

Cancer Care Journey

MercyOne Dubuque
Cancer Center

Cancer Care Journey

Welcome to MercyOne Dubuque Cancer Center

We are honored to be part of your care journey. One of our goals is to help you feel empowered and well informed about your care. This book is yours to keep and is intended to be a quick reference for questions or concerns that you or your family may have throughout your treatment. We welcome you to reach out to any member of your care team if you have further questions or concerns throughout this time. We are here for you, and we will navigate this journey together.

MercyOne is proud to partner with Medical Associates in this center to provide you with the best providers and care the area has to offer. By joining together, we are able to offer a wide variety of services to make your cancer care as comprehensive and seamless as possible, all while being under one roof.

MercyOne Dubuque Radiation Oncology is located on the ground floor of the cancer center and home to our radiation oncologist and radiation therapy staff.

Medical Associates Medical Oncology is located on the first floor. The medical oncologists and their staff provide chemotherapy, immunotherapy and other infusions and treatments in this area.

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Mission, Vision and Values

Our Mission

We, MercyOne, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.

Our Vision

We will be the most trusted health partner for life.

Our Values

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are.

Cancer overview

A cancer diagnosis comes as a shock to most patients and has the potential to change your life. It is a time of uncertainty for patients and their families. We are committed to helping you through this incredibly difficult chapter in your life. We acknowledge you may be overwhelmed by the amount of information you are receiving, which is why we wanted to provide some basic information about cancer, in order for you to better understand what is happening.

Cancer. It is not just one disease; it is actually the name given to a collection of related diseases. All cancers have one thing in common – cells are dividing without stopping and spreading into surrounding tissues.

Normal cells grow and divide to form new cells as the body needs them, and when they grow old or become damaged, they die and new cells take their place. This process is altered when you have cancer, those old or damaged cells survive when they should die. The extra cells often accumulate to form growths called tumors. Tumors can be benign (not cancer – do not spread or invade other tissues) or malignant (cancerous – can spread or invade other tissues). When cancer spreads it is called metastasis. For example, when lung cancer spreads to the bones, it is still referred to as metastatic lung cancer because that is the site of origin from which the cancer spread. It is important to know where the cancer originated because it helps determine the treatment. Not all types of cancers are tumors, some can originate in the blood or other tissue.

What causes cancer

It seems like every other day you can encounter a headline about something that causes cancer. These stories can induce a lot of fear and uncertainty. It is hard to know if the information out there has any truth to it.

Social media posts, blogs and chain emails are often sources of inaccurate data that has been misconstrued. When looking at these articles or “news,” it is important to think about the validity of the data.

The National Cancer Institute (NCI) breaks cancer down into the following main categories of cancer:

- **Carcinoma:** begins in the skin or tissues that line or cover internal organs
- **Sarcoma:** begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue
- **Leukemia:** starts in blood-forming tissue, such as the bone marrow and causes abnormal blood cells to be produced
- **Lymphoma and myeloma:** begin in the cells of the immune system
- **Central nervous system cancers:** begin in the tissues of the brain and spinal cord

What do we know about what causes cancer? We know that determining whether something truly raises cancer risk is not easy. Often the certainty of risk cannot be completely determined and thus agents are sometimes classified as probably carcinogenic (cancer-causing). There is not a comprehensive list of the agents that can cause cancer, but there are resources that can give you some concrete information. Agencies that have lists available include:

- The International Agency for Research on Cancer (IARC) iarc.who.int
- National Toxicology Program (NTP) ntp.niehs.nih.gov
- Environmental Protection Agency (EPA) epa.gov
- CDC’s National Institute for Occupational Safety and Health (NIOSH) cdc.gov

Some of the more common agents proven to be carcinogenic are tobacco (smoking, second-hand smoke and smokeless), tanning beds, radon, asbestos and many others.

Diagnosis

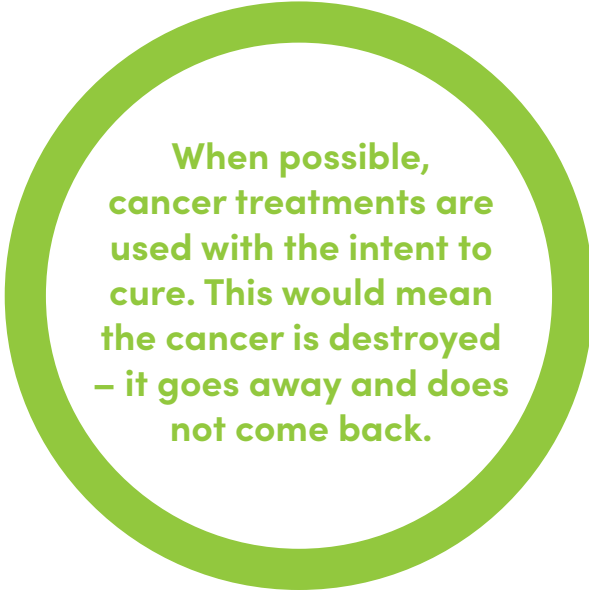
Sometimes diagnosing cancer can be relatively easy and other times it can be a very complex process. Typically, when cancer is suspected, imaging studies are ordered such as CT scans or an MRI. This can show the presence, location and size of an abnormal mass; often it also pinpoints an area where a biopsy can be performed. A biopsy is key in determining the type of cancer it is. Sometimes further testing will need to be done to determine the extent of your disease such as a bone marrow biopsy or positron emission tomography (PET). Results from these tests are necessary before any treatment can begin.

