Northwestern Medicine®

Robert H. Lurie Comprehensive Cancer Center
OF NORTHWESTERN UNIVERSITY

Treatment Guide

Northwestern Medicine | Robert H. Lurie Comprehensive Cancer Center of Northwestern University

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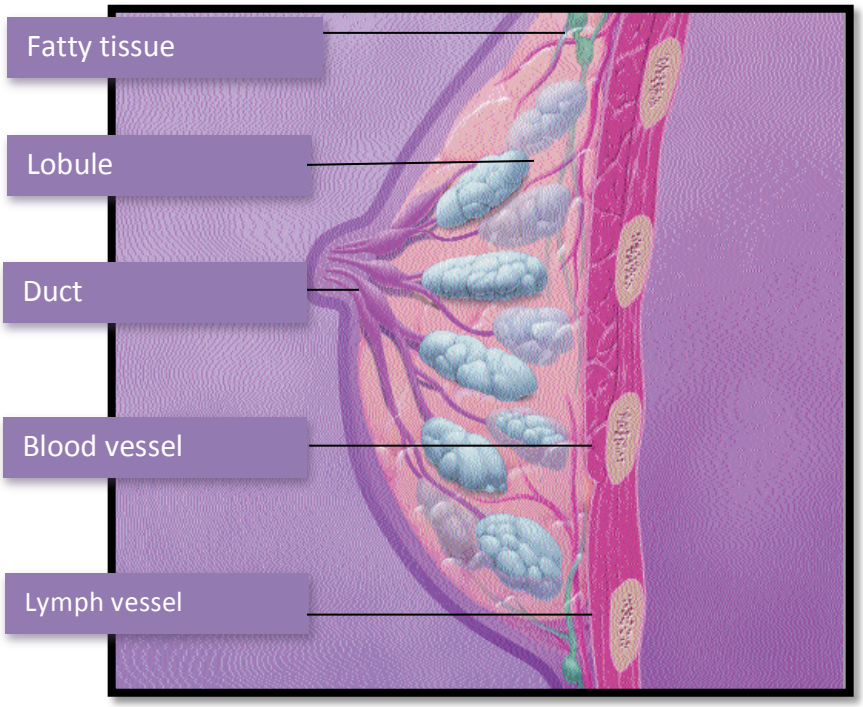
Section 1: Diagnosis

- Understanding Breast Cancer

Understanding Breast Cancer

Parts of the breast



What makes up the breast tissue?

Breast tissue is made up of fatty tissue, ducts, lobules, blood vessels and lymph vessels.

Lobules are a gland in the breast that make milk and the ducts connect the lobules to the nipple.

Fatty tissue surrounds the lobules and ducts

Lymph vessels carry lymph to the lymph nodes in the underarm, above the collarbone and in the chest; there are also lymph nodes through the body.

What is Breast Cancer Staging?

Staging is indicated by a number scale from Stage 0 to Stage IV, correlating with non-invasive cancer to invasive cancer that has spread outside of the breast. Staging cancer is important because it helps in determining the spread of the cancer, as well as helping to determine the best treatment options. Breast cancer is staged based on the tumor size, the number of lymph nodes that are found to have cancer, and if there is any cancer found outside of breast.

What are the different stages of Breast Cancer?

Stage 0:

Cancer is confirmed to the ductal or lobular cells and has not invaded the surrounding tissue

Ductal carcinoma in-situ (DCIS) or lobular carcinoma in-situ (LCIS)

Stage I

Cancer has spread from the ducts or lobules to nearby tissue

Tumor is 2 cm or smaller and no lymph nodes are found to have cancer

Stage II

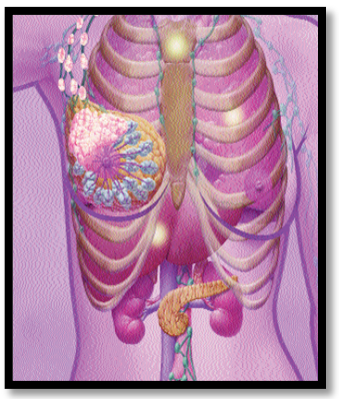
Cancer has spread from the ducts or lobules of the breast to nearby tissue and meets one of the following criteria:

- Tumor is less than 2 cm but has spread to 1-3 lymph nodes
- Tumor is greater than 2 cm but less than 5 cm with no cancer spreading to lymph nodes
- Tumor is greater than 2 cm but less than 5 cm and has spread to 1-3 lymph nodes
- Tumor is greater than 5 cm with no cancer spreading to lymph nodes

Stage III

Cancer has spread from the ducts or lobules of the breast to nearby tissue and meets one of the following criteria:

- Tumor is less than 5 cm but has spread to at least 4 lymph nodes
- Tumor is greater than 5cm and has spread to at least 1 lymph node
- Tumor has spread to chest wall or skin
- People with inflammatory breast cancer



Stage IV

Cancer has spread outside the breast (i.e. bone, lung, liver, brain)

This is considered metastatic breast cancer

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Section 2: Treatment

- Clinical Trials
- Treatments for Breast Cancer

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Clinical Trials

What are clinical trials?

A clinical trial is a research study with human volunteers that determines the effectiveness of an investigational cancer drug. Prior to its approval, the Food and Drug Administration (FDA) requires a new drug to be tested in a clinical trial to determine its safety and effectiveness. Although today's FDA-approved cancer treatments are a result of clinical trials, not all clinical trials result in drug approvals. A non-FDA-approved drug is investigational and must undergo vigorous testing to ensure that it is safe and effective. A clinical trial is also known as a "research study", "study", or "trial".

Why are clinical trials important?

Clinical trials advance science and medicine to aid in the development of treatments that are more targeted, often with fewer side effects. Participation in clinical trials offers the potential for access to treatments that are not otherwise available. Results of clinical trials help to advance patient care, in addition to the advancement of scientific knowledge about cancer.

How can I learn about a clinical trial?

There are a few ways to learn about the clinical trials available at Northwestern:

1. By asking one of your oncology healthcare providers.
2. By website – http://cancer.northwestern.edu/clinicaltrials/index.cfm.
3. By phone – (312) 695 – 1102.
4. By email – cancertrials@northwestern.edu.
5. Informed consent forms – documents that provide details about the trial, describe the risks vs. benefits, and the treatment schedule. After you decide to sign the consent form and take part in the trial, you have to right to withdraw from participation at any time.

What are the clinical trial phases?

Clinical trials are comprised of different phases that provide information about the drug.

- Phase I trials test the safety of the new drug and determine how much of it should be given.
- Phase II trials test the new treatment to determine if it is effective.
- Phase III trials compare the effectiveness of the new treatment against the standard drugs currently available to find out which one is better.
- Phase IV trials monitor ongoing safety and side effects.

When can I ask my healthcare team if a clinical trial is right for me?

Anytime you are facing a treatment decision you should ask your healthcare providers if a clinical trial may be appropriate for you. Clinical trials are not just for advanced stage cancer – clinical trials are available for all stages of cancer.

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Treatments for Breast Cancer

CHEMOTHERAPY

Chemotherapy is given through IV and works by attacking rapidly dividing cells in your body and interfering with their ability to grow and divide. Cancer cells are rapidly dividing cells but so are some normal cells like your blood cells, hair cells, as well as the cells lining your mouth, throat, stomach, and intestines. Your chemotherapy treatment will not only kill your cancer cells, but will also kill some normal cells in your body and that is why side effects may occur. Every person is different and the number and type of side effects you have may not be the same as others. It is important to remember that not having side effects does not mean the chemotherapy is not working. It is also important to remember that most side effects will go away after treatment is complete.

TARGETED THERAPY (individuals with HER2+ breast cancer)

Targeted therapy works by interfering with specific molecules on the cancer cell that help the cell grow and that help the cancer to spread. In breast cancer, researchers have identified one such molecule-the human epidermal growth factor receptor 2 protein (HER2). If you have HER2 positive breast cancer, your doctor will talk with you about targeted therapy with Herceptin (trastuzamab). If you are receiving treatment prior to surgery, your doctor will also talk with you about adding Perjeta (pertuzumab) to your treatment, as a second targeted therapy. These medications will be given through an IV.

RADIATION

Radiation therapy uses high-energy xrays to kill cancer cells. Each session lasts a few minutes. Your medical oncologist will refer you to a radiation oncologist to further discuss your need for radiation therapy.

ANTI-HORMONAL THERAPY (individuals with ER+ or PR+ breast cancer)

Anti-hormonal therapy [ie Tamoxifen, Arimidex (anastrozole), Aromasin (exemestane), or Femara(letrozole)] decreases the likelihood of breast cancer recurrence in people with estrogen receptor positive (ER+) and/or progesterone receptor positive (PR+) breast cancer. Estrogen and progesterone are hormones that are bodies naturally produce. In the majority of people with breast cancer, the cancer cells contain estrogen and/or progesterone receptors. If these receptors are present on the cancer cell, it means that the cancer is stimulated (grows) due to estrogen and/or progesterone. Therefore, to decrease the risk of cancer returning, your doctor will recommend therapy with an anti-hormonal medication for at least 5 years.

Section 3: Side Effects

- Side Effects and How to Manage Them
- Sexual Health and Cancer
- Sexual Health Resources
- Cognitive Changes After Chemotherapy
- Fertility
- Lymphedema and Breast Cancer

Side Effects and How to Manage Them

Chemotherapy works by killing cells that divide rapidly. Cancer cells grow rapidly but so do many normal cells in your body, like the cells in your bone marrow, cells that line your mouth, stomach and intestines, as well as the cells that make your hair grow. That is why you may experience some side effects to chemotherapy. Not everyone has side effects and if you do not have any, it does not mean that the chemotherapy is not working.

This section will talk about some of the common side effects and what you can do to help control them.

Infection

White blood cells help your body to fight infection. They are some of the fastest dividing cells in your body and are often affected by chemotherapy. There are different types of white blood cells. One kind that your doctor and nurse will follow closely is called a neutrophil, as this cell is especially important to fight infections. When this type of cell is low (often around 10 -14 days after treatment), it is very important to watch for any signs of infection. Some signs of infection are:

- Fever of 100.5 or higher
- Chills, shaking or dizziness
- Coughing up yellow or green mucous
- Sores in your mouth
- Burning when you urinate
- Diarrhea
- Difficult breathing or feeling short of breath.

What you can do to manage or prevent infection

- Good hand washing with soap and water is your best defense against infection. It is especially important to wash your hands before preparing food or eating; after you cough, sneeze, or blow your nose; after you use the bathroom or touch animals. If you have pets ask someone else to change the litter or be the "pooper–scooper". Carry some hand sanitizer with you to use if you are not able to use soap and water.
- Clean surfaces that you touch like telephones, computers, doorknobs with disinfecting wipes.
- Try to stay away from people who are sick.
- Take good care of your mouth. Brush your teeth at least twice a day using a soft toothbrush and rinse your mouth with an alcohol free mouth wash or a salt and baking soda rinse (½ teaspoon of salt and ½ teaspoon of baking soda in 2 cups of water).
- Eat a well balanced diet. Wash raw fruits and vegetables well before eating. Do not eat raw seafood (sushi) or undercooked meat or chicken as these may contain bacteria.

Call your doctor or health care provider right away if you have a fever of 100.5° F or higher or think you have an infection. The number to call 24 hours a day/ 7 days a week is:

312-695-0990

Fatigue

Fatigue means feeling tired or weak and it is not always relieved by rest or sleep. It may last for a few days between treatments or be constant throughout treatment and last for a few weeks or months after your treatment is complete. If you are receiving radiation treatment along with chemotherapy, you may feel even more tired.

Fatigue can be a side of effect of the chemotherapy drugs but some other causes of fatigue include:

- Anemia (low red blood cells)
    - Red blood cells carry oxygen throughout your body. Chemotherapy can cause you to have fewer red blood cells and make it harder for your body to get the oxygen it needs.
- Some of the medicines we use to treat nausea, anxiety, or pain can also cause fatigue.
- Stress or depression can increase fatigue. Having cancer and receiving chemotherapy is stressful. It can affect your family life, work and finances. **We have support available to help you handle the increased stress in your life. Please talk to your doctor or nurse about your feelings, so we can get you the help you need.**

What you can do to manage fatigue

- Try to get 8 hours of sleep each night. Listen to your body. You may need a short nap or to sit down and put up your feet for a bit during the day. (Do not sleep more than an hour during the day so that you can still sleep at night).
- Getting some exercise each day such as walking or riding a stationary bike can help reduce fatigue.
- Try to balance periods of rest and activity. Let family and friends help you with some of your chores or errands.
- Eat a well balanced diet and drink 8 to 10 glasses of fluids each day. **(We have dietitians who can help you to meet your dietary needs. Ask your nurse to arrange a visit).**
- Attending support groups or talking with a therapist can help you control the stress you experience.

