatment, doctors give it a number, or stage, to understand how far along it is. The stage is based on:

- The location of the primary tumour (cancer)
- The size of the tumour
- Whether or not it has affected the surrounding tissues or spread to the lymph nodes
- Whether or not it has spread to other parts of the body

How will my lung cancer be staged?

As part of staging, your physician may suggest/recommend the following tests if they have not already been done:

1. PET/CT scan—an imaging test that take a series of pictures of areas inside the body from different angles and uses a computer to make a detailed 3-D picture

2. CT scans of chest and possibly abdomen

3. CT or MRI scan of the brain (head)

4. Bone scan—a nuclear medicine scan that looks for new areas of bone growth or breakdown

5. Bronchoscopy/Mediastinoscopy—a procedure usually done in the operating room

6. EBUS (endobronchial ultrasound)—a procedure that allows the doctor to look for lung cancer that has spread to lymph nodes in the chest
The stages of non-small cell lung cancer

Non-small cell lung cancer has four stages:

**Stage I:** The cancer is only in the lung and has not spread to the lymph nodes.

**Stage II:** The cancer has spread to nearby lymph nodes but not to lymph nodes in the area between the lungs (mediastinum); or the cancer has grown into the chest wall.

**Stage III:** The cancer has spread to the lymph nodes in the area between the lungs (mediastinum); or; the cancer has spread to the lymph nodes on the other side of the mediastinum or to the neck.

**Stage IV:** The cancer has spread to one or more other parts of the body, such as the bones, liver, brain, or other organs.

The stages of small cell lung cancer

Small cell lung cancer is usually staged using the terms listed below:

**Limited Stage:** The cancer involves one lung and possibly lymph nodes on the same side of the chest as the cancer.

**Extensive Stage:** The cancer has spread beyond the extent of limited-stage small cell lung cancer including other parts of the body such as the bones, liver and brain.

What are lymph nodes?

Lymph nodes are located throughout the body in bunches including the neck region, the underarms, the space between the lungs (mediastinum), throughout the abdominal region, and in the groin. They are part of the immune system and function to rid the body of harmful invaders such as bacteria. The presence of cancer cells in lymph nodes generally indicates that the cancer is more likely to spread to other parts of the body. Many of the lymph nodes in the space between the lungs (mediastinum) cannot be removed surgically, so having a lung cancer that has spread to this area may rule out being treated with an operation.
How will my lung cancer be treated?

**Surgery**

Surgery to remove your lung cancer may be an option if the cancer is found early enough—and you are physically fit enough to tolerate the surgery.

In some cases, patients may require another kind of treatment as their first step, before their surgery. In this case, the surgeon may make a referral to an oncologist who may offer chemotherapy or radiation to make the tumour smaller. This allows the doctor to remove it more easily.

Your doctor may also recommend that you take chemotherapy or radiation therapy after the surgery to increase the chance that all the cancer cells are eliminated. This is known as **adjuvant therapy**.

If you are going to have surgery, you will be provided with extra information to help you prepare before your admission to the hospital. The Ages Cancer Assessment Clinic provides a weekly Pre-operative Education Session to ensure that you and your family are well-prepared for surgery. To register you may call 613-737-8501 and select Option 1.

**Chemotherapy**

Chemotherapy is the treatment of cancer with drugs. There are a number of chemotherapy drugs used to treat lung cancer. Although the chemotherapy drugs work differently, they all kill cancer cells or prevent their growth. A single dose of chemotherapy will only kill a percentage of cancer cells; therefore multiple doses or cycles of treatment are necessary.

Every lung cancer patient is different. How frequently the treatment is given will depend on the type of lung cancer you have, the drugs being used, how well you tolerate the treatment and how your cancer responds to the chemotherapy. Individual patients respond differently to chemotherapy. Before starting chemotherapy, you should discuss with your doctor the **side effects** that you are most likely to experience and the impact that they may have on your quality of life.

Most chemotherapy is given by intravenous injection. Normally, you can expect to receive your chemotherapy as an outpatient at the cancer centre or a hospital clinic. Patients are rarely admitted to hospital for chemotherapy treatment. You can expect
to be given written information by your nurse at the cancer centre about the specific chemotherapy you will receive.

Chemotherapy treatment normally continues for three or four months. Your individual treatment plan may require that you have a chemotherapy treatment one to four times a month. In addition to your chemotherapy treatments, you will also be asked to have blood tests on a regular basis, sometimes as often as once a week, at the lab near your home. Approximately once a month, you and your doctor will assess whether the tumour is responding to treatment and decide if the treatment should continue.

Some lung cancers have changes (mutations or translocations) in genes called EGFR or ALK. If your cancer has these changes then you may be a candidate to take oral medications, rather than intravenous chemotherapy. You should discuss with your oncologist whether it would be worthwhile to have your tumour tested for changes in these genes.

**Radiation therapy**

Radiation therapy including stereotactic radiation is the treatment of cancer with high-energy rays. At least 50% of patients with lung cancer will require radiation therapy at some point during their illness. Radiation therapy may be used with or without surgery in an attempt to eliminate the tumour (radical radiotherapy) or to reduce its size to relieve symptoms such as pain and breathlessness. Individual patients respond differently to radiation therapy.

Before starting radiation therapy, you should discuss with your doctor the side effects that you are most likely to experience and the impact that they may have on your quality of life. The number of treatments varies from patient to patient. Each radiation therapy treatment usually lasts between two and five minutes. You will not feel any pain or any other sensation during the treatment. Because you will need to be carefully positioned on a firm table before you receive each treatment, you should allow up to an hour for each radiation therapy treatment when scheduling transportation or other appointments.

Recent developments in radiation therapy include stereotactic radiosurgery and the Cyberknife, which are both ways of delivering very high doses of radiation very precisely. These radiation techniques can be an improvement over standard radiation in certain situations. Your radiation oncologist will inform you if treatment with one of these new techniques would benefit you.
What are clinical trials?

Clinical trials, also called research studies, test new ways of providing care and treatment to patients. This may include new ways of giving care, new drugs, alternate ways of giving drugs along and improving diagnostics for lung cancer. Each clinical trial attempts to answer specific scientific questions that will ultimately lead to improved care. All trials are strictly monitored. Standard treatments are those which have been well studied in clinical trials and which have been proven to be helpful for the most patients.

There are many clinical trials occurring at The Ottawa Hospital. Each trial is designed to answer specific scientific questions and may offer opportunities to access new and different therapies. If you are interested in participating in a clinical trial, you can discuss this option with your physician. It is the best way to learn whether or not an appropriate trial is available in Ottawa.

Participating in a clinical trial is voluntary. You must consider all your choices when deciding to join in a clinical trial and keep in mind that although the decision to participate is entirely yours once you are enrolled in a trial, you may not be able to choose all of the treatment(s) you will receive. You should expect to receive treatment that is anticipated to be at least as good as current conventional (standard) therapies.

It is important to know that if you do not wish to participate in a clinical trial, you will continue to receive the best possible care.
What is new on the horizon?

The Ottawa Hospital Cancer Program has a very active program evaluating new treatments for lung cancer. These treatments are clinical trials, as described above. At the time that this guide was written, available trials include evaluating cancer-killing viruses, new oral medications that might replace chemotherapy, and treatment with antibodies, which are the types of proteins that your body uses to fight infections.

Different clinical trials are available at different times, so the best way to determine if there is one that might suit you is to discuss the current roster of clinical trials with your oncologist or cancer surgeon.

How will I be followed when my treatment is over?

Regardless of the type of treatment you have for your lung cancer, you will have regular follow-up appointments with your surgeon or oncologist. Depending on your type of treatment, your follow-up care may also occur at the Cancer Centre. Regular visits will be scheduled during which time you can expect to be seen by a nurse and an oncologist. In many cases you can expect to have a chest x-ray or a CT scan before your appointment.

Some people find follow-up appointments difficult. Waiting to find out whether your lung cancer is coming back can cause a certain amount of uncertainty and anxiety. Sometimes it helps to bring a trusted friend or family member along.

How will I feel at the end of my treatment?

When your treatment is finished, plan to take time to recover. As with any experience that has taken total energy and commitment, there can be a sense of loss when it ends. Sometimes it helps to talk to others who have had similar experiences.
A patient’s story by Barbara Folkart

Coping with lung cancer

Q How do I cope with lung cancer?
Q How can I cope with the physical symptoms?
Q What can I do to feel my best during treatment?
Q What side effects can I expect from the treatment?
Q How do I manage my anxiety?
Q Will I be able to keep my regular schedule?
Q How do I manage my financial and personal care issues/concerns?
Q What can I do to promote a healthy lifestyle?
Q Should I consider other treatment(s) such as complementary therapies?
A patient’s story: Barbara Folkart

I consider myself fortunate. The cancer was detected early, and I was a good candidate for surgery. All I needed was a minimally invasive operation to remove the middle lobe of my right lung. I was back to my usual self within a month, and I’ve noticed no difference whatsoever from the reduction in lung capacity, not even when skating or swimming. Had my oncologist considered it necessary, I would have been fully prepared to undergo preventive chemotherapy, but here, too, I was extremely fortunate.