Goals of cancer treatment

The extent of disease revealed in the diagnosis phase often determines the goal of cancer treatment. There are three main goals of cancer treatment:

- Cure
- Control
- Palliation

When possible, cancer treatments are used with the intent to cure. This would mean the cancer is destroyed – it goes away and does not come back. Often this would include chemotherapy or chemotherapy combined with other modalities such as surgery or radiation therapy.



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When a cure is not possible, the goal is often to get the cancer under control and keep it there. This can help the person with cancer feel better and live longer. The cancer typically does not completely go away but becomes more like a chronic disease such as heart disease or diabetes. Some can live with cancer as a chronic condition for many years and the number of cases such as these are on the rise.

The last goal of treatment is palliation, which means to improve the symptoms caused by the cancer and increase the quality of life of the patient and help them feel better. People often think that treatment side effects decrease a patient's quality of life. There are many cases where giving treatment can increase quality of life and make someone feel better. A classic example is a patient with widespread small cell lung cancer who is having a lot of trouble breathing – we would initiate treatment quickly because this type of cancer responds quickly to treatment and can ease the patient's breathing troubles.

Types of cancer treatment

There are many types of cancer treatment. The types of treatment you receive will depend on the type of cancer you have and how advanced it is. Some people with cancer may have only one modality of treatment, but often more than one modality of care is utilized. The following are examples of the types of treatment utilized and are discussed below: surgery, radiation therapy, chemotherapy, biotherapy and hormone therapy.

Our providers utilize the guiding principles of the National Comprehensive Cancer Network to assist them in making treatment decisions. The National Comprehensive Cancer Network (NCCN) is a not-for-profit alliance of 27 leading cancer centers that work to create clinical guidelines for the care of cancer patients. There are patient resources available on NCCN's website (nccn.org) to help patients in understanding their diagnosis as well as treatment options available to them. Please ask your health care provider for more information if you do not understand the information.

Surgery

Many people with cancer are treated with surgery. Surgery typically works best for solid tumors

contained in one area. It can be used to remove all or a portion of the primary tumor. Treatment with surgery can sometimes be the only treatment needed but can also be done before or after another treatment.

Occasionally it is used in a palliative setting to lessen the symptoms the tumor is causing on a patient's quality of life.

Radiation therapy

Radiation therapy is a cancer treatment using high doses of radiation to kill cancer cells and shrink tumors. When given in high doses, radiation kills or slows their growth by damaging their DNA. The DNA of the cancer cells is damaged, causing cell death. It can take days or weeks of radiation to damage the DNA enough for the cancer cells to die. The effects of the radiation continue even after the radiation therapy is completed.

Radiation is a very targeted therapy that treats a specific area and it is more effective for some cancers than others. If radiation therapy is indicated, the medical oncologist or other provider will make a referral to the radiation oncologist. The radiation oncologist will discuss the different radiation therapy options available to you.

Chemotherapy

Chemotherapy is a cancer treatment using drugs to kill cancer cells. In contrast to surgery and radiation therapy, which are local therapies, chemotherapy is systemic – meaning it works throughout cells in the entire body. It works by stopping or slowing the growth of cancer cells, cells that are growing and dividing quickly.

Chemotherapy is used to cure the cancer through eradication, lessen the chance that it will return, or stop or slow its growth. Chemotherapy affects normal cells too, which can lead to various side effects.

Biological therapy

Biological therapy involves the use of living organisms, substances derived from living organisms, or a laboratory-produced version of such substances to treat disease. Some biological therapies for cancer stimulate the body's immune system to act against cancer cells. These types of biological therapy, which

Types of cancer treatment:

- Surgery
- Radiation therapy
- Chemotherapy
- Biological therapy
- Hormone therapy
- Complementary and alternative therapy

are sometimes referred to collectively as “immunotherapy,” do not target cancer cells directly. Other biological therapies, such as antibodies, do target cancer cells directly. Biological therapies that interfere with specific molecules involved in tumor growth and progression are also referred to as targeted therapies. Some types of immunotherapy only target certain cells of the immune system while others affect the immune system in a general way. Some examples of immunotherapy include cytokines, vaccines and some monoclonal antibodies. This is one of fastest growing areas of cancer care. Even though it is systemic (works throughout the whole body), it often takes a more targeted approach to the individual's cancer. These therapies do not work with every cancer. Special lab tests are often requested by the medical oncologist to determine whether a patient is a candidate for that particular treatment.

