

Wellness Throughout Your Journey

Your body will undergo many changes and stresses during your treatment and recovery period. Leading a healthy lifestyle before, during and after cancer treatment, and knowing what to expect, will help make your journey easier.

Nutrition

Good nutrition is a vital part of cancer treatment and survivorship. Healthy eating can improve your strength and energy levels, increase tolerance of side effects, help to maintain a healthy weight, decrease risk of infection, promote healing and lower breast cancer risk. Eating the right foods before, during and after treatment is important for recovery. Be aware that your treatment plan may affect your appetite.

Basic Dietary Guidelines

- **Eat fruits, vegetables and whole grains:** Fruits, vegetables and whole grains are known to contain phytochemicals with antioxidant, antiestrogen and chemopreventative properties. Phytochemicals are compounds produced by plants such as flavonoids, catechins, carotenoids and polyphenols. Fruits and vegetables which have vibrant color or belong to the cruciferous vegetable group (cauliflower, broccoli, kale, etc.) are especially high in phytochemicals. During treatment, soups & smoothies are a great and appealing way to get these nutrients. Strive for 8 to 10 fruits and vegetables daily.
- **Choose whole grains:** They are minimally processed and are high in complex carbohydrates, fiber, vitamins, minerals and phytochemicals.

- **Eat protein:** Protein is needed for many different functions like making genes, blood, tissue, muscle, collagen, skin, hair and nails, hormones, enzymes, nutrient carriers, infection-fighting antibodies, neurotransmitters and other chemical messengers. During cancer treatment: chemotherapy, surgery and radiation; having enough protein is needed for:
 - Repair and recovery
 - Maintaining muscle
 - Helping to restore the gastrointestinal tract
 - Boosting blood counts
 - Healing tissues
 - Boosting the immune system
 - Reducing fatigue

The best protein sources are eggs, fish (wild), poultry, red meat, dairy, legumes, nuts & seeds and whey protein. Avoid processed meats. It is best to find locally sourced and grass fed animal protein.



- **Choose healthy fats:** Fats are essential to health but it is important to select them wisely. Avoid trans fats (which are created during the manufacturing process; often called hydrogenated oil or partially hydrogenated). Highly processed oils like canola oil, corn oil, soybean oil, vegetable oil, peanut oil, sunflower oil, margarines should be replaced by healthy fats like olive oil, coconut oil, avocado oil, ghee, butter, flax oil, avocados, wild caught fish, olives, nutbutters.

- **Eat fiber rich foods:** Fiber is the part of food that cannot be digested and is found in fruits, vegetables, whole grains and legumes. Start with Vegetables first. You should aim to eat 30 to 35 grams of fiber per day. Increase your fiber intake slowly and make sure to increase your fluid intake too.
- **Avoid processed foods and those high in sugar:** Eat whole foods that are minimally processed when possible like a piece of fruit, carrot sticks, or plain yogurt with fresh fruit. Avoid foods that are processed like packaged cookies, snack foods and sweetened soda. Processed foods typically are high in refined sugar, unhealthy fats, and calories and are low in fiber and phytochemicals.
- **Be mindful of your portions:** During treatment it is important to maintain your weight (if you are overweight discuss whether gradual weight loss is appropriate during treatment). After treatment it is very important to achieve and maintain a healthy weight; you should aim for the lower end of a normal BMI. Women who maintain a healthy weight after treatment are less likely to have their cancers reoccur and less likely to develop new breast cancers. If you are underweight, you may want to increase your portions of healthy foods to gain weight gradually.
- **Non-GMO:** GMO products are products that have been produced by modifying its genetic make-up in unnaturally occurring ways. There are many health concerns about consuming GMO products. In fact, over 60 countries in the world do not rate them as safe. In the United States and Canada, GMO products are not allowed in food products that are certified organic. So, the best way to avoid GMO foods is to buy organic, or products verified by the “Non-GMO Project”. More information can be found at <https://www.nongmoproject.org/>.
- **Soy:** Soy is an excellent source of plant based protein and contains healthful nutrients such as B-vitamins, iron, calcium and isoflavones. However concern has been raised that soy acts as a plant based estrogen and the effect on women who have breast cancer has been unclear. Current research suggests that eating several servings of soy a week is safe if the soy comes from whole foods such as soy beans (edamame), tofu and soy milk. Soy products should be organic and non-GMO. You should avoid soy protein powders which are highly concentrated forms of processed soy.
- **Keep hydrated by drinking plenty of water:** Staying hydrated is important since water carries nutrients and waste products in the body, keeps your joints moving smoothly, and aids in body temperature regulation. It is important to increase your fluids when you increase the fiber in your diet. Water is the best way to hydrate your body, but including herbal and green tea, non-fat milk and water infused with fresh fruit or cucumber are other options. Limit the amount of high sugar drinks such as soda and fruit juice as well as alcoholic beverages.