Bleeding or Clotting

Platelets are cells that cause your blood to clot. Chemotherapy can lower the number of platelets that you have which can increase your risk for bleeding. Some types of chemotherapy work by targeting the blood vessels a tumor needs to grow. These medicines can also increase your risk for bleeding or forming a blood clot.

What you can do to manage bleeding or clotting

- Use a soft toothbrush to clean your teeth.
- Use an electric shaver instead of a razor.
- Be careful when using sharp objects.
- Blow your nose gently. It may help to use nasal saline spray to keep your nose moist.
- Wear shoes, even indoors, to protect your feet.
- Do not play contact sports or other activities that could injure you.
- Drink plenty of fluids and increase fiber in your diet to prevent straining to have a bowel movement.
- Try not to cross your legs when sitting as this can affect your blood circulation.
- Do not take aspirin or over the counter medicines, vitamins or herbal supplements unless you check with your doctor or nurse.

Call our office at 312-695-0990 if:

- You have bleeding from your nose or a cut that you cannot stop with firm pressure.
- You have red or pink colored urine.
- You have blood in your bowel movements or they look black and tarry.
- You have heavy vaginal bleeding during your period or bleeding when you are not having a period.
- Swelling, warmth, or tenderness in your leg or arm.
- You have headaches or changes in your vision.

Nausea and Vomiting

Some chemotherapy can cause you to feel sick to your stomach (nausea) or can cause you to throw up (vomit). Usually the risk of this is greatest in the first 24 to 48 hours after you are treated. There are many good drugs to control nausea and vomiting. If you are receiving a treatment which can cause nausea, your nurse will give you some medicine before the chemotherapy to help prevent it. You will also be given prescriptions for medicine to take at home with instructions on when and how to use it.

What you can do to manage nausea and vomiting:

- Take your medications exactly the way your nurse instructs you, even if you do not think you need it. It is easier to prevent nausea than get rid of it after it happens. **If your medicine does not seem to work, please call your nurse or doctor. There are many different kinds of anti-nausea medicine and if one doesn't work we can prescribe another.**
- Eat simple, bland (non-spicy) foods on the day you are treated like soup, eggs, toast or plain pasta. You may also find it easier to eat small, frequent meals instead of 3 large ones.
- Foods that are not too hot or too cold may be better tolerated.
- Try to stay away from foods with strong smells.
- Drink 8-10 glasses of clear, caffeine-free fluid daily.
- Acupuncture may also help with nausea. There is an acupuncture therapist available on certain days and times in the clinic, or an appointment can be made at the *Center for Integrative Medicine.* Your nurse can give you the information.

Call our office at 312-695-0990 if:

- You are experiencing nausea and vomiting at home despite taking your anti-nausea medicine
- You feel weak or dizzy.
- You are not making as much urine as you usually do or it is dark in color.

Hair Loss

Some chemotherapy drugs damage the cells that cause your hair to grow. You may lose all of your hair or just have some thinning of your hair. Hair loss can affect all of your body hair – face, eyebrows, eyelashes, arms, legs, underarms, and pubic hair. If you are receiving a drug that causes hair loss, it usually starts about 2 to 3 weeks after your first treatment. It may gradually thin or fall out in clumps. Many people find it easier to cut their hair short or shave their heads when this happens. Your scalp may feel tender or tingly when hair loss is about to begin. Your hair usually begins to grow back about 2 months after completing treatment but it may be different in color or texture.

What you can do to manage hair loss

- Ask your doctor or nurse if you are likely to have hair loss.
- Be gentle with your hair. Use baby shampoo and pat it dry. Avoid use of hair dryers, curling irons, hair dyes, or perms as these can damage your hair.
  If you are interested in obtaining a wig, it is best to do this before you start chemotherapy so that you can match your color and style. Some insurance companies will pay for a wig with a prescription from your doctor. The American Cancer Society can also provide a wig for you.
- Some people are more comfortable covering their heads with a scarf or hat.

Diarrhea

Diarrhea means that you have bowel movements more often than normal, and they may be watery or very soft. If you have an ostomy, diarrhea means that your bag is filling up faster and your stool may be softer or more watery. Some types of chemotherapy can cause diarrhea. Radiation therapy to your abdomen or pelvis can also cause diarrhea.

What you can do to manage diarrhea:

- Imodium (loperamide) is an over the counter medicine used to control diarrhea. Use it the way your nurse or doctor tells you (this may be more often than the package directs). **If it does not work be sure to let your nurse know as there are other medications that can be used.**
- Drink 8 to 12 glasses of fluids every day to stay well hydrated. Water, clear soda like ginger ale, apple juice, clear chicken broth or Pedialyte are good choices. Alcohol and caffeine can make diarrhea worse.
- Eat small frequent meals instead of 3 large ones. Avoid greasy or spicy foods, or foods that cause gas like cabbage or broccoli.
- Soft, bland foods like bananas, white rice, applesauce, toast, eggs, plain noodles, jello, or baked chicken or turkey without the skin are good choices.
- Clean your skin gently after a bowel movement. Use a baby wipe or squirt bottle with warm water to clean yourself. You may need to use an ointment like Desitin or A&D to soothe your skin.

Call our office at 312-695-0990 if:

- You have a fever of 100.5 degrees F or higher.
- You feel weak, dizzy, or short of breath.
- The medicines you are taking for diarrhea are not helping.
- You notice blood in your stools or dark, tarry stools.

Constipation

Constipation means that it is hard to have a bowel movement. Your stools may be harder than normal and you may have more gas and bloating. Some chemotherapy can cause constipation. Pain medicines or some of the medicines to prevent nausea can cause this too.

What you can do to manage constipation:

- Drink plenty of liquids. Try to drink at least 8-10 glasses every day. Prune juice or other fruit/ vegetable juices may help.
- Eat high fiber foods like bran, whole wheat bread, fruits, vegetables, nuts, or popcorn
- Stay active! Walking or riding an exercise bike can help.
- Your doctor or nurse may recommend a laxative like Senna –S® or Miralax®. **Do not use an enema or suppository without asking your nurse or doctor first.**

Call our office at 312-695-0990 if:

- You have not had a bowel movement for 3 days.

Mouth Sores

Some types of chemotherapy can cause your mouth to feel dry or cause sores in your mouth, throat or around your lips (like canker sores). This can make it harder for you to eat and drink.

What you can do to manage mouth sores:

- If possible, see a dentist before starting chemotherapy to have your teeth cleaned and take care of any problems you may have. If you must go to the dentist while on chemotherapy, let your doctor or nurse know so they can check your blood counts and make sure it is safe.
- Keep your mouth clean. Brush your teeth after eating and at bedtime using a soft tooth brush.
- Rinse your mouth frequently (4 or 5 times a day) with a salt and soda solution (½ teaspoon salt and ½ teaspoon baking soda in 2 cups water). You may use Biotene, which is available over-the-counter. Do not use mouth wash that has alcohol in it as this can dry your mouth more.
- If your mouth is sore eat foods that are soft and moist like scrambled eggs, mashed potatoes with gravy, or pudding. Stay away from citrus (oranges, lemon or grapefruit), crunchy foods or foods that are spicy.
- Tobacco and alcohol can also aggravate mouth sores.
- If your mouth is dry, suck on hard candy or chew sugarless gum.
- Sucking on ice chips or popsicles may also help dry mouth and to relieve pain if mouth is sore.
- Keep your lips moist with a moisturizer like petroleum jelly (Vaseline®) or lip balm.

Call our office at 312-695-0990 if:

- You have sores in your mouth that are making it hard to eat or drink. You may need pain medication or a special mouth rinse to help.
- If you have a fever of 100.5 degrees or higher.

Neuropathy

Some types of cancer treatments can damage nerves. This is called neuropathy. There are different types of nerve related symptoms that you could have. They usually get better after treatment is finished but it can take many months and some may not go away completely.

- Numbness, tingling or burning especially of your hands and feet.
- Pain when you walk.
- Jaw pain.
- Shaking or trembling

- Constipation
- Trouble buttoning clothing or picking things up.
- Hearing loss
- Sometimes you may feel like it is harder to talk or feel strange sensations in your mouth or tongue during or shortly after treatment. This usually goes away quickly.

What you can do to manage neuropathy:

- **Talk to your doctor or nurse about any symptoms you have. It may be necessary to change the doses on some of your drugs or medicines may be prescribed to help.**
- Be safe! Wear rubber sole (non-skid) shoes inside and outside. Place a bath mat in your tub or shower. Remove any area rugs or cords that you could trip on. Make sure your bath/shower water is not too hot.
- Use hot pads to protect your hands in the kitchen when cooking, and be very careful when using knives or scissors.
- Wear gloves when working outside or washing dishes. Use gloves or pads to protect your hands when getting something from the refrigerator or freezer. Let cold foods come to room temperature before eating.

Skin and Nail Changes

Chemotherapy can cause changes in your skin and fingernails. Your skin may feel dry and itchy or you may notice tenderness and peeling especially of the palms of the hands and soles of the feet or have a rash. Some drugs can cause a rash that looks like acne on your face, neck, back and chest. Your nails may be brittle and crack or you may get tender areas around your nail beds. You may also get a sunburn more quickly when on chemotherapy. Some drugs may cause darkening along your veins where the IV medicine was given.

What you can do to manage skin changes:

- If you are getting a drug that is likely to cause a rash, your doctor may have you see one of our dermatologists (skin doctor) who will give you medicines and creams to help.
- To help with dry skin, take quick showers instead of long baths; use a mild moisturizing soap; pat dry gently and use lotion or creams while skin is still damp.
- A dusting of cornstarch may help itching or using a colloidal oatmeal bath (you can buy over-the-counter) may also help.
- Avoid direct sunlight; wear a hat when outdoors and use a sunscreen with an SPF of at least 15 (30 is better!).

Hot Flashes

Chemotherapy can cause changes in your body's level of estrogen. Due to a decrease in circulating estrogen, your body may have symptoms similar to going through menopause, such as hot flashes.

What you can do to manage hot flashes:

- Avoid caffeine products such as coffee.
- Avoid spicy foods.
- Acupuncture may help relieve your symptoms, if interested, please talk with your nurse.

Sexual Health and Cancer

Sexual health is the state of well-being that focuses on our feelings about our own sexuality, and may include the physical, emotional and cultural aspects of sexual well-being.

What is sexuality?

Sexuality may include:

- Our bodies.
- The act of sex.
- Our sexual orientation.
- Gender identity (male or female).
- Our values about life, love and the people in our lives.

Will my sexual desire change as I go through cancer treatments?

You may notice a change in your sexual desire during cancer treatment. This may be due to:

- Pain.
- Fatigue.
- Changes in hormones.
- Depression and anxiety.
- Changes in your self-image.

How can I express intimacy without sexual intercourse?

Love and affection can be expressed in many ways.

- Kissing.
- Hugging.
- Fondling.
- Cuddling.
- Touching.
- Holding hands

What should I do if I want to have sex with my spouse/partner?

Talk to your doctor or nurse to see if it is all right to engage in sexual acts during active cancer treatment.

Questions to ask your doctor or nurse during cancer treatment:

- When can I have sex?
- What can I expect?
- What can I do to protect myself and my partner during sex?
- Are there any restrictions on sexual activity during or after treatment?

