



## Keeping Track of Your Cancer Treatment



National Cancer Helpline 1800 200 700 This journal has been produced by Nursing Services of the Irish Cancer Society (ICS) to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients and health professionals whose advice made this publication possible.

#### COMPILED BY

Rachel Devereaux, Cancer Information Nurse Cathriona Dempsey, Cancer Information Nurse

EDITOR Antoinette Walker

SERIES EDITOR Joan Kelly, Nursing Services Manager

Published in Ireland by the Irish Cancer Society. © Irish Cancer Society, 2010 Next revise: 2013

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage and retrieval system, without permission in writing from the Irish Cancer Society.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4 Tel: 01 2310 500 Fax: 01 2310 555 National Cancer Helpline 1800 200 700 Email: helpline@cancer.ie Website: www.cancer.ie

# Contents

#### **SECTION 1**

#### **INTRODUCTION**

Personal details What is the *Journey Journal*? What is the Cancer Information Service?

#### SECTION 2

#### **MEDICAL HISTORY**

Medical conditions Current medication Known allergies Past surgery Family cancer history

#### SECTION 3 1

#### TREATMENT Cancer care team Surgery

Surgery Chemotherapy Radiotherapy Hormone therapy Biological therapy Palliative care Side-effects tracker Health professional notes

#### SECTION 4 SUPPORT RESOURCES

Patient support services Cancer support centres and groups Complementary therapies Cancer booklets, factsheets and DVDs

#### SECTION 5

#### **CALENDAR, GLOSSARY AND NOTES**

2011–2012 calendars Glossary Notes



## introduction

You may wish to record your personal details on the next page. There is also some information about using the *Journey Journal* and on the Cancer Information Service of the Irish Cancer Society.

# introduction

#### **PERSONAL DETAILS**

	Q
~	<b>3</b>
0 آ	อ

6

Name:
Address:
Telephone:
Email:
In case of emergency, please contact:
GP:
Telephone:
Telephone:



### What is the Journey Journal?

The Cancer Information Service in the Irish Cancer Society put together the *Journey Journal* as a useful tool during your cancer journey. It can help to keep track of all the information given to you from the start of your cancer diagnosis.

It can be used for all types and stages of cancer.

Remember that some sections of the journal may not be relevant to you. You can pick the sections that you would like to use.

The *Journey Journal* is a place to record all the important information you receive. This includes appointment times, test results, cancer care team contact details, treatment details, and resource information.

It allows you to jot down questions for your medical team and record side-effects you may be having. Above all, it helps you make the most of your time with your cancer care team.

#### How to get the best of your Journey Journal

- Bring the journal to all your appointments.
- Take the time to fill in the details for the appointments.
- Let your team know that you are using the journal, so they can help you with details if needed.
- Jot down any questions you might have, and your thoughts throughout your cancer journey.
- Use the journal along with Irish Cancer Society booklets and factsheets. A full list of these is available in the resource section.

### What is the Cancer Information Service?

The Cancer Information Service (CIS) in the Irish Cancer Society provides a wide range of services.

- The National Cancer Helpline is a freefone service that gives you confidential information, support and guidance if you are concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 operates Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.
- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**.
- The **walk-in caller service** allows anyone with concerns about cancer to freely visit the Society's office to discuss them in private.
- Message Board is a bulletin board on our website (www.irishcancer.ie) that gives you the chance to post your comments.
- The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.



#### What else does the Irish Cancer Society do?

- **Patient care programmes** providing emotional support and practical assistance for those living with cancer
- **Health promotion** providing community and workplace programmes on awareness and leading a healthy lifestyle
- **Professional support** complementing the services offered by those caring for cancer patients
- Advocacy providing a voice for those affected by cancer in Ireland
- Research funding vital Irish research to have a significant impact on the diagnosis and treatment of cancer
- **Fundraising** organising fundraising activities to support its services

For more information, see www.cancer.ie







## medical history

You may wish to record your previous medical history on the next few pages. This includes any illness or surgery you had before your cancer diagnosis.