I didn’t get off scot-free, though: within two months of my operation I came down with a spinal infection that ultimately lead to hospitalization, extensive surgery, and a month-long stay at The Ottawa Hospital’s wonderful Rehabilitation Centre. Oddly enough, this turned out to be a transformative experience: it made me aware of the staggering amount of expertise and kindness on offer at the Civic and the General Campus. I’m still moved when I walk through the doors of these places where so many people were so good to me.

It’s been just over a year since my lung surgery. I’m being monitored regularly (x-rays, a recent CT scan, tri-monthly visits with my thoracic and orthopedic surgeons). I realize how important it is for me to take responsibility for my own health. No matter what the future has in store, I hope to have the strength and the resiliency to deal with it.

This is a special ‘thank-you’ photo for one of the fabulous people who helped me recover from my spinal infection.
How do I cope with lung cancer?

Whether you have surgery or a combination of treatments for your lung cancer, you will be spending much of your time and energy in the next while dealing with the cancer. Here are some tips to help you cope with your lung cancer diagnosis:

- **Self-caring:** Caring for yourself is priority number one. Be sure to try to eat well and get enough sleep.

- **Build your support team:** Choose the people you want as part of your support team and allow them to help. Do not be afraid to ask your family, your friends, or your community for help when you need it.

- **Take on one issue at a time:** Leave the things that can be left, try not to jump ahead.

- **Develop a good working relationship with your health-care team:** Ask questions and share your feelings, develop a sense of trust. Be sure to include your family doctor.

- **Trust yourself:** Learn the facts but also listen to your internal voice. If you think something is wrong, check it out.

- **Make changes slowly:** Only do the things that make sense to you. Any change is difficult, do not add stress by expecting too much of yourself.

Remember—you are truly unique and your journey belongs to you!

How can I cope with the physical symptoms?

Pain and other symptoms can be managed through a variety of ways. There are specialists available who can help you to manage pain, breathlessness, fatigue and other symptoms that you may be experiencing. The following is general advice on a few of the more common symptoms that you may experience. It is important to discuss symptom management with your nurse or physician; they may have other helpful suggestions for you. You may also be referred to the Supportive and Palliative Care Clinics if your symptoms are difficult to manage. The Supportive and Palliative Care Team provides specialized clinics, an urgent referral service and an inpatient service. Your health-care team will refer you if you need these services.
Pain

Pain management usually includes medications and non-medicinal treatments that will work together to get your pain well controlled. Pain medications are meant to be taken regularly and at a dose that will treat the pain. Your physician and the healthcare team will work with you to find the best dose to treat the pain and to help you understand how to adjust the dose of medication depending on your needs. The amount of pain that you will need to block varies from day to day so it is important that you participate in determining the doses. Many people fear the side effects of pain medication or they fear that they will become addicted to the pain medication. Addiction almost never occurs in cancer patients. Many side effects wear off in time or are easily managed with other medications.

Pain is not just a physical symptom. The ability to cope with pain is worse if you are tired, sad, angry, afraid, or stressed. Family and friends may be able to provide emotional support, but sometimes counseling or support groups are helpful as well.

Breathlessness

Shortness of breath, also called dyspnea, is a common symptom of people with lung cancer. People often describe dyspnea as just not being able to get enough air into their lungs. It is important to discuss your breathlessness with your physician. They will be able to help you to understand why you are becoming breathless and what you can do to help it. We also have a specialized dyspnea clinic that can assess your needs and work with you to improve your breathing. In addition, you may be seen by our Supportive and Palliative Care Team who are experienced in managing distressing dyspnea.
The Canadian Lung Association offers the following tips to help control breathing.

**S.O.S. for S.O.B. (Help for Shortness of Breath)**

When on the brink . . . Think

- Stop and rest in a comfortable position
- Get your head down
- Get your shoulders down
- Breathe in through your mouth
- Blow out through your mouth
- Breathe in and blow out as fast as is necessary
- Begin to blow out longer, but not forcibly—use pursed lips if you find it effective
- Begin to slow your breathing
- Begin to breathe through your nose
- Begin diaphragmatic breathing
- Stay in position 5 minutes longer


Many patients have found the following tips helpful to control their breathing. Not everything works for everyone. It is important to remember to get help if these techniques are not working for you.

**Pursed lip breathing** encourages you to completely exhale each breath.

- Breathe in through your nose.
- Form your lips into the position used to whistle or blow out candles and breathe out for twice the number of seconds that it took you to breathe in.

A fuller breath out results in an automatic rush of air into your lungs, which can decrease the severity of breathlessness and increase your stamina, as well as your confidence level.
Abdominal (diaphragmatic) breathing helps the lungs to function at their best. It also can promote a feeling of relaxation which many patients have reported, in and of itself, helps with breathlessness.

- Recline in a comfortable position.
- Breathe in through your nose and out through your mouth.
- Place a small pillow, tissue box, or small paperback book on your stomach.
- Place your hands at your sides.
- As you breathe in, practice making the object on your stomach move up and as you breathe out, practice making the object move down.
- When breathing out, use the pursed lips technique described above.

The act of pushing out your abdomen helps to slow down your breathing and may enable your lungs to expand a bit more and get more oxygen in.

Relaxation techniques may help to relax your muscles, which will then reduce the amount of oxygen they need.

- Rotate your shoulders in a circle a few times, or shrug them up and down.
- Practice relaxing your shoulder and arms throughout the day.
- Be aware of times when you are tense or likely to become tense and practice relaxing before you become short of breath.
- If you are experiencing an especially bad bout of breathlessness, sit down in a chair next to a small table. Place a few pillows on the table. Fold your arms, place them on the pillows and relax into the pillows. Concentrate on relaxing your shoulders and arms. Stay in this position until you feel your breathing slow down.

Altering the breathing rhythm focuses on helping you ease the pace of your breathing which helps you to breathe more efficiently.

- Sit in a comfortable position
- Breathe in through your nose and out from your mouth
- As you breathe in, count to 4, slowly
- As you breathe out, count to 4, slowly
- Continue with this more natural, slower pattern

The use of a fan blowing a breeze over the face has been reported as being helpful for some people.
Other techniques that patients have reported as being helpful include:

- Spacing out activities over the day
- Resting between activities
- Anticipating activities that may increase breathlessness and planning for them

Oxygen therapy may be helpful in dealing with breathlessness. You and your physician can determine whether this option will benefit you.

Medication may also be useful in dealing with dyspnea. Morphine (not being used for pain but for breathlessness), Dilaudid, steroids, or medication to lower anxiety levels may be helpful for some people. You may want to discuss medication with your physician and health-care team.

Exercise is also a very important in managing your dyspnea. You may be having difficulty breathing because your muscles (diaphragm) that help your lungs to expand may have become weakened due to weight loss. Doing gentle activities and specific chest muscle exercises can often improve your ability to breathe. One way to help you strengthen your muscles is referral to the Palliative Rehabilitation Program (an 8-week program with physician, nurse, physiotherapist, dietitian and social worker). This program is intended to help improve your functioning and is often recommended for people with dyspnea.

Decreased appetite and weight loss

Weight loss is common in lung cancer. In many cases, weight loss occurs because the body’s ability to absorb calories and nutrients is decreased. It may also occur because of the tendency of cancer treatments to decrease your appetite. It is generally accepted that eating well may help you to cope better with the effects of cancer and its treatment. Canada’s Food Guide recommends eating a variety of foods from the different food groups. The following tips explain how to maintain a healthy nutrition level throughout your diagnosis and treatment.

- Meet your basic calorie needs. Getting enough energy is important during treatment to maintain your weight and strength. It is best to get your energy from foods that are nutritious.
- Get plenty of protein. Protein rebuilds and promotes tissue healing. The best sources of protein include foods from the dairy group (milk, cheese, yoghurt) and meats (meat, fish, or poultry), as well as eggs, tofu and legumes (beans). Protein drinks can help particularly at times when your appetite is decreased.
Drink plenty of fluids. A minimum of eight cups of fluid per day will prevent dehydration. Fluids can include water, juice, milk, broth, milkshakes, and other beverages. Beverages containing caffeine do not count. Keep in mind that you’ll need more fluids if you have treatment side effects such as vomiting or diarrhea.

If you are feeling nauseated or your appetite is low, try eating 5 or 6 small meals per day rather than 3 standard meals.

If you need more information about nutrition, the Canadian Cancer Society (CCS) has a booklet called *Eating Well When You Have Cancer: A guide to good nutrition*. This booklet provides information to help you maintain good nutrition with tips on how to make sure your body gets the nutrients it needs, ideas on how to cope with side effects, which may prevent you from eating properly, and recipes. You can get this booklet on the CCS website www.cancer.ca or talk to your health-care team.

**Fatigue**

Fatigue is different from feeling tired. Many people who are living with lung cancer experience mild to extreme fatigue. Fatigue is an excessive feeling of tiredness that may not be relieved by extra amounts of sleep or rest. You may find yourself having difficulty in performing everyday tasks, even simple self-care tasks such as bathing and eating.

Fatigue has many causes such as prolonged emotional stress, a diet without enough iron, side effects from your treatments, loss of lung function, or anemia. The following suggestions may help you to make the most out of your day.

