

癌友生活指引 |

A Guide to Living with Cancer



美國癌症協會

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前言

癌症一旦確診後，的確在許多方面永遠地改變了病患及家屬的生活。雖然這是一個嚴肅的事實，但由於癌症研究和臨床試驗發現了各種新的治療方法，比起過去，如今更有希望戰勝癌症。我們一直在找尋答案，追求進展。今年將有九萬多名加州癌症病患，在癌症確診後五年仍然倖存。加州現有八十八萬五千多名癌症倖存者，其中將近五十九萬人是在五年或五年以前被確診的。

在三千三百九十萬加州居民中，百分之十一為亞裔/太平洋島民。在全體亞裔/太平洋島民中，大約有一百一十萬華人，其中大多數住在舊金山灣區和洛杉磯，是加州人數最多的亞裔族群之一。對美國癌症協會而言，這是一個非常重要的族群，我們必須向這些人提供資訊、知識、服務，以求預防癌症、早期發現，並改善癌症生存者及其家屬的生活品質。

我很高興本協會能向華人社區提供符合其文化和語言的癌症資訊。我希望「癌友生活指引」將為您和您的家屬解答許多問題。我衷心感謝許多義工和本會工作人員為出版這本手冊所付出的辛勤努力。我們將共同努力預防癌症、消除癌症造成的痛苦，以及改善癌症病患及所有受其影響者的生活品質。

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第一章

什麼是癌症？

癌症是許多種相關疾病的總稱。無論是什麼形式的癌症，均涉及異常細胞的失控生長和擴散。正常身體細胞依序生長、分裂、死亡。兒童時期，正常細胞分裂很快。成年後，大多數組織的正常細胞只是在需要取代衰老或即將死亡的細胞以及修復損傷時，才會分裂。

癌細胞則不然，它會持續生長和分裂，並可能擴散至身體其他部位。癌細胞會積聚並形成腫瘤，擠壓、侵入和摧毀正常組織。若癌細胞脫離腫瘤，可能會沿血流或淋巴系統，移至身體其他部位。癌細胞可能留在新的部位並形成另一個腫瘤群落，繼續生長。腫瘤擴散至新位置稱為轉移。擴散後的癌症仍然用癌的原發的身體部位來命名，例如，攝護腺癌擴散至骨骼，仍然是攝護腺癌；乳癌擴散至肺部，仍然是乳癌。

白血病也是一種癌，但是通常不形成腫瘤。此類癌細胞與血液和造血器官（骨髓、淋巴系統、脾臟）有關，透過組織循環，可能在經過的組織中積聚。並非所有的腫瘤都是癌，良性腫瘤不會轉移，也極少威脅生命。

癌症的分類係依據原發的身體部位，以及在顯微鏡下觀察到的特徵。不同種類的癌生長速度、擴散模式和治療效果均有不同，因此，癌症患者須對症治療。

癌症的病因是什麼？

某些種類的癌症是由於個人的生活方式引起的。在所有癌症中，吸菸引起者大約佔三分之一。吸菸可引起肺癌、膀胱癌和幾種其他癌症。儘管不是每一位吸菸者都會患癌症，但吸菸或吸二手菸者患癌症的機率會增加。另有三分之一的癌症是飲食引起的。飲食與結腸直腸癌、胃癌、攝護腺癌、乳癌等癌症有關。大量飲酒也會增加口腔癌及喉癌的機率，既飲酒又吸菸者尤為如此。

放射線照射（X光）會致癌，但醫生和牙醫使用的X光是安全的（只要限制照射的劑量）。陽光過度直接照射會導致皮膚癌。

年齡愈大，患癌症的可能性愈大。目前已知某些因素會增加患癌症的風險，但尚未查明癌症的確切病因。

癌症是否會傳染？

科學研究證明，癌症沒有任何傳染性。某些家族的癌症發病率比其他家族高，並不意味著家庭成員之間相互傳染癌症。遺傳因素、相同的不健康生活方式（例如吸菸），或共同接觸環境中的有害物質，都可能增加家族癌症發病率。可以肯定地說，癌症沒有傳染性。

癌症是否可以預防？

吸菸是肺癌、喉癌、口腔癌、咽癌和食道癌的一個主要病因，也是膀胱癌、胰臟癌、子宮頸癌、腎癌、胃癌、某些白血病的次要病因。最好是完全不吸菸。吸雪茄和嚼菸葉亦會致癌，應當避免。

酒精與口腔癌、咽癌、喉癌、食道癌、肝癌、乳癌有關。酒精還會增加患結腸癌的風險。若飲酒，男性每天不應超過兩杯，女性每天不應超過一杯（1杯=12盎司普通啤酒、5盎司葡萄酒、或1.5盎司80標準數度的蒸餾酒）。

若能儘量避免日曬、使用防曬霜、在日光下活動時戴帽子和穿襯衫，可減少患皮膚癌的可能性。

目前已知，飲食與某些種類癌症有關。最佳飲食建議是，吃大量新鮮水果、蔬菜、義大利式麵條、麵包等全穀類食品。此外，少吃高脂肪食物也很重要。

保持適度的身體運動，也能減少癌症的可能性。



早期識別症狀至關重要

癌症發現愈早，治癒率愈高。美國癌症協會和其他機構認為，最好是在上述症狀出現之前發現癌症。美國癌症協會建議沒有症狀者，接受與癌症有關的檢查和早期發現癌症的一些篩檢。與癌症有關的檢查應包括健康諮詢。此外，根據年齡而定，可能還須檢查甲狀腺、口腔、皮膚、淋巴結、睪丸、卵巢。另外，建議接受子宮頸癌、乳癌、子宮內膜癌、攝護腺癌、結腸直腸癌的早期篩檢。要了解更多關於上述早期發現篩檢資訊，請瀏覽本協會的網站www.cancer.org，或致電本協會，電話是 1-800-ACS-2345。

癌症有哪些症狀和癥候？

癌症包括許多種類，發生在不同身體部位的癌症及不同種類的癌症會引發各種不同的症狀。癌在生長至一定大小之前通常沒有症狀。若癌症擴散（轉移）至身體其他部位，症狀會有很大的差別。

隨著癌的生長，癌會壓迫鄰近的器官、血管、神經。若癌是長在關鍵區域，例如大腦的某些部位，即使最小的腫瘤也會有早期症狀。

有時，某些部位的癌要生長到很大才會有症狀，舉例而言，某些胰臟癌初期沒有症狀，要長到鄰近的週邊神經時才會引發腰背痛。不幸地是，胰臟癌到引發腰背痛時通常已是晚期。

有時，癌細胞會在血流中釋放一些物質，所引發的症狀通常不被認為是癌症所造成的，舉例而言，胰臟的某些癌症會釋放影響凝血的物質，導致下肢靜脈出現血液凝塊。

特定的症狀

以下症狀可能是癌症的信號。若有以下任何症狀，並不意味著您有癌症，但應立即告訴醫生。

1. **大便習慣或膀胱功能出現變化：**若長期便秘、腹瀉、或排便量發生變化，均可能是結腸癌之癥候。若尿痛、尿血、或膀胱功能發生改變，可能與膀胱癌或攝護腺癌有關。
2. **生瘡不癒：**皮膚癌可造成出血和生瘡不癒。口腔生瘡持久不癒可能是口腔癌之癥候，有吸菸、嚼菸葉習慣或經常飲酒者，罹患口腔癌可能性尤其大。對陰莖或陰道生瘡也不能忽視。
3. **異常的出血或分泌物：**癌症早期或晚期均可能發生異常出血。痰中帶血是肺癌晚期之癥候。便血可能是結腸或直腸癌的癥候。子宮內膜癌或子宮頸癌可致陰道出血。尿血可能是膀胱癌或腎癌的癥候。乳頭流出帶血分泌物可能是乳癌的癥候。
4. **乳房或身體其他部位增厚或出現腫塊：**許多癌症均可透過皮膚觸知，特別是乳房、睪丸、淋巴腺和其他軟組織的癌症。腫塊可能是早期癌症，若立即告知醫生，或可治癒。
5. **消化不良或吞嚥困難：**此類症狀可能顯示有食道癌、胃癌、或咽癌。
6. **疣或痣近期有變化：**若疣或痣顏色變化、失去明確的邊界、或變大，可能是黑色素瘤的癥候。
7. **咳嗽不止或聲音沙啞：**咳嗽持續不癒，可能是肺癌的癥候。聲音沙啞可能是喉癌或甲狀腺癌的癥候。

美國癌症協會預防癌症的營養及運動指南摘要

- 每天吃多種蔬菜和水果，五份以上。
 - 少吃炸薯條、馬鈴薯片、其他油炒蔬菜的食物。
 - 若喝果汁或蔬菜汁，要選擇 100% 的產品。
- 多吃全穀類食品，少吃加工（精製）的穀物、糖類。
 - 少吃精製的碳水化合物，包括糕點、加（糖）的加工穀物、汽水、糖類。
- 少吃紅肉，特別是加工過的紅肉及（或）肥肉多的紅肉。
 - 多吃魚類、家禽、豆類，少吃牛肉、豬肉、羊肉。
 - 吃肉類時，要吃瘦肉，份量要小。
 - 烹調肉類時，採用爐烤、燒烤、水煮，不要油炸或炭烤。
- 保持積極運動的生活方式。
 - 成年人應有中度的運動，每天 30 分鐘或更長時間，每週五天或更多。
 - 兒童和青少年應有中等至激烈程度的運動，每天至少 60 分鐘，每週至少五天。
- 始終保持健康的體重。用運動來均衡體內攝入的熱量。體重過高或過低可能增加罹患以下癌症的風險：乳癌（停經期婦女）、結腸癌、子宮內膜癌、食道癌、膽囊癌、胰臟癌、腎癌。
- 若飲用含酒精的飲料，須限制飲用量。

癌症存活者

目前，曾經患有某種癌症的存活者大約有八百萬人。其中有些人已治癒；另一些人仍然患有癌症。許多年前，大多數癌症患者的存活時間都不很長。但是今非昔比，癌症存活者逐年增多，兒童癌症患者尤為如此。



第二章

癌症的治療方法

本章向您概要地介紹現有的各種治療方法、各種方法的風險和好處、可能的副作用以及如何減輕副作用。若能了解不同的治療選擇，並與醫生討論治療方式，將有助於您作出重要的治療決策。

A. 手術 (Surgery)

手術主要用於診斷或治療癌症。手術可用於嘗試治癒或控制癌症。有時，手術可能有助於預防特定的某些癌症、緩解疼痛、或增進身心健康。

治療性手術 用於切除全部癌組織，為患者提供最大的治癒可能性。

預防性手術 用於處理癌前狀況，例如結腸息肉。有時，若婦女有嚴重的家族乳癌病史，而且（或者）基因測試結果顯示乳癌易感受基因（BRCA1 或 BRCA2）有變化（突變），可能考慮接受預防性乳房切除術（切除乳房）。

診斷性手術 用於取得病變組織的樣本，以確認診斷結果，或特定的某些癌症及（或）癌症所處的階段。

緩和性手術 可緩解導致不適或殘障的症狀。舉例而言，有些癌症可能轉移至脊椎，若癌組織不斷成長，可能壓迫脊髓或鄰近的神經，引起癱瘓或劇烈疼痛。若使用放射或化療對轉移性癌症無效果，則施行緩和性手術以緩解這些症狀，提升患者的生活品質。

再造手術 用於恢復患者的容貌或器官或身體部位的功能。例如，乳房切除術後的乳房再造，以及骨頭/關節的更換。

手術是否會導致癌症擴散？

有些人認為，切除癌組織會導致癌細胞擴散。事實並非如此。手術切除癌組織時，有經驗的外科醫生會將腫瘤週邊的少量正常組織連同腫瘤一併切除，以確保不會留下癌細胞。



您應向醫生提出哪些關於手術的問題？

- 為什麼要做手術？手術成功的可能性有多大？
- 是否有任何其他治療該癌症的方法？
- 您是否是美國外科醫師學會認證的醫生？
- 您曾做過多少例您建議我接受的手術？對於我患的這種癌症，您是否有豐富的手術經驗？
- 在這個手術中，您要做些什麼或切除什麼？為什麼？手術需要多長時間？
- 手術後有哪些注意的事情？是否很痛？是否要採取引流措施或使用導管？手術後要住院多長時間？
- 手術對我的身體有何影響？
- 需要多長時間才能康復？是否有任何永久後遺症？
- 拋開癌症不談，我現時的健康狀況是否足以承受手術和麻醉帶來的壓力？
- 手術有哪些潛在的風險和副作用？
- 手術造成死亡或殘障的風險有多大？
- 若選擇不做手術，會有什麼後果？
- 手術治癒癌症的可能性有多大？

B. 化學治療 (簡稱化療) (Chemotherapy)

化療是指使用藥物方式治療疾病。手術和放射療法可定點消滅或破壞癌組織，化療的效果則可達至全身。化療藥物可消滅轉移或擴散至遠離基本（原發）癌組織的身體其他部位的癌細胞。化療藥物可在手術之前或之後施用，也可在化療的同時採用放射線（X射線）治療。另外，有些人可單獨使用化療，不採用手術或放射治療。所有決策均取決於癌症的種類、位置、生長速度、對正常身體功能的影響、患者的整體健康狀況。

化學治療的原理是什麼？

化療的原理是殺死癌細胞，或使癌細胞停止生長，最終導致癌細胞死亡。癌組織會縮小，甚至消失。化療法還可阻止癌症擴散。

可單獨用一種化療藥物治療癌症，但配合使用多種藥物一般療效更好。同時使用兩種或更多藥物，稱為組合化療。

如何施行化學治療？

化療有多種方式。患者有可能只須服用藥丸。有時，化療就像接種流行性感疫苗一樣打針，或採用靜脈注射方式。化療可以是每天一次、每週一次、甚至每月一次，取決於所患癌症的種類。化療的時間長短也取決於所患癌症的種類。

化學治療有哪些副作用？

化療對有些人沒有副作用。但是，進入體內的化療藥物可能使一些患者感到不適，這是因為藥物會殺死身體內快速分裂的細胞。有些正常細胞與癌細胞一樣，生長速度也很快，因此有些正常細胞也會受到破壞，副作用就是因此產生的。

通常，毛髮和骨髓中的細胞、皮膚及口腔細胞、胃腸細胞是人體內快速分裂的細胞。因此，化療的副作用可能導致毛髮脫落或感覺疲乏。另外，化療之後患者還可能口中生瘡，皮膚和頭髮乾燥或噁心。

化療對男性和女性的性慾都有影響。有時，性慾會減退一段時間，然後逐漸恢復。化療期間使用的一些藥物可能減少女性荷爾蒙的分泌，導致熱潮紅症狀和陰道乾燥。



噁心和嘔吐

噁心和嘔吐是化療最常見的兩大副作用。通常在化療開始後幾個小時內出現這些症狀，持續很短時間。噁心和嘔吐嚴重時也可能持續幾天，但較為少見。

透過改變進食習慣和服用止吐藥，多半可以減輕上述兩種症狀。對於噁心和嘔吐，最好是在化療之前開始服用止吐藥，定時服用幾天，並調整進食，直至症狀消失。

毛髮脫落

並非所有化療藥物都會引起毛髮脫落，不僅頭髮，身體的所有部位都可能出現毛髮脫落。毛髮脫落通常不是在化療後立即發生。若發生毛髮脫落，治療結束後，毛髮幾乎總是會重新長出。不過，新長的毛髮可能顏色和質地與舊毛髮不同。

許多方法可協助減少毛髮脫落的時間，但無法阻止毛髮脫落。可使用柔性洗髮水、軟質髮梳，若使用吹風機，要使用低溫。勿使用捲髮器捲髮，勿染髮或燙髮。留短髮可使頭髮看起來更密、覆蓋更全。可用防曬霜、帽子、頭巾或假髮防止陽光直射頭皮，還可使用絲質枕套。

疲乏

疲乏是化療最常見的副作用之一。疲乏程度從略感疲倦到筋疲力盡不等。治療週期開始和結束時最為疲乏。與其他大多數副作用一樣，化療結束後疲乏症狀即會消失。不過，疲乏症狀完全消失可能需要幾個月的時間。

為協助減輕疲乏症狀，要妥善規劃每天的活動，白天需留出休息的時間。飲食要均衡，喝充足的飲料。若無力完成所有需要做的事，可選擇性地做對自己最重要的事。自己無力完成的事，要接受他人的幫助。短時間運動有助於緩解疲乏。應向醫生諮詢適合自己的運動方式。從坐、臥的姿勢起身時，動作要緩慢，有助於防止頭暈。

腹瀉

若化療影響到腸道內膜，可能造成腹瀉。若腹瀉持續超過二十四小時，或腹瀉伴隨腹痛或腹絞痛，請找醫生。醫生可能會開止瀉藥，但是未諮詢醫生意見之前，切勿服用任何非處方止瀉藥。

若腹瀉嚴重（二十四小時內瀉肚七、八次），要立即通知醫生。詢問醫生是否應試吃清淡的流食，讓腸道休息。感覺好轉之後，逐漸增加低纖維食物。稀薄的流食無法提供您需要的全部營養，所以不要吃同樣的流食超過三天或四天。若腹瀉沒有改善，可能需要靜脈輸液以補充您喪失的水份和營養物。

骨髓抑制

骨髓是骨內的一種組織，可以製造白血球、紅血球和血小板。骨髓抑制是指骨髓受到傷害，是化療最常見的副作用之一。

骨髓製造的細胞生長快速，對化療的反應敏感，因此在骨髓細胞復原以前，白血球、紅血球和血小板的數目會降低。化療藥物不會破壞已經在血流內的血球，因而化療後血球不會立即減少。化療藥物暫時抑止新細胞的形成。

每種血球的生存期不同，白血球平均六小時、血小板平均 10 天，而紅血球平均約 120 天。當這些血球在化療後無法由骨髓持續填補代謝的細胞時，血球數目則開始下降。化療藥物的種類和劑量，將影響血球數目開始下降的時間和降低的程度。

不同血球降到最低數目的時間不一，白血球和血小板約在 7-14 天，而紅血球存活較常，約數個星期。知道三種血球的正常功能，有助於了解當它們的數目降低時所造成的影響。白血球有助於對抗身體的感染；血小板經由血塊的形成，防止出血；而紅血球攜帶氧氣到全身組織，供給細胞使用，製造能量。在這些細胞降低到最低值時，造成的副作用影響最大。

您應向醫生提出哪些關於化療的問題？

- 我將使用哪些化療藥物？
- 我將如何使用這些藥物（口服或靜脈注射）？
- 每隔多長時間化療一次？
- 化療需要多長時間？
- 可能會有哪些副作用？
- 為了保養自己，我有哪些應該或不應該從事的活動？

- 可能會有哪些長期影響？
- 若有需要通知您的症狀，下班時間應如何與您聯絡？

C. 放射線療法(Radiation Therapy)

放射療法是使用 X 射線、伽瑪射線、電子束、質子束等高能粒子束或高能波束，消滅或破壞癌細胞。癌症病例中，半數以上使用放射療法。放射療法是某些癌症的主要治療方法，例如非黑色素瘤皮膚癌、頭頸癌、早期何杰金氏病 (Hodgkin disease)、非何杰金氏淋巴瘤 (non-Hodgkin lymphomas)。放射療法還用於治療肺癌、乳癌、宮頸癌、攝護腺癌、睪丸癌、膀胱癌、甲狀腺癌、腦癌。

放射療法可單獨使用，也可與手術、化療、免疫療法組合使用。舉例而言，醫生可在手術前採用放射療法，以縮小腫瘤，減少切除的難度，或在手術後使用放射療法，以阻止任何殘留癌細胞的生長。



放射療法的原理是什麼？

放射療法是使用特殊的設備，向癌症腫瘤發射高劑量放射線，殺死或破壞癌細胞，使癌細胞無法生長、增殖或擴散。儘管放射線會影響某些正常細胞，但目前看來，大多數人都可從治療造成的影響中完全恢復。化療中整個人體均受抗癌化學物質的作用，放射療法則僅影響腫瘤及週邊區域。

如何施行放射療法？

外部放射療法 (或外部放射線束照射) 使用機器，用高能射線集中照射癌組織和週邊的一些組織。大多數患者只需到醫院或治療中心的門診部接受外部放射療法。

內部放射療法 使用內部放射源，即將線狀或小塊狀放射源密封在小容器中，稱為植入物。植入物直接放在腫瘤內部或周圍。有時，手術切除腫瘤之後，需要在切口附近區域放置放射性植入物，以殺盡殘留的腫瘤細胞。另外還有一種內部放射療法，使用未密封的放射源，以口服或注射方式進入人體。一般而言，內部放射療法均須短時間住院。

放射療法期間，可採取哪些措施自我照顧？

醫生或護士會針對您的治療方案以及可能帶來的副作用向您提供建議，以下僅供參考：

- 務必充分休息。可能比平時更容易覺得累，想睡時就睡覺。治療結束後，疲乏可能持續四至六週。
- 均衡飲食，吃有營養的食物。醫生或護士可根據接受放射療法的身體部位，建議您調整飲食。
- 格外注意保護治療部位的皮膚。接受放射療法部位的皮膚可能會變得更為敏感。因此，未經醫生批准，切勿在治療部位使用任何肥皂、護膚品、除臭劑、藥物、香水、化妝品、爽身粉、或其他物質。還有些產品，例如一些除臭劑，可能會干擾放射治療。
- 避免穿緊身衣物。這包括在治療部位穿用腹帶、褲襪、或收緊的領套。相反地，要穿柔軟的棉布衣物，衣物不要上漿。
- 不要在照射部位的皮膚用力搓揉、擦拭、或使用膠布。若需要使用繃帶，需使用紙帶或其他適合敏感皮膚的固定帶。固定帶儘量不要覆蓋治療部位，並且避免每次都在相同位置使用固定帶。
- 照射部位不要過熱或過冷。先諮詢醫生的意見。熱水也會傷害皮膚，只能使用溫水清洗治療部位。
- 切勿使用刮鬍用的乳膏或毛髮脫除用品。若必須剃去治療部位的毛髮，須使用電動刮鬍刀，並且先諮詢醫生或護士的意見。
- 避免陽光照射治療部位。您的皮膚可能對陽光特別敏感。如果有可能，外出時用深色衣物遮蓋治療部位。詢問醫生是否應使用含防曬成分的護膚霜。如果應該使用，可使用防曬因數（SPF）至少為15的防曬產品。放射治療後至少一年內，皮膚需要特別的保護。
- 治療前告訴醫生自己正在服用的藥物。若您需要服用任何藥物，即使是阿司匹林(Aspirin)，也要先諮詢醫生的意見。

放射療法的副作用

最常見的副作用是疲乏、皮膚發生變化、以及食慾不振。其他副作用通常與特定的某些治療部位有關，例如頭部放射療法後出現頭髮脫落。

大多數副作用最終都會消失，而且，副作用引起的不適也有辦法減輕。若您的反應特別嚴重，醫生可能會決定暫停治療一段時間，修改治療排程，或修改治療的類型。通常情況下，最好不要中斷放射療法的療程，因為中斷造成的延誤可能會影響治療的效果。

放射治療後您可能要向醫生提出的問題

- 何時可以恢復正常活動？
- 治療結束後，每隔多長時間複查一次？
- 有哪些檢驗項目以及檢驗的目的？
- 何時才可以裝義肢或接受矯形手術？
- 是否需要繼續改變飲食？
- 何時才能恢復性生活或懷孕？

D. 免疫療法(Immunotherapy)

免疫系統是人體抵禦疾病的天然防衛系統。免疫療法的原理是激發人體自身的免疫系統，以抵禦癌症。免疫療法有時單獨使用，但大多是作為輔助療法使用（與其他療法同時或之後使用），以增強主療法的效果。

免疫療法如何協助抵禦癌症？

有時，癌細胞與正常細胞在抗原特性上的差別，不足以引起免疫反應，因此患者的免疫系統可能不會將癌細胞當作異常細胞。免疫系統也可能已識別癌細胞，但反應強度不足以消滅癌組織。還有一種可能是癌細胞過多，免疫系統無法殺死所有癌細胞。免疫療法的目的是協助免疫系統識別癌細胞，將其作為攻擊目標，以及增強攻擊力，以消滅癌組織。

免疫療法的不同種類

免疫療法可分為幾大類：主動特效免疫療法如癌症疫苗(cancer vaccine)、被動免疫療法如單株抗體(monoclonal antibodies)，以及非特效型免疫療法(nonspecific immunotherapies)/輔助性療法。有時，醫生會同時使用兩種或更多種上述免疫療法。

癌症疫苗

癌症疫苗中包含某種特定的癌細胞、癌細胞組成部分或化學純粹抗原。疫苗可增強免疫系統對患者體內特定癌細胞的反應。疫苗注射入患者的體內，意圖是引發患者自身免疫系統的積極反應。癌症疫苗尚未正式用於治療腫瘤，目前大多尚處於臨床試驗的研究階段。

單株抗體

單株抗體療法是一種被動免疫療法，抗體在實驗室內生產，而不是由患者的免疫系統產生。即使患者的免疫系統已受到很大的削弱，抗體仍然可有很好的效果。美國目前以臨床試驗的方式施行此類治療。

非特效型免疫療法

非特效型免疫療法係指全面性的刺激免疫系統，希望藉由增強整體免疫系統活性，可對抗體內癌細胞的能力。

E. 荷爾蒙療法(Hormone Therapy)

雄激素（男性荷爾蒙）抑制療法目前用於降低男性荷爾蒙睾丸酮的含量。男性荷爾蒙主要由睪丸產生，是攝護腺癌細胞生長所必需的。降低男性荷爾蒙可令攝護腺癌收縮或生長減緩。荷爾蒙療法無法治癒癌症，因此不能取代治癒性療法。

荷爾蒙療法可在以下幾種情形下使用：

- 用於第一線（初始）療法：無法接受手術或放射療法的患者，或癌組織已擴散至攝護腺之外，無法透過前述治療方法治癒時，
- 初步治療（手術或者放射療法）後，癌症仍未治癒或復發時，

- 與放射療法共同做為某些癌症復發率較高男士的初始治療。

F. 骨髓及週邊血液幹細胞移植(Bone Marrow and Peripheral Blood Stem Cell Transplants)

骨髓是骨中心部位的海綿狀組織。骨髓的主要功能是製造人體內循環的血液細胞。血液細胞是從稱為幹細胞的不成熟細胞發育而成，幹細胞大都存在於骨髓中，也有少量進入血液循環。三種主要類型的血液細胞（紅血球、白血球、血小板）都是從幹細胞發育而來。

若患者的骨髓受損傷，無法製造人體需要的紅血球、白血球、血小板，可由骨髓或週邊血液幹細胞移植幹細胞。骨髓受損傷，可能是因為對骨髓有影響的疾病所造成，也可能是因為高劑量癌症治療所造成。

什麼是骨髓移植？

骨髓移植是最早用於幹細胞移植的方法，原因是骨髓中富含幹細胞。捐髓者須全身麻醉，然後在骨盆上做多處穿刺，以抽取骨髓。除全身麻醉之外，骨髓穿刺惟一的副作用就是穿刺處會酸痛數天。骨髓放入袋內，儲存於特製的化學溶液中，然後在液態氮中冷凍。冷凍的骨髓在使用時須先解凍，然後像輸血一樣輸入患者體內。幹細胞進入患者骨髓以後，就開始生長並製造血液細胞。新血液細胞的出現最少需要兩週時間。有時，可能需要從近親或血型與患者相符者身上抽取骨髓。

什麼是週邊血液幹細胞移植？

週邊血液幹細胞移植需要在施行較大劑量化療或放射療法之前，從正在循環的血液中抽取幹細胞。抽取幹細胞的過程基本沒有疼痛，與捐血一樣，但需要的時間要長得多。治療後，將細胞輸回患者體內。化療或放射療法對骨髓的毒性太大，因此患者往往無力承受化療或放射療法等高劑量的癌症治療。但是，如果在治療後輸入健康的幹細胞以促進骨髓恢復，則可施行高劑量的癌症治療。幹細胞的輸入方式與骨髓輸入相仿。

您應該向醫生提出哪些問題？

- 幹細胞移植是不是最佳選擇？為什麼？我是否有其他可考慮的選擇？
- 我要做的是 BMT 還是 PBSCT？為什麼？
- 若有必要做幹細胞移植，是否有可能找到與我相符的捐贈者？
- 我接受幹細胞移植成功的可能性有多大？
- 對於我的病，BMT 是否被視作實驗性治療？為什麼？
- 幹細胞移植對我有什麼風險？
- 預計幹細胞移植費用是多少？我的保險可支付哪些費用？
- 可能會出現哪些副作用？副作用會有多嚴重？副作用會持續多長時間？將使用哪種藥物或自我保養方法來控制副作用？
- 是否可有人探視我？

- 我何時可恢復工作？
- 出院後我需要哪種類型的監測？多長時間測一次？
- 我的癌症復發的可能性有多大？

G. 臨床試驗(Clinical Trials)

為探索癌症患者的治療新方法，有必要施行臨床試驗（即以人為試驗對象的研究）。醫生施行臨床試驗是為了了解新治療方法的安全性和效用。



儘管治療方法在實驗室研究和動物研究中已得到充分測試，但是臨床試驗可解答關於人體的重要問題：新治療方法是否有效？就某些特定的疾病而言，新方法的療效是否比現有治療方法好？如果療效不是更好，或許至少一樣好，是否副作用較少？對於現有方法無法治療的患者，新方法是否奏效？新治療方法是否安全？安全性很重要，雖然沒有哪種治療方法或治療術是完全沒有風險的，即使已認可的治療方法或治療術也是如此。

臨床實驗通常分「階段」施行，每一階段的目的都是要回答特定的問題。每一項新治療方法都須經三階段臨床實驗加以測試，才能確定是否具有合理的安全性和效用。務必問清楚您考慮接受的臨床試驗屬於哪一階段，因為從中可大致了解研究人員對此治療法有多少知識。

第一階段臨床試驗 – 治療方法是否安全？

並不總是能依據動物試驗來預測新藥對人體的副作用。在第一階段臨床試驗中，參加研究的人體試驗者人數通常較少（十五至四十人），一般僅限於已無有效治療方法可用的患者。第一階段臨床試驗主要是為了確定新療法不會引起嚴重副作用的最高劑量，以及確定新治療方法的施行方式。

第二階段臨床試驗 – 治療方法是否奏效？

若第一階段臨床試驗證明新治療方法具有合理的安全性，可在第二階段臨床試驗中測試該治療方法的效用。通常，在第二階段臨床試驗中，以二十五至一百名患同類癌症的患者作為人體試驗對象，按新治療方法施行治療。通常是根據第一階段試驗的結果，對參加者給予相同劑量的治療。

第三階段臨床試驗 – 新方法是否優於現有治療方法？

第三階段臨床試驗著重於比較新治療方法和現有標準治療方法的安全性和效用。此階段需要眾多患者的參與，通常至少須有數百名患者。往往以隨機方法決定對患者是採用標準治療方法，還是採用新治療方法。若有可能，試驗會採取雙盲形式，即醫生或患者均不知道患者接受的是兩種治療方法中的哪一種。若第三階段臨床試驗證明新治療方法的效用及（或）安全性優於現有的標準治療方法，則將新治療方法提交美國食品藥品管理局（FDA）審批。

第四階段臨床試驗 – 新治療方法是否有更好的使用方式？

即使已對數以千計的患者施行過新藥測試，隨著研究的進展，通常還會出現新問題。每週服藥兩次是否效果比一次好？六個月療程是否比四個月好？是否有尚未發現的罕見的副作用？此類問題通常透過第四階段臨床試驗給予解答。

您是否應考慮參加臨床試驗？

這是許多癌症患者最難回答的問題。在決定最佳治療方案時，先問自己一些基本問題：我為什麼想參加臨床試驗？若決定參加臨床試驗，我的目標和期望是什麼？這些目標和期望的真實性有多大？如果我決定參加（或不參加）臨床試驗，醫生對我的前景有何看法？我是否已考慮過參加的好處、風險、以及其他的因素（例如時間和金錢）？以及我有其他的選擇嗎？

當然，每個臨床試驗是不同的。但是整體來說，臨床試驗有一些共同的益處：

- 臨床試驗增加您可選擇的治療方式。
- 更仔細監測您的病情和治療可能帶來的副作用。
- 為癌症研究貢獻力量，可能對未來的病情相同者有所幫助。
- 研究主辦者可能會支付研究期間您的所有或部份醫療護理費用。

參加臨床試驗也有一些潛在的不利之處，包括：

- 可能有未知的副作用或其他風險。
- 新治療方法可能對您不奏效。
- 您可能無法選擇所希望接受的治療。
- 保險公司並不一定支付所有費用。
- 須接受更頻繁的測試，可能造成不便。

您應該提出的問題

- 為何要施行臨床試驗研究？
- 如果我決定參加/不參加，可能會有什麼後果？
- 我有哪些其他選擇（標準治療方法、其他臨床試驗研究）？其他選擇有什麼優點和不足？
- 以往對此治療方法的臨床研究有什麼結果？
- 此項臨床試驗研究涉及哪些種類的測試和治療？測試和治療的次數多少？

