PATIENT RESOURCE GUIDE

SANDRA & MALCOLM BERMAN CANCER INSTITUTE



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WELCOME...

Our goal is to help all of our patients and families live as healthy a life as possible during and after a cancer diagnosis.

We encourage you to use this special handbook to organize all of the healthcare information you will receive or need during your cancer journey, including patient education materials, treatments, medications, pain management, test result logs, support resource listings and survivorship plan information.

We also invite you and your family to contact Oncology Support Services at 443-849-2961 to learn more about the comprehensive oncology support services offered.

We hope you find this Resource Guide helpful,

Multo

Michael Stein Executive Director, Oncology Services

Paul Celans, MD

Paul Celano, MD Medical Director, Sandra & Malcolm Berman Cancer Institute

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GREATER BALTIMORE MEDICAL CENTER SANDRA & MALCOLM BERMAN CANCER INSTITUTE

Health. Healing. Hope.

The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to health, healing and hope.

Vision

To every patient, every time, we will provide the care that we would want for our own loved ones.

Greater Values

The values of GBMC are our GREATER Values of Respect, Excellence, Accountability, Teamwork, Ethical Behavior and Results.

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PATIENTS' RIGHTS AT GBMC

As a patient at GBMC, we want you to be our partner in achieving your healthcare goals. It is important to realize that you have both rights and responsibilities. We are committed to ensuring that you receive quality care, are able to fully participate in treatment decisions, are kept well-informed and are able to communicate effectively with your caregivers.

If you or your family have any concerns regarding your care, safety in the hospital or feel that any of your rights have not been respected, you or they should bring these concerns to the attention of your physician, nurse, the manager of the unit or department where you are receiving care or the hospital's management.

If your concerns are not resolved, you or your family are encouraged to contact:

The GBMC Care Line	. 443-849-2273
Maryland Department of Health and Mental Hygiene	. 410-402-8000
The Joint Commission1	-800-994-6610

AS YOUR PARTNER IN CARE, WE ASK THAT YOU...

- Keep appointments or call the hospital when you are unable to keep a scheduled appointment.
- Provide accurate and complete information including name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- Provide complete and accurate information about your health and medical history.
- Provide the hospital or your doctor with a copy of your advance directives if you have one.
- Ask questions if you do not understand any matter relating to your diagnosis, care and treatment and express any concerns about your ability to follow the proposed course of treatment.
- Follow your care and treatment plan.

- Actively participate in your pain management plan and keep your caregivers informed of the effectiveness of your treatment.
- When needed, request pain medications so that nurses can administer them, in accordance with your plan of care.
- Treat all hospital staff, other patients and visitors as you would want to be treated: with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy and number of visitors.
- Make prompt arrangements for payment of bills and be prompt in asking questions you may have concerning your bills.
- Leave all valuables at home or send them home with a family member or friend. The hospital is not responsible for lost belongings including, but not limited to, jewelry, wallet and its contents, cell phones, cameras, laptops, dentures, eyeglasses, hearing aids, etc.

YOUR RIGHTS AS A PATIENT

- You have the right to receive considerate, respectful and compassionate care regardless of your age, gender, race, national origin, religion, sexual orientation or disabilities.
- You have the right to receive care in a safe environment free from all forms of abuse, neglect or harassment. If you are in need of protective and advocacy services in cases of abuse or neglect, the hospital will provide a list of available services.
- You have the right to expect privacy and confidentiality in all aspects of your care.
- You have the right to be treated respectfully by others, be addressed by your proper name and without undue familiarity and be told the names of the doctors, nurses and other healthcare team members involved in your case.
- You have the right to be informed about your diagnosis and possible prognosis, the benefits and risks of treatment and expected outcome of treatment, including unanticipated outcomes.

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- You have the right to interpreting and translation services, as necessary.
- You have the right to communication that meets your vision, speech, hearing or cognitive needs.
- You have the right to identify a support person to be present during the hospital stay.
- You have the right to identify a support person as a surrogate decision maker.
- You have the right to receive efficient and courteous attention from all personnel when you request help, with the understanding that other patients may have similar or more urgent needs.
- You have the right to refuse to participate in or, at any time, cancel your participation in research. Research activities involving you may only be carried out with your written consent and the approval of your personal physician.
- You have the right to communicate with persons of your choice including, but not limited to, physicians, attorneys and clergymen at any reasonable hour.
- You have the right to refuse treatment and to leave the hospital against the advice of your doctor. If you do so, the hospital and your caregivers will not be responsible for any medical consequences that may occur.
- You have the right to inquire about your hospital charges, obtain information about payment of your hospital bills and access the Financial Assistance program if applicable.
- You have the right to be involved in your discharge plan. You can expect to be told in a timely manner the need for planning your discharge or transfer to another facility or level of care. Before your discharge, you can expect to receive information about any necessary follow-up care.
- You have the right to receive pastoral and other spiritual services.
- You have the right to make an advance directive, appointing someone to make healthcare decisions for you if you are unable. If you do not have an advance directive, the hospital can provide you information and help to complete one.

DRIVING DIRECTIONS TO GBMC

The Medical Center is located on North Charles Street in Towson, just north of the Baltimore City line, between Bellona Avenue and Towsontown Boulevard. GBMC is also an easy drive south from the Baltimore Beltway (I-695), Charles Street Exit 25. GBMC is only 15 minutes from Baltimore's Inner Harbor.

From Downtown Baltimore:

- Take I-83 North (Jones Falls Expressway) to Northern Parkway exit
- Turn right onto Northern Parkway
- Follow to North Charles Street, turn left and follow Charles for 2.2 miles
- Turn right into GBMC

From I-695 West (Baltimore Beltway):

- Turn right onto Exit 25, Charles Street
- Proceed south on Charles Street for approximately 1.5 miles
- GBMC is the next light past Towsontown Boulevard; turn left into the Medical Center

From I-695 East (Baltimore Beltway):

- Take Exit 25 and make a left off ramp onto Bellona Avenue
- Get into left lane and follow traffic circle around to Charles Street
- Proceed south on Charles Street for approximately 1.5 miles
- GBMC is the next light past Towsontown Boulevard; turn left into the Medical Center

From West:

- Take I-70 East to I-695 West (Towson)
- Follow 695 to Exit 25, Charles Street
- Follow I-695 West directions on the left

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From the Eastern Shore:

- Take the Bay Bridge to 97 North (Baltimore)
- Follow to I-695 (Baltimore Beltway)
- Take I-695 North (Towson) to Exit 25, Charles Street
- Follow I-695 West directions

From Pennsylvania:

- GBMC is approximately 25 minutes from the Pennsylvania border
- Take I-83 South until it splits left to I-695 East (Towson)
- Take I-695 and immediately turn right onto Exit 25, Charles Street
- Follow I-695 West directions

From Delaware:

- Take I-95 South to I-695 East (Towson)
- Follow 695 to Exit 25, Charles Street
- Follow I-695 East directions

From Washington, D.C., BWI Airport:

- Take I-295 North (BW Parkway) to I-695 West (Towson)
- Follow I-695 to Exit 25, Charles Street
- Follow I-695 West directions

PARKING

Use the list below to find which parking lot you should use when visiting GBMC:

Daffodil Park: Physicians Pavilion West, Berman Cancer Institute, Women's Surgical, Dance Center and The Boutique Salon and Wellness Center

Iris Park: Breast Care Center, Diagnostic Center, Physicians Pavilion East and Sherwood Surgical Center

Lily Park: General Operating Room Registration and Waiting Area and Human Genetics

Rose Park: Main Entrance, Radiology and Spiritual Support

Bluebell Park: Radiation Oncology

Main Hospital 6701 N. Charles Street Baltimore, MD 21204 **Physicians Pavilion North I** 6535 N. Charles Street Baltimore, MD 21204

Physicans Pavilion East

6565 N. Charles Street Baltimore, MD 21204

Physicians Pavilion West

6569 N. Charles Street Baltimore, MD 21204

Campus Parking Fees:

First 30 minutes	FREE
31 to 60 minutes	\$3.00
61 to 180 minutes (1-3 hours)	\$4.00
181 to 360 minutes (4-6 hours)	\$5.00
Over 6 hours	\$6.00
Maximum daily rate is	\$6.00

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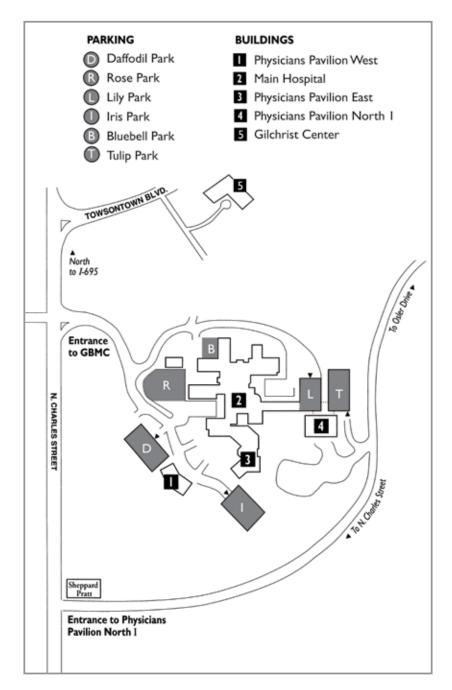
Parking Discounts:

Weekly Passes	\$15.00
(Unlimited Trips Over 7 Consecutive	Days)
Coupon Books	\$30.00
(10 Trips With No Time Limit)	

Discounted Passes Are Available: Main Hospital The Corner Shop......Lobby B

Physicians Pavilion West

Oncology Support Services...... Suite 200 *Coupon Books Only



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LODGING

American Cancer Society Extended Stay America Partnership

American Cancer Society Hope Lodge

1-800-227-2345 cancer.org/HopeLodge

Best Western Plus Towson Baltimore North Hotel and Suites

1100 Cromwell Bridge Rd. Towson, MD 21286 410-823-4410 book.bestwestern.com

1840s Carrollton Inn

50 Albemarle St. Baltimore, MD 21202 410-385-1840 1840scarrolltoninn.com

Crowne Plaza Baltimore

2004 Greenspring Dr. Timonium, MD 21093 410-252-7373 ichotelsgroup.com

Embassy Suites

213 International Cir. Hunt Valley, MD 21030 410-584-1400 embassysuites.com

Holiday Inn Timonium

9615 Deereco Rd. Timonium, MD 21093 410-560-1000 holidayinn.com

Sheraton Baltimore North

903 Dulaney Valley Rd. Towson, MD 21204 410-321-7400 starwoodhotels.com

Towson University Marriott Conference Hotel

10 West Burke Ave. Towson, MD 21204 410-324-8100 *or* 1-800-435-5986 marriott.com (Suites with full kitchens)

For the most up-to-date lodging information, visit gbmc.org/lodging.