# medical history

#### **MEDICAL CONDITIONS**



For example, diabetes, back pain, high blood pressure, depression, etc. Treatment could include medication, complementary therapy, etc.

Type of condition:
Treatment:
Type of condition:
Treatment:
Type of condition:
Treatment:
Type of condition:
Treatment:

Type of condition:	
Treatment:	
Type of condition:	9
Treatment:	
Type of condition:	
Treatment:	
Type of condition:	
Treatment:	
Type of condition:	
Treatment:	
Type of condition:	
Treatment:	

#### **CURRENT MEDICATION**

	Name of medication	Dose	How long taking it
0			

#### **KNOWN ALLERGIES**

L.

For example, sticky plaster, penicillin, nuts, etc.

#### PAST SURGERY

Type of surgery:	
Year:	9
Hospital:	7
Surgeon:	
Type of surgery:	
Year:	
Hospital:	و مع
Surgeon:	
Type of surgery:	
Year:	
Hospital:	
Surgeon:	
Type of surgery:	
Year:	
Hospital:	
Surgeon:	]

#### FAMILY CANCER HISTORY

Doctors often ask if there is a family history of cancer. You can record details here about your relatives. For example, your father, mother, brother, sister, child, uncle, aunt, and so on.

Relative:

Type of cancer:

Age when diagnosed:

<u>و</u> ر ~

Relative:

Type of cancer:

Age when diagnosed:

Relative:

Type of cancer:

Age when diagnosed:





### treatment

- Cancer care team
- Surgery
- Chemotherapy
- Radiotherapy
- Hormone therapy
- Biological therapy
- Palliative care team
- Side-effects trackers
- Health professional notes

treatment

# cancer care team

#### SURGEON

Name:

Hospital/Clinic:

Secretary's telephone:

Nurse specialist:

Nurse's telephone:

#### MEDICAL ONCOLOGIST

Name:

Hospital/Clinic:

Secretary's telephone:

Nurse specialist:

Nurse's telephone:

#### HAEMATOLOGIST

Name:

Hospital/Clinic:

Secretary's telephone:

Nurse specialist:

Nurse's telephone:

RADIATION ONCOLOGIST	
Name:	
Hospital/Clinic:	
Secretary's telephone:	
Nurse specialist:	
Nurse's telephone:	
OTHER SPECIALIST	
Name:	
Hospital/Clinic:	
Secretary's telephone:	
Nurse specialist:	
Nurse's telephone:	
OTHER SPECIALIST	
Name:	
Hospital/Clinic:	
Secretary's telephone:	
Nurse specialist:	

Nurse's telephone:

#### **APPOINTMENTS WITH CANCER CARE TEAM**

Record each visit to your specialists as they occur. If you would like to make notes about each visit, see the separate sections on surgery, chemotherapy, radiotherapy, hormone therapy and biological therapy.

DATE	APPOINTMENT WITH

DATE	APPOINTMENT WITH	
		(
		9
		F
		1
		16
		6

DATE	APPOINTMENT WITH

	(	
DATE		
		e

# surgery



#### SURGEON

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER SURGEONS ON THE TEAM**

Name:

Telephone:

Name:

Telephone:

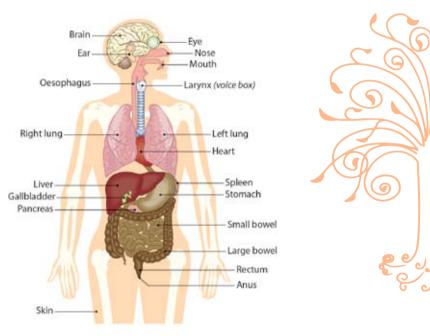
#### NURSE SPECIALIST

Name:

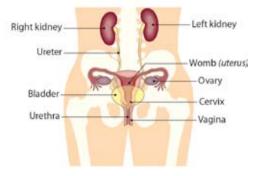
Telephone:

#### WHERE IS THE CANCER?

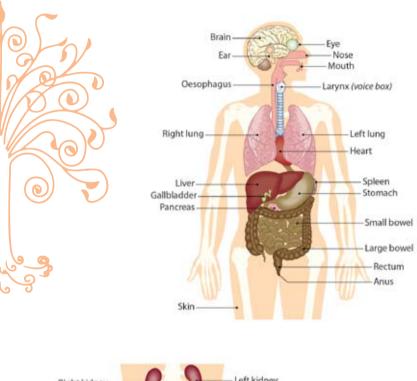
Ask your surgeon to use these pictures to show you where your cancer is and how surgery will affect you.