**Reassess** your daily goals to make them realistic and reachable.

- Keep a record of your fatigue patterns throughout the day and record in your symptom diary.
- Find patterns in your daily fatigue levels and use them to plan your day to minimize those activities that fatigue you the most.
- Spread your activities throughout the day. Rest between activities; let others help you with meals, housework, or errands. Do not do more than you can manage. Ask for help with tasks when you need it.
- Rest and sleep are important but don’t overdo it. Too much rest can decrease your energy level. Long afternoon naps (greater than 1 hour) can interfere with the quality of your nighttime sleep.
Stay as active as you can. Exercise has been shown to decrease fatigue and promote feelings of well-being.

Daily exercise will maintain your muscles and promote energy conservation. Some people find it is best to exercise early in the day. Start with 10 minutes per day and increase, as you are able.

Drink plenty of liquids. Eat as well as you can.

Do activities that you enjoy and make you feel good.

Fatigue is often made worse by stress. Anticipate that your treatment may be tiring and stressful and plan ahead.

**Good sleeping practices** increase a feeling of being rested.

- Avoid long afternoon naps.
- Go to bed and get up at the same time every day.
- Wait until you are sleepy before you go to bed.
- Make your sleeping area comfortable, not overly warm and with minimal light and noise.
- If you find that you are waking up in the middle of the night thinking about your situation, jot down your thoughts and questions – this way, you can fall back asleep knowing that, in the morning, you can deal with your thoughts and questions more productively.

**Symptom assessment using ESAS**

Throughout your treatment you may experience various physical and psychological symptoms. It is important to tell your health-care providers about these symptoms. To help with that process, your health-care team will ask you to complete the ESAS (Edmonton Symptom Assessment Scale). It is a scale from 0 to 10 that you will use to describe how you are feeling. A 0 means you have no symptom and a 10 means it is the worst possible symptom. You will be asked to complete this at each visit using either a paper copy or an electronic touch screen. If you use the touch screen you will be shown how to use it. Your health-care team (nurses and physicians) will review this and discuss the issues with you. It is important to share this information with them and to ensure they discuss your symptoms with you. You can help us to help you by completing your ESAS. In addition there may be other forms we ask you to complete to help us understand more about your symptoms since only you know how you are feeling. They may include the Brief Pain Inventory, the Distress Thermometer and others.
What can I do to feel my best during treatment?

- Taking an active role in your treatment may give you a sense of being in control.
- Have a friend or family member accompany you to treatments.
- Expect to feel tired and make plans to rest frequently.
- Exercise daily, in whatever way you are able: daily exercise prevents the deterioration of muscle and maximizes the recovery from surgery and treatment.
- Use a good sunscreen daily (SPF at least 15) no matter what time of year.
- Have a treat to look forward to: dinner at a favourite restaurant, a drive in the countryside.
- Talk to someone who has been there. It might be a big help and also lessens the stress on your family.

What side effects can I expect from the treatment?

Individuals receiving surgery, chemotherapy or radiation therapy may have specific concerns regarding pain, nutrition, weight loss, hair loss and other side effects of cancer treatment. Suggestions to cope with these can be found in some of the books and websites listed in the resources section of this guide. Teaching sessions with a nurse or radiation therapist are often available. Be sure to always share how you are feeling with your health-care team.

How do I manage my anxiety?

Some of the most difficult time emotionally for people is just before the treatment begins. People often have preconceived ideas about treatment; some of them incorrect. As part of informed consent, each patient is given information on side effects that may happen. This does not mean that it will happen to you. The unknown and imagined is usually much worse than reality. Try not to fall in the trap of always thinking about the worst case scenario. Try to harness your imagination to focus on the best case scenario.
Waiting for a procedure, test result, or to meet with a physician can also cause anxiety. Remember to keep busy and do activities you enjoy. This will help with the waiting period.

**Try to prepare yourself for treatment**

- Understand what your treatment will be and how it will help you.
- Anticipate the *side effects* and plan how you will manage them.
- Take a friend/relative who has a calming influence with you to treatment. Choose the sort of person who will be most helpful to you.

Between treatments, listen to what your body and mind need—be gentle and kind to yourself. Try to remember that treatment is temporary and will come to an end. Many people with cancer find it helpful to seek out others who have had similar experiences. There are support groups or other opportunities to seek out this kind of contact. For some people, thoughts about spirituality become important. If you have a close spiritual community, they will become an essential part of your support system.

**Will I be able to keep my regular schedule?**

For many people, keeping to routines keeps a sense of order and control. If you feel you are able to maintain the activities and schedule that you normally do, then it may help you to feel a bit more normal during treatment. However, this may be the time to ask family and friends for help. For individuals receiving chemotherapy or radiation therapy or who are recovering from surgery, it may be helpful to have friends and family cook some nutritious meals to have on hand.

Hobbies can be very important at this time. Whatever gives you pleasure, whatever you have the energy to do—those are the right things to be doing.

*The rule is: Do those things that you enjoy and are helpful to your physical and mental health, try to avoid or ask others to do those things that are a burden.*
Work issues

Many people with lung cancer may decide as soon as they get their diagnosis to take sick leave immediately. The thoughts of trying to juggle a busy and stressful job, doctor’s appointments, treatment schedules and family commitments can be overwhelming. However, if your work is part of your support system or if, financially, you are not able to take a leave, you may continue to work. Depending on your condition, you may want to consider doing reduced hours or going part time for a while. Your treatment may change your ability to function normally at work or you may need to take prolonged absences depending on your treatment plan. You will need to maintain ongoing discussions with your employer and physician.

How quickly can I return to work after surgery?

If you have surgery, you will have a follow-up appointment with your surgeon 4 to 6 weeks after your discharge from hospital. At that time you will be able to discuss returning to work with your physician.

Can I work while I have chemotherapy or radiation therapy?

Some people are able to work throughout their treatment for lung cancer however; there will be times when you are particularly tired and nauseous. Chemotherapy treatment can make you more susceptible to colds and flu making it very important that you guard yourself against exposure to other people who may be ill. Radiation treatment occurs on a daily basis for up to several weeks and can be very tiring. Working out of your home or scheduling your treatments around your work schedule can help. Maintaining open discussion with your employer may help to work out the best arrangement during your treatment time.

How do I manage my financial and personal care issues/concerns?

You may have specific questions related to financial concerns such as; “Can I get disability pay or employment insurance benefits while I am getting treatment?” Information is listed in the Resources section of this Guide. If you need more information and guidance, social workers are part of the health-care team. They can provide assistance by informing you about community support for finances, extra help at home, transportation assistance to treatments, power of attorney, making a will, etc.
What can I do to promote a healthy lifestyle?

Because of your lung cancer, adopting healthy lifestyle choices may be beneficial in helping you through your treatment experience. Your health-care team can help you with any changes that you may be planning. The following suggestions are changes that may help you, throughout your treatment, to stay as healthy as possible. After treatment, they will help you maintain an overall sense of well-being.

Exercise

Exercise can help to improve your energy and your sleep; it can help you to fight off infections, reduce stress and generally improve overall quality of life during and after treatment. No matter what treatment you are offered, exercise will benefit you. It is important to consult your doctor before you begin exercising. Here are some guidelines to follow regarding exercise:

- Try to exercise 3 to 7 days per week for anywhere from 10 to 90 minutes per session.
- Include activities that bring up your heart rate and that use a variety of muscles (walking, swimming, cycling, or other activity that you enjoy doing).
- When exercising, it is NORMAL to sweat and feel a physical effort. You may get short of breath and feel your heart beating faster than at rest. Your heart rate should return to normal a few minutes after you are done exercising.
- When exercising, it is NOT NORMAL to feel chest pain, dizziness, or a feeling of exhaustion.
- If you are finding it difficult to exercise regularly—remember, any activity is better than no activity. Be as physically active as your condition and ability allow.

Nutrition

- Eating well is an important part of your lung cancer treatment. Keeping well hydrated and nourished will help you to manage your treatment and its side effects. Adequate fiber intake in your diet and staying hydrated can minimize side effects.
- Eat 5 or more vegetables per day. Fruits with skin are also helpful.
- Choose whole grains over white (i.e. pasta and breads). This will help with constipation and provide extra nutrition.
Eat smaller amounts several times per day instead of three larger meals. This helps you to get in the amount of nutrition and calories that your body needs to stay healthy particularly at times when your appetite may be affected by the cancer or by the treatments you are having. Eat even if you do not feel hungry.

Limit alcohol intake, particularly during treatment. Discuss with your doctor if you are drinking more than 8 drinks per week.

**Quit smoking**

- Quitting smoking is the most important thing that you can do for your health now. Quitting smoking will help your treatments be more effective, and help reduce complications of treatment.
- It is particularly important to quit smoking prior to lung cancer surgery as it will help improve your lung function and reduce shortness of breath.
- If you are interested in having some help to quit smoking, speak with your nurse who can provide teaching and information. **Nicotine is one of the most addictive substances known, there is help available.** Even if you do not feel ready to quit at this time, ask for information.

Please see Section 8 of this guide for a listing of available programs and other resources to help you or your family members quit smoking.