INFUSION THERAPY SCHEDULING

When scheduling Infusion Center appointments, a colored slip must be obtained from a nurse to ensure that your appointment date/time and length are accurate.

- If you call by telephone to make an infusion therapy appointment, the clerical staff will review the details with an oncology nurse so they give you an accurate appointment; this process may require the staff person to call you back with an appointment.
- Appointment times from treatment to treatment vary. Standing appointments for the same time each treatment are not made for several reasons. Each appointment date and time must be discussed with our scheduler and may occur at different starting times.
- Infusion therapy protocols vary greatly in length of time, intensity and side effects; some drugs must be administered during a certain time of day to accommodate this and provide the utmost safety.
- Short infusions (less than two hours) will routinely be scheduled from 1:45 p.m. until the end of each day. First appointment times in the morning and the first ones in the afternoon are reserved for longer patient treatments.
- Appointments for chemotherapy cannot be scheduled for the entire treatment plan because blood counts may not recover on time or there may be other side effects that require physicians to modify your treatment. Therefore, if you have a treatment cycle every two, three, or four weeks, we will schedule one appointment at a time. If your treatment is weekly, we will make up to three appointments at a time.
- Appointments for injections can be made 3 at a time.

CONTACT US

Our goal is to provide medical care of the highest quality and safety. Any questions or concerns, please contact Dawn C. Stefanik, Clinical Manager at 443-849-3059.

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FREQUENTLY ASKED QUESTIONS ABOUT THE SANDRA & MALCOLM BERMAN CANCER INSTITUTE INFUSION THERAPY

Where is the Infusion Center once I get to GBMC?

The Infusion Center is located in Physicians Pavilion West, Suite 206. Our building address is 6569 North Charles Street, Baltimore, MD 21204. As you enter the GBMC campus, watch for the signs directing you to Physicians Pavilion West.

How long will each of my treatments last?

Treatment time varies depending on your individual treatment plan. On average, individual treatments will last three hours.

What should I wear?

Comfortable clothes are recommended. A blouse or button down shirt and loose-fitting pants are suggested. It is also recommended that patients dress in layers to adapt to the temperature variation of the Infusion Center.

What insurance information will be required from me for my visit?

Be sure to bring your insurance cards, photo identification (driver's license) and a referral from your primary care physician if one is required. It is your responsibility to contact your insurance company to determine if a referral is needed and where your labs need to be processed. If you do not have your referral upon initial visit, you may be asked to reschedule your appointment.

Do I need to come early for my appointment to have my blood work drawn?

It is not necessary for you to arrive early for your appointment. We have incorporated the time needed for labs to be drawn and results returned into your appointment time. If your insurance requires that your labs be performed at a lab other than GBMC, you will need to have those labs done prior to your visit.

What should I bring with me for my visit?

A book to read, magazine to browse or any laptop craftwork will help you pass the time. Wireless Internet is also available. You may invite one guest to sit with you during your treatment however; the Infusion Center does not permit children under the age of 18 in the treatment area.

Should I eat before my treatment?

Yes, because treatment times may vary. It is important that you eat a light breakfast, lunch or snack. The Infusion Center has limited snacks and beverages available. You can bring your own food if you like.

Should I take my routine medications?

Yes, please take all of your medications as directed prior to your appointment. Bring the medicines that you will need to take during your treatment with you to the Infusion Center (including insulin and pain medications) unless specifically directed to refrain from such.

We look forward to meeting with you and providing your treatment. At your first visit, we will educate you regarding the specifics of your treatment and side effects.

CONTACT US

For further information, please call the Infusion Center at 443-849-3051 or 443-849-2637. Our staff of registered nurses and assistants will be happy to assist you.

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INFUSION THERAPY VISITOR POLICY

Please understand that many of our patients may be immunocompromised.

It is in the best interest and safety of our patients to have only **ONE (1)** visitor sit with the patient in the treatment area.

Thank you for complying with our visitor policy.

INFUSION THERAPY INSURANCE HELPFUL HINTS

- There are many different insurance companies and insurance plans. It is important to understand what your plan covers and what limitations exist with your plan. Although some may have Blue Cross/Blue Shield, it does not mean that each one has the same coverage copays, etc. *Each patient should be familiar with their own insurance plan coverage*.
- Insurance copays are due at the time of service and can be made by check, cash or credit card.
- Different insurance plans may require different things for authorization in the Outpatient Infusion Center. Some insurances require a referral from your primary care physician, some insurances require an authorization from the insurance company and some may require both.
- Some insurance providers can take up to five days under routine circumstances for patients to be authorized for service within our Infusion Center.
- Certain insurance companies may require treatment plans and letters of medical necessity from your physician, which can increase the time it takes to get an authorization.
- Physicians may prescribe drugs for cancer treatment that are "off-label," which means that the drug is not FDA-approved for your particular diagnosis. Off-label drugs are widely used by oncologists. In some cases, there may be information that shows a particular drug may be effective in your tumor type, and therefore, is "compendia" listed. Most insurance providers will cover "compendia" drugs listed for that diagnosis. In some cases, the data may not be recognized in national references, and therefore, is not covered by insurers. If your physician feels that this is still appropriate treatment for you, we will try to get a "prior approval/review" from your insurance prior to your treatment. This may require extra documentation, medical necessity letters, etc. Once your paperwork is submitted to the insurance company, it can take up to a week for an answer/authorization.

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- Please be aware that if you require certain information on exact coinsurance payments, coverage limits, etc., it is your responsibility to investigate this with your insurer.
- Some insurers require you to have services done at certain locations. In the Infusion Center, this most often impacts us in regard to laboratory tests. We will obtain this information for you, but it is ultimately your responsibility to know where your insurance company requires certain services to be done. *Please do not assume that they can be done here because you are allowed to have your treatment here.*
- If your physician gives you an order for testing or scans, most providers require authorization from your insurance company. We can obtain that authorization for you, but need you to contact one of our authorization personnel at 443-849-3149, 443-849-3164, 443-849-3080.

Thank you for your understanding and cooperation.

IMPORTANT NAMES AND PHONE NUMBERS

	Name	Phone Number	Email
Primary			
Healthcare			
Provider			
Surgeon			
Medical			
Oncologist			
Medical			
Assistant			
Care			
Coordinator			
Radiation			
Oncologist			
Radiation			
Therapist			
Infusion			
Therapy Nurse			
Clinical Trials			
Oncology			
Social Worker			
Patient			
Resource			
Navigator			
Survivorship			
Care Coordinator			
Support Group			
Support Group			
Pharmacy			

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	Name	Phone Number	Email
Speech			
Pathologist			
Registered			
Dietitian			
Screenings			
Palliative Care			
Genetics			
Chaplain/			
Pastoral			
Counselor			
Hospice			
Emergency			
Contact			
Physical/			
Occupational			
Therapist			
Lymphedema			
Therapist			

Date	Issue/Concern	Response

QUESTIONS FOR MY DOCTOR

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QUESTIONS FOR MY DOCTOR

Date	Issue/Concern	Response

TREATMENT PLAN CHART

Type of Treatments	Date	Doctor, Nurse, Social Worker, Counselor, Nutritionist, Others

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Phone Number	Notes

TREATMENT PLAN CHART

Type of Treatments	Date	Doctor, Nurse, Social Worker, Counselor, Nutritionist, Others

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TEST RESULTS

Helpful Hints:

1. You may request a copy of your test results from your Medical Assistant.

2. For ease of access, please have labs taken at the same facility.

Date	White Count	Hemoglobin

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NOTES:

Platelet	Tumor Markers	Other

TEST RESULTS

Helpful Hints:

1. You may request a copy of your test results from your Medical Assistant.

2. For ease of access, please have labs taken at the same facility.

Date	White Count	Hemoglobin

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NOTES:

Platelet	Tumor Markers	Other

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Sunday Monday Tuesday Wednesday Thursday Friday Saturday

MEDICATION RECORD

Today's Date:	
Name:	Date of Birth:
Address:	
	_Pharmacy Name:
Pharmacy Phone Number:	
Conditio	ons I am being treated for:
1	
2	
3	
Medication	n Allergies and Sensitivities
Medication	Type of Reaction

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Prescription, Non-Prescription, Vitamins & Herbal Medications Currently Taking

Name of Medication

Dose/Directions

As Needed (PRN) Medications

Name of Medication

Dose/Directions

MEDICATION RECORD

Today's Date:	
Name:	Date of Birth:
Address:	
	_Pharmacy Name:
Pharmacy Phone Number:	
Conditio	ons I am being treated for:
1	
2	
3	
Medication	n Allergies and Sensitivities
Medication	Type of Reaction

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Prescription, Non-Prescription, Vitamins & Herbal Medications Currently Taking

Name of Medication

Dose/Directions

As Needed (PRN) Medications

Name of Medication

Dose/Directions

MEDICATION RECORD

Today's Date:	
ame:Date of Birth:	
Address:	
	_Pharmacy Name:
Pharmacy Phone Number:	
Conditio	ns I am being treated for:
1	
2	
3	
Medication	n Allergies and Sensitivities
Medication	Type of Reaction

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Prescription, Non-Prescription, Vitamins & Herbal Medications Currently Taking

Name of Medication

Dose/Directions

As Needed (PRN) Medications

Name of Medication

Dose/Directions

INSURANCE AND BILLING INFORMATION

			-
Insurance Plan	Insurance Case Manager	Identification Number	

INSURANCE NOTES

Date	Issue/Concern

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Address	Phone

Response

INSURANCE AND BILLING INFORMATION

		Ú	
Insurance Plan	Insurance Case Manager	Identification Number	

INSURANCE NOTES

Date	Issue/Concern

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Address	Phone

Response

INSURANCE NOTES

Date	Issue/Concern	

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R	esponse

WEIGHT TRACKING CHART

Date	Weight

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GUIDELINES FOR OBTAINING RESOURCES THROUGH ONCOLOGY SUPPORT SERVICES

John M. McGovern, MD Oncology Support Services offers comprehensive cancer support from experienced social workers. Oncology Support Services addresses a patient's needs by self, physician or staff referral and from the individual results of the Distress Management Tool. Patients and families will find psychological and social assistance, as well as help with financial issues associated with illness, hospitalization and outpatient treatment. Individual, group and family counseling helps patients, families and caregivers adjust to diagnosis, treatment and lifestyle changes. These services are provided free of charge to GBMC patients.