These drugs often stimulate an immune response and the side effects are much different from traditional chemotherapy. Biotherapy/ immunotherapy agents are more likely to cause a hypersensitivity reaction at the time of infusion, which can often be managed in the infusion room with other medications and prolonging the infusion. Patients often have flu-like symptoms that can include fever, chills, weakness, dizziness, occasional nausea and vomiting, muscle/joint pain, fatigue, headache, fluid retention, diarrhea and others. As with all therapies, side effects can be managed very

effectively with collaboration of you and your health care providers.

Hormone therapy

Another therapy used to fight cancer is hormone therapy. It often is used in combination with other treatment modalities. It can be used to lessen the chance that cancer will return, stop or slow its growth as well as to ease cancer symptoms. Hormone therapy is divided into two groups: those that block the body's ability to produce hormones and those that interfere with how hormones behave within the body. Side effects are dependent on the type of hormone involved and how your body responds. It is important to be candid with your providers to help you manage any side effects.

Treatment modality choices are incredibly complex, and it is important to be comfortable with your health care provider as well as educate yourself so you know you are getting the best care possible. Again, we would recommend the National Comprehensive Cancer Network (NCCN) as a great resource in understanding how these treatment choices are made. If you have questions about your treatment plan it is important to discuss it with your health care providers.

Complementary and alternative therapy

Complementary and Alternative Medicine (CAM) is the general term given to medical products and practices given outside of standard medical care. At times, these two terms are used interchangeably but there is a key difference - complementary medicine is treatment often used alongside standard medical treatments whereas alternative medicine is treatment used instead of standard treatment.

Some CAM therapies have undergone careful evaluation and have been proven to be safe and effective, while others have been found ineffective and possibly harmful. Just because something is considered natural does not mean it is necessarily safe. Some supplements can be harmful and are not regulated by the federal government. It is important to discuss CAM therapies with your provider to help you determine if they are right for you. Some examples of effective complementary therapies are deep breathing, yoga, meditation, massage, progressive relaxation and guided imagery. More

information can be obtained at the web page for the National Center for Complementary and Integrative Health at nih.gov.

Our promise to you

Cancer changes everything, but we'll be beside you through this journey, offering you outstanding clinical care, emotional support and guidance, because you are at the center of everything we do.

Services offered:

- Medical oncology and hematology
- Radiation oncology
- Oncology nurse navigation
- Nutritional guidance and education
- Palliative care
- Integrative medicine
- Counseling and spiritual care
- Support groups
- Transportation assistance
- Lab services

Medical oncology

The team of medical oncologists are highly skilled practitioners from Medical Associates who specialize in both hematology and oncology. They remain up to date on new and breakthrough therapies. They also utilize the National Comprehensive Cancer Network (NCCN) to help guide their decisions. The NCCN is an alliance of leading cancer centers that develop practice guidelines recognized as the standard of care for clinical policy in oncology and are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine.

In addition to standard chemotherapy, the medical oncologists also utilize hormonal therapy, biotherapy, targeted agents and oral chemotherapy in cancer treatment.

Typically, a patient's journey starts with an in-depth consultation with a medical oncologist where an individualized treatment plan is developed. Your doctor will use staging information along with details of your individual situation to help determine the most appropriate choice of treatment and personalize your care.

Medical oncology nurse practitioner

The medical oncology nurse practitioner works closely with the medical oncologists. As an important member of the care team, her role includes collaborating in your care to assist with office visits, symptom management, and education.

Radiation Oncology

Our radiation oncologist is a cancer specialist with expertise in the use of radiation therapy for the management of cancer. If radiation is recommended to be part of your cancer treatment plan, you will initially see a radiation oncologist for a consultation. During this visit, the radiation oncologist will review your medical information, including any surgery that has been completed for the cancer and any other tests, such as biopsies, computed tomography (CT) scans, positron emission tomography (PET) scans and lab tests. The radiation oncologist then determines if radiation is recommended for your disease and will discuss with you the treatment options, potential benefits and risks of treatment.

Radiation

Radiation therapy treatments are administered through state-of-the-art equipment with the ability to use image-guided radiotherapy (IGRT). IGRT is a method of radiation therapy that incorporates imaging techniques during each treatment session and is the standard of care when using intensity modulated radiation therapy (IMRT).