**Should I consider other treatment(s) such as complementary therapies?**

**Complementary therapies** are more and more accepted as part of the care of people living with cancer. **Complementary therapies** are used to decrease symptoms and to enhance the quality of a person’s life along with conventional medical care. One aim of complementary therapy is to help people take charge of their health-care and lifestyle. They can help you live your daily life in a healthy way, even when faced with a life-changing illness. An experienced complementary therapist will work with you to find treatments that will be most effective for you. It is important to tell your physician, nurse, and pharmacist that you are using complementary therapy.
A selection of complementary therapies frequently used in cancer care

The following list includes very brief descriptions of some therapies. As most complementary therapies are not regulated, the best way to find a therapist is through personal recommendation. Look for personal and professional experience with cancer patients, ask questions, and look for someone who is working full-time in the business. Extended health-care insurance covers an increasing number of complementary therapies.

**Acupuncture**

Acupuncture is an ancient Chinese medical procedure, based on the principle that health related energy flows through the body through energy lines called meridians. Any type of stress or illness can cause blocks in this flow of energy. The insertion of fine needles into various acupoints along these meridians may change or increase energy flow through the body. Symptoms may decrease; energy and a sense of wellness may be improved.

Some promising results from scientific **clinical trials** are showing that acupuncture may be useful in relieving pain and treating nausea and vomiting related to chemotherapy.

**Aromatherapy**

Aromatherapy is the use of aromatic essences from plants called essential oils, to effect changes in well-being. Massage, inhalation and baths containing essential oils are used to transport the essences throughout the body to produce sedation, stimulation and improved digestion. The effect varies depending on the type of essence used.

**Massage therapy**

Massage therapy uses therapeutic stroking and kneading, usually using oil and working in a systematic pattern. The techniques are designed to relax, or strengthen and stimulate; both may happen at the same time. It is important to note that massage therapy may not be recommended during cancer treatment. Speak with your physician or nurse before going for a massage.
Relaxation techniques

Relaxation techniques can help to decrease the anxiety and stress that result from day-to-day life. These methods help you relax, working with the mind and/or the body. They are techniques that can be easily learned, and something that people can do for themselves. You can buy or borrow CDs or DVDs that can talk you through relaxation exercises. The basis for all relaxation is focusing on breathing. This could include learning deep abdominal breathing or simply learning to focus on the breath coming in and out of the body. Some specific relaxation techniques include:

- **Imagery**
  Imagery is a technique that uses relaxation to create a sense of health and well being through visualization, touch, smell, taste, movement and hearing. Many psychotherapists utilize this method.

- **Meditation**
  Meditation is a method of relaxation from ancient times. Meditation is stilling of the mind by focusing on one thing at a time, whether it is breathing, counting or repeating one word. Yoga classes may offer instruction.
A husband’s story by Hilliard (Hank) Lachance

What support is available for people with advanced lung cancer?

Q What is supportive and palliative care?
Q How do I plan for end-of-life care?
A husband’s story by Hilliard (Hank) Lachance (widower of Nora Lachance)

My wife, a retired school teacher and mother of 6, grandmother of 15, great grandmother of 9, was diagnosed with non small cell lung cancer in October of 2009. She had a harsh cough for some time but her family doctor had attributed it to a side effect of one of the medications she was taking. We were shocked and scared when she was told that she had lung cancer. Otherwise she was feeling fine and didn’t have any health issues. We were also surprised when the doctor said she had a type of cancer commonly caused by smoking as she had quit nearly 30 years before.

She had many tests, as well as both radiation and chemotherapy as part of her cancer care. The staff were very nice, but sometimes we felt lost in the complex health-care system. We had many ups and downs, but she kept a positive outlook throughout it all.

At one point in her cancer care, we learned that additional treatment would not be able to stop the progression of her disease. Fortunately, she was able to stay at home and was cared for by her family and home care nursing staff. She was brave to the end and died peacefully at home, in her bedroom, surrounded by her loving family and for that, I am grateful.

That was three years ago and I miss her every day. We had been married for 59 years and together for 61. I lost my best friend. Thanks to all the people that cared.
What is supportive and palliative care?

When lung cancer comes back or is at an advanced stage, the possibility of a cure becomes very unlikely. This is the time when supportive and palliative care takes on a bigger role in your care. Treatment is focused on managing the symptoms caused by lung cancer as well as helping you to maintain your quality of life.

Radiation and chemotherapy can also be used for palliation to help reduce symptoms such as breathlessness, pain, or coughing. In many cases, the doses of radiation therapy and chemotherapy are modified for comfort and to reduce side effects. The goal is to allow you to live more comfortably and to improve the quality of your life.

When you are diagnosed with advanced lung cancer, you may continue to be cared for by your oncologists and family doctor. A special Supportive and Palliative Care Team that consists of physicians, nurses, social workers and other health-care professionals may also become involved in your care. You may have already seen this team earlier in your illness if you had significant symptoms that were hard to control. The team sees patients in the clinics in the outpatient setting, or if you are admitted as an inpatient.

It is important to talk to your health-care providers about your goals and preferences for how your needs are met and how your symptoms are managed.

How do I plan for end of life care?

A diagnosis of advanced or recurrent lung cancer reminds us that our time here is limited. Tomorrow and the future are suddenly thrown into doubt and we are reminded that we must prepare for death, whenever it may come.

One of the aspects of death that many people find frightening is lack of control. You have an opportunity, now, to prepare for death whether it comes now or many years from now. Taking the time to prepare for death allows you to have some control over how that time in your life will unfold. Having a plan in place may give you peace of mind that, when the time comes, you and your family will be prepared.

The phrase is often heard, “You need to get your affairs in order” but many people have no idea where to start with this process. This is called advance care planning.
In general, it means organizing your personal life: legal papers, income information, insurance policies, financial information such as investments or loans and making sure that the right people know how to access this information. Making sure that your family knows what will happen after your death can bring a sense of peace of mind and comfort through your journey to the end of your life.

Planning for your end of life care in advance can also give you a sense of control. Discussion with your physician, the Supportive and Palliative Care Team, and with your loved ones about your wishes for care can relieve them of making difficult decisions when you are not be able to express your choices.

Some of these tasks are very difficult to think about. Sometimes it is easier if you allow others to help you with these preparations. In many cases your family can help you. Sometimes the members of the health-care team can also be a source of advice and counseling. You have today. You can make choices about how you want to live the time you have. Remember, all of us live until the moment we die. At this time the focus is on the quality of life that you desire.

Advance care planning should be a focus for all of us and there are several good resources that you can access. They are listed in the resources section.

You matter because you are you and you matter to the last moment of your life. We will do all we can to help you live until you die and not only to die peacefully.

— Cecily Saunders, 1976
SECTION 8

Information and resources at The Ottawa Hospital, the Cancer Program and in the community

- Information and support services
- Home care and community resources
- Smoking cessation programs
- Lodging and transportation
- Financial information
- Legal issues
- Lung cancer books, websites and other resources
The Ottawa Hospital

Ages Cancer Assessment Clinic (CAC)
The Ottawa Hospital Ages Cancer Assessment Clinic (CAC) is located in the main building on Smyth Road at the General Campus, on the 7th floor. This clinic provides care to patients undergoing assessment and diagnosis for colorectal, prostate and lung cancer. The clinic is open Monday to Friday from 8 a.m. to 4 p.m.

The CAC is a gateway to cancer care with coordination provided throughout the system. The CAC streamlines the referral process to specialists and diagnostic testing. Care is provided by an interdisciplinary team including nurses, clerical staff, surgeons, radiation oncologists, medical oncologists and social workers.

- The team provides disease information and educational material.
- Nurse navigators provide coordination of care, telephone support and are a primary contact for patients and families.
- Social workers provide counselling to individuals who are undergoing diagnostic testing and/or have been diagnosed with lung cancer and counsel newly diagnosed cancer patients and their families.

Your contact with the interdisciplinary team will allow you to be better informed about your medical situation and treatment options. In consultation with the team, you can make the best decision regarding treatment for you.

Cancer Centre (TOHCC)
TOHCC is the cancer treatment centre for Eastern Ontario. TOHCC has two campuses: the General Campus is at The Ottawa Hospital, 501 Smyth Road; and the Irving Greenberg Family Cancer Centre is located on the grounds of the Queensway Carleton Hospital, 3045 Baseline Road. These facilities are open Monday to Friday from 8 a.m. to 4 p.m. The main number is 613-737-7700.

If you are a patient of the Cancer Centre and have been assigned a patient designated nurse (PDN), you can call your PDN if you are experiencing a problem during Cancer Centre hours. Phone the main number (613-737-7700) and enter your PDN’s extension.
In an emergency situation, please go to your nearest Emergency Department or call 911 for assistance. If your concerns are not related to your cancer or treatment, please call your family physician first.

The Psychosocial Oncology Program
The Psychosocial Oncology Program (PSOP) is an interprofessional service that provides access to support and rehabilitation for all cancer patients (and their families) who are registered as patients with The Ottawa Hospital Cancer Centre. You can talk to your nurse or oncologist about a referral to the program or you can call directly at 613-737-7700, ext. 70516 (General Campus) or ext. 25200 (IGFCC).

Services are provided by the following disciplines:

Social workers provide individual and family counseling, offer patient support groups and education sessions and help with practical issues such as access to medication coverage, transportation, financial support and convalescent care.

Registered dietitians give nutritional counseling for patients who are experiencing or at risk of experiencing challenges with eating. These may be a result of the cancer treatment, or the cancer itself.

Physiotherapists provide physical assessment. They also help to manage pain, increase movement and mobility to maximize function as well as educate on self-management.

Psychologists provide a psychological assessment, treatment recommendations and may also provide psychotherapy.