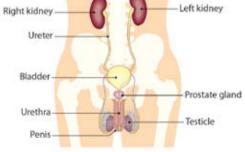


#### FEMALE



#### MALE





#### **SECOND OPINION**

#### SURGEON

Name:

Hospital/Clinic:

Secretary's telephone:

#### NURSE SPECIALIST

Name:

Telephone:

#### **APPOINTMENT**

Date:

Questions to ask:

#### APPOINTMENT

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:



# **TEST RESULTS**

Date of surgery:

Type of surgery:

Second surgery, if needed:

Type of cancer:

#### SIZE OF TUMOUR(S)

Grade or size of tumour cells: 1 🗖 2 🗖 3 🗖

Stage of cancer: 0 □ 1 □ 2 □ 3 □ 4 □

# LYMPH NODES

Node biopsy, if needed:

Number of lymph nodes removed, if needed:

Number of lymph nodes positive (for cancer):

## **OTHER TESTS**

Tumour marker levels:

Genetic testing:

# SCAN RESULTS

Record your scan results here. For example, ultrasound, CT, MRI, PET, bone, Dexa.

Name of scan:
Date:
Result:
Questions to ask:
Main points discussed:
Name of scan:
Date:
Result:
Questions to ask:
Main points discussed:

Date:

Result:

Questions to ask:

Main points discussed:

Name of scan:

Date:

Result:

Questions to ask:



Date:

Result:

Questions to ask:

Main points discussed:

Name of scan:

Date:

Result:

Questions to ask:

Date:

Result:

Questions to ask:

Main points discussed:

Name of scan:

Date:

Result:

Questions to ask:



Date:

Result:

Questions to ask:

Main points discussed:

Name of scan:

Date:

Result:

Questions to ask:

Date:

Result:

Questions to ask:

Main points discussed:

Name of scan:

Date:

Result:

Questions to ask:



# **RECONSTRUCTION (IF NEEDED)**

Surgeon/plastic surgeon:

Hospital/Clinic:

Type of reconstruction:

Date of reconstruction:

Appointment:

Date:

Questions to ask:

Main points discussed:

# **PROSTHESIS (IF NEEDED)**

Who did your first fitting?

When is your next fitting due?

Type/make of prosthesis:

# EXPERIENCE OF SURGERY

<u> </u>
/(@)
90
e e

# EXPERIENCE OF SURGERY

# **EXPERIENCE OF SURGERY**

G

# chemotherapy

MEDICAL	ONCOLOG	IST OR H	IAEMATOL	OGIST
Name:				
Hospital/Cl	inic:			
Secretary's	telephone:			
OTHER D	OCTORS O	N THE TE	AM	
Name:				

Telephone:

Name:

Telephone:

# **NURSE SPECIALIST**

Name:

Telephone:

# **SECOND OPINION**

#### **MEDICAL ONCOLOGIST OR HAEMATOLOGIST**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER DOCTORS ON THE TEAM**

Name:

Telephone:

#### NURSE SPECIALIST

Name:

Telephone:

# **APPOINTMENT**

Date:

Questions to ask:

## APPOINTMENT

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:

# **CLINICS**

Hospital where you receive your chemotherapy:

Outpatient clinic:

Oncology day unit (chemo ward):

Oncology ward (if out-of-hours):

# **CHEMOTHERAPY REGIME**

Name of chemotherapy regime. e.g. name(s) of drugs used:

How often are the cycles?

How many cycles?

Advice on avoiding infection:

# **CLINICAL TRIAL**

Is your treatment part of a trial?