MercyOne Dubuque Cancer Center houses state-of-the-art modern linear accelerator with multiple, high-energy X-ray and electron radiation beams and

digital image guidance capabilities, including Cone Beam CT. New generation simulation and treatment planning system incorporate CT with the fusion of other imagery modalities such as PET/CT and MRI to develop precise, individualized patient treatment plans. Using these specialized plans, in combination with advanced treatment techniques and IGRT targeting, the treatments are focused precisely on the tumor site while avoiding healthy tissue.

Physicist

Our medical physicist is called upon to contribute clinical and scientific advice and resources to solve diverse problems that arise continually in radiation oncology. The medical physicist collaborates with the radiation oncologist and dosimetrist in the diagnosis, treatment, and planning of radiation treatments for cancer patients. They are responsible for the accurate measurement of radiation output from the radiation sources employed in cancer therapy. The physicist also provides the investigation of equipment performance, quality control in imaging systems, design of radiation installations, and control of radiation hazards. Medical physicists have an MS or Ph.D. in medical physics, physics, radiation biology, or a related discipline, and training in clinical medical physics. Clinical training may be obtained through a

residency traineeship or a postdoctoral program of one or two years in a hospital.

Medical dosimetrist

Our medical dosimetrist is an analytical member of the radiation oncology team who works closely in collaboration with the radiation therapists, medical physicist, and radiation oncologist within the department who possesses special expertise in radiation therapy treatment planning. While radiation therapy is designed to shrink the cancerous tumor, it can also cause damage to the surrounding healthy tissues. The job of the medical dosimetrist is to ensure that the prescribed radiation dose is delivered to the tumor while minimizing dose to the patient's healthy organs. In so doing, they design, generate, and evaluate radiation dose distributions and dose calculations to obtain high level treatment plans for your course of care.

Radiation therapist

A radiation therapist is the "hands on" part of the radiation oncology team that treats cancer patients with radiation to shrink, remove cancer or tumors and

improve the quality of life for the patients. The radiation therapist will construct immobilization devices in the CT Simulation process that are used each day to position the patient. The therapists are with the patients every treatment and use lasers inside the treatment room to position patients onto their marks. Daily imaging (if needed) helps target the area to be treated. They also monitor patients daily to address any side effects and to communicate with other members of the radiation team.

Surgery collaboration

On occasion, a cancer diagnosis might also mean a consultation with a surgeon. The team at the MercyOne Dubuque Cancer Center works in close collaboration with a highly skilled team of surgeons from Medical Associates. These surgeons represent professionals in General Surgery, Urology, Gynecology, Otolaryngology, Cardiovascular Surgery, and Pulmonology. This entire team meets weekly during Tumor Board to review cases together in order to offer the safest and most effective plan of care for all patients.

Supportive Care Services

MercyOne Dubuque Cancer Center is comprised of a multidisciplinary team who uses the most current and comprehensive methods of treatment available to care for individuals living with cancer. In addition to providing state-of-the-art medical treatment, we have many supportive care services available to you.

Oncology nurse navigator

Our oncology nurse navigator works with you and your family to help guide you through this journey. She will work closely with you and your providers to help answer questions you might have about the treatment plan. Often your navigator will connect you with other services to assist in resolving any barriers.

Some of the services the navigator can assist you with include:

- Providing support and coordination to assist you in securing appointments

- Providing educational resources
- Connecting you and your family to local resources and support services
- Promoting communication between you and your health care providers
- Enhancing quality of life for you and your family

Dietitian

Cancer and its treatment can affect your appetite, your body's ability to tolerate certain foods and the way your body uses nutrients. We know that proper nutrition is essential for good health, improved energy, mental clarity and so many more feel-good benefits. Some individuals with cancer experience periods of under-nutrition before diagnosis and during treatment. During cancer treatment you may need to change your diet to help maintain strength

and withstand the effects of treatment. The type of cancer, your treatment, and any treatment-related side effects need to be considered when trying to figure out the best way to get the nutrition your body needs. The nutrition needs of people vary from person to person and a registered dietitian is an important member of your care team. Our registered dietitian provides one-on-one consultation to identify your unique nutritional needs and plan ways to help you meet them.

Palliative care

Palliative care is a medical specialty for people with a serious illness. This type of care is focused on providing relief from the symptoms you may be facing and to improve quality of life for you and your family. Think of it as a bridge between you, your family and your health care team—an extra layer to help strengthen your support circle.

MercyOne's palliative care team includes a specially trained nurse practitioner and nurse who work with your doctors, nurses and other specialists to provide support.

Cancer risk assessment and genetic testing

Genetic counseling and testing is available through Medical Associates. Your provider may recommend testing given the variety of genes linked to hereditary cancers, and a multigene cancer panel may be the easiest way to identify a potential genetic risk. Approximately five to ten percent of cancers have been linked to an inherited gene. The genetic counselor helps coordinate payment and insurance coverage for testing. The cost of testing is typically covered by health insurance if certain criteria are met.