- 此臨床試驗研究對我的日常生活有何影響？
- 給我看病的是否還是我平時的醫生？
- 是否要支出任何費用？是否有任何免費的治療？我的保險是否可支付其餘的費用？
- 如果我因為參加該研究而受到傷害，我有權獲得何種治療？
- 我參加該臨床試驗研究需要多長時間？
- 我會因為哪些原因而被取消參加該臨床試驗研究的資格？該臨床試驗研究會因為哪些原因而提前中止？
- 該臨床試驗研究結束後，我是否可選擇繼續按新治療方法接受治療？
- 在參加該臨床試驗研究的人當中，是否有我可以相互聯絡的人？

H.輔助及另類療法: 中醫(Traditional Chinese Medicine)

美國癌症協會曾詳細研讀醫學文獻，以協助與癌症有關的人士對輔助及另類療法作出良好的判斷。中醫和針灸是典型的輔助療法，但不是替代療法。輔助療法用於補充或補足傳統醫療方法。輔助療法可緩解症狀，降低患者的壓力，並（或）增進患者的安康。

中醫是完整的醫療保健體系，已有數千年的應用歷史。中醫有辦法預防以及治療疾病。中醫認為有許多失衡現象在癌組織的形成中存在，其中主要是兩大因素：血淤和痰。幾乎任何刺激因素都可能導致血淤和痰的發生。最常見的包括：

1. 氣血失調，導致氣滯血淤
2. 痰的生成和阻滯
3. 邪毒侵入（在對抗療法醫學中，邪毒包括致癌因素和病毒。）
4. 腎虛和脾虛 – 即先天和後天氣虛（可視作西醫中的遺傳因素）
5. 七情
6. 外邪（亦可歸入病毒和致癌因素。）
7. 飲食不當，例如偏愛油膩食物、飲酒以及生痰的食物

中醫最常用於治療癌症的原則是：

1. 理氣調血，以化淤並保持經絡通暢。
2. 化痰去結。
3. 軟結化結。
4. 化毒止痛。
5. 補氣養血/生血。
6. 補肝腎。

資料來源：「新英格蘭中醫學報」(*New England Journal of Traditional Chinese Medicine*)

中醫的主要治療方法包括針灸、艾灼、火罐、推拿、中草藥以及運動和靜坐（例如氣功和太極拳）。

- 針灸是在身體特定点位（針灸點或穴位）用針刺入皮下。這些點位構成的網絡據信就是氣運行的經絡。現代針灸使用的針是不銹鋼針，並且用後即棄。針在皮膚中保留的時間通常在半小時以下。今天，電針灸廣泛使用。針灸還有其他現代形式，採用熱、激光束、聲波、電和其他非針刺手段來刺激穴位。針灸亦有風險，例如不乾淨的針造成感染，或治療方式不當。對針灸執業者的資格給予標準認證的全國性協會均可提供符合資格的針灸師的名單。
- 推拿是中醫的重要組成部分。推拿分很多種，每種推拿會採用按、揉、打的特別手法組合。
- 氣功和太極拳也用於均衡或增強氣。經由呼吸、身體運動、靜坐等活動，而達到上述目的。
- 中草藥是中醫的古老瑰寶。中醫的大多數草藥製劑都是千百年研發而得。目前入藥的中藥材有三千多種，配方眾多。中藥有口服的片劑或膠囊、有湯劑、有皮膚敷用的膏劑，還有藥浴。

中藥被用來緩和抗癌藥物的副作用。有些中藥可減緩噁心和腸胃不適或緩和血球失調的現象。若使用中藥或考慮使用中藥，須向有名望的專家多了解其可能的好處或危險。考慮中醫治療的癌症患者，即使只是為了緩解症狀或解決短期問題，也應首先諮詢醫生的意見。

第三章

患者及家屬營養指南

飲食是癌症治療的重要組成部分。在治療期間及前後，若能選擇正確的食物，可讓您感覺更好、身體更強健。此處提供的是一般性資訊，不應取代您本人諮詢醫師、營養師、或醫療護理團隊的意見。您可撥打免費電話 1-800-366-1655 給美國營養協會 (ADA)，了解相關資訊和請求其推薦營養師。



癌症患者的營養需求可能不同

對不同的癌症患者，關於飲食安排和進食的建議可能差別非常大。對於普通公眾，營養建議通常是強調要吃水果、蔬菜、全穀麵包、麥片，適量的肉類和奶製品。此外，還建議減少脂肪、糖、酒精及鹽的攝取量。

對於癌症患者，營養建議可能更強調您要多吃高熱量的食物，以增加蛋白質的攝取量。可能要求您多吃牛奶、乳酪、煮熟的雞蛋，以增加熱量攝取量。您可能需要改變飲食習慣，以協助緩解症狀，例如腹瀉時要少吃纖維含量高的食物。

營養良好的益處

合宜的營養可令您

- 感覺更好
- 保持體力和精力
- 保持體重和身體的營養儲備
- 承受治療帶來的副作用
- 降低感染疾病的可能性
- 儘快康復、痊癒

主要營養份介紹

蛋白質

蛋白質是生長、修復組織、保持免疫系統健康所不可缺少的物質。蛋白質攝取量不足會延緩疾病的康復速度，降低感染抵抗力。患病時，人體對蛋白質的需求往往會增加。高品質的蛋白質來源包括瘦肉、魚、家禽、奶製品、堅果、瓜子、乾豆、豌豆、扁豆、豆腐、豆皮、豆奶等大豆食品。

碳水化合物和脂肪

碳水化合物和脂肪是人體的主要能量（熱量路里）來源。碳水化合物的來源包括水果、蔬菜、麵包、麵條、穀物、麥片、乾豆、豌豆、扁豆。脂肪來源包括奶油、人造奶油、植物油、堅果、瓜子、肉類、魚、家禽、奶製品中的天然脂肪。

維他命和礦物質

人體要正常生長和發育，以及利用從食物中攝取的能量，都離不開維他命和礦物質。飲食均衡、熱量和蛋白質攝取量足夠者，可獲得足夠的維他命和礦物質。但是，對於接受癌症治療的人而言，要做到飲食均衡可能很難。醫生可給予每日需服用的綜合維他命和礦物質處方。

流質

水和流質非常重要。如果不攝取足夠的流質，或有嘔吐或腹瀉，您可能會脫水。應向醫生或護士諮詢您每天需要多少流質，以防止脫水。

為癌症治療做好準備

若您一直維持健康的飲食習慣，則治療時就有足夠的體力、減少身體組織損傷、促進組織復原、儲備抵抗力以對抗感染。有良好飲食習慣的人，更能承受治療所帶來的副作用。若患者營養充分，能獲得足夠的熱量和蛋白質，對某些癌症治療方法甚至可取得更好的效果。

- 提前烹調好食物，按每餐進食量分成多份冷凍保存。
- 請朋友或家人協助採購和烹調，或讓朋友家人料理您的飲食。
- 在食櫃和冰櫃內儲存喜歡吃的食物，以免頻繁採購的辛勞。要儲備您生病時的食物。
- 諮詢註冊營養師，提出自己擔心的問題以及自己的期望。請營養師協助擬定採購範例單，列入有助緩解便秘或噁心等副作用的食物。

處理治療期間的進食問題

對癌症手術後康復中患者的營養建議

手術後，為了傷口癒合和身體康復，人體需要額外的熱量和蛋白質。手術中若摘除或切除消化系統的任何器官（口腔、食道、胃、小腸、結腸、直腸），也可能對營養狀況造成重大影響。要增加熱量和蛋白質攝取量，可嘗試少量多餐。儘量在您感覺良好、食慾好的時間進食。與高脂肪食物、油炸食物、油膩食物相比，人體更容易承受其他易消化的食物和飲料。整天喝水、果汁、湯、茶、其他清淡流質，有助於提供身體正常運作所需的液體。

對接受放射治療者的營養建議

有些患者需要在遠離家的治療中心接受治療。這種情況很難保持良好的飲食。治療前務必進食，而不要空腹接受治療，至少在治療前一小時進食。若您每天要花長的時間往返治療的地方，則要攜帶食品或營養補給品，在來回的路上進食或飲用。

對接受化療者的營養建議

在化療期間，務必在治療前進食。大多數人通常可以在接受化療前吃清淡餐食。化療期間，疲乏是常見的現象。要充分休息，認識到自己的體力限度，儘量進食有營養的食物以有助於緩解減輕疲乏。可嘗試少量多餐，可吃正餐，也可吃點心。儘量在您感覺好、食慾好的時間進食。與高脂肪食物、油炸食物、油膩食物相比，人體更容易承受其他易消化的食物和飲料。整天喝水、果汁、湯、茶和其他清淡流質，有助於提供身體正常運轉所需的液體。

免疫功能發生變化的患者的營養

癌症及其治療有時會干擾血液細胞，改變人體的免疫系統，而受到疾病和外來生物的侵擾。以下數種食物的處理方式可降低細菌感染的風險：

- 烹調食物前、後以及進餐前，用熱肥皂水徹底洗手。
- 切肉類和蔬菜時，不要使用同一面的砧板。每次使用後，砧板要徹底消毒。（用熱肥皂水洗砧板，然後用清水沖洗乾淨。按一湯匙漂白劑和四杯熱水的比例配消毒液，再次清洗砧板。消毒液在砧板上至少要停留兩分鐘，然後用熱水沖洗乾淨。）
- 熱食食物要保溫（140°F 以上），涼食食物要冷藏（40°F 以下）。
- 食物解凍時應使用冰箱或微波爐。絕不要在室溫下解凍食物。食物解凍後要立即烹調。
- 剩餘食物要在烹調後兩小時內放入冰箱，在二十四小時內食用。
- 只吃熟透的食物。不要吃生的食物和未熟透的食物，特別是雞肉和雞蛋。
- 可以飲用瓶裝水和市面出售的罐裝飲料和果汁。不要重複使用一次用的飲料瓶。

如何處理副作用



適應味覺的變化

藥物、癌症的影響以及癌症治療均可導致味覺和嗅覺發生變化。涼食或室溫的食物味道和氣味較淡，患者可能更容易接受。

- 用酸味調味品調配食物，例如檸檬片、檸檬汁、柑桔、醋、醃製食品等作為調味品。（若您口腔或喉部疼痛，切勿遵循此項建議。）
- 嚼檸檬糖、薄荷糖、口香糖可幫助去除進餐後留下的口臭。（若您腹瀉，須限制食用不含糖份的糖果和香口膠（口香糖）。）
- 用洋蔥、大蒜、咖哩粉、五香粉、生薑、茴香、胡椒、芥末、茄醬、薄荷作為食物的調料。
- 增加食物中的糖含量，以增加令人愉悅的口味，同時減少鹹、苦或酸的口感。

- 進餐前用茶水、鹽水、或蘇打水漱口，以協助洗淨您的味蕾。
- 選擇新鮮蔬菜。新鮮蔬菜可能比罐裝或冷凍蔬菜令人更有胃口。

調適食慾不振

1. 嘗試少量多餐，可吃正餐，也可吃點心。例如，每天進餐五次或六次，每次少吃一點，而不是每天進餐三次，每次進餐量很大。
2. 餐桌上擺放漂亮的餐具和鮮花，讓進餐成為更富享受的體驗。進餐時播放自己喜愛的音樂或看電視。
3. 手邊隨時備好高熱量/高蛋白質的點心，肚子一餓就吃，例如全熟水煮蛋、豆腐干、豆花、蛋塔、堅果、瓜子、營養飲料、乾果、餅乾抹花生醬。
4. 向醫生諮詢有助於減輕噁心或疼痛的藥物。

調適便秘

若便秘，可嘗試吃纖維含量較高的食物，纖維可刺激排便。高纖維食物包括全麥麵包、麥片、生水果、蔬菜、乾果、堅果。全天飲用充足的流質，按時進餐，保持身體運動，均有助於緩解便秘。

- 嘗試每天在相同的時間進餐。
- 嘗試每天在相同的時間排便，養成定時排便的習慣。
- 每天喝 8 至 10 杯流質。可嘗試水、梅乾汁、熱果汁、茶、熱檸檬汁。
- 若腹部脹氣，須限制含氣的飲料和食物，例如碳酸飲料、奶製品（尤其是有乳糖排斥症者）、綠花菜、白菜、花椰菜、黃瓜、乾豆、豌豆、芋頭、紅薯、大蒜、洋蔥。為減少吞嚥的空氣量，吃飯時少說話，喝飲料時不用吸管，不要嚼口香糖。
- 只能遵從醫囑使用瀉劑。若三天或更長時間未排大便，須與醫生聯絡。

調適腹瀉

若腹瀉，嘗試避免吃高纖維食物，例如堅果、瓜子、全穀類食物、乾豌豆、豆類、扁豆、乾果、生水果、生蔬菜。務必全天飲用流質，以防脫水。

- 全天飲用充足的清淡流質。人體對流質的溫度接近室溫，較容易接受。
- 全天少食多餐，可吃正餐，也可吃點心。
- 避免油膩、油炸、高脂肪、辣味、很甜的食物。
- 限制牛奶和奶製品，每天不超過兩盃。
- 避免引起腹部脹氣的飲料和食物，例如碳酸飲料、產氣性蔬菜、嚼口香糖。（碳酸飲料在飲用前開口放置至少 10 分鐘後可飲用。）
- 食用鉀含量高的飲料和食物，例如橙汁、去皮馬鈴薯、香蕉。
- 每次腹瀉後至少飲用一盃流質。

調適咽喉疼痛和口腔潰瘍

食用軟質、清淡的溫涼食物可舒緩疼痛。應避免食用粗糙、乾燥的粗質食物。經常用蘇打水漱口（按一湯匙蘇打粉和一夸脫水的比例調配）或鹽水漱口，清除口腔中的食物殘渣和細菌。保持良好的口腔衛生有助於防止感染，加速口腔和咽喉潰瘍的痊癒。

咽喉疼痛或不適時飲食的注意事項：

- 避免過酸、酸性或鹹味飲料和食物，例如柑桔屬水果汁（葡萄、橙子、檸檬、萊姆）、番茄製作的食物（番茄辣椒醬、salsa 辣醬、義大利麵條、比薩餅）和某些罐裝的湯。
- 避免酒精、咖啡因、菸草。
- 避免刺激性調料，例如辣椒粉、咖哩、辣醬汁、胡椒。
- 吃軟的、似奶油般的食物，例如奶油湯、豆腐、優酪乳、馬鈴薯泥、雞蛋、冰淇淋、蛋塔、煮熟的全麥食品，配水果、肉汁、凍飲果汁、市面出售的流質補充產品。
- 乾燥或固體食物最好調製加水份後食用，可用於做湯或與調味醬和肉汁一同食用。

口腔有潰瘍時的飲食注意事項：

- 吃軟質的清淡食物，例如奶油湯、煮熟的全麥食品、豆腐、優酪乳、白粥。涼食有時可減輕口腔和咽喉的疼痛。
- 用攪拌機將食物打成糊狀或流質，減少吞嚥的難度。
- 食物須冷卻後食用（或涼或溫），不要吃滾熱的食物，以減少對口腔的刺激。
- 將頭部前傾後仰，協助食物和流質流至咽喉背面，以利吞嚥。
- 用吸管吸食飲品，以避開口腔潰瘍處。
- 避免粗製、乾燥、粗糙的食物，此類食物可能擦傷有潰瘍的口腔或咽喉。
- 進食高蛋白、高熱量的食物/流質，加速潰瘍的痊癒。

調適噁心和嘔吐

如無法進食或有嘔吐現象，必須攝取充足的流質，以防脫水。整天小口飲水、果汁和其他含熱量的清淡流質，可增加人體的流質攝取量。與滾熱或冰冷的流質相比，清涼的流質更易為人體接受。

8. 每天進食六至八餐，而不是每天三次大餐。
9. 避免空腹，讓胃中經常有食物。
10. 每天醒來後即吃乾燥的食物，每隔幾個小時吃一次，整天如此，例如餅乾、土司或米果。
11. 避免過甜、油膩、油炸、或辣味食物，例如，油膩的甜點和炸薯條。
12. 如需要休息，進食後可坐起或半躺（抬起頭）至少一個小時。
13. 請醫生開抑制噁心的藥物。按時服藥比等到感覺噁心時才吃藥更有可能協助抑制噁心。
14. 在預定的治療日，可吃清淡、易消化的軟食物。若能喝大米粥和湯，再吃一點蘇打餅乾，可能比飽餐難消化的食物更容易為人體所接受。
15. 避免在溫暖的房間內或有油煙味或其他味道的房間內進餐。燒烤食物（在室外）或水煮食物可減少油煙味。
16. 用餐前後漱口。

17. 如有口腔異味，可口含硬糖果，例如薄荷糖或檸檬糖。
18. 盡可能每天飲用八盃或更多流質。吃固體食物 30 至 60 分鐘後，最好喝一點流質。
19. 可深呼吸、聽讓人平心靜氣的音樂、做放鬆練習，讓自己暫時忘卻噁心的感覺。

如服用抑制噁心的藥物，但仍然嘔吐不停或無法飲用流質，請與醫生聯絡。

調適口乾或唾液粘稠

全天飲用充足的流質有助於緩解此症狀。應保持良好的口腔衛生，按時刷牙，用蘇打水或鹽水漱口，均有助於保持口腔清潔，防止感染。市面上出售的漱口水以及酒精類或酸性飲料可能刺激口腔，加重口腔乾燥，須避免使用。

7. 每天喝 8 至 12 盃流質，離家時攜帶裝水的瓶子。（飲用大量流質有助於稀釋口腔黏液。）
8. 用吸管飲用流質。
9. 吃室溫或冷的淡味軟食物。可吃打碎的水果和蔬菜、煮軟的雞肉和魚、非常稀的麥片粥或大米粥以及冰棒。
10. 在食物中加肉湯、菜湯、調味醬、肉汁、奶油、或人造奶油，增加食物中的水份。
11. 口含酸檸檬片、凍葡萄、冰棒、或冰塊。（嚼冰塊會損傷牙齒，因此不要嚼冰塊。）
12. 保持口腔清潔。用軟毛牙刷；進餐前後用清水或柔性漱口水（按四分之三湯匙鹽、一湯匙蘇打加一夸脫水配製）漱口；經常用牙線清潔牙齒。
13. 用非加熱式噴霧濕潤器增加房間內的溼度，特別是在夜間。（務必保持濕潤器清潔，避免向空氣中傳佈細菌或霉菌。）

調適吞嚥困難

建議食用易吞嚥的半流質食物。有時，稍稠的流質食物比稀薄的流質食物更容易為人體所接受。

- 每天飲用六至八杯流質，增加流質的稠度到恰當的濃度。
- 進食時如有任何咳嗽或哽噎現象，要立即向醫生報告，特別是伴隨而來的發熱。
- 少食多餐。
- 如無法吃足夠的食物，可服用營養補充液。
- 選擇以下增稠用品：
 - 木薯粉、麵粉、玉米澱粉：用於增加流質的稠度。增稠時必須煮熟。
 - 出售的增稠劑：可根據增稠劑的用量調節流質的稠度。按照產品說明使用。
 - 蔬菜泥或馬鈴薯泥：作為增稠劑加入湯中，但可能改變湯的原味。

關於增加熱量和蛋白質的建議

- 少量多餐，而不是每天吃三次大餐。
- 隨時吃自己喜歡的食物。例如，如果早餐的食物很可口，晚上也同樣吃這些食物。
- 每隔幾小時吃一次。不要等到肚子餓才吃。
- 肚子餓時儘量多吃。例如，如果早上肚子餓，早餐可以成為一天中吃得最多的一餐。

- 可吃高熱量和蛋白質含量高的食物，吃一口就有一口的收穫。
- 進餐前做小活動量的運動或散步，以增加食慾。
- 飲用有營養的飲料，例如奶昔和市面出售的液體營養補給劑。人體通常更能接受冷飲料。
- 兩餐之間喝流質，不要在進餐時喝，否則會讓人感覺太飽。

高蛋白質食物範例

- 乳製品：在蔬菜、湯、麵條、肉、水果中加碎乳酪。做麥片、蛋羹、奶油湯、大米粥時用普通牛奶或無乳糖牛奶代替水。蔬菜和麵條中加含奶油成份的調味品。奶油湯、大米粥、蒸肉餅中加入奶粉。避免使用軟乳酪和未經低溫消毒處理的牛奶做成的乳酪。
- 雞蛋：把全熟水煮雞蛋放在冰箱內。搗碎後加入麥片、湯、蔬菜中。也可以將蛋與肉或海鮮蒸或炒在一起食用。所有雞蛋都應完全煮熟，以避免有害細菌。
- 肉類、家禽、魚類：把煮過而沒有吃完的肉加湯、大米粥或煎蛋捲中一起吃。
- 豆子、豆類、堅果、瓜子等：可撒在甜點（例如果果、冰淇淋、布丁、蛋奶凍）上或與蔬菜和麵條一起吃。把花生醬抹在土司和水果上吃，或用花生醬打成奶昔。

高熱量食物範例

- 奶油、人造奶油、植物油：把融化的奶油或人造奶油放進米飯、麵條、煮熟的蔬菜中吃。吃三明治時，先把融化的奶油和人造奶油攪成湯抹在麵包上，然後再加其他作料。在食物或湯中加芝麻油。
- 乳製品：在甜點、水果、熱巧克力中加起泡奶油。在熱麥片和甜點中加煉乳。
- 沙拉醬：用普通（非低脂）蛋黃醬和沙拉醬塗抹三明治或餅乾。
- 甜品：在麵包和餅乾上加果凍和蜂蜜吃。在蛋糕上加水果或冰淇淋作澆頭。在茶或飲料中加蜂蜜、葡萄糖、或糖。



營養點心範例

點心是您每日進食計畫的一個重要部分。選擇有營養的點心可為身體提供良好的營養，有助於保持體力和精力，增進安康的感覺。手邊應隨時放有各種易做易吃的營養點心。可吃一些包含蛋白質的點心。（例如酸奶、麥片加牛奶、半塊三明治、一碗可口的湯以及花生醬配餅乾。）

營養點心舉例/ Examples of Nutritious Snacks		
1. 黑芝麻布丁	1. 水果 – 新鮮水果、水果罐頭、乾果	2. 玉米花、鹹脆捲餅
2. 麵包加果醬	3. 果凍	紅豆粥
3. 蛋糕	4. 自製奶昔和飲品	三明治
4. 麥片 – 熱食或冷食，加堅果和水果	5. 冰淇淋	瓜子類
5. 煮熟的大豆	6. 果汁	雪糕
6. 餅乾	7. 牛奶	湯 – 肉汁清湯或可口濃湯
7. 蛋羹	8. 堅果	蕃薯
	9. 花生醬	蔬菜 – 煮熟的蔬菜
8. 營養豆奶	10. 花生布丁	酸奶 – 盒裝，冷凍

治療結束後的營養

在癌症治療的副作用中，與飲食有關的副作用在治療結束後大都會消失。隨著感覺的好轉，您可能對吃得更健康產生興趣。目前尚沒有研究表明食物能阻止癌症復發。但是，食物選擇正確有助於恢復體力、加速組織再生，並有助於您感到更舒暢。

- 選擇多種食物，各類食物都吃一點。
- 可每天吃至少五份水果和蔬菜，包括柑桔和深綠色以及深黃色的蔬菜。
- 吃更多高纖維的食物，例如全麥麵包和麥片。
- 每次購物時可買一點以前沒有吃過的水果、蔬菜、低脂食物、或全穀類穀物產品。
- 選擇烹調方法（例如爐烤或水煮），降低食物中的脂肪含量。
- 有時用豆類和豌豆代替肉類，實現飲食的多樣化。
- 選擇脂肪含量較低的牛奶和乳製品。
- 少吃鹽製、薰製、醃製的食物。
- 若飲酒，要限制飲酒量。
- 若體重過高，可考慮降低飲食的脂肪含量，以降低體重。
- 請營養師協助制定富有營養的均衡飲食計畫。
- 選擇自己喜愛的活動，增加體能活動量。

一份食物的份量

食物金字塔指南(Food Guide Pyramid)所定義的“一份食物的份量”，對您所吃的食物並不一定有絕對的幫助。下列是一些食物份量的例子。

食物的種類	一份食物份量的例子
肉、家禽肉、魚、乾的豆類、蛋和堅果	(推薦 2-3 份) 2-3 盎司煮熟的瘦肉、家禽肉或魚肉；½杯煮熟乾豆；1 個蛋或 2 湯匙的花生奶油醬= 1 盎司肉

牛奶、酸奶和乳酪	(推薦 2-3 份) 1 杯牛奶或酸奶；1 ½ 盎司未加工乳酪；2 盎司處理過的乳酪
蔬菜	(推薦 2-3 份) 1 杯生的葉類蔬菜；½ 杯其他蔬菜，煮熟或切碎的生菜；¾ 杯蔬菜汁
水果	(推薦 2-3 份) 1 個中型蘋果、香蕉或橘子；½ 杯切碎、煮熟或罐頭水果；¾ 杯果汁
麵包、麥片、飯和通心麵	(推薦 2-3 份) 1 片麵包；1 盎司速食麥片；½ 杯煮熟的麥片、飯或通心麵；3 或 4 片小的純餅乾

一盎司肉的份量

下列列舉一盎司、三盎司和八盎司肉的大小相當於以下各種物品：

一盎司 = 一個火柴盒

三盎司 = 一副撲克牌

八盎司 = 一本平裝書本

第四章

癌症療護

A. 疼痛處理

癌症患者感覺疼痛的原因有很多。癌症的疼痛可能是因為腫瘤本身、器官或體內管道被阻塞、感染或發炎、或癌症擴散至身體其他部位。疼痛可能是化療、放射療法、或手術的副作用造成的。疼痛也可能與癌症無關，例如肌肉扭傷、牙痛、頭痛、或肢體缺乏運動造成的僵痛。對疾病或疼痛的心理反應（例如緊張、憂鬱或焦慮）不會引起疼痛，但可能使疼痛加劇。疲勞和缺乏睡眠可導致疼痛更加難以忍受。

記住，並不是所有癌症患者都會疼痛。即使疼痛，也不是所有時間都疼痛。癌症的疼痛可能取決於癌的位置、疾病的程度、患者對疼痛的忍耐度。

如何描述疼痛？

若感覺疼痛，就需要向能提供幫助者描述疼痛。對方需要知道：

- 您感覺何處疼痛？
- 疼痛是何時開始的？
- 是什麼樣的疼痛？尖痛？鈍痛？悸痛？持續性疼痛？
- 有多痛？
- 是否妨礙日常活動？妨礙哪些活動？
- 怎樣做才能緩解疼痛？
- 疼痛在什麼情形下會加劇？
- 您嘗試過哪些緩解疼痛的辦法？哪些辦法有用？哪些沒有用？
- 過去您曾採取哪些辦法緩解其他性質的疼痛？
- 疼痛是否是持續性的？如果不是，每天（周）發作幾次？每次疼痛持續多長時間？



您可使用下面的疼痛評分估計表，評估疼痛的程度。可用數字 0 至 10 來表示疼痛程度。若不疼痛，則為 0。10 表示最劇烈的疼痛。數字越大，代表的疼痛越劇烈。

0 = 沒有疼痛

1-2 = 不適

3-4 = 輕微疼痛

5-6 = 感到受折磨

7-8 = 劇烈疼痛

9-10 = 您能想像的最劇烈的疼痛

如何調適癌症的疼痛？

治本是最佳的疼痛管理方式。控制疼痛的方法包括止痛藥物、神經手術、神經阻斷、物理治療、其他方法（放鬆、分散注意力、想像等）。

哪些藥物用於緩解疼痛？

緩解疼痛的藥物稱為止痛劑。止痛劑作用於神經系統，緩解疼痛而不會導致喪失知覺。止痛劑主要有兩種：

5. 非處方或市面出售的（OTC）止痛劑，例如 Tylenol，可緩解輕微至中等程度的疼痛。其他市面出售的止痛藥物包括非類固醇抗炎藥物（NSAID），例如 Motrin。此類藥物可消除炎症，減小手術帶來的疼痛以及癌症骨轉移帶來的疼痛。
6. 處方止痛劑可緩解中等至嚴重程度的疼痛。多年來，使用最廣泛的處方止痛劑有鴉片類止痛劑（也稱麻醉劑）。鴉片類止痛劑是目前最強效的止痛藥物。經常使用的鴉片類止痛劑包括可待因（codeine）、二氫嗎啡酮（Dilaudid）、嗎啡（morphine）、梅沙酮（methadone）、羥氫可待因酮（oxycodone）。

哪些藥物可與止痛劑共同使用？

有時，醫生會開不止一種藥物。醫生可能其他有助於止痛的其他藥物，以達到更好的止痛效果。

- 抗憂鬱藥物（例如 Elavil、Tofranil、Sinequan）既用於緩解憂鬱症，也用於緩解損傷造成的神經或脊髓疼痛。
抗組織胺（例如 Vistaril、Atarax）可緩解疼痛，控制噁心，並有助於睡眠。
抗焦慮藥物（例如 Xanax 或 Ativan），可用於治療因劇烈疼痛而產生的肌肉痙攣。此外，此類藥物亦有助於治療某些癌症患者的焦慮。
抗痙攣藥（例如 Tegretol、Klonopin）有助於緩解癌症或癌症療法導致神經損傷引發的灼痛和刺痛。
類固醇（例如 prednisone 或 Decadron）可用於治療骨痛、脊髓腫瘤及腦腫瘤造成的疼痛、以及炎症造成的疼痛。此類藥物還可增加食慾。

如何使用止痛藥物才能取得最佳的效果？

要控制疼痛，最好的辦法是防止疼痛發生或加劇。這意味著提前使用較低劑量的止痛劑，不要等到疼痛加劇之後才使用。不同的止痛藥物，發生藥效所需的時間也不同。若您等待太長的時間才服用止痛藥，在止痛藥發揮作用之前，疼痛可能已加劇。拖延可能意味著需要加大劑量或使用藥效更強的藥物才能發揮作用。

若持續疼痛，應按時服用止痛藥物。若能遵醫囑服用止痛劑，而不是想起來才服用，則使用藥力溫和的止痛藥也許就能控制疼痛。若緩解疼痛的效果在下次預定的服藥時間之前即消失，則務必向醫生或護士說明。若您服用止痛劑後，疼痛並未減輕或停止，則可考慮是否應該換一種止痛劑。

若止痛藥物引起副作用，應該怎麼辦？

若出現皮疹、喘鳴、或呼吸急促，則應停止服藥。立即向醫生報告。若有消化不良、噁心、眩暈、頭痛、便秘或嗜睡等副作用，應向醫生報告，但是聽取醫生的意見之前不要停止服藥。

什麼是耐藥性？

若長期按時服用某些藥物，人體對藥物的反應會趨於遲鈍。此時若按固定劑量服藥，效力會下降。服用鴉片類止痛劑以控制疼痛者有時會發現，經過一段時間後，需要增加劑量。這可能是因為疼痛加劇，也可能是因為出現了耐藥性。為緩解加劇的疼痛或克服耐藥性而增加鴉片類藥物的劑量，並不是成癮。

若使用鴉片類藥物來緩解疼痛，是否會成癮？

不會，鴉片類藥物成癮是指為了滿足生理、情緒、心理上的需求（非醫學原因）而對定期使用鴉片類藥物產生依賴性。對藥物成癮者在沒有疼痛時也服藥。因此，如果您服用鴉片類藥物是為了緩解疼痛，無論您服用鴉片類藥物多頻繁、服用量有多大，都不會「成癮」，原因是您有真正的疼痛。癌症患者藥物成癮的情況很罕見。

還有哪些其他方法可緩解疼痛？

- **放鬆技巧** 可鬆弛肌肉的緊張，從而緩解疼痛或防止疼痛加劇，同時有助於您入睡，讓其他緩解疼痛的方法更為有效。
- **生物回饋法** 通常與其他緩解疼痛的方法配合使用。在特殊機器的協助下，人們可學習控制某些的身體功能，例如脈搏、血壓、肌肉的緊張狀態。
- **想像法** 是用您的想像力創造一種景象或情境。想像法可視作有意的做白日夢，可以利用到您的所有感覺，即視覺、觸覺、聽覺、嗅覺、味覺。想像法可協助您放鬆身心、緩解厭倦的感覺、減少焦慮，並有助於睡眠。
- **任何分散注意力的活動** 均可用於分散注意力。分散注意力轉移您對疼痛的注意。
- **按摩、指壓按摩、針灸、震動、熱、冷、薄荷腦製品** 都可用來刺激皮膚，令皮膚的神經末梢處於興奮狀態。刺激時以及刺激後的幾個小時內，能可降低或阻斷痛覺。