Oncology Support Services Responsibilities

What we can do for you:

- » Identify resources to assist with financial issues, insurance, transportation and other needs.
- » Facilitate obtaining GBMC medical records, cancer-related prescriptions and health professional signatures as needed to complete applications for assistance.
- » Assist patient in completing portion of the application, if needed.
- » Contact the referral source to track the status of an application.

Patient and Family Responsibilities

What you can do to facilitate obtaining resources:

- » Inform Oncology Support Services of financial, insurance or transportation needs as soon as they are known to you.
- » Keep scheduled appointments for assistance or notify the appropriate person if unable to keep the appointment.
- » Complete your portion of the application and provide needed documentation such as proof of income or other requested information.

- » Notify Oncology Support Services worker of resolution/outcome of the request for assistance.
- » Understand that resources are limited and there are no guarantees that needs will be met.

In order to most effectively meet the needs of our patients we must work together as a team to achieve the desired outcome.

CONTACT US

For further information, contact Oncology Support Services at 443-849-2961 or visit our website at www.gbmc.org/oncologysupportservices.

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CARE COORDINATORS WE CAN HELP YOU COPE WITH CANCER

Learning that you or someone you love has cancer can be overwhelming. GBMC's Oncology Nurse Coordinators and Patient Resource Navigator are here to assist you in getting the services and help you need.

The GBMC Oncology Nurse Coordinators and Patient Resource Navigator will be at your side from the beginning to give you practical help, lend emotional support or just listen. It does not matter what kind of cancer you're fighting ... your Coordinator and/or Navigator will make sure you are connected with every available service at the GBMC Sandra & Malcolm Berman Cancer Institute. Best of all, there is no charge to work with the Coordinators and/or Patient Resource Navigator.

We can help you:

- Facilitate your first appointment with a cancer specialist.
- Obtain easily understood information about your disease, treatment options and clinical trials.
- Locate support groups and counselors.
- Explore resources for home care and durable medical equipment services.
- Obtain nutritional counseling and services.
- Explore resources for medical coverage, medications and transportation.

The Oncology Nurse Coordinators' role is to help guide new patients through their treatment experiences, serving as "point persons" to assist with questions, concerns and plans of care. They will also coordinate the efforts of oncologists, surgeons, support staff and referring physicians for patients throughout the course of their treatments. The Patient Resource Navigator's role is to help patients and their loved ones access and utilize resources available to help cope with diagnosis and associated challenges.

CONTACT US

To set up an appointment with a Coordinator or Navigator, call 443-849-2961 or email oncologysupport@gbmc.org They will do everything they can to make sure you get the care and services you need. For further information, visit our website www.gbmc.org/patientresourcenavigator.

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FREQUENTLY ASKED QUESTIONS

What parking arrangements are available to me since I am coming so often to GBMC?

See Parking section on page 9.

My doctor wants me to start treatment right away. When can I expect to be scheduled? Why does it take so long?

We understand this is a frustrating time for you. There are many factors that affect the start of your treatment and many individuals involved in making this happen. If you have any concerns about the status of your treatment start date, contact your assigned Care Coordinator. She (or he) will know your individual case and can answer your questions. If you do not know who your Care Coordinator is, contact your doctor's office and ask whom to call. See the Care Coordinators section on pages 50 and 51.

How often do I need to see the doctor while I am in treatment?

In addition to coming in frequently for chemotherapy or radiation treatments, you need to continue to see the doctor who ordered your treatment at regular intervals. Typically it is every two weeks to every month. The purpose of these visits is to monitor how you are tolerating the treatment. Once you are finished with treatment, your visits with the doctor won't be as frequent.

Can I take vitamins?

It is not known how large doses of vitamins or herbal supplements react with chemotherapy or radiation treatment. It is not recommended to use vitamin or herbal supplements to protect against cancer. It is, however, recommended that you choose a balanced, varied diet that provides essential vitamins and minerals from whole foods. It is important to discuss any vitamin or herbal supplements with your physician. Consultation with the Oncology Dietitian is a free service to the patients of the Sandra & Malcolm Berman Cancer Institute. See Nutrition and Cancer on pages 77 and 78.

Can I go to the dentist while I am being treated?

This is something you need to check with your doctor. You should definitely bring any dental issues to his/her attention or let the nurse know.

Can I get my routine vaccinations (such as the flu shot) during treatment?

This is something you need to check with your doctor.

Can I color my hair?

We do not suggest you color your hair during treatment. Approximately two weeks after treatment, you can start coloring your hair. Remember, your newly grown hair is fine and somewhat fragile. We recommend that the hair color products you or your hairdresser use include a conditioner to further protect the hair. Semi-permanent hair colorings are gentler than permanent ones. If you have previously colored your hair, be prepared, the color might not come out quite the same. This is because the underlying pigments may have changed with your new growth. If in doubt, test color a small piece of your hair first.

Can I bring my family to my treatments or doctors' appointments?

We strongly support your having someone with you. There are, however, some restrictions in different areas related to safety, space and privacy concerns. Children are not allowed in the Chemotherapy Infusion and Radiation Department. Children under 12 years are not permitted in the Inpatient setting. If you have further requests or questions, we suggest you check with the individual departments.

Should I apply for Family Medical Leave Act (FMLA) treatment?

Consult with your oncologist and your employer to determine the best plan for you. Visit **www.dol.gov/whd/fmla** for up-to-date information about FMLA.

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Are there specific laws regarding cancer patients?

Yes, there are state-specific and federal laws in place to protect patients. Visit **www.canceradvocacy.org** for up-to-date information about Employment Discrimination Laws.

What is the Distress Management Tool that I'm asked to fill out during my visits?

At several points during treatment, patients will receive the tool. The tool has been instituted to better identify psychosocial and physical patient needs at an earlier point of treatment. Once a need is identified using the tool, patients are then referred to their medical provider, Oncology Support Services staff or other support staff.

PRACTICAL AND LEGAL QUESTIONS

Do I have a durable power of	
attorney for healthcare?	
Who is my power of attorney	
for healthcare?	
Do I have a living will?	
Do I have a normy with.	
How is my property title held?	
Do I want a durable power of	
attorney for my property?	
allorney for my property:	
How is the title to my secured notes	
and miscellaneous assets held?	
ana miscellaneous assets nela:	
How is the title to may committee	
How is the title to my securities,	
(<i>i.e.</i> , stocks, bonds, unsecured notes)	
held?	
How is the title to my cash accounts,	
retirement plan/IRA titles held?	
1	
Do I have life insurance?	
Who is the beneficiary?	

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Do I have a will or trust?	
Where is the will or trust stored?	
Do I have legal guardians for my	
minor children?	
minor chilaren:	
Where are all my documents stored?	
······	
Does someone know where all my	
documents are stored?	

CLINICAL RESEARCH TRIALS

Program Overview

The Sandra & Malcolm Berman Cancer Institute at GBMC has an active, well-established clinical trials team dedicated to providing state-of-the-art clinical trials treatment. Our physicians are active supporters of clinical research and are pleased to offer these expanded treatment options.

Participants in clinical trials not only benefit by receiving the newest treatments available, but may also help benefit future cancer patients as more effective treatments are discovered.

The Clinical Trials Program has been in existence since 1987, providing clinical trials treatment to over 2,000 oncology patients. Our goal is to provide access to cutting-edge therapeutic options to improve overall quality of life in a personalized setting.

Several questions to ask the clinical research trials staff:

- What are clinical trials?
- What are the types of clinical trials?
- What are the phases of clinical trials?
- Who can participate?
- Why is participation important?

CONTACT US

For further information, contact Clinical Trials at 443-849-3122 or visit our website at www.gbmc.org/clinicaltrials.

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CANCER AND THE CAREGIVER

If you are helping a loved one who is going through cancer treatment, then you are a "caregiver."

Caregiving can mean helping with practical day-to-day activities such as transportation to medical appointments, shopping for and preparing meals, paying bills or assisting with dressing and bathing. It can also mean providing emotional and spiritual support. Listening to and just being there for the person going through treatment are some of the most important things you can do.

Giving care and support can be both challenging and rewarding. It may take time to adjust to your role as a caregiver and you may feel stressed and overwhelmed. This is a normal response to the challenges of being a caregiver. You may find that you are setting your own feelings and needs aside to focus on the person with cancer. This may be fine for a short time, but it can be hard to maintain for the long haul. It is very important to take care of yourself or you won't be able to take care of others.

All of the support services we offer to patients at GBMC are also available to caregivers, including the following:

- Coping with emotions such as anxiety, anger, guilt, sadness and uncertainty about the future.
- Learning the most effective ways to communicate with the patient, other family members, including children, and the healthcare team.
- Organizing your family life to incorporate cancer treatment while maintaining as much normalcy and control for the patient as possible.
- Finding resources to assist with transportation, finances, insurance and other practical needs.
- Providing educational materials to help you understand and cope with the cancer, treatments and physical and emotional side effects.

CONTACT US

For further information, contact Oncology Support Services at 443-849-2961 or oncologysupport@gbmc.org. Visit our website at www.gbmc.org/oncologysupportservices.

GENETIC COUNSELING AND HEREDITARY CANCER RISK ASSESSMENT

Some individuals are more likely to develop certain types of cancer because of genetic risk factors. These genetic risk factors are usually inherited from a parent (but not always) and then can be passed on to future generations. It is important to identify individuals who carry these genetic risk factors for cancer for several reasons:

- To clarify specific cancer risks and the risk to develop more than one cancer in one's lifetime
- Individuals with these genetic risk factors for cancer need to start certain screenings at younger ages, have additional types of screening and consider other ways to reduce cancer risk
- To identify other relatives potentially at risk

The Harvey Institute for Human Genetics at GBMC offers genetic counseling, risk assessment and genetic testing for these hereditary cancer conditions. This process includes assessing the likelihood of a hereditary cancer condition, coordinating genetic testing, estimating cancer risk(s) and providing information about managing increased cancer risks. This information can be very useful to the patient and the entire family.