Who should consider a genetic risk assessment?

Personal or family history of:

- Breast cancer diagnosed before age 50
- Ovarian cancer at any age
- Two breast cancers in the same person or same side of the family
- Male breast cancer at any age

- Triple negative breast cancer at any age
- Ashkenazi Jewish ancestry and a personal or family history of and HBOC (Hereditary Breast and Ovarian Cancer) associated cancer
- Three or more HBOC-associated cancers at any age (breast, ovarian, prostate, pancreatic)
- A previously identified HBOC syndrome mutation in your family
- Metastatic prostate cancer
- Metastatic breast cancer (HER2-negative)
- Pancreatic cancer
- Colorectal and endometrial cancers at any age with a certain mutation (MMR)
- Colorectal cancer before age 50
- Endometrial cancer before age 50
- Two or more cancers associated with Lynch Syndrome – endometrial, ovary, stomach, small intestine, hepatobiliary tract, upper urinary tract, brain and skin

If a patient chooses to proceed with genetic counseling, they will meet with our nurse practitioner who will work closely with a certified genetic counselor.

Learning your risk before a cancer has a chance to develop allows for preventive steps and increased screening, which helps us to find cancers at the earliest stages for treatment or to potentially prevent a cancer from happening.

Resource nurse specialist

Including complementary therapies with chemotherapy and radiation treatments may help to relieve the side effects of treatment, improve quality of life and comfort you and your caregivers through your healing journey. The resource nurse specialist serves as a primary source in the cancer center for all oncology patients and caregivers. The resource nurse specialist helps patients find resources to meet their needs within the cancer center, MercyOne Dubuque Medical Center, the community and beyond. The nurse specialist collaborates with the health care

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team to incorporate various educational services and complementary modalities (if appropriate) to best suit each individualized patient care plan. Health promotion and prevention within the cancer patient population is an important and necessary aspect of the intervention plan when addressing a holistic treatment proposal. Topics like these are also addressed in the resource center.

Resource center

The resource nurse specialist manages various support and complementary services within the resource center. Complementary therapy is used along with standard or mainstream medical treatment. Some complementary therapies may help relieve certain symptoms of cancer, relieve side effects of cancer treatment, or improve patient's sense of well-being. Examples may include meditation to reduce stress, peppermint or ginger tea for nausea, and guided imagery to help relieve stress and pain during medical procedures. If any questions regarding diagnosis or any topics of concern such as incision care, drain usage, and / or skin care, the resource nurse specialist is there to assist.

Some of the complementary/support services that are based out of the resource center include the following:

- Accessories to enhance mind, body, spirit
- Aromatherapy
- Cancer center infusion room tour
- Encouragement of health and wellness to improve quality of life
- Healing touch – The 'M' technique®
- Lymphedema education
- MercyOne breast cancer support group
- Music therapy
- Relaxation training
- Review of nutraceutical therapies
- Scalp care for hair loss

- Support person/ group facilitator
- Survivorship
- Referral recommendations within the holistic community in Dubuque and the surrounding area

Counseling

Going through cancer can be very emotional. You may experience feelings such as anxiety, distress and depression. Discussing these feelings with your care team can strengthen your emotional well-being and provide an enormous sense of relief.

Counseling is available at the MercyOne Dubuque Cancer Center. These services are provided by a licensed psychologist from Medical Associates who understands how cancer affects you and your family. She can help to:

- Evaluate anxiety, trauma, or depression that can be unique to cancer care.
- Intervene to effectively manage psychological distress, using evidence-based treatments such as cognitive behavioral therapy.
- Address patterns in thinking and behavior that may be exacerbating pain and/or psychological symptoms.
- Teach relaxation techniques and mindfulness for anxiety, pain, and nausea management.
- Assist with treatment decision-making, both with you and your family.
- Address concerns regarding psychological effects on intimacy.
- Offer support to adult loved ones adjusting to diagnosis and provide referral options for children.
- Address adherence struggles, using behavioral modification approaches.
- Assist in coping with stomas.
- Treat phobias (needles, radiation devices), using an evidence-based approach, during procedures.
- Grief support.

Spiritual care

What is it that gives you hope and courage as you deal with your diagnosis and treatment? How can you nurture your spirit along with caring for your body? Spiritual care is a valuable part of the cancer journey. Encouraging the many things that give meaning and purpose to your life is a way of caring for your spiritual side. You may already have a strong spiritual support system in family, friends or religion/faith community. No matter where you get your strength, a MercyOne chaplain is available to journey with you as you reinforce your religious or non-religious inner resources, address spiritual issues related to your health or develop habits of spiritual self-care.