Additional Thoughts

- **Organic foods:** There is a great deal of confusion regarding eating organic food. “Organic” is used for foods grown without synthetic pesticides and genetic modifications. It is also used for meat, poultry, eggs and dairy products that come from animals that are not given antibiotics or growth hormones. The Environmental Working Group (<http://www.ewg.org/>) produces an annual list of foods that have higher and lower pesticide residue (the “Dirty Dozen” and “Clean Fifteen”) which can help you focus on which foods to buy organic and which are appropriate to buy conventional.

Do not hesitate to ask to meet with a dietician to learn more about good nutrition and how to tailor these suggestions to your needs and lifestyle.

Exercise

There is a new concept called “prehabilitation” which is when you focus on making yourself healthier before starting cancer treatment. Research shows that doing this helps with possible side effects as well as emotional and mental balance during and after treatment. Prehabilitation includes nutrition and stress reduction (which are detailed elsewhere in this binder). It also includes exercise.

The benefits of exercise in helping people deal with fatigue, mood swings and other side effects during and after treatment are well-documented. Significant evidence also suggests that exercise may reduce the risk of cancer recurring and make a real difference in survival.

Exercise can take many forms. It can be a special tool at your disposal to empower you. It enhances well-being and makes you feel good. It is a tonic for the mind and body and can help you avoid or reverse weight gain. Even moderate amounts of regular exercise – a half-hour walk every day, a few laps in the pool, yoga or stretching – can make a difference to your physical and emotional health. Research shows that strength training can also be a powerful way to promote your health.

Exercise Tips

- Consult with your health care provider before starting an exercise program.
- Any form of exercise should initially be supervised by a certified trainer or instructor; look for credible exercise programs with licensed professionals in your community who have experience and training in working with people who have cancer.
- Exercise for at least two, but preferably four, hours a week. You can start with 20 minutes of walking, biking, swimming or using a treadmill. These are continuous movement aerobic exercises that improve mood, reduce hot flashes, prevent constipation, improve cardiovascular fitness and promote sleep.



- Carry a water bottle when exercising and drink plenty of water. Wear comfortable shoes, and be aware of posture and breathing. Start slowly and gradually build up your duration and intensity.

Mindfulness Meditation

Although there are many different types of meditation practices, mindfulness meditation has become widely known because of its simple and effective techniques. It is helpful in reducing stress, improving health and in living more fully in the present. Studies show that mindfulness is effective in relieving physical and psychological conditions and in enhancing healing.

In mindfulness meditation we bring attention to our experience in the present moment. We focus on breathing, physical sensations, feelings and thoughts.

It is best to learn mindfulness and other meditation techniques from experienced teachers. Meditation is simple yet difficult because it contradicts our habits of busyness, distraction, and being lost in thought. Attending a class, a weekly sitting group, or a day-long retreat are useful ways to begin meditation practice.

For general relaxation and exploration of meditation, there are also Apps for your Smartphone or tablet that may be helpful.

