

Treatment and support for breast cancer



Legacy Cancer Institute

Introduction

At Legacy Health, we believe cancer patients have a life, not just a diagnosis. That's why we combine our comprehensive technical expertise with deep compassion and a host of support services.

Our care providers are the area's best physicians and surgeons, experienced nurses with specialized training in caring for cancer patients, and therapists who focus on healing and quality of life. We offer advanced technologies and therapies, extensive clinical trials, and sophisticated cancer research, as well as support for the physical, emotional, spiritual and social needs of our patients and their families.

We are ranked among the nation's top cancer programs, according to a respected outside authority on cancer care — the American College of Surgeons (ACS) Commission on Cancer.

This notebook includes information about resources that are available to you throughout your care with Legacy Health. Please feel free to contact us at any time.

Important phone numbers

Legacy Cancer Healing Center503-413-6550
 Legacy Cancer Institute (main number)503-413-8050

Nurse navigation and other support

Nurse navigation is available for all Legacy Health patients regardless of which site you visit.

Legacy Emanuel Medical Center503-413-8888
toll-free 877-777-0112

Legacy Good Samaritan Medical Center503-413-8888
toll-free 877-777-0112

Legacy Meridian Park Medical Center503-692-2416

Legacy Mount Hood Medical Center503-413-8888
toll-free 877-777-0112

Legacy Salmon Creek Medical Center503-413-8888
toll-free 877-777-0112

Patient navigator (American Cancer Society)503-413-8052

Contents

Important information	1
What to ask your doctor.	1
Treatment options for breast cancer	1
Resources	3
Your care team	5
Your cancer care team	5
Your support team.....	7
Cancer nurse navigators.....	8
Cancer research studies (clinical trials)	8
Cancer genetics counseling	9
Cancer rehabilitation services	9
Recovering from breast cancer surgery	11
Following breast surgery	11
Exercises	12
Hand and arm skin care guidelines for lymphedema risk education (for women who have had axillary lymph nodes removed)	14
Recovery goals	14
Lymphedema management services	15
Moving on after treatment and surgery	17
Tips for obtaining a breast prosthesis.....	17
Sexuality, intimacy and fertility	17
Menopause and hormone changes	18
Taking care of yourself	19
Exercise and breast cancer	19
Bone health	19
Lymphedema: Swelling of the arm or breast/chest.....	19
Nutrition.....	20
Cancer survivorship	23
Survivorship resources	23
Personalized survivorship plan	24
Care record	25
Follow-up schedule and appointments	27
Follow-up schedule after treatment	27
Appointment calendar.....	28

Important information

What to ask your doctor

When you hear the word “cancer,” it is difficult to think of what to ask your doctor. Here is a list of questions that may be helpful. Asking your doctor some of the following questions may help you feel more in control. Remember, each person’s need for information is different.

Helpful tips

- Bring someone with you when you have an appointment. They can provide support and may think of other questions.
- Write a list of questions and concerns to bring to your appointment. Make them specific and brief, and ask the most important questions first.
- Write down the answers, or have the person accompanying you write them down.
- If possible, bring a tape recorder. It is OK to ask the doctor if you can record the visit. This allows you to hear specific information later or to share it with family and friends.

General questions to ask your doctor

- What type of cancer do I have? Has the cancer spread?
- What are my treatment choices? What are the risks and benefits?
- What treatment do *you* think is best for me?
- How soon do I need to decide what treatment I will have?
- Are there any complementary treatments that I could consider?
- How might I benefit from a second opinion?
- Are there research studies that I can consider?
- What can I do to help myself?
- Who is available to answer other questions I may have?

After your treatment plan is decided

Once a treatment plan is chosen, you may want to know:

- Will my insurance cover my treatment?
- What can I expect to happen immediately before the surgery or other treatment?

- Will I need to be in the hospital, and for how long?
- What are possible side effects from surgery? Chemotherapy? Radiation therapy?
 - Immediately? When I go home?
 - Any long-term changes or side effects?
- Will there be much pain? How can my pain be managed?
- Will I need help at home after surgery?
- How long will it be before I can:
 - Go back to work?
 - Do housework such as vacuuming?
 - Drive my car?
- What support services are available for me and my family?

After your surgery, chemotherapy or radiation therapy

After your surgery, you may want to know:

- What was my pathology result? Did the cancer spread?
- What is my prognosis? What are the chances that the cancer will come back?
- Will I need any additional treatment, such as radiation or chemotherapy?
- What are your recommendations and why?