Psychiatrists assess and treat individuals who need psychotherapy and medications.

Education sessions and support groups
The PSOP also offers a number of education sessions and support groups for patients and their family members. Ask a member of your health-care team for a list of upcoming events.
One particular education session that you may find helpful is Navigating Cancer Care. This session focuses on important information for people who are newly diagnosed such as what to expect after a diagnosis of cancer and available resources both in the hospital and in the community.

For more information, contact 613-737-7700, ext. 70516 or ext. 25200.

**Patient and family libraries**

**The Ottawa Hospital Learning Services**

Do you need help finding more information about your disease? Please email Learning Services at learningservices@toh.ca.

**The Ottawa Hospital website – www.ottawahospital.on.ca**

The Ottawa Hospital website provides information about the programs and services offered at the Hospital. The Patient Services section tells you what you need to know if you are admitted to the hospital or coming for an appointment and includes maps, parking information and bus schedules. The Cancer Centre section (www.ottawahospital.on.ca/cancer) contains information specifically for people living with cancer.

There are a number of booklets available on-line produced by The Ottawa Hospital such as:

1. The Ottawa Hospital Cancer Program’s First Visit to the Cancer Centre booklet
2. Chemotherapy Patient Information Booklet
3. Radiation Therapy Patient Information Booklet
4. Coping with loss of income and other financial issues
Professional counselors

Sources for professional counseling include:

<table>
<thead>
<tr>
<th>Source</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages Cancer Assessment Clinic (CAC) social worker</td>
<td>613-737-7700, ext. 79672</td>
</tr>
<tr>
<td>Hospital social workers while admitted to hospital</td>
<td>613-737-8600 (General Campus)</td>
</tr>
<tr>
<td></td>
<td>613 798-5555, ext. 16002 (Civic Campus)</td>
</tr>
<tr>
<td>Psychosocial Oncology Program (PSOP)</td>
<td>613-737-7700, ext. 70516, 70148 or 25200</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Contact Human Resources at your place of employment</td>
</tr>
<tr>
<td>Community Care Access Centre</td>
<td>Ask your care coordinator 613-745-5525</td>
</tr>
<tr>
<td>Private counselors</td>
<td>See the yellow pages of your telephone book</td>
</tr>
</tbody>
</table>

Canadian Cancer Society

The Canadian Cancer Society offers a wide range of services to cancer patients. These services include transportation, emotional support, information, wigs, smoking cessation, etc. In some areas, the Canadian Cancer Society runs support groups. The Canadian Cancer Society has the following offices in Ottawa and surrounding areas:

<table>
<thead>
<tr>
<th>Canadian Cancer Society Unit Office</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa Unit</td>
<td>613-723-1744</td>
</tr>
<tr>
<td>Lanark, Leeds and Grenville Unit</td>
<td>1-800-367-2913</td>
</tr>
<tr>
<td>(Brockville, Carleton Place, Gananoque, Perth and</td>
<td>or</td>
</tr>
<tr>
<td>Smiths Falls)</td>
<td>613-267-1058</td>
</tr>
<tr>
<td>Canadian Cancer Society Unit Office</td>
<td>Phone number</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Renfrew County Unit (Arnprior, Deep River, Eganville, Pembroke,</td>
<td>1-800-255-8873 or 613-735-2571</td>
</tr>
<tr>
<td>Petawawa and Renfrew)</td>
<td></td>
</tr>
<tr>
<td>Stormont, Dundas, Glengarry and Prescott-Russell Unit (Cornwall,</td>
<td>1-800-669-4181 or 613-932-1283</td>
</tr>
<tr>
<td>Hawkesbury and Russell)</td>
<td></td>
</tr>
<tr>
<td>Québec Division (Outaouais)</td>
<td>819-777-4428</td>
</tr>
</tbody>
</table>

You can also find out about resources in your community on the Ontario Division section of the Canadian Cancer Society's website at www.ontario.cancer.ca.

The Canadian Cancer Society also provides the following national programs:

**Canadian Cancer Society Peer Support Program**

The Peer Support Program will connect you by phone with someone who has experienced the same or similar cancer. For more information phone 1-800-263-6750. To connect with peer support online, go to www.cancerconnection.ca.

**Cancer Information Service**

This is a free telephone information service, offered in English and French to answer questions about cancer and its treatment, prevention and early detection, drugs and clinical trials, complementary therapies, etc. For more information phone 1-888-939-3333.

**Cancer Care Ontario**

Cancer Care Ontario (CCO) is an agency of the provincial Government of Ontario that is responsible for improving cancer services. Working with hospitals and other partner agencies across the province, CCO focuses on improving quality in all aspects of cancer care services including disease prevention and screening, the delivery of care and the patient experience. The CCO website has information to assist patients in understanding the cancer system and provides resource material for patients and families including the Lung Cancer Screening and Diagnosis Patient Pathway. For more information, use the link below to view the Pathway www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=256030.
Maplesoft Centre for Cancer Survivorship Care

The Maplesoft Centre provides a range of programs and services to help individuals with cancer and their family members including support groups, fitness, yoga, meditation, nutrition classes, art therapy and many others.

The cornerstone of the Maplesoft Centre is ‘cancer coaching’ where certified cancer care professionals help individuals identify needs and interests and facilitate access to appropriate resources. Coaches help each individual establish quality of life objectives, identify barriers and challenges and develop an action plan best suited to their situation. All programs are offered at no cost to the participant and without the need for a medical referral.

For more information about these programs or other Cancer Survivorship Care programming offered at the Maplesoft Centre, please visit www.ottawacancer.ca or contact 613-247-3527.

Ottawa Integrative Cancer Centre (OICC)

The OICC provides integrative cancer care to improve the quality of life of those with cancer. Employing an individualized whole-person care approach, the OICC provides services to cancer patients interested in receiving complementary support alongside conventional treatments and those seeking prevention of cancer or its recurrence. For more information visit www.oicc.ca or call 613-792-1222 or 1-855-546-1244.

Home care and community resources

Champlain Community Care Access Centre (CCAC)

The Community Care Access Centre (CCAC) provides support services in the home as well as access to long-term care. If you feel you need a referral to community care, ask your nurse or physician. They will make the referral for you. You can also contact the CCAC yourself. A care coordinator can meet you at the Cancer Centre to talk about what you may need. Your care coordinator can also advise you about additional services and supports in the community and how to access them. Information about the CCAC is also available on their website at www.ottawa-ccac-ont.ca or by calling 613-745-5525 or 1-800-538-0520.
Below is a listing of CCAC offices in the Champlain Region.

<table>
<thead>
<tr>
<th>City or Region</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa</td>
<td>613-745-5525, 1-800-538-0520</td>
</tr>
<tr>
<td>Leeds, Grenville Counties (Brockville)</td>
<td>613-345-0060, 1-800-267-4403</td>
</tr>
<tr>
<td>Lanark County (Perth, Smiths Falls, Carleton Place)</td>
<td>613-283-8012, 1-800-267-6041</td>
</tr>
<tr>
<td>Renfrew County (Pembroke, Renfrew, Arnprior)</td>
<td>613-732-7007, 1-888-421-2222</td>
</tr>
<tr>
<td>Stormont, Dundas, Glengarry, Prescott, Russell Counties (Cornwall, Winchester, Hawkesbury)</td>
<td>613-936-1171, 1-800-267-0852</td>
</tr>
</tbody>
</table>

**Private homemaker services and nursing registries**

If you wish to hire privately, or if you have extended health insurance that covers private-duty nursing; look in the yellow pages of the telephone directory under “Nurses” or do a search on the web. If you plan to claim on your insurance, make sure you receive pre-approval from your insurance company prior to setting up services.

**Quality of life**

**Look Good … Feel Better Program**

The Look Good…Feel Better program offers free workshops about facial skin care, makeup and options for hair loss for women who are receiving cancer treatment. The workshop is offered twice a month. Pre-registration is required. If you wish to register or need more information, call 613-737-7700, ext. 10315.

**Victoria’s Quilts Canada**

Victoria’s Quilts offers handmade quilts to cancer patients. If you wish to request a quilt, call 613-843-9212 or visit the website at www.victoriasquiltscanada.com.
Fertility resources

Cancer and its treatment can sometimes affect a person’s ability to have children. Information on fertility options can be obtained through the following resources in the Ottawa area:

- The Ottawa Fertility Centre – Phone 613-686-3378
  Sperm cryopreservation storage
  IVF fertilization treatment cycle
  Embryo cryopreservation storage

- Fertile Future – 1-877-Hope066
  19 Woodson St., Ottawa
  www.fertilefuture.ca

- Dr. Weis – Phone 613-236-6772
  Sperm cryopreservation

Other community resources

Your hospital, Cancer Assessment Centre or Cancer Centre social worker can provide information on other community resources that provide services in the home.

Personal emergency response systems, which link individuals to 24-hour emergency assistance. There is a cost for this system.

Meals on Wheels: a program that delivers hot meals (some programs also have a frozen food plan) to individuals unable to prepare meals at home. There is a cost.

Community or home support programs: These agencies provide a variety of services, including homemaking, transportation, telephone assurance, escorts, sitters, and friendly visitors. Every agency may not be able to provide all services. They have reasonable rates for home help and transportation. In Ottawa, you can find out more information by contacting the Ottawa Community Support Coalition at 613-688-1768 (www.ocsc.ca).
Smoking cessation programs

Smoking is detrimental to your health. There are programs to help you quit.