Lymphedema treatment

We offer outpatient services for the treatment and preventive care for patients at risk or diagnosed with lymphedema, edema or venous insufficiency. Lymphedema involves the swelling of a body part (arms, legs, trunk or face) due to trauma of the lymphatic system. The trauma can include cancer (with lymph node removal), radiation or any kind of surgery or condition in which the lymphatic vessels and/or lymph nodes have been compromised.

The length of treatment for each patient depends on the severity of the lymphedema/edema. Follow-up treatment and assessment is incorporated into the care plan as needed, based on a provider's referral. Throughout the treatment process, patients and

family members, friends and caregivers will learn to take an active, committed role in managing lymphedema on a long-term basis. Your care team will evaluate and monitor carefully if you are at risk or experiencing lymphedema and can direct you to these services.

Plastic surgery

Through an agreement with the University of Iowa Hospital and Clinics, Dr. Patrick Hawkes, a board certified plastic surgeon, spends a full day every other month seeing patients at MercyOne Dubuque Cancer Center. There is no need to travel to Iowa City for consults or follow up care. Dr. Hawkes specializes in a broad range of surgical and non-surgical procedures with an emphasis on breast reconstruction following mastectomy.

Cancer conference

Cancer conferences are held weekly at MercyOne Dubuque Cancer Center. This is a multidisciplinary round-table discussion attended by the medical oncologists, radiation oncologist, surgeons, radiology and pathology providers, as well as other health care professionals. The weekly cancer conferences provide a major avenue to develop effective multidisciplinary approaches to cancer care at our center. The cancer conference honors the best medical traditions for sharing meaningful information to colleagues about challenging cases, and for stimulating discussion on best practice management for an individual's specific care needs.

Support groups

Support groups are available for those who want to be with others to share in the cancer journey. Please visit our website at [MercyOne.org/dubuque/cancer-center](https://www.MercyOne.org/dubuque/cancer-center) for a full list of support groups.

CANCER SUPPORT GROUP

Third Wednesday of every month

9-10 a.m.

For more information, call 563-589-9144 or email cancersupport@mercyhealth.com

BREAST CANCER SUPPORT GROUP

Third Thursday of every month

4-5 p.m.

For more information, call 563-589-9144 or email bcsupport@mercyhelath.com

PROSTATE CANCER SUPPORT GROUP

Fourth Wednesday of every month

9-10 a.m.

For more information, call 563-589-9144 or email pcsupport@mercyhealth.com

Wigs and head coverings

Chemotherapy and certain targeted radiation therapy side effects can include hair loss for many cancer patients.

Strands of Strength exists to provide quality new wigs and night caps to cancer patients in need. These items help patients disguise hair loss, decrease feelings of vulnerability and provide greater self-esteem, hopefully resulting in emotional and personal

strength needed to successfully battle the disease.

For a list of local hair salons that provide wigs and services, please ask cancer center colleagues.

Transportation assistance

For those who need assistance getting to and from their cancer treatment, our cancer center offers assistance with transportation. We want to help make your appointment convenient when driving or finding a ride is not possible. This service can also help relieve some of the expense for you. Ask a member of your health care team for more information.

Advance directives

Advance directives are written, legal instructions regarding your preferences for medical care in the case that you may not be able to make your own health care decisions. These are not just for older adults. In fact, anyone over the age of 18 can and should have these in place since unexpected illnesses, accidents or end-of-life situations can happen at any age. Planning ahead is important because this allows you to specifically appoint a health care representative who can verify for any caregiver your specific wishes if you are not able to speak for yourself. This ensures you get the medical care you want, avoiding unnecessary suffering. Having these guidelines in place will also help reduce confusion or disagreement among family members about what you would want when you can't tell us yourself. MercyOne has qualified staff able to help you navigate this paperwork and assist you in getting these directives in place. Talk to a member of your care team if you would like more information on this process.

Cancer-related Websites

National Organizations

- American Cancer Society™ – [cancer.org](https://www.cancer.org)
- American Society of Therapeutic Radiology and Oncology™ – [astro.org](https://www.astro.org)
- American Society of Clinical Oncology® – [asco.org](https://www.asco.org)
- Cancer Care® – [cancercares.org](https://www.cancercares.org)
- National Comprehensive Cancer Network™ – [nccn.org](https://www.nccn.org)
- Radiological Society of North America® – [radiologyinfo.org](https://www.rsna.org)