- **阻塞神經通道** 可延遲疼痛衝動向大腦的傳遞，神經外科醫生注入局部麻醉劑（有時麻醉劑中混有類固醇）到神經或脊髓，阻斷脊髓附近的神經或脊髓本身的神經束。
- **經皮電刺激（TENS）** 是在疼痛發生部位的皮膚上通以微弱的電流。電流由連著兩個電極的小電源盒提供。小的電流刺激可以干擾人的痛覺。

B. 情緒的調適和支援

世上找不出兩個完全相同的癌症患者。每個人都要以自己的方式應對癌症。本節提供指導性資訊，意在協助您以最切合您個人需求的方式應對癌症。



癌症對情緒的衝擊

我們的身體和情緒不是分開的個體，癌症對情緒的影響是必然的。手術、藥物、放射線都無法治療“情緒”，若能妥善處理癌症對情緒的衝擊，則有助於身體的康復。我們每個人都需要認清自己的感受，找出自己的處置方式。

癌症患者很難不想到死，但您一定要把注意力集中於生。記住，癌症確診並不意味著您會死；如今，身患癌症而仍然健在者有九百多萬人。對於某些種類的癌症，確診的患者百分之九十能治癒。對於其他癌症，許多患者在死於癌症之前可以生存很長時間。癌症無疑是嚴重的疾病，但是癌症是能夠戰勝的，而且戰勝的可能性很大。

告知患癌症的消息

是否應該告訴家人？

許多人在確診後都會問這個問題：「我應該告訴家人嗎？」家中可能有人因為年紀太大、年紀太小或感情太脆弱而無法接受診斷結果，但是很多人會表現出令人驚異的承受力，設法面對患病的事實和死亡的可能性。確診癌症所帶來的打擊，使得我們會有震驚、恐懼、拒絕接受事實等情緒上的反應波動接受癌症事實前的過渡期長短，因人而異，但最終是會接受癌症的事實。

通常，家人和親密的朋友或早或晚都會知道您患了癌症。大多數癌症患者發現，最好的辦法是告知患癌症的消息，讓身邊最親密的人有機會給予鼓勵和支持。

何時家人必須決定告訴患者

有時，家人比患者先知道癌症確診的消息。如果您是這樣的家人，是否應該告訴患者？有人可能認為不應該告訴患者，但是大多數癌症患者的看法正好相反。一位癌症患者曾說：「時間如此寶貴，患者可能有想做的事情。患者可能有需要作決定」。

診斷結果往往對家人造成強烈的衝擊，家人也需要彼此交流分擔感受，相互安慰。但是，如果向癌症患者隱瞞診斷結果，家人之間也就很難有機會互相支持。患者終究會知道自己疾病的真相，造成很深的氣憤、傷害或痛苦的情緒反應。患者會相信因為自己患的癌症是末期，所以沒有一位家人誠實告知診斷結果。

孩子總會知道的

孩子憑感覺也會知道真相。一些曾試圖對孩子「封鎖」消息的父母後來表示後悔，認為應該在癌症治療過程中把真相告訴孩子。孩子理解異常情勢的能力令人驚異。但是，在自己的正常世界上下顛倒，大人關上房門竊竊私語的時候，孩子自己假設的情況，往往比事實更糟糕。

告訴孩子家人患了癌症，目的是讓孩子有機會提出關於癌症的問題，表達對癌症的看法。當然，我們所有人都希望孩子遠離痛苦，但是對孩子而言，應付自己理解的痛苦，要比面對想像中的傷害容易。



交流感受

家庭調適

確診後的一段時間是家人調適的困難時期。在努力對癌症患者保持敏感的同時，每個人都還要適應自己的感受。身為家庭一員，並不意味著可以在其他家人還沒有準備好時談論自己的感受。當其他人希望談自己的感受時，要隨時作好傾聽的準備，並表達支持。但是請記住，要由癌症患者來決定什麼時候談。有時，在試圖幫助癌症患者的同時，可能會打斷患者想要表達情感的機會。

尋找希望

如果您親人確診患上了癌症，不要放棄希望。我們需要記住，每個人都是獨特的。我們往往會陷在統計數據和平均數字中不能自拔，然而並不存在兩種完全一樣的癌症。每個人都有一套不同的基因、免疫系統、求生欲望。這些方面無法用表格和圖形測量。親人戰勝癌症的機會很大，而保持樂觀的態度就是幫助親人。

和家人共同適應癌症

不是每個人都能做到

家庭內部問題是最難處理的。有些家人拒絕接受癌症的事實，或拒絕談論癌症。若有被拋棄的感覺或無法正視癌症的感覺，都是正常的。此時，個別心理諮詢服務或癌症患者互助團體都可提供必要的支援和力量。

轉換角色

在一個家庭中，有時需要角色上的轉換，因而出現難於適應的問題。做丈夫的發現，下班後要準備晚餐、督促孩子功課、更換床上用品，還要努力陪伴孩子和生病的妻子，提供情感上的支援，任務非常艱巨。除了扮演妻子、母親、護士的角色之外，婦女還要第一次走出家門去工作。以前一直是夫妻分擔掙錢養家和操持家務的重擔，現在配偶中的一方可能要獨自挑起這個重擔。過去的一家之主現在可能是家裏最需要照顧的人。

這些轉換可能使家人之間的關係發生巨大的變化。以往的關係形式不復存在。在孩子最需要情感支援的時候，父母可能向孩子尋求情感支持。十幾歲的少年可能必須肩負起家庭的主要責任。年幼孩子可能行為退化到嬰兒的行為特徵。應該留心這些改變，理解改變的原因。

家人的健康

同時扮演過多的角色可能危及情緒的平衡及協助他人應付眾多角色的能力。分清主要和次要的原則，就可以解決這個問題。例如，您可放鬆家務的標準，或試著準備簡單一點的餐食。另外，孩子或可再多承擔幾項家務。

如果簡單的辦法不足以解決問題，可以考慮向外求助。有執照的專業護士可協助照護患者；有些機構可提供受過訓練的家務人員。不妨考慮一下：單獨承擔責任所付出的心理和生理代價，是不是超過聘用專業服務的財務代價？



來自家人的支持

如果家人或其他親人患了癌症，希望「做點什麼」的想法是很普遍的，幾乎每個人都會這麼想。您無法改變癌症的事實，因此您想盡全力幫助患者。然而，有時全力以赴倒是最糟糕的。

癌症患者的需求同以往一樣，往往能力也同以往一樣。如果身體狀況許可，患者需要參與各種正常的活動，承擔各種正常的責任。即使是臥床的患者，或許仍然有能力討論治療方案、財務安排、孩子的學習問題。家庭其他成員必須盡力，使患者能夠維持原先在家庭中的角色。

務必讓患者隨時了解必要的決定，讓患者總是感到自己是家庭的一員。如果繼續象往常一樣地談論活動、目標、夢想，就可以幫助患者擺脫無助和被拋棄的感受。

配偶能做些什麼

癌症治療帶來的身體上的副作用會影響配偶對患病伴侶的感覺。您可能對身體接觸感覺不自在，因為您認深怕伴侶體力不支而覺得自己不體貼對方。

記住，撫摸、攙扶、擁抱、愛撫都能表達接受和關愛，接受與關愛對癌症患者很重要。這些動作比語言更能表達愛意，更能表示您相信患者仍然有正常人的欲望。務必盡一切可能，重新建立起親密和關愛的關係。

幫助孩子

孩子可能難以應對父母患癌症的事實。母親或父親可能離開家（例如，住進離家數百英里的醫院）或臥床在家，並且明顯不舒服，或許外表也發生了改變。

此時，孩子常被要求要表現得特別乖，例如「安靜地玩」，「承擔更多的家務」，或必須以早熟的態度「理解別人的心情」。有些孩子可能因為失去他人的關心而心生怨恨。有些孩子會擔心失去父母或開始想像自己的死亡。有些孩子原本很獨立，現在卻害怕離開家和父母。如果孩子試圖找回他們以為正在失去的關心，就可能出現行為越軌的問題。

此時，孩子仍然需要安慰、鼓勵、關心、指導、管束，這時如果有孩子喜歡的親戚或家庭的友人，能花更多的時間和精力照看孩子，對孩子可能會很有幫助。讓孩子參加喜愛的活動很重要，有人按時輔導功課、帶孩子參加體育活動或其他特殊活動也同樣重要。

自我和自我形象

如果治療使您虛弱不堪

癌症治療通常對人有很大的影響。手術會改變患者的外貌。其他治療方法可能為時數周或數月，並且副作用可能包括噁心、毛髮脫落、疲倦、抽搐、皮膚灼傷、體重改變。因治療而引起其他疾患或不適也是常見的事情。癌症患者必須面對治療和副作用給自己帶來的情緒的影響。可嘗試在情緒好的日子安排一些活動，在情緒不好的日子則要振作精神，這樣做可能會有幫助。您一定會有情緒好的日子，必須充分利用自己情緒好的日子。



身體形象

我們每個人的身體形象都是獨一無二的。對自己的身體形象，我們可能不是完全滿意，但在與親人相處的時候，我們的感覺通常還是不錯的，這有助於讓我們感到自己有性魅力。手術、毛髮脫落、噁心、放射線造成的皮膚變化、甚至疲倦，都會摧毀我們對自己身體魅力的良好感覺。您可能預計會遭拒絕，因此避免與伴侶身體接觸。您應該主動表達對身體接觸的渴望，讓對方知道您是否對性交以及其他表達愛的方式有興趣，例如擁抱、愛撫、親吻。

讓您「性感」的不僅僅是您的身體，記住這一點可能是有幫助的。吸引伴侶的還有無形的因素：幽默感、智慧、某個方面的可愛、良好的判斷力、特殊的稟賦、對愛情的忠貞等。我們的特別之處並不僅僅在於肉體。如果您感覺自己在失去乳房、腿或攝護腺的同時，也喪失了上述特別之處，心理諮詢可能會協助您改變這種看法。您會發現，伴侶關心您的健康，要超過關心您的外貌。

重建身心

隨著時間的流逝，也由於伴侶和家人表現出的愛、理解、情感，應該有助於您擺脫身體形象改變對您造成的心理影響。另外，有些人發現，運動可增進身心合融的感覺。詩歌、音樂、繪畫、做傢俱、縫紉、閱讀等愛好可讓人增長創造力，而且能讓您感到自豪。

朋友不打電話來

失去友誼是可能讓癌症患者特別傷心的事之一。朋友不打電話來，原因有很多。朋友可能是不知道如何面對您外貌的改變，或是不知道對您說什麼才好。朋友此時不在您身邊並不一定意味著朋友不再關心您。若您認為某個朋友不來看您是因為有不便之處，不妨打個電話去消除這個障礙。如果朋友很為您擔心，但是需要您先邁出第一步；可以打個電話過去，告訴對方您沒有變化，而且仍然珍惜這份友誼。仔細反省一下，問題是否出在您自己脫離了原來的社交圈，以保護自己的感情不受傷害。如果有可能，那麼最適合您的地方莫過於與關心您的人在一起。



戰勝孤獨

癌症患者需要他人的支援和安慰。社區中的其他癌症患者可能同樣有交誼的需求。不能離家外出並不意味著理解您處境者不能來拜訪您。醫師、社工、探視護士、教會人士應該能夠協助您聯絡其他可與您結伴的癌症患者。

積極參與

患了癌症後，您與以前一樣，需要責任、娛樂、外出、友情。只要您能做到，就應該去工作、帶孩子去動物園、與朋友一起玩牌、出門旅行、以及繼續過去的活動。活動會給您帶來目的感和娛樂。既要認識自己的能力，也要承認自己的局限。充足的休息能防止憂鬱，並增進身體和情感的抵抗力。

未來的歲月

癌症不是任何人都能忘掉的體驗。治療結束後，焦慮仍然揮之不去。半年或一年一次的複查臨近時，您會在希望和焦慮之間遊走不定。當您翹首盼望五周年或十周年紀念日的時候，您的感覺可能是焦慮多過安寧。這些感受我們都能體會。沒有人會期望您忘記自己曾經罹患癌症，或忘記癌症可能會復發。付出這一切之後，您得到的回報是，從此您會把每一天看作一份彌足珍貴的禮物，珍惜每分每秒，充實地過每一天。

C. 癌症緩解

緩解是指癌症受到控制的期間。若完全緩解，所有徵候和症狀都會消失。此外，患者也可能部分緩解，癌組織縮小，但是不完全消失。緩解可持續幾周至許多年。完全緩解如果持續多年，可視作治癒。若復發，進一步治療後往往會再次緩解。如果癌症去而復返（復發），並且某種抗癌藥物或藥物組合對其不再有效，更換不同類的藥物可能會有療效。



D. 安寧療護

安寧療護為絕症患者提供舒適和富有同情心的療護服務。若您的疾病治癒無望，可選擇安寧療護。如果不想再接受治癒性治療，希望在生命的最後時日接受安撫性療護，可選擇安寧療護。有時，患者住在專門的場所接受安寧療護，但是大多數時候是在患者家中為患者提供安寧療護。安寧療護是協助患者儘可能充實、有尊嚴地生活，在患者臨終、死亡時、死亡後，為患者的家人和朋友提供支援。安寧療護尊重不同的文化；因此，務必向安寧療護人員說清楚自己的需求，以便安寧療護人員盡最大努力滿足您的願望。

安寧療護服務

- **專業團隊：**由醫師、護士、社工、心理諮詢師、具備安寧療護認證的護理人員、牧師、治療師、義工組成跨專業醫護團隊，為您提供療護服務——根據各自的專長提供支援。

- **疼痛及症狀控制：**疼痛及症狀控制的目的是協助患者生活舒適，同時允許患者掌控自己的生命。這意味著要對副作用加以控制，儘量消除患者的疼痛和症狀，同時患者仍然保持足夠的清醒度，以作出患者認為重要的決定。
- **心靈照顧：**安寧療護強調您和家人的心靈需求。人們的心靈需求和宗教信仰各不相同，為了滿足患者的具體個別需求，心靈照顧的服務需因人而定，包括：協助患者理解死亡的意義、與親朋告別、舉行特別宗教典禮或儀式。
- **居家療護和住院療護：**儘管安寧療護可在家中提供，但也可能有必要入住醫院、護理療養院、或安寧療護機構。
- **哀傷關懷：**哀傷是指喪失之後的悲傷。安寧療護團隊與死者的家人合作，協助家人度過這段傷悲的過程。
- **短期替換服務：**家人和護理人員可能需要暫時離開高難度的絕症患者護理工作。短期替換服務的目的是使他們能暫時離開護理工作，得到喘息之機。短期替換服務以五天為單位，可在服務機構的設施提供，也可在護理院或醫院的病房提供。
- **家庭會議：**透過定期召開家庭會議（常可由安寧療護人員或社工協助），家庭成員可了解患者的狀況以及做好心理準備。家庭會議還可以讓家人交流感受、表達期望、了解死亡及死亡過程。
- **義工：**安寧療護義工在美國的安寧療護服務的管理和提供方面扮演重要的角色。義工可以是專業醫護人士或非專業人士，提供各種服務，包括實際護理、安寧療護機構的辦公室工作、善款籌集。
- **員工支援：**安寧療護需要富於同情心、善於溝通與傾聽、願意在絕症患者身邊工作的人士。
- **療護協調：**跨專業的團隊將每週七天、每天二十四小時全面協調及監督療護工作。這個團隊負責住院機構、居家療護機構、醫師、其他社區專業人士（例如藥劑師、牧師、喪葬承辦人）之間的溝通。



安寧療護場所

- **居家安寧療護：**您所在社區的居家保健機構以及獨立的安寧療護計劃大多數都會提供居家安寧療護服務。主要護理人員通常是負責晝夜看顧患者的家庭成員，在接受護士的訓練之後，能為患者提供最基本的療護。為晝夜處理患者的需求或急救，居家安寧療護計劃都設有隨時待命的護士，負責家庭探視或調度有關團隊成員。

- **醫院提供的安寧療護：**收治重病患者的醫院通常都有安寧療護計劃。這一安排使患者及其家人能很容易獲得支援性服務，找到醫護專業人士。有些醫院還設有專門的安寧療護部門，另一些醫院則建立由護理人員組成的「安寧團隊」，負責探視任何護理部門的重症患者。
- **長期護理機構提供的安寧療護：**許多護理院和其他長期護理機構都設有小型的安寧部門。此部門可能有受過特別訓練的護理人員負責護理臨終患者，也可能與居家醫護機構或獨立的社區性安寧療護機構安排提供護理服務。對於希望獲得安寧療護但沒有主要護理人員的患者，這可能是一個良好的方式。
- **獨立的安寧療護機構：**許多社區都有「獨立經營」、私人擁有的安寧療護機構，擁有自己的住院護理設施，也提供居家安寧療護服務。與護理院設立的安寧服務病房劃一樣，獨立經營的安寧療護機構還可為沒有主要護理人員的患者提供服務。

誰支付安寧療護的費用？

一般而言，居家安寧療護的費用低於醫院、護理院、或其他機構的療護費用。有多種渠道提供安寧療護的費用：Medicare 計劃、三十多個州的 Medicaid 計劃、退伍軍人管理局、大多數私人保險計畫、保健機構（HMO）和其他管理型醫療機構。

如何尋找安寧療護服務提供者？

- **本地資源：**醫師或醫院負責安排床位的人員可協助您尋找所在地區的安寧療護服務提供者。電話黃頁中也列有安寧療護服務提供者。您所在的社區可能透過當地的美國癌症協會、老人服務處、當地的「United Way」分會、探視護士協會、或教會提供諮詢以及療護機構推薦服務。
- **州級資源：**您可與所在州的安寧療護機構、或州的衛生或社會服務部門聯絡，索取持證機構的名單。州衛生部門負責安寧服務機構的認證。只要通過認證，即有資格獲得 Medicare 的資助，在有些州還能獲得 Medicaid 的資助。

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For Chinese Cancer Patients in the Bay Area

Forward

A cancer diagnosis changes the life of the patient and of the person's loved ones in many ways, forever. Despite this sobering reality, today there is more hope than ever with the discovery of new treatments through cancer research and clinical trials. We are finding answers and making progress. Today, more than 90,000 Californians who get cancer this year will be alive five years after diagnosis. There are more than 885,000 Californians alive today who have a history of cancer, nearly 590,000 diagnosed five or more years ago.

Of the 33.9 million Californians, 11 percent are Asian/Pacific Islander. Within the API population, there are almost 1.1 million Chinese Americans, mostly residing in the Greater Bay Area and Los Angeles, representing one of the largest Asian ethnic subgroups in California. It is an important population for the American Cancer Society to whom we must provide information, education and services in order to prevent cancer, detect cancer early and improve the quality of life of cancer survivors and their families.

I am pleased that the Society can provide the Chinese American community with culturally and linguistically appropriate cancer information. I hope that *A Guide to Living with Cancer* will provide you and your loved ones with answers to your many questions. My sincere thanks to the numerous volunteers and staff who have worked hard to make this publication possible. Together we can work to prevent cancer, eliminate suffering from cancer and improve quality of life of all who are affected by this disease.

Diane J. Fink, MD
Chief Mission Delivery Officer
California Division, American Cancer Society
June, 2004

Chapter 1

WHAT IS CANCER?

Cancer is a group of many related diseases. All forms of cancer involve out-of-control growth and spread of abnormal cells. Normal body cells grow, divide, and die in an orderly fashion. During childhood life, normal cells divide rapidly. After that, normal cells of most tissues divide only to replace worn-out or dying cells and to repair injuries.

Cancer cells, however, continue to grow and divide, and can spread to other parts of the body. These cells accumulate and form tumors (lumps) that may compress, invade, and destroy normal tissue. If cells break away from such a tumor, they can travel through the bloodstream, or the lymph system, to other areas of the body. There, they may settle and form "colony" tumors. In their new location, the cancer cells continue growing. The spread of a tumor to a new site is called metastasis. When cancer spreads, though, it is still named after the part of the body where it started. For example, if prostate cancer spreads to the bones, it is still prostate cancer, and if breast cancer spreads to the lungs it is still called breast cancer.

Leukemia, a form of cancer, does not usually form a tumor. Instead, these cancer cells involve the blood and blood-forming organs (bone marrow, lymphatic system, and spleen), and circulate through other tissues where they can accumulate. Not all tumors are cancerous. Benign tumors do not metastasize and, with very rare exceptions, are not life threatening.

Cancer is classified by the part of the body in which it began, and by its appearance under a microscope. Different types of cancer vary in rates of growth, patterns of spread, and responses to treatments. That's why people with cancer need treatment that is aimed at their specific form of the disease.

What Causes Cancer?

Some kinds of cancer are caused by things people do. Smoking causes about one-third of all cancers. It can cause lung cancer, bladder cancer, and several other cancers. While not everyone who smokes will get cancer, smoking or being exposed to the smoke from others who do smoke increases a person's chance of getting the disease. Diet causes another one third of cancers. What we eat is related to colorectal, gastric, prostate, and breast cancers, and other cancers. Drinking a lot of alcohol has also been shown to increase a person's chance of getting cancer of the mouth and throat. This is especially true if the person drinks and smokes.

Radiation (x-rays) can cause cancer. But the x-rays used by the doctor or dentist is safe as long as the amount of exposure is limited. Too much exposure to sunlight without any protection can cause skin cancer.

The chance of having cancer increases as a person gets older. But in most cases, the exact cause of cancer remains a mystery.

Is Cancer Contagious?

Scientific studies indicate that cancer in no way is contagious. The fact that cancer may occur more frequently in certain families does not mean that the family members have contracted cancer from one another. Heredity, similar unhealthy lifestyles (smoking, for example), or exposure to a common environmental agent may be responsible for cancers occurring in families. It is safe to say with certainty that cancer is NOT spread from person to person.

Can Cancer Be Prevented?

Cigarette smoking is a major cause of cancers of the lung, larynx, oral cavity, pharynx and esophagus and is a contributing cause in the development of cancers of the bladder, pancreas, uterine cervix, kidney, stomach, and some leukemias. The best idea is to never smoke at all. Cigars and chewing tobacco can also cause cancer and should not be used.

Alcohol is associated with cancer of the following organs: mouth, pharynx, larynx, esophagus, liver, and breast. Alcohol may also increase the risk of colon cancer. If you drink, men should drink no more than two drinks per day and women no more than one drink per day (1 drink=12 oz of regular beer, 5 oz of wine, 1.5 oz of 80 proof distills spirits).

The chances of getting skin cancer can be lowered by staying in the shade as much as you can, using sunscreen, and wearing a hat and shirt when you are in the sun.

We know that our diet is linked to some types of cancer. The best advice is to eat a lot of fresh fruits, vegetables, and whole grains like pasta and bread. It is also important to cut down on high fat foods.

Maintaining a regular program of physical activity can also lower your chance of cancer.



It Is Important To Recognize Symptoms Early

The treatment of cancer is most successful when the cancer is found as early as possible. The American Cancer Society (ACS), and other organizations, encourages finding cancer early before any of the above symptoms occur by recommending a cancer-related checkup and specific early detection tests for people who do not have any symptoms. A cancer-related checkup should include health counseling and depending on a person's age might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries. In addition, specific early detection tests are recommended for cervix, breast, endometrial, prostate, and colorectal cancer. For detailed information on these early detection tests, please visit our website www.cancer.org or call ACS at 1-800-ACS-2345.

What Are The Symptoms And Signs Of Cancer?

Cancer is a group of diseases that may cause different symptoms depending on the part of the body involved and the type of cancer, It may actually cause no symptoms until the cancer has grown to a size that causes symptoms. If a cancer spreads (metastasizes) to other parts of the body, then symptoms will be very different.

As a cancer grows, it begins to exert pressure on nearby organs, blood vessels, and nerves. If the cancer is in a critical area, such as certain parts of the brain, even the smallest tumor can produce early symptoms.

Sometimes cancers form in locations where symptoms may not be produced until the cancer has grown quite large. For example, some pancreatic cancers do not produce symptoms until they begin to grow around nearby nerves, causing a backache. Unfortunately by the time a pancreatic cancer causes back pain, it has usually reached an advanced stage.

Sometimes, cancer cells release substances into the bloodstream that cause symptoms not generally thought to result from cancers. For example, some cancers of the pancreas can release substances which affect blood clotting and cause blood clots to develop in veins of the legs.

Specific Symptoms

The following are symptoms that could mean a cancer is present. If you have any one of these, it does not mean that you have cancer, but you should let your doctor know without delay.

9. **A change in bowel habits or bladder function:** Chronic constipation, diarrhea, or a change in the size of the stool may indicate colon cancer. Pain with urination, blood in the urine, or change in bladder function could be related to bladder or prostate cancer.
10. **Sores that do not heal:** Skin cancers may bleed and resemble sores that do not heal. A persistent sore in the mouth could be an oral cancer, especially for patients who smoke, chew tobacco, or frequently drink alcohol. Sores on the penis or vagina should not be overlooked.
11. **Unusual bleeding or discharge:** Unusual bleeding can occur in early or advanced cancer. Blood in the sputum is a late sign of lung cancer. Blood in the stool could be a sign of colon or rectum cancer. Endometrial or cervix cancer can cause vaginal bleeding. Blood in the urine is a sign of possible bladder or kidney cancer. A bloody discharge from the nipple may be a sign of breast cancer.
12. **Thickening or lump in breast or other parts of the body:** Many cancers can be felt through the skin, particularly in the breast, testicle, lymph glands, and other soft tissues. You may be feeling a lump that is an early cancer that could be treated successfully.
13. **Indigestion or difficulty swallowing:** These symptoms may indicate cancer of the esophagus, stomach, or pharynx.
14. **Recent change in a wart or mole:** A change in color, loss of definite borders, or an increase in size may signal melanoma.
15. **A nagging cough or hoarseness:** A persistent cough may be a sign of lung cancer. Hoarseness can be a sign of cancer of the larynx or thyroid.

A Brief Summary Of ACS Guidelines On Nutrition And Physical Activity For Cancer Prevention

- Eat five or more servings of a variety of vegetables and fruits each day.
 - Limit French fries, snack chips, and other fried vegetable products.
 - Choose 100% juice if you drink fruit or vegetable juices.
- Choose whole grains in preference to processed (refined) grains and sugars.
 - Limit consumption of refined carbohydrates, including pastries, sweetened cereals, soft drinks, and sugars.
- Limit consumption of red meats, especially those high in fat and processed.
 - Choose fish, poultry, or beans as an alternative to beef, pork, and lamb.
 - When you eat meat, select lean cuts and smaller portions.
 - Prepare meat by baking, broiling, or poaching, rather than by frying or charbroiling.
- Adopt a physically active lifestyle.
 - Adults: Engage in moderate activity for 30 minutes or more on 5 or more days of the week.
 - Children and adolescents: Engage in at least 60 minutes per day of moderate-to-vigorous physical activity for at least 5 days per week.
- Maintain a healthful weight throughout life. Balance caloric intake with physical activity. Being overweight or obese is associated with an increased risk of developing the following types of cancer: breast (among postmenopausal women), colon, endometrium, esophagus, gallbladder, pancreas, and kidney.
- If you drink alcoholic beverages, limit consumption.

Surviving Cancer

About 8 million people are alive today who have had some type of cancer. Some of these people have been cured; others still have the disease. Years ago, most people who had cancer did not live very long. That is not the case any more. Every year more and more people survive cancer. This is especially true of children with cancer.



Chapter 2

CANCER TREATMENTS

In this chapter you will learn what types of treatment are available, their risks and benefits, the possible side effects, and how to manage them. Learning about your options and discussing them with your doctor can help you with these important decisions.

A. SURGERY

Surgery is used mainly to diagnose or treat cancer. It can be used to attempt to cure the cancer or control it. Sometimes surgery might help prevent a specific cancer, ease pain and suffering, or enhance well-being.

Curative surgery is used to remove all the cancer and give the person the best chance for curing their cancer.

Preventive (or prophylactic) surgery is used for pre-cancerous conditions such as polyps in the colon. Sometimes, women with a very strong family history of breast cancer and/or genetic testing results that show a change (mutation) of breast cancer susceptibility genes (BRCA1 or BRCA2) may consider prophylactic mastectomy (breast removal).

Diagnostic surgery is performed to obtain a tissue sample in order to confirm a diagnosis, identify a specific cancer and/or the stage of that cancer.

Palliative surgery can relieve symptoms that cause discomfort or disability. For example, some cancers may metastasize to the spinal bone. As they continue to grow, they may press on the spinal cord or nearby nerves causing paralysis or severe pain. If the metastasis cancer does not respond to radiation or chemotherapy, palliative surgery can relieve these symptoms and improve the patient's quality of life.

Restorative (or reconstructive) surgery is used to restore a person's appearance or the function of an organ or body part. Examples include breast reconstruction after mastectomy and bone/joint replacements.

Does Surgery Cause A Cancer To Spread?

Some people think that cutting into the cancer causes the cancer cells to spread. This is not true. Surgeons experienced in removing cancer by surgery remove all the cancer and a margin of normal tissue around the tumor to assure that no cancer cells are left behind.



What Questions Should You Ask Your Doctors About Surgery?

- Why am I having this operation? What are the chances of its success?
- Is there any other way to treat this cancer?
- Are you certified by the American Board of Surgery?
- How many operations like the one you are suggesting have you done? Are you experienced in operating on my kind of cancer?
- Exactly what will you be doing or removing in this operation? Why? How long will the surgery take?

- What can I expect after the operation? Will I be in a great deal of pain? Will I have drains or catheters? How long will I be in the hospital after the surgery?
- How will my body be affected by the surgery?
- How long will it take for me to recover? Will any of the effects be permanent?
- Other than my cancer, am I healthy enough to tolerate the stress of the surgery and the anesthesia?
- What are the potential risks and the side effects of this operation?
- What is the risk of death or disability as a result of this surgery?
- What will happen if I choose not to have the operation?
- What are the chances that the surgery will cure my cancer?

B. CHEMOTHERAPY

Chemotherapy is the use of medicines to treat disease. Although surgery and radiation therapy destroy or damage cancer in a specific area, chemotherapy works throughout the body. Chemotherapy drugs can destroy cancer cells that have metastasized or spread to parts of the body far from the primary (original) cancer. You might take these drugs before or after surgery. Or, you might have chemotherapy with radiation (x-ray) treatment. Some people also have chemotherapy without surgery or radiation. All of these decisions will depend on the type of cancer, its location, the extent of its growth, how it is affecting your normal body functions, and your general health.

How Does Chemotherapy Work?

Chemotherapy works by killing cancer cells or making them stop growing so they eventually die. The cancer shrinks and may even disappear. The chemotherapy can also stop cancer from spreading.

Although a single chemotherapy drug can be used to treat cancer, generally they are more powerful when used together with more than one drug. Giving two or more drugs together is called combination chemotherapy.

How Is Chemotherapy Given?

Chemotherapy is given in a number of different ways. You might just swallow a pill. Sometimes chemotherapy is given like a flu shot or put into a vein with an intravenous injection. You may take chemotherapy once a day, once a week, or even once a month, depending on the type of cancer you have. How long you take chemotherapy also depends on the type of cancer.

What Are The Side Effects?

Some people experience no side effects. Sometimes, however, chemotherapy does make you feel sick after the drugs get into your body. This is because the drugs kill cells in the body that divide quickly and some normal cells also grow quickly as do cancer cells. So, some normal cells are also damaged and this causes side effects.

Cells in your hair and bone marrow, cells of the skin and mouth, and also cells in your stomach and intestines normally divide quickly in your body. That is why the side effects of chemotherapy can cause hair loss or feeling tired. You could also get sores in your mouth, dry skin and hair, or get sick to your stomach after chemotherapy.

Chemotherapy can affect both male and female sexuality. Sometimes sexual desire is decreased for a period of time, then returns. Some drugs given during chemotherapy treatment may decrease the amount of hormones produced in women, triggering hot flashes and dryness of the vagina.



Nausea And Vomiting

Nausea and vomiting are two of the most common side effects of chemotherapy. These symptoms usually start a few hours after treatment and last a short time. Less often, severe nausea and vomiting can last for a few days.

The good news is that both symptoms can almost always be lessened by a change in the way you eat and with drugs called antiemetics. The best way to manage nausea and vomiting is to start antiemetics before the chemotherapy is given, take the medicine regularly for a few days, and adjust your eating until the nausea and vomiting are better.

Hair Loss

Not all chemotherapy drugs will cause hair loss. Hair loss can occur on all parts of the body, not just the head. Hair loss usually doesn't happen right away. If you do lose hair, it will almost always grow back after the treatments are over. However, it might grow back a different color or texture.

Many techniques help reduce how quickly the hair thins but they will not prevent the hair loss from occurring. You may use mild shampoos, soft hairbrushes, or low heat if you must use a dryer. Don't use brush rollers to set your hair, and do not dye your hair or get a permanent. A shorter hair style will make your hair look thicker and fuller. Use a sunscreen, sun block, hat, scarf, or wig to protect your scalp from the sun. Use a satin pillowcase.

Fatigue

Fatigue is one of the most common side effects of chemotherapy. It can range from mild tiredness to feeling completely wiped out. Fatigue tends to be the worse at the beginning and at the end of a treatment cycle. Like most other side effects, fatigue will disappear once chemotherapy is complete. However, it may take a few months to completely go away.