Returning to Work

Returning to work after cancer treatment can help restore some normalcy to your life. You may feel more productive, more in control of your life, get a self-esteem boost, and a boost to your income. However, returning to work can also be challenging with important considerations and details to attend to. Here are some tips and resources that may help with this part of your experience:

- Plan for your return to work. Discuss with your physician when it would be medically advisable to do so.
- Call your human resources department and/or your supervisor to discuss the timing of your return, as well as what your schedule might be like. Be proactive about what you need.
- *You might ask about:*
 - Part time hours at first
 - Flex time (to allow for medical appointments)
 - Working from home
 - Job sharing
 - Family and Medical Leave Act
 - Difficulties that may be experienced caused by the cancer or treatments.
 - Reasonable accommodations under the American With Disabilities Act.



- *Develop a self-care plan for returning to work:*
 - Make sure to build work breaks into your schedule.
 - Stay in touch with body signals of stress and fatigue.
 - Be mindful of good nutrition.
 - Consider trying breath exercises, guided imagery or meditation to reduce any stress you may have.
- Prioritize your tasks, scheduling important things early in the day. Set alarms, keep lists, set reminders. Use the tools you need to keep you on track.
- Consider what you tell your co-workers about your cancer experience. If you have a supportive team, sharing your experience may be very helpful; you may get good support. Alternatively, it is ok to separate your medical life from your work life.
- Know that co-workers may respond differently. Some may be supportive and understanding, whereas others may treat you differently or not know what to say.
- There will probably be a time of co-worker adjustment. *Be patient with yourself and them!*

The following is a list of organizations that may be helpful when returning to work (current as of July 2017):

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- The American Cancer Society (www.cancer.org)

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- Job Accommodation Network (<http://askjan.org>)

“This free service from the US Department of Labor, Office of Disability Employment Policy has information about job accommodations for people with limitations, accommodation ideas, and tips on how to approach employers and ask for accommodations.”

Toll free: 800-526-7234 • TTY: 877-781-9403

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- American with Disabilities Act (ADA) Technical Assistance (www.ada.gov)

“For general information about the ADA, answers to specific questions, free ADA materials, or information about filing a complaint.”

Toll free: 800-514-0301 • TTY: 800-514-0383

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- US Equal Employment Opportunity Commission (EEOC) (www.eeoc.gov/laws/types/cancer.cfm)

“Offers information on your rights and the laws that apply to your state, including filing charges for discrimination. Also has special information for people with cancer, ‘Questions and Answers About Cancer in the Workplace and the Americans with Disabilities Act (ADA)’ which can be found on the EEOC website.

Toll free: 800-669-4000 • TTY: 800-669-6820

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- Cancer Legal Resource Center (CLRC) (www.cancerlegalresources.org)

“Offers free, confidential information and resources on cancer-related legal issues to cancer survivors, their families, friends, employers, and others coping with cancer.”

Toll free: 866-843-2572 • TTY: 213-736-8310

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- Cancer and Careers (www.cancerandcareers.org)

“For information on dealing with the potential impact cancer may have on your career, creating an action plan, sharing your diagnosis with employers and co-workers, legal issues, and insurance issues.”

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- National Coalition for Cancer Survivorship (<https://www.canceradvocacy.org/>)

See the “Resource” section. The NCCS “Advocates for changes in how the nation researches, regulates, finances and delivers quality cancer care, empowers cancer survivors through its publications and programs, which provide tools for self-advocacy, and convenes other cancer organizations to address nationwide public policy issues affecting cancer survivors.”