CONTACT US

For more information, contact The Harvey Institute for Human Genetics at 443-849-3131 or visit our at website www.gbmc.org/genetics.

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CANCER SURVIVORSHIP PROGRAM

The Survivorship Program at GBMC is a way to help patients bridge the gap between being treated for cancer and life after treatment. The Survivorship Coordinator works closely with patients and families to help them navigate through the challenges they may find on the path to recovery.

Once the cancer is in remission, patients expect their lives to go back to the way it was before diagnosis. However, "normal" for cancer survivors is suddenly redefined and it's taking that step to find a "new normal" that's the challenge. The Survivorship Program at GBMC helps patients and families find their way through the emotional and physical aspects of this transition.

The Survivorship Coordinator helps patients and families better understand and prepare for life after cancer treatment and assists with any challenges they face during this transition.

Patients and families are encouraged to meet with the Survivorship Coordinator following their last treatment. The Survivorship Coordinator will talk about what to expect in the short and long term and will address any questions or concerns.

In addition, patients will receive a personalized Plan of Care and treatment summary. The Plan of Care and treatment summary provides a comprehensive outline of treatments that have been received over the course of their illness and additional information about follow-up care. It also provides information on lifestyle changes that can be made to reduce the risk of cancer recurrence.

Here are several suggestions to assist you in returning to everyday life after cancer treatment:

- Join a support group of other patients facing the same issues.
- Keep a Survivor's Health Journal (both physical and emotional) so you are prepared for your appointments.

- Maintain complete records of your treatment and medical history after treatment.
- Keep complete records in practical and legal areas of your life.
- Follow your physicians recommendations for prevention, screening, surveillance and monitoring for your disease.

CONTACT US

For more information, contact the Survivorship Coordinator at 443-849-2961 or visit our website at www.gbmc.org/survivorship.

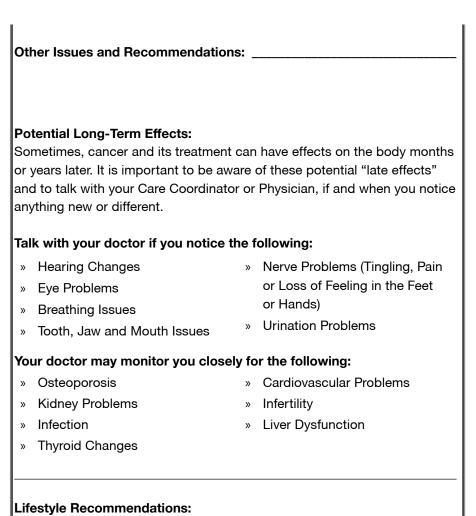
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THE SANDRA & MALCOLM BERMAN CANCER INSTITUTE TREATMENT SUMMARY SAMPLE

Name:		DOB:			
Cancer Diagnosis:		Diagnosis Date:			
Stage:		Com	Completed Therapy Date:		
	History of Can	cer Tre	eatment		
	Surç	jery			
Surgeon:		_	Phone:		
Date:	Procedure:		Pathology:		
	Radiation	Thera	ру		
Radiation Onco	ologist:				
Phone:					
Date:	Туре:				
Field: Dose (in cGy):					
	Chemotherap	y/Biot	herapy		
Medical Oncol	ogist:				
Phone:					
Regimen 1:		Сус	Cycles:		
Date:		Dru	Drug Name:		
Significant Curr	nulative Doses (units or	r mg/m	12):		
Date:		Dru	Drug Name:		
Significant Cumulative Doses (units or mg/m2):					

Regimen 2:	Cycles:
Date:	Drug Name:
Significant Cumulative Doses	(units or mg/m2):
Date:	Drug Name:
Significant Cumulative Doses	(units or mg/m2):
Clinical Trial:	Cycles:
Date:	Drug Name:
Significant Cumulative Doses	(units or mg/m2):
Date:	Drug Name:
Significant Cumulative Doses	(units or mg/m2):
Transplantation:	
Autologous Stem Cell Date of	Transplantation:
U	Transplantation: ransplantation:
Allogeneic Stem Cell Date of T	•
Allogeneic Stem Cell Date of T Vascular Access Device:	ransplantation:
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During	ransplantation: Yes No
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment:	Transplantation:
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment: Weigh Gain > 10 lb.	Transplantation: Yes No tion Date: Removal Date Weight Loss > 10 lb.
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment: Weigh Gain > 10 lb. Cardiopulmonary Event:	Transplantation: Yes No tion Date: Removal Date Weight Loss > 10 lb.
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment: Weigh Gain > 10 lb. Cardiopulmonary Event: Hemorrhagic Cystitis	Transplantation: Yes No tion Date: Removal Date Weight Loss > 10 lb.
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment: Weigh Gain > 10 lb. Cardiopulmonary Event: Hemorrhagic Cystitis	Transplantation: Yes No tion Date: Removal Date: Weight Loss > 10 lb.
Allogeneic Stem Cell Date of T Vascular Access Device: Type: Insert Significant Events During Treatment: Weigh Gain > 10 lb. Cardiopulmonary Event: Hemorrhagic Cystitis	Transplantation: Yes No tion Date: Removal Date: Weight Loss > 10 lb. Treatment (specify):

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Pages 5 and 6 in the guidebook – "Facing Forward" – provide "A Survivor Wellness Plan," outlining the steps you can take to stay as healthy as possible.

Recommendations specifically for you include:

Follow-up Care and Cancer Screenings : Coordinate your routine screenings (colonoscopy, mammogram, PSA test and digital rectal examination, skin examination, Pap smear or other individualized tests) with your physician.		
Patient's Signature and Da	ate:	
Clinician's Signature and Date:		
Survivorship Care Coordinator Contact Information:		
Name:		
Phone: 443-849-2961	Email Address:	

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HEALTH JOURNAL POST-TREATMENT

Date	Physical and Emotional Health

Date	Physical and Emotional Health
	1

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PATIENT SATISFACTION AND SURVEYS

One of GBMC's missions is to provide medical care and service of the highest quality to each patient. Your opinions are very important to us and help us make a difference in exceeding your patient care expectations. In order to understand and assess how we are doing, we need to identify what needs are most important to our patients and how they feel we are responding to those needs.

GBMC utilizes a Patient Satisfaction Survey tool to identify our strengths and our opportunities for improvement with our patients' satisfaction. The surveys are carefully developed to ensure the utmost reliability and validity. In addition, all surveys are confidential.

Our staff strives to ensure each patient, every day, has a "Very Good" experience. Your feedback helps us monitor our ability to provide "Very Good" patient care and service. We listen to what our patients are saying and take action to improve our patients' experiences.

If you receive a survey in the mail, we would appreciate your completing and returning your survey. If you do not receive a survey and would like to share your experience with us, please contact Oncology Support Services at 443-849-2961.

Thank you for helping us become the "cancer institute of choice" for patients, physicians and staff for the Greater Baltimore area.

PAIN MANAGEMENT

Patients will be assessed at each outpatient visit for pain using the Outpatient Pain Assessment Tool below. See glossary for definitions of Acute and Chronic pain.



6701 North Charles Street Baltimore, Maryland 21204

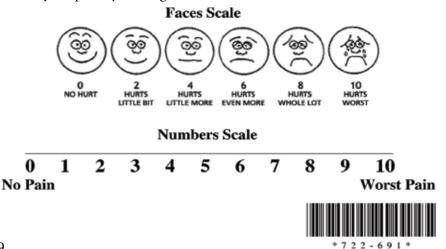
OUTPATIENT PAIN ASSESSMENT TOOL

DATE:

- 1. Are you having pain? (Circle) **NO YES** (If yes, complete questions 2-12)
- 2. Where is your pain? _____
- 3. Circle all the words that can be associated with your pain:

constant	achi	ng	sharp	p	enetrating
tearful	gnawing			throbbing	,
nagging	moaning	dull	shooti	ng	burning
numb	grimace	even at re	st	exhaustin	g stabbing
	miserable		ur	nbearable	

4. Rate your pain by circling on one of the scales below:



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5.	What makes your pain better?		
6.	What makes your pain worse?		
7.	Does your pain interfere with your daily activities? (Circle) YES NO		
8.	What treatments or medicine do you use to relieve your pain? (Include		
	prescriptions and over-the-counter drugs)		
9.	Has your pain been adequately managed?		
	□ Yes □ No, explain:		
10.	Have you experienced any side effects (e.g., sleepiness, nausea,		
	constipation) from medicines?		
	□ Yes □ No, explain:		
11.	What level of pain is tolerable and acceptable to you?		
12.	Please check the following:		
	□ I have been educated about pain and its treatment.		
	□ I have received the GBMC brochure regarding my rights for		
	effective pain management.		
	□ I refuse education and treatment at this time.		
	\Box I refuse to fill out this form.		
	Patient Signature:		

(PHYSICIAN/NURSE TO COMF	PLETE)
TREATMENT PLAN:	
Referred to	M.D.
Rx given	
FOLLOW UP ASSESSMENT:	
Telephone Contact:	
Date:	
□ See post-operative/procedure phone call form.	
Comments:	
Visit Contact:	
Date:	
Comments:	
Physician/Nurse:	

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WHAT PATIENTS AND FAMILIES NEED TO KNOW ABOUT PAIN MANAGEMENT

GBMC Responsibility

An important aspect of patient care is the monitoring and evaluation of pain. Our physicians and nurses are dedicated to the relief of pain and suffering to the greatest degree possible. We have instituted ways of measuring and noting pain that help you and the medical staff work together to provide the greatest measures of comfort possible during and following your hospitalization and after care.

Our aim is to begin pain management immediately upon admission, anticipate predictable painful experiences and to continue to check pain levels during your hospital stay. Getting your pain under control is an important step in improving your quality of life.

Based upon the pain management plan developed with you and your family, your doctor and the nursing staff will evaluate your pain level on a regular basis using several approaches, including:

- Self-report
- Looking at behaviors
- Measurements such as heart rate and blood pressure

GBMC physicians and nurses will use all means available to ensure the greatest degree of comfort. Some patients have concerns about becoming addicted to pain medicines. Addiction rarely occurs when medicine is taken for pain relief. Explain your feelings to your doctor and nurse. Your care and healing is their first priority.

The Patient's Role

Patients are the best source for reporting levels of pain or discomfort. Talking to your doctor or nurse about pain is the first step in getting relief.