To help with fatigue, plan your daily activities and allow time during the day for periods of rest. Eat a well-balanced diet and drink plenty of liquids. If you cannot do all that needs to be done,, do only the things that are most important to you. Accept help from others for those things you can't get done. Brief periods of exercise can help relieve fatigue. Ask your doctor about exercise that is appropriate for you. Get up slowly when changing positions to help prevent dizziness after sitting or lying down.

Diarrhea

When chemotherapy affects the cells lining the intestine, the result can be diarrhea. If you have diarrhea that continues for more than 24 hours, or if you have pain and cramping along with it, call your doctor. Your doctor may prescribe an anti-diarrhea medicine, but don't take any over-the-counter anti-diarrhea medicines without asking your doctor first.

If your diarrhea is severe (meaning that you have had 7 or 8 loose stools in 24 hours), tell your doctor right away. Ask if you should try a clear liquid diet to give your bowels time to rest. As you feel better, gradually add low-fiber foods. A clear liquid diet doesn't have all the nutrients you need, so don't follow one for more than 3 or 4 days. If your diarrhea doesn't improve, you may need IV fluids to replace the water and nutrients you have lost.

Bone Marrow Suppression

The bone marrow is the tissue inside some bones that produces white blood cells (WBCs), red blood cells (RBCs), and blood platelets. Damage to the blood cell-producing tissues of the bone marrow is called bone marrow suppression, or myelosuppression, and is one of the most common side effects of chemotherapy.

Cells produced in the bone marrow tissue are growing rapidly and are sensitive to the effects of chemotherapy. Until your bone marrow cells recover from this damage, you may have abnormally low numbers of WBCs, RBCs, and/or blood platelets.

While you are getting chemotherapy your blood will be regularly sampled, sometimes daily when necessary, so the numbers of these cells can be counted by a complete blood count (CBC). Bone marrow samples may also be taken periodically to check on the blood-forming marrow cells that develop into WBCs, RBCs, and blood platelets.

The decrease in blood cell counts does not occur immediately after chemotherapy because the drugs do not destroy the cells already in the bloodstream (which are not dividing rapidly). Instead, the drugs temporarily prevent formation of new blood cells by the bone marrow.

Each type of blood cell has a different life span:

- White blood cells average a 6-hour lifespan
- Platelets average 10 days
- Red blood cells average 120 days

As blood cells normally wear out, they are constantly replaced by the bone marrow. Following chemotherapy, as these cells wear out, they are not replaced as they would be normally, and the blood cell levels will begin to drop. The type and dose of the chemotherapy will influence how low the blood cell counts will drop and how long it will take for the drop to occur.

The lowest count that blood cell levels fall to is called the *nadir*. The nadir for each blood cell type will occur at different times but usually WBCs and platelets will reach their nadir within 7-14 days. RBCs live longer and will not reach a nadir for several weeks.

Knowing what the 3 types of blood cells normally do can help you understand the effects of low blood cell counts.

- White blood cells help the body fight off infections.
- Platelets help prevent bleeding by forming plugs to seal up damaged blood vessels.
- Red blood cells bring oxygen to tissues so cells throughout the body can use that oxygen to turn certain nutrients into energy.

The side effects caused by low blood cell counts will likely be at their worst when the WBC, blood platelet, and RBC are at their nadirs or lowest value.

What Questions Should You Ask Your Doctors About Chemotherapy?

- What chemotherapy medicines will I be given?
- How will I take these drugs (by mouth or through a vein)?
- How frequently will I need to take chemotherapy?
- How long will I be receiving chemotherapy treatments?
- What side effects might I experience?
- What activities should I do or not do to take care of myself?
- What long-term effects might I expect?
- How can I contact you after office hours if I have signs or symptoms that you need to know about?

C. RADIATION THERAPY

Radiation therapy uses a stream of high-energy particles or waves, such as x-ray, gamma rays, electrons, and protons, to destroy or damage cancer cells.

Radiation therapy is used in more than half of all cancer cases. It is the primary treatment for some types of cancer, such as certain non-melanoma skin, head and neck cancers, early-stage Hodgkin's disease, and non-Hodgkin's lymphomas. Cancers of the lung, breast, cervix, prostate, testes, bladder, thyroid, and brain are also treated with radiation therapy.

Radiation can be given alone or in combination with surgery, chemotherapy, or immunotherapy. For example, doctors can use radiation before surgery to shrink a tumor so that it can be removed more easily, or after surgery to stop the growth of any cancer cells that remain.



How Does Radiation Therapy Work?

Radiation therapy uses special equipment to deliver high doses of radiation to cancerous tumors, killing or damaging them so they cannot grow, multiply, or spread. Although some normal cells may be affected by radiation, most appear to recover fully from the effects of the treatment. Unlike chemotherapy, which exposes the entire body to cancer-fighting chemicals, radiation therapy affects only the tumor and the surrounding area.

How Is Radiation Therapy Given?

External radiation (or external beam radiation) requires a machine that directs high-energy rays at the cancer and some normal surrounding tissue. Most people receive external radiation therapy during outpatient visits to a hospital or treatment center.

Internal radiation therapy uses a radioactive source in the form of a wire or pellet that is sealed in a small container called an implant. The implant is placed directly into or near the tumor. Sometimes, after a tumor has been removed by surgery, radioactive implants are put into the area around the incision to kill any tumor cells that remain. Another type of internal radiation therapy uses unsealed radioactive sources that are given by mouth or by injection. This treatment generally requires a brief hospital stay.

What Can You Do To Take Care Of Yourself During Radiation Therapy?

Your doctor or nurse will give you advice for caring for yourself that is specific to your treatment and the side effects that might result, but here are some suggestions:

- **Be sure to get plenty of rest.** You may feel more tired than normal. Sleep as often as you feel the need. Fatigue may last for 4 to 6 weeks after your treatment ends.
- **Eat a balanced, nutritious diet.** Depending on the area of the body that will receive radiation, your doctor or nurse may recommend changes in your diet.
- **Be extra kind to the skin in the treatment area.** The skin in the area receiving radiation treatment may become more sensitive. For this reason, do not use any soaps, lotions, deodorants, medicines, perfumes, cosmetics, talcum powder, or other substances on the treated area without your doctor's approval. Other products such as some deodorants may interfere with the radiation treatments.
- **Avoid wearing tight clothes.** This includes girdles, pantyhose, or close-fitting collars over the treatment area. Instead, wear loose, soft cotton clothing, and avoid starching your clothes.

- **Do not rub, scrub, or use adhesive tape on treated skin.** If bandaging is necessary, use paper tape or other tape for sensitive skin. Try to put the tape outside the treatment area, and avoid putting the tape in the same place each time.
- **Do not apply heat or cold to the treatment area.** First talk with your doctor. Even hot water can hurt your skin, so use only lukewarm water for bathing the treated area.
- **Do not use a pre-shave or after-shave lotion or hair-removal products.** Use an electric shaver if you must shave the area but only after checking with your doctor or nurse.
- **Protect the treated area from the sun.** Your skin may be extra sensitive to sunlight. If possible, cover treated skin with dark-colored clothing before going outside. Ask your doctor if you should use a lotion that contains a sunblock. If so, use a sunscreen or a sunblocking product with a sun protection factor (SPF) of at least 15. Continue to provide extra protection to your skin from sunlight for at least 1 year after radiation therapy.
- **Tell your doctor about medicines you are taking before treatment.** If you need to take any medicines, even aspirin, let your doctor know first.

Side Effects of Radiation Therapy

The most common side effects are fatigue, skin changes, and loss of appetite. Other side effects usually are related to specific area being treated, such as hair loss following radiation treatment to the head.

Fortunately, most side effects go away in time. In the meantime, there are ways to reduce the discomfort they cause. If you have a reaction that is particularly severe, the doctor may order a break in your treatments, change the schedule, or change the type of treatment you are receiving. It is usually not desirable to interrupt a course of radiation therapy because the delay may affect how well the treatment works.

Questions You May Want To Ask Your Doctors after Radiation Therapy

- When can I resume my normal activities?
- How often will my follow-up appointments be scheduled?
- Which tests will be done and why?
- When can I wear a prosthesis or have reconstructive surgery?
- Do I need to continue changes in my diet?
- When can I resume sexual activity or become pregnant?

D. IMMUNOTHERAPY

The immune system is your own natural defense system against disease. Immunotherapy is treatment that stimulates one's own immune system to fight cancer. Immunotherapy is sometimes used by itself, but it is most often used as an adjuvant therapy (along with or after another therapy) to add to the effects of the main therapy.

How Immunotherapy Help Fight Cancer?

Sometimes, a patient's immune system will not recognize cancer cells as foreign because the cancer cells' antigens are not different enough from those of normal cells to cause an immune reaction. Or the immune system may recognize cancer cells, but provide a response that is not strong enough to destroy the cancer. Or there may be too many cancer cells for the immune system to kill all the cells. Immunotherapy has been designed to help the immune system recognize cancer cells as a target for attack, and to strengthen the attack so that it will destroy the cancer.

Different Types of Immunotherapy

Immunotherapies can be divided into several broad categories: active specific immunotherapies (cancer vaccines), passive immunotherapies (monoclonal antibodies), and nonspecific immunotherapies/adjuvants. Sometimes, doctors will use two or more of these immunotherapy options together.

Cancer Vaccine

A cancer vaccine contains cancer cells, parts of cells or chemically pure antigens, and causes increased immune response against cancer cells present in the patient's body. The vaccine is injected into the patient and is meant to trigger an active response by the patient's own immune system. Cancer vaccines are not routinely used in oncology and most are being studied at this time only through clinical trials.

Monoclonal Antibody

Monoclonal antibody therapy is a passive immunotherapy because the antibodies are produced in the lab rather than by the patient's immune system, and because they can be effective even if the patient's immune system is very much weakened. These forms of therapy are presently available in the US through clinical trials.

Nonspecific Immunotherapies and Adjuvants

Nonspecific immunotherapies are meant to stimulate the immune system in a very general way. It is hoped that the overall boost in immune system activity will result in more activity against any cancer cells present. An example is the injection of Bacilli Calmette-Guerin (BCG) to treat people with superficial bladder cancer.

E. HORMONE THERAPY

Androgen suppression (hormone) therapy is the one currently used to lower levels of the male hormone testosterone. Androgens, produced mainly in the testicles, allow prostate cancer cells to grow. Lowering androgen levels can make prostate cancers shrink or grow slowly. Hormone therapy will not cure the cancer and is not a substitute for curative treatment.

Hormone therapy can be used in several situations:

- As first-line (initial) therapy if you are not able to have surgery or radiation or can't be cured by these treatments because the cancer has already spread beyond the prostate gland;
- After initial treatment, such as surgery or radiation therapy, if the cancer remains or comes back; and
- In addition to radiation therapy as initial treatment in certain groups of men at high risk for cancer recurrence.

F. BONE MARROW & PERIPHERAL BLOOD STEM CELL TRANSPLANTS

Bone marrow is the spongy tissue that is found in the center of bones. The bone marrow's main function is to make the blood cells that circulate in your body. These blood cells develop from immature cells called stem cells that mostly live in the bone marrow, but also circulate in the blood in small numbers. The three main types of blood cells (red blood cells, white blood cells, and platelets) are all made from stem cells.

A stem cell transplant with bone marrow or peripheral blood stem cells may be performed when a patient's bone marrow is damaged and cannot make red blood cells, white blood cell, and platelets that the body needs. The damage to the bone marrow may be due either to a disease that affects the bone marrow itself or to high doses of cancer treatment.

What Is Bone Marrow Transplant (BMT)?

BMT is the original method for performing stem cell transplants because the bone marrow has such a rich supply of them. The donor is given general anesthesia and then multiple punctures are made in their pelvic bone to remove the marrow. Their only side effect, aside from undergoing general anesthesia, is that they are sore for a few days afterward. The marrow is stored in a special chemical solution in bags and then frozen in liquid nitrogen. When it is time to transfuse the frozen marrow, it is thawed and then transfused just like a blood transfusion. The stem cells head for the bone marrow where they begin to grow and produce blood cells. It takes at least two weeks for the new blood cells to begin appearing. Sometimes, bone marrow may be taken from a close relative or other person whose blood closely matches the patient.

What Is Peripheral Blood Stem Cell Transplant (PBSCT)?

A PBSCT involves the removal of stem cells from the circulating blood prior to treatment with larger doses of chemotherapy or radiation. This is a fairly painless procedure that is like donating blood, but takes much longer. The cells are given back to the patient after treatment. Generally, patients would not be able to tolerate these high doses of cancer treatment because the toxicity to the bone marrow would be too great. However, large doses of cancer treatment can be given if they are followed by an infusion of healthy stem cells to promote recovery of the bone marrow. The infusion of stem cells is similar to the infusion of bone marrow.

What Questions Should You Ask Your Doctors?

- Is a transplant the best option for me? Why? Are there other options I should consider?
- Will I receive a BMT or PBSCT? Why?
- If needed, is there likely to be a donor who matches me closely?
- What are the chances of success in my case?
- Is BMT considered experimental for my disease? Why?
- What are the risks of transplant for me?
- What is the estimated cost? What costs, if any, will be covered by my insurance?
- What side effects might I expect? How severe will they be? How long will they last? What types of medicine or self-care will be used to control the side effects?
- Will I be able to have visitors?
- When will I be able to return to work?
- What type of monitoring will be needed after I am discharged? How frequently?
- What are the chances that my cancer will recur?

G. CLINICAL TRIALS

Clinical trials – research studies in people – are needed to explore new ways to treat people with cancer. Doctors conduct a clinical trial to learn whether a new treatment is safe and effective.



Although the treatment has been well tested in laboratory and animal studies, clinical trials are needed to answer these important questions in human: Is the new treatment effective? Is it better than what's now available to treat a specific disease? If it's not better, is it at least as good, perhaps while causing fewer side effects? Or does it work in some people when current treatments do not? Is the new treatment safe? This must be answered while realizing that no treatment or procedure - even one already in use – is entirely without risk.

Clinical trials are usually divided into “phases” and each phase is designed to answer specific questions. Each new treatment must be tested in 3 separate phases of clinical trials before being considered reasonably safe and effective. Knowing the phase of the clinical trial you are considering is important because it may give you some idea about how much is known about the treatment being studied.

Phase I Clinical Trials - Is the Treatment Safe?

The side effects of a new drug in human can't always be predicted from animal studies. In phase I, those studies usually include small numbers of people (15-40) and are generally reserved for those who do not have good treatment options left to them. The main reasons for conducting phase I studies are to determine the highest dose of

the new treatment that can be given without serious side effects and to decide on the best way to give the new treatment.

Phase II Clinical Trials - Does It Work?

If a new treatment is found to be reasonably safe in phase I clinical trials, the treatment can then be tested for effectiveness in a phase II clinical trial. Usually, a group of anywhere from 25 to 100 patients with one type of cancer receive the new treatment in a phase II study. In this study, participants all receive the same dose as recommended from phase I study.

Phase III Clinical Trials - Is It Better Than What's Already Available?

Phase III clinical trials compare the safety and effectiveness of the new treatment against the current standard treatment. Phase III clinical trials require a large number of patients, usually at least several hundred. Patients are often chosen at random to receive either the standard treatment or the new treatment. When possible, the study is double blinded - that is, neither the doctor nor the patient knows which of the two treatments the patient is getting. When a treatment is shown to be more effective and/or safer than the current standard treatment in a phase III clinical trial, it is submitted for approval to the Food and Drug Administration (FDA).

Phase IV Clinical Trials - Is There a Better Way to Use It?

Even after testing a new medicine on thousands of patients, usually new questions arise as the studies progress. Would the medicine work better if given twice a week instead of once a week? Are 6 months of treatment better than 4 months? Are there rare side effects that haven't been seen yet? These types of questions are often addressed in phase IV clinical trials.

Should You Consider Taking Part In A Clinical Trial?

This is the toughest question many people with cancer will face. When trying to decide the best route for you, first ask yourself some basic questions: Why do I want to take part in a clinical trial? What are my goals and expectations if I decide to participate? How realistic are these? How sure are my doctors about what my future holds if I decide (not) to participate? Have I considered the chance of benefit vs. risk? Other possible factors such as time and money? My other possible options?

Of course, clinical trials differ. But generally, clinical trials offer some of the same potential benefits:

- Increasing the total number of treatment options available to you.
- More careful monitoring of your condition and the possible side effects of treatment.
- The chance to possibly help others who have the same condition in the future by contributing to cancer research.
- The possibility of payment for part or all of your medical care during the study by some study sponsors.

Some of the potential downsides of participation include the following:

- Unknown side effects or other risks.
- New treatment may not work for you.
- You may not have a choice about which treatment you receive.
- Insurers do not always cover all costs.
- Inconveniences such as more frequent testing.

Questions You Should Ask

- Why is this study being done?
- What is likely to happen in my case? If I decide to participate/not to participate?
- What are my other options (standard treatments, other studies)? What are their advantages and disadvantages?
- What were the results in previous studies of this treatment?
- What kinds of tests and treatments does the study involve? How often are they done?
- How could the study affect my daily life?
- Will I still be seeing my regular doctor?

- Will I have any costs? Will any of the treatment be free? Will my insurance cover the rest?
- If I am harmed as a result of the research, what treatment will I be entitled to?
- How long will I remain in the study?
- Are there reasons I would be removed from the study? Are there reasons the study might be stopped early?
- Can I choose to continue to get this treatment, even after the study ends?
- Are there others participating in the study whom I could speak to?

H. COMPLEMENTARY & ALTERNATIVE TREATMENTS: TRADITIONAL CHINESE MEDICINE

The American Cancer Society has carefully reviewed the medical literature to help people dealing with cancer make good judgments about complementary and alternative treatments. Traditional Chinese medicine and acupuncture are examples of complementary, as opposed to alternative therapy. Complementary therapies are used to complement or serve as additions to conventional medicine, relieving symptoms, reducing stress, and/or enhancing well being.

Traditional Chinese medicine is a complete system of health care that has been in use for thousands of years. It has methods to prevent as well as to treat illness Chinese medicine recognizes a number of imbalances that can contribute to the formation of cancer. It's primarily viewed as due to two leading pathological factors Static blood and Phlegm. Almost any stimulus may lead to the development of Static Blood and Phlegm. The most common include those listed below:

1. Disharmony of Qi and Blood that lead to Stagnation.
2. Development of and Stagnation of Phlegm.
3. Invasion by Evil Toxins (In Allopathic medicine this would include carcinogenic factors and viruses).
4. Kidney and Spleen vacuities-pre and post-natal Qi Vacuities. (This could be viewed as Western genetic factors).
5. The 7 emotions.
6. The exogenous pathogens. (These can also be subsumed under viruses and carcinogenic factors).
7. Dietary irregularities such greasy food, alcohol, and foods that lead to phlegm formation.

The Following are the corresponding treatment principles most commonly utilized when treating cancer:

1. Regulate the Qi and harmonize Blood to resolve the Stasis to maintain unobstructed flow of the channels and network vessels.
- 2 Transform phlegm and eliminate nodules.
7. Soften the hard and dissolve nodules.
8. Dissolve toxins and stop pain.
9. Supplement Qi and cultivate/engender Blood.
10. Replenish and supplement the Liver and Kidneys.

Source: New England Journal of Traditional Chinese Medicine

The main treatment methods of traditional Chinese medicine include acupuncture, moxibustion, cupping, massage, herbal remedies, and movement and concentration exercises, such as qi-gong and tai-chi.

- Acupuncture involves placing needles under the skin at certain points on the body, called acupuncture points or acupoints. These points dot the meridian through which qi is believed to flow. Modern needles are made of stainless steel and they are disposable. Needles usually are kept in place for less than one-half hour. Today, electro-acupuncture is commonly used. Other modern variations use heat, laser beams, sound waves, electricity, and other non-needles means of stimulating acupuncture points. Acupuncture also poses risk such as infection from contaminated needles or improper delivery of treatment. Names of qualified acupuncturists can be obtained from one of the national associations that provide names of practitioner who meet competency standards., .
- Massage is an important part of traditional Chinese medicine. There are several types of massage, each using a special combination of pressing, rubbing, and rolling motions.

- Qi-gong and tai-chi are also used to balance or strengthen chi. This is achieved through programs that involve breathing, physical exercise, and meditation.
- Herbal medicine is an ancient mainstay of traditional Chinese practice. Most herbal preparations in Chinese medicine were developed over the centuries. There are more than 3,000 herbs, plus different recipes from combining them. They may be swallowed as tablets or capsules, brewed as teas, applied to the skin as gels, or added to bath water.

Herbs are used to counteract the side-effects of anticancer therapies. They are used to decrease nausea and other gastro-intestinal distress or to reduce other blood disorders that arise.

If you use herbs as medicine or are thinking of doing so, learn as much as you can from reputable, expert sources about any herbal remedy you consider taking, and about its possible benefits or dangers. Cancer patients who are considering herbal remedies, even for relief of symptoms or short-term problems, should first talk with their doctors

Chapter 3

NUTRITION GUIDE FOR PATIENTS AND FAMILIES

Your diet is an important part of your treatment for cancer. Eating the right kinds of food before, during, and after your treatment can help you feel better and stay stronger. General information provided here should not be used as a replacement for consultation with your physician, dietitian, or health care team. You can call the American Dietetic Association's (ADA) toll-free at 1-800-366-1655 for information and dietitian referral.



Nutrition Needs Can Be Different For Cancer Patients

Suggestions about diet and eating for individuals with cancer can be very different. Nutrition recommendations for the general public usually stress eating fruits, vegetables, whole grain breads, and cereals, with less meat and dairy products. Cutting back on fat, sugar, alcohol, and salt is also recommended.

Nutrition suggestions for individuals with cancer may focus more on helping you eat more high-calorie foods that increase protein. You may be asked to include more milk, cheese, and cooked eggs to increase your calories. You may be asked to make dietary changes to help relieve symptoms such as eating less fiber if you have diarrhea.

Benefits of Good Nutrition

Eating nutritiously can help you to:

- feel better
- keep up your strength and energy level
- keep up your weight and your body's nutrition stores
- tolerate treatment-related side effects
- decrease your chance of infection
- recover and heal as quickly as possible

Description of Major Nutrients

Protein

Protein is essential for growth, to repair body tissue, and to maintain a healthy immune system. Inadequate protein intake slows recovery from illness and lowers resistance to infection. Thus during an illness, protein needs are often increased. Quality sources of protein include lean meat, fish, poultry, dairy products, nuts & seeds, dried beans, peas, lentils, and soy foods such as tofu, bean sheet and soy milk.

Carbohydrates And Fats

Carbohydrates and fats are the body's major energy (calorie) sources. Sources of carbohydrates include fruits, vegetables, breads, pasta, grains, cereal products, dried beans, peas, and lentils. Sources of fat include butter, margarine, oils, nuts, seeds, and fats that naturally occur in meats, fish, poultry and dairy products.

Vitamins and Minerals

Vitamins and minerals are essential for proper growth and development, and to use the energy obtained from foods. A person who is eating a balanced diet with enough calories and protein gets enough vitamins and minerals.

However, eating a balanced diet can be challenging for someone receiving cancer treatment. The doctor may prescribe a daily multivitamin and mineral supplement.

Fluids

Water and fluids are very important. If you do not take in enough fluids or if you are vomiting or have diarrhea, you may become dehydrated. Ask your doctor or nurse how much fluid you need each day to prevent dehydration.

Preparing Yourself For Cancer Treatment

If you've been eating a healthy diet, you'll go into treatment with reserves to help keep up your strength, prevent body tissue from breaking down, rebuild tissue, and maintain your defenses against infection. People who eat well are better able to cope with side effects. Some cancer treatments are actually more effective if the patient is well-nourished and getting enough calories and protein.

- Cook in advance and freeze in meal-sized portions.
- Talk to friends or family members about helping with shopping and cooking. Or, ask a friend or family member to manage that job for you.
- Stock the pantry and freezer with favorite foods so that you won't need to shop as often. Include foods you know you can eat even when you are sick.
- Talk to a registered dietitian about your concerns and what you might expect. Ask for help in developing a grocery list with foods that might help with potential side effects, such as constipation or nausea. Ask what has worked for other patients.

Managing Eating Problems During Treatment

Nutrition Suggestions For Individuals Recovering From Cancer Surgery

After surgery the body needs extra calories and protein for wound healing and recovery. The surgical removal or resection of any part of the digestive system (oral cavity, esophagus, stomach, small intestine, colon, or rectum) can also have a significant impact on nutritional well being. To increase your calories and protein, try eating small, frequent meals or snacks. Make the most of the days when you are feeling well and your appetite is good. Foods and beverages that are easy to digest are more easily tolerated than foods that are high in fat, deep fat fried, or greasy. Sipping on water, juices, broth, tea and other clear liquids throughout the day will help give your body the fluids it needs to function well.

Nutrition Suggestions For Individuals Receiving Radiation Therapy

Some patients will need to be treated at a center far from their home. This can make eating well difficult. It is important to eat something before treatment rather than coming with an empty stomach. Try to eat at least an hour before your treatment time. If you are traveling a long distance each day for treatment, bring foods or nutrition supplements with you to eat or drink on the ride to and from treatment.

Nutrition Suggestions For Individuals Receiving Chemotherapy

On the days you receive your chemotherapy make sure you have had something to eat before treatment. Most people find that a light meal or snack before chemotherapy is usually well tolerated. Fatigue is commonly experienced when receiving chemotherapy. Getting plenty of rest, learning to recognize your limits, and eating as nutritiously as possible can help reduce fatigue. Try eating small, frequent meals or snacks. Make the most of the days when you are feeling well and your appetite is good. Foods and beverages that are easy to digest are more easily tolerated than foods that are high in fat, deep fat fried, or greasy. Sipping on water, juices, broth, tea and other clear liquids throughout the day will help give your body the fluids it needs to function well .

Nutrition For Individuals With Altered Immune Function

Cancer and its treatment sometimes alter the body's immune system by interfering with the blood cells that protect against disease and foreign organisms. Lower your risks of bacteria infections by handling food safely:

- Wash hands vigorously with warm soapy water before and after preparing food and before eating.
- Be careful not to use the same cutting surface for meats and vegetables. Sanitize cutting boards well after each use. (Wash the board with warm soapy water and rinse well. Wash the board again with a solution of

1 tablespoon bleach in 4 cups warm water. Let the solution stay on the board for at least 2 minutes and then rinse with hot clean water.)

- Keep hot foods hot (above 140°F) and cold foods cold (below 40°F).
 - Thaw foods in the refrigerator or microwave. Never thaw foods at room temperature. Cook foods immediately after thawing.
 - Refrigerate all leftovers within 2 hours of cooking and eat them within 24 hours.
 - Eat only well-cooked foods. Avoid raw and undercooked foods, especially chicken and eggs.
- Use bottled water and commercially bottled soft drinks and juices. Do not reuse disposable bottles. Your doctor will tell you when you need to follow this special diet.

Managing Side Effects



Coping With Taste Changes

Medicines, the effects of cancer, and cancer treatments can cause changes in your taste and smell. Foods that are cool or at room temperature have less taste and aroma, therefore, may be better tolerated.

- Season foods with tart flavors such as lemon wedges, lemonade, citrus fruits, vinegar, and pickled foods. (If you have a sore mouth or throat, do not use this tip.)
- Chew lemon drops, mints, or gum, which can help get rid of unpleasant tastes that linger after eating. (If you have diarrhea, hold down your use of sugarless candies and gums.)
- Flavor foods with onion, garlic, chili powder, five-spice powder, ginger, star aniseed, pepper, mustard, catsup, or mint.
- Increase the sugar in foods to help increase pleasant tastes and decrease salty, bitter, or acid tastes.
- Rinse your mouth with tea, salted water, or water with baking soda before eating to help clear your taste buds.
- Select fresh vegetables. They may be more appealing than canned or frozen ones.

Coping With Poor Appetite

11. Try eating small, more frequent meals and snacks. For example, eat 5 or 6 small meals each day, instead of 3 larger meals.
12. Make eating more enjoyable by setting the table with pretty dishes and flowers. Play your favorite music or watch television while eating.
13. Keep high calorie/high protein snacks handy to eat when you are hungry such as hard-cooked eggs, preserved bean curd, tofu pudding, egg custard, nuts & seeds, nutritional drinks, dry fruits and crackers with peanut butter.
14. Check with your doctor about medications to help relieve nausea or pain.

Coping With Constipation

If you have constipation try eating foods that contain more fiber that can stimulate your bowel movement. Examples of high-fiber foods include whole grain breads, cereals, raw fruits, vegetables, dried fruits, and nuts. Drinking plenty of fluids throughout the day, eating at regular times, and being physically active can also help.

- Try to eat at the same times each day.
- Try to have a bowel movement at the same time each day to establish regularity.
- Drink 8 to 10 cups of liquid each day. Try water, prune juice, warm juices, teas, and hot lemonade.
- If gas becomes a problem, limit drinks and foods that cause gas, such as carbonated drinks, dairy products (for individual who is lactose intolerance), broccoli, cabbage, cauliflower, cucumbers, dried beans, peas,

taro roots, sweet potatoes, garlic and onions. To lessen the amount of swallowed air limit talking while eating, drink without straws, and avoid chewing gum.

- Use laxatives only on the advice of your physician. Contact your doctor if you have not had a bowel movement for 3 days or longer.

Coping With Diarrhea

If you have diarrhea try avoiding high-fiber foods such as nuts, seeds, whole grains, dried peas, beans, lentils, dried fruits, raw fruits, and uncooked vegetables. Be sure to sip on fluids throughout the day to prevent dehydration.

- Drink plenty of mild, clear liquids throughout the day. Liquids at room temperature are better tolerated.
- Eat small, frequent meals and snacks throughout the day.
- Avoid greasy, fried, high in fat, spicy, or very sweet foods.
- Limit milk and milk products to no more than 2 cups a day.
- Avoid drinks and foods that cause gas, such as carbonated drinks, gas-forming vegetables, and chewing gum. (You may drink carbonated beverages if you leave them open for at least 10 minutes before drinking.)
- Drink and eat high-potassium foods, such as orange juice, potatoes without the skin, and bananas.
- Drink at least 1 cup of liquid after each loose bowel movement.

Coping With Sore Throat And Sores In Mouth

A soft, bland diet and eating lukewarm or cool foods can be soothing. Foods that are coarse, dry or scratchy in texture should be avoided. Rinse your mouth often with baking soda mouthwash (made with 1 quart water and 1 tablespoon baking soda) or salt water to remove food and germs. Good mouth care will help prevent infections and improve healing of a sore mouth and throat.

What to do for a sore or irritated throat:

- Avoid tart, acidic, or salty beverages and foods, such as: citrus fruit juices (grapefruit, orange, lemon, lime), tomato-based foods (chili, salsa, spaghetti, pizza), and some broths (canned).
- Avoid alcohol, caffeine, and tobacco.
- Avoid irritating spices, such as chili powder, curry, hot sauces, and pepper.
- Eat soft, creamy foods, such as cream soups, tofu, tofu pudding, mashed potatoes, eggs, ice cream, egg custard, cooked cereal with fruits, gravies, smoothie, and commercial liquid supplements.
- Blend and moisten foods that are dry or solid. Use in soups or with sauces and gravies.

What to do for sores in mouth:

- Eat soft, bland foods, such as creamed soup, cooked cereal, tofu, tofu pudding and rice porridge. Cold foods can sometimes soothe the mouth and throat.
- Puree or liquefy foods in a blender to make them easier to swallow.
- Serve foods cold or lukewarm, rather than hot, to reduce mouth irritation.
- Tilt your head back and forth to help foods and liquids flow to the back of the throat for swallowing.
- Drink through a straw to bypass mouth sores.
- Avoid rough, dry, or coarse foods, which can scratch an irritated mouth or throat.
- Eat high-protein, high-calorie foods/liquids to speed healing.

Coping With Nausea And Vomiting

Ample fluid intake is needed to prevent dehydration when a person is unable to eat and is vomiting.. Sipping on water, juices, and other clear calorie-containing liquids throughout the day is one way that can help increase the liquids you take in. Clear cool liquids are usually better tolerated than very hot or icy temperatures.

20. Eat 6 to 8 small meals a day, instead of 3 large meals.
21. Try to keep something in your stomach at all times.
22. Eat dry foods, such as crackers, toast, or rice crackers when you wake up and every few hours during the day.
23. Avoid foods that are overly sweet, fatty, fried, or spicy, such as rich desserts and french fries.
24. Sit up or recline with your head raised for at least 1 hour after eating if you need rest.
25. Talk with your doctor about a prescription for anti-nausea medicine and taking the medicine on a regular schedule is more likely to help than waiting until you feel nauseated.