After your surgery, chemotherapy or radiation therapy, you may want to know:

- Is it safe for me to exercise? Is there someone I can see about exercises?
- What kind of follow-up tests, and how often, do you recommend for me?
- Who will be in charge of my follow-up care?

Treatment options for breast cancer

Treatments for breast cancer are continually changing and improving. Today, many women with breast cancer go through treatment and live happy, long and fruitful lives. There are many ways to treat breast cancer, and it is helpful to learn all you can to make informed decisions with your doctors. Legacy Health offers a full range of treatments:

Surgery

Our surgeons work with you to determine the preferred surgery for your type of tumor and your situation.

- **Breast-conserving surgery** — Often known as a lumpectomy, this is the surgical removal of the area of the breast that is cancerous. Often a sentinel node biopsy will be done to check the lymph nodes for cancer. If found, underarm lymph nodes may also be removed. While the breast is saved and the surgery is less invasive, radiation therapy usually is required to reduce the risk of the cancer returning.
- **Mastectomy** — This is the surgical removal of the entire breast and, if the sentinel node is positive, other underarm lymph nodes may be removed. Mastectomy is a more invasive procedure than a lumpectomy and may have an added emotional impact. However, radiation therapy often is not needed, and there are several options for reconstruction.
- **Breast reconstruction** — The rebuilding of the breast can often be started at the time the breast is removed. There are several options for reconstruction; most are covered by insurance because the reconstruction relates to the treatment of cancer. (See *More on breast reconstruction* below.)
- **Sentinel node biopsy** — A sentinel lymph node biopsy is a surgery that takes out a lymph node to look for cancer. A sentinel node biopsy is used to see if a known cancer has spread from the original cancer site. A sentinel node biopsy may be done instead of a more extensive surgery called lymph node dissection. But if cancer is found in the sentinel lymph node at the time of surgery, more surgery may be needed to remove additional lymph nodes.

Radiation therapy

Our specialized multidisciplinary team offers a complete program of education, treatment, support and follow-up for patients receiving various radiation therapies.

- **External beam (standard) radiation** — X-rays are used to destroy cancer in the breast and in lymph nodes if the cancer is also found in them. Radiation therapy is most often used with breast-conserving surgery, but may also be recommended after a mastectomy for women whose cancer is more extensive.

- **Accelerated partial breast irradiation** — This is a more targeted and limited radiation treatment that focuses radiation on a smaller area and can be given in a shorter period of time. It is often referred to as breast brachytherapy or MammoSite treatment, but various techniques are used depending on the situation. For some women it offers a good treatment alternative to standard radiation therapy, but it is not appropriate for all patients.

Drug therapies

The use of chemotherapy and hormone drugs for breast cancer treatment depends on a variety of factors, including tumor type, stage of disease, your age and overall health.

- **Chemotherapy** — Drugs are given to kill or stop the growth of cancer cells, often over a period of three to six months. Chemotherapy drugs may be given alone or in combinations. There are possible side effects, depending on the specific drug(s) given.
- **Hormone therapy** — Drugs, such as tamoxifen or aromatase inhibitors (Arimidex, Femara), may be given after surgery to prevent hormones, especially estrogen, from promoting the growth of cancer cells. There are several possible side effects.
- **Targeted therapy** — Targeted cancer therapies are drugs or other substances that block the growth and spread of cancer by interfering with specific molecules involved in tumor growth. They are sometimes called “molecularly targeted drugs” or other similar names. For breast cancer, targeted therapies block estrogen, the female sex hormone which many (but not all) breast cancers require for growth. For tumors that are found to be “estrogen-receptor positive” (often called “ER positive”), targeted therapies are often used for treatment. One example of a targeted therapy drug is Herceptin.

More on breast reconstruction

The Women’s Health and Cancer Rights Act of 1988 (WHCRA), allows for coverage for reconstruction of the affected breast *and* reconstructive surgery to the other breast to achieve breast symmetry. Check with your individual health insurance company for specifics, such as deductibles and co-payments.

What is breast reconstruction? Breast cancer reconstruction is a specialized group of surgical procedures that recreate the breast(s) following a mastectomy. These surgeries are performed by a reconstructive plastic surgeon, who has undergone

training within the field of breast cancer reconstruction. The reconstructed breast will look different from your natural breast, but will look quite natural in bras and bathing suits.