Breast Cancer

- [breastcancer.org](https://www.breastcancer.org)
- National Lymphedema Network™ – [lymphnet.org](https://www.lymphnet.org)
- Susan G. Komen for the Cure® – [komen.org](https://www.komen.org)
- Young Survival Coalition® – [youngsurvival.org](https://www.youngsurvival.org)
- National Cancer Institute® – [cancer.gov](https://www.cancer.gov)
- Beyond Pink Team – [beyondpinkteam.org](https://www.beyondpinkteam.org)
- Living Beyond Breast Cancer – [lbbc.org](https://www.lbbc.org)

Survivorship and Support Groups

- Association of Cancer Online Resources™ – [acor.org](https://www.acor.org)
- National Coalition for Cancer Survivorship™ – [canceradvocacy.org](https://www.canceradvocacy.org)
- University of Iowa Hospitals Online Cancer Support Group – cancer.uiowa.edu/support-groups
- OncoChat IRC Channel™ – [oncochat.org](https://www.oncochat.org)

General Cancer Information – Clinical Information

- Chemotherapy basics – [chemocare.com](https://www.chemocare.com)
- Radiation therapy basics – [rtanswers.org](https://www.rtanswers.org)
- OncoLink® – [oncolink.org](https://www.oncolink.org)
- MD Anderson Cancer Center – [mdanderson.org](https://www.mdanderson.org)
- Cleveland Clinic Foundation – [ccf.org](https://www.ccf.org)
- Health Central – [healthcentral.com](https://www.healthcentral.com)
- CenterWatch – [centerwatch.com](https://www.centerwatch.com)
- Patient Resource™ – [patientresource.net](https://www.patientresource.net)

Radiation-specific Information

- RT Answers – [rtanswers.org](https://www.rtanswers.org)

These sites may be helpful. Many are nationally recognized organizations or are world famous cancer teaching hospitals. Remember to only obtain information from trusted sources. If you have questions on information you find, please talk to your care team.

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Notes



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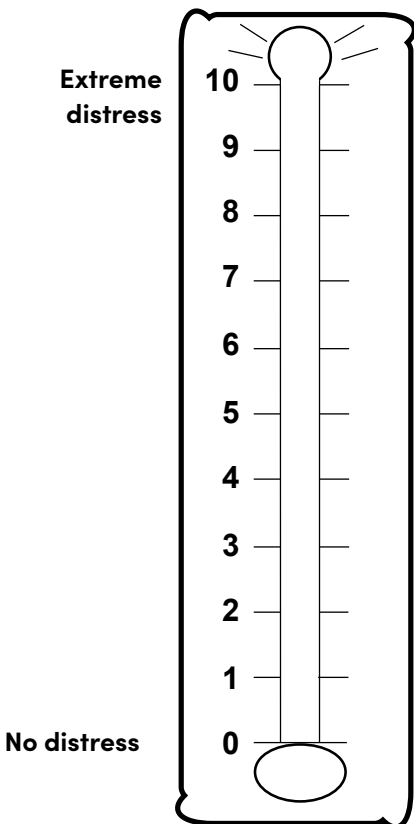


NCCN Guidelines Version 1.2022 Distress Management

NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.



PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns

- Pain
- Sleep
- Fatigue
- Tobacco use
- Substance use
- Memory or concentration
- Sexual health
- Changes in eating
- Loss or change of physical abilities

Emotional Concerns

- Worry or anxiety
- Sadness or depression
- Loss of interest or enjoyment
- Grief or loss
- Fear
- Loneliness
- Anger
- Changes in appearance
- Feelings of worthlessness or being a burden

Social Concerns

- Relationship with spouse or partner
- Relationship with children
- Relationship with family members
- Relationship with friends or coworkers
- Communication with health care team
- Ability to have children

Practical Concerns

- Taking care of myself
- Taking care of others
- Work
- School
- Housing
- Finances
- Insurance
- Transportation
- Child care
- Having enough food
- Access to medicine
- Treatment decisions
- Spiritual or Religious Concerns
- Sense of meaning or purpose
- Changes in faith or beliefs
- Death, dying or afterlife
- Conflict between beliefs and cancer treatments
- Relationship with the sacred
- Ritual or dietary needs

Other Concerns:

Note: All recommendations are category 2A unless otherwise indicated. Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

Meds to Beds

We connect all your medication and health care needs in one place.

Outpatient pharmacy processes your prescriptions through your insurance and brings them to your hospital room.

- Most major insurances accepted
- No additional fee for bedside delivery
- Copays are paid by credit card – all major cards accepted
- Prescription issues are resolved before hospital departure
- Over-the-counter items may be brought along with your order

What is Meds to Beds?

Meds to Beds is a convenient service offered to MercyOne patients. When you're ready to leave the hospital, your discharge prescriptions will be filled by MercyOne Dubuque Pharmacy and delivered to you in your hospital room. This convenient program eliminates an extra stop and long wait times at your pharmacy after being discharged from the hospital.

What are the benefits of Meds to Beds?