Precautions during sexual activity:

- Use a barrier contraceptive, such as condoms. This prevents exchange of body fluids. During cancer treatment, semen and vaginal fluids may contain chemotherapy byproducts. Barrier methods also help prevent the spread of STDs (sexually transmitted diseases).
- Use 2 forms of protection to prevent pregnancy. Chemotherapy may affect male semen and female eggs. Medicines you are taking may be harmful to a developing fetus. Talk to your doctor or nurse about birth control methods (e.g., condoms, spermicide, diaphragms and cervical caps).
- Before having intercourse, your neutrophil count should be over 2,000 cells/mm3. If your counts are lower than this, talk to your doctor or nurse. A low neutrophil count increases your risk for infection. When your white blood cell count is very low, the pressure of sex may cause bacteria from the vagina or rectal areas to get into the bloodstream. You may get sick if this happens. To help prevent this from occurring, it is recommended that you wash your genitals before and after sex.
- Before having intercourse, your platelet count should be above 50,000 cells/mm^3. When your platelet count is low, you have a greater risk for bleeding.
- To promote hygiene during sexual acts: Wash hands before and after sexual activity.
- Avoid rectal intercourse, which can increase your risk of infection and risk of bleeding.
- Avoid excessive friction during intercourse by using a water-based lubricant, such as K-Y Jelly® or Astroglide®. Do not use petroleum-based jellies or lubricants.
- Report any unusual pain, fever, bleeding or discharge to your doctor or nurse.

Important signs and symptoms to report to your doctor or nurse:

- Changes in sexual drive.
- Men: Genital pain, pain during erection and/or ejaculation or problems having an erection.
- Women: Dryness in the vagina, unusual discharge from your vagina, hot flashes, pain during sex, discomfort, bleeding during or after intercourse.

Tips to promote sexual health:

- Be responsible.
- Get professional help when needed.
- Talk with your healthcare provider.
- Talk to your partner about your feelings.
- Take time for intimacy other than intercourse.
- Keep an open mind about ways to feel sexual pleasure.
- Focus on your physical recovery first. It's OK not to have sex.

Health Information Resources

For more information, visit Northwestern Memorial Hospital's Alberto Culver Health Learning Center. This state-of-the-art health library is located on the 3rd floor of the Galter Pavilion. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Center by calling 312-926-LINK (5465) or by sending an e-mail to **hlc@nmh.org**.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312-926-3112, TDD/TTY 312-944-2358 and/or the Northwestern Medical Group.

Patient Representatives Department at 312-926-1920, TDD/TTY 312-695-3661.

Developed by: Oncology Nursing

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For additional information about Northwestern Memorial Hospital, please visit our website at www.nmh.org.

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Sexual Health Resources

Timothy Pearman, PhD Director of Supportive Oncology, Robert H. Lurie Comprehensive Cancer Center 250 E. Superior Street, Suite 520 Chicago, IL 60611 312.695.0990	Timothy Pearman works with patients and referring physicians and a clinical psychologist in both Lurie Clinical Cancer Center sites. In addition, he oversees all aspects of the Lurie Cancer Center's Supportive Oncology Program and manages outreach, community education and health learning center activities for the Clinical Cancer Center. He specializes in seeing patients who have concerns surrounding sexual health, depression, and anxiety.
Shirley Baron, PhD, Certified Sex Therapist 405 North Wabash Avenue, Suite 2615 Chicago, IL 60611 312.527.2940 shirleybaron@gmail.com	As a Licensed Clinical Psychologist and Certified Sex Therapist, Shirley Baron provides specialized therapy for sexual and relationship problems. One focus of her practice is the impact of cancer and cancer treatment on sexuality. Her patients are individuals and couples who are struggling with issues such as lack of desire, difficulty with arousal and orgasm, painful sex and avoidance of sex. The goal of treatment is to resolve sexual difficulty with arousal and orgasm, painful sex and avoidance of sex. The goal of treatment is to resolve sexual difficulties and enhance sexual and relationship satisfaction as well as self esteem. Her clinical practice is enhanced by her involvement in training, consultation and research. She is an Assistant Professor of Clinical Psychiatry and Behavioral Sciences at Northwestern University and a Clinical Associate in the University of Chicago's Department of Obstetrics and Gynecology's Program in Integrative Sexual Medicine for Women and Girls with Cancer.
Katrina Malhotra, PT, DPT **Krista Van Der Laan, PT, DPT,** **Lauren Welles, MPT, DPT, CLT** Rehabilitation Institute of Chicago 345 East Superior St, Chicago, IL 60611 312.238.1000	Physical therapy treatment can treat sexual dysfunction through muscle re-education, nerve flossing, joint mobilizations, improving blood flow, and therapeutic exercises. Katrina Malhotra's focus is on neurological and musculoskeletal impairments, with a clinical interest in women's health rehabilitation, including pregnancy and postpartum related pain, pelvic floor dysfunction, incontinence, pelvic pain, and cancer rehabilitation. Krista Van Der Laan's areas of clinical interest are orthopedics, chronic pain, pregnancy, pelvic pain, incontinence, lymphedema and cancer rehabilitation. Lauren Welles's interests are in the treatment of cancer rehabilitation, pelvic pain, incontinence, lymphedema, post-mastectomy, and pregnancy populations.
Florendo Physical Therapy 600 N. McClurg Court Center Suite 312A Chicago, IL 60611 312.337.8840 info@florendopt.com	Spinal and Pelvic Floor Rehabilitation. Specializing in various areas including: pelvic pain, vaginal pain, vaginismus, vulvodynia, vulvar vestibulitis, low back pain.

Cognitive Changes After Chemotherapy

Cancer treatments such as chemotherapy and radiation therapy can cause problems with cognitive (mental) functioning. Patients can experience changes such as trouble with concentration or memory. The effects are sometimes referred to as "chemobrain" or "chemo fog". Health care providers are unable to predict which patients might be affected by this treatment side effect. Patients may notice this problem during chemotherapy treatment as well. Typically, patients find these difficulties greatly improve or no longer exist within one year of treatment.

Symptoms:

- Trouble remembering things (difficulty with short-term memory)
- Trouble paying attention or with concentration
- Trouble finding the right word
- Difficulty with new learning
- Difficulty multitasking
- Taking longer to do things
- Trouble setting priorities

Causes:

The exact cause of cognitive changes is unclear. The possible causes that can contribute to these difficulties include:

- Low blood counts
- Stress
- Depression or Anxiety
- Fatigue or difficulty sleeping
- Certain medications
- Hormone changes from some treatments

What You Can Do to Cope:

- **Make lists.** Carry a pad with you and write down the things you need to do. For example, keep lists of things to buy, errands to run, phone calls to return, and even the times you need to take your medicines. Cross items off as you finish them.
- **Use a portable planner or personal organizer.** These can help you stay on top of day-to-day tasks and keep track of appointments and special days like birthdays and anniversaries. Paper and electronic versions are available.
- **Organize your environment.** Keep things in familiar places so you will remember where you put them.
- **Avoid distractions.** Work, read, and do your thinking in an uncluttered, peaceful environment. This can help you stay focused for longer periods of time.
- **Keep your mind active.** Do crossword puzzles and word games, or go to a lecture on a subject that interests you.
- **Proofread.** Double-check the things you write to make sure you've used the right words and spelling.
- **Exercise, eat well and get plenty of rest and sleep.** Research shows that these things help keep your memory working at its best.
- **Tell your loved ones what you're going through.** Depending on how private a person you are, you might tell your family and friends, so that they'll understand if you forget things you normally wouldn't forget. They may be able to help and encourage you.

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Fertility

Certain treatments, like chemotherapy and radiation therapy, can negatively impact a patient's fertility - the ability to have children. The Fertility Preservation team at Northwestern Medicine can help patients understand:

- ☐ How fertility can be affected by treatment
- ☐ How to talk with their medical team about fertility
- ☐ How to plan a family before, during and after treatment

The dedicated Fertility Preservation team works across many specialties in order to best accommodate our patients' specific needs. This emphasis in collaboration allows for truly comprehensive treatment in an effort to optimally educate and inform patients about fertility before, during and after treatment. Patients who have questions about fertility or fertility preservation can call the Patient Navigator at 312.503-3378.

> Cancer treatment can affect your hormones in a number of ways.

Asking your physician these 5 questions can help you learn more about your upcoming treatment and its impact on fertility:

- ☐ How quickly do I need to start treatment?
- ☐ Will my disease or its treatment affect my future fertility?
- ☐ What fertility options are there for me?
- ☐ Should I see a reproductive specialist?
- ☐ Can I have my own biological children after my treatment?

For women, infertility means not being able to initiate or maintain a pregnancy. This can happen when:
The ovaries no longer contain a supply of healthy eggs.
Damage to the reproductive system prevents a fertilized egg from successfully implanting and growing in the uterus.

There are many options patients can pursue before, during and after treatment
Some of these options are:

- **Embryo Banking**
- **Egg Banking**
- **Ovarian Tissue Banking**
- **Medication treatment**
- **Fertility sparing surgery**

For men, infertility means not being able to get a woman pregnant. For men, infertility happens when the body does not make enough healthy sperm to achieve pregnancy or when sperm is blocked from getting out of the body.

There are many fertility preservation options patients can pursue before, during and after treatment.
Some of these options are:

- **Sperm banking**
- **Testicular Sperm Extraction (TESE)**
- **Testicular Tissue Freezing**

It's important to remember that each patient has a unique treatment plan and situation. An individualized consultation can help a patient understand all of his options as well as pursue appropriate treatments quickly, if warranted. If you have questions about fertility after treatment, call the Patient Navigator at (312) 503-3378.

Lymphedema and Breast Cancer

Lymphedema is a chronic swelling that may occur after radiation treatment for breast cancer or after breast surgery. The lymph system drains fluid and waste from the body. As the fluid travels from the breast to the armpit, it passes through lymph nodes. This helps "clean up" and fight bacteria. Removal of, or damage to, the lymph nodes by surgery or radiation increases the risk of lymphedema. When the vessels are blocked or cannot "handle" the fluid, swelling occurs. The swelling may be mild or severe. It can develop soon after treatment or many years later.

Your risk for lymphedema increases if you have a history of:

- Inflammation of the lymph system (lymphangitis).
- Infection of the skin and underlying tissue (cellulitis).

Symptoms

Lymphedema often begins slowly. It may occur after an injury, insect bite, burn, muscle strain or infection of the hand, arm or upper body on the side of the surgery or radiation. Swelling may improve by elevating the affected arm.

Call your surgeon, or the radiation or medical oncologist, if you have:

- Swelling of the arm. Often, the swelling starts on the forearm on the same side as the little finger and under the elbow. Jewelry may feel too tight.
- Any signs of infection such as warmth, redness, rash, tenderness, weakness chills or fever of 101.5˚ F or higher.
- Discomfort, tightness, heaviness of the arm and decreased range of motion. Pain is not usually a symptom.

Coping with Lymphedema

Know the risks, signs and steps to ease the effects of lymphedema.

Taking Care

- Proper skin care is very important. When bathing, gently dry the affected area.
- Use gentle or hypoallergenic cleansers and lotions to avoid skin irritation and dryness. Special lotions such as Eucerin®, Curel®, or baby products are an option.
- Wear a well-fitted bra with soft, padded straps.
- During air travel, wear a well-fitted compression sleeve and have extra bandages for long flights. Walk around on flights if possible, and increase water intake.
- Keep a healthy body weight. Avoid or limit fatty foods, sweets, salt, and alcohol intake.
- Do not smoke.

Preventing Injury

- Avoid cuts, scratches, hangnails, insect bites and burns that may lead to infection.
- Avoid cutting or picking your cuticles. Talk with your manicurist.
- Wear gloves while doing housework and gardening.
- Use a thimble while sewing.
- Wear oven mitts when handling hot foods.
- Apply non-irritating sunscreen and insect repellent when outdoors.
- Use an electric razor to remove hair.
- Never allow blood tests, injections or blood pressure measurement on the affected arm. Wear a lymphedema alert bracelet.
- When bathing or doing household chores, avoid extreme temperature changes. Test water temperatures with the other hand. Avoid saunas and hot tubs or keep affected arm out of water.
- Avoid tight-fitting clothing and jewelry.

Activities

Avoid using the affected arm for tiring household and yard chores, such as:

- Vacuuming.
- Scrubbing.
- Washing windows.
- Shoveling/raking/hoeing.

Do no heavy lifting with the affected arm. Carry shoulder bags or purses on the opposite side.

Exercise regularly, in moderation. Avoid repetitive motion activities or resistance exercises using the affected arm. Instead, try walking, swimming, light aerobics, bike riding, yoga or Tai Chi.