Menopause

- For patients who have received chemotherapy, most women who are 40 years or older will stop their menstrual periods and only five to 25 percent will resume regular menstrual periods. Approximately 40 percent of women younger than 40 will stop their menstrual periods while on chemotherapy, and about half will resume their regular cycles after finishing treatment.
- The symptoms of treatment-induced or medical menopause are the same as natural menopause. However, they may be more severe since treatment-induced menopause comes on very quickly. This is particularly true for younger women.
- Menopause symptoms are commonly experienced by women receiving treatment with Tamoxifen or aromatase inhibitors regardless of age or menopausal status.
- *Common menopause symptoms include:*
 - Hot flashes, a sign that the ovaries are no longer producing enough estrogen
 - Problems with your vagina or bladder as tissues in these areas become thinner and drier
 - Lack of interest in sex, pain upon vaginal penetration, and difficulty experiencing orgasm
 - Fatigue and sleep problems
 - Memory issues and other problems, such as depression, mood swings and irritability
 - Weight gain
- *There are a variety of non-hormonal approaches available to treat menopause symptoms, including:*
 - For relief of hot flashes, avoid alcohol, caffeine, spicy foods, and sugar. Wear layered cotton clothing. Try splashing cool water on your wrists.
 - Try drinking warm milk, chamomile tea or teas that contain valerian at bedtime to help you sleep better.
 - Eat a well-balanced diet low in fat and high in fiber. Adding flaxseed, tofu and miso may provide additional relief, as they are dietary sources of estrogen. These are called phytoestrogens, and their safety should be discussed with your physician.
 - Try different relaxation techniques – such as visualization, deep breathing, massage or acupuncture – to help deal with irritability, stress or anxiety.
 - Water soluble lubricants can help relieve vaginal dryness during penetration. You can also use Vitamin E capsules, inserted into the vagina at bedtime, to provide relief from dryness. If these methods do not help, ask your oncologist if using low dose vaginal estrogens, such as the Estring or Vagifem tablets, are safe for you.
 - Drink lots of water, wear cotton underwear, and urinate frequently to prevent bladder infections. Kegel exercises will also improve your bladder control.
- Consult your health care provider before taking any additional medications or supplements and to discuss appropriate treatments for you.

Osteoporosis

Osteoporosis is a condition common among postmenopausal women and is characterized by a decrease in bone mass and density. This causes the bones to become more fragile and increases the risk of hip and other fractures. Estrogen has a protective effect on bone; however, women produce less estrogen after menopause, which can lead to bone loss.

Women who have been treated for breast cancer may also be at increased risk for osteoporosis for several reasons:

- Loss of ovarian function due to surgery or chemotherapy will cause estrogen levels to drop.
- Chemotherapy may cause bone loss.
- Breast cancer itself may actually stimulate the production of osteoclasts, (cells in the body that break down bone).
- Side effects from some hormonal therapies, such as aromatase inhibitors, can cause bone loss.

Osteoporosis Risk Factors

- Gender
- Age
- Body size
- Ethnicity
- Family history of the disease.
- Being postmenopausal or having had early menopause
- Prolonged use of certain medications, such as steroids
- Low calcium intake
- Lack of physical activity
- Smoking
- Excessive alcohol intake

Management Strategies

- **Nutrition:** a well-balanced diet rich in calcium and vitamin D is important. Talk to your doctor about calcium supplements and whether you need them to meet your daily calcium requirement.
- **Exercise:** the best exercises for your bones are weight-bearing exercises that force you to work against gravity, such as walking, stair-climbing and dancing.
- **Smoking and alcohol:** smoking is bad for bones, as well as the heart and lungs. Smokers may actually absorb less calcium from their diets. Alcohol can also negatively affect bone health. People who drink heavily are more prone to bone loss and fracture.

Bone density testing: Bone mineral density testing should not be confused with nuclear bone scans. They are two very different types of imaging. Bone mineral density (BMD) tests measure bone density in various sites of the body. These tests can detect osteoporosis before a fracture occurs. They can also predict your chance of having a fracture in the future. Discuss with your doctor whether you need this testing.

- **Medication:** there is no cure for osteoporosis. However, medications are available for the prevention and treatment of the disease.

For more information, contact the National Institutes of Health, Osteoporosis and Related Bone Diseases National Resource Center at 1-800-624-BONE or OsteoInfo@oste.org, or the National Cancer Institute (NCI).