Why reconstruct? Breast cancer reconstruction is a very personal decision. Not every woman will pursue breast cancer reconstruction after their mastectomy, and not every woman is a candidate for reconstructive surgery. However, depending on your unique situation, you may consider reconstructing your breast(s) for a variety of reasons. Following reconstruction, many women feel a stronger sense of self-esteem and find that they are more comfortable in clothing, bras and bathing suits. Because breast cancer reconstruction is an elective process, there usually isn't a strict timeline on when to start the reconstruction process. Your doctor will assist you in choosing the best time frame to initiate the process.

Am I a candidate? If you are interested in reconstruction either at the time of or following your mastectomy, the next step is to see if you are a healthy candidate for surgery. Your doctor can help evaluate your health status, and determine whether or not you are an acceptable candidate for the reconstruction process.

Plastic surgeon

After meeting with your breast cancer surgeon and possibly your medical and/or radiation oncologist, you may visit with a plastic surgeon to discuss the possibility of breast reconstruction. Often, patients visit a plastic surgeon before mastectomy. For patients who choose to have a lumpectomy, reconstruction is not usually needed.

Resources

When receiving a cancer diagnosis, most people want to learn all they can about the disease and treatment options. Talking with your health care provider is a good place to start. The Legacy Health website, www.legacyhealth.org, may also provide preliminary information.

The National Cancer Institute (NCI) and the American Cancer Society (ACS) have phone lines and publications to help you find the information you need. Their phone numbers and website addresses are listed on page 4.

The Internet has become a place many people turn to for health information. While it can provide some

very useful and reliable information, there is also a large amount of misleading, inaccurate and unreliable information. It is important to search reputable websites to obtain the best possible information when making important medical decisions.

The organizations and websites listed in the table on page 4 are considered reliable sources of information about cancer. If you do not have easy access to the Internet at home, your public library can help.

General and comprehensive information		
American Cancer Society	www.cancer.org	800-227-2345
Portland chapter		503-295-6422
Salem chapter		503-581-4577
Breastcancer.org	www.breastcancer.org — For information on pathology reports, search “pathology,” then click on “Your Guide to the Breast Cancer Pathology Report.”	
Breast Cancer Network of Strength	www.networkofstrength.org	800-221-2141
Breast Friends	www.breastfriends.com	503-598-8048 888-386-8048
CancerCare	www.cancercare.org	800-813-4673
National Cancer Institute (NCI)	www.cancer.gov/cancertopics/types/breast	
NCI Cancer Information Service		800-422-6237
NCI Cancer Dictionary	www.cancer.gov/cancertopics/cancerlibrary/terminologyresources/ncidictionaries	
National Comprehensive Cancer Network	www.nccn.com	
National Lymphedema Network	www.lymphnet.org	800-541-3259
Susan G. Komen for the Cure	www.komen.org	877-465-6636
Oregon and SW Washington	www.komenoregon.org — For suggested questions, search “questions,” then click on “Question to Ask Your Doctor.”	
Clinical trials		
Legacy Cancer Research		503-413-8199
National Institutes of Health (NIH) clinical trials	www.clinicaltrials.gov	
Nutrition		
American Institute for Cancer Research	www.aicr.org	800-846-8114
Complementary/Alternative medicine		
Legacy Cancer Healing Center integrative cancer services	www.legacyhealth.org/cancer	503-413-6550
National Center for Complementary and Alternative Medicine	http://nccam.nih.gov/health/cancer/camcancer.htm	888-644-6226
National Certification Commission for Acupuncture and Oriental Medicine	www.nccaom.org	904-598-1005
National Institute of Health, Medline Plus — alternative therapy information	www.nlm.nih.gov/medlineplus/canceralternativetherapies.html	

Your care team

Your cancer care team

Your cancer treatment team includes a variety of specialty-trained staff. These specialists work together to offer you the very best in cancer care. The doctors and other personnel you see will depend on the type of breast cancer you have, and may include:

Multidisciplinary Cancer Conferences (Tumor Board)

Doctors and other cancer personnel meet regularly to discuss and provide expert second opinion on an individual's diagnosis, staging, treatment strategy and/or rehabilitation. Legacy Health has cancer conferences for many tumor areas including breast, gastrointestinal, prostate, gynecological, lung and chest, and brain tumors.

Surgeon

NAME _____

PHONE _____

You may be referred to a surgeon to discuss options and/or make plans for surgical removal of the breast cancer. Our Legacy Health-affiliated, board-certified surgeons are fellowship-trained in a variety of cancer specialties. State-of-the-art surgical services are available at all Legacy Health hospitals.