Name of trial:

Contact details of trial nurse:

Name of chemotherapy drugs:

Name of targeted therapy (if any):

# **EXPERIENCE OF CHEMOTHERAPY**

DATE	DRUGS RECEIVED AND NOTES

DATE	DRUGS RECEIVED AND NOTES	
		6
		7
		je j
		7(0

	DATE	DATE DRUGS RECEIVED AND NOTES			
7					
d					
Z					

		62
		S
DATE	DRUGS RECEIVED AND NOTES	
		76
		l e
		e e

S

# radiotherapy



#### **RADIATION ONCOLOGIST**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER DOCTORS ON THE TEAM**

Name:

Telephone:

Name:

Telephone:

#### NURSE SPECIALIST

Name:

Telephone:

#### **RADIATION THERAPIST**

Name:

Telephone:

# **SECOND OPINION**

#### **RADIATION ONCOLOGIST**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER DOCTORS ON THE TEAM**

Name:

Telephone:

#### NURSE SPECIALIST

Name:

Telephone:

#### **APPOINTMENT**

Date:

Questions to ask:

## APPOINTMENT

Date:

Questions to ask:

Main points discussed:

## **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



#### **RADIOTHERAPY CENTRE**

Hospital where you receive your radiotherapy:

Number of treatments planned:

Number of treatments received:

Start date:

Finish date:

Area treated:

Contact details for radiotherapy unit:

Office hours:

After hours:

$(\bigcirc )$
$\sim$
pe.
U U

(Q)
$\sim$
l e.
6

e e
G

## hormone therapy



If you need hormone therapy, record your treatment and experience of it here.

#### **MEDICAL ONCOLOGIST**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER DOCTORS ON THE TEAM**

Name:

Telephone:

Name:

Telephone:

#### NURSE SPECIALIST

Name:

Telephone:

#### **APPOINTMENT**

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

## **CLINICS**

Hospital where you receive your hormone therapy:	
Name of hormone drug:	
Dose:	
Start date:	
Finish date:	
Clinical trial: Yes 🗖 No 🗖	
If yes, name of trial:	

## EXPERIENCE OF HORMONE THERAPY

## EXPERIENCE OF HORMONE THERAPY

716
_
<b>S</b>

# biological therapy

If you need biological therapy, record your treatment and experience of it here. Biological therapies are also known as targeted therapies.

#### **MEDICAL ONCOLOGIST**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER DOCTORS ON THE TEAM**

Name:

Telephone:

Name:

Telephone:

#### NURSE SPECIALIST

Name:

Telephone:

#### **APPOINTMENT**

Date:

Questions to ask:

Main points discussed:

#### APPOINTMENT

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:



Date:

Questions to ask:

Main points discussed:

#### **APPOINTMENT**

Date:

Questions to ask:

### **BIOLOGICAL THERAPY DRUGS**

Hospital where you receive the therapy:

Name(s) of drugs used:

#### EXPERIENCE OF BIOLOGICAL THERAPY

DATE	DRUGS RECEIVED AND NOTES

DATE	DRUGS RECEIVED AND NOTES	
		70
		e .
		60

## palliative care team

If you need palliative care, you or your relative or friend can record your experiences here. Palliative care treats your symptoms of cancer.

#### PALLIATIVE CARE CONSULTANT

Name:

Hospital/Clinic:

Secretary's telephone:

#### OTHER DOCTORS ON THE PALLIATIVE CARE TEAM

Name:

Telephone:

Name:

Telephone:

#### PALLIATIVE CARE NURSE

Name:

Telephone:

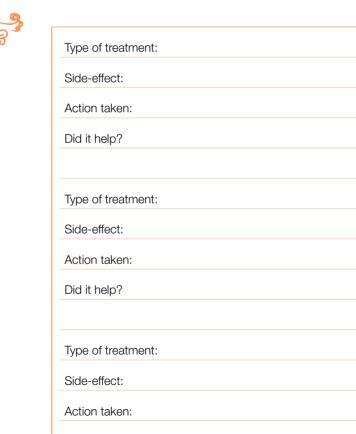
SYMPTOM	TREATMENT	
		5
		F
		8

SYMPTOM	TREATMENT
5	

<b>SYMPTOM</b>	TREATMENT	
		e l

## side-effect tracker

Record any side-effects you experience during your treatment with chemotherapy, radiotherapy, hormone therapy, etc.