Do not overtire the affected arm. If your arm starts to feel tired or aches, stop and elevate it.

Treatment

While there is no cure for lymphedema, there are treatments to reduce lymphedema and manage symptoms. Lymphedema can be managed by Complete Decongestive Therapy (CDT). CDT can include:

- Manual lymph drainage, including bandaging.
- Graduated compression garments.
- Therapeutic exercise.

Your doctor or lymphedema therapist can talk with you about this in more detail.

When to Call the Doctor

Check the affected arm for signs of infection. Contact your doctor and lymphedema therapist right away if you have:

- Redness.
- Warmth in the affected arm.
- Swelling that increases or doesn’t go away.
- Pain or tenderness.
- Fever.

Health Information Resources

For more information, visit one of Northwestern Memorial Hospital's Health Learning Centers. These state-of-the-art health libraries are located on the 3rd floor of the Galter Pavilion and on the 1st floor of the Prentice Women's Hospital. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Centers by calling 312-926-LINK (5465) or by sending an e-mail to lc@nmh.org. For additional information about Northwestern Memorial Hospital, please visit our web site at www.nmh.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

Northwestern Memorial is an equal opportunity employer that welcomes, respects and serves with dignity all people and does not discriminate, including in hiring, or employment, or admission, or access to, or treatment in its programs or activities on the basis of race, color, gender, national origin, religion, disability, handicap, age, Vietnam or other veteran status, sexual orientation or any other status protected by relevant law. To arrange for TDD/TTY, auxiliary aids and foreign language interpretation services, or for issues related to the Rehabilitation Act of 1973, call the Patient Representative Department at 312-926-3112, TDD/TTY number 312-926-6363.

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Section 4: Tests and Procedures

- PORT-A-CATH
- Computed Tomography (CT) Scan
- Bone Scan
- Magnetic Resonance Imaging (MRI)
- Bone Density Test
- Echocardiogram (ECHO)

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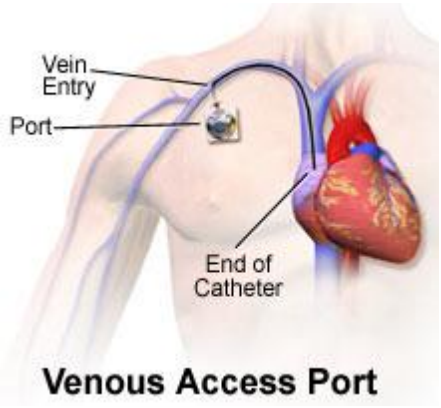
PORT-A-CATH

A port-a-cath (also called implanted port or “port”) is a device inserted under the skin on your chest (or sometimes your upper arm). It has a small catheter or tubing attached which is placed into a large vein. When not in use, it will show only as a nickel sized bump underneath your skin. The port is placed by a doctor in the Interventional Radiology department. You will be given some medications to relax and the doctor will use local anesthesia (numbing medicine) where the port is inserted so you will be comfortable. The area may be tender for a few days after the port is placed. You must arrange for a ride home after the procedure as you will be too tired to drive.



The nurse will use a special needle to access the port when it is needed and the needle will be removed when your treatment is completed.

There are many advantages to having a port. It is a safe way to give chemotherapy that could irritate or damage your skin and tissues if it leaked outside of the vein. Some treatments require the patient to go home with a chemotherapy infusion pump and a port will make it easier for you to move about while getting treatment. A port can be used to draw blood as well as receive chemotherapy, IV fluids and other medicines so it will decrease the number of times you have to be “stuck” with a needle. Also a port is a good idea if you have tiny veins that are hard to find.

The port will need to be flushed every month if it is not being used. You can make an appointment with our cancer center nurses to do this if needed.

Computed Tomography (CT) Scan

A computed tomography (CT) scan is a special way of looking inside your body. The images produced are cross-sectional planes taken from a part of your body, much like slices taken out of a loaf of bread. The length of the exam will depend upon the area to be scanned and specific information needed by your doctors. The CT scan is done in the Radiology (X-ray) department.

Please tell your doctor or the X-ray staff if you:

- Are pregnant, might be pregnant, are trying to get pregnant or are breastfeeding.
- Are allergic to contrast dye.
- Are on dialysis or have known kidney disease.
- Are diabetic.
- Have had a problem with this exam (or other contrast exams) in the past.

Preparation for the Test

If you have a contrast dye allergy or are taking metformin (Glucophage®, Glucophage XR®, Glucovance®), you will be given special medication instructions. It is important that you follow these instructions carefully.

For dialysis patients, the CT scan may need to be scheduled on the same day as your dialysis treatment.

Patients over the age of 70 or those having known risk factors may require kidney function tests.

Other preparations for the CT scan will vary depending on the area of the body to be examined. Your doctor will inform you of any needed preparations. These may include:

- Pregnancy testing and advice for withholding breastfeeding.
- Diet restrictions.
- Proper fluid intake.
- Laxatives or bowel preparations.

Patients will need to change into a hospital gown for this exam. Outpatients will be shown to a dressing area for changing. You will need to remove any loose or hanging jewelry, such as necklaces. It is not usually necessary to remove rings or watches, but you may choose to do so for comfort.

For certain tests, you may be asked to drink a liquid contrast agent. This oral contrast agent outlines the stomach and bowel on the pictures and will make certain parts of your body appear bright on the pictures. This step is important in obtaining accurate results. If you have any stomach upset or diarrhea, please tell the CT staff.

Another contrast agent, a dye, may be needed during the scan. This is injected through an IV (into the vein) line. This line may be started before the CT scan begins.

During the Test

Before the test begins, the CT staff will explain the test and the equipment used. You will be asked to lie on a table connected to the CT scan machine. The technologist (tech) will line up the part of your body to be examined. The table will then move so that you are in the center of the machine. The tech will keep in contact with you throughout the exam by intercom.

As the exam begins, it is very important that you lie still and follow the instructions of the tech and doctor. The tech may ask you to hold your breath several times during the test.

If needed, a doctor, nurse, or tech will inject the IV contrast. As it is injected, you may feel warm and flushed or feel the urge to urinate. You may also note a metallic taste in your mouth. These are normal effects, although most people will feel nothing at all.

Please tell the staff right away if you note any of the following:

- Shortness of breath.
- Hives.
- Itching.

After the Test

You may resume your normal activities and diet after the test. If you received a contrast agent during the test, it is suggested that you drink an additional 1 or 2 glasses of water.
The contrast agent will not discolor your urine. Although it is rare to have any delayed allergic reactions, contact the CT department or your doctor if any rash or swelling occurs.

If you received an oral preparation, you may notice a change in the color and frequency of your bowel movements. If any change lasts more than 2 to 3 days, please contact your doctor.

If you have any questions or concerns about this test, please ask your doctor, nurse or Radiology staff.

Radiation Safety

CT scans use radiation to produce images needed for diagnosis and treatment. There are risks to radiation exposure. It is important to talk with your doctor before having the test to learn about:

- Its risks and benefits.
- The reason for the test.

At Northwestern Memorial Hospital (NMH), we are committed to your safety. This means that your scan will be done with the least amount of radiation without reducing the quality of the exam.

The NMH CT department is proud to be accredited by the American College of Radiology (ACR). Earning this designation ensures that:
We have undergone a thorough review process.

- Our staff is well qualified, through education and certification to perform and interpret your test results.
- Our equipment is suitable for the test or treatment provided.
- We meet or exceed national quality and safety guidelines.

Health Information Resources

For more information, visit one of Northwestern Memorial Hospital's Health Learning Centers. These state-of-the-art health libraries are located on the 3rd floor of the Galter Pavilion and on the 1st floor of the Prentice Women's Hospital. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Centers by calling 312-926-LINK (5465) or by sending an e-mail to hlc@nmh.org. For additional information about Northwestern Memorial Hospital, please visit our web site at www.nmh.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312-926-3112.

Northwestern Memorial is an equal opportunity employer that welcomes, respects and serves with dignity all people and does not discriminate, including in hiring, or employment, or admission, or access to, or treatment in its programs or activities on the basis of race, color, gender, national origin, religion, disability, handicap, age, Vietnam or other veteran status, sexual orientation or any other status protected by relevant law. To arrange for TDD/TTY, auxiliary aids and foreign language interpretation services, or for issues related to the Rehabilitation Act of 1973, call the Patient Representative Department at 312-926-3112, TDD/TTY number 312-926-6363.

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Bone Scan

Your doctor has ordered a bone scan that can show early bone disease. In many cases, the test can detect this condition before it can be seen on standard X-rays. A bone scan uses a small amount of radioactive material (tracer) that is absorbed into the bones. The amount of radiation used in this test is small, and well within limits that are not considered harmful. Your total test time is about 4 hours.

Before the Test

There is no special preparation for the test. On the day of the test, please come to the 8th Floor reception desk in the Galter Pavilion, 201 E. Huron St., at your scheduled appointment time. Parking is available for patients and visitors in the garage at 222 E. Huron, across from the Feinberg and Galter Pavilions. For discounted rates, please bring your parking ticket with you. Tickets can be validated at the Customer Services Desks on the 1st, 2nd and 8th floors of the Feinberg and Galter Pavilions, and the 1st floor of Prentice (including the Prentice 24-hour desk near the Superior St. entrance).

Be sure to bring:

- Your doctor's written order for the test.
- A list of allergies.
- A list of all your current medications (prescription, over-the-counter, and herbals).
- Photo ID.
- Medical insurance information.
- Medicare card (Medicare patients only).

During the Test

When you arrive in the Nuclear Medicine department, a nuclear technologist (tech) will ask you questions about your medical history. *If you think you might be pregnant or are breastfeeding, please tell the tech before you are given any injection.*

You will then be given an IV (into the vein) injection of radioactive tracer. The tech will ask you to return to the Nuclear Medicine department about 2 to 4 hours later. This time is needed for the tracer to localize into your bones. When you return, the scan will take about 1 to 2 hours. You will be asked to empty your bladder. This is done so that the pelvic and hip bones will show up clearly. You will then be asked to lie down on a table and a total body image will be taken. A doctor will review your bone scan and, in most cases, will ask for extra images to obtain more detailed information.

After the Test

You may resume your normal activities and diet. The injection you were given is not harmful and will become non-radioactive within hours. Talk with your doctor about your test results. You may obtain a copy of your results at Medical Records on the 2nd floor of the Galter Pavilion.

If you have any questions about this test, please call the Nuclear Medicine Department at 312-926-2320, Monday through Friday, 7:30 a.m. to 5:00 p.m.

Health Information Resources

For more information, visit one of Northwestern Memorial Hospital's Health Learning Centers. These state-of-the-art health libraries are located on the 3rd floor of the Galter Pavilion and on the 1st floor of the Prentice Women's Hospital. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Centers by calling 312-926-LINK (5465) or by sending an e-mail to lc@nmh.org. For additional information about Northwestern Memorial Hospital, please visit our web site at www.nmh.org.

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Magnetic Resonance Imaging (MRI)

A magnetic resonance imaging (MRI) exam is a special way of looking inside your body. It is different from an X-ray. It uses a magnetic field and radio waves to create the pictures. During the test, a contrast agent (dye) may be given. This makes certain parts of your body appear brighter on the pictures.

The exam time depends upon the area to be scanned and the information needed by your doctors. Most exams last about 45 to 60 minutes. The MRI is done in the Radiology (X-ray) Department. Northwestern Memorial Hospital offers the option of 4 locations:

- Feinberg Pavilion at 251 E. Huron St.
- 441 E. Ontario St.
- 1913 W. North Avenue in Chicago's Bucktown neighborhood.
- Prentice Women's Hospital at 250 E. Superior St.

Before the Test

Please tell your doctor if you might be pregnant, are trying to become pregnant or are breastfeeding.

Also, please notify your doctor if you are on dialysis or have known kidney disease. If you are on dialysis, you will need to schedule dialysis on the day of your MRI, as well as the following day. This helps rid the body of any contrast dye used during the MRI exam.

Every MRI patient will be screened to ensure that certain safeguards are in place. Please tell your doctor or MRI staff before the exam if you have any metal inside your body. This may include:

- Pacemaker
- Aneurysm clip
- Ear or eye implant
- Joint or bone rods or clips
- Metal plate
- Bullets or shrapnel

It is also helpful to talk with your doctor if you:

- Cannot lie flat for about an hour.
- Have claustrophobia (are uncomfortable with closed-in spaces).