Plastic surgeon

NAME _____

PHONE _____

After meeting with your breast cancer surgeon and possibly your oncologist, you may visit with a plastic surgeon to discuss the possibility of breast reconstruction. Often, patients visit a plastic surgeon before a mastectomy. For patients who choose to have a lumpectomy, reconstruction is usually not needed.

Radiation oncologist

NAME _____

PHONE _____

A radiation oncologist treats tumors with radiation therapy. Legacy Cancer Institute, in partnership with Radiation Oncologists, PC, provides a wide range of radiation oncology treatments and technologies. Our radiation oncology services are available at Legacy Good Samaritan, Legacy Mount Hood and Legacy Salmon Creek medical centers.

Medical oncologist

NAME _____

PHONE _____

Legacy Cancer Institute collaborates with medical oncologists in the community to provide chemotherapy and supportive cancer care. Patients can receive treatments in nursing units at Legacy Health hospitals or in any of our outpatient infusion clinics.

Pathologist

NAME _____

PHONE _____

Pathologists examine tissue and tumor samples removed during biopsy or surgery to assist in the diagnosis of cancer. Legacy pathologists represent multiple areas of expertise, including breast, gastrointestinal, liver and gynecological pathologies.

Radiologist

NAME _____

PHONE _____

As part of the cancer team, a radiologist contributes to the diagnosis, staging and monitoring of many cancers through a variety of imaging methods. Legacy Health offers the latest imaging technology along with experience and diagnostic accuracy.

Interventional radiologist

NAME _____

PHONE _____

Interventional radiology (IR) doctors perform specialty procedures for biopsy, symptom management and the treatment of certain tumors. IR uses images from computer tomography (CT), rotational X-ray (Artis zeego), ultrasound or MRI to guide the minimally invasive procedures.

Nurse practitioner

NAME _____

PHONE _____

Provides individual assessment and follow-up to achieve optimum wellness during cancer treatment and through survivorship. The nurse practitioner can also coordinate integrative cancer care services with the patient/family and the care providers.

Cancer nurse navigator

NAME _____

PHONE _____

Helps patients navigate through their cancer diagnosis and treatment. A registered nurse trained in cancer care, the oncology nurse navigator guides, supports and educates patients and their families, and helps coordinate the efforts of the medical team. In addition, a patient navigator from the American Cancer Society works closely with our oncology nurse navigators, addressing other needs such as transportation, financial and physical issues, as well as linking patients with local, state and national resources. (See page 8.)

Nursing staff

NAME _____

PHONE _____

Specially trained oncology nurses provide patient care throughout Legacy, in hospitals, clinics, day treatment units and radiation oncology departments. The Inpatient Cancer Care Unit at Legacy Good Samaritan is the focused cancer unit for Legacy Health. Legacy Meridian Park and Legacy Salmon Creek also have designated medical/surgical units with oncology-trained nurses.

Genetics counselor

NAME _____

PHONE _____

Counselor provides genetics counseling and hereditary cancer risk assessment, including cancer genetics education, family history analysis and, if appropriate, genetic testing. Individuals with a diagnosis or a strong family history of colon, breast, ovarian and other cancers may wish to pursue a genetic consultation. (See page 9.)

Cancer rehabilitation therapist

NAME _____

PHONE _____

Cancer rehabilitation team members help individuals and their families adjust to the impact of cancer through counseling, education and exercise. Rehabilitation therapists include physical therapists, occupational therapists and speech language pathologists.

Dietitian

NAME _____

PHONE _____

Dietitian provides individualized nutritional counseling and guidance toward achieving a healthy lifestyle before, during and after cancer treatment.

Social worker/counselor

NAME _____

PHONE _____

Addresses emotional, social and financial needs of the individual and family, and coordinates community services and resources.

Spiritual care

NAME _____

PHONE _____

The Spiritual Care departments at Legacy Health offer a caring and supportive presence for patients and families. Our professional chaplains and spiritual care volunteers are available seven days a week and 24 hours a day. You may contact them by asking a

staff member or the hospital operator. In addition, a chapel is open at all times at each medical center.

Palliative care team

NAME _____

PHONE _____

Specially trained doctors and nurses work with patients on symptom management, pain relief and quality of life. Our palliative care team may become involved at any stage of an illness. In addition to physical comfort, they help patients and families address emotional, spiritual and care planning issues.