Survivorship Care Plan

One resource that may help you is a Survivorship Care Plan or Treatment Plan. This document will be given to you after your treatments are finished. The Survivorship Care Plan/Treatment Plan will have information on your cancer, diagnosis date, surgery, and treatments. It will also give you information on follow-up care including a recommended schedule of doctor visits and tests, a review of signs and symptoms to be aware of for cancer recurrence and information on late and long-term side effects. Use this tool to talk to your doctors, including your primary care physician.

For an example of what a Survivorship Care Plan may look like, see the end of this chapter.



Follow-up Care

- It is very important to go to all scheduled follow-up appointments once your treatment is complete. Your doctor will perform a physical exam, ask you about any problems or symptoms, and order laboratory or imaging tests as needed.
- You should never hesitate to tell your doctor about any symptoms or side effects you have, especially those that concern you.
- Your follow-up appointments will probably be scheduled for every four to six months in the beginning. The longer you are cancer free, the fewer appointments you need. After five years of being cancer free, you will probably see your doctor only once a year.
- You will need yearly mammograms on the non-cancerous breast and the cancerous breast if it was treated by lumpectomy.
- You should have yearly pelvic examinations if you are taking Tamoxifen due to the increased risk of uterine cancer.
- You should consider regularly testing your bone density if you are taking an aromatase inhibitor, since it blocks estrogen in the bones.
- Blood tumor markers, liver function tests, bone scans and chest x-rays are usually not needed unless your symptoms or a physical exam suggest something unusual.
- You will need to have your heart function monitored if you are on Herceptin. Your oncologist will let you know how often testing needs to be done.

Long Term Side Effects and Fear of Cancer Coming Back

Cancer treatments may cause late or long-term side effects. Long-term side effects are the physical and physiological changes that last for months to years after treatment ends. Long-term side effects include things like neuropathy, chemo brain, heart problems and skin changes. Late-term side effects are physical and physiological changes that may not occur for months or years after treatment. Late and long-term side effects are specific to the treatment you received. Some long-term side effects from surgery, chemotherapy, hormonal therapy and/or radiation therapy include:

- Lymphedema (swelling in the limbs)
- Headaches
- Skin changes
- Fatigue
- Pain in armpit or chest
- Heart problems
- Lung problems
- Menopausal symptoms including hot flashes, vaginal discharge or dryness, sleep problems, weight gain, hair thinning, mood changes and/or fatigue
- Bone loss
- Pain and numbness (peripheral neuropathy)
- Early menopause for pre-menopausal women
- Musculoskeletal symptoms affecting the joints, bones, muscles, ligaments, tendons or nerves
- Osteoporosis (weakening of the bones)
- New cancers
- Cataracts
- Blood clots
- Dental issues
- Sexual difficulties
- Infertility
- Concerns about memory loss and cognitive function (“chemo brain”)

These and many other side effects are common, but should be evaluated by your oncologist.

When completing treatment, many people become fearful of their cancer coming back. Symptoms that should be brought to the attention of your provider include:

- Anything that represents a brand new symptom
- Anything that represents a persistent or on-going symptom
- Anything you are worried about that might be related to the cancer coming back

In addition, here are some symptoms that may be associated with breast cancer recurrence:

- Changes to the skin of your breast
- Skin inflammation or area of redness, pain, heat, and swelling
- Nipple discharge
- A new area of thickening along or near the mastectomy scar
- A new lump or irregular area of firmness
- Lump or swelling on or under the skin of your chest wall
- Lump or swelling in the lymph nodes located under your arm, near your collarbone, in the groove above your collarbone or in your neck
- Persistent and worsening pain, such as chest or bone pain
- Persistent cough
- Difficulty breathing
- Loss of appetite
- Weight loss
- Severe headaches
- Seizures
- Or any other new, unusual and/or persistent symptoms

If any of these occur, see your oncologist for further evaluation.