The University of Ottawa Heart Institute sponsors the Smoking Cessation Program at The Ottawa Hospital, Civic Campus. This six-step program is for adults who require a combined medical and behavioral approach for quitting. For further information, phone 613-761-5464 or 1-866-399-4432.

Canadian Cancer Society’s Smokers’ Helpline provides information, advice, and support. There is no charge. For more information, phone 1-877-513-5333.

Other resources to help you quit smoking include:

- **Ottawa Public Health Information Line** . . . 613-580-6744, ext. 24179
- **Renfrew County and District Health Unit, Health Info Line** . . . . . . . . . . . . . . . 613-735-8666 or 1-800-267-1097
- **Leeds, Grenville and Lanark District Health Unit, Health Action Line** . . . . . . . . 613-345-5685 or 1-800-660-5853
- **Eastern Ontario Health Unit, Tobacco Use Coordinator** . . . . . . . . . . . . . . . . . . . . . 613-933-1375 or 1-800-267-7120, ext. 235
- **Dr. Lena’s Clinic for Adolescents** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 613-737-7119

**Pharmacists’ Smoking Cessation Program**

If you receive your medication through the Ontario Drug Benefit (ODB) program, check with your pharmacist to see if they are offering free quit smoking support. You may be eligible for Zyban or Champix under the ODB program.

**Web-based resources for quitting smoking:**

- becomeanex.org
- breakitoff.ca
- dontquitquitting.ca
- leavethepackbehind.org
- smoberup.activestop.ca
- smokershelpline.ca
Lodging and transportation

The Maurice J Grimes Lodge, Civic Campus of The Ottawa Hospital Cancer Centre, provides accommodation for out-of-town patients requiring assessment or treatment at the Cancer Centre. It is open Monday to Friday. For more information, phone 613-725-6328.

Criteria for admission to the lodge includes:
1. A registered Cancer Centre patient.
2. Live more than 40 km outside of Ottawa.
3. Being able to manage stairs.

Rotel, 411 Smyth Road (immediately adjacent to the TOH General Campus), provides inexpensive accommodation for outpatients, and for friends and relatives of inpatients at Ottawa area hospitals. For more information, phone 613-733-1412 or 1-800-267 4700.

The Ottawa Hospital Intern’s Residence, 751 Parkdale Avenue (TOH Civic Campus), rents apartments for short stays for out-of-town families of Ottawa Hospital patients. For more information, phone 613-761-5400.

Other—Some hotels can also offer long-term accommodations at reasonable rates. Please contact the Cancer Assessment Clinic Social Worker at 613-737-8899, ext. 79672 or the Psychosocial Oncology Program at 613-737-7700, ext. 70516 for more information on accommodation assistance.

Transportation to medical appointments

If family or friends are unable to assist you with transportation to medical appointments, the following are some options.
**Canadian Cancer Society—Volunteer Driver Transportation Program**

Canadian Cancer Society volunteers may be able to provide transportation to Cancer Centre. Call your local Cancer Society Unit Office. For phone numbers, please refer to the table on the Canadian Cancer Society on page 84.

**At least 3 business days’ notice is required or you may not be accommodated.**

* Please note:
The Canadian Cancer Society offices are closed on weekends and on statutory holidays—ensure that your travel arrangements are planned well in advance! Important: If you need to cancel a drive for any reason, call 613-723-1744, ext. 3610 ASAP.

**Home Support Programs** may be able to provide transportation for seniors or individuals with disabilities. There is a fee for this service. Check with the Senior Support Program in your local community. More information on these services can be obtained through the Community Care Access Centre in your area.

If you are on the **Ontario Works** or **Ontario Disability Support Program**, contact your case worker to determine if you are eligible for any financial assistance for transportation expenses.

**Para Transpo** (available to individuals living in the City of Ottawa only) provides special transportation for disabled persons who cannot board a conventional bus. For information on the application process, phone 613-244-1289. For bookings after you are registered, phone 613-244-7272.

**Parking at The Ottawa Hospital**

Passes are available on daily, weekly or monthly basis. Frequent User parking passes are also available. You may purchase your pass at any campus through the cashier’s office or at Security. If you cannot pay for parking, please contact your social worker to discuss options.

For more information, contact:
The Ottawa Hospital: 613-737-7700, ext. 14281
Queensway Carleton Hospital: 613-721-4700, ext. 2679 (IGFCC)
Physically disabled parking permits
The Ministry of Transportation of Ontario issues Disabled Parking Permits. You can pick up an application at any License Bureau, from a hospital, from your social worker or through the Psychosocial Oncology Program.

Financial information
Whether you are living with cancer, or acting as a caregiver to a person with cancer, your income can be affected through unexpected expenses or time away from work. This section discusses the options.

Loss of income—Options for patients
Some people who have cancer may be unable to continue to work either temporarily or permanently. The resulting loss of income can cause additional stress to an already stressful situation. Options you can explore to replace lost income are discussed below.

1. Taking leave from your place of employment
   Talk to Human Resources personnel at your place of employment about your coverage for sick leave, vacation leave, and short or long-term disability.

2. Employment Insurance Sickness Benefit
   This is a federal program accessed through Service Canada. Sickness benefits are paid up to 15 weeks.
   - Eligibility: 600 hours of insurable employment in the last 52 weeks, or since the start of the last Employment Insurance (EI) claim. Some exceptions are allowed.
   - How much: Most claimants receive approximately 55% of their earnings up to a weekly maximum. If you are a low-income family with children, you could receive a higher rate.
   - When benefits start: There is a two-week waiting period. However, if you get paid sick leave from your employer or group insurance benefits, you may not have to wait. The claim can take four to six weeks to process. Ontario Works (Social Services) may assist in the interim.
   - Apply online at www.servicecanada.gc.ca
For more information on the Employment Insurance Sickness Benefit, call 1-800-622-6232, or go to www.servicecanada.gc.ca.

3. **Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) Disability Benefit**

**CPP Disability Benefit**
The CPP Disability Benefit is a federal program run by Service Canada, Income Security Programs. Qualification for this program is based on medical need, not financial need.

- **Eligibility:** The applicant must be: between the ages of 18 and 65; have enough CPP contributions and have a disability that is “severe and prolonged”.
- **How much:** Dependent on contributions to the plan. Call 1-800-277-9914 to determine the amount for which you might be eligible. Benefits are taxable. It is also important to disclose to your long-term disabilities provider that you are also in receipt of the Canada Pension Plan.
- **Disabled contributor’s child benefit:** Dependent children may be eligible for benefits if they are less than age 18 years, or are between 18 and 25 and attending school full time.
- **When benefits start:** Benefits start in the fourth month after you are deemed to have become disabled. You can receive up to twelve months of retroactive payments.
- **To apply:** Application forms are available from a social worker or from Service Canada.

For more information on the Canada Pension Plan, call 1-800-277-9914, or visit www.servicecanada.gc.ca.

**QPP Disability Benefit**
The QPP Disability Benefit is similar to CPP Disability Benefits. If you have contributed only to the QPP, or if you contributed to both plans but reside in Quebec, you should contact: Régie des rentes du Québec at 819-772-3049 or 1-800-463-5185.
4. **Ontario or Quebec social assistance**

**Ontario Works**

This program is for people who need financial assistance to pay for day-to-day living expenses such as food, housing and utility costs.

- **Eligibility:** It is based on a financial needs test. People applying for the Ontario Disability Support Program (ODSP) are allowed higher levels of assets.

- **How much:** Depends on various factors. An Ontario Drug Benefit Card is provided.

Extra financial help may be available for special dietary needs, medical transportation, dental and vision care for children, and the balance for medical equipment or prostheses not covered by the Assistive Devices Program.

To apply: Phone the local office of Ontario Works.

<table>
<thead>
<tr>
<th>City or region</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Ottawa</td>
<td>613-560-6000 (ask for intake)</td>
</tr>
<tr>
<td>Lanark County (Smiths Falls, Perth, Almonte, Carleton Place)</td>
<td>613-267-4200, 1-866-878-9588</td>
</tr>
<tr>
<td>United Counties of Leeds Grenville (Brockville)</td>
<td>613-345-4101, 1-800-267-8146</td>
</tr>
<tr>
<td>Renfrew County (Renfrew, Pembroke, Arnprior)</td>
<td>613-433-9846, 1-888-281-7526</td>
</tr>
<tr>
<td>Stormont, Dundas and Glengarry Counties (Cornwall)</td>
<td>613-933-6282</td>
</tr>
<tr>
<td>Prescott-Russell County</td>
<td>613-675-4642, 1-800-667-9825</td>
</tr>
</tbody>
</table>
Quebec social assistance
For information on financial resources, contact your local CLSC:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull</td>
<td>819-770-6900</td>
</tr>
<tr>
<td>Gatineau</td>
<td>819-561-2550</td>
</tr>
<tr>
<td>Aylmer</td>
<td>819-684-2251</td>
</tr>
</tbody>
</table>

5. Ontario Disability Support Program (ODSP)
This program is based on medical needs as well as financial needs. An application for ODSP goes through a medical determination process by the Disability Adjudication Unit in Toronto.