Please ask your doctor if you need to make any changes in your diet before this exam.
Otherwise, there is no special preparation for this test.

On the day of the test, plan to arrive 30 minutes before your test time. Also, be sure to bring:

- Your doctor's written order for the test.
- A list of all your current medications (prescription and over-the-counter).
- Medical insurance information.
- Medicare card (Medicare patients only).

If plans were made to give you any medicine to help you relax, you also will need a responsible adult to take you home. Also, there are special diet instructions. The scheduling MRI staff will discuss these with you before the exam.

Upon arrival, you will be asked to complete an MRI safety questionnaire and a medical history form.

Prior to the test, you will be taken to a locker room to change into a hospital gown and store your belongings. It is important that you remove all metal, including jewelry, credit cards, keys and dentures. The staff nurse then reviews your completed forms with you. An IV (into the vein) line is started in your arm or hand.

During the Test

Once you are taken into the exam room, you are introduced to the technologist (tech) and nurse who will perform the test. They can answer any questions you may have.

You are asked to lie on a table attached to the MRI machine. The nurse and tech help position you comfortably on the exam table. You are given a hand-held device to help you contact the tech during the test as needed. Ear plugs also are provided. If medication to relax you was ordered, it is injected into the IV at this time. You may be given an IV contrast agent (gadalinium dye) during the test. As the dye is injected, you may feel warm or flushed or you might notice a metallic taste in your mouth. This is normal. However, please notify the staff right away if you have shortness of breath, hives or itching.

Your body and the machine are lined up so that the proper area of your body can be examined. Then the table moves so that you are in the center of the machine. The tech keeps in contact with you throughout the exam. During the MRI, you will hear a loud drumming noise. It is very important that you lie still and follow instructions. Between scans, the drumming noise stops. You may be asked to hold your breath several times during the test.

When the exam is over, you will be assisted off the exam table.

After the Test

If relaxing medication was given, you must remain in the department for about an hour. Your blood pressure, heart rate, and oxygen level will be monitored by a nurse. Unless told otherwise, you may resume your normal activities and diet after the exam. It is helpful to drink extra fluids if a contrast agent was given. The contrast agent does not discolor your urine.

Most often, initial findings are sent to your doctor within 48 hours. A full report follows in about 5 business days.

Health Information Resources

For more information, visit Northwestern Memorial Hospital's Alberto Culver Health Learning Center.
This state-of-the-art health library is located on the 3rd floor of the Galter Pavilion. Health information professionals are available to help you find the information you need and provide you with personalized support at no charge. You may contact the Health Learning Center by calling 312-926-LINK (5465) or by sending an e-mail to **hlc@nmh.org**.

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The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312-926-3112, TDD/TTY 312-944-2358 and/or the Northwestern Medical Group.
Patient Representatives Department at 312-926-1920, TDD/TTY 312-695-3661.
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900854 (01/14)

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Bone Density Test

What is a Bone Density Test?

A bone density test is a painless, noninvasive procedure that measures the strength and density of your bones. As we age, our bone density decreases. Our bone density also decreases with menopause as estrogen, which is secreted when women are pre-menopausal, is no longer produced. Since estrogen helps to keep our bones strong, the decrease of estrogen that occurs in menopause can lead to a decrease bone density. The bone density test is used to monitor for osteoporosis, which is a bone condition in which the density of the bones has decreased, increasing the risk of bone fractures.

Some breast cancer treatments can increase the risk of osteoporosis, including anti-hormonal breast cancer medication such as Arimidex (anastrozole), Aromasin (exemestane), or Femara (letrozole). If you are on one of these medications, your oncologist will repeat a bone density every year or every two years to monitor your bone health.

What do I need to know about a Bone Density Test?

- The test takes between 10 and 30 minutes.
- We suggest you wear loose clothing with the absence of metal (zippers, buttons or belts).
- You will be asked to lie on your back on a table with an x-ray generator below you and a detector above you.
- Depending upon what body part is being examined (generally the spine or hip) you will be positioned accordingly on the table.
- Be sure to inform the technician before starting the exam of any problems you might have assuming various positions.

How long does it take to get the results of the Bone Density Test?

The results of your bone density can take up to two weeks. If you have not received a call with your results within two weeks, please call your oncologist to get the results.

What can I do to maintain or increase my bone density?

Strength training, weight training, jogging, and running can increase your bone density.

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Echocardiogram (ECHO)

What is an echocardiogram?

An echocardiogram is basically an ultrasound for your heart. An echocardiogram uses sound waves to produce images of your heart to look at your hearts ability to beat and pump blood to the rest of your body.

Some of the breast cancer treatments that your doctor may recommend can affect your heart. These treatments include Adriamycin, Herceptin and Perjeta. If your doctor recommends treatment with one of these medications, you will be asked to get an echocardiogram prior to starting treatment to ensure that your heart function is normal. If you will be receiving Herceptin, or Herceptin with Perjeta, you will be advised to get an echocardiogram every three months while on treatment.

What do I need to do for the Echocardiogram?

- Please bring a list of the medications, including herbals, vitamins and over-the-counter (OTC) drugs, to your exam.
- The exam typically takes about 30 minutes to complete.
- You will be asked to lie down on a table and to remove your clothes from the waist.
- The echocardiogram technician will apply sticky patches (electrodes) to your chest area. These “patches” allow the technician to monitor your heart rate during the exam.
- A warm gel will be applied to a wand that the technician will use to see how your heart is beating and pumping.
- The lights in the room will likely be dimmed so the technician can better see the images on their equipment.

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Section 5: Resources

- Supportive Oncology
- Resources in Your Community
- Local Cancer Support Resources
- Wigs
- Gilda's Club
- Look Good Feel Better
- Caregiver Support
- Lymphedema Therapy

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Supportive Oncology

The strain of being diagnosed and living with cancer can be overwhelming. Many people with cancer experience difficulty. The Supportive Oncology Program provides emotional and practical support for patients and their families at diagnosis, during treatment, and recovery, or at the end of life. Our multidisciplinary team is dedicated to listening and responding to patient concerns, promoting well-being and treating each individual with respect and compassion. Our Supportive Oncology Program works with clinical researchers who conduct clinical trials aimed at improving the psychosocial health of persons with cancer. Common concerns include how to:

- Talk with family, friends and employers about cancer
- Find accurate, trusted health information
- Manage the financial impact of cancer
- Find reliable transportation and lodging
- Cope with appearance-related concerns or challenging emotions
- Care for yourself while juggling treatment with work and family responsibilities
- Plan for life after treatment

Social Workers: Oncology social workers provide psychosocial services to patients, their families and caregivers. Social workers can provide emotional support; help the patient find resources close to home, and assist the patient and family with other practical needs and referrals as they navigate the healthcare system.

Robin Katz, MSW, LSW, Oncology Social Worker (Blood Cancers)	312.695.8186
Sandra Manley, MSW, LSW, Oncology Social Worker (Solid Tumor)	312.695.0766
Oncology Social Worker (Radiation Oncology)	312.926.4884
Jessica Voigts, LCSW, Oncology Social Worker (Brain Tumor Institute)	312.926.5351
Crystal Ward, MSW, LSW, Oncology Social Worker (Women's Cancers)	312.472.5820

Clinical Psychologists: Work with patients and family members to manage the stress, and difficult emotions that can often accompany cancer. They also help patients learn strategies to manage physical symptoms such as fatigue, pain, or sleep disturbances. Please call 312.695.0990 to schedule an appointment.

Timothy Pearman, PhD	**Sofia Garcia, PhD**	**Susan Yount, PhD**
Nan Rothrock, PhD	**Stacy Sanford, PhD**	**Linda Emanuel, MD, PhD**

Psychiatry Team: The psychiatry team provides psychiatric evaluation and treatment to patients in need of additional services. They work closely with the clinical cancer care and supportive care teams to manage the unique concerns, medications and symptoms of cancer patients. Lurie Cancer Center patients can be referred by any member of their health care team. Please call 312.695.0990 to schedule an appointment.

Mehmet Dokucu, MD, PhD, Director of Cancer Psychiatry Services
Aimee St Pierre, **APN,** Psychiatric Nurse Practitioner

Nurse Navigator: Serves as an educator, advocate, liaison, and guide before, during and after treatment, and throughout survivorship. Nurse Navigators can also connect the patient and their family to resources available both in the cancer center and in their community. Currently only certain specialties have a navigator: breast cancer, thoracic cancer and lung cancer.

Lynn Galuska Elsen, RN, BSN 312.472.5821
Mia Guthrie, RN, BSN 312.695.0847

Nutrition Services: Healthy eating is important for everyone, but people with cancer often have special concerns. Registered Dietitians provide up-to-date research-based nutrition advice throughout cancer treatment and into recovery. Please call 312.695.0990 to schedule an appointment.

Stephanie Gagliardo, RD, CDE, LDN (Galter 21 every other W,TR, and F) 312.695.2423
Jocelyn Lutkus RD, CSO, LDN (Galter 21 M, T, and every other W) 312.695.1192
Mary Reher, MS, RDN, LD (Prentice) 312.472.5823

Fertility Preservation Program Navigator: The Patient Navigator for Fertility Preservation is available to all patients in the Lurie Cancer Center who would like more information regarding the impact of treatment on future fertility. The Navigator works with the Lurie Cancer Center physicians as well as reproductive specialists to help patients with fertility concerns before, during and after treatment. Check out *preservefertility.northwestern.edu* to read more about Fertility Preservation options for patients at Northwestern.

Kristin Smith, Patient Navigator 312.503.3378 or 866.708.FERT

Coordinator of Supportive Oncology Education: The Coordinator of Supportive Oncology Education provides personalized assistance to patients and families seeking information on diagnosis, treatment options, support groups and clinical trials, and offers appropriate referrals to other information sources. She is also involved with outreach and oversight of our volunteer program.

Mariam Eldeib, MSW, LCSW 312.926.7377

Gilda's Club Chicago Hospital Program: Patients and families at the Lurie Cancer Center have on-site access to a wide range of programs offered by Gilda's Club Chicago. All activities are free of charge, and designed to provide knowledge and support while building a community among patients and caregivers.

Gosha Thornton, AM, LSW – GCC Hospital Program 312.464.9900

Financial Services: Financial counselors are available to help with billing concerns and reimbursement issues, as well as enrollment in financial assistance and free medication programs.

Financial Counseling 312.694.1701

American Cancer Society: The American Cancer Society offers appointments in the Lurie Cancer Center's Healing Boutique for patients who wish to obtain a free wig. To schedule a wig fitting or sign up for a Look Good…Feel Better session, call 312.472.5302. Call their national hotline to get connected to a patient navigator, find discount lodging and connect to other resources. 1.800.227.2345

Advance Directive Experts: Serve as a resource and facilitators to help patients understand what an advanced directive is and help people complete documents such as a Health Care Power of Attorney or Living Will. 312.695.1805

Pastoral Services and Education: Chaplains tend to a patient's emotional, social, and spiritual aspects of healing. You may contact Pastoral Services from 8 a.m. to 5 p.m., Monday through Friday. You can ask a healthcare professional to page a chaplain if you need assistance. 312.926.2028

Northwestern Medicine | Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Resources in your Community

The Chicagoland area has community support centers that offer services to patients and their loved ones FREE of charge. These organizations offer programs tailored to everyone effected by cancer, focusing on caregivers, men, and children, and providing education and support in all areas.