Intimacy & Sexuality

Continuing to share physical and emotional intimacy with our loved ones is important before, during and after cancer treatment. However, the physical and emotional changes that commonly occur as a result of cancer treatment and recovery may affect your responses to intimacy. Most people do experience some level of change in this area.

Many people feel a sense of vulnerability and uncertainty once they are diagnosed, throughout treatment and beyond. For those people who are sexually active and have a partner, the “cancer experience” sometimes allows couples to grow closer and become more intimate. Others may distance themselves because of physical limitations related to treatment, lack of desire, fear of rejection, or fear of expressing one’s true thoughts and feelings. Some people experience changes in body image as a result of hair loss, weight changes, and changes in the breasts.

Surgery, medication, and radiation therapy can cause problems for sexuality and intimacy. The most common sexual problems faced by women treated for breast cancer are vaginal dryness and thinning of the vaginal tissues leading to pain during penetration, decreased desire for sex, and reduced ability to orgasm. Medication side effects like nausea, vomiting, fatigue, urinary tract and vaginal infections can also cause a lack of energy and decreased sense of wellness. Some women may experience menopausal symptoms like hot flashes, sleep disturbances, and irritability from changes in hormone levels when undergoing systemic therapy or taking hormonal therapy. Surgery can result in pain and altered body image. Radiation therapy can result in skin changes and sensitivity to touch in the radiated area. Fatigue can be associated with most cancer treatments.

If you have had surgery, ask your doctor about when you can resume sexual intimacy. This may vary depending on the type of surgery you have undergone.

As complex and individual as breast cancer treatments are, there are three concepts that can be quite powerful in helping you.

Adapt to Your New Body

- Explore your new body/sensations so that you can get comfortable with it and eventually share this information with your partner.
- The brain is the biggest sex organ in the body, use your mind to imagine what a fulfilling post-cancer sex life would be like
- Consider fluctuations in your energy level so you can plan sex when you are feeling your best
- Consider emotional changes that you have experienced and how they affect your desire for sex
- Acknowledge relationship changes that may have happened during treatment



If you are sexually active, communicate with your partner

- Unfortunately, many people are uncomfortable talking about sex. When cancer is involved, you and your partner may also feel worried, stressed or depressed.
- Instead of diving right into your own sexual concerns, try talking about sex in general. By working sex into your daily conversation you will build a vocabulary and comfort level that makes negotiating your own sex life feel more comfortable.
- When you're ready to talk, find a time when there are no distractions, when your energy level is good, and you and your partner(s) can talk freely.
- Your partner may be at a loss for words, or may be hesitant to touch you, for fear of hurting you. If you and your partner are being intimate less often, try other activities that make you feel close to one another. Hugging, holding and sensual expression are important at this time.
- Your partner is not a mind-reader. Do not assume that your partner knows what to do or what not to do. Let your partner know what you want. Express yourself through your words and actions. An easy way to maintain closeness is to have your partner help you with simple arm exercises after your breast surgery. You will be instructed to do light stretching exercises to maintain your range of motion (refer to the Surgery and Postoperative Care section of this book). Doing your light exercise routine with your partner, using soft music can be a way to ease back into physical intimacy. If you and your partner have always enjoyed dancing, that may be a familiar way to maintain physical closeness.
- A good rule of thumb regarding intimacy of any kind is to keep the channels of communication open and know that there is no "normal" time frame you must follow. Be sure to express your feelings, concerns and needs with your partner and allow your partner to do the same.