Adequate pain management will help you return to normal activity, eat better, rest well and feel more positive. Relief from pain allows you to get well faster.

Talking to Your Doctor and Nurse about Pain

- Speak up! Talk openly about the pain you experience.
- Tell the staff when the pain began. Include details such as past treatments for pain and their effectiveness.
- Identify areas of the body where the pain is located. Does it stay in one place or move?
- Talk about how long you experience pain. Does it come and go or is it always there?
- On a scale of 0-10 (with 0 being no pain and 10 being the worst possible pain), rate the pain you are currently experiencing. When did you experience the most pain? What were you doing at the time?
- Describe what your pain feels like.
- Tell the staff how the pain affects your ability to function. Are you able to work or have you limited your activity? Are you generally happy, sad, depressed or hopeful?
- Provide the staff with a list of all medicines, both prescription and nonprescription, including vitamins and supplements you have taken in the last month.
- Talk about how you manage pain. Do you take over-the-counter medicines such as aspirin? Do you apply hot or cold treatments? Have you tried massage therapy, exercise or meditation?

Your Right to Effective Pain Care – You Have a Right to:

- Have your pain prevented or controlled adequately
- Have your pain and medication history taken
- Ask how much pain to expect and how long it might last
- Have your questions about pain answered freely
- Develop a pain management plan with your doctor
- Know what pain medication, treatment or anesthesia you will be given

- Know the risks, benefits and side effects of treatment
- Know what other pain treatments are available
- Be believed when you say you have pain
- Try another medicine if your pain persists
- Receive compassionate and sympathetic care
- Receive pain medication on a timely basis
- Request a pain specialist
- Remind those who care for you that pain management is important to you

PALLIATIVE CARE

Palliative care is an ally in your ongoing care. The GBMC Palliative Care Program focuses on improving the quality of life for those with chronic, debilitating and life-limiting illnesses. This care is delivered by a multidisciplinary team comprised of a physician, nurse practitioner, social worker and chaplain. The team focuses on relieving pain and other physical symptoms, addressing emotional and spiritual suffering and facilitating patient and family meetings to define goals of care, including advance directives.

What is the role of palliative care in the hospital setting?

In today's healthcare environment, patients are faced with multiple challenges in navigating various treatment options and deciphering medical information. The Palliative Care Team helps explain this information in laymen's terms. In addition, the team assists with managing uncomfortable physical symptoms, provides support to patients and families and bridges the gap between patients' personal goals and their actual healthcare needs. These discussions are vital to the understanding of treatment plans, potential outcomes and potential consequences of technology. The team offers education relating to quality of life issues following various treatment plans. For example, one might ask for "life at all costs," but this may result in consequences that impact quality of life.

As healthcare becomes more specialized, there is the potential for the patient and family to become overwhelmed by details without an understanding of how all of this information fits together. These details are taken into account when discussing options and outcomes, as the Palliative Care Team provides a global view (or "The Bigger Picture") for discussion.

In addition to working with the attending physician and oncologist, the Palliative Care Team enlists the expertise of a diverse group of healthcare practitioners within the hospital system including nursing, chaplaincy, oncology support services, social work, care management, physical therapy and speech/language therapy services.

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Is palliative care also available as an outpatient?

Yes, there is a palliative care physician who sees oncology patients in a weekly clinic to assess and manage ongoing physical symptoms that are challenging to quality of life. This physician will coordinate with the oncologist, as well as other oncology staff involved in the patient's care including Oncology Support Services, for optimal care.

Is palliative care the same as hospice care?

No. Many people use these terms synonymously, but while they share a common philosophy of managing symptoms that may add to the suffering of patients, palliative care differs from hospice in that it is provided independently of a patient's life expectancy.

How can I involve the Palliative Care Team in my care?

Patients and family members can make a request to their physician(s) for a palliative care consultation. The Palliative Care office is staffed from 8:00 a.m.–4:30 p.m., Monday–Friday and can be reached at 443-849-6255. There is also a physician available for symptom management consultation after hours for the Palliative Care Team for those patients who are currently hospitalized at GBMC.

CONTACT US

For more information, contact the Palliative Care Team at 443-849-6255 or visit our websitse at www.gbmc.org/palliativemedicine.

NUTRITION AND CANCER

What's important during cancer treatment?

Patients who are preparing for surgery, chemotherapy or radiation treatment need to make the most of their nutritional intake. Inadequate intake and weight loss weakens the body and immune system and may slow healing. If a patient is overweight, cancer treatment is not a time for extreme weight loss. Slow weight loss is acceptable, in the range of 1-2 pounds/week.

Eating healthy throughout treatment will maximize your strength and immune system. If treatment side effects make it difficult to eat a healthy diet, be sure to maintain your weight with items such as commercial supplements, shakes or smoothies.

What's important during treatment, recovery and beyond?

- Eating well:
 - » Limit red meat (beef, pork, lamb) and processed meats (bacon, hot dogs, salami, sausage)
 - » Choose low-fat dairy and whole grains (oats, bran, wheat, brown rice, beans, nuts)
 - » Choose a variety of fruits and vegetables (5-7 servings per day)

• Maintain a healthy body weight:

- » If you are underweight or have lost weight, increase calories with:
 - » Liquid supplements such as Ensure or Boost, milkshakes or fruit smoothies
 - » Include frequent snacks throughout the day
- » If you are overweight, prevent further weight gain
- » Or lose weight the healthy way: reduce sugary beverages, be physically active and control portion sizes

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- Physical activity (as tolerated during treatment):
 - » For prevention: 30 minutes or more every day (American Institute for Cancer Research)
 - » Start with an attainable goal of 10 minutes every day
 - » Take the stairs instead of elevator and park at the back of the parking lot

Vitamin/Herbal Supplements: It is not known how large-dose vitamins or herbal supplements react with chemotherapy or radiation treatment. It is not recommended to use vitamin or herbal supplements to protect against cancer. However, it is recommended to choose a balanced, varied diet that provides essential vitamins and minerals from whole foods. It is important to discuss any vitamin or herbal supplements with your physician.

There is growing evidence suggesting that exercise decreases the risk of many cancers. Regular exercise provides benefits such as improved physical functioning, quality of life and reduced cancer-related fatigue.

Consultation with the Oncology Dietitian is a free service to the patients of the Sandra & Malcolm Berman Cancer Institute.

CONTACT US

For more information, contact an Oncology Dietitan at 443-849-8186.

ONCOLOGY REHABILITATION

Oncology Rehabilitation Medicine services can include physical therapy (PT) and occupational therapy (OT) to promote recovery or to maintain a maximum level of the patients everyday function and independence.

PT and OT may address activities of daily living as:

- Selfcare-bathing, dressing, feeding
- Toileting
- Walking
- Housekeeping, meal preparation

- Computer or writing
- Shopping
- Child care
- Fitness
- Leisure activities
- Lifting

Patients undergoing chemotherapy, surgery, and/or radiation treatments may experience problems as:

- Restricted range of motion
- Muscle weakness
- Fatigue

or feet

- Decreased feeling in hands
- Aches and pain
- Scarring
- Lymphedema (swelling)
- Bladder or bowel incontinence

PT and OT is tailored to each individual patient's goals. Recommended therapy is intended to help in a collaborative way with the patient's cancer care plan and the patient's oncologists and surgeons.

Research stands behind exercise and fitness as a way to tolerate cancer treatments better and to decrease associated fatigue. Therapists can help the patient establish a fitness strategy during and after cancer care.

Family members may benefit as well to consult a PT or OT specialist if they have need for strategies and techniques to safely assist a challenged patient.

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ONCOLOGY REHABILITATION

The following are a few indications that PT or OT may help.

• Muscle or joint problems, such as painful hip or previous shoulder injury

in the patient's history

- Feeling more tired or weak than before initially diagnosed.
- Cardiac or pulmonary history
- Normally go to the gym or other fitness activity and wonder how to continue
- Uncertain how much to exercise or how to begin
- Worried about being able to return to the physical demands of the patient's work
- Wonder how to prevent or reduce swelling
- Joint and tendon pain
- Scar that is noticeable or restricting motion
- Need for mobility aids or braces
- Recent or established bladder or bowel incontinence

Appropriate PT and OT intervention can be initiated before, during and after cancer care. At GBMC, these services are available for the patient whether hospitalized or as an outpatient.

Lymphedema management is provided as a dedicated program. Lymphedema can develop in certain circumstances of cancer care. For example, if a patient has had surgical removal or radiation of lymph nodes, swelling may be a resulting challenge. Strategies to reduce risk or severity are suggested. Early intervention is recommended. The Greater Baltimore Lymphedema Center has a dedicated staff of specialized physician, nurses, and lymphedema therapists to help with prevention and treatment of lymphedema.

Patients and family are welcome to contact the Greater Baltimore Center for Rehabilitation Medicine and the Greater Baltimore Lymphedema Center for further information and appointments.

CONTACT US

For more information, contact Oncology Rehabilitation at 443-849-6210 or visit our website at www.gbmc.org/lymphedemacontactus.

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EXERCISE

According to the American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors, exercise is safe during and after cancer treatments.

Cancer patients should avoid inactivity and should be as physically active as their abilities and conditions allow. Guidance for an appropriate exercise and strengthening program should come from your physician or a trained oncology rehabilitation therapist.

Ask your doctor for a referral to Oncology Rehabilitation.

What exercise can do for you:

- Improve fitness
- Control weight gain
- Maintain healthy bones, muscles and joints
- Reduce fatigue and stress
- Relieve depression and anxiety

Ways to increase your physical activity:

- Walk (most popular)
- Take the stairs instead of the elevator
- Park at the back of the parking lot
- Get up and move off the couch
- Yoga, Tai Chi
- Swimming
- Biking
- Aerobics

- Improve sleep
- Improve balance and flexibility
- Enhance self-esteem
- Reduce the risk of chronic diseases such as heart disease and diabetes

COMMUNITY EXERCISE PROGRAMS FOR CANCER PATIENTS

While a cancer diagnosis can be overwhelming, many free community resources are available to help you. If you would like more information, please contact Oncology Support Services (443-849-2961).

lymphedema@gbmc.org

Active Survivors Network

activesurvivor.org

The Maryland Athletic Club (The MAC)

HopeWell Cancer Support......410-832-2719

Yoga and Stretch and Tone Classes 10628 Falls Rd., Lutherville, MD 21093

hopewellcancersupport.org

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Lynne Brick's Health and Fitness Clubs/Brick Bodies1-866-95-BRICK
"Patti's Gift" Membership
Belvedere Square
5911 York Rd.
Downtown
218 N. Charles St.
Green Spring
10803 Falls Rd.
Owings Mills410-363-4600
9950 Reisterstown Rd.
Padonia 410-252-5280
212 W. Padonia Rd.
Perry Hall
9634 Belair Rd.
Reisterstown410-833-3386
2 Charley Dr.
brickbodies.com

Mady & Mules Physical Therapy & Sports Rehabilitation mmpt-hcpt.com

Evolutions Body Clinic

Strength and Courage

Exercises for breast cancer survivors. DVD contains exercises to help breast cancer survivors regain upper body strength and flexibility and improve posture, plus a section on aerobic conditioning.