26. Try bland, soft, easy-to-digest foods on scheduled treatment days. Foods such as rice porridge and soup with saltine crackers may be better tolerated than heavy meals.
27. Avoid eating in a room that is warm, or that has cooking odors or other smells. Cook outside on the grill or steaming to reduce cooking smells.
28. Rinse out your mouth before and after meals.
29. Suck on hard candy, such as peppermint or lemon, if there is a bad taste in your mouth.
30. Drink 8 or more cups of liquid each day if you can. It is better to sip liquids 30 to 60 minutes after eating solid food.
31. Try deep breathing, soothing music, and relaxation exercises to distract you from feelings of nausea.

If you are taking your anti-nausea medicine and are continuing to vomit or cannot drink liquids, please let your doctor know about this.

Coping With Dry Mouth Or Thick Saliva

Drinking ample fluids throughout the day can help. Good mouth care, regular brushing and rinsing with baking soda and water or salt water will help keep your mouth clean and prevent infection. Avoid commercial mouthwashes, alcoholic and acidic beverages because they can be irritating and cause further mouth dryness.

14. Drink 8 to 12 cups of liquid a day, and take a water bottle with you when you leave home. (Drinking lots of fluids helps loosen mucus.)
15. Use a straw to drink liquids.
16. Eat soft, bland-tasting foods that are at room temperature or cold. Try blenderized fruits and vegetables, soft cooked chicken and fish, well-thinned cereals or rice porridge, and popsicles.
17. Add broth, soup, sauces, gravy, butter, or margarine to moisten foods.
18. Suck on sour lemon drops, frozen grapes, popsicles, or ice chips. (Avoid chewing ice as it can damage teeth.)
19. Keep your mouth clean. Use a soft-bristle toothbrush; rinse your mouth before and after meals with plain water or a mild mouth rinse (made with 1 quart water, 3/4 teaspoon salt, and 1-teaspoon baking soda); and floss regularly.
20. Use a cool mist humidifier to moisten room air, especially at night. (Be sure to keep the humidifier clean to avoid spreading bacteria or mold in the air.)

Coping With Difficulty Swallowing

A soft, more liquid, easy to swallow diet is encouraged. Sometimes thicker fluids are more easily tolerated than thin liquids.

- Drink 6 to 8 cups of fluid each day and thicken the fluid to the right consistency.
- Report any coughing or choking while eating immediately to your doctor, especially if you have a fever.
- Eat small, frequent meals.
- Use liquid nutritional supplements if you are unable to eat enough food.
- Select from the following thickening products:
 - **Tapioca, flour, and cornstarch:** Use to thicken liquid consistency, but it must be cooked to thicken.
 - **Commercial thickeners:** A liquid's thickness can be adjusted depending on the amount used. Follow the instructions on the label.
 - **Pureed vegetables or mashed potatoes:** Add to soups as a thickening agent, but can alter the flavor.

Suggestions For Increasing Calories And Protein

- Eat several small meals a day, rather than three large ones.
- Eat favorite foods at any time of the day. For example, if breakfast foods are appealing, eat them for dinner.
- Eat every few hours. Don't wait until you feel hungry.
- Take advantage of when you feel hungrier. For example, if you are hungrier in the morning, make breakfast your biggest meal.
- Try to eat high-calorie and protein-packed foods to make every bite count.
- Exercise lightly or take a walk before meals to increase your appetite.
- Drink nutritious drinks, such as milkshakes and commercial liquid supplements. Cold drinks are usually tolerated well.

- Drink fluids between meals instead of with meals. Fluid with meals can make you feel too full.

List Of High-Protein Foods

- **Milk products:** Add grated cheese to vegetables, soups, noodles, meat, and fruit. Use regular milk or lactose free milk for cooking in place of water for cereal, egg custard, cream soups and rice porridge. Include cream sauces on vegetables and pasta. Add powdered milk to cream soups, rice porridge and steamed meat patty. Avoid using soft cheese and cheese made with unpasteurized milk.
- **Eggs:** Keep hard-cooked eggs in the refrigerator. Chop and add to cooked cereal, soups, and vegetables. Steamed or scrambled eggs with meats or seafood. All eggs should be well cooked to avoid the risk of harmful bacteria.
- **Meats, poultry, & fish:** Add leftover cooked meats to soups, rice porridge and omelets.
- **Beans, legumes, nuts, & seeds:** Sprinkle seeds on desserts such as fruit, ice cream, pudding, and custard. Also serve on vegetables, and pasta. Spread peanut butter on toast and fruit or blend in a milkshake.

List Of High-Calorie Foods

- **Butter & margarine and oils:** Melt butter or margarine over rice, pasta, and cooked vegetables. Stir melted butter or margarine into soups and spread on bread before adding other ingredients to your sandwich. Add sesame oil into food or soups.
- **Milk products:** Add whipped cream to desserts, fruit, and hot chocolate. Add condensed milk into hot cereal and dessert.
- **Salad dressings:** Use regular (not low-fat) mayonnaise and salad dressing on sandwiches or crackers.
- **Sweets:** Add jelly and honey to bread and crackers. Add fruit or ice cream as a topping over cake. Add honey, glucose or sugar in teas or drinks.



List Of Nutritious Snacks

Snacks are an important addition to your daily eating plan. By choosing nutritious snacks you can provide your body with good nutrition to help maintain your strength and energy level and to enhance your feeling of well-being. Try to keep a variety of nutritious snacks on hand that are easy to prepare and easy to eat. Try to include snacks that contain protein (example: yogurt, cereal and milk, half a sandwich, a bowl of hearty soup, peanut butter and crackers).

Examples Of Nutritious Snacks		
16. black sesame pudding	11. fruit -- fresh, canned, dried	12. popcorn, pretzels
17. bread with jam	13. gelatin	red bean porridge
18. cake	14. homemade milkshakes and drinks	sandwiches
19. cereal – hot or cold with nuts and fruits	15. ice cream	seeds
20. cooked soy bean	16. juices	sherbet
21. crackers	17. milk	soups -- broth based or hearty
22. egg custard	18. nuts	sweet yams
	19. peanut butter	vegetables -- cooked
23. enriched soy milk	20. peanut pudding	yogurt -- carton, frozen

Nutrition After Treatment Ends

Most eating-related side effects of cancer treatments go away after the treatment ends. As you begin to feel better, you may have questions about eating a healthier diet. There's no research that suggests that the foods you eat will prevent your cancer from recurring. But, eating the right foods will help you regain your strength, rebuild tissue, and help you feel better.

- Choose a variety of foods from all the food groups.
- Try to eat at least 5 servings a day from the fruit and vegetable group, including citrus fruits and dark-green and deep-yellow vegetables.
- Include more high-fiber foods, such as whole grain breads and cereals.
- Try a new fruit, vegetable, low-fat food, or whole-grain product each time you shop for groceries.
- Decrease the amount of fat in your meals by choosing a cooking method, such as baking or broiling.
- Substitute beans and peas for meat in some meals for variety.
- Choose lower-fat milk and dairy products.
- Choose salt-cured, smoked, and pickled foods less often.
- Limit alcohol to only occasional use if you choose to drink.
- Consider losing weight, if you are overweight, by reducing the amount of fat in your diet.
- Ask your dietitian to help you create a nutritious, balanced eating plan.
- Become more physically active by choosing activities you enjoy.

WHAT COUNTS AS A SERVING?

With the Food Guide Pyramid. What counts as a "serving" may not always be a typical "helping" of what you eat. Here are some examples of servings.

TYPES OF FOODS	EXAMPLES OF ONE SERVING:
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts	(recommend 2-3 servings) 2-3 oz cooked lean meat, poultry, or fish; 1/2 cup cooked dry beans; 1 egg, or 2 Tbsp. Peanut butter = 1 oz. meat
Milk, Yogurt, and Cheese	(recommend 2-3 servings) 1 cup milk or yogurt; 1 1/2 oz. Natural cheese; 2 oz. processed cheese
Vegetables	(recommend 2-3 servings) 1 cup raw leafy vegetables; 1/2 cup other vegetables, cooked or chopped raw; 3/4 cup vegetable juice

Fruits	(recommend 2-3 servings) 1 medium apple, banana, or orange; ½ cup chopped, cooked, or canned fruit; ¾ cup fruit juice
Bread, Cereal, Rice and Pasta	(recommend 2-3 servings) 1 slice bread; 1 oz. ready-to-eat-cereal; ½ cup cooked cereal, rice, or pasta; 3 or 4 small plain crackers

HOW MUCH IS AN OUNCE OF MEAT?

Here's a guide to how much meat, chicken, fish, or cheese
Weighs by comparing sizes to the following objects:

1 oz. = a matchbox

3 oz. = a deck of cards

8 oz. = a paperback book

Chapter 4

COPING WITH CANCER

A. PAIN MANAGEMENT

Cancer patients may have pain for a variety of reasons. Cancer pain may result from the tumor itself, blockage of an organ or tube in the body, infection or inflammation, or spread of the cancer to other parts of the body. It may be due to side effects from chemotherapy, radiation therapy, or surgery. The pain also could be unrelated to the cancer such as a muscle sprain, a toothache, a headache, or stiffness from inactivity. Psychological responses to illness or pain such as tension, depression, or anxiety cannot cause pain but these feelings can make the pain worse. Fatigue and lack of sleep can make it harder for you to deal with the pain.

Remember that not all people with cancer have pain. And those that do are not in pain all the time. Cancer pain may depend on where your cancer is located, the extent of the disease, and your tolerance for pain.

How Can Pain Be Described?

If you are feeling pain, you need to be able to describe it to those who can help you. They need to know:

- Where do you feel your pain?
- When did it begin?
- What does it feel like? Sharp? Dull? Throbbing? Steady?
- How bad is it?
- Does it prevent you from doing your daily activities? Which ones?
- What relieves your pain?
- What makes it worse?
- What have you tried for pain relief? What helped? What did not help?
- What have you done in the past to relieve other kinds of pain?
- Is your pain constant? If not, how many times a day (or week) does it occur? How long does each period of pain last?



You can rate how much pain you are feeling by using a pain scale as follows. Try to assign a number from 0 to 10 to your pain level. If you have no pain, use a 0. A 10 means the pain is as bad as it can be. As the numbers get larger, they stand for pain that is gradually getting worse.

- 0 = No pain
- 1-2 = Discomfort
- 3-4 = Mild pain
- 5-6 = Distress
- 7-8 = Severe pain
- 9-10 = The worst pain you can imagine

What Can Be Done For Cancer Pain?

The best way to manage pain is to treat its cause. Methods for controlling pain include pain medicines, operations on nerves, nerve blocks, physical therapy, and techniques such as relaxation, distraction, and imagery.

What Medicines Are Used To Relieve Pain?

Medicines that relieve pain are called analgesics. Analgesics act on the nervous system to relieve pain without causing loss of consciousness. There are two types of analgesics

21. Non-prescription or over-the-counter (OTC) pain relievers for mild and moderate pain such as Tylenol. Other OTC products include nonsteroidal anti-inflammatory drugs (NSAIDs) such as Motrin to decrease inflammation and lessen pain from surgery as well as the pain from bone metastasis.
22. Prescription pain relievers are for moderate to severe pain. For many years, the most widely used prescription pain relievers have been opioids (also known as narcotics). Opioids are the strongest pain medicines available. Frequently used opioid pain relievers include: codeine, hydromorphone (Dilaudid), morphine, methadone, and oxycodone.

What other medicines might be given with analgesics?

Sometimes, doctors prescribe more than one medicine. They may give you an analgesic and also other medicines that help the analgesics work better.

Antidepressants such as Elavil, Tofranil, or Sinequan are used to treat pain caused by injury to a nerve or spinal cord as well as decrease depression.

Antihistamines such as Vistaril or Atarax relieve pain, help control nausea, and help patients sleep.

Antianxiety drugs such as Xanax or Ativan may be used to treat muscle spasms that often go along with severe pain. In addition, they are helpful for treating the anxiety that some cancer patients feel.

Anticonvulsants such as Tegretol or Klonopin are helpful for burning and tingling from nerve injury caused by the cancer or cancer therapy.

Steroids such as prednisone or Decadron are useful for bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation. They also increase appetite.

How Are Medicines Best Used To Relieve Pain?

Preventing pain from starting or from getting worse is the best way to control it. It means you may use lower doses of a pain reliever than wait until the pain gets bad. Different pain medicines take different lengths of time to work. If you wait too long to take pain medicine, your pain may get worse before the medicine helps. Waiting also may mean that larger doses or a stronger medicine will be needed to help your pain.

If you are in some pain all the time, your pain medicine should be taken regularly. You may be able to control your pain with a mild pain reliever if you take it as directed instead of once in a while. If the pain relief that you get is wearing off before you are supposed to take the next dose, be sure to tell your doctor or nurse. If the analgesic you are taking does not seem to lessen or stop the pain, ask if you can try a different one.

What Should You Do If You Have Side Effects From Pain Medicine?

Stop taking the medicine if you notice a rash, wheezing, or shortness of breath. Let your doctor know right away. If you are having such side effects as indigestion, nausea, dizziness, headache, constipation, or drowsiness, please let your doctor know but do not stop taking the medicine until you have talked with your doctor.

What Is Drug Tolerance?

When certain drugs are taken regularly for a length of time, the body doesn't respond to them as well as it once did, and the drugs at a fixed dose become less effective. People who take opioids for pain control sometimes find that over time they will need to take larger doses. This may be due to either an increase in the pain or the development of drug tolerance. Increasing the doses of opioids to relieve increasing pain or to overcome drug tolerance is not addiction.

Will You Become Addicted If You Use Opioids For Pain Relief?

No, opioid addiction is defined as dependence on the regular use of opioids to satisfy physical, emotional, and psychological needs rather than for medical reasons. People who are addicted to a medicine take it when there is no pain present. Therefore, if you take opioids to relieve your pain, you are not an “addict” because you are having real pain, no matter how much or how often you take opioid medicines. Drug addiction in cancer patients is rare.

What Are Some Other Ways You Can Relieve Pain?

- **Relaxation techniques** relieve pain or keep it from getting worse by reducing tension in the muscles. It can help you fall asleep and make other pain relief methods work better.
- **Biofeedback** usually is used with other pain-relief methods. With the help of special machines, people can learn to control certain body functions such as heart rate, blood pressure, and muscle tension.
- **Imagery** is using your imagination to create mental pictures or situations. Imagery can be thought of as a deliberate daydream that uses all of your senses - sight, touch, hearing, smell, and taste. Imagery can help you relax, relieve boredom, decrease anxiety, and help you sleep.
- **Any activity that occupies your attention** can be used for distraction. Distraction might divert your mind from the pain.
- **Massage, acupressure, acupuncture, vibration, heat, cold, and menthol preparations** are used for skin stimulation to excite the nerve endings in the skin. It lessens or blocks pain sensation during the stimulation and for hours after it is finished.
- **To block nerve pathways** that relay pain impulses to the brain, a neurosurgeon may inject a local anesthetic sometimes mixed with a steroid into a nerve or spinal cord, cut a nerve close to the spinal cord, or cut bundles of nerves in the spinal cord itself.
- **Transcutaneous electric nerve stimulation (TENS)** is a technique that applies a mild electric current to the skin where the pain occurs. The current is supplied by a small power pack connected to two electrodes. The small electric impulses seem to interfere with pain sensations.

B. EMOTIONAL ADJUSTMENTS AND SUPPORT

No two people with cancer are alike just as no two relatives or friends of people are alike. Each person has to cope with cancer in an individual way. What follows is intended as a guide.



Emotional Turmoil of Cancer

Our bodies and minds are not completely separate. It will help us keep our bodies strong if we also deal successfully with the emotional turmoil of cancer - a side of cancer that surgery, drugs, and radiation cannot treat. Cancer is undeniably a major illness; it is not necessarily fatal. However, we need to define our own feelings and our own ways of coping.

It is hard not to think about dying, but it's important to concentrate on living. Remember, a diagnosis of cancer does not mean you are going to die; there are over nine million people alive today who have had cancer. For some forms of the disease, 9 out of 10 people diagnosed can be considered cured. Of the others, many will live a long time before dying of the disease. Indeed, there are sunrises, as well as sunsets to be enjoyed.

Sharing the Diagnosis

Should You Tell

One question many people ask after diagnosis is, "Should I tell"? A family member could be too old, too young, or too emotionally fragile to accept the diagnosis, but people are surprisingly resilient. Most people find ways to deal with the reality of illness and the possibility of death. They find the strength to bounce back from situations that seem to cause unbearable grief. The diagnosis of cancer hits most of us with a wave of shock, of fright, of denial. Each person needs a different amount of time to pull himself or herself together and to deal with the reality of cancer.

Usually, family and close friends learn sooner or later that you have cancer. Most people with cancer have found the best choice is to share the diagnosis and to give those closest to them the opportunity to offer their support.

When Family Must Decide

Sometimes family members are the first to learn about the diagnosis. If, as a family member, the decision falls on you, should you tell the patient? Some might think not, but most people with cancer disagree. "Time is so valuable, and there may be things the person would like to accomplish, there are decisions to be made," one cancer patient wrote.

Family members also bear great emotional burden during the period of diagnosis. They too, need the comfort of sharing their feelings. Yet, it is almost impossible to support the rest of the family if you are hiding the diagnosis from the person with cancer. He or she inevitably learns the truth. The patient might believe that no one is being honest about the diagnosis because the cancer is terminal. The consequences can be deep anger, hurt, or bitterness.

Somehow Children Know

Even children sense the truth. Some parents who tried to "spare" their children from knowing later voiced regret at not discussing the truth during the course of the disease. Children have amazing capabilities when they understand a situation. However, when their normal world is turned upside down and whispered conversations go on behind closed doors, they often imagine situations that are worse than reality.

The goal in telling the children that someone in the family has cancer is to give them opportunities to ask questions about the disease and to express their feelings about it. Of course, all of us want to shield our children from pain, but pain that they understand is easier for them to cope with than hurts that they imagine.



Sharing Feelings

The Family Adjust

The period following diagnosis is a difficult time of adjustment for family members. Each has to deal with individual feelings, while trying to be sensitive to the person who has cancer. Being part of the family doesn't mean you can make people talk about their feelings before they are ready. Be ready to listen when others are ready to talk, and let your continued presence show your support. But remember, the person with cancer gets to set the timetable. Sometimes, in trying to help the person with cancer, you may actually cut off his or her attempts to express feelings.

Finding Hope

There are ways to find hope during periods of despair. We all need to remember that each person is unique. We tend to get caught up in statistics and averages, but no two cancers ever behave exactly the same way. Each individual has different genes, immune system, and one's own will. These cannot be measured on charts or graphs.

Coping Within The Family

Not Everyone Can

Problems within the family can be the most difficult to handle simply because you cannot go home to escape them. Some family members deny the reality of cancer or refuse to discuss it. It is not uncommon to feel deserted or to feel unable to face cancer openly. In these situations individual counseling or cancer patient groups can provide needed support and reinforcement.

Changing Roles

Families may have difficulty adjusting to the role changes that are sometimes necessary. One husband found it overwhelming to come home from work, prepare dinner, oversee the children's homework, change bedding and dressings, and still try to provide companionship and emotional support for his children and ill wife. In addition to roles as wife, mother, and nurse, a woman might have to add a job outside the home for the first time. A spouse who was sharing the load sometimes becomes the sole breadwinner and homemaker. The usual head of the household might now be its most dependent member.

These changes can cause great upheavals in the ways members of the family interact. The usual patterns are gone. Parents might look to children for emotional support at a time when the children themselves need it the most. Teenagers might have to take over major household responsibilities. Young children can revert to infantile behavior. Be alert for these changes.

The Health Of The Family

Performing too many roles at once can endanger emotional well-being and the ability to cope. Examining what's important can solve the problem. For example, you can relax housekeeping standards or learn to prepare simpler meals. Perhaps the children can take on a few more household chores than they have been handling.

If a simple solution is not enough, consider getting outside help. Licensed practical nurses can help with the patient; some agencies might provide trained homemakers. Consider the financial cost of professional services against the emotional and physical cost of shouldering the load alone.



Support From The Family

The desire to "do something" is common among nearly everyone with a family member or dear friend who has cancer. There is nothing you can do to change the course of cancer, so you do everything you can for the person. Sometimes, doing everything is the worst course to follow.

People with cancer still have the same needs and often the same capabilities as they did before. If they are physically able, they need to participate in their normal range of activities and responsibilities. Even a bedridden patient is probably still able to discuss treatment options, financial arrangements, and the children's school problems. The rest of the family must make every effort to preserve as much as possible the patient's usual role within the family.

Always keep the patient informed of necessary decisions so they continue to feel a part of the family. You can help the seriously ill patient ward off feelings of helplessness or abandonment if you continue to share your activities, goals, and dreams as before.

What Spouses Can Do

Disfigurement or debilitation caused by treatment can affect how a person feels about a partner with cancer. You might feel awkward about physical contact because you think your partner is not ready for it and that you will be judged insensitive.

It helps to remember that touching, holding, hugging, and caressing are ways to express the acceptance and caring that is so important to the person with cancer. More than words, they show love and express your belief in the patient's continued desirability as a physical being. Make sure you are doing whatever you can to reestablish bonds of closeness and caring.

Help For The Children

Children might have difficulty coping with cancer in a parent. Mother or dad may be gone from the house (e.g., in a hospital that may be hundreds of miles from home) or home in bed, in obvious discomfort and perhaps visibly altered in appearance.

In the face of this upheaval, children are often also asked to behave exceptionally well such as to "play quietly", to "perform extra tasks", or to "be understanding of others' moods beyond the maturity of their years." The children may resent lost attention. Some fear the loss of their parent or begin to imagine their own death. Some children, formerly independent, now become anxious about leaving home and parents. Disciplinary problems can arise if children attempt to command the attention they feel they are missing.

It may help if a favorite relative or family friend can devote extra time and attention to the children, who do need comfort, reassurance, affection, guidance, and discipline. A favorite activity is important, but so is regular help with homework and someone to attend the basketball awards banquet.

Selves And Self-Image

When Treatment Brings You Down

Cancer treatment is usually aggressive. Surgery can be disfiguring. Other treatments may extend over weeks or months, and their side-effects may include nausea, hair loss, fatigue, cramps, skin burns, or weight changes. It is not unusual for the treatment to cause more illness or discomfort than the initial disease. The person with cancer must deal with their emotional reactions to such treatment and side-effects. One way to help with this effect, is to try to plan special activities for the days when you feel well and brace yourself for the days when you feel awful.



Body Images

Each of us develops over the years an image in our mind about our body. We may not be completely satisfied with that image, but usually we are comfortable with it when with someone we love. This helps us feel sexually attractive. Disfigurement, hair loss, nausea, radiation skin changes, or even fatigue can destroy your good feeling about your physical appeal. You might anticipate rejection and avoid physical contact with your partner. It may be up to you to show a desire for physical contact and to let it be known whether you are interested in sexual intercourse as well as other expressions of affection such as hugging, caressing, and kissing.

It might help to keep in mind that it's not only your body that makes you "sexy." There are also intangible qualities that your mate finds attractive: a sense of humor, intellect, a certain sweetness, great common sense, special talents, loving devotion, etc. What makes us special is more than anatomy. If you feel you have lost those special qualities along with a breast, leg, or prostate gland, counseling may help you change that perspective. In most cases your partner is more concerned about your well-being than his or her own.

Rebuilding Mind And Body

Time, along with demonstrations of love, understanding, and affection by your partner and family should help you work through feelings about your changed body image. In addition, some find that physical activities improve their sense of being in touch with their bodies. Poetry, music, painting, furniture building, sewing, and reading provide creative growth of which you can be equally proud. If anything needs strengthening it is our personal self-image.

When Friends Don't Call

Lost friendships are one of the real heartbreaks people with cancer might face. Friends might not call for a variety of reasons. They might not know how to respond to a change in your appearance, or just don't know what to say to you. Their absence does not necessarily mean they no longer care about you. If you believe discomfort rather than fear is keeping a particular friend from visiting, you might try a phone call to dissolve the barrier. Examine carefully whether friends shun you or whether you have withdrawn from your usual social contacts to protect your own feelings. If possible, the best place to be is out in the world with other people.



Fighting Loneliness

This is a time when people with cancer need the support which can provide some solace and comfort from others. People in your community may have the same need for companionship. Being housebound need not deprive you of visits from others who would like to share some quiet moments or some deep feelings with someone who will understand. A physician, social worker, visiting nurse, or member of the clergy should be able to help you contact another cancer patient who could use the company.

Staying Involved

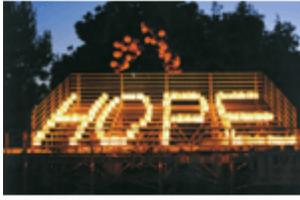
When you have cancer, you need responsibilities, diversions, outings, and companionship just as before. As long as you are able, you should go to work, take the kids to the zoo, play cards with friends, go on a trip. Activities will give you a sense of purpose and those that provide enjoyment. Try to recognize your limitations as well as your capabilities. Fatigue can bring on crushing despair. Adequate rest fends off depression. Exhaustion weakens our physical and emotional defenses.

The Years After

Cancer is not something anyone forgets. Anxieties remain after treatment ceases. As 6-month or yearly check-ups approach, you swing between hope and anxiety. As you wait for the mystical 5-year or 10-year point, you might feel more anxious rather than more secure. These are feelings we all share. No one expects you to forget that you have had cancer or that it might recur. In exchange, you are granted the vision to see each day as a precious gift to be used wisely and richly.

C. REMISSION OF CANCER

A remission is a period of time when the cancer is under control. In a complete remission, all the signs and symptoms of the disease disappear. It is also possible for a patient to have a partial remission in which the cancer shrinks but does not disappear completely. Remissions can last anywhere from several weeks to many years. Complete remissions may continue for years and be considered cures. If the disease returns, another remission often can occur with further treatment. A cancer that has come back (recurred) and no longer responds to one anti-cancer drug or drug combination may respond to a different drug regimen.



D. HOSPICE CARE

Hospice provides comfortable and compassionate care for people who are terminally ill. Hospice is a type of care you may choose when cure of your disease is unlikely. People may choose hospice when they no longer wish to receive treatment aimed at cure and prefer comfort care for the last month of their lives. Sometimes hospice is an actual place for a patient to stay, but most of the time it is care for patients at their homes. Hospice helps people live as fully as possible with dignity and provides support to family and friends of the patient during the dying process, at death, and after death has occurred. Hospices respect different cultures; therefore, it is important to communicate your needs clearly to your hospice staff so they can do their best to carry out your wishes.

Hospice Care Services

- **Interdisciplinary Team:** Typically, an interdisciplinary health care team of physicians, nurses, social workers, counselors, hospice-certified nursing assistants, clergy, therapists, and volunteers cares for you – offering support based on their particular areas of expertise.
- **Pain And Symptom Control:** The objective of pain and symptom control is to help patients to be comfortable while allowing them to remain in control of their lives. This means that side effects are managed to ensure patients are as free of pain and symptoms as possible, yet still alert enough to make decisions they feel are important.
- **Spiritual Care:** Hospice care emphasizes the spiritual needs of you and your family. Since people differ in their spiritual needs and religious beliefs, spiritual care is individualized to meet specific needs and may include helping patients understand the meaning of death, saying good-bye, or performing a specific religious ceremony or ritual.
- **Home Care And Inpatient Care:** Although hospice care can be centered in the home, it may be necessary to be admitted to a hospital, extended-care facility, or a hospice inpatient facility.
- **Bereavement Care:** Bereavement is the time of mourning following a loss. The hospice care team works with surviving family members to help them through the grieving process.
- **Respite Care:** The family and caregivers may need time away from the intensity of caring if the patient is terminally ill. Respite care is designed to give them a break from care giving. Respite care is provided for 5-day periods by hospices either in their own facility or in contracted beds in nursing homes or hospitals.
- **Family Conferences:** Through regularly scheduled family conferences, often facilitated by the hospice nurse or social worker, family members can stay informed about the patient's condition and what to expect. Family conferences also provide a chance to share feelings, address expectations, and learn about death and the process of dying.
- **Volunteers:** Hospice volunteers play an important role in the administration and delivery of hospice care in the US. Volunteers may be health professionals or lay people who provide services ranging from hands-on care to working in the hospice office or fundraising.
- **Staff Support:** Hospice care involves staff who are empathetic, good communicators and listeners, and who are interested in working with people who have life-threatening illnesses.
- **Coordination Of Care:** The interdisciplinary team coordinates and supervises all care 7 days a week, 24 hours a day. This team is responsible for communicating between the inpatient facility, the home care agency, the physician, and other community professionals, such as pharmacists, clergy, and funeral directors.



Hospice Care Settings

- **Home Hospice Care:** Many, if not all, of the home health agencies in your community, as well as independently owned hospice programs, will offer home hospice services. The primary caregiver is usually the family member who is responsible for around-the-clock supervision of the patient and may, after training given by the nurse, provide minimal patient care. To handle around-the-clock patient needs or crises, home hospice programs have an on-call nurse who makes home visits or sends the appropriate team member.
- **Hospital-Based Hospices:** Hospitals that treat seriously ill patients often have a hospice program. This arrangement allows patients and their families easy access to support services and health care professionals. Some hospitals have a special hospice unit, while others use a "hospice team" of caregivers who visit patients with advanced disease on any nursing unit.
- **Long Term Care Facility-Based Hospices:** Many nursing homes and other long-term care facilities have small hospice units. They may have a specially trained nursing staff to care for hospice patients, or they may make arrangements with home health agencies or independent community-based hospices to provide care. This can be a good option for patients who want hospice care but do not have primary caregivers.
- **Independently Owned Hospices:** Many communities have "freestanding," independently owned hospices that feature inpatient care buildings as well as home care hospice services. As with a nursing home hospice program, the freestanding hospice can benefit patients who do not have primary caregivers.

Who Pays For Hospice Care?

Generally, home hospice care costs less than care in hospitals, nursing homes, or other institutional settings. Hospice care is financed by a variety of sources: Medicare; Medicaid in over 30 states; the Veterans Administration; and by most private insurance plans, HMOs, and other managed care organizations.

How Do You Find Hospice Care?

- **Local Resources:** Your physician or hospital discharge planner can help you locate hospices in your area. Hospice care providers also are listed in the yellow pages of the phone directory. Your community may have information and referral services available through your American Cancer Society, an Agency on Aging, a local United Way chapter, the Visiting Nurse Association, or your place of worship.
- **State Resources:** You may contact your state's hospice organization or its department of health or social services to obtain a list of licensed agencies. The state health department oversees certification of hospice services. Certification makes them eligible to receive funding from Medicare and, in some states, also from Medicaid.