Did it help?

Type of treatment:
Side-effect:
Action taken:
Did it help?
Type of treatment:
Side-effect:
Action taken:
Did it help?
Type of treatment:
Side-effect:
Action taken:
Did it help?
Type of treatment:
Side-effect:
Action taken:
Did it help?



Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?

Tuno	of	treatment:
Type	0I	ueaunem.

Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?

Type of treatment:

Side-effect:

Action taken:

Did it help?



# health professional notes

Record any side-effects you experience during your treatment with chemotherapy, radiotherapy, hormone therapy, etc.

SURGEON/DOCTOR

Please call your doctor **immediately**, if you have:

health prof.

#### DOCTOR/NURSE

Please let your doctor or nurse know at your **next appointment**, if you have the following:

Date:	
Date:	

#### DIETITIAN

Name:

Hospital/Clinic:

Secretary's telephone:

#### MEDICAL SOCIAL WORKER

Name:

Hospital/Clinic:

Secretary's telephone:



#### PHYSIOTHERAPIST

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER HEALTH PROFESSIONAL**

Name:

Hospital/Clinic:

Secretary's telephone:



#### **OTHER HEALTH PROFESSIONAL**

Name:

Hospital/Clinic:

Secretary's telephone:

#### **OTHER HEALTH PROFESSIONAL**

Name:

Hospital/Clinic:

Secretary's telephone:







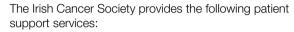
### support resources

Information on the following is provided in this section:

- Patient support services of the Irish Cancer Society
- Cancer support centres
- Complementary therapies
- Cancer booklets, factsheets and DVDs

support esource

### patient support services



CanTeen: a support group for young people with cancer and their friends, brothers and sisters

Lymphoma Support Ireland: a support group to help people live through Hodgkin or non-Hodgkin lymphoma

Men Against Cancer (MAC): a support group for men that have been diagnosed with prostate or testicular cancer

Reach to Recovery: a support programme for women after a breast cancer diagnosis

**Bowel Cancer Support Group:** a support programme for people diagnosed with bowel (colon) cancer

Care to Drive: a scheme that provides free transport for patients to and from their treatment

Financial Aid: a scheme to help cancer patients who are in financial difficulties due to their cancer diagnosis

Travel2Care: a transport assistance fund made available by the National Cancer Control Programme (NCCP) to patients travelling to the eight designated cancer care centres or approved satellite centre. The fund is administered by the Irish Cancer Society

Night Nursing: a service that provides a night nurse, free of charge, for up to 70 hours (mainly at night) to patients seriously ill at home

## cancer support centres and groups

To find a cancer support centre in your area, please go to www.cancer.ie/support/centres.php. You can also call the **National Cancer Helpline 1800 200 700** for advice.

#### LOCAL SUPPORT CENTRE

Address:

Telephone:

Email:

Name of counsellor:

#### **CANCER SUPPORT CENTRES AND GROUPS**

Name of support service:

Name of volunteer:

Address:

Telephone:

Email:

Website:



Name of support service:	
Name of volunteer:	
Address:	
Telephone:	
Email:	
Website:	

Name of support service:
Name of volunteer:
Address:
Telephone:
Email:
Website:

Name of support service:
Name of volunteer:
Address:
Telephone:
Email:
Website:

Name of support service:

Name of volunteer:

Address:

Telephone:

Email:

Website:

Name of support service:

Name of volunteer:

Address:

Telephone:

Email:

Website:

Name of support service:

Name of volunteer:

Address:

Telephone:

Email:

Website:

K	
ę	

## complementary therapies

Record here the type of complementary therapy you receive and your experience of it. For example, aromatherapy, reiki, art therapy, meditation, etc.