Stress management therapist

NAME _____

PHONE _____

Assists in an individual's adjustment to illness, disability and treatment through life planning, relaxation training and guided imagery.

Wound and ostomy care nurse

NAME _____

PHONE _____

Addresses the physical, emotional and social issues of patients with wound or ostomy needs. These specially trained nurses also assist with individualized treatment plans, patient education and coordination of home care services.

Your support team

Legacy Cancer Healing Center

A diagnosis of cancer can affect many aspects of your life. In addition to state-of-the-art treatment for cancer, we have a full spectrum of services to address the physical, emotional and spiritual issues that can arise from a diagnosis of cancer and from its treatment.

They include:

- Cancer education and movement classes
 - Movement classes help to increase mobility, flexibility and endurance, while providing support and enhancing quality of life. Includes yoga, t'ai chi, chi gong and Nia.
 - Educational classes provide a range of information and activities including meditation, nutrition, gardening and art.

- Cancer rehabilitation — Helps individuals and their families adjust to the impact of cancer. Specially trained cancer rehabilitation team members offer lymphedema management, occupational therapy, physical therapy and speech therapy.
- Cancer support groups — Provide emotional support and ongoing education to individuals whose lives are touched by cancer. Groups offer a connection to other people facing similar challenges.
- Cancer Survivorship Clinic — Offers a personalized plan to essential follow-up care to promote long-term survival and quality of life. These services, provided by the nurse practitioner, are available to individuals with all types and stages of cancer.
- Day treatment/infusion clinics — Nurses provide chemotherapy, blood products, antibiotics and other infusions, allowing patients to maintain independent lifestyles and avoid unnecessary hospitalization. A physician referral is required.
- Expressive arts therapy — Uses various artistic media to assist patients in expressing themselves through creative, as well as verbal avenues. Also offers individual and group activities to children of ill parents.
- Green Gables Guest House at Legacy Good Samaritan — Provides affordable lodging for out-of-town Legacy Health patients and their families. The house accommodates up to 10 people, and guests may stay as long as they are receiving treatment.
- Legacy's Healing Gardens — Offer patients and families therapeutic gardens for renewal and reflection. Available at all of the Legacy Health medical centers.
- Hospice program — Provides end-of-life care wherever the patient calls home, and at Legacy Hopewell House Hospice. Hospice provides a full range of physical, emotional, social and spiritual comfort to both the patient and family.
- Integrative cancer care — Develops a personalized plan toward health and optimal wellness. The nurse practitioner offers an integrative approach to decrease both the potential or ongoing side effects of treatment to pave the way for a healthy recovery. Integrative care may include nutrition, supplements, physical activity, acupuncture and mind/body exercises.

- **Massage therapy** — Applies a range of therapeutic treatments including manual massage therapy to positively affect the individual's health and well-being.
- **Music thanatology** — Brings harp and voice to the bedside to help alleviate fear, discomfort and suffering at the end of life through the therapeutic qualities of music.

Cancer nurse navigators

Nurses and other trained staff are on hand to help you through your diagnosis and treatment. They are available to help ease the burden on you and your family, and to help coordinate the care you receive from your health care team. Nurse navigators will help you:

- Learn about your cancer diagnosis and treatment
- Voice your concerns to your doctors and other health care team members
- Make referrals and/or schedule appointments
- Find your way around the hospital campus
- Review resources for family support
- Identify work-related issues and employment concerns

What is an American Cancer Society patient navigator?

After you speak with your cancer nurse navigator, you may have other concerns about your diagnosis and treatment plan. An American Cancer Society (ACS) patient navigator is available to provide additional information, day-to-day help and emotional support, such as:

- General information about your specific type of cancer
- Resources for transportation, lodging and local assistance
- Answers to your questions about insurance and financial concerns
- Connecting you to community, state and national resources
- Offering emotional support to you and your loved ones by listening to your specific needs and providing reliable solutions

How do I get started?

Legacy cancer nurse navigators work closely with your doctors and the staff at all Legacy Health

medical centers. In most cases, a nurse will call you upon learning of your diagnosis. Or, you may contact the nurse, either through your doctor or by calling directly.

How do I contact a nurse or patient navigator?