Safety

Meds to Beds ensures that you leave MercyOne with medications you need to get well and establishes an accurate start to medication therapy. MercyOne Dubuque Pharmacy can also follow up with primary care providers and your primary pharmacy to advise them on your most recent medication regimen.

Convenience

Our team provides convenient and personalized care wherever you are. MercyOne Dubuque Pharmacy can arrange to have additional refills delivered or mailed. This eliminates the need to visit a pharmacy while continuing to receive your medications.

Follow-up care

Our MercyOne Dubuque Pharmacy team is available to answer any questions and help reinforce safe and effective medication therapy.

To enroll, please ask your nurse or call 563-589-9370.

WEEKDAY ORDERS

MercyOne Dubuque Pharmacy
250 Mercy Drive, Dubuque, IA 52001
563-589-9370

WEEKEND ORDERS

MercyOne East Pharmacy
1000 Langworthy
Dubuque, IA 52001
563-584-3405



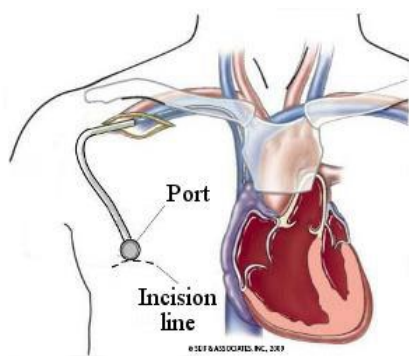
Scan the QR Code to learn more about our MercyOne pharmacies.

Implanted port discharge instructions

An implanted port is a type of central line that is placed under the skin. Central lines are used to provide IV access when treatment or nutrition needs to be given through a person's veins. Implanted ports are used for long-term IV access. An implanted port may be placed because:

You need IV medicine that would be irritating to the small veins in your hands or arms.

- You need long-term IV medicines, such as antibiotics or chemotherapy.
- You need IV nutrition for a long period.
- You need dialysis.



Implanted ports are usually placed in the chest area, but they can also be placed in the upper arm, the abdomen, or the leg. An implanted port has two main parts:

- **Reservoir.** The reservoir is round and will appear as a small, raised area under your skin. The reservoir is the part where a needle is inserted to give medicines or draw blood.
- **Catheter.** The catheter is a thin, flexible tube that extends from the reservoir. The catheter is placed into a large vein. Medicine that is inserted into the reservoir goes into the catheter and then into the vein.

How will I care for my incision site?

- The steri strips are in place for 5-7 days and should fall off on their own. The dressing should stay in place for 72 hours.

- You are able to shower after 72 hours.
- You are able to submerge in water after 2 weeks.

How is my port used?

Special steps must be taken to access the port:

- Your healthcare provider uses a sterile technique to access the port.
- Your healthcare provider must put on a mask and sterile gloves.
- The skin over your port is cleaned carefully with an antiseptic and allowed to dry.
- The port is gently pinched between sterile gloves, and a needle is inserted into the port.
- Only “non-coring” port needles should be used to access the port. Once the port is accessed, a blood return should be checked. This helps ensure that the port is in the vein and is not clogged.
- If your port needs to remain accessed for a constant infusion, a clear (transparent) bandage will be placed over the needle site. The bandage and needle will need to be changed every week, or as directed by your health care provider.
- Keep the bandage covering the needle clean and dry. Do not get it wet. Follow your health care provider's instructions on how to take a shower or bath while the port is accessed.
- If your port does not need to stay accessed, no bandage is needed over the port.
- Accessing your port should typically be reserved for chemotherapy (infusion). To avoid problems with your port, such as infection, it is best to have blood samples taken from your arm instead of your port.
- Protect the skin around the port site.
 - Avoid wearing bra straps that rub or irritate the site.
 - Protect the skin around your port from seat belts. Place a soft pad over your chest if needed.

What is flushing?

Flushing helps keep the port from getting clogged. Follow your health care provider's instructions on how and when to flush the port. Ports are usually flushed with saline solution or a medicine called heparin. The need for flushing will depend on how the port is used.

Your port will need to be flushed:

- After medicines have been given.
- After blood has been drawn.
- As part of routine maintenance.

If a constant infusion is running, the port may not need to be flushed.

How long will my port stay implanted?

The port can stay in for as long as your health care provider thinks it is needed. When it is time for the port to come out, surgery will be done to remove it. The procedure is similar to the one performed when the port was put in but is sometimes done in the office.

When should I seek immediate medical care?

- When you have an implanted port, you should seek immediate medical care if:
- You notice a bad smell coming from the incision site.
- You have swelling, redness, or drainage at the incision site.
- You have more swelling or pain at the port site or the surrounding area.
- You have a fever that is not controlled with medicine.
- You have swelling in your limb on the side of the port with skin discoloration.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.