EXPERIENCE OF COMPLEMENTARY THERAPY

PERIENCE OF (	COMPLEMENTA	RY THERAPY	$\mathbf{S}$
			 F
			X
			Ę

### cancer booklets, factsheets and dvds

The following material is available from the Irish Cancer Society (ICS). Call the **National Cancer Helpline** on **1800 200 700** for free copies. Visit the website **www.cancer.ie** for more information about cancer topics, symptoms, drug therapy and treatment.

#### **CANCER BOOKLETS**

- Understanding acute lymphoblastic leukaemia
- Understanding acute myeloid leukaemia
- Understanding chronic lymphocytic leukaemia
- Understanding cervical smear test results
- Understanding cancer of the bladder
- Understanding cancer of the breast
- Understanding cancer of the cervix
- Understanding cancer of the colon and rectum (bowel)
- Understanding cancer of the larynx
- Understanding cancer of the lung
- Understanding cancer of the oesophagus
- Understanding cancer of the ovary
- Understanding cancer of the pancreas
- Understanding cancer of the prostate
- Understanding cancer of the skin
- Understanding cancer of the stomach
- Understanding Hodgkin lymphoma
- Understanding non-Hodgkin lymphoma
- Understanding malignant melanoma
- Understanding myeloma booklet
- Understanding testicular cancer
- Understanding the PSA test
- Younger women and breast cancer

#### **TREATMENT BOOKLETS**

- Understanding chemotherapy
- Understanding radiotherapy
- Understanding complementary therapies and cancer

#### LIVING WITH CANCER BOOKLETS

- A time to care: caring for someone seriously ill at home
- Coping with fatigue
- Diet and cancer
- · Lost for words: how to talk to someone with cancer
- Talking to children about cancer: a guide for parents
- Understanding the emotional effects of cancer
- Who can ever understand?: talking about your cancer
- Prostate passport



#### **CANCER FACTSHEETS/LEAFLETS**

- Arm lymphoedema prevention advice
- Breathlessness and cancer
- Cancer pain
- Erectile dysfunction and prostate cancer
- Familial adenomatous polyposis (FAP)
- Hair loss and cancer
- Hereditary nonpolyposis colorectal cancer (HNPCC) / Lynch syndrome
- Hormone therapy and prostate cancer
- Leg lymphoedema prevention advice
- Living with lymphoedema in Ireland: patient and service provider perspectives
- Melanoma
- Mesothelioma and asbestos
- SunSmart
- Testicular cancer
- Urinary incontinence after radical prostatectomy



### LIVING WITH CANCER FACTSHEETS

- Travel insurance and cancer
- Social welfare support: a guide for cancer patients
- Life insurance and cancer

### **DVDS**

- Understanding radiation therapy: a patient pathway
- A guide to chemotherapy
- · Lymphoedema awareness: reducing your risk







### calendar, glossary and notes

The following pages contain useful calendars for 2011 and 2012, a glossary explaining some medical terms, and space for you to write notes and questions.

> calendar, glossary and notes

### 2011 Calender

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue
January						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
February		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28								
March		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
April					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
May							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30					
July					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
September				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
October						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
November		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
December				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			

### 2012 Calender

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue
1								2	2		-	r	-	0	0	10		12	12		15	16	17	10	10	20	21	22	22	24	25	26	27	20	20	20	21
January							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29						
March				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
April							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
June					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
							-					-		-			-					-											-				
July							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
September						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
September						<u> </u>	2	5	-	5	U	,	0	,	10		12	15	14	15	10	17	10	15	20	21	~~~	25	27	25	20	21	20	25	50		
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
November	r			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
December	r					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

### glossary



Here are some medical terms you may come across during your cancer journey. For any terms not listed below, please check the Understanding Cancer booklet that is relevant to your diagnosis. These booklets are produced by the Irish Cancer Society.

### Adjuvant treatment

Treatment given soon after surgery when a diagnosis of cancer is made.