- To talk to a nurse
 - Legacy Emanuel Medical Center: 503-413-8888 or 877-777-0112
 - Legacy Good Samaritan Medical Center: 503-413-8888 or 877-777-0112
 - Legacy Meridian Park Medical Center: 503-692-2416
 - Legacy Mount Hood Medical Center: 503-413-8888 or 877-777-0112
 - Legacy Salmon Creek Medical Center: 503-413-8888 or 877-777-0112
- To reach a patient navigator (for patients at all locations) — ACS patient navigator, 503-413-8052

Cancer research studies (clinical trials)

Clinical trials, also known as research studies, are conducted to explore alternative and better therapies to treat patients now and in the future. Current cancer treatments are the result of clinical research trials done in the past. Cancer clinical trials test new drugs, treatment combinations, devices and types of treatments (such as gene therapy). Approaches to surgery and radiation therapy, as well as supportive care are also studied.

Cancer Clinical Research is proud to offer clinical trials in collaboration with physician groups, cooperative research groups, the National Institutes of Health (NIH), pharmaceutical companies and medical device companies. These collaborations give Legacy Health the opportunity to provide the most advanced treatment options to you and our community.

Is a clinical trial right for you?

Your doctor may discuss the opportunity to take part in a clinical trial (research study) as part of your cancer treatment. The risks and benefits of the clinical trial will be explained to you, and an assessment will be made to determine if you are eligible to take part. You and your doctor will decide whether study participation is a good option for you. Please discuss any concerns or questions you may have with your doctor before making the decision to take part in a clinical trial.

If you decide to take part, you will need to sign a consent (permission) form before any study activities

begin. The Legacy Tumor Bank, which collects and stores tumor samples for research, may also be discussed with you during the consenting process.

Participation is your decision. If you decide not to take part in a clinical trial, your health care provider will discuss with you the standard treatment options that may be best for your situation.

Ask your doctor for information about clinical trials that may be available to you.

Legacy Tumor Bank

Improving care for patients with cancer requires research into the inner workings of cancer cells. To investigate these mechanisms, Legacy Health has established a basic science, laboratory-based oncology research program.

Researchers in the Legacy Core Oncology Laboratory collect and preserve tumor samples for use in medical research, if you consent (give permission) for us to do so. These samples are obtained from tumor tissue removed during cancer surgery, if there is enough left after the necessary pathology tests are performed. To protect your confidentiality, your personal information is tracked using only code numbers. You can withdraw your consent at any time if you change your mind about having your tumor in the Legacy Tumor Bank.

Legacy Health researchers associated with the laboratory are conducting experiments to study relationships between tumor characteristics, treatment alternatives and patient outcomes. These experiments will provide information to help clinicians better target treatments based on individual tumor characteristics. As more is learned about particular cancers, therapies for people with cancer will be improved.

More information

For more information about clinical trials:

- Legacy Cancer Research at 503-413-8199
- Legacy website — www.legacyhealth.org, which includes information about clinical trials and the Legacy Tumor Bank
- National Cancer Institute, www.cancer.gov/clinicaltrials

Cancer genetics counseling

Genetic or hereditary factors are thought to be involved in only 10 percent of cancer cases, but families with these factors have a much higher

cancer risk than the general population. You may want to have a cancer risk assessment if you have:

- A personal history of cancer and/or family history of cancer in several relatives, especially before age 50
- Personal or family history of multiple cancers in the same individual
- Certain ethnic background, e.g., Ashkenazi Jewish, French-Canadian
- A known genetic mutation in the family
- Particular anxiety about your personal risks for developing cancer

Cancer genetics counseling and testing at Legacy Health

Legacy Genetics Services offers a comprehensive service, with genetics counseling, risk assessment and testing (when appropriate). Genetics counseling can help you understand your cancer risk and that of your family members, and is particularly important if you are considering genetic testing. Counseling includes:

- Information on the genetic component of cancer
- Analysis of your family history to identify high-risk families and at-risk family members
- Discussion of possible lifestyle and dietary changes that may lower cancer risks
- Screening recommendations for you and any at-risk family members
- Discussion of whether or not you might benefit from genetic testing

Due to the complexity of cancer genetics, complete assessment is critical to ensure that the correct test (if any) is offered. The program staff is experienced in coordination, ordering and interpretation of genetic testing for those at risk for hereditary cancer.

For more information, call 503-413-6534 or 800-220-4937, or visit www.legacyhealth.org/cancer.

Cancer rehabilitation services

Living with a diagnosis of cancer can have a profound impact on one's life. Treatment of your cancer may affect your functional, social, emotional and spiritual needs. This may mean temporary or permanent changes in your life and within your family. Legacy Health offers a wide array of services to help you through your cancer experience.