第五章
北加州舊金山灣區
華人癌症社區服務資源
Community Resources for
Chinese Cancer Patients in the Bay Area

Information and Referral 資訊與轉介服務

American Cancer Society (美國癌症協會)	
http://www.cancer.org	1-800-ACS-2345
American Cancer Society - Northern California Chinese Unit (美國癌症協會-北加州華人分會):	
http://www.acs-nccu.org	1-888-566-6222 or 510-797-0600
American Cancer Society – South Bay Chinese Cancer Information Center (美國癌症協會-南灣華人癌症資訊中心)	408-947-2531
Chinese Community Cancer Information Center (華人社區癌症資源中心)	415-677-2458
American Cancer Society-San Francisco Unit (美國癌症協會-三藩市辦公室)	415-394-7100 Opt.3
Cancer Care, Inc.	
http://www.cancercare.org	1-800-813-4673
Bay Area Hospice Information	
http://www.volunteerinfo.org/hospice2.htm	
Death with Dignity National Center:	
http://www.deathwithdignity.org	202-969-1669
Parents Helping Parents (for children with special needs)	
http://www.php.com	408-727-5775 ext. 170
Family Caregiver Alliance (家庭服務聯盟)	
http://www.caregiver.org	1-800-445-8106 or 415-434-3388
Crisis Intervention and Suicide Prevention	408-279-3312 650-692-6655
Center for Living with Dying	408-980-9801
Center for Elderly Suicide Prevention (CESP)	415-750-4180 ext. 230
Senior Information and Referral Services, Inc. (老人資訊及轉介服務)	1-800-345-1400
Family Service Agency of San Mateo County	
Senior Information and Referral Services (老人資訊及轉介服務)	650-573-3900
El Camino Hospital, Older Adult Transition Services (耆英服務部)	650-940-7137
Council on Aging of Santa Clara County (COA) (老人事務所)	408-296-8290
Family Bridges, Inc. (Formerly OCCC)	510-839-2270
Alameda County Area Agency on Aging Senior Information	1-800-510-2020
Catholic Charities of San Francisco	415-564-7882

San Francisco Office of Senior Information & Referral	415-626-1033
Independent Living Resource Center	415-543-6222
Oakland Office on Aging (屋崙耆英服務部)	510-238-3762

Adult Day Care and Senior Center 日間看護中心及老人中心

Live Oak Adult Day Services (Cupertino)	408-973-0905
Senior Center at San Jose Christian Alliance Church	408-280-1021
John XXIII Multi-Service Center (約翰廿三大眾服務中心)	408-282-8600
St. James Senior Center	408-277-4194
Senior Citizen Adult Activity Center (c/o Chinese Presbyterian Church)	510-452-4963
Hong Fook Adult Day Health Care Center (家僑驛社- 康幅園)	510-839-9673
Hong Lok Senior Center (耆英康樂中心)	510-763-9017
On Lok Senior Health Services (安樂居老人保健服務)	415-292-8888
On Lok Adult Day Care	415-982-9171
Self-Help for the Elderly Adult Day Health (安老自助處)	
San Francisco (三藩市)	415-391-3843
San Jose (聖荷西)	408-246-8790
San Mateo (聖馬刁)	650-991-8018
Laguna Honda Hospital Adult Day Care	415-759-3360

Boarding Care Home and Skilled Nursing Homes 養老院及療養院

Capital Villa Residential Care Home (溫馨老人院)	408-729-9019
Sunrise Center (黎明之家)	408-985-8889
Evergreen Manor Care Center (長青養老院)	510-533-3083
Bellaken Garden and Skilled Nursing Center (保健園護老輔助中心)	510-536-1838
Merced Residential Care for the Elderly (仁愛護理院)	650-315-5468 or 415-509-6255
Pleasant View Convalescent (舒視復健中心)	408-253-9034
Leonard House	415-982-9171

Case Management 個案處理

Asian Americans for Community Involvement (美亞社區協進會)	408-975-2730
Sunnyvale Community Services	408-738-4321
John XXIII Multi-Service Center (約翰廿三大眾服務中心)	408-282-8668
San Andreas Regional Center	408-374-9960
MSSP & Linkage Program	
Santa Clara County	408-296-8290
San Francisco	415-750-4141
Oakland	510-238-2372
Fremont	510-574-2050
Case Management (San Francisco)	415-647-5353

Counseling & Mental Health 輔導和精神健康

Asian Americans for Community Involvement (美亞社區協進會)	408-975-2730
Asian Social Assistance Center	408-554-8762

Golden Village	408-282-8667
Richmond Area Multi-Service, Inc.	415-668-5955
Chinatown North Beach Mental Health Services (北岸區心理輔導中心)	415-352-2000
Asian Community Mental Health Services (亞裔心理健康中心)	510-451-6729
Senior Peer Counseling	510-494-4818
El Camino Hospital, Older Adult Transition Services (耆英服務部)	650-940-7137
Chinese Family for Christ (家庭更新協會家庭輔導中心)	408-986-6086

FINANCIAL SERVICES (財政服務)

Health Insurance Counseling & Advocacy Program	1-800-200-0268
SSI, Medicare & Social Security (社會福利處)	1-800-772-1213
San Francisco Leukemia Society	415-625-1100
Medi-Cal Benefits, Food Stamps & Cash Assistance (Dept of Human Services)	415-557-5000 (General) 415-863-9893 (Medi-Cal)

Friendly Visitors/Telephone Reassurance 探訪及電話關懷

American Cancer Society - Northern California Chinese Unit (美國癌症協會-北加州華人分會):	1-888-566-6222 or 510-797-0600
Friendly Visitor's Program (Newark City)	510-494-4584
City of Oakland Senior Companion Program	510-238-3080
Tele-Care Program via San Jose Medical Center	408-977-4621
Senior Companion Program	408-277-5506
Convalescent Hospital Ministry	408-374-6070

Health Care Services and Hospitals 醫療保健服務及醫院

Asian Health Services (Clinics)(亞健社)	510-986-6800
Alameda County Hospital (阿拉米達縣醫療中心)	510-437-4800
Summit Medical Center (善美醫療中心)	510-655-4000
Chinatown Public Health Center (華埠公共衛生局)	415-364-7600
North East Medical Services (東北醫療中心)	415-391-9686
Chinese Hospital (東華醫院)	415-982-2400
Chinese Community Health Resource Center (華人社區資源中心)	415-677-2473
San Francisco General Hospital (三藩市總醫院)	415-206-5166
California Pacific Medical Center (加州太平洋醫療中心)	415-563-4321
UCSF Medical Center (加州大學三藩市醫療中心)	415-476-1000
AACI Health Clinic (美亞診所)	408-975-2763

Santa Clara Valley Medical Center (聖塔克拉拉縣醫療中心)	408-885-4330
O'Connor Hospital (歐卡諾醫院)	408-947-2500
El Camino Hospital	650-940-7000
Stanford Hospital and Clinics (史丹福醫院及診所)	650-723-8561
Highland Hospital	510-437-4800

Home Care, Hospice Agencies, & Private Duty 居家照護、安寧療護及私人看護

Asian American Home Care (美亞家庭康護中心)	510-835-3268
408-737-8813	
415-434-0138	
Asian Network Pacific Home Care (宜康治療中心)	510-268-1118
Self-Help HomeCare and Hospice (安老自助處家護及寧養組)	415-982-9171x151
	650-494-7744
Pathways Hospice	1-888-755-7855
Hospice of the Valley	408-947-1233
Hospice By the Bay	415-626-5900
Laguna Honda Hospice	415-759-2327
VITAS Healthcare/Hospice	1-800-938-4827
In Home Supportive Services	
Santa Clara County	408-9278-3737
Alameda County	510-567-8080
San Francisco Area	415-255-2079
Caring Heart Home Care	510-839-7000
Visiting Nurses Association (探訪護士協會)	650-685-2800
	415-750-4404 (Home Care)
	415-750-4430 (Hospice Care)

Legal Services 法律服務

Advance Directive Assistance	650-988-7622
Asian Law Caucus (亞洲法律聯誼會)	415-696-1701
East Oakland Legal Aid Society (法律援助處)	510-532-5963
Santa Clara County Asian Law Alliance (亞裔法律聯盟)	408-287-9710
Senior Adults Legal Assistance (老年人法律輔助)	408-295-5991
Bar Association of San Francisco	415-989-1616
Legal Assistance to the Elderly, Inc.	415-861-4444

Meals-On-Wheels 送餐服務

Santa Clara County	1-800-510-2020
Alameda County	510-494-4588
San Francisco County	415-920-1111

Social Services 社會福利服務

Medi-Cal benefits, Food Stamps & Cash Assistance	408-271-5500
Health Insurance Counseling & Advocacy Program	1-800-200-0268
Social Security & Medicare Eligibility Information (社會安全卡及醫療卡申請資訊)	1-800-772-1213
Medi-Cal Eligibility	408-271-5600
Santa Clara Social Services Agency	408-928-3650

Alameda County Agency of Social Services	510-268-2002
San Francisco Department of Social Services	415-557-5230
Aids to Family with Dependent Children	415-557-5723

Support Groups 互助組

(美國癌症協會-北加州華人分會):

Mandarin Support Group, Joy Club-Breast Cancer Patients, and Prostate Support Group

(國語癌友互助組、開心俱樂部 – 乳癌癌友、攝護腺癌癌友互助組)

<http://www.acs-nccu.org> 1-888-566-6222 or 510-797-0600

HelpLink (社區資源轉介熱線) 415-772-7339 or 1-800-273-6222

Touchstone Support Network (for children with special needs)

<http://www.php.com/touchstone.htm> 408-727-5775

East Bay Cancer Support Group (for English-speaking adults in Castro Valley)

<http://www.ebcancersupport.org> 510-889-8766

Chinese Community Cancer Information Center (華人社區癌症資源中心)

415-677-2458

Chinatown Public Health Center (華埠公共衛生局)

415-364-7905

Chinese Women's Cancer Support Group (癌症婦女互助組)

“Dr. Play” Children's Support Group (兒童互助組)

Cameron House (金美倫堂)

415-781-0401 x 127

Chinese Cancer Support Group (華語癌症互助組)

Highland Hospital, Oakland

510-437-4064

Family Service Agency

415-474-7310

California Pacific Medical Center Community Resource Center

415-923-3155

Transportation 交通服務

American Cancer Society (美國癌症協會)

- 南灣及 Fremont 地區 1-888-566-6222 or 510-797-0600

- 三藩市地區 415-394-7100, option (按) 3

- 屋崙地區 510-452-5229, option (按) 3

Golden Gate Transit

415-921-5858

Medi-Van Transportation (醫療小巴士接送)

415-468-4300

Paratransit services (San Francisco)

415-351-7000

Senior Escort Program (老人護送計劃)

415-391-5686

Outreach (外展護送服務)

408-436-2865 or 1-800-400-6222

Paratransit Services (Alameda County)

510-287-5000

Newark Senior Bus Transportation

510-791-7879

Intellitran

415-351-7000/7050

Life Line- (Breast Cancer Only) (限送乳癌患者)

415-674-4780

癌症沒有什麼了不起

癌症不能破壞愛情，
癌症不能粉碎希望，
癌症不能侵蝕信仰，
癌症不能摧毀和平，
癌症不能消滅友誼，
癌症不能壓制記憶，
癌症不能打消勇氣，
癌症不能侵入靈魂，
癌症不能剝奪永生，
癌症不能征服精神。

CANCER IS SO LIMITED

*IT CANNOT CRIPPLE LOVE,
IT CANNOT SHATTER HOPE,
IT CANNOT CORRODE FAITH,
IT CANNOT DESTROY PEACE,
IT CANNOT KILL FRIENDSHIP,
IT CANNOT SUPPRESS MEMORIES,
IT CANNOT SILENCE COURAGE,
IT CANNOT INVADE THE SOUL,
IT CANNOT STEAL ETERNAL LIFE,
IT CANNOT CONQUER THE SPIRIT.*

Chapter 1

WHAT IS CANCER?

Cancer is a group of many related diseases. All forms of cancer involve out-of-control growth and spread of abnormal cells. Normal body cells grow, divide, and die in an orderly fashion. During childhood life, normal cells divide rapidly. After that, normal cells of most tissues divide only to replace worn-out or dying cells and to repair injuries.

Cancer cells, however, continue to grow and divide, and can spread to other parts of the body. These cells accumulate and form tumors (lumps) that may compress, invade, and destroy normal tissue. If cells break away from such a tumor, they can travel through the bloodstream, or the lymph system, to other areas of the body. There, they may settle and form "colony" tumors. In their new location, the cancer cells continue growing. The spread of a tumor to a new site is called metastasis. When cancer spreads, though, it is still named after the part of the body where it started. For example, if prostate cancer spreads to the bones, it is still prostate cancer, and if breast cancer spreads to the lungs it is still called breast cancer.

Leukemia, a form of cancer, does not usually form a tumor. Instead, these cancer cells involve the blood and blood-forming organs (bone marrow, lymphatic system, and spleen), and circulate through other tissues where they can accumulate. Not all tumors are cancerous. Benign tumors do not metastasize and, with very rare exceptions, are not life threatening.

Cancer is classified by the part of the body in which it began, and by its appearance under a microscope. Different types of cancer vary in rates of growth, patterns of spread, and responses to treatments. That's why people with cancer need treatment that is aimed at their specific form of the disease.

What Causes Cancer?

Some kinds of cancer are caused by things people do. Smoking causes about one-third of all cancers. It can cause lung cancer, bladder cancer, and several other cancers. While not everyone who smokes will get cancer, smoking or being exposed to the smoke from others who do smoke increases a person's chance of getting the disease. Diet causes another one third of cancers. What we eat is related to colorectal, gastric, prostate, and breast cancers, and other cancers. Drinking a lot of alcohol has also been shown to increase a person's chance of getting cancer of the mouth and throat. This is especially true if the person drinks and smokes.

Radiation (x-rays) can cause cancer. But the x-rays used by the doctor or dentist is safe as long as the amount of exposure is limited. Too much exposure to sunlight without any protection can cause skin cancer.

The chance of having cancer increases as a person gets older. But in most cases, the exact cause of cancer remains a mystery.

Is Cancer Contagious?

Scientific studies indicate that cancer in no way is contagious. The fact that cancer may occur more frequently in certain families does not mean that the family members have contracted cancer from one another. Heredity, similar unhealthy lifestyles (smoking, for example), or exposure to a common environmental agent may be responsible for cancers occurring in families. It is safe to say with certainty that cancer is NOT spread from person to person.

Can Cancer Be Prevented?

Cigarette smoking is a major cause of cancers of the lung, larynx, oral cavity, pharynx and esophagus and is a contributing cause in the development of cancers of the bladder, pancreas, uterine cervix, kidney, stomach, and some leukemias. The best idea is to never smoke at all. Cigars and chewing tobacco can also cause cancer and should not be used.

Alcohol is associated with cancer of the following organs: mouth, pharynx, larynx, esophagus, liver, and breast. Alcohol may also increase the risk of colon cancer. If you drink, men should drink no more than two drinks per day and women no more than one drink per day (1 drink=12 oz of regular beer, 5 oz of wine, 1.5 oz of 80 proof distills spirits).

The chances of getting skin cancer can be lowered by staying in the shade as much as you can, using sunscreen, and wearing a hat and shirt when you are in the sun.

We know that our diet is linked to some types of cancer. The best advice is to eat a lot of fresh fruits, vegetables, and whole grains like pasta and bread. It is also important to cut down on high fat foods.

Maintaining a regular program of physical activity can also lower your chance of cancer.



It Is Important To Recognize Symptoms Early

The treatment of cancer is most successful when the cancer is found as early as possible. The American Cancer Society (ACS), and other organizations, encourages finding cancer early before any of the above symptoms occur by recommending a cancer-related checkup and specific early detection tests for people who do not have any symptoms. A cancer-related checkup should include health counseling and depending on a person's age might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries. In addition, specific early detection tests are recommended for cervix, breast, endometrial, prostate, and colorectal cancer. For detailed information on these early detection tests, please visit our website www.cancer.org or call ACS at 1-800-ACS-2345.

What Are The Symptoms And Signs Of Cancer?

Cancer is a group of diseases that may cause different symptoms depending on the part of the body involved and the type of cancer. It may actually cause no symptoms until the cancer has grown to a size that causes symptoms. If a cancer spreads (metastasizes) to other parts of the body, then symptoms will be very different.

As a cancer grows, it begins to exert pressure on nearby organs, blood vessels, and nerves. If the cancer is in a critical area, such as certain parts of the brain, even the smallest tumor can produce early symptoms.

Sometimes cancers form in locations where symptoms may not be produced until the cancer has grown quite large. For example, some pancreatic cancers do not produce symptoms until they begin to grow around nearby nerves, causing a backache. Unfortunately by the time a pancreatic cancer causes back pain, it has usually reached an advanced stage.

Sometimes, cancer cells release substances into the bloodstream that cause symptoms not generally thought to result from cancers. For example, some cancers of the pancreas can release substances which affect blood clotting and cause blood clots to develop in veins of the legs.

Specific Symptoms

The following are symptoms that could mean a cancer is present. If you have any one of these, it does not mean that you have cancer, but you should let your doctor know without delay.

8. **A change in bowel habits or bladder function:** Chronic constipation, diarrhea, or a change in the size of the stool may indicate colon cancer. Pain with urination, blood in the urine, or change in bladder function could be related to bladder or prostate cancer.
9. **Sores that do not heal:** Skin cancers may bleed and resemble sores that do not heal. A persistent sore in the mouth could be an oral cancer, especially for patients who smoke, chew tobacco, or frequently drink alcohol. Sores on the penis or vagina should not be overlooked.
10. **Unusual bleeding or discharge:** Unusual bleeding can occur in early or advanced cancer. Blood in the sputum is a late sign of lung cancer. Blood in the stool could be a sign of colon or rectum cancer. Endometrial or cervix cancer can cause vaginal bleeding. Blood in the urine is a sign of possible bladder or kidney cancer. A bloody discharge from the nipple may be a sign of breast cancer.
11. **Thickening or lump in breast or other parts of the body:** Many cancers can be felt through the skin, particularly in the breast, testicle, lymph glands, and other soft tissues. You may be feeling a lump that is an early cancer that could be treated successfully.
12. **Indigestion or difficulty swallowing:** These symptoms may indicate cancer of the esophagus, stomach, or pharynx.
13. **Recent change in a wart or mole:** A change in color, loss of definite borders, or an increase in size may signal melanoma.
14. **A nagging cough or hoarseness:** A persistent cough may be a sign of lung cancer. Hoarseness can be a sign of cancer of the larynx or thyroid.

A Brief Summary Of ACS Guidelines On Nutrition And Physical Activity For Cancer Prevention

- Eat five or more servings of a variety of vegetables and fruits each day.
 - Limit French fries, snack chips, and other fried vegetable products.
 - Choose 100% juice if you drink fruit or vegetable juices.
- Choose whole grains in preference to processed (refined) grains and sugars.
 - Limit consumption of refined carbohydrates, including pastries, sweetened cereals, soft drinks, and sugars.
- Limit consumption of red meats, especially those high in fat and processed.
 - Choose fish, poultry, or beans as an alternative to beef, pork, and lamb.
 - When you eat meat, select lean cuts and smaller portions.
 - Prepare meat by baking, broiling, or poaching, rather than by frying or charbroiling.
- Adopt a physically active lifestyle.
 - Adults: Engage in moderate activity for 30 minutes or more on 5 or more days of the week.
 - Children and adolescents: Engage in at least 60 minutes per day of moderate-to-vigorous physical activity for at least 5 days per week.
- Maintain a healthful weight throughout life. Balance caloric intake with physical activity. Being overweight or obese is associated with an increased risk of developing the following types of cancer: breast (among postmenopausal women), colon, endometrium, esophagus, gallbladder, pancreas, and kidney.
- If you drink alcoholic beverages, limit consumption.

Surviving Cancer

About 8 million people are alive today who have had some type of cancer. Some of these people have been cured; others still have the disease. Years ago, most people who had cancer did not live very long. That is not the case any more. Every year more and more people survive cancer. This is especially true of children with cancer.



Chapter 2

CANCER TREATMENTS

In this chapter you will learn what types of treatment are available, their risks and benefits, the possible side effects, and how to manage them. Learning about your options and discussing them with your doctor can help you with these important decisions.

A. SURGERY

Surgery is used mainly to diagnose or treat cancer. It can be used to attempt to cure the cancer or control it. Sometimes surgery might help prevent a specific cancer, ease pain and suffering, or enhance well-being.

Curative surgery is used to remove all the cancer and give the person the best chance for curing their cancer.

Preventive (or prophylactic) surgery is used for pre-cancerous conditions such as polyps in the colon. Sometimes, women with a very strong family history of breast cancer and/or genetic testing results that show a change (mutation) of breast cancer susceptibility genes (BRCA1 or BRCA2) may consider prophylactic mastectomy (breast removal).

Diagnostic surgery is performed to obtain a tissue sample in order to confirm a diagnosis, identify a specific cancer and/or the stage of that cancer.

Palliative surgery can relieve symptoms that cause discomfort or disability. For example, some cancers may metastasize to the spinal bone. As they continue to grow, they may press on the spinal cord or nearby nerves causing paralysis or severe pain. If the metastasis cancer does not respond to radiation or chemotherapy, palliative surgery can relieve these symptoms and improve the patient's quality of life.

Restorative (or reconstructive) surgery is used to restore a person's appearance or the function of an organ or body part. Examples include breast reconstruction after mastectomy and bone/joint replacements.

Does Surgery Cause A Cancer To Spread?

Some people think that cutting into the cancer causes the cancer cells to spread. This is not true. Surgeons experienced in removing cancer by surgery remove all the cancer and a margin of normal tissue around the tumor to assure that no cancer cells are left behind.



What Questions Should You Ask Your Doctors About Surgery?

- Why am I having this operation? What are the chances of its success?
- Is there any other way to treat this cancer?
- Are you certified by the American Board of Surgery?
- How many operations like the one you are suggesting have you done? Are you experienced in operating on my kind of cancer?
- Exactly what will you be doing or removing in this operation? Why? How long will the surgery take?

- What can I expect after the operation? Will I be in a great deal of pain? Will I have drains or catheters? How long will I be in the hospital after the surgery?
- How will my body be affected by the surgery?
- How long will it take for me to recover? Will any of the effects be permanent?
- Other than my cancer, am I healthy enough to tolerate the stress of the surgery and the anesthesia?
- What are the potential risks and the side effects of this operation?
- What is the risk of death or disability as a result of this surgery?
- What will happen if I choose not to have the operation?
- What are the chances that the surgery will cure my cancer?

B. CHEMOTHERAPY

Chemotherapy is the use of medicines to treat disease. Although surgery and radiation therapy destroy or damage cancer in a specific area, chemotherapy works throughout the body. Chemotherapy drugs can destroy cancer cells that have metastasized or spread to parts of the body far from the primary (original) cancer. You might take these drugs before or after surgery. Or, you might have chemotherapy with radiation (x-ray) treatment. Some people also have chemotherapy without surgery or radiation. All of these decisions will depend on the type of cancer, its location, the extent of its growth, how it is affecting your normal body functions, and your general health.

How Does Chemotherapy Work?

Chemotherapy works by killing cancer cells or making them stop growing so they eventually die. The cancer shrinks and may even disappear. The chemotherapy can also stop cancer from spreading.

Although a single chemotherapy drug can be used to treat cancer, generally they are more powerful when used together with more than one drug. Giving two or more drugs together is called combination chemotherapy.

How Is Chemotherapy Given?

Chemotherapy is given in a number of different ways. You might just swallow a pill. Sometimes chemotherapy is given like a flu shot or put into a vein with an intravenous injection. You may take chemotherapy once a day, once a week, or even once a month, depending on the type of cancer you have. How long you take chemotherapy also depends on the type of cancer.

What Are The Side Effects?

Some people experience no side effects. Sometimes, however, chemotherapy does make you feel sick after the drugs get into your body. This is because the drugs kill cells in the body that divide quickly and some normal cells also grow quickly as do cancer cells. So, some normal cells are also damaged and this causes side effects.

Cells in your hair and bone marrow, cells of the skin and mouth, and also cells in your stomach and intestines normally divide quickly in your body. That is why the side effects of chemotherapy can cause hair loss or feeling tired. You could also get sores in your mouth, dry skin and hair, or get sick to your stomach after chemotherapy.

Chemotherapy can affect both male and female sexuality. Sometimes sexual desire is decreased for a period of time, then returns. Some drugs given during chemotherapy treatment may decrease the amount of hormones produced in women, triggering hot flashes and dryness of the vagina.



Nausea And Vomiting

Nausea and vomiting are two of the most common side effects of chemotherapy. These symptoms usually start a few hours after treatment and last a short time. Less often, severe nausea and vomiting can last for a few days.

The good news is that both symptoms can almost always be lessened by a change in the way you eat and with drugs called antiemetics. The best way to manage nausea and vomiting is to start antiemetics before the chemotherapy is given, take the medicine regularly for a few days, and adjust your eating until the nausea and vomiting are better.

Hair Loss

Not all chemotherapy drugs will cause hair loss. Hair loss can occur on all parts of the body, not just the head. Hair loss usually doesn't happen right away. If you do lose hair, it will almost always grow back after the treatments are over. However, it might grow back a different color or texture.

Many techniques help reduce how quickly the hair thins but they will not prevent the hair loss from occurring. You may use mild shampoos, soft hairbrushes, or low heat if you must use a dryer. Don't use brush rollers to set your hair, and do not dye your hair or get a permanent. A shorter hair style will make your hair look thicker and fuller. Use a sunscreen, sun block, hat, scarf, or wig to protect your scalp from the sun. Use a satin pillowcase.

Fatigue

Fatigue is one of the most common side effects of chemotherapy. It can range from mild tiredness to feeling completely wiped out. Fatigue tends to be the worse at the beginning and at the end of a treatment cycle. Like most other side effects, fatigue will disappear once chemotherapy is complete. However, it may take a few months to completely go away.

To help with fatigue, plan your daily activities and allow time during the day for periods of rest. Eat a well-balanced diet and drink plenty of liquids. If you cannot do all that needs to be done,, do only the things that are most important to you. Accept help from others for those things you can't get done. Brief periods of exercise can help relieve fatigue. Ask your doctor about exercise that is appropriate for you. Get up slowly when changing positions to help prevent dizziness after sitting or lying down.

Diarrhea

When chemotherapy affects the cells lining the intestine, the result can be diarrhea. If you have diarrhea that continues for more than 24 hours, or if you have pain and cramping along with it, call your doctor. Your doctor may prescribe an anti-diarrhea medicine, but don't take any over-the-counter anti-diarrhea medicines without asking your doctor first.

If your diarrhea is severe (meaning that you have had 7 or 8 loose stools in 24 hours), tell your doctor right away. Ask if you should try a clear liquid diet to give your bowels time to rest. As you feel better, gradually add low-fiber foods. A clear liquid diet doesn't have all the nutrients you need, so don't follow one for more than 3 or 4 days. If your diarrhea doesn't improve, you may need IV fluids to replace the water and nutrients you have lost.

What Questions Should You Ask Your Doctors About Chemotherapy?

- What chemotherapy medicines will I be given?
- How will I take these drugs (by mouth or through a vein)?
- How frequently will I need to take chemotherapy?

- How long will I be receiving chemotherapy treatments?
- What side effects might I experience?
- What activities should I do or not do to take care of myself?
- What long-term effects might I expect?
- How can I contact you after office hours if I have signs or symptoms that you need to know about?

Bone Marrow Suppression

The bone marrow is the tissue inside some bones that produces white blood cells (WBCs), red blood cells (RBCs), and blood platelets. Damage to the blood cell-producing tissues of the bone marrow is called bone marrow suppression, or myelosuppression, and is one of the most common side effects of chemotherapy.

Cells produced in the bone marrow tissue are growing rapidly and are sensitive to the effects of chemotherapy. Until your bone marrow cells recover from this damage, you may have abnormally low numbers of WBCs, RBCs, and/or blood platelets.

While you are getting chemotherapy your blood will be regularly sampled, sometimes daily when necessary, so the numbers of these cells can be counted by a complete blood count (CBC). Bone marrow samples may also be taken periodically to check on the blood-forming marrow cells that develop into WBCs, RBCs, and blood platelets.

The decrease in blood cell counts does not occur immediately after chemotherapy because the drugs do not destroy the cells already in the bloodstream (which are not dividing rapidly). Instead, the drugs temporarily prevent formation of new blood cells by the bone marrow.

Each type of blood cell has a different life span:

- White blood cells average a 6-hour lifespan
- Platelets average 10 days
- Red blood cells average 120 days

As blood cells normally wear out, they are constantly replaced by the bone marrow. Following chemotherapy, as these cells wear out, they are not replaced as they would be normally, and the blood cell levels will begin to drop. The type and dose of the chemotherapy will influence how low the blood cell counts will drop and how long it will take for the drop to occur.

The lowest count that blood cell levels fall to is called the *nadir*. The nadir for each blood cell type will occur at different times but usually WBCs and platelets will reach their nadir within 7-14 days. RBCs live longer and will not reach a nadir for several weeks.

Knowing what the 3 types of blood cells normally do can help you understand the effects of low blood cell counts.

- White blood cells help the body fight off infections.
- Platelets help prevent bleeding by forming plugs to seal up damaged blood vessels.
- Red blood cells bring oxygen to tissues so cells throughout the body can use that oxygen to turn certain nutrients into energy.

The side effects caused by low blood cell counts will likely be at their worst when the WBC, blood platelet, and RBC are at their nadirs or lowest value.

C. RADIATION THERAPY

Radiation therapy uses a stream of high-energy particles or waves, such as x-ray, gamma rays, electrons, and protons, to destroy or damage cancer cells.

Radiation therapy is used in more than half of all cancer cases. It is the primary treatment for some types of cancer, such as certain non-melanoma skin, head and neck cancers, early-stage Hodgkin's disease, and non-Hodgkin's lymphomas. Cancers of the lung, breast, cervix, prostate, testes, bladder, thyroid, and brain are also treated with radiation therapy.

Radiation can be given alone or in combination with surgery, chemotherapy, or immunotherapy. For example, doctors can use radiation before surgery to shrink a tumor so that it can be removed more easily, or after surgery to stop the growth of any cancer cells that remain.



How Does Radiation Therapy Work?

Radiation therapy uses special equipment to deliver high doses of radiation to cancerous tumors, killing or damaging them so they cannot grow, multiply, or spread. Although some normal cells may be affected by radiation, most appear to recover fully from the effects of the treatment. Unlike chemotherapy, which exposes the entire body to cancer-fighting chemicals, radiation therapy affects only the tumor and the surrounding area.

How Is Radiation Therapy Given?

External radiation (or external beam radiation) requires a machine that directs high-energy rays at the cancer and some normal surrounding tissue. Most people receive external radiation therapy during outpatient visits to a hospital or treatment center.

Internal radiation therapy uses a radioactive source in the form of a wire or pellet that is sealed in a small container called an implant. The implant is placed directly into or near the tumor. Sometimes, after a tumor has been removed by surgery, radioactive implants are put into the area around the incision to kill any tumor cells that remain. Another type of internal radiation therapy uses unsealed radioactive sources that are given by mouth or by injection. This treatment generally requires a brief hospital stay.

What Can You Do To Take Care Of Yourself During Radiation Therapy?

Your doctor or nurse will give you advice for caring for yourself that is specific to your treatment and the side effects that might result, but here are some suggestions:

- **Be sure to get plenty of rest.** You may feel more tired than normal. Sleep as often as you feel the need. Fatigue may last for 4 to 6 weeks after your treatment ends.
- **Eat a balanced, nutritious diet.** Depending on the area of the body that will receive radiation, your doctor or nurse may recommend changes in your diet.
- **Be extra kind to the skin in the treatment area.** The skin in the area receiving radiation treatment may become more sensitive. For this reason, do not use any soaps, lotions, deodorants, medicines, perfumes, cosmetics, talcum powder, or other substances on the treated area without your doctor's approval. Other products such as some deodorants may interfere with the radiation treatments.
- **Avoid wearing tight clothes.** This includes girdles, pantyhose, or close-fitting collars over the treatment area. Instead, wear loose, soft cotton clothing, and avoid starching your clothes.

- **Do not rub, scrub, or use adhesive tape on treated skin.** If bandaging is necessary, use paper tape or other tape for sensitive skin. Try to put the tape outside the treatment area, and avoid putting the tape in the same place each time.
- **Do not apply heat or cold to the treatment area.** First talk with your doctor. Even hot water can hurt your skin, so use only lukewarm water for bathing the treated area.
- **Do not use a pre-shave or after-shave lotion or hair-removal products.** Use an electric shaver if you must shave the area but only after checking with your doctor or nurse.
- **Protect the treated area from the sun.** Your skin may be extra sensitive to sunlight. If possible, cover treated skin with dark-colored clothing before going outside. Ask your doctor if you should use a lotion that contains a sunblock. If so, use a sunscreen or a sunblocking product with a sun protection factor (SPF) of at least 15. Continue to provide extra protection to your skin from sunlight for at least 1 year after radiation therapy.
- **Tell your doctor about medicines you are taking before treatment.** If you need to take any medicines, even aspirin, let your doctor know first.

Side Effects of Radiation Therapy

The most common side effects are fatigue, skin changes, and loss of appetite. Other side effects usually are related to specific area being treated, such as hair loss following radiation treatment to the head.

Fortunately, most side effects go away in time. In the meantime, there are ways to reduce the discomfort they cause. If you have a reaction that is particularly severe, the doctor may order a break in your treatments, change the schedule, or change the type of treatment you are receiving. It is usually not desirable to interrupt a course of radiation therapy because the delay may affect how well the treatment works.

Questions You May Want To Ask Your Doctors after Radiation Therapy

- When can I resume my normal activities?
- How often will my follow-up appointments be scheduled?
- Which tests will be done and why?
- When can I wear a prosthesis or have reconstructive surgery?
- Do I need to continue changes in my diet?
- When can I resume sexual activity or become pregnant?

D. IMMUNOTHERAPY

The immune system is your own natural defense system against disease. Immunotherapy is treatment that stimulates one's own immune system to fight cancer. Immunotherapy is sometimes used by itself, but it is most often used as an adjuvant therapy (along with or after another therapy) to add to the effects of the main therapy.

How Immunotherapy Help Fight Cancer?

Sometimes, a patient's immune system will not recognize cancer cells as foreign because the cancer cells' antigens are not different enough from those of normal cells to cause an immune reaction. Or the immune system may recognize cancer cells, but provide a response that is not strong enough to destroy the cancer. Or there may be too many cancer cells for the immune system to kill all the cells. Immunotherapy has been designed to help the immune system recognize cancer cells as a target for attack, and to strengthen the attack so that it will destroy the cancer.

Different Types of Immunotherapy

Immunotherapies can be divided into several broad categories: active specific immunotherapies (cancer vaccines), passive immunotherapies (monoclonal antibodies), and nonspecific immunotherapies/adjuvants. Sometimes, doctors will use two or more of these immunotherapy options together.

Cancer Vaccine

A cancer vaccine contains cancer cells, parts of cells or chemically pure antigens, and causes increased immune response against cancer cells present in the patient's body. The vaccine is injected into the patient and is meant to trigger an active response by the patient's own immune system. Cancer vaccines are not routinely used in oncology and most are being studied at this time only through clinical trials.