Communicate with your doctors and nurses

- Recognize and report to your doctors and nurses any symptoms you are experiencing. Signs of bladder or vaginal infection include itching, pain or burning, frequent small amounts of urine, cloudy urine with abnormal odor and/or vaginal discharge, fever and/or abdominal pain. These are easily treated when caught early. For women with menopausal side effects, some practical ways to relieve vaginal dryness include: the use of water or silicone-based lubricants (not oil-based) as well as some medicated creams that can be prescribed.
- If you are experiencing pain or discomfort with sexual intercourse that persists or does not improve after attempts at problem-solving, contact your doctor to discuss possible next steps. If you speak with a healthcare provider who is not comfortable or knowledgeable about sexual health, don't give up! You may have to ask for a referral to a specialist who is knowledgeable and experienced in post-cancer menopausal treatment.

The booklet, *Sexuality for the Woman with Cancer* by the American Cancer Society, is an excellent guide that can help you and your partner begin to have open, honest talks about your sexual relationship with practical problem-solving techniques. You can find it on the ACS website, www.cancer.org or by calling 1-800-227-2345. You may also consider joining a support group to talk about your experience. Chances are, you will not be the only one in the room who is facing these issues.

Again, remember that sexual and intimacy issues are likely to improve over time.

The information in this section is not meant to replace the individual attention, advice, and treatment plan of your oncologist and medical team.

Completing Your Cancer Treatment

You may start to feel excited as your cancer treatments come to an end. You have probably spent months scheduling appointments, figuring out which foods taste good, altering your exercise routine, figuring out when your good and bad days will fall, fitting work into your treatment schedule, accepting help when you otherwise would not, and learning to accept you cannot always control the bumps along the road. You may be planning a celebration, thinking of vacation spots, thankful you have more free time, or just happy you don't have to see your healthcare team as often. The last thing you may imagine is feeling an unexpected range of emotions like fear, sadness, anxiety, and loss.

The transition to "post-acute survivorship" (after diagnosis and treatment) may bring up similar feelings you felt as you transitioned from a new diagnosis to surgery, from surgery to chemo/biotherapy, or from chemo/biotherapy to radiation therapy. You may remember feeling anxious each time you started a new phase of treatment. Moving from active treatment to completing treatment is another phase of the cancer journey.

You may have spent months or years focusing on your cancer treatment and once completed, you may feel at a loss. You may start to wonder:

- How do I know my cancer is gone?
- What do I need to do to prevent my cancer from coming back?
- I am sure my cancer has come back because this pain is new.
- I feel lost without the routine I've been used to.
- I miss the security of seeing my nurses and doctors so frequently.

You may feel that you have been personally changed by the experience of being diagnosed with cancer and going through treatment. Going back to "the way everything was before" can be challenging because your personal goals and identity may have changed. Therefore, your every-day life, including relationships with co-workers, family, friends and significant others may need to be adjusted to fit the "new you". It is normal to feel surprised, anxious or even depressed. Many people feel like they are on unsure footing during this phase. Please make sure you talk about this to your health care team. We are here to support you.

Make sure you seek out information from a reputable source. Plan to talk to your doctor or nurses about the treatment you have had, follow-up visits and tests, late and long-term side effects, eating healthy, proper exercise, and when to call if you notice anything new. There are physical and online support groups, peer navigation, counselors, legal organizations and other resources available.

It may be difficult to think about, but take time to make plans for a good death. This is something that everyone should consider, not just cancer survivors. This will give you some control over the end of your life and also help make it less painful, while being more supported and dignified. It is easier to do this when you have the luxury of time. It is important to talk to your family and let them know what your wishes are should you not be able to make your own decisions. Get your affairs in order. If possible, talk to an estate planner about a will or trust. Have an advanced directive form filled out. Make arrangements for your burial or cremation. Spend time getting your emotional affairs in order. Spend time with your family and friends. Cross items off your bucket list. Prioritize what is important to you.

Survivorship Care Plan

As mentioned earlier in this chapter, when you complete your cancer treatment(s) you will receive a Survivorship Care Plan (also known as an After-Treatment Plan, Post-Treatment Care Plan, or Oncology Care Plan).

The care plan will include information on your surgery, systemic therapy (e.g. chemotherapy or immunotherapy), and radiation therapy. It will also provide general follow-up information including recommended timing for doctor visits and tests, possible late and long-term side effects, and other topics important for your life after cancer treatment.