- **Eligibility**: The applicant must “have a substantial health condition expected to last more than 1 year”. ODSP allows you to have more assets than what is allowed by Ontario Works.

- **How much**: Depends on various factors. Amount received is higher than what is received under Ontario Works. An Ontario Drug Card is provided.

- **When benefits start**: Application process can take up to four months or longer. If you do not have other income, apply for Ontario Works in the interim.

- **To apply**: Ontario Works and ODSP (for phone numbers, see 4 above).

For more information on ODSP, see their website: www.mcss.gov.on.ca/CFCS/en/programs/IES/OntarioDisabilitySupportProgram/default.htm or call directly (telephone numbers for each region are listed below):

<table>
<thead>
<tr>
<th>City or region</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ottawa</td>
<td>613-234-1188</td>
</tr>
<tr>
<td>Lanark County</td>
<td>613-283-1165, 1-800-267-7911</td>
</tr>
<tr>
<td>Leeds-Grenville County</td>
<td>613-345-1200, 1-800-267-0834</td>
</tr>
<tr>
<td>Stormont, Dundas and Glengarry Counties</td>
<td>613-932-3381, 1-800-565-5374</td>
</tr>
<tr>
<td>Prescott-Russell County</td>
<td>613-632-1171, 1-800-565-4431</td>
</tr>
<tr>
<td>Renfrew County</td>
<td>613-735-1073, 1-800-267-0112</td>
</tr>
</tbody>
</table>
6. **CPP/QPP/private retirement plans**
   Some people may choose to take early retirement. Talk to Human Resources personnel at your place of employment.

7. **Other SOURCES OF FINANCIAL ASSISTANCE**
   1. **Specific disability insurance**
      Check to see if you have disability insurance on your mortgage, your line of credit, your credit card, etc.
   2. **Essential health and social support (EHSS)**
      In Ottawa, you can call Social Services at 613-560-6000 for financial assistance (for those of low income) and for:
      - Trillium Prescription Drug Plan Deductible
      - Dental and vision care for children and adults
      - Medical transportation
      - Mobility aids
      - Assistive Devices Program top-up
      Outside of Ottawa, call Social Services in your local municipality to determine whether they provide any financial assistance.
   3. **Gas mileage**
      Patients who live 40 km or more from a Regional Cancer Centre are eligible for income tax deductions for their mileage. Patients who live 80 km or more from a regional cancer centre can claim for accommodations and meals.
      To get information, visit the Canada Revenue Agency website at www.cra.gc.ca/travelcosts.
   4. **Disability Tax Credit (Revenue Canada–Taxation Office: Form T2201)**
      The Disability Tax Credit is a non refundable tax credit that reduces the amount of federal income tax you pay. Apply if you “have a severe and prolonged (at least 12 months) mental or physical impairment such that you are markedly restricted in your ability to perform one or more basic activities of daily living.”
Loss of income—Options for caregivers

The following are some options to replace income lost due to caregiving responsibilities.

1. **Taking leave from your place of employment**
   Talk to Human Resources personnel at your work to determine if you are eligible for sick leave, personal leave or vacation leave.

2. **Employment Insurance Compassionate Care Benefits**
   This program provides a maximum of six weeks of benefits to “eligible workers who have to be absent from work to provide care to a family member who has a serious medical condition with a significant risk of death within 26 weeks (six months)”. To qualify, you will need a medical certificate from the physician treating the gravely ill family member. You will also need a Record of Employment (ROE) from your employer. You can share the six weeks of compassionate care benefits with other family members so long as they also (1) meet the eligibility criteria and (2) apply for the benefits. For further information, call 1-800-206-7218, or visit www.servicecanada.gc.ca.

3. **Tax Savings**
   For information on the Medical Expense and Disability Tax Credits and Attendant Care Expense Deduction, call 1-800-959-8281 or visit www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f1/s1-f1-c1-eng.html.
   PSOP is also available to help you look for resources in your community.

---

**For more information on financial assistance, the social workers at The Ottawa Hospital will assist you.**

**or**

Although the Canadian Cancer Society does not provide financial assistance, it does have information on the website at www.ontario.cancer.ca.

Select “service directory” from the “get support” section and then “where will my money come from” from the menu on the left. www.ontario.cancer.ca/ccs/internet/standard/0,3182,3543_316353_langId-en,00.html.
Paying for prescription drug costs

1. **Drug Insurance Plan**
   If you are covered by a drug insurance plan at work or privately, check any limitations that your plan might have, for example: partial or total coverage for drugs, maximum amounts each year, and exceptions to the coverage.

2. **Ontario Drug Benefit (ODB) Program**
   If you are an Ontario resident with a valid OHIP number, you are eligible for coverage if you are:
   - 65 years or older
   - receiving professional services under the CCAC program
   - receiving social assistance through the Ontario Works or Ontario Disability Support programs or
   - a resident in a long-term care facility.
   There is a co-payment charge for each prescription.

3. **Trillium Drug Program**
   The Trillium Drug Program is designed to help individuals and families who spend a large portion of their income on prescription drugs. There is a deductible, based on the number of people in your family, and your family’s net income. To help you calculate your deductible, a chart is included in the application form. Once you have spent your deductible on prescription drugs, you will receive coverage for drugs listed on the Ontario Drug Benefit Formulary list.

   Ontario Works (Social Services) could help with the deductible expenses. For more information call 613-560-6000 (in Ottawa).

   You can apply for the Trillium Drug Program if your private insurance plan does not cover all the costs of your prescription drugs.

   Application forms are available from your pharmacist, hospital, Cancer Assessment Centre or Cancer Centre social worker, from the Ministry of Health and Long-Term Care – Trillium Drug Program at 1-800-575-5386 or at www.gov.on.ca/health.

4. **Questions on reimbursement**
   For a guide to reimbursement for prescription medications in Canada, see the website: www.drugcoverage.ca.
Legal issues

Every adult, regardless of age or health, should complete a power of attorney and make a will.

Power of attorney

A power of attorney is valid only when you are living. There are two types of power of attorney:

1. **Continuing power of attorney** for property allows you to name a person(s) to manage your financial affairs on your behalf, under specified conditions.

2. **Power of attorney for personal care** allows you to name a person(s) to make decisions about your personal care, should you become incapable. Personal care includes decisions about health care, living arrangements, food, clothing, and safety. You can give verbal or written instructions, conditions, and restrictions to the person you have named. The most common type of instructions is to decline artificial life support in the event of a terminal disease.

When you are planning to do a power of attorney, it is important to make sure the person(s) you are naming is willing to take on this responsibility. When you have done the paperwork, let this person know, and tell them where it is kept.

To do a power of attorney

1. Contact a lawyer.

   **OR**

2. Go to the Ministry of the Attorney General website at www.attorneygeneral.jus.gov.on.ca/html/PGT/powkit.htm, or contact a hospital social worker, to obtain the “Ontario Ministry of the Attorney General” booklet which has information and the power of attorney forms. Using this booklet, you can do both the power of attorney for property and power of attorney for personal care, at no expense.
Will

A will takes effect only upon a person’s death. The purpose of a will is twofold. It states your wishes for the distribution of your assets, and it names the person (the executor) to carry out this distribution. There are two types of wills: “formal wills” and “holographic wills”.

1. A formal will is usually prepared by a lawyer, but a will form can be purchased from a stationary store. For this type of will, the client signs it in the presence of two witnesses (beneficiaries and their spouses should not be witnesses).

2. A holographic will is prepared without a lawyer’s help. To be binding, a holograph will must be entirely in the person’s handwriting, with no printing or typewriting anywhere on the document and must end with the signature of the testator (the person making the will). This type of will does not need to be witnessed, but a witness is a good idea.

When you are planning to write a will, make sure the person you are naming as your executor, is willing to take on this responsibility. When you have done the paperwork, let this person know, and tell them where it is kept.

Lung cancer resources

The resources listed in this section are provided for your information only and are not intended as a substitute for medical care. If you have any questions about your cancer treatment, you should talk to your doctor or other health-care provider.

Books and pamphlets for lung cancer patients and their families

Books

Pamphlets

- **Where to Start….Lung Cancer.** Suggestions for resources when you begin to look for information on lung cancer.

- **Lung Cancer: Understanding Your Diagnosis.** Canadian Cancer Society, 2008. Available through from your local Canadian Cancer Society or from the Canadian Cancer Society website www.cancer.ca or from the Cancer Information Services at 1-888-939-3333.

- **Mesothelioma: Understanding Your Diagnosis.** Canadian Cancer Society, 2008. Available through from your local Canadian Cancer Society or from the Canadian Cancer Society website at www.cancer.ca or from the Cancer Information Services at 1-888-939-3333.

Websites

- **Lung Cancer Canada** – www.lungcancercanada.ca
- **Canadian Cancer Society** – www.cancer.ca
  (English and French with some information in Chinese, Farsi, Punjabi and other languages.)
- **Cancer Care Ontario** – www.cancercare.on.ca
- **American Cancer Society** – www.cancer.org
- **U.S. National Cancer Institute** – www.cancer.gov
- **MedlinePlus** – www.medlineplus.gov
  A service of the U.S. National Library of Medicine, this site provides a portal to health information.
- **The Patient Information website of the American Society of Clinical Oncology (ASCO)** – www.plwc.org
  This website is designed to help patients and families make informed health care decisions about their cancer and its treatment.
Coping with cancer

Resources to help you cope with the side effects of lung cancer and its treatment. Topics include pain, fatigue, nutrition, etc.