Monoclonal Antibody

Monoclonal antibody therapy is a passive immunotherapy because the antibodies are produced in the lab rather than by the patient's immune system, and because they can be effective even if the patient's immune system is very much weakened. These forms of therapy are presently available in the US through clinical trials.

Nonspecific Immunotherapies And Adjuvants

Nonspecific immunotherapies are meant to stimulate the immune system in a very general way. It is hoped that the overall boost in immune system activity will result in more activity against any cancer cells present. An example is the injection of Bacilli Calmette-Guerin (BCG) to treat people with superficial bladder cancer.

E. HORMONE THERAPY

Androgen suppression (hormone) therapy is the one currently used to lower levels of the male hormone testosterone. Androgens, produced mainly in the testicles, allow prostate cancer cells to grow. Lowering androgen levels can make prostate cancers shrink or grow slowly. Hormone therapy will not cure the cancer and is not a substitute for curative treatment.

Hormone therapy can be used in several situations:

- As first-line (initial) therapy if you are not able to have surgery or radiation or can't be cured by these treatments because the cancer has already spread beyond the prostate gland;
- After initial treatment, such as surgery or radiation therapy, if the cancer remains or comes back; and
- In addition to radiation therapy as initial treatment in certain groups of men at high risk for cancer recurrence.

F. BONE MARROW & PERIPHERAL BLOOD STEM CELL TRANSPLANTS

Bone marrow is the spongy tissue that is found in the center of bones. The bone marrow's main function is to make the blood cells that circulate in your body. These blood cells develop from immature cells called stem cells that mostly live in the bone marrow, but also circulate in the blood in small numbers. The three main types of blood cells (red blood cells, white blood cells, and platelets) are all made from stem cells.

A stem cell transplant with bone marrow or peripheral blood stem cells may be performed when a patient's bone marrow is damaged and cannot make red blood cells, white blood cell, and platelets that the body needs. The damage to the bone marrow may be due either to a disease that affects the bone marrow itself or to high doses of cancer treatment.

What Is Bone Marrow Transplant (BMT)?

BMT is the original method for performing stem cell transplants because the bone marrow has such a rich supply of them. The donor is given general anesthesia and then multiple punctures are made in their pelvic bone to remove the marrow. Their only side effect, aside from undergoing general anesthesia, is that they are sore for a few days afterward. The marrow is stored in a special chemical solution in bags and then frozen in liquid nitrogen. When it is time to transfuse the frozen marrow, it is thawed and then transfused just like a blood transfusion. The stem cells head for the bone marrow where they begin to grow and produce blood cells. It takes at least two weeks for the new blood cells to begin appearing. Sometimes, bone marrow may be taken from a close relative or other person whose blood closely matches the patient.

What Is Peripheral Blood Stem Cell Transplant (PBSCT)?

A PBSCT involves the removal of stem cells from the circulating blood prior to treatment with larger doses of chemotherapy or radiation. This is a fairly painless procedure that is like donating blood, but takes much longer. The cells are given back to the patient after treatment. Generally, patients would not be able to tolerate these high doses of cancer treatment because the toxicity to the bone marrow would be too great. However, large doses of cancer treatment can be given if they are followed by an infusion of healthy stem cells to promote recovery of the bone marrow. The infusion of stem cells is similar to the infusion of bone marrow.

What Questions Should You Ask Your Doctors?

- Is a transplant the best option for me? Why? Are there other options I should consider?
- Will I receive a BMT or PBSCT? Why?
- If needed, is there likely to be a donor who matches me closely?
- What are the chances of success in my case?
- Is BMT considered experimental for my disease? Why?
- What are the risks of transplant for me?
- What is the estimated cost? What costs, if any, will be covered by my insurance?
- What side effects might I expect? How severe will they be? How long will they last? What types of medicine or self-care will be used to control the side effects?
- Will I be able to have visitors?
- When will I be able to return to work?
- What type of monitoring will be needed after I am discharged? How frequently?
- What are the chances that my cancer will recur?

G. WHAT ARE CLINICAL TRIALS?

Clinical trials – research studies in people – are needed to explore new ways to treat people with cancer. Doctors conduct a clinical trial to learn whether a new treatment is safe and effective.



Although the treatment has been well tested in laboratory and animal studies, clinical trials are needed to answer these important questions in human: Is the new treatment effective? Is it better than what's now available to treat a specific disease? If it's not better, is it at least as good, perhaps while causing fewer side effects? Or does it work in some people when current treatments do not? Is the new treatment safe? This must be answered while realizing that no treatment or procedure - even one already in use – is entirely without risk.

Clinical trials are usually divided into “phases” and each phase is designed to answer specific questions. Each new treatment must be tested in 3 separate phases of clinical trials before being considered reasonably safe and effective. Knowing the phase of the clinical trial you are considering is important because it may give you some idea about how much is known about the treatment being studied.

Phase I Clinical Trials - Is the Treatment Safe?

The side effects of a new drug in human can't always be predicted from animal studies. In phase I, those studies usually include small numbers of people (15-40) and are generally reserved for those who do not have good treatment options left to them. The main reasons for conducting phase I studies are to determine the highest dose of

the new treatment that can be given without serious side effects and to decide on the best way to give the new treatment.

Phase II Clinical Trials - Does It Work?

If a new treatment is found to be reasonably safe in phase I clinical trials, the treatment can then be tested for effectiveness in a phase II clinical trial. Usually, a group of anywhere from 25 to 100 patients with one type of cancer receive the new treatment in a phase II study. In this study, participants all receive the same dose as recommended from phase I study.

Phase III Clinical Trials - Is It Better Than What's Already Available?

Phase III clinical trials compare the safety and effectiveness of the new treatment against the current standard treatment. Phase III clinical trials require a large number of patients, usually at least several hundred. Patients are often chosen at random to receive either the standard treatment or the new treatment. When possible, the study is double blinded - that is, neither the doctor nor the patient knows which of the two treatments the patient is getting. When a treatment is shown to be more effective and/or safer than the current standard treatment in a phase III clinical trial, it is submitted for approval to the Food and Drug Administration (FDA).

Phase IV Clinical Trials - Is There a Better Way to Use It?

Even after testing a new medicine on thousands of patients, usually new questions arise as the studies progress. Would the medicine work better if given twice a week instead of once a week? Are 6 months of treatment better than 4 months? Are there rare side effects that haven't been seen yet? These types of questions are often addressed in phase IV clinical trials.

Should You Consider Taking Part In A Clinical Trial?

This is the toughest question many people with cancer will face. When trying to decide the best route for you, first ask yourself some basic questions: Why do I want to take part in a clinical trial? What are my goals and expectations if I decide to participate? How realistic are these? How sure are my doctors about what my future holds if I decide (not) to participate? Have I considered the chance of benefit vs. risk? Other possible factors such as time and money? My other possible options?

Of course, clinical trials differ. But generally, clinical trials offer some of the same potential benefits:

- Increasing the total number of treatment options available to you.
- More careful monitoring of your condition and the possible side effects of treatment.
- The chance to possibly help others who have the same condition in the future by contributing to cancer research.
- The possibility of payment for part or all of your medical care during the study by some study sponsors.

Some of the potential downsides of participation include the following:

- Unknown side effects or other risks.
- New treatment may not work for you.
- You may not have a choice about which treatment you receive.
- Insurers do not always cover all costs.
- Inconveniences such as more frequent testing.

Questions You Should Ask

- Why is this study being done?
- What is likely to happen in my case? If I decide to participate/not to participate?
- What are my other options (standard treatments, other studies)? What are their advantages and disadvantages?
- What were the results in previous studies of this treatment?
- What kinds of tests and treatments does the study involve? How often are they done?
- How could the study affect my daily life?
- Will I still be seeing my regular doctor?

- Will I have any costs? Will any of the treatment be free? Will my insurance cover the rest?
- If I am harmed as a result of the research, what treatment will I be entitled to?
- How long will I remain in the study?
- Are there reasons I would be removed from the study? Are there reasons the study might be stopped early?
- Can I choose to continue to get this treatment, even after the study ends?
- Are there others participating in the study whom I could speak to?

H. COMPLEMENTARY & ALTERNATIVE TREATMENTS: TRADITIONAL CHINESE MEDICINE

The American Cancer Society has carefully reviewed the medical literature to help people dealing with cancer make good judgments about complementary and alternative treatments. Traditional Chinese medicine and acupuncture are examples of complementary, as opposed to alternative therapy. Complementary therapies are used to complement or serve as additions to conventional medicine, relieving symptoms, reducing stress, and/or enhancing well being.

Traditional Chinese medicine is a complete system of health care that has been in use for thousands of years. It has methods to prevent as well as to treat illness Chinese medicine recognizes a number of imbalances that can contribute to the formation of cancer. It's primarily viewed as due to two leading pathological factors Static blood and Phlegm. Almost any stimulus may lead to the development of Static Blood and Phlegm. The most common include those listed below:

32. Disharmony of Qi and Blood that lead to Stagnation.
33. Development of and Stagnation of Phlegm.
34. Invasion by Evil Toxins (In Allopathic medicine this would include carcinogenic factors and viruses).
35. Kidney and Spleen vacuities-pre and post-natal Qi Vacuities. (This could be viewed as Western genetic factors).
36. The 7 emotions.
37. The exogenous pathogens. (These can also be subsumed under viruses and carcinogenic factors).
38. Dietary irregularities such greasy food, alcohol, and foods that lead to phlegm formation.

The Following are the corresponding treatment principles most commonly utilized when treating cancer:

21. Regulate the Qi and harmonize Blood to resolve the Stasis to maintain unobstructed flow of the channels and network vessels.
22. Transform phlegm and eliminate nodules.
23. Soften the hard and dissolve nodules.
24. Dissolve toxins and stop pain.
25. Supplement Qi and cultivate/engender Blood.
26. Replenish and supplement the Liver and Kidneys.

Source: New England Journal of Traditional Chinese Medicine

The main treatment methods of traditional Chinese medicine include acupuncture, moxibustion, cupping, massage, herbal remedies, and movement and concentration exercises, such as qi-gong and tai-chi.

- Acupuncture involves placing needles under the skin at certain points on the body, called acupuncture points or acupoints. These points dot the meridian through which qi is believed to flow. Modern needles are made of stainless steel and they are disposable. Needles usually are kept in place for less than one-half hour. Today, electro-acupuncture is commonly used. Other modern variations use heat, laser beams, sound waves, electricity, and other non-needles means of stimulating acupuncture points. Acupuncture also poses risk such as infection from contaminated needles or improper delivery of treatment. Names of qualified acupuncturists can be obtained from one of the national associations that provide names of practitioner who meet competency standards., .
- Massage is an important part of traditional Chinese medicine. There are several types of massage, each using a special combination of pressing, rubbing, and rolling motions.

- Qi-gong and tai-chi are also used to balance or strengthen chi. This is achieved through programs that involve breathing, physical exercise, and meditation.
- Herbal medicine is an ancient mainstay of traditional Chinese practice. Most herbal preparations in Chinese medicine were developed over the centuries. There are more than 3,000 herbs, plus different recipes from combining them. They may be swallowed as tablets or capsules, brewed as teas, applied to the skin as gels, or added to bath water.

Herbs are used to counteract the side-effects of anticancer therapies. They are used to decrease nausea and other gastro-intestinal distress or to reduce other blood disorders that arise.

If you use herbs as medicine or are thinking of doing so, learn as much as you can from reputable, expert sources about any herbal remedy you consider taking, and about its possible benefits or dangers. Cancer patients who are considering herbal remedies, even for relief of symptoms or short-term problems, should first talk with their doctors

Chapter 3

NUTRITION GUIDE FOR PATIENTS AND FAMILIES

Your diet is an important part of your treatment for cancer. Eating the right kinds of food before, during, and after your treatment can help you feel better and stay stronger. General information provided here should not be used as a replacement for consultation with your physician, dietitian, or health care team. You can call the American Dietetic Association's (ADA) toll-free at 1-800-366-1655 for information and dietitian referral.



Nutrition Needs Can Be Different For Cancer Patients

Suggestions about diet and eating for individuals with cancer can be very different. Nutrition recommendations for the general public usually stress eating fruits, vegetables, whole grain breads, and cereals, with less meat and dairy products. Cutting back on fat, sugar, alcohol, and salt is also recommended.

Nutrition suggestions for individuals with cancer may focus more on helping you eat more high-calorie foods that increase protein. You may be asked to include more milk, cheese, and cooked eggs to increase your calories. You may be asked to make dietary changes to help relieve symptoms such as eating less fiber if you have diarrhea.

Benefits of Good Nutrition

Eating nutritiously can help you to:

- feel better
- keep up your strength and energy level
- keep up your weight and your body's nutrition stores
- tolerate treatment-related side effects
- decrease your chance of infection
- recover and heal as quickly as possible

Description of Major Nutrients

Protein

Protein is essential for growth, to repair body tissue, and to maintain a healthy immune system. Inadequate protein intake slows recovery from illness and lowers resistance to infection. Thus during an illness, protein needs are often increased. Quality sources of protein include lean meat, fish, poultry, dairy products, nuts & seeds, dried beans, peas, lentils, and soy foods such as tofu, bean sheet and soy milk.

Carbohydrates And Fats

Carbohydrates and fats are the body's major energy (calorie) sources. Sources of carbohydrates include fruits, vegetables, breads, pasta, grains, cereal products, dried beans, peas, and lentils. Sources of fat include butter, margarine, oils, nuts, seeds, and fats that naturally occur in meats, fish, poultry and dairy products.

Vitamins and Minerals

Vitamins and minerals are essential for proper growth and development, and to use the energy obtained from foods. A person who is eating a balanced diet with enough calories and protein gets enough vitamins and minerals. However, eating a balanced diet can be challenging for someone receiving cancer treatment. The doctor may prescribe a daily multivitamin and mineral supplement.

Fluids

Water and fluids are very important. If you do not take in enough fluids or if you are vomiting or have diarrhea, you may become dehydrated. Ask your doctor or nurse how much fluid you need each day to prevent dehydration.

Preparing Yourself For Cancer Treatment

If you've been eating a healthy diet, you'll go into treatment with reserves to help keep up your strength, prevent body tissue from breaking down, rebuild tissue, and maintain your defenses against infection. People who eat well are better able to cope with side effects. Some cancer treatments are actually more effective if the patient is well-nourished and getting enough calories and protein.

- Cook in advance and freeze in meal-sized portions.
- Talk to friends or family members about helping with shopping and cooking. Or, ask a friend or family member to manage that job for you.
- Stock the pantry and freezer with favorite foods so that you won't need to shop as often. Include foods you know you can eat even when you are sick.
- Talk to a registered dietitian about your concerns and what you might expect. Ask for help in developing a grocery list with foods that might help with potential side effects, such as constipation or nausea. Ask what has worked for other patients.

Managing Eating Problems During Treatment

Nutrition Suggestions For Individuals Recovering From Cancer Surgery

After surgery the body needs extra calories and protein for wound healing and recovery. The surgical removal or resection of any part of the digestive system (oral cavity, esophagus, stomach, small intestine, colon, or rectum) can also have a significant impact on nutritional well being. To increase your calories and protein, try eating small, frequent meals or snacks. Make the most of the days when you are feeling well and your appetite is good. Foods and beverages that are easy to digest are more easily tolerated than foods that are high in fat, deep fat fried, or greasy. Sipping on water, juices, broth, tea and other clear liquids throughout the day will help give your body the fluids it needs to function well.

Nutrition Suggestions For Individuals Receiving Radiation Therapy

Some patients will need to be treated at a center far from their home. This can make eating well difficult. It is important to eat something before treatment rather than coming with an empty stomach. Try to eat at least an hour before your treatment time. If you are traveling a long distance each day for treatment, bring foods or nutrition supplements with you to eat or drink on the ride to and from treatment.

Nutrition Suggestions For Individuals Receiving Chemotherapy

On the days you receive your chemotherapy make sure you have had something to eat before treatment. Most people find that a light meal or snack before chemotherapy is usually well tolerated. Fatigue is commonly experienced when receiving chemotherapy. Getting plenty of rest, learning to recognize your limits, and eating as nutritiously as possible can help reduce fatigue. Try eating small, frequent meals or snacks. Make the most of the days when you are feeling well and your appetite is good. Foods and beverages that are easy to digest are more easily tolerated than foods that are high in fat, deep fat fried, or greasy. Sipping on water, juices, broth, tea and other clear liquids throughout the day will help give your body the fluids it needs to function well .

Nutrition For Individuals With Altered Immune Function

Cancer and its treatment sometimes alter the body's immune system by interfering with the blood cells that protect against disease and foreign organisms. Lower your risks of bacteria infections by handling food safely:

- Wash hands vigorously with warm soapy water before and after preparing food and before eating.
- Be careful not to use the same cutting surface for meats and vegetables. Sanitize cutting boards well after each use. (Wash the board with warm soapy water and rinse well. Wash the board again with a solution of 1 tablespoon bleach in 4 cups warm water. Let the solution stay on the board for at least 2 minutes and then rinse with hot clean water.)
- Keep hot foods hot (above 140°F) and cold foods cold (below 40°F).
- Thaw foods in the refrigerator or microwave. Never thaw foods at room temperature. Cook foods immediately after thawing.
- Refrigerate all leftovers within 2 hours of cooking and eat them within 24 hours.
- Eat only well-cooked foods. Avoid raw and undercooked foods, especially chicken and eggs.
-
- Use bottled water and commercially bottled soft drinks and juices. Do not reuse disposable bottles.

Your doctor will tell you when you need to follow this special diet.

Managing Side Effects



Coping With Taste Changes

Medicines, the effects of cancer, and cancer treatments can cause changes in your taste and smell. Foods that are cool or at room temperature have less taste and aroma, therefore, may be better tolerated.

- Season foods with tart flavors such as lemon wedges, lemonade, citrus fruits, vinegar, and pickled foods. (If you have a sore mouth or throat, do not use this tip.)
- Chew lemon drops, mints, or gum, which can help get rid of unpleasant tastes that linger after eating. (If you have diarrhea, hold down your use of sugarless candies and gums.)
- Flavor foods with onion, garlic, chili powder, five-spice powder, ginger, star aniseed, pepper, mustard, catsup, or mint.
- Increase the sugar in foods to help increase pleasant tastes and decrease salty, bitter, or acid tastes.
- Rinse your mouth with tea, salted water, or water with baking soda before eating to help clear your taste buds.
- Select fresh vegetables. They may be more appealing than canned or frozen ones.

Coping With Poor Appetite

15. Try eating small, more frequent meals and snacks. For example, eat 5 or 6 small meals each day, instead of 3 larger meals.
16. Make eating more enjoyable by setting the table with pretty dishes and flowers. Play your favorite music or watch television while eating.
17. Keep high calorie/high protein snacks handy to eat when you are hungry such as hard-cooked eggs, preserved bean curd, tofu pudding, egg custard, nuts & seeds, nutritional drinks, dry fruits and crackers with peanut butter.
18. Check with your doctor about medications to help relieve nausea or pain.

Coping With Constipation

If you have constipation try eating foods that contain more fiber that can stimulate your bowel movement. Examples of high-fiber foods include whole grain breads, cereals, raw fruits, vegetables, dried fruits, and nuts. Drinking plenty of fluids throughout the day, eating at regular times, and being physically active can also help.

- Try to eat at the same times each day.
- Try to have a bowel movement at the same time each day to establish regularity.

- Drink 8 to 10 cups of liquid each day. Try water, prune juice, warm juices, teas, and hot lemonade.
- If gas becomes a problem, limit drinks and foods that cause gas, such as carbonated drinks, dairy products (for individual who is lactose intolerance), broccoli, cabbage, cauliflower, cucumbers, dried beans, peas, taro roots, sweet potatoes, garlic and onions. To lessen the amount of swallowed air limit talking while eating, drink without straws, and avoid chewing gum.
- Use laxatives only on the advice of your physician. Contact your doctor if you have not had a bowel movement for 3 days or longer.

Coping With Diarrhea

If you have diarrhea try avoiding high-fiber foods such as nuts, seeds, whole grains, dried peas, beans, lentils, dried fruits, raw fruits, and uncooked vegetables. Be sure to sip on fluids throughout the day to prevent dehydration.

- Drink plenty of mild, clear liquids throughout the day. Liquids at room temperature are better tolerated.
- Eat small, frequent meals and snacks throughout the day.
- Avoid greasy, fried, high in fat, spicy, or very sweet foods.
- Limit milk and milk products to no more than 2 cups a day.
- Avoid drinks and foods that cause gas, such as carbonated drinks, gas-forming vegetables, and chewing gum. (You may drink carbonated beverages if you leave them open for at least 10 minutes before drinking.)
- Drink and eat high-potassium foods, such as orange juice, potatoes without the skin, and bananas.
- Drink at least 1 cup of liquid after each loose bowel movement.

Coping With Sore Throat And Sores In Mouth

A soft, bland diet and eating lukewarm or cool foods can be soothing. Foods that are coarse, dry or scratchy in texture should be avoided. Rinse your mouth often with baking soda mouthwash (made with 1 quart water and 1 tablespoon baking soda) or salt water to remove food and germs. Good mouth care will help prevent infections and improve healing of a sore mouth and throat.

What to do for a sore or irritated throat:

- Avoid tart, acidic, or salty beverages and foods, such as: citrus fruit juices (grapefruit, orange, lemon, lime), tomato-based foods (chili, salsa, spaghetti, pizza), and some broths (canned).
- Avoid alcohol, caffeine, and tobacco.
- Avoid irritating spices, such as chili powder, curry, hot sauces, and pepper.
- Eat soft, creamy foods, such as cream soups, tofu, tofu pudding, mashed potatoes, eggs, ice cream, egg custard, cooked cereal with fruits, gravies, smoothie, and commercial liquid supplements.
- Blend and moisten foods that are dry or solid. Use in soups or with sauces and gravies.

What to do for sores in mouth:

- Eat soft, bland foods, such as creamed soup, cooked cereal, tofu, tofu pudding and rice porridge. Cold foods can sometimes soothe the mouth and throat.
- Puree or liquefy foods in a blender to make them easier to swallow.
- Serve foods cold or lukewarm, rather than hot, to reduce mouth irritation.
- Tilt your head back and forth to help foods and liquids flow to the back of the throat for swallowing.
- Drink through a straw to bypass mouth sores.
- Avoid rough, dry, or coarse foods, which can scratch an irritated mouth or throat.
- Eat high-protein, high-calorie foods/liquids to speed healing.

Coping With Nausea And Vomiting

Ample fluid intake is needed to prevent dehydration when a person is unable to eat and is vomiting.. Sipping on water, juices, and other clear calorie-containing liquids throughout the day is one way that can help increase the liquids you take in. Clear cool liquids are usually better tolerated than very hot or icy temperatures.

39. Eat 6 to 8 small meals a day, instead of 3 large meals.
40. Try to keep something in your stomach at all times.
41. Eat dry foods, such as crackers, toast, or rice crackers when you wake up and every few hours during the day.
42. Avoid foods that are overly sweet, fatty, fried, or spicy, such as rich desserts and french fries.
43. Sit up or recline with your head raised for at least 1 hour after eating if you need rest.

44. Talk with your doctor about a prescription for anti-nausea medicine and taking the medicine on a regular schedule is more likely to help than waiting until you feel nauseated.
45. Try bland, soft, easy-to-digest foods on scheduled treatment days. Foods such as rice porridge and soup with saltine crackers may be better tolerated than heavy meals.
46. Avoid eating in a room that is warm, or that has cooking odors or other smells. Cook outside on the grill or steaming to reduce cooking smells.
47. Rinse out your mouth before and after meals.
48. Suck on hard candy, such as peppermint or lemon, if there is a bad taste in your mouth.
49. Drink 8 or more cups of liquid each day if you can. It is better to sip liquids 30 to 60 minutes after eating solid food.
50. Try deep breathing, soothing music, and relaxation exercises to distract you from feelings of nausea.

If you are taking your anti-nausea medicine and are continuing to vomit or cannot drink liquids, please let your doctor know about this.

Coping With Dry Mouth Or Thick Saliva

Drinking ample fluids throughout the day can help. Good mouth care, regular brushing and rinsing with baking soda and water or salt water will help keep your mouth clean and prevent infection. Avoid commercial mouthwashes, alcoholic and acidic beverages because they can be irritating and cause further mouth dryness.

27. Drink 8 to 12 cups of liquid a day, and take a water bottle with you when you leave home. (Drinking lots of fluids helps loosen mucus.)
28. Use a straw to drink liquids.
29. Eat soft, bland-tasting foods that are at room temperature or cold. Try blenderized fruits and vegetables, soft cooked chicken and fish, well-thinned cereals or rice porridge, and popsicles.
30. Add broth, soup, sauces, gravy, butter, or margarine to moisten foods.
31. Suck on sour lemon drops, frozen grapes, popsicles, or ice chips. (Avoid chewing ice as it can damage teeth.)
32. Keep your mouth clean. Use a soft-bristle toothbrush; rinse your mouth before and after meals with plain water or a mild mouth rinse (made with 1 quart water, 3/4 teaspoon salt, and 1-teaspoon baking soda); and floss regularly.
33. Use a cool mist humidifier to moisten room air, especially at night. (Be sure to keep the humidifier clean to avoid spreading bacteria or mold in the air.)

Coping With Difficulty Swallowing

A soft, more liquid, easy to swallow diet is encouraged. Sometimes thicker fluids are more easily tolerated than thin liquids.

- Drink 6 to 8 cups of fluid each day and thicken the fluid to the right consistency.
- Report any coughing or choking while eating immediately to your doctor, especially if you have a fever.
- Eat small, frequent meals.
- Use liquid nutritional supplements if you are unable to eat enough food.
- Select from the following thickening products:
 - **Tapioca, flour, and cornstarch:** Use to thicken liquid consistency, but it must be cooked to thicken.
 - **Commercial thickeners:** A liquid's thickness can be adjusted depending on the amount used. Follow the instructions on the label.
 - **Pureed vegetables or mashed potatoes:** Add to soups as a thickening agent, but can alter the flavor.

Suggestions For Increasing Calories And Protein

- Eat several small meals a day, rather than three large ones.
- Eat favorite foods at any time of the day. For example, if breakfast foods are appealing, eat them for dinner.
- Eat every few hours. Don't wait until you feel hungry.
- Take advantage of when you feel hungrier. For example, if you are hungrier in the morning, make breakfast your biggest meal.
- Try to eat high-calorie and protein-packed foods to make every bite count.
- Exercise lightly or take a walk before meals to increase your appetite.

- Drink nutritious drinks, such as milkshakes and commercial liquid supplements. Cold drinks are usually tolerated well.
- Drink fluids between meals instead of with meals. Fluid with meals can make you feel too full.

List Of High-Protein Foods

- **Milk products:** Add grated cheese to vegetables, soups, noodles, meat, and fruit. Use regular milk or lactose free milk for cooking in place of water for cereal, egg custard, cream soups and rice porridge. Include cream sauces on vegetables and pasta. Add powdered milk to cream soups, rice porridge and steamed meat patty. Avoid using soft cheese and cheese made with unpasteurized milk.
- **Eggs:** Keep hard-cooked eggs in the refrigerator. Chop and add to cooked cereal, soups, and vegetables. Steamed or scrambled eggs with meats or seafood. All eggs should be well cooked to avoid the risk of harmful bacteria.
- **Meats, poultry, & fish:** Add leftover cooked meats to soups, rice porridge and omelets.
- **Beans, legumes, nuts, & seeds:** Sprinkle seeds on desserts such as fruit, ice cream, pudding, and custard. Also serve on vegetables, and pasta. Spread peanut butter on toast and fruit or blend in a milkshake.

List Of High-Calorie Foods

- **Butter & margarine and oils:** Melt butter or margarine over rice, pasta, and cooked vegetables. Stir melted butter or margarine into soups and spread on bread before adding other ingredients to your sandwich. Add sesame oil into food or soups.
- **Milk products:** Add whipped cream to desserts, fruit, and hot chocolate. Add condensed milk into hot cereal and dessert.
- **Salad dressings:** Use regular (not low-fat) mayonnaise and salad dressing on sandwiches or crackers.
- **Sweets:** Add jelly and honey to bread and crackers. Add fruit or ice cream as a topping over cake. Add honey, glucose or sugar in teas or drinks.



List Of Nutritious Snacks

Snacks are an important addition to your daily eating plan. By choosing nutritious snacks you can provide your body with good nutrition to help maintain your strength and energy level and to enhance your feeling of well-being. Try to keep a variety of nutritious snacks on hand that are easy to prepare and easy to eat. Try to include snacks that contain protein (example: yogurt, cereal and milk, half a sandwich, a bowl of hearty soup, peanut butter and crackers).

Examples Of Nutritious Snacks		
24. black sesame pudding	23. fruit -- fresh, canned, dried	24. popcorn, pretzels
25. bread with jam	25. gelatin	red bean porridge
26. cake	26. homemade milkshakes and drinks	sandwiches
27. cereal – hot or cold with nuts and fruits	27. ice cream	seeds
28. cooked soy bean	28. juices	sherbet
29. crackers	29. milk	soups -- broth based or hearty
30. egg custard	30. nuts	sweet yams
	31. peanut butter	vegetables -- cooked
31. enriched soy milk	32. peanut pudding	yogurt -- carton, frozen

Nutrition After Treatment Ends

Most eating-related side effects of cancer treatments go away after the treatment ends. As you begin to feel better, you may have questions about eating a healthier diet. There's no research that suggests that the foods you eat will prevent your cancer from recurring. But, eating the right foods will help you regain your strength, rebuild tissue, and help you feel better.

- Choose a variety of foods from all the food groups.
- Try to eat at least 5 servings a day from the fruit and vegetable group, including citrus fruits and dark-green and deep-yellow vegetables.
- Include more high-fiber foods, such as whole grain breads and cereals.
- Try a new fruit, vegetable, low-fat food, or whole-grain product each time you shop for groceries.
- Decrease the amount of fat in your meals by choosing a cooking method, such as baking or broiling.
- Substitute beans and peas for meat in some meals for variety.
- Choose lower-fat milk and dairy products.
- Choose salt-cured, smoked, and pickled foods less often.
- Limit alcohol to only occasional use if you choose to drink.
- Consider losing weight, if you are overweight, by reducing the amount of fat in your diet.
- Ask your dietitian to help you create a nutritious, balanced eating plan.
- Become more physically active by choosing activities you enjoy.

WHAT COUNTS AS A SERVING?

With the Food Guide Pyramid. What counts as a "serving" may not always be a typical "helping" of what you eat. Here are some examples of servings.

TYPES OF FOODS	EXAMPLES OF ONE SERVING:
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts	(recommend 2-3 servings) 2-3 oz cooked lean meat, poultry, or fish; 1/2 cup cooked dry beans; 1 egg, or 2 Tbsp. Peanut butter = 1 oz. meat
Milk, Yogurt, and Cheese	(recommend 2-3 servings) 1 cup milk or yogurt; 1 1/2 oz. Natural cheese; 2 oz. processed cheese
Vegetables	(recommend 2-3 servings) 1 cup raw leafy vegetables; 1/2 cup other vegetables, cooked or chopped raw; 3/4 cup vegetable juice

Fruits	(recommend 2-3 servings) 1 medium apple, banana, or orange; ½ cup chopped, cooked, or canned fruit; ¾ cup fruit juice
Bread, Cereal, Rice and Pasta	(recommend 2-3 servings) 1 slice bread; 1 oz. ready-to-eat-cereal; ½ cup cooked cereal, rice, or pasta; 3 or 4 small plain crackers

HOW MUCH IS AN OUNCE OF MEAT?

Here's a guide to how much meat, chicken, fish, or cheese
Weighs by comparing sizes to the following objects:

1 oz. = a matchbox

3 oz. = a deck of cards

8 oz. = a paperback book

Chapter 4

COPING WITH CANCER

A. PAIN MANAGEMENT

Cancer patients may have pain for a variety of reasons. Cancer pain may result from the tumor itself, blockage of an organ or tube in the body, infection or inflammation, or spread of the cancer to other parts of the body. It may be due to side effects from chemotherapy, radiation therapy, or surgery. The pain also could be unrelated to the cancer such as a muscle sprain, a toothache, a headache, or stiffness from inactivity. Psychological responses to illness or pain such as tension, depression, or anxiety cannot cause pain but these feelings can make the pain worse. Fatigue and lack of sleep can make it harder for you to deal with the pain.

Remember that not all people with cancer have pain. And those that do are not in pain all the time. Cancer pain may depend on where your cancer is located, the extent of the disease, and your tolerance for pain.

How Can Pain Be Described?

If you are feeling pain, you need to be able to describe it to those who can help you. They need to know:

- Where do you feel your pain?
- When did it begin?
- What does it feel like? Sharp? Dull? Throbbing? Steady?
- How bad is it?
- Does it prevent you from doing your daily activities? Which ones?
- What relieves your pain?
- What makes it worse?
- What have you tried for pain relief? What helped? What did not help?
- What have you done in the past to relieve other kinds of pain?
- Is your pain constant? If not, how many times a day (or week) does it occur? How long does each period of pain last?