It is important to understand the follow-up information can change depending on your health, updates in recommended guidelines, or if you have any new concerns. Please ask your oncologist for your care plan if you don't receive one after your first follow-up visit.

Please see the following pages for an example of what your Survivorship Care Plan may look like.

Treatment Summary and Survivorship Care	
General Information	
Patient Name:	
Patient ID:	
Phone:	
Date of Birth:	
Health Care Providers	
Medical Oncologist:	
Surgeon:	
Radiation Oncologist:	
Primary Care Physician:	
Gynecologist:	
Cancer Diagnosis Information	
Tumor Type/Histology/Grade:	
Diagnosis Date:	
Staging Information:	
Cancer-Related History:	
Genetic Information:	
Recurrent Site:	
Toxicity/Usual:	
Alcohol/Drug Use:	
Treatment Summary	
Surgery:	
Chemotherapy:	
Endocrine Therapy:	
Radiation Therapy:	
Persistent symptoms or side effects at completion of treatment:	

SAMPLE

Treatment Summary and Survivorship Care Plan for Breast Cancer

General Information	
Patient Name:	
Patient ID:	
Phone:	
Date of Birth:	
Health Care Providers	
Medical Oncologist:	
Surgeon:	
Radiation Oncologist:	
Primary Care Physician:	
Gynecologist:	
Cancer Diagnosis Information	
Tumor Type/Histology/Grade:	
Diagnosis Date:	
Staging Information:	
Cancer-Related History:	
Genetic Information:	
Recurrence Score:	
Tobacco Use:	
Alcohol/Drug Use:	
Treatment Summary	
Surgery:	
Chemotherapy:	
Endocrine Therapy:	
Radiation Therapy:	
Persistent symptoms or side effects at completion of treatment:	

Follow-up Care Plan

Your follow-up care plan is design to inform you and primary care providers regarding the recommended and required follow-up, cancer screening and routine health maintenance that is needed to maintain optimal health.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

Weakening of the heart presenting as shortness of breath and swelling of legs (rare < 5%); and bones become weak and at risk for fracture (osteoporosis). It is important to remember that these symptoms can be due to other causes like diabetes or with normal aging. If these or any other new symptoms occur bring these to attention of your health care provider.

These symptoms should be brought to the attention of your provider:

1. Anything that represents a brand new symptom;
2. Anything that represents a persistent symptom;
3. Anything you are worried about that might be related to the cancer coming back.

Please continue to see your primary care provider for all general health care recommended for a woman your age such as routine immunizations, and routine non-breast cancer screening like colonoscopy or bone density exams. Consult with your health care provider about prevention and screening for bone loss using bone density tests.

Schedule for Clinical Visits

Coordinating Provider	When/How Often

Cancer Surveillance Or Other Recommended Tests

TEST	How Often
Mammogram	
MRI Breast	
Pap/Pelvic Exam	
Colonoscopy	
Bone Density	

Breast cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.

- | | | |
|---|---|---|
| <input type="checkbox"/> Anxiety or depression | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sexual functioning |
| <input type="checkbox"/> Emotional and mental health | <input type="checkbox"/> Memory or concentration loss | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Parenting | <input type="checkbox"/> Weight changes |
| <input type="checkbox"/> Fertility | <input type="checkbox"/> Physical functioning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Financial advice or assistance | <input type="checkbox"/> School/work | |

A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Management of my other illnesses | <input type="checkbox"/> Tobacco use/cessation |
| <input type="checkbox"/> Diet | <input type="checkbox"/> Physical activity | <input type="checkbox"/> Weight management (loss/gain) |
| <input type="checkbox"/> Management of my medications | <input type="checkbox"/> Sunscreen use | <input type="checkbox"/> Other |

Resources you may be interested in: www.cancer.net

Prepared by _____ Provided by _____ On _____