SUPPORT ORGANIZATIONS

After Breast Cancer Diagnosis	800.977.4121	afterbreastcancerdiagnosis.com
ALAS Wings	773.878.9195	alas-wings.org
Bright Pink	312.787.4412	brightpink.org
Cancer Care	800.813.HOPE (4673)	Cancercare.org
Cancer and Careers	646.929.8023	cancerandcareers.org
Cancer Legal Resource Center	866.843.2572	CancerLegalResourceCenter.org
Culinary Care	847.781.0955	culinarycare.org
FORCE	866.288.7475	facingourrisk.org
Imerman Angels	877.274.5529	imermanangels.org
LIVESTRONG Foundation	855.220.7777	livestrong.org
Living Beyond Breast Cancer	855.807.6386	lbbc.org
NeedyMeds	978.865.4115	needymeds.org
ROW	203.610.0246	recoveryonwater.org
SHARE	212-937-5586	sharecancersupport.org
Sharsheret	866.474.2774	sharsheret.org
Sister's Network	708.798.9171	sistersnetworkchicagochapter.org
Young Survivors Coalition	877.YSC.1011	youngsurvival.org

CREDIBLE HEALTH INFORMATION

American Cancer Society	800.227.2345	**cancer.org**
American Society of Clinical Oncology	888.651.3038	**cancer.net**
National Cancer Institute	800.422.6237	**cancer.gov**
National Institute of Health - Clinical Trials		**clinicaltrials.gov**
National Library of Medicine	888.346.3656	**medlineplus.gov**
National Coalition for Cancer Survivorship	877.622.7937	**canceradvocacy.org**
National Comprehensive Cancer Network	866.788.NCCN (6226)	**nccn.org/patients**

Northwestern Medicine®

Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Local Cancer Support Resources

The Chicagoland area has community support centers that offer services to patients and their loved ones FREE of charge. These organizations offer programs tailored to everyone effected by Cancer, focusing on caregivers, men, children and providing education and support.

Chicago

Gilda's Club Chicago
537 North Wells Street
Chicago, Illinois 60610
312-464-9900
www.gildasclubchicago.org

Northern Suburbs

Cancer Wellness Center
215 Revere Drive
Northbrook, Illinois 60062
847-509-9595
www.cancerwellness.org

Western Suburbs

Wellness House
131 North County Line Road
Hinsdale, Illinois 60521
630-323-5150
www.wellnesshouse.org

Far Western Suburbs

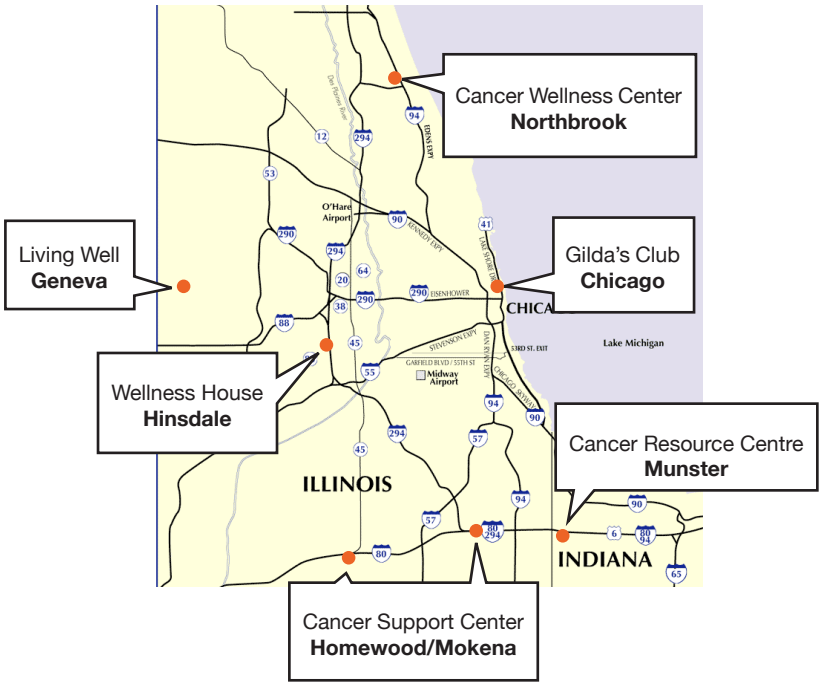
Living Well Cancer Resource Center
1803 West State Street
Geneva, Illinois 60134
630-262-1111
www.livingwellcrc.org

Southern Suburbs

Cancer Support Center Homewood
2028 Elm Road
Homewood, Illinois 60430
708-798-9171
Cancer Support Center Mokena
1950 Everett Lane
Mokena, IL 60448
708-478-3529
cancersupportcenter.org

Northwest Indiana

Cancer Resource Centre
926 Ridge Road
Munster, Indiana 46321
219-836-3349
www.cancerresourcecentre.com



National Cancer Information and Support

American Cancer Society
800-ACS-2345
www.cancer.org

National Cancer Institute
800-4-CANCER
www.cancer.gov

Cancer Care
800-813-HOPE
www.cancercare.org

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Wigs

It is important to check with your insurance carrier about coverage for wigs. Wigs, like prostheses are covered under durable medical equipment and you may need to make this purchase through a specific vendor that works with your insurance. Medicare and Medicaid do not cover wigs (cranial prostheses).

A Total Look Hair Design
1214 West Park Avenue
Libertyville, IL 60048 847-362-3411
Price range: $145 to $2,000
Wig type/construction: synthetic and human/custom designs
By appointment; turn around 3-5 days

A Woman's Place
222 Maple Avenue
Downers Grove, IL 60515 630-548-9346
Price range: $150-$400 synthetic; $800-$1,800 human
Wig type/construction: variety and custom
Walk in or by appointment; turn around 1-3 days

American Cancer Society
1-800-227-2345
Call to find local office with free wig bank
http://www.tlcdirect.org/Wigs-for-Cancer-and-Chemotherapy-Patients-TLC-Wig-Collection-American-Cancer-Society-TLC-Direct

AMS Designs, Inc.
President Plaza 1
8600 West Bryn Mawr, Suite 100
Chicago, IL 60631 773-380-8888
Price range: $300-$350
Wig type/construction: synthetic; focus on custom
By appointment; turn around varies

Brian Blanchard, Ltd.
5969 North Leader Street
Chicago, IL 60601 312-565-1200
Price Range: top tier custom design and styling
Wig type/construction: synthetic and human
By appointment; turn around varies

BSM International
7900 North Milwaukee (Oak Mill Mall)
Niles, IL 60714 847-966-5200
Price Range: $25-$450 synthetic; $700-$1,500 human
Wig type/construction: all type; large inventory
By appointment; turn around 3-5 days

Carol's House of Hair
915 East Rand Road
Arlington Heights, IL 60004 847-858-9844
Price Range: $175-$600 synthetic; $800-$2,500 human
Wig type/construction: all type; large inventory
By appointment; turn around 3-5 days

Chrysalis
3015 West Roscoe Street
Chicago, IL 60618 312-622-1475
Price Range: $400-$800 synthetic; $1,200 to $4,000 human
Wig type/construction: large inventory
By appointment; turn around 3-4 days

The content and information contained in this material is not intended to serve as an endorsement of the listed organizations and / or goods, services, or information they may provide for you. This content is not intended to be a substitute for professional medical advice and should not be interpreted as treatment recommendations. You should always contact your physicians and healthcare providers with any questions or concerns related to your care.

Custom Wigs
4065 North Milwaukee
Chicago, IL 60641 773-777-0222

Price Range: $100-$400 synthetic; $400-$1,500 human
Wig type/construction: large inventory
By appointment; turn around 7-10 days

Cancer Support Center:
Gentle Changes Hair Prostheses
19657 South LaGrange Road
Mokena, IL 60448 708-478-3529

2028 Elm Road
Homewood, IL 60430 708-798-9171

Price Range: $200 synthetic
By appointment
Offers a range of support services to cancer patients; i.e., counseling, nutrition and in some cases free wigs

Hair Trauma Center
155 North Michigan Avenue
Chicago, IL 60601 312-759-5043

Price Range: $250-$350 and up
Wig type/construction: human
By appointment; turn around 7-10 days
www.hairtraumacenter.com

Images International
18015 Torrance Avenue
Lansing, IL 60438 219-736-7300

2803 West Butterfield
Oakbrook, IL 60523 630-572-3700

Price Range: $50-$200 synthetic; $300-$800 human
Wig Type/construction: large inventory
By appointment; turn around 2-4 days

JCrager Alternatives
Salone Capriccio
2167 North Clybourn
Chicago, IL 60614 312-565-1900

Price Range: $300-$3,000
Wig type/construction: synthetic and human; full styling
By appointment
www.jcrageralternatives.com

Jerome Krause Fashion Hair
9150 North Crawford Avenue #100
Skokie, IL 60076 847-673-2442

Price Range: $200-$700 synthetic; $900-$5,000 human
Wig type/construction: large inventory
By appointment; turnaround 2-4 days (2.5% tax for patients)
www.jeromekrause.com

Julianne's Inc.
544 South Roselle Road
Schaumburg, IL 60194 847-895-4591

Price Range: $500 starting price, includes haircuts
Wig type/construction: synthetic
By appointment; turn around in stock or one week
www.juliannessalon.com

Kathleen's Creative Expressions
665 Ridgeview Drive
McHenry, IL 60050 815-759-0329

Price Range: $350+ synthetic; $1,200+ human
Wig type/construction: synthetic and human; radiation coverage
By appointment; turn around 1-2 week; overnight if needed
http://www.kcexpressions.net/

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Look Alike Solutions
580 Roger Williams
Highland Park, IL 60053 847-432-4372
Price Range: $400-$500 synthetic; $4,000-$5,000 human w/styling
Wig type/construction: large inventory
By appointment; turn around 1-2 days
www.lookalikesolutions.com

Loyola Hospital Image Renewal Center
Cardinal Bernadine Building
2160 South First Avenue
Maywood, IL 60153 888-584-7888
Price Range: $150-$180 synthetic
Wig type/construction: synthetic only
By appointment; turn around 1-2 weeks
http://loyolamedicine.org/visit-us/cardinal-bernardin-cancer-center

LuLu's Wiggin Out
63 North Williams Street
Crystal Lake, IL 60014 815-356-9900
Price Range: $200-$400
Wig type/construction: large inventory; synthetic only
By appointment; turn around 1 week

Naturally Yours
7219 South Kingery
Willowbrook, IL 60527 630-570-5004
Price Range: $299-$2,100
Wig type/construction: synthetic or human; large inventory
By appointment; turn around 1 week if ordered

PBS Hair Innovations
7516 Madison Street
Chicago, IL 60602 312-726-0130
Synthetic: $300-$500 (outsourced); $1,000-$1500 (custom)
Human: $500-$700 (outsourced); $2,500-$3,000 (custom)
By appointment only; 7 days a week; 8am to 5pm
Turn around 2-3 weeks (outsourced); 6-8 weeks (custom)

Reed's Women's Apparel & Wig Salon
528 Northwest Highway
Cary, IL 60013 847-516-9999
Price Range: $159-$179
Wig type/construction: synthetic only
Drop by Wednesdays or Saturdays; turn around 2 weeks

Sharon's Hands on Hair Care
610 East Franciscan Drive
Crown Point, IN 46307 219-663-6539
Price Range: $150-$350 synthetic; $700-$1,300 human
Wig type/construction: large inventory
By appointment; turnaround 2 days
Residents of Lake, Porter, Jasper and Newton counties are eligible for $150 from the Pink Ribbon organization if insurance. Does not cover wig reimbursement.

Second Act at Flourish Studios
2924 North Lincoln Avenue
Chicago, IL 60657 773-525-2228
Price Range: $200-$600
Wig type/construction: synthetic only; small inventory
By appointment; turnaround 7-10 days if ordered
www.secondactchicago.com
Aetna and Blue Cross PPO and will submit to these insurance companies for payment. Certified mastectomy fitter.