You can rate how much pain you are feeling by using a pain scale as follows. Try to assign a number from 0 to 10 to your pain level. If you have no pain, use a 0. A 10 means the pain is as bad as it can be. As the numbers get larger, they stand for pain that is gradually getting worse.

- 0 = No pain
- 1-2 = Discomfort
- 3-4 = Mild pain
- 5-6 = Distress
- 7-8 = Severe pain
- 9-10 = The worst pain you can imagine

What Can Be Done For Cancer Pain?

The best way to manage pain is to treat its cause. Methods for controlling pain include pain medicines, operations on nerves, nerve blocks, physical therapy, and techniques such as relaxation, distraction, and imagery.

What Medicines Are Used To Relieve Pain?

Medicines that relieve pain are called analgesics. Analgesics act on the nervous system to relieve pain without causing loss of consciousness. There are two types of analgesics

1. Non-prescription or over-the-counter (OTC) pain relievers for mild and moderate pain such as Tylenol. Other OTC products include nonsteroidal anti-inflammatory drugs (NSAIDs) such as Motrin to decrease inflammation and lessen pain from surgery as well as the pain from bone metastasis.
2. Prescription pain relievers are for moderate to severe pain. For many years, the most widely used prescription pain relievers have been opioids (also known as narcotics). Opioids are the strongest pain medicines available. Frequently used opioid pain relievers include: codeine, hydromorphone (Dilaudid), morphine, methadone, and oxycodone.

What other medicines might be given with analgesics?

Sometimes, doctors prescribe more than one medicine. They may give you an analgesic and also other medicines that help the analgesics work better.

Antidepressants such as Elavil, Tofranil, or Sinequan are used to treat pain caused by injury to a nerve or spinal cord as well as decrease depression.

Antihistamines such as Vistaril or Atarax relieve pain, help control nausea, and help patients sleep.

Antianxiety drugs such as Xanax or Ativan may be used to treat muscle spasms that often go along with severe pain. In addition, they are helpful for treating the anxiety that some cancer patients feel.

Anticonvulsants such as Tegretol or Klonopin are helpful for burning and tingling from nerve injury caused by the cancer or cancer therapy.

Steroids such as prednisone or Decadron are useful for bone pain, pain caused by spinal cord and brain tumors, and pain caused by inflammation. They also increase appetite.

How Are Medicines Best Used To Relieve Pain?

Preventing pain from starting or from getting worse is the best way to control it. It means you may use lower doses of a pain reliever than wait until the pain gets bad. Different pain medicines take different lengths of time to work. If you wait too long to take pain medicine, your pain may get worse before the medicine helps. Waiting also may mean that larger doses or a stronger medicine will be needed to help your pain.

If you are in some pain all the time, your pain medicine should be taken regularly. You may be able to control your pain with a mild pain reliever if you take it as directed instead of once in a while. If the pain relief that you get is wearing off before you are supposed to take the next dose, be sure to tell your doctor or nurse. If the analgesic you are taking does not seem to lessen or stop the pain, ask if you can try a different one.

What Should You Do If You Have Side Effects From Pain Medicine?

Stop taking the medicine if you notice a rash, wheezing, or shortness of breath. Let your doctor know right away. If you are having such side effects as indigestion, nausea, dizziness, headache, constipation, or drowsiness, please let your doctor know but do not stop taking the medicine until you have talked with your doctor.

What Is Drug Tolerance?

When certain drugs are taken regularly for a length of time, the body doesn't respond to them as well as it once did, and the drugs at a fixed dose become less effective. People who take opioids for pain control sometimes find that over time they will need to take larger doses. This may be due to either an increase in the pain or the development of drug tolerance. Increasing the doses of opioids to relieve increasing pain or to overcome drug tolerance is not addiction.

Will You Become Addicted If You Use Opioids For Pain Relief?

No, opioid addiction is defined as dependence on the regular use of opioids to satisfy physical, emotional, and psychological needs rather than for medical reasons. People who are addicted to a medicine take it when there is no pain present. Therefore, if you take opioids to relieve your pain, you are not an “addict” because you are having real pain, no matter how much or how often you take opioid medicines. Drug addiction in cancer patients is rare.

What Are Some Other Ways You Can Relieve Pain?

- **Relaxation techniques** relieve pain or keep it from getting worse by reducing tension in the muscles. It can help you fall asleep and make other pain relief methods work better.
- **Biofeedback** usually is used with other pain-relief methods. With the help of special machines, people can learn to control certain body functions such as heart rate, blood pressure, and muscle tension.
- **Imagery** is using your imagination to create mental pictures or situations. Imagery can be thought of as a deliberate daydream that uses all of your senses - sight, touch, hearing, smell, and taste. Imagery can help you relax, relieve boredom, decrease anxiety, and help you sleep.
- **Any activity that occupies your attention** can be used for distraction. Distraction might divert your mind from the pain.
- **Massage, acupressure, acupuncture, vibration, heat, cold, and menthol preparations** are used for skin stimulation to excite the nerve endings in the skin. It lessens or blocks pain sensation during the stimulation and for hours after it is finished.
- **To block nerve pathways** that relay pain impulses to the brain, a neurosurgeon may inject a local anesthetic sometimes mixed with a steroid into a nerve or spinal cord, cut a nerve close to the spinal cord, or cut bundles of nerves in the spinal cord itself.
- **Transcutaneous electric nerve stimulation (TENS)** is a technique that applies a mild electric current to the skin where the pain occurs. The current is supplied by a small power pack connected to two electrodes. The small electric impulses seem to interfere with pain sensations.

B. EMOTIONAL ADJUSTMENTS AND SUPPORT

No two people with cancer are alike just as no two relatives or friends of people are alike. Each person has to cope with cancer in an individual way. What follows is intended as a guide.



Emotional Turmoil of Cancer

Our bodies and minds are not completely separate. It will help us keep our bodies strong if we also deal successfully with the emotional turmoil of cancer - a side of cancer that surgery, drugs, and radiation cannot treat. Cancer is undeniably a major illness; it is not necessarily fatal. However, we need to define our own feelings and our own ways of coping.

It is hard not to think about dying, but it's important to concentrate on living. Remember, a diagnosis of cancer does not mean you are going to die; there are over nine million people alive today who have had cancer. For some forms of the disease, 9 out of 10 people diagnosed can be considered cured. Of the others, many will live a long time before dying of the disease. Indeed, there are sunrises, as well as sunsets to be enjoyed.

Sharing the Diagnosis

Should You Tell

One question many people ask after diagnosis is, "Should I tell"? A family member could be too old, too young, or too emotionally fragile to accept the diagnosis, but people are surprisingly resilient. Most people find ways to deal with the reality of illness and the possibility of death. They find the strength to bounce back from situations that seem to cause unbearable grief. The diagnosis of cancer hits most of us with a wave of shock, of fright, of denial. Each person needs a different amount of time to pull himself or herself together and to deal with the reality of cancer.

Usually, family and close friends learn sooner or later that you have cancer. Most people with cancer have found the best choice is to share the diagnosis and to give those closest to them the opportunity to offer their support.

When Family Must Decide

Sometimes family members are the first to learn about the diagnosis. If, as a family member, the decision falls on you, should you tell the patient? Some might think not, but most people with cancer disagree. "Time is so valuable, and there may be things the person would like to accomplish, there are decisions to be made," one cancer patient wrote.

Family members also bear great emotional burden during the period of diagnosis. They too, need the comfort of sharing their feelings. Yet, it is almost impossible to support the rest of the family if you are hiding the diagnosis from the person with cancer. He or she inevitably learns the truth. The patient might believe that no one is being honest about the diagnosis because the cancer is terminal. The consequences can be deep anger, hurt, or bitterness.

Somehow Children Know

Even children sense the truth. Some parents who tried to "spare" their children from knowing later voiced regret at not discussing the truth during the course of the disease. Children have amazing capabilities when they understand a situation. However, when their normal world is turned upside down and whispered conversations go on behind closed doors, they often imagine situations that are worse than reality.

The goal in telling the children that someone in the family has cancer is to give them opportunities to ask questions about the disease and to express their feelings about it. Of course, all of us want to shield our children from pain, but pain that they understand is easier for them to cope with than hurts that they imagine.



Sharing Feelings

The Family Adjust

The period following diagnosis is a difficult time of adjustment for family members. Each has to deal with individual feelings, while trying to be sensitive to the person who has cancer. Being part of the family doesn't mean you can make people talk about their feelings before they are ready. Be ready to listen when others are ready to talk, and let your continued presence show your support. But remember, the person with cancer gets to set the timetable. Sometimes, in trying to help the person with cancer, you may actually cut off his or her attempts to express feelings.

[Finding Hope](#)

There are ways to find hope during periods of despair. We all need to remember that each person is unique. We tend to get caught up in statistics and averages, but no two cancers ever behave exactly the same way. Each individual has different genes, immune system, and one's own will. These cannot be measured on charts or graphs.

Coping Within The Family

[Not Everyone Can](#)

Problems within the family can be the most difficult to handle simply because you cannot go home to escape them. Some family members deny the reality of cancer or refuse to discuss it. It is not uncommon to feel deserted or to feel unable to face cancer openly. In these situations individual counseling or cancer patient groups can provide needed support and reinforcement.

[Changing Roles](#)

Families may have difficulty adjusting to the role changes that are sometimes necessary. One husband found it overwhelming to come home from work, prepare dinner, oversee the children's homework, change bedding and dressings, and still try to provide companionship and emotional support for his children and ill wife. In addition to roles as wife, mother, and nurse, a woman might have to add a job outside the home for the first time. A spouse who was sharing the load sometimes becomes the sole breadwinner and homemaker. The usual head of the household might now be its most dependent member.

These changes can cause great upheavals in the ways members of the family interact. The usual patterns are gone. Parents might look to children for emotional support at a time when the children themselves need it the most. Teenagers might have to take over major household responsibilities. Young children can revert to infantile behavior. Be alert for these changes.

[The Health Of The Family](#)

Performing too many roles at once can endanger emotional well-being and the ability to cope. Examining what's important can solve the problem. For example, you can relax housekeeping standards or learn to prepare simpler meals. Perhaps the children can take on a few more household chores than they have been handling.

If a simple solution is not enough, consider getting outside help. Licensed practical nurses can help with the patient; some agencies might provide trained homemakers. Consider the financial cost of professional services against the emotional and physical cost of shouldering the load alone.



[Support From The Family](#)

The desire to "do something" is common among nearly everyone with a family member or dear friend who has cancer. There is nothing you can do to change the course of cancer, so you do everything you can for the person. Sometimes, doing everything is the worst course to follow.

People with cancer still have the same needs and often the same capabilities as they did before. If they are physically able, they need to participate in their normal range of activities and responsibilities. Even a bedridden patient is probably still able to discuss treatment options, financial arrangements, and the children's school problems. The rest of the family must make every effort to preserve as much as possible the patient's usual role within the family.

Always keep the patient informed of necessary decisions so they continue to feel a part of the family. You can help the seriously ill patient ward off feelings of helplessness or abandonment if you continue to share your activities, goals, and dreams as before.

What Spouses Can Do

Disfigurement or debilitation caused by treatment can affect how a person feels about a partner with cancer. You might feel awkward about physical contact because you think your partner is not ready for it and that you will be judged insensitive.

It helps to remember that touching, holding, hugging, and caressing are ways to express the acceptance and caring that is so important to the person with cancer. More than words, they show love and express your belief in the patient's continued desirability as a physical being. Make sure you are doing whatever you can to reestablish bonds of closeness and caring.

Help For The Children

Children might have difficulty coping with cancer in a parent. Mother or dad may be gone from the house (e.g., in a hospital that may be hundreds of miles from home) or home in bed, in obvious discomfort and perhaps visibly altered in appearance.

In the face of this upheaval, children are often also asked to behave exceptionally well such as to "play quietly", to "perform extra tasks", or to "be understanding of others' moods beyond the maturity of their years." The children may resent lost attention. Some fear the loss of their parent or begin to imagine their own death. Some children, formerly independent, now become anxious about leaving home and parents. Disciplinary problems can arise if children attempt to command the attention they feel they are missing.

It may help if a favorite relative or family friend can devote extra time and attention to the children, who do need comfort, reassurance, affection, guidance, and discipline. A favorite activity is important, but so is regular help with homework and someone to attend the basketball awards banquet.

Selves And Self-Image

When Treatment Brings You Down

Cancer treatment is usually aggressive. Surgery can be disfiguring. Other treatments may extend over weeks or months, and their side-effects may include nausea, hair loss, fatigue, cramps, skin burns, or weight changes. It is not unusual for the treatment to cause more illness or discomfort than the initial disease. The person with cancer must deal with their emotional reactions to such treatment and side-effects. One way to help with this effect, is to try to plan special activities for the days when you feel well and brace yourself for the days when you feel awful.



Body Images

Each of us develops over the years an image in our mind about our body. We may not be completely satisfied with that image, but usually we are comfortable with it when with someone we love. This helps us feel sexually attractive. Disfigurement, hair loss, nausea, radiation skin changes, or even fatigue can destroy your good feeling about your physical appeal. You might anticipate rejection and avoid physical contact with your partner. It may be up to you to show a desire for physical contact and to let it be known whether you are interested in sexual intercourse as well as other expressions of affection such as hugging, caressing, and kissing.

It might help to keep in mind that it's not only your body that makes you "sexy." There are also intangible qualities that your mate finds attractive: a sense of humor, intellect, a certain sweetness, great common sense, special talents, loving devotion, etc. What makes us special is more than anatomy. If you feel you have lost those special qualities along with a breast, leg, or prostate gland, counseling may help you change that perspective. In most cases your partner is more concerned about your well-being than his or her own.

Rebuilding Mind And Body

Time, along with demonstrations of love, understanding, and affection by your partner and family should help you work through feelings about your changed body image. In addition, some find that physical activities improve their sense of being in touch with their bodies. Poetry, music, painting, furniture building, sewing, and reading provide creative growth of which you can be equally proud. If anything needs strengthening it is our personal self-image.

When Friends Don't Call

Lost friendships are one of the real heartbreaks people with cancer might face. Friends might not call for a variety of reasons. They might not know how to respond to a change in your appearance, or just don't know what to say to you. Their absence does not necessarily mean they no longer care about you. If you believe discomfort rather than fear is keeping a particular friend from visiting, you might try a phone call to dissolve the barrier. Examine carefully whether friends shun you or whether you have withdrawn from your usual social contacts to protect your own



feelings. If possible, the best place to be is out in the world with other people.

Fighting Loneliness

This is a time when people with cancer need the support which can provide some solace and comfort from others. People in your community may have the same need for companionship. Being housebound need not deprive you of visits from others who would like to share some quiet moments or some deep feelings with someone who will understand. A physician, social worker, visiting nurse, or member of the clergy should be able to help you contact another cancer patient who could use the company.

Staying Involved

When you have cancer, you need responsibilities, diversions, outings, and companionship just as before. As long as you are able, you should go to work, take the kids to the zoo, play cards with friends, go on a trip. Activities will give you a sense of purpose and those that provide enjoyment. Try to recognize your limitations as well as your capabilities. Fatigue can bring on crushing despair. Adequate rest fends off depression. Exhaustion weakens our physical and emotional defenses.

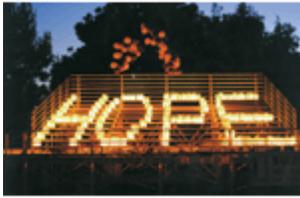
The Years After

Cancer is not something anyone forgets. Anxieties remain after treatment ceases. As 6-month or yearly check-ups approach, you swing between hope and anxiety. As you wait for the mystical 5-year or 10-year point, you might feel more anxious rather than more secure. These are feelings we all share. No one expects you to forget that you have had cancer or that it might recur. In exchange, you are granted the vision to see each day as a precious gift to be used wisely and richly.

C. REMISSION OF CANCER

A remission is a period of time when the cancer is under control. In a complete remission, all the signs and symptoms of the disease disappear. It is also possible for a patient to have a partial remission in which the cancer shrinks but does not disappear completely. Remissions can last anywhere from several weeks to many years.

Complete remissions may continue for years and be considered cures. If the disease returns, another remission often can occur with further treatment. A cancer that has come back (recurred) and no longer responds to one anti-cancer drug or drug combination may respond to a different drug regimen.



The A.B.C. part of this chapter is developed by the American Cancer Society, the Chinese Community Health Education Council and the Chinese Community Health Resource Center, 1992. The material is excerpted from "Taking Time," 1990 by the National Cancer Institute. The A. part seems to be from Pain Control: A guide for people with cancer in their families – in CID – which is an ACS/NCI publication.

D. HOSPICE CARE

Hospice provides comfortable and compassionate care for people who are terminally ill. Hospice is a type of care you may choose when cure of your disease is unlikely. People may choose hospice when they no longer wish to receive treatment aimed at cure and prefer comfort care for the last month of their lives. Sometimes hospice is an actual place for a patient to stay, but most of the time it is care for patients at their homes. Hospice helps people live as fully as possible with dignity and provides support to family and friends of the patient during the dying process, at death, and after death has occurred. Hospices respect different cultures; therefore, it is important to communicate your needs clearly to your hospice staff so they can do their best to carry out your wishes.

Hospice Care Services

- **Interdisciplinary Team:** Typically, an interdisciplinary health care team of physicians, nurses, social workers, counselors, hospice-certified nursing assistants, clergy, therapists, and volunteers cares for you – offering support based on their particular areas of expertise.
- **Pain And Symptom Control:** The objective of pain and symptom control is to help patients to be comfortable while allowing them to remain in control of their lives. This means that side effects are managed to ensure patients are as free of pain and symptoms as possible, yet still alert enough to make decisions they feel are important.
- **Spiritual Care:** Hospice care emphasizes the spiritual needs of you and your family. Since people differ in their spiritual needs and religious beliefs, spiritual care is individualized to meet specific needs and may include helping patients understand the meaning of death, saying good-bye, or performing a specific religious ceremony or ritual.
- **Home Care And Inpatient Care:** Although hospice care can be centered in the home, it may be necessary to be admitted to a hospital, extended-care facility, or a hospice inpatient facility.
- **Bereavement Care:** Bereavement is the time of mourning following a loss. The hospice care team works with surviving family members to help them through the grieving process.
- **Respite Care:** The family and caregivers may need time away from the intensity of caring if the patient is terminally ill. Respite care is designed to give them a break from care giving. Respite care is provided for 5-day periods by hospices either in their own facility or in contracted beds in nursing homes or hospitals.
- **Family Conferences:** Through regularly scheduled family conferences, often facilitated by the hospice nurse or social worker, family members can stay informed about the patient's condition and what to expect. Family conferences also provide a chance to share feelings, address expectations, and learn about death and the process of dying.

- **Volunteers:** Hospice volunteers play an important role in the administration and delivery of hospice care in the US. Volunteers may be health professionals or lay people who provide services ranging from hands-on care to working in the hospice office or fundraising.
- **Staff Support:** Hospice care involves staff who are empathetic, good communicators and listeners, and who are interested in working with people who have life-threatening illnesses.
- **Coordination Of Care:** The interdisciplinary team coordinates and supervises all care 7 days a week, 24 hours a day. This team is responsible for communicating between the inpatient facility, the home care agency, the physician, and other community professionals, such as pharmacists, clergy, and funeral directors.



Hospice Care Settings

- **Home Hospice Care:** Many, if not all, of the home health agencies in your community, as well as independently owned hospice programs, will offer home hospice services. The primary caregiver is usually the family member who is responsible for around-the-clock supervision of the patient and may, after training given by the nurse, provide minimal patient care. To handle around-the-clock patient needs or crises, home hospice programs have an on-call nurse who makes home visits or sends the appropriate team member.
- **Hospital-Based Hospices:** Hospitals that treat seriously ill patients often have a hospice program. This arrangement allows patients and their families easy access to support services and health care professionals. Some hospitals have a special hospice unit, while others use a "hospice team" of caregivers who visit patients with advanced disease on any nursing unit.
- **Long Term Care Facility-Based Hospices:** Many nursing homes and other long-term care facilities have small hospice units. They may have a specially trained nursing staff to care for hospice patients, or they may make arrangements with home health agencies or independent community-based hospices to provide care. This can be a good option for patients who want hospice care but do not have primary caregivers.
- **Independently Owned Hospices:** Many communities have "freestanding," independently owned hospices that feature inpatient care buildings as well as home care hospice services. As with a nursing home hospice program, the freestanding hospice can benefit patients who do not have primary caregivers.

Who Pays For Hospice Care?

Generally, home hospice care costs less than care in hospitals, nursing homes, or other institutional settings. Hospice care is financed by a variety of sources: Medicare; Medicaid in over 30 states; the Veterans Administration; and by most private insurance plans, HMOs, and other managed care organizations.

How Do You Find Hospice Care?

- **Local Resources:** Your physician or hospital discharge planner can help you locate hospices in your area. Hospice care providers also are listed in the yellow pages of the phone directory. Your community may have information and referral services available through your American Cancer Society, an Agency on Aging, a local United Way chapter, the Visiting Nurse Association, or your place of worship.

- **State Resources:** You may contact your state's hospice organization or its department of health or social services to obtain a list of licensed agencies. The state health department oversees certification of hospice services. Certification makes them eligible to receive funding from Medicare and, in some states, also from Medicaid.

第五章
北加州舊金山灣區
華人癌症社區服務資源
Community Resources for
Chinese Cancer Patients in the Bay Area

Information and Referral 資訊與轉介服務

American Cancer Society (美國癌症協會)

<http://www.cancer.org>

1-800-ACS-2345

American Cancer Society - Northern California Chinese Unit (美國癌症協會-北加州華人分會):

<http://www.acs-nccu.org>

1-888-566-6222 or 510-797-0600

American Cancer Society – South Bay Chinese Cancer Information Center

(美國癌症協會-南灣華人癌症資訊中心)

408-947-2531

Chinese Community Cancer Information Center (華人社區癌症資源中心)

415-677-2458

American Cancer Society-San Francisco Unit

(美國癌症協會-三藩市辦公室)

415-394-7100 Opt. 3

Cancer Care, Inc.

<http://www.cancercare.org>

1-800-813-4673

Bay Area Hospice Information

<http://www.volunteerinfo.org/hospice2.htm>

Death with Dignity National Center:

<http://www.deathwithdignity.org>

202-969-1669

Parents Helping Parents (for children with special needs)

<http://www.php.com>

408-727-5775 ext. 170

Family Caregiver Alliance (家庭服務聯盟)

<http://www.caregiver.org>

1-800-445-8106 or 415-434-3388

Crisis Intervention and Suicide Prevention

408-279-3312

650-692-6655

Center for Living with Dying

408-980-9801

Center for Elderly Suicide Prevention (CESP)

415-750-4180 ext. 230

Senior Information and Referral Services, Inc. (老人資訊及轉介服務)

1-800-345-1400

Family Service Agency of San Mateo County

Senior Information and Referral Services (老人資訊及轉介服務)

650-573-3900

El Camino Hospital, Older Adult Transition Services (耆英服務部)

650-940-7137

Council on Aging of Santa Clara County (COA) (老人事務所)

408-296-8290

Family Bridges, Inc. (Formerly OCCC)

510-839-2270

Alameda County Area Agency on Aging Senior Information

1-800-510-2020

Catholic Charities of San Francisco

415-564-7882

San Francisco Office of Senior Information & Referral	415-626-1033
Independent Living Resource Center	415-543-6222
Oakland Office on Aging (屋崙耆英服務部)	510-238-3762

Adult Day Care and Senior Center 日間看護中心及老人中心

Live Oak Adult Day Services (Cupertino)	408-973-0905
Senior Center at San Jose Christian Alliance Church	408-280-1021
John XXIII Multi-Service Center (約翰廿三大眾服務中心)	408-282-8600
St. James Senior Center	408-277-4194
Senior Citizen Adult Activity Center (c/o Chinese Presbyterian Church)	510-452-4963
Hong Fook Adult Day Health Care Center (家僑驛社- 康幅園)	510-839-9673
Hong Lok Senior Center (耆英康樂中心)	510-763-9017
On Lok Senior Health Services (安樂居老人保健服務)	415-292-8888
On Lok Adult Day Care	415-982-9171
Self-Help for the Elderly Adult Day Health (安老自助處)	
San Francisco (三藩市)	415-391-3843
San Jose (聖荷西)	408-246-8790
San Mateo (聖馬刁)	650-991-8018
Laguna Honda Hospital Adult Day Care	415-759-3360

Boarding Care Home and Skilled Nursing Homes 養老院及療養院

Capital Villa Residential Care Home (溫馨老人院)	408-729-9019
Sunrise Center (黎明之家)	408-985-8889
Evergreen Manor Care Center (長青養老院)	510-533-3083
Bellaken Garden and Skilled Nursing Center (保健園護老輔助中心)	510-536-1838
Merced Residential Care for the Elderly (仁愛護理院)	650-315-5468 or 415-509-6255
Pleasant View Convalescent (舒視復健中心)	408-253-9034
Leonard House	415-982-9171

Case Management 個案處理

Asian Americans for Community Involvement (美亞社區協進會)	408-975-2730
Sunnyvale Community Services	408-738-4321
John XXIII Multi-Service Center (約翰廿三大眾服務中心)	408-282-8668
San Andreas Regional Center	408-374-9960
MSSP & Linkage Program	
Santa Clara County	408-296-8290
San Francisco	415-750-4141
Oakland	510-238-2372
Fremont	510-574-2050
Case Management (San Francisco)	415-647-5353

Counseling & Mental Health 輔導和精神健康

Asian Americans for Community Involvement (美亞社區協進會)	408-975-2730
Asian Social Assistance Center	408-554-8762

Golden Village	408-282-8667
Richmond Area Multi-Service, Inc.	415-668-5955
Chinatown North Beach Mental Health Services (北岸區心理輔導中心)	415-352-2000
Asian Community Mental Health Services (亞裔心理健康中心)	510-451-6729
Senior Peer Counseling	510-494-4818
El Camino Hospital, Older Adult Transition Services (耆英服務部)	650-940-7137
Chinese Family for Christ (家庭更新協會家庭輔導中心)	408-986-6086

FINANCIAL SERVICES (財政服務)

Health Insurance Counseling & Advocacy Program	1-800-200-0268
SSI, Medicare & Social Security (社會福利處)	1-800-772-1213
San Francisco Leukemia Society	415-625-1100
Medi-Cal Benefits, Food Stamps & Cash Assistance (Dept of Human Services)	415-557-5000 (General) 415-863-9893 (Medi-Cal)

Friendly Visitors/Telephone Reassurance 探訪及電話關懷

American Cancer Society - Northern California Chinese Unit (美國癌症協會-北加州華人分會):	1-888-566-6222 or 510-797-0600
Friendly Visitor's Program (Newark City)	510-494-4584
City of Oakland Senior Companion Program	510-238-3080
Tele-Care Program via San Jose Medical Center	408-977-4621
Senior Companion Program	408-277-5506
Convalescent Hospital Ministry	408-374-6070

Health Care Services and Hospitals 醫療保健服務及醫院

Asian Health Services (Clinics)(亞健社)	510-986-6800
Alameda County Hospital (阿拉米達縣醫療中心)	510-437-4800
Summit Medical Center (善美醫療中心)	510-655-4000
Chinatown Public Health Center (華埠公共衛生局)	415-364-7600
North East Medical Services (東北醫療中心)	415-391-9686
Chinese Hospital (東華醫院)	415-982-2400
Chinese Community Health Resource Center (華人社區資源中心)	415-677-2473
San Francisco General Hospital (三藩市總醫院)	415-206-5166
California Pacific Medical Center (加州太平洋醫療中心)	415-563-4321
UCSF Medical Center (加州大學三藩市醫療中心)	415-476-1000
AACI Health Clinic (美亞診所)	408-975-2763

Santa Clara Valley Medical Center (聖塔克拉拉縣醫療中心)	408-885-4330
O'Connor Hospital (歐卡諾醫院)	408-947-2500
El Camino Hospital	650-940-7000
Stanford Hospital and Clinics (史丹福醫院及診所)	650-723-8561
Highland Hospital	510-437-4800

Home Care, Hospice Agencies, & Private Duty 居家照護、安寧療護及私人看護

Asian American Home Care (美亞家庭康護中心)	510-835-3268
	408-737-8813
	415-434-0138
Asian Network Pacific Home Care (宜康治療中心)	510-268-1118
Self-Help HomeCare and Hospice (安老自助處家護及寧養組)	415-982-9171x151
	650-494-7744
Pathways Hospice	1-888-755-7855
Hospice of the Valley	408-947-1233
Hospice By the Bay	415-626-5900
Laguna Honda Hospice	415-759-2327
VITAS Healthcare/Hospice	1-800-938-4827
In Home Supportive Services	
Alameda County	510-567-8080
San Francisco Area	415-255-2079
Caring Heart Home Care	510-839-7000
Visiting Nurses Association (探訪護士協會)	650-685-2800
	415-750-4404 (Home Care)
	415-750-4430 (Hospice Care)

Legal Services 法律服務

Advance Directive Assistance	650-988-7622
Asian Law Caucus (亞洲法律聯誼會)	415-696-1701
East Oakland Legal Aid Society (法律援助處)	510-532-5963
Santa Clara County Asian Law Alliance (亞裔法律聯盟)	408-287-9710
Senior Adults Legal Assistance (老年人法律輔助)	408-295-5991
Bar Association of San Francisco	415-989-1616
Legal Assistance to the Elderly, Inc.	415-861-4444

Meals-On-Wheels 送餐服務

Santa Clara County	1-800-510-2020
Alameda County	510-494-4588
San Francisco County	415-920-1111

Social Services 社會福利服務

Medi-Cal benefits, Food Stamps & Cash Assistance	408-271-5500
Health Insurance Counseling & Advocacy Program	1-800-200-0268

Social Security & Medicare Eligibility Information (社會安全卡及醫療卡申請資訊)	1-800-772-1213
Medi-Cal Eligibility	408-271-5600
Santa Clara Social Services Agency	408-928-3650
Alameda County Agency of Social Services	510-268-2002
San Francisco Department of Social Services	415-557-5230
Aids to Family with Dependent Children	415-557-5723

Support Groups 互助組

(美國癌症協會-北加州華人分會):

Mandarin Support Group, Joy Club-Breast Cancer Patients, and Prostate Support Group

(國語癌友互助組、開心俱樂部 – 乳癌癌友、攝護腺癌癌友互助組)

http://www.acs-nccu.org	1-888-566-6222 or 510-797-0600
HelpLink (社區資源轉介熱線)	415-772-7339 or 1-800-273-6222
Touchstone Support Network (for children with special needs)	
http://www.php.com/touchstone.htm	408-727-5775
East Bay Cancer Support Group (for English-speaking adults in Castro Valley)	
http://www.ebcancersupport.org	510-889-8766
Chinese Community Cancer Information Center (華人社區癌症資源中心)	
	415-677-2458
Chinatown Public Health Center (華埠公共衛生局)	415-364-7905

Chinese Women's Cancer Support Group (癌症婦女互助組)

“Dr. Play” Children's Support Group (兒童互助組)

Cameron House (金美倫堂)	415-781-0401 x 127
Highland Hospital, Oakland	510-437-4064
Family Service Agency	415-474-7310
California Pacific Medical Center Community Resource Center	415-923-3155

Transportation 交通服務

American Cancer Society (美國癌症協會)

- 南灣及 Fremont 地區 1-888-566-6222 or 510-797-0600
- 三藩市地區 415-394-7100, option (按) 3
- 屋崙地區 510-452-5229, option (按) 3

Golden Gate Transit	415-921-5858
Medi-Van Transportation (醫療小巴士接送)	415-468-4300
Paratransit services (San Francisco)	415-351-7000
Senior Escort Program (老人護送計劃)	415-391-5686
Outreach (外展護送服務)	408-436-2865 or 1-800-400-6222
Paratransit Services (Alameda County)	510-287-5000
Newark Senior Bus Transportation	510-791-7879
Intellitran	415-351-7000/7050
Life Line- (Breast Cancer Only) (限送乳癌患者)	415-674-4780

癌症沒有什麼了不起

癌症不能破壞愛情，
癌症不能粉碎希望，
癌症不能侵蝕信仰，
癌症不能摧毀和平，
癌症不能消滅友誼，
癌症不能壓制記憶，
癌症不能打消勇氣，
癌症不能侵入靈魂，
癌症不能剝奪永生，
癌症不能征服精神。

CANCER IS SO LIMITED

*IT CANNOT CRIPPLE LOVE,
IT CANNOT SHATTER HOPE,
IT CANNOT CORRODE FAITH,
IT CANNOT DESTROY PEACE,
IT CANNOT KILL FRIENDSHIP,
IT CANNOT SUPPRESS MEMORIES,
IT CANNOT SILENCE COURAGE,
IT CANNOT INVADE THE SOUL,
IT CANNOT STEAL ETERNAL LIFE,
IT CANNOT CONQUER THE SPIRIT.*