P.O. Box 156, Sewickley, PA 15143

strengthandcourage.net

YMCA of Maryland	ymaryland.org
Exercise Programs available at Health and	Wellness Centers and Aquatic
Centers	
Baltimore City	
900 E. 33rd St.	
Catonsville	
850 S. Rolling Rd.	
Carroll County	
1719 Sykesville Rd.	
Dundalk	
120 Trading Pl.	
Harford County	
101 Walter Ward Blvd.	
Howard County	
4331 Montgomery Rd.	

Parkville	410-663-1300
8910 Waltham Woods Rd.	
Perry Hall	
4375 Ebenezer Rd.	
Randallstown	
Randallstown	410-469-4272

SUPPORT RESOURCES

While a cancer diagnosis can be overwhelming, many free community resources are available to help you. If you would like more information, please contact our Oncology Support Services (443-849-2961).

Active Life Acupuncture

activelifeacupuncture.com

Provides a complementary therapy to manage cancer-related symptoms and treatment side effects induced by chemotherapyor radiation therapy.

American Academy of Dermatology

aad.org

Provides skin cancer patients education materials and other resources.

American Cancer Society

cancer.org

Provides printed materials, peer matching, some financial assistance for pain and nausea medications, transportation and wig assistance, conducts educational programs, nutrition guidance and supports clinical research. Spanish language assistance is available.

American Institute for Cancer Research

aicr.org

Provides information about cancer prevention, particularly through diet and nutrition. A toll-free nutrition hotline and pen pal support network are offered.

American Melanoma Foundation melanomafoundation.org

Provides melanoma education and awareness information and programs and support programs.

1-800-227-2345

1-866-503-7546

1-800-843-8114

410-337-9293

1-858-882-7712

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American Society of Clinical Oncology

cancer.net

Provides oncologist-approved cancer information to help patients and families make informed healthcare decisions.

American Urological Association Foundation auafoundation.org

Provides patient information, assistance with finding a urologist and up-todate information on research.

Appendiceal Cancer Advocacy Network

Provides quality information and advocacy support for patients diagnosed with cancer of the appendix.

Association of Cancer Online Resources

acor.org

Provides a unique collection of online community resources designed to provide timely and accurate information in a supportive environment.

Baltimore Cancer Support Group (Patient & Family Groups)

410-668-1762

212-226-5525

Provides a safe, confidential setting in which to share your fears, concerns and problems, as well as your triumphs.

BMT Blood and Marrow Transplant Information Network bmtinfonet.org 1-888-597-7674

Provides quality information and emotional support to transplant patients and their loved ones.

Brain Tumor Foundation braintumorfoundation.org

Provides quality information, emotional support, online support group and a peer-matching program.

1-888-651-3038

apcan.org

Breast Friends breastfriends.org

Provides premiere resources for women and family facing a diagnosis of breast cancer, ovarian cancer or other women's cancers.

Cancer Care

cancercare.org

Offers free support, information, financial assistance and practical help to cancer patients and their loved ones.

Cancer Hope Network

cancerhopenetwork.org

Provides support to patients and loved ones by matching them with trained volunteers who have undergone and recovered from a similar cancer experience.

Cancer Support Foundation, Inc. cancersupportfoundation.org

Provides patients financial assistance and other community resources.

CaringBridge caringbridge.org

Provides free personalized websites that support and connect loved ones throughout illness, treatment and recovery.

Catastrophic Health Planners, Inc. 1-866-853-6260 or 410-871-0751 chp1.org

Provides free assistance with navigating systems for financial assistance for patients facing a catastrophic health event.

1-800-813-4673

1-888-386-8048

1-877-467-3638

410-964-9563

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Coalition of Cancer Cooperative Groups

cancertrialshelp.org

Provides basic information about cancer clinical trials, a list of available trials offered by seven cooperative groups and helpful links to patient advocate groups.

Colon Cancer Alliance

ccalliance.org

Provides educational materials, clinical trials information and support for colon cancer survivors.

Exceptional Cancer Patients

ecap-online.org

Provides emotional support and education for people living with cancer and other life-threatening illnesses.

Fertile Hope

livestrong.org

Is a LIVESTRONG initiative dedicated to providing reproductive information, support and hope to cancer patients and survivors whose medical treatments present the risk of infertility.

Foundation for Women's Cancer foundationforwomenscancer.org

Provides comprehensive information about reproductive cancers, gynecologic oncologists, survivors' courses, clinical trials and Foundation publications.

Hope with Support

hopewithsupport.org

Provides support to patients with brain tumors.

1 - 814 - 337 - 8192

1-877-422-2030

1-866-965-7205

410-251-7868

1-877-520-4457

Hopewell Cancer Support hopewellcancersupport.org

Offers patient/young adult/family/kids and teen support groups, educational series and mind, body and spirit sessions.

Institute of Medicine iom.edu

Provides unbiased, evidence-based and authoritative information and advice concerning health and science policy to policy makers, professionals, leaders in every sector of society and the public at large.

Integrative Health Centers acupuncturebaltimore.com

Was founded on the philosophy that true health and wellness are holistic in nature and based on the balance and optimal functioning of body, mind, emotions and spirit. Mission is to promote optimal health and wellness by using the best of conventional medicine and holistic medicine.

Intercultural Cancer Council iccnetwork.org

Promotes policies, programs, partnerships and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories.

International Myeloma Foundation myeloma.org

Provides up-to-date and in-depth information about multiple myeloma including research and treatment advances and free information on treatment options and disease management.

Kidney Cancer Association kidneycancer.org

Provides patient education and information on clinical trials.

410-296-5160

713-798-4617

1-800-452-CURE

1-800-850-9132

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202-334-2352

410-832-2719

1-866-547-6222

1-800-298-2406

1-800-673-1290

1-800-242-4572

Patient Resource Guide

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Leukemia and Lymphoma Society LLS.org

Offers peer-to-peer support programs for patients, family support groups, patient education and financial assistance.

Livestrong/The Lance Armstrong Foundation 512-236-8820 livestrong.org

Provides practical information and the tools you need to live healthy.

Lotsa Helping Hands lotsahelpinghands.com

Create a website to organize family and friends during times of need.

Lung Cancer Alliance alcase.org

Provides patient advocacy and support. Provides patient education and clinical trial information.

Melanoma Research Foundation melanoma.org

Provides education to patients and physicians about the prevention, diagnosis and treatment of melanoma. Acts as an advocate of the melanoma community to raise the awareness of the disease and the need for a cure.

Men Against Breast Cancer menagainstbreastcancer.org

Provides targeted support services to educate and empower men to be effective caregivers when breast cancer strikes a loved one.

National Cancer Institute

Provides information on many types of cancer, clinical trials and other health resources for cancer patients and loved ones.

1-800-4-CANCER

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National Center for Complementary and Alternative Medicine 1-888-644-6226 nccam.nih.gov

Provides information to cancer patients and loved ones about complementary and alternative healing practices.

215-690-0300 National Comprehensive Cancer Network nccn.org

Is a not-for-profit alliance consisting of 21 of the world's leading cancer centers who are dedicated to improving the quality and effectiveness of care provided to cancer patients so patients can live better lives.

National Coalition for Cancer Survivorship 1-877-622-7937 canceradvocacy.org

Offers support to cancer survivors and loved ones and provides information and resources on cancer support, advocacy and quality of life issues.

National Hospice and Palliative Care Organization 1-800-658-8898 nhpco.org

Provides public and professional educational programs and materials to enhance understanding and availability of hospice and advanced disease and symptom management care.

National Lymphedema Network lymphnet.org

Provides education and guidance to lymphedema patients, healthcare professionals and the general public by disseminating information on the prevention and management of primary and secondary lymphedema.

Pancreatic Cancer Action Network pancan.org

Provides public and professional education embracing the need for more research, effective treatments, prevention programs and early detection methods. Also funds research grants for pancreatic cancer.

1-800-541-3259

1-877-272-6226

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Patient Advocate Foundation patientadvocate.org

Safeguards patients through effective mediation assuring access to care, maintenance of employment and preservation of financial stability.

Planet Cancer planetcancer.org

Provides young adults with cancer a place to share insights, explore fears or laugh with others.

Red Devils thereddevils.org

Provides breast cancer patients and their loved ones transportation, housecleaning, meals and companion care.

Sandy Rollman Ovarian Cancer Foundation sandyovarian.org

Promotes awareness of ovarian cancer by educating both women and physicians about the disease, to advocate for early diagnostic testing and more effective treatments and to raise funds to help advance research towards a cure.

Social Security Disability

ssa.gov

Provides information and eligibility criteria to apply for disability benefits.

Survivorship A to Z survivorshipatoz.org

Information and tools for living well and surviving with a diagnosis.

443-849-2961

1-877-730-1100

1-800-772-1213

1-800-532-5274

Susan G. Komen for the Cure komen.org

Provides breast cancer patients and their loved ones education and financial assistance.

Susie's Cause coloncancerfoundation.org

Provides men and women of all ages education and psychological support about screenings and insures that no individual is unable to access proper screening and care.

Ulman Cancer Fund for Young Adults ulmanfund.org

Provides support programs, education and resources to benefit young adults (ages 18-40) and their loved ones who are affected by cancer and promotes awareness and prevention of cancer.

United Way First Call for Help 211md.org

Provides free community information and resources for emergency shelter, eviction prevention, family counseling, financial counseling, legal services, medical care, mental health services, prescription assistance, senior services and utility assistance.

Us TOO International Prostate Cancer Education and Support

ustoo.org

Provides support programs, education and resources for prostate cancer patients.