Wigs for Kids
24231 Center Ridge Road
Westlake, OH 44145 440-333-4433
Go to www.wigsforkids.org and download application
Price Range: Free to those who qualify

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Gilda's Club Chicago at the Lurie Cancer Center

Galter Pavilion, 21st Floor, 675 North St. Clair Street, Chicago, IL 60611

"COME AS YOU ARE" YOGA : This class, led by a certified yoga instructor, is designed for beginners and those with physical challenges, or for those who just want a gentle stretching class. This activity may be done seated in a chair or standing. **TUESDAYS: 9:30AM-10:30AM**

T'AI CHI CHIH® : T 'ai Chih Chih promotes joy through movement with a modern technique based on ancient Chinese wisdom and 19 simple and slow gentle movements. T'ai Chi Chih is a mix of meditation and movement that has been shown to reduce stress. It can be done while sitting or standing and is fun to learn! For all ages and physical conditions. No special clothing required.
Facilitator: Deb Sitron, Licensed LMT & Board Certified NCBTMB **WEDNESDAYS: 9:30AM-10:30AM**

CRAFTS: Relax by engaging in a crafty project. Activities include beading, tracing, and painting. Supplies provided. All skill levels are welcome. ***Facilitator: Lindsey Newman, BFA, Art Instructor***
TUESDAYS: 10:30AM-12:00PM

KNITTING: Explore the wonderful world of handcrafted fibers as you learn how to knit in the European style!
THURSDAYS: 10:00AM-11:00AM

ART AS RELAXATION: Learn origami and be surprised by the sense of accomplishment after making your first paper crane. Other art projects may also be featured. **WEDNESDAYS: 9:30AM-11:00AM**

JEWELRY MAKING: Here you will learn ways to create original accessories like earrings, necklaces, bracelets and more! The classes will offer an atmosphere of learning and support for those seeking to be creative.
THURSDAYS: 9:30AM-11:00AM

Prentice Women's Hospital, 250 East Superior Street, Chicago, IL 60611

JOURNAL WRITING can be a form of mediation and stress relief, while at the same time allowing the individual to express themselves and explore their creative side. This group will teach journal writing techniques and will give participants a chance to share their writing with others. **THURSDAYS: 11:00AM-12:00 5th Floor**

SPIRITUAL AWAKENINGS: A weekly space for patients, families, and staff to enjoy 30 minutes of music, meditation, or inspirational literary works. Each Thursday holds something special and be sure not to miss the second Thursday of the month when we feature something extra-special! Stop by to rejuvenate, relax, and restore
THURSDAYS: 11:15AM-11:45AM Chapel 3rd Floor

Become a member of Gilda's Club Chicago to be a part of our community of support. Free membership is available to any adult or child whose life has been touched by cancer. ***By request 312-464-9900, Wednesdays: 11: 00AM-12:00PM***

ARTIST- IN - RESIDENCE: PWH 14th, 15th and 16th floors
Do you remember the pleasure you had making art as a child? Relax by painting, drawing, and tracing. An art instructor is going from room to room with art supplies and suggestions.

ART AS RELAXATION: Galter 21 and PWH In the Infusion Clinics
An art instructor is going from room to room with art supplies and suggestions. Learn and be surprised by the sense of accomplishment after making your own art.

American Cancer Society: Look Good Feel Better

The Latest Cancer Treatments
Aren't Always Prescribed by Doctors

Please join us for

Look Good…Feel Better®

A FREE workshop that teaches beauty techniques to women who are actively undergoing cancer treatment, to help them combat the appearance-related side effects of radiation and chemotherapy.

Look Good Feel Better Schedule

4th Monday of the month: 10:00 am to 12:00 pm
2nd Wednesday of the month 4:00pm to 6:00pm

To find a program in your neighborhood check out:
lookgoodfeelbetter.org/programs

Wig Program

Free wigs offered to women who have experienced hair loss due to the effects of chemotherapy and radiation. By appointment only.

Location:
Prentice Women's Hospital
5th Floor, Suite 520, Supportive Oncology

To register or to make an appointment: Call 312-472-5302

Caregiver Support

As a caregiver, it is important that you take care of yourself! Often times, people that are a caring for a loved one forget to care for themselves. However, in order to best care for your loved one, you have to be healthy as well. Here are some tips on caring for yourself:

- Keep up with your routine doctor appointments, try to get 8 hours of sleep a night, exercise, and set aside time for yourself each day

- Ask for assistance from friends and/or family
  - Often times others want to help and this will you to have some time for yourself

- Talk with your employer about Family Medical Leave
  - Most employers allow up to a 12-week unpaid, job protected leave to care

- Learn more about your loved one's breast cancer
  - Understanding your loved one's diagnosis and treatment will help you to better understand what to expect

- Join a support group for caregivers
  - It is normal to feel overwhelmed when caring for a loved one with cancer. Caregiver support groups are a great resource to not only meet others in a similar situation, but to learn strategies to cope with your own feelings regarding your loved one's breast cancer diagnosis

Lymphedema Therapy

Certified lymphedema therapists have received specialized training in lymphatic drainage using special techniques to move the lymphatic fluid through the nodes which are still operable. They are also trained to fit compression garments which if ill fitting can create additional problems to the lymphatic system.

Lakeshore Sports Physical Therapy

- 2929 North Southport Avenue, Chicago, IL 60657 ~ 773.665.9950
  Stephanie Penny ~ sp@lakeshoresportspt.com

Midwest Rehabilitation Services, Ltd.

- 7530 Woodward Avenue, Suite C, Woodridge, IL 60517 ~ 630.910.8480
- 1125 Westgate Street, Oak Park, IL 60301

NorthShore Medical Group

- Sky Fitness Center, 1501 Busch Parkway, Buffalo Grove, IL 60089 ~ 847.419.7150
- Evanston Medical Office, 1000 Central Street, Suite 101, Evanston, IL 60201 ~ 847.570.2060
- Highland Park Hospital, 777 Park Avenue West, Highland Park, IL 60035 ~ 847.480.3920

NovaCare Rehabilitation®

- Hyde Park ~ 1525 East 55th Street, Chicago, IL 60615 ~ 773.667.8800
- McHenry ~ 370 Bank Drive, McHenry, IL 60050 ~ 815.344.1919
- Mt. Prospect ~ 301 East Rand Road, Mt. Prospect, IL 60056 ~ 847.398.1775
- Northwestern ~ 150 East Huron Street, 8th Floor, Chicago, IL 60611 ~ 312.640.2473
- Oak Park ~ 1114 Lake Street, Oak Park, IL 60301 ~ 708.383.3897
- South Loop ~ 1151 South State Street, Chicago, IL 60605 ~ 312.583.1220

Osher Center for Integrative Medicine

- 150 East Huron Street, Suite 1100, Chicago, IL 60611 ~ 312.926.3627
- Certified Massage Therapists Only

Provena Physical Rehab & Sports Injury Center

- 2400 Glenwood Avenue, Joliet, IL 60435 ~ 815.741.7114

Rehabilitation Institute of Chicago

- 345 East Superior Street, Chicago, IL 60611 ~ 312.238.1000

Section 6: Personal Documents

- Voice In Your Future

Northwestern Medicine®
Northwestern Memorial Hospital

Voice in Your Future

Who Will Speak for Me? A Voice in Your Future: Your Health, Your Decision

At Northwestern Memorial Hospital, we honor your right to make your healthcare wishes known. The Illinois Power of Attorney for Healthcare was created so that you have a voice in your medical treatment even if you are unable to speak for yourself. The law allows you to complete a Power of Attorney for Healthcare to designate someone to make healthcare decisions if you cannot.

For any of us, the time may come when an accident or illness leaves us temporarily unconscious or otherwise unable to make decisions. The time may come when no medical treatment will restore our physical health. Because this can happen to anyone, we encourage everyone to designate a decision maker.

It is easy to complete a Power of Attorney for Healthcare:
- There is no cost.
- You do not need a lawyer.
- You can prepare it at home or at the hospital.

The Power of Attorney for Healthcare allows you to name a person to act as your "agent" to make decisions on your behalf when you cannot do so.

Your Agent Acts for You Only When You Cannot Make Your Own Decisions.

You can appoint any adult as your agent, except a healthcare provider involved in your care. Most people appoint a trusted family member or friend. Before you appoint an agent, we recommend that you ask the person if they are willing to make decisions on your behalf and make certain they understand your wishes about the kind of medical treatment you want. You can have only one agent, but it is a good idea to list "successor" agents in case the first person you choose is unavailable.

The agent's role is to make healthcare decisions for you.
- You may give your agent all the powers that you would normally have and the power to consent to, or refuse, any type of healthcare.
- You can place limitations on your agent's power or can give your agent specific rules to follow.
- If you have registered to be an organ donor in Illinois (donatelifeillinois.org), your agent does not have to make this decision. If you have not registered, your agent would have to make that decision.

The standard form of the Power of Attorney for Healthcare contains blanks for you to fill in, if you choose, with instructions for your agent. It also contains three statements about life-sustaining treatment. You can select the statement that is closest to your own intentions or you can write your own. If you decide to write your own, we recommend you discuss it with your physician to be sure that it reflects your own medical situation.

Facts About the Power of Attorney for Healthcare

- You may use a standard form or you may write your own.
- The form does not need to be prepared by a lawyer.
- The form does not need to be signed by a physician. However, we encourage you to discuss your thoughts and preferences with your physician to make sure that your form reflects the choices you want.
- The form is free and you can find it at **www.nmh.org/nm/hospital-guide-advance-directives**, in our Health Learning Center, on the State of Illinois website at **idph.state.il.us/public/books/advin.htm** or by asking a chaplain, social worker or patient representative at Northwestern Memorial.
- If you used a form from another state that meets the Illinois legal requirements, we will honor it.

How Do I Prepare a Power of Attorney for Healthcare?

While you are a patient, the hospital staff can assist you in completing the Power of Attorney for Healthcare. In the hospital's Health Learning Center, you can find educational videos and other resources about advance directives.

What Do I Do With the Power of Attorney for Healthcare When I Complete It?

Give copies to your primary care physician, your hospital physician and close family members or friends. If you are admitted to the hospital, we will scan the documents into your electronic medical record so they are available to the clinical team.

We encourage you to talk with your physicians, family and friends about how you want to be cared for if you can no longer speak for yourself. It is especially important to discuss the kind of treatment you would like to receive if you have a terminal condition or are unable to make your own decisions for an extended period of time. We also encourage you to talk to a trusted physician who knows you well as you think about these issues.

Consider:

- Do you believe that sometimes the burden and pain of treatment might be greater than the benefit?
- Do you have special concerns or questions about artificial ventilation, tube feedings or other kinds of treatment administered when you are terminally ill?
- Do you have any special concerns about pain or comfort care? Your physicians and nurses will always provide pain management and comfort care along with other care and treatment according to your needs and preferences.

If you complete a Power of Attorney for Healthcare and later change your mind, you can revoke the document by tearing it up or stating that it is being revoked. Each time you are admitted to the hospital, we will ask you if we have the most current copy.

Other Advance Directives

There are other forms of advance directives that some patients may wish to use.

- The Do Not Resuscitate (DNR) order is helpful to patients nearing the end of life who do not want any attempts made at CPR (cardiopulmonary resuscitation), including shocks attempting to restore heartbeat and support of breathing by a tube placed in the windpipe and attached to a breathing machine (ventilator). While you are in the hospital, your physician can enter an order so that CPR is not attempted. Patients with a DNR order may still receive the full range of other necessary medical treatment, including pain management and comfort care, medication, therapy, dialysis and sometimes even surgery.

If you want to have this order available even when you are at home, the State of Illinois has a form you may use at **idph.state.il.us/public/books/advin.htm** or you can ask for it at the hospital. This order must be signed by the patient and a physician. If you bring this order to the hospital, it will be honored. If you would like to prepare one before you go home from the hospital, we will assist you.

- A Mental Health Treatment Preference Declaration lets you say whether you consent to receive electroconvulsive treatment, psychotropic medicine or admission to a mental health facility when you have a mental illness. You may name someone to make decisions about mental health treatment if you are incapable. A form is available at **idph.state.il.us/public/books/advin.htm.**

If You Do Not Specify a Decision Maker

If you decide not to designate an agent and if you cannot make your own decisions, under Illinois law, a limited range of healthcare decisions will be made by your legal "surrogate," in this order of priority:

1. Court-appointed guardian (if any)
2. Spouse
3. Adult child
4. Parent
5. Adult brother or sister
6. Adult grandchild
7. Close friend
8. Court-appointed guardian of the estate

If more than one family member is in the same category, the majority must make the decision. For example, if there are three adult children, at least two must agree. In making healthcare decisions, the family members or friends must try to come to the same decision that the patient would have. However, a surrogate under Illinois law does not have the same authority or decision-making power that an agent has under the Power of Attorney for Healthcare.

We recommend that everyone complete a Power of Attorney for Healthcare to be sure that your wishes will be followed.