### Alopecia

Loss of hair. No hair where you normally have hair.

### Anaemia

Fewer red cells or haemoglobin in your blood. This can make you weak, tired and breathless.

### Antibody

A protein made by your body that attacks and kills bacteria and viruses or cells that cause disease.

### Anti-emetic

A tablet, injection or suppository to stop you feeling sick or vomiting.

### Benign

Not cancer.

### **Biological therapy**

A treatment to help your immune system fight cancer, infection or other diseases. It can also reduce certain side-effects caused by some cancer treatments.

### **Biopsy**

Removing a small amount of tissue from your body to find out if cancer cells are present.

### **Blood count**

A blood test that looks at the number of different cells in your blood.

### **Bone marrow**

The soft spongy part of your bones that makes blood cells.

### Cannula

A small tube put into a vein in your arm or on the back of your hand to give chemotherapy or other drugs.

### CAT (CT) scan

A scan that takes detailed pictures of tissues inside your body.

### Cells

The building blocks that make up your body. They are tiny and can only be seen under a microscope.

### Chemotherapy

A treatment that cures or controls cancer using drugs.

### Cycle

A period of chemotherapy.

### Fatigue

Ongoing tiredness often not eased by rest.

### Haematologist

A doctor who specialises in treating blood and bone marrow disorders.

### Hormone therapy

A treatment that uses hormones to prevent cancer cells growing.

### Human papilloma virus (HPV)

A virus that can cause abnormal changes in the cells of your cervix, mouth or oesophagus. These viruses are spread by direct skin contact.

### Immune system

Your body's natural defence against disease and infection.

### Intravenous

Into a vein.

### Lymph

A yellow fluid containing cells called lymphocytes that fight disease and infection.

### Lymphoedema

Swelling of your arm or leg after cancer treatment. It occurs if the lymph nodes under your arm or leg have been removed and fluid cannot drain normally.

### Lymph nodes

Small pea-sized glands found throughout your body. They may become enlarged due to infection or cancer cells.

### Malignant

Cancer cells likely to spread.

### Medical oncologist

A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

### Metastasis

The spread of cancer from one part of your body to other tissues and organs.

### Monoclonal antibody

A treatment using an antibody made in a laboratory to fight disease.

### **MRI scan**

A scan that looks at areas inside your body using magnetic energy. Detailed pictures are then seen on a computer.

### **Neo-adjuvant**

Treatment that is given before surgery to shrink a tumour.

### Neutropenia

Fewer white blood cells called neutrophils in your body. This can make you more prone to infection.

### Oncology

The study of cancer.

### **Pelvis**

The lower part of your abdomen between your hipbones.

### PET scan

A scan that uses low-dose radioactive sugar to check for cancer and other disease in your body. Detailed pictures can then be seen on a computer.

### **Radiation oncologist**

A doctor who specialises in treating cancer patients using radiotherapy.

### **Radiation therapist**

A radiographer who delivers radiotherapy to patients and gives advice.

### Radiotherapy

The treatment of cancer using high energy X-rays.

### Recurrence

When a cancer comes back after treatment.

### Screening

Testing for cancer when you have no symptoms.

### Staging

A series of tests that measure the size and extent of cancer.

### Surgical oncologist

A surgeon who specialises in the treatment of patients with cancer.

### Thrombocytopaenia

Fewer platelets in your blood. This can cause unexplained bleeding and bruising.

### Tumour

An abnormal mass of tissue caused by an overgrowth of cells. It may be benign or malignant.

### Ultrasound

A test that uses sound waves to make images of tissues and organs in your body. These pictures can then be seen on a computer screen.

NOTES	
	e
	ę

NOTES	
	e
	ę

NOTES	
	e
	ę

NOTES	
	ee
	e e

NOTES	
	ee
	e e

NOTES	
	e
	e e

NOTES	
	e
	ę

The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.

### Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes our patient booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email **fundraising@ irishcancer.ie** 

Irish Cancer Society 43/45 Northumberland Road, Dublin 4 National Cancer Helpline 1800 200 700 Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie



.