1-800-461-9273

410-244-1778

410-964-0202

211 or 1-800-492-0618

1-800-808-7866

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Young Survival Coalition (Breast) youngsurvival.org

410-961-8062

Provides support awareness and advocacy for women under 40 years of age.

WebMD Webmd.com

Provides a vast array of articles about major and minor cancer, diagnostic procedures and treatments. There are also blogs by doctors and other healthcare professionals, as well as discussion groups for patients.

Zaching Against Cancer

443-319-5394

www.zachingagainstcancer.org

The Zaching Against Cancer Foundation (ZACF) is a 501c(3) organization created to provide support, strength, inspiration and positive influences to cancer patients and their support networks through scholarships, support services, research, and outreach.

SMARTPHONE APPS TO USE DURING TREATMENT

Some apps may require a small fee to download

MEDICAL APPS:

My Medical:

My Medical is a record-keeping app for your personal medical information.

Med Words Dictionary:

Meanings of over 128,000+ Medical Words/Terminologies/Medications

WorldCard Mobile:

WorldCard Mobile, is a business card scanning application for the iPhone

Evernote:

Evernote lets you take notes, snap photos, create to-do lists, scan business cards, record voice reminders.

FITNESS APPS:

My Fitness Pal:

The food and exercise database includes of 3,000,000 foods and exercises to help you meet your fitness goal.

SparkPeople:

This application contains tracking and calorie-counting tools, exercise demos, and fitness reporting that have helped millions of SparkPeople members lose weight and live healthier.

Map My Run:

Easily track pace, distance, calories and time.

Wahoo Fitness:

Wahoo Fitness is a running, cycling and fitness app that utilizes your iPhone.

Gym Genius:

Helps you to improve your weightlifting with every workout and get results!

Nike Plus:

The Nike+ Running App tracks your runs and helps you reach your fitness goals.

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GLOSSARY OF TERMS

Acupressure: Application of pressure or localized massage to specific body sites to control symptoms such as pain or nausea or to stop bleeding.

Acupuncture: Technique of inserting thin needles through the skin at specific points to control pain and other symptoms.

Adhesions: Scar tissue.

Advanced Directive: Refers to oral and written instructions about one's future medical care, in the event of becoming unable to speak for oneself; includes both a Living Will and a Medical Power of Attorney.

Advanced Disease and Symptom Management: Care that prevents or relieves the symptoms of disease or the side effects of treatment, does not alter course of disease but can improve quality of life. It meets the physical, emotional, spiritual and practical needs of patients by helping to relieve pain, depression or other problems.

Alopecia (al-oh-PEE-shuh): Lack or loss of hair from areas of the body where hair is usually found; alopecia can be a side effect of some cancer treatments.

Anticonvulsants: Drugs used or tending to control or prevent convulsions. **Antiemetics**: Drugs that prevent or reduce nausea and vomiting.

Antifungals: Drugs that treat infections caused by fungi.

Antihistamines: Medicine for treating allergic reactions (such as hay fever), cold symptoms and motion sickness.

Antihypertensives: Drugs used or effective against high blood pressure. **Antivirals**: Drugs used to treat infections caused by viruses.

Artificial Larynx: A device that replaces the vibration of the vocal cords, which is the power source of the voice. Communication is achieved by forming words with the mouth, teeth and tongue, as the artificial larynx vibrates.

Barium Enema: Procedure in which a liquid that contains barium is put into the rectum and colon. Barium is a silver-white metallic compound that helps to show the image of the lower gastrointestinal tract on an X-ray.

Beta-blocker: Drugs that combine with and block the activity of a betareceptor to decrease the heart rate and force of contractions and lower high blood pressure and that are used especially to treat hypertension, angina pectoris and ventricular and supraventricular arrhythmias.

Biofeedback: Method of learning to voluntarily control certain body functions such as heartbeat, blood pressure and muscle tension with the help of a special machine; can help control pain.

Biopsy: The removal of a small piece of tissue to be examined by the pathologist to determine if cancer is present.

Bronchodilators: Drugs that relax bronchial muscle resulting in expansion of bronchial air passages.

Cancer: Cancer develops when there is out-of-control growth of abnormal cells anywhere in the body; there are over 100 different types of cancer.

Cancer survivor: Individual that has been diagnosed with cancer, from the time of discovery and for the balance of life.

Carcinoma: Cancer that begins in the skin or in the tissues that line or cover internal organs.

Catheter: Flexible tube used to deliver fluids into or withdraw fluids from the body.

Centers for Medicare and Medicaid Services: Federal agency responsible for administering Medicare and Medicaid.

Central venous access catheter (central line): Tube surgically placed into a blood vessel to give intravenous fluid and drugs; can also be used to obtain blood samples. Device avoids the need for separate needle insertions for each infusion or blood test.

Chemotherapy: Chemotherapy drugs are medications that kill cancer cells; drugs can be administered orally, through infusion or through an injection into a vein, muscle or the skin. Chemotherapy is often used in conjunction with surgery or radiation to treat cancer.

Clinical trial: Study that tests how well new medical treatments or drugs work in people by comparing them to current treatments.

Complete blood count (CBC): Test to check number of red blood cells, white blood cells and platelets in a sample of blood.

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Copayment: Amount the insured must pay directly to the provider of the service. Copayments typically range between \$5 and \$25.

Corticosteroids: Hormones that have antitumor activity in lymphomas and lymphoid leukemias; corticosteroids (steroids) may be used for hormone replacement and for the management of some complications of cancer and its treatment.

Deductible: The amount of money the insured must pay out-of-pocket before health insurance benefits begin.

Dehydration: Condition caused by loss of too much water from the body, i.e., severe diarrhea or vomiting can cause dehydration.

Dietitian: Is an expert in food and nutrition. Dietitians help promote good health through proper eating.

Diverticulitis: Condition marked by the inflammation of small sacs or pouches (diverticula) in the walls of an organ such as the stomach or colon; diverticulitis may be a risk factor for certain types of cancer.

Drain: A tube placed into an incision to withdraw fluid from the tissues to promote healing. (Sometimes called a "Jackson Pratt" or "JP drain")

Dysphagia: Difficulty swallowing.

Edema: Swelling caused by excess fluid in body tissues.

Electrolytes: Substances that break up into ions (electrically charged particles) when they are dissolved in body fluids or water, i.e., sodium, potassium, chloride and calcium. Electrolytes are primarily responsible for movement of nutrients into cells and movement of wastes out of cells.

Electromyelogram (EMG): Records electrical impulses.

Endoscopy: Use of a thin, lighted tube to examine the inside of the body. **Erythropoietin**: Substance that is naturally produced by kidneys and that stimulates bone marrow to make red blood cells.

Esophagus: The food passage connecting the throat to the stomach.

Fecal impaction: Formation of a large mass of dry hard stool within the rectum; mass may be large enough to be unpassable. Watery stool from higher in the bowel may move around the mass and leak out causing soiling.

Fine Needle Biopsy (FNA): A biopsy in which the amount of tissue to be analyzed is removed with a thin needle.

Fistula: An abnormal connection between two epithelium-lined organs or vessels that normally do not connect. (In the head and neck, this can mean saliva that leaks from the mouth or pharynx into a wound or to the skin).

Flap: Tissue transferred from one part of the body to another to repair surgical defect area after removal of the cancer. The flap fills the surgical defect area.

Free Flap: A flap that is completely detached from one part of the body and reattached to another. It requires suturing of the artery and vein of the flap to a nearby artery and vein where the flap will be placed. This suturing is performed using an operating microscope. These are also called microvascular free tissue transfers.

G-CSF: Granulocyte colony-stimulating factor; colony-stimulating factor that stimulates production of neutrophils (a type of white blood cell). It is a cytokine that belongs to the family of drugs called hematopoietic (blood-forming) agents, called filgrastim.

Glossectomy: Surgical removal of part of the tongue.

Granulocyte: Type of white blood cell that fights bacterial infection; neutrophils, eosinophils and basophils are granulocytes.

Granulocyte-macrophage colony-stimulating factor: Colony-stimulating factor that stimulates production of white blood cells, especially granulocytes and macrophages and cells that are precursors of platelets. It is a cytokine that belongs to the family of drugs called hematopoietic (blood-forming) agents, called sargramostim.

Health maintenance organization (HMO): Most traditional type of managed care organization; that both finance healthcare (i.e., provide insurance) and provide healthcare services.

Heat Moisture Exchanger (HME): A stoma-covering system that acts like an artificial nose to filter, moisturize and warm the air inhaled through the stoma.

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Hematocrit: One of three measures of complete blood count; determines number of red blood cells present.

Hemoglobin: Substance inside red blood cells that binds to oxygen and carries it from the lungs to the tissues.

Hodgkin's Disease: Cancer of the lymphatic system, includes the lymph nodes and other organs that are part of the immune and blood-forming system.

Hospice: Hospice care provides comfort and support to patients with terminal illness and their families through effective pain management, counseling and other comfort measures.

Human Papilloma Virus (HPV): A common virus that can cause cancers in the oropharynx.

Hyperbaric Oxygen (HBO): Treatment for poor healing bone or soft tissue. Requires being placed in a chamber that is pressurized with oxygen. Used for radiation caries prior to extraction to prevent osteoradionecrosis.

Hypnosis: A trance-like state in which a person becomes more aware and focused and is more open to suggestion.

Imagery: A technique in which a person focuses on positive images in his or her mind.

Informed consent: Legal document signed by a patient undergoing treatment or enrolled in a research study, outlining the course of treatment, as well as the risks and benefits of the treatment or study.

Inner Cannula: The inner part of the tracheostomy tube. It fits into the outer cannula and locks into place.

Instill: The process of placing saline into the stoma in order to loosen mucus and to elicit a cough.

Lactose intolerance: Inability to digest or absorb lactose, a type of sugar found in milk and other dairy products.

Laryngectomee: A person who has had a total laryngectomy.

Laryngectomy: Removal of the larynx.

Laryngectomy Tube: A metal or plastic tube that is worn in the stoma.

Laryngoscopy: A procedure to look at the larynx either using a rigid tube under anesthesia (direct laryngoscopy) or in the office setting using a flexible tube or by using a dental mirror (indirect laryngoscopy).

Larynx: (Pronounced: `laerinks) The area of the body that houses the vocal cords (voice box).

Leukemia: Cancer of blood-forming tissue or organs.