Hospital Resources

We encourage you to discuss any questions about your care and treatment with your personal physician and the other physicians, nurses and caregivers who care for you during your hospital stay. The following individuals also are on staff at Northwestern Memorial and available to assist:

Chaplains
312-926-2028

Patient Representatives
312-926-3112

For More Information:

Alberto Culver Health Learning Center
Northwestern Memorial Hospital
Galter Pavilion
Third floor
312-926-5465

Northwestern Memorial Hospital
www.nmh.org
Download Advance Directives forms under the Hospital Guide tab by clicking on "Patient Stay & Care."

Illinois Department of Public Health
idph.state.il.us/public/books/advin.htm

Register as an Organ Donor in Illinois
donatelifeillinois.org

If you need assistance, feel free to ask your nurse, chaplain, social worker or patient representative.

Northwestern Medicine®
Northwestern Memorial Hospital

251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2000
nmh.org

OUR MISSION

Northwestern Memorial is an academic medical center hospital where the patient comes first. We are an organization of caregivers who aspire to consistently high standards of quality, cost-effectiveness and patient satisfaction. We seek to improve the health of the communities we serve by delivering a broad range of services with sensitivity to the individual needs of our patients and their families. We are bonded in an essential academic and service relationship with Northwestern University Feinberg School of Medicine. The quality of our services is enhanced through their integration with education and research in an environment that encourages excellence of practice, critical inquiry and learning.

MIX
Paper from responsible sources
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The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call the Northwestern Memorial Hospital Patient Representatives department at 312-926-3112, TDD/TTY 312-944-2358 and/or the Northwestern Medical Group Patient Representatives Department at 312-926-1920, TDD/TTY 312-695-3661.

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Published by the Department of Communications, Northwestern Memorial HealthCare
4449-13

Northwestern Medicine®
Northwestern Memorial Hospital

Dear Patient,

In this packet you will find a copy of the official State of Illinois "**POWER OF ATTORNEY FOR HEALTH CARE**."

We invite all patients to complete this form, so that you can tell us who can speak for you if there is ever a time when you cannot speak for yourself.

When you complete this form, you are choosing one person who will have all the same power you would have to make decisions for yourself, if there is ever a time when you cannot make them.

If you don't use a Power of Attorney document, then Illinois state law determines who can speak for you as your "surrogate." However, a health care surrogate's power to make decisions may be very limited in certain situations. For example, a health care surrogate cannot tell your health care providers to withdraw or withhold life-sustaining treatment unless you have certain "qualifying conditions." You may want these limits, or you may not.

If you want to be specific in choosing ***who*** will make decisions for you, and ***what limits*** there should be on those decisions, then the Power of Attorney for Health Care is the best way to make your wishes known.

Hospital staff are available to help you complete this form if you wish. Please ask your nurse to contact a chaplain, social worker, or patient representative. We encourage you to discuss this subject with your doctor and your family as well. A witness to your signature is required by law. Information on who may and may not serve as a witness to your signature is found at the end of the Power of Attorney document.

We will store this document with your medical record. However, we will ask you for the document at each visit or admission, because it is important for your care that we have the most recent one readily accessible. Please bring it every time you come to NM for care.

Thank you for taking time to plan so that you receive the care that is right for you.

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE

NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your "health care agent." Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written form is often called an "advance directive." You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and on-line resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision-making authority once this document goes into effect, in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

(i) What is most important to you in your life?

(ii) How important is it to you to avoid pain and suffering?

(iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?

(iv) Would you rather be at home or in a hospital for the last days or weeks of your life?

(v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?

(vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?

(vii) Do you have an existing advance directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the decisions your agent could make are to:

(i) Talk with physicians and other health care providers about your condition.

(ii) See medical records and approve who else can see them.

(iii) Give permission for medical tests, medicines, surgery, or other treatments.

(iv) Choose where you receive care and which physicians and others provide it.

(v) Decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.

(vi) Agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.

(vii) Decide what to do with your remains after you have died, if you have not already made plans.

(viii) Talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

You can pick a family member, but you do not have to. Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

(i) is at least 18 years old;

(ii) knows you well;

(iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;

(iv) would be comfortable talking with and questioning your physicians and other health care providers;

(v) would not be too upset to carry out your wishes if you became very sick; and

(vi) can be there for you when you need it and is willing to accept this important role.

WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate."

There are reasons why you may want to name an agent rather than rely on a surrogate:

(i) The person or people listed by this law may not be who you would want to make decisions for you.

(ii) Some family members or friends might not be able or willing to make decisions as you would want them to.

(iii) Family members and friends may disagree with one another about the best decisions.

(iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

WHAT IF THERE IS NO ONE AVAILABLE WHOM I TRUST TO BE MY AGENT?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

Follow these instructions after you have completed the form:

(i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it.

(ii) Ask the witness to sign it, too.

(iii) There is no need to have the form notarized.

(iv) Give a copy to your agent and to each of your successor agents.

(v) Give another copy to your physician.

(vi) Take a copy with you when you go to the hospital.

(vii) Show it to your family and friends and others who care for you.

WHAT IF I CHANGE MY MIND?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to, your agents and your physicians.

WHAT IF I DO NOT WANT TO USE THIS FORM?

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you, designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers, but it need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.

MY POWER OF ATTORNEY FOR HEALTH CARE

THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.

(You must sign this form and a witness must also sign it before it is valid.)

My name (print your full name): _____

My address: _____

I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT
(an agent is your personal representative under state and federal law):

(Agent name) _____

(Agent address) _____

(Agent phone number) _____

MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

(i) Deciding to accept, withdraw, or decline treatment for any physical or mental condition of mine, including life-and-death decisions.

(ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.

(iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.

(iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

I AUTHORIZE MY AGENT TO (please check any one box):

☐ Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.

(If no box is checked, then the box above shall be implemented.) **OR**

☐ Make decisions for me starting now and continuing after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements.

SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES (optional):

☐ The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.

☐ Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

SPECIFIC LIMITATIONS TO MY AGENT'S DECISION-MAKING AUTHORITY:

The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care. If you wish to limit the scope of your agent's powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically in this form.

_____

_____

My signature: _____

Today's date: _____

HAVE YOUR WITNESS AGREE TO WHAT IS WRITTEN BELOW, AND THEN COMPLETE THE SIGNATURE PORTION:

I am at least 18 years old. (Check one of the options below):

☐ I saw the principal sign this document, or

☐ The principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal's physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness printed name: _____

Witness address: _____

Witness signature: _____

Today's date: _____

SUCCESSOR HEALTH CARE AGENT(S) (optional):

If the agent I selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names):

_____

(Successor agent #1 name, address and phone number)

_____

(Successor agent #2 name, address and phone number)

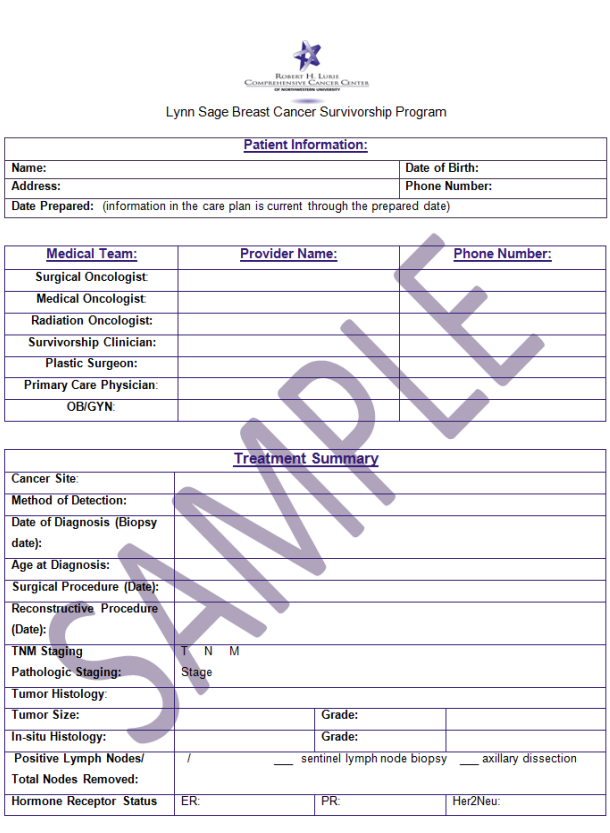
Section 7: Survivorship Documents

- Survivorship
- Survivorship Resources

Survivorship

Northwestern Medical Group and the Robert H. Lurie Comprehensive Cancer Center are committed to providing the best care to our patients from the time of diagnosis through the completion of therapy and into survivorship. To ensure you remain in the best health post-treatment, you will meet with one of our advanced practice providers (APP) in the survivorship clinic. This visit should be scheduled within six months of completing chemotherapy and/or radiation.

After meeting with the survivorship APP, you will receive a completed treatment summary (as pictured below) detailing your diagnosis and treatment and an individualized survivorship care plan. The care plan serves as your roadmap for health and wellness. It addresses follow-up care as well as known side effects and potential late effects you are at risk for due to the treatment of breast cancer.



Lynn Sage Breast Cancer Survivorship Program

Patient Information:	
Name:	Date of Birth:
Address:	Phone Number:
Date Prepared: (information in the care plan is current through the prepared date)	

Medical Team:	Provider Name:	Phone Number:
Surgical Oncologist:		
Medical Oncologist:		
Radiation Oncologist:		
Survivorship Clinician:		
Plastic Surgeon:		
Primary Care Physician:		
OB/GYN:		

Treatment Summary			
Cancer Site:			
Method of Detection:			
Date of Diagnosis (Biopsy date):			
Age at Diagnosis:			
Surgical Procedure (Date):			
Reconstructive Procedure (Date):			
TNM Staging Pathologic Staging:	T N M Stage		
Tumor Histology:			
Tumor Size:		Grade:	
In-situ Histology:		Grade:	
Positive Lymph Nodes/ Total Nodes Removed:	/ ___ sentinel lymph node biopsy ___ axillary dissection		
Hormone Receptor Status	ER:	PR:	Her2Neu:

SAMPLE

Lynn Sage Breast Cancer Survivorship Program

Genetics:			
Genetic Counseling Completed:			
Completed Genetic Testing:	BRCA 1:	BRCA 2:	BART:

Chemotherapy and Biologic Therapy:			
Agent	Dose/Frequency	Cycles	Dates
Anthracycline Used:			
Lifetime Anthracycline Dose:			
Colony Stimulating Factors Used:			
Notable Side Effects/Adverse Reactions:			
Echocardiogram: Baseline: Most Recent:			

Radiation Therapy:			
Site	Total Dose	Dates	Comments

Endocrine Therapy:			
Agent	Dose/Frequency	Dates	Comments

Additional Breast Biopsies/Procedures:		
Site	Date	Results

Additional History:

SAMPLE

Northwestern Medicine | Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Survivorship Resources

Now that you have finished treatment, it is important for you to consider that all of your needs are being met.

- ✓ **Physical Needs**
- ✓ **Emotional Needs**
- ✓ **Day-to-Day Concerns**

Topics Addressed in Survivorship:

Cancer surveillance and screening exams
Cancer Risk Reduction
Bone Health
Heart Health
Sexual Health
Hot Flashes
Emotional Health
Fatigue
Memory Problems
Weight Changes
Pain and Swelling

Organizations that can provide credible information and support:

American Cancer Society	800.227.2345	cancer.org
The Survivorship Center	800.227.2345	cancer.org/survivorshipcenter
National Cancer Institute	800.422.6237	cancer.gov
National Coalition for Cancer Survivorship	877.622.7937	canceradvocacy.org
Cancer Care	800.813.HOPE (4673)	cancercare.org
American Pain Foundation	888.615.7246	painfoundation.org
LIVESTRONG		livestrong.org
Cancer Support Community		cancersupportcommunity.org
Survivorship A to Z		survivorshipatoz.org/cancer
Patient Advocate Foundation		patientadvocate.org

Section 8: Follow Up

- Follow Up Schedule

Follow Up Schedule

You will need to see a health care professional from your breast cancer team (i.e. medical oncology team, surgical oncology team, radiation oncologist) every 3-4 months for the first two years after you are diagnosed with breast cancer. After two years, you will continue to follow-up every 6 months. When you are 5 years out from your diagnosis, you will follow-up with you medical oncologist once a year.

Date of Diagnosis:_____

Follow-ups every 3-4 months x 2 years

Follow-ups every 6 months till year 5

Follow-ups annually