Cancer rehabilitation

Cancer rehabilitation is designed to help you and your family adjust to the impact of cancer. This can be accomplished through counseling, education, and exercise. Our professional staff is specially trained in cancer care. Their services are available to individuals with all types and stages of cancer. The staff can provide a continuity of care and support throughout the course of your treatment and recovery.

Cancer rehabilitation services include:

- Physical therapy — Helps an individual maximize their level of independence, reduce pain and limitations, and enhance recovery through exercise and training
- Occupational therapy — Addresses possible limitations in endurance, self-care skills and other activities of daily living
- Lymphedema management — Treats swelling of the arm, leg or other body part
- Speech therapy — Assists with memory and concentration difficulties associated with chemotherapy
- Urinary continence rehabilitation — Addresses pelvic floor and bladder control issues as a result of decreased estrogen

For more information, contact the cancer rehabilitation team:

- Legacy Good Samaritan Medical Center, 503-413-7753
- Legacy Meridian Park Medical Center, 503-692-7416
- Legacy Mount Hood Medical Center, 503-674-1123
- Legacy Salmon Creek Medical Center, 360-487-3750

Recovering from breast cancer surgery

Following breast surgery

If your surgery included breast reconstruction, the following guidelines may need to be modified. Please **discuss your specific needs** with your surgeon, physical therapist and/or occupational therapist.

Avoid heavy lifting or straining after surgery.

- Minimize overuse of the arm that might stretch or traumatize the incision site during the first two weeks.
- Unless told otherwise by your surgeon, general guidelines are to avoid lifting, pushing or pulling anything that weighs five pounds or more for two weeks, and 10 pounds for six weeks after surgery.

You may experience some sensory changes in and around the breast, chest wall, arm and armpit after surgery.

- Common symptoms include pain (shooting, burning, pulling), “pins and needles,” and/or numbness of the armpit skin and the skin of the inner upper arm and chest wall. The duration of these sensations often varies, but they generally diminish over time.
- Some people experience increased skin sensitivity to touch or clothing against the surgical area.

Swelling after surgery

- Swelling in the surgery site or the arm (if any lymph nodes were removed) may cause discomfort. Elevating your arm on a pillow is helpful.

Maintain good posture.

- Good posture is essential to prevent your chest muscles from shortening and over stretching the weaker muscles of your upper back.
 - Lift your chest up and bring your shoulders back several times a day. Uneven shoulders or a leaning to one side may occur to make up for the lost breast weight or the surgical scar.
 - Align your shoulders when standing in front of a mirror to increase your awareness of correct shoulder posture.

Follow your home exercise program to regain arm flexibility and strength.

- Expect to feel some tightness in your chest wall and/or armpit after surgery. This is normal. It should improve as you perform your exercises. (See page 12.)

- Your stretching program helps to realign scar tissue.
- Radiation therapy, if it is part of your treatment plan after surgery, may decrease the range of motion of your shoulder. This decrease is due to tissue fibrosis and adhesions that may form. If that occurs, the ongoing effects may continue one year or longer. You can minimize this tightness by continuing your exercise program.
- Tiny thread-like bands or broader cord-like structures sometimes develop in the armpit, inside of the elbow or down the inner arm. Cords or bands may appear two to three weeks following surgery. Why this happens is unclear. These cords may be painful and usually disappear with time and gentle stretching. A referral to Legacy Outpatient Cancer Rehabilitation Services for physical therapy to address these cords may benefit you.

Fatigue

- Fatigue (tiredness) after surgery and fatigue associated with radiation therapy or chemotherapy is common.
- Pace yourself, with rest periods between activities.
- Delegate tasks to other family members and use other energy conservation techniques.
- Relaxation activities like listening to music, reading, games, stress management, yoga or attending support groups may help you manage fatigue.
- Conditioning activities, such as walking, are helpful for recovery of both physical health and a sense of well-being.

Lymphedema

- Lymphedema is very rare for those who have sentinel lymph node removal.
- Protect your arm against skin injuries.
- Gradually build up the duration (length of time) and intensity of any exercise or activity.
- Maintain your optimal weight.
- Contact your doctor if you notice any change in the size, texture or heaviness of your arm.

Lymphedema with axillary (armpit) nodes removed

- If you have had removal of your axillary (armpit) lymph nodes, follow the section titled “Hand and arm skin care guidelines for lymphedema risk reduction (for women who have had axillary lymph nodes removed)” on page 14.