Lymphedema: A complication in which fluid collects in the arms, legs or other part of the body. This can happen after the lymph nodes and vessels are removed by surgery, injured by radiation, or blocked by a tumor that slows the normal fluid drainage.

Lymphoma: Cancer of the cells of the lymphatic system; two main types of lymphoma are Hodgkin's disease and non-Hodgkin's lymphoma.

Managed care organization: An organization that functions as both insurer and provider of healthcare; includes HMOs, PPOs and IPAs.

Maxillo-Facial Prosthodontist: A dental specialist who deals with dentures, partial or complete, as well as complex dental prostheses that replace parts of the jaw when removed by surgery.

Medicaid: Joint federal and state health insurance program that assists individuals with low incomes and limited resources. Medicaid programs vary from state to state.

Medicare: Federal health insurance program for people 65 years of age or older, certain younger people with disabilities and people with permanent kidney failure.

Medicare Part A: Medicare Part A covers care provided in a hospital, skilled nursing facility, home health agency or other facility; covers chemotherapy drugs and costs of administering them when the drugs are given in a hospital outpatient setting, infusion centers or doctors' offices.

Medicare Part B: Medicare Part B covers approved medical expenses such as doctors' charges, lab fees, durable medical equipment, ambulance services and certain other supplies; covers 80% of these expenses.

Medicare Part D: Medicare Part D provides information for Medicare prescription coverage.

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Meditation: Takes a person into a state of calm, with emotional and mental balance, in order to achieve a clearer, more tranquil frame of mind. The effect of meditation is said to stimulate the immune system, reduce stress and, with practice, can help reduce pain. There are several types of meditation. Mindfulness meditation teaches a person to observe the world around him or her without thinking directly about them; outside thoughts are discarded. Another form of meditation teaches practitioners to achieve total calm by blocking out the external environment and focusing inside themselves, focusing on a single sound, breathing or other focal point and excluding outside thought.

Melanoma: Form of skin cancer that originates in cells that produce skin coloring or pigment.

Metastasis: A spread of a cancer, either to lymph nodes or to distant sites like the lungs, liver or bone.

Modified Barium Swallow (MBS): An X-ray that evaluates the swallowing process.

Mucositis: Complication of some cancer therapies in which the digestive system lining becomes inflamed; often seen as mouth sores.

Multidisciplinary Opinion: A treatment planning approach in which a number of doctors (medical, surgical, radiation oncologist, etc.) who are experts in different specialties review and discuss the medical condition and treatment options of a patient.

Myeloma: Cancer that arises in plasma cells; cells are one type of white blood cells.

Nadir: Low point in resistance to infection.

National Cancer Institute (NCI): Part of the National Institutes of Health, the federal government's principal agency for cancer research.

Nasogastric Tube (NGT): A tube placed through the nose into the stomach to decompress the stomach or to provide nourishment.

Neck Dissection: Surgical procedure for removal of lymph nodes in the neck.

Neutropenia: Abnormal decrease in number of neutrophils, a type of white blood cell.

Neutrophil: A type of white blood cell.

Non-Hodgkin's lymphoma: Cancer of lymphatic system; non-Hodgkin's lymphoma differs from Hodgkin's disease through the absence of a type of cell called the Reed-Sternberg cell; treatments for non-Hodgkin's lymphoma and Hodgkin's disease are very different.

Nonmyeloid: Not being, involving or affecting bone marrow.

NSAIDs: Nonsteroidal anti-inflammatory drugs; group of drugs that decrease fever, swelling, pain and redness.

Obturator (1): This is the guide wire that fits inside the outer cannula of the tracheostomy tube to guide the tube easily into the stoma.

Obturator (2): Prosthesis used to fill a surgical defect (usually part of the palate). The obturator improves the patient's ability to swallow and speak clearly.

Occupational therapy: Therapy that helps people who are ill or disabled by helping to manage one's daily activities.

Oncologist: Doctor who specializes in treating cancer.

Oncology: Study of the diagnosis and treatment of cancer.

Oncology Social Worker: Provides counseling, education, information services and referrals to community resources to people with cancer and their families and friends.

Opioids: Family of synthetic drugs used to treat moderate to severe pain, similar to opiates such as morphine and codeine.

Oropharynx: Back part of the throat that contains the tonsils and the base of the tongue. A common site for HPV-related cancers.

Osteoradionecrosis: Bone destruction and loss from radiation caries. May require hyperbaric oxygen treatment (HBO).

Osteosarcoma: Cancer of the bone.

Outer Cannula: The outer part of the tracheostomy tube. It holds the stoma open and houses the inner cannula.

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Pain (Acute): A normal, predicted physiologic response to an adverse clinical, thermal or mechanical stimulus. It is generally time-limited and is responsive to opioid and non-opioid therapy. Note: Acute pain episodes may be present in patients with chronic pain.

Pain (Chronic): Malignant or non-malignant pain that exists beyond its expected time frame for healing or where healing may not have occurred. It is persistent pain that is not amenable to routine pain control methods. Note: Patients with chronic pain may have episodes of acute pain related to treatment, procedures, disease progression or reoccurrence.

PEG (Percutaneous Endoscopic Gastrostomy) Tube: A feeding tube that is placed in the stomach, by puncture, using an endoscope. Sometimes called a G (gastrostomy) tube.

Physical therapy: Use of exercises and physical activities to help condition muscles and restore strength and movement; physical therapy can be used to restore arm and shoulder movement and build back strength.

Placebo: Inactive substance that is used in a clinical trial; placebos look the same as the drug used in the clinical trial and are given to patients in the same manner as the drug.

Point-of-service plan: Type of managed care organization that gives the insured the option of seeing providers within the plan's network and paying the copayment amount only or seeing providers out of the network and getting reimbursed as one would under an indemnity policy.

Port: Implanted device through which blood may be withdrawn and drugs may be infused without repeated needle sticks; also called a port-a-cath.

Positive Emission Tomography (PET/CT) Scan: A nuclear medicine scan using a radioactive sugar to detect cancer. It is done with a CT scan for improved localization of tumors.

Preferred provider organization (PPO): Type of managed care organization that allows members to access services from both in-network providers and out-of-network providers; members pay higher out-of-pocket costs when receiving care outside the PPO network.

Primary care provider: Sometimes referred to as "gatekeepers," primary care providers (PCPs) are non-specialty physicians that enrollees choose to serve as the coordinator for all of their services. In many managed care plans, PCPs must pre-approve referrals to specialists and the use of services, including emergency care.

Radiation caries: Dental cavities caused by dry mouth following radiation. They are prevented by high-dose fluoride and good dental hygiene.

Radiation oncologist: Doctor that specializes in treating cancer with radiation therapy.

Radiation treatment: Treatment of cancer with high-energy radiation; radiation treatment is usually given to a specific part of the body and is often used to reduce the size of cancer before surgery or destroy any remaining cancer after surgery.

Relaxation techniques: Methods used to reduce tension and anxiety and control pain.

Salivary Gland Transfer: A surgical procedure that moves the submandibular salivary gland to a more forward position out of the radiation field to prevent xerostomia and radiation caries.

Sarcoma: Cancer of the bone, cartilage, fat, muscle, nerves, blood vessels or other connective or supportive tissue.

Skin Grafts: Skin transferred from one part of the body to another to repair defects in the lining of the mouth and/or throat.

Speech-Language Pathologist: Healthcare professional who provides screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling and follow-up services for disorders of speech, language and swallowing.

Squamous Cell Carcinoma: A malignant tumor of squamous epithelium.

Staging: Performing exams and tests to learn the extent of cancer within the body, especially whether the disease has spread from the original site to parts of the body. It is important to know the stage of the disease in order to plan the best treatment.

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Stem cells: Cells that all blood cells come from; stem cells are found in bone marrow and are required to make red cells, white cells and platelets.

Stem cell transplant: Process of replacing cells that were destroyed by cancer treatment; helps the bone marrow recover and continue producing healthy blood cells.

Stent: Device placed in a body structure such as a blood vessel or the gastrointestinal tract to provide support and keep the structure open.

Stoma: A permanent opening in the neck for breathing.

Stoma Cover: A bib or covering that is worn to maintain an attractive appearance.

Suction Catheter: A rubber tube used to suction the airway.

Suctioning: The process of clearing the mucous and secretions from the airway with a clean catheter and suction machine.

Supplementation: Adding nutrients to the diet.

Suppository: A solid but readily meltable cone of medicated material for insertion into a bodily passage or cavity, i.e., the rectum, vagina or urethra.

Surveillance: In medicine, the ongoing collection of information about a disease, such as cancer, in a certain group of people. The information collected may include where the disease occurs in a population and whether it affects people of a certain gender, age or ethnic group.

TEP (Tracheo-Esophageal Puncture): A surgically created opening between the trachea and the esophagus through which a voice prosthesis is placed. **Tolerance**: Capacity of the body to endure or become less responsive to a drug with repeated use or exposure.

TORS (TransOral Robotic Surgery): A surgical robotic machine allows cancers to be removed through the mouth rather than by more invasive techniques.

Trach Collar: Oxygen mask that is worn over the tracheostomy or laryngectomy when supplemental, humidified oxygen is required.

Trachea: The windpipe or airway below the voice box.

Tracheotomy: Procedure of creating an opening through the anterior neck into the trachea. Performed when an upper airway obstruction (such as swelling after surgery) impedes the upper airway.

Tracheostomy Tube: Curved tube that maintains the surgically created opening into the trachea.

Ultrasound: A non-invasive examination using sound waves to see structures deeper in the body. It is used for imaging the thyroid gland and lymph nodes.

Vocal Cord: A band of tissue that passes across the opening of the voice box and functions to produce sound.

Voice Prosthesis: A one-way valve, generally made of silicone, that directs air from the trachea into the esophagus for speech and prevents aspiration of secretions from the esophagus.

Volvulus: Twisting of the bowel.

Waldenstrom's Macroglobulinemia: Rare chronic cancer where abnormal blood plasma cells multiply out of control and invade bone marrow, lymph nodes and spleen and produce excessive amounts of an antibody called IgM; excess IgM in blood causes hyperviscosity or thickening of the blood.

Xerostomia: Dry mouth caused by a decrease in saliva.

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TO EVERY PATIENT, EVERY TIME WE WILL PROVIDE THE CARE THAT WE WOULD WANT FOR OUR OWN LOVED ONES.