**Pamphlets/Books**

- **Where to Start…..Relaxation and Imagery**
- **100 Questions and Answers About Cancer Symptoms and Cancer Treatment Side Effects.** Joanne Frenkel Kelvin, Jones and Bartlett, 2004 (ISBN 0763726125)
- **Cooking With Foods That Fight Cancer.** Richard Bélliveau and Denis Gingras, McClelland and Stewart 2009 (ISBN 9780771011368)
- **Eating Well, Staying Well During and After Cancer.** Abby S. Bloch, American Cancer Society, 2004 (ISBN 0944235514)
- **The Best News About Radiation Therapy – Everything You Need To Know About Your Treatment.** Carol Kornmehl, 2004

**Websites**

- Lung Cancer Canada – www.lungcancercanada.ca
- Cancer Related Fatigue (Informational video – youtu.be/YTFPMYGe86s)

**Books for family members and friends**

Topics include practical information about care giving and symptom management, how to talk to children about cancer, communication within the family and with the health-care team and how to handle the stress and challenges of caregiving.

- **100 Questions and Answers About Caring For Family and Friends with cancer.** Susannah L Rose and Richard T Hara, Jones and Bartlett, 2005 (ISBN 0-7637-2361-4)


Complementary therapies

Books


Websites

- U.S. National Centre for Complementary and Alternative Medicine nccam.nih.gov

- The Healing Journey Program: Ontario Cancer Institute/Princess Margaret Hospital www.healingjourney.ca
Palliative and end-of-life care

These are resources for patients and family members about living with a life-threatening illness. Information includes: ensuring the best possible quality of life, through pain and symptom control, communication and planning for the end of life.

Pamphlets/Books

- **What is Anticipatory Grief?: A booklet for People Facing Life-Threatening Illness and Their Families** – produced by The Ottawa Hospital


- **When the Focus is on Care—Palliative Care and Cancer.** American Cancer Society 2005 (ISBN 0-944235-53-0)

Websites

- **Canadian Virtual Hospice** – www.virtualhospice.ca

- **Canadian Hospice Palliative Care Association** – www.chpca.net

- **Caring to the End-of-Life** – www.caringtotheend.ca
  Caring to the end of life is a website produced by the Princess Margaret Hospital, University Health Network, Toronto, for patients, caregivers and health-care professionals who need information about palliative care.

- **Advance Care Planning** – www.advancecareplanning.ca
Glossary

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<td>Additional treatment given after surgery to prevent recurrence or further spread or growth of cancer cells, using radiation, chemotherapy and/or hormone therapy.</td>
</tr>
<tr>
<td><strong>Benign</strong></td>
<td>Not cancerous.</td>
</tr>
<tr>
<td><strong>Biopsy</strong></td>
<td>A procedure done to remove cells or tissues from the body for testing and examination under a microscope.</td>
</tr>
<tr>
<td><strong>Bone scan</strong></td>
<td>A picture of the bones using a radioactive dye that shows any injury, disease or healing. This test helps to determine if cancer has spread to the bones.</td>
</tr>
<tr>
<td><strong>Bronchi</strong></td>
<td>The large airways connecting the windpipe to the lungs.</td>
</tr>
<tr>
<td><strong>Bronchoscopy</strong></td>
<td>The bronchoscopy is a visual examination of the inner surface of the air passages by means of a flexible tube (a bronchoscope) inserted through the mouth or the nostril.</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>A general name for more than 100 diseases in which abnormal cells grow out of control. Cancer cells can invade and destroy healthy tissues and they can spread through the bloodstream and the lymphatic system to other parts of the body.</td>
</tr>
<tr>
<td><strong>Carcinogen</strong></td>
<td>Something that causes cancer.</td>
</tr>
<tr>
<td><strong>Clinical trial</strong></td>
<td>A carefully designed scientific experiment for testing a new therapy or treatment approach.</td>
</tr>
<tr>
<td><strong>Complementary therapies</strong></td>
<td>Used to decrease symptoms and to enhance the quality of a person's life. They are used together with mainstream (conventional) therapy. Example: Therapeutic touch, Reiki therapy.</td>
</tr>
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</table>
CT scan: A CT scan (computerized tomography), sometimes called a CAT scan is a special X-ray that obtains x-ray data from different angles around the body and then uses a computer to process the information to show a cross-section of body tissues and organs.

Dyspnea: Shortness of breath/difficulty breathing.

Emphysema: A disease that affects the tiny air sacs in the lungs. Emphysema makes it harder to breathe. People who smoke have a greater chance of getting emphysema.

First-line therapy: The first course of treatment used against a disease.

Immune system: The complex group of organs and cells that defends the body against infections and other diseases.

Large cell lung cancer: A type of non-small cell lung cancer where the cancer cells are large and abnormal.

Lobectomy: A type of lung surgery where one section or lobe of the lung is removed.

Lymphatic system: The system that removes wastes from body tissues and filters the fluids that help the body fight infections.

Lymph nodes: Small bean-shaped organs (sometimes called lymph glands); part of the lymphatic system.

Magnetic resonance imaging scan (MRI): An MRI scan is a test that produces very clear pictures, or images, of the human body without the use of x-rays. MRI uses a large magnet, radio waves and a computer to produce these images.

Mediastinoscopy: The mediastinoscopy is a procedure in which a tube is inserted into an incision above the breastbone so that the organs in the area between the lungs can be viewed and, in some cases, a biopsy can be taken.
<table>
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<th><strong>Metastases</strong></th>
<th>The spread of cancer from one spot in the body to another.</th>
</tr>
</thead>
<tbody>
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<td><strong>Needle biopsy</strong></td>
<td>A needle biopsy refers to a procedure where a needle is inserted into a suspicious area of fluid or tissue and cells are aspirated out for examination under the microscope.</td>
</tr>
<tr>
<td><strong>Nurse navigator</strong></td>
<td>Provides coordination of care, telephone support and is a primary contact for patients and families in the Cancer Assessment Clinic.</td>
</tr>
<tr>
<td><strong>Oncologist</strong></td>
<td>Doctor who specializes in the treatment of cancer.</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>The study and treatment of cancer.</td>
</tr>
<tr>
<td><strong>Palliation</strong></td>
<td>Act of relieving a symptom without necessarily curing the cause.</td>
</tr>
<tr>
<td><strong>Pleura</strong></td>
<td>The thin lining that covers the lungs and the inside of the chest wall that cushions the lungs. The pleura normally releases a small amount of fluid. The fluid helps the lungs move freely during breathing.</td>
</tr>
<tr>
<td><strong>Pneumonectomy</strong></td>
<td>A type of lung surgery where an entire lung is removed.</td>
</tr>
<tr>
<td><strong>Positronic emission tomography scan</strong> (PET scan)</td>
<td>PET scans are a procedure in which a small amount of radioactive glucose (sugar) is injected into a vein, and a scanner is used to make detailed computerized pictures of areas inside the body where the glucose is used. Because cancer cells often use more glucose than normal cells, the pictures can be used to find cancer cells in the body.</td>
</tr>
<tr>
<td><strong>Prognosis</strong></td>
<td>The expected outcome of a disease; the life expectancy.</td>
</tr>
<tr>
<td><strong>Radical radiotherapy</strong></td>
<td>Refers to a full dose of radiation therapy in which the intent is to eradicate the tumour.</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Recurrence</strong></td>
<td>The reappearance of a disease after previous treatment had caused it to disappear.</td>
</tr>
<tr>
<td><strong>Relapse</strong></td>
<td>The return of a condition after an initial remission or improvement.</td>
</tr>
<tr>
<td><strong>Side effects</strong></td>
<td>Reactions from drugs or radiation that are not intended or wanted.</td>
</tr>
<tr>
<td><strong>Small cell lung cancer</strong></td>
<td>A type of lung cancer made up of small, round cells. Small cell lung cancer is less common than non-small cell lung cancer and often grows more quickly</td>
</tr>
<tr>
<td><strong>Spiritual care professional (interfaith chaplain)</strong></td>
<td>A provider of support to patients and their families in their search for meaning and hope in the face of illness. Can help with decision-making, advance directives, and cultural issues.</td>
</tr>
<tr>
<td><strong>Staging</strong></td>
<td>Classification of cancer according to its size and extent of spread.</td>
</tr>
<tr>
<td><strong>Thoracotomy</strong></td>
<td>A surgical procedure where an incision is made through the chest wall so that the organs in the chest can be examined for the presence of cancer or other disease.</td>
</tr>
<tr>
<td><strong>Tumour</strong></td>
<td>An abnormal growth of tissue. Tumours may be either benign (not cancer) or malignant (cancer).</td>
</tr>
<tr>
<td><strong>VATS</strong></td>
<td>Stands for video-assisted thoracoscopic surgery. A surgical procedure performed inside the chest with the help of a camera on a tube.</td>
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The development of this guide is supported through your generous donations. By helping us produce this important patient educational resource, you are making a significant contribution to improving the patient experience.

Access to reliable information on lung cancer, available support services and resources, as well as a single place to document details about their cancer care has proven to be very valuable to individuals diagnosed with lung cancer and their families.

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