Exercises

Exercise is an important part of your recovery from breast surgery. Generally, we recommend that you **do not move your involved arm above shoulder height until after the removal of your drains** or until your surgeon allows you to do that.

It is strongly recommended that you go for a walk

each day, gradually building up to a half an hour daily.

The following exercises encourage gentle arm mobility, correct posture and deep breathing to expand your chest wall.

Initial arm exercises: First 10 to 14 days

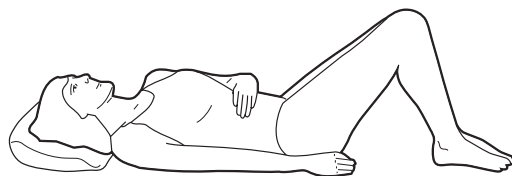
If your surgery included breast reconstruction, the following exercises may need to be modified. Please **discuss your specific needs** with your surgeon, physical therapist and/or occupational therapist.

Perform the following exercises lying on your back. Avoid overhead arm movements for the first 10 to 14 days or until your drains are removed.

Begin and end each exercise session with the deep (diaphragmatic) breathing exercise.

Diaphragmatic breathing

Lie on your back in bed with your head elevated on pillows as needed, and with your knees bent to protect your lower back.



Your hand should be dropping as your abdomen lowers.

Repeat this breathing pattern several times with your hand in place on your abdomen.

Place one hand on your abdomen (belly) so you will be able to feel when you are breathing correctly.

Begin by breathing in through your nose; feel with your hand as your abdomen rises.

Your abdomen will become larger as your lungs fill with air.

Blow all the air out through pursed lips like you are blowing out a candle.

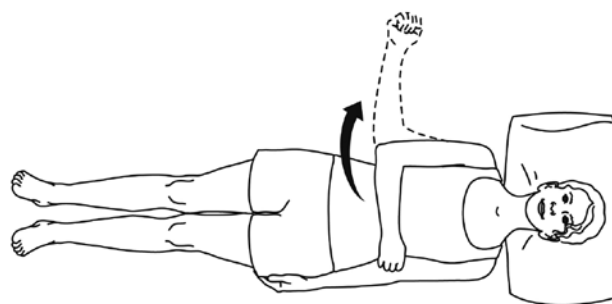
- Inhale (breathe in) through your nose — abdomen rises.
- Exhale (breathe out) through pursed lips — abdomen falls.
- Try to control and prolong breathing out so that it takes twice as long as breathing in.
- Try to keep your upper chest and the muscles in your neck relaxed and still.

Shoulder external rotation

Start with arm rotated across body as shown.

Keeping elbow tucked in at your side, rotate arm outward as shown.

Return arm across body.



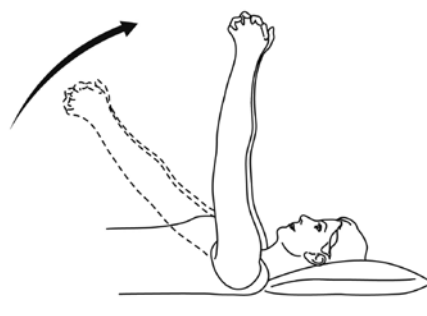
Shoulder flexion

Lie on your back, arms at your side.

Clasp hands together. Keeping elbows straight, gradually progress to raising arms up to shoulder height only.

Hold 5 seconds. Slowly lower arms back down.

Repeat 5 times, 2 or 3 times each day.



Shoulder abduction

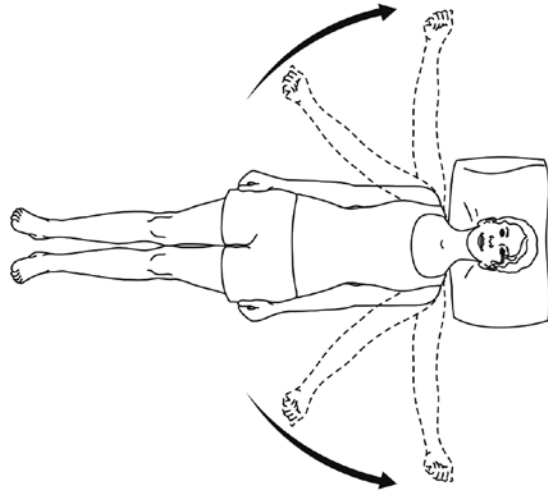
Lie on your back, arms at your side.

Keeping elbows straight, gradually slide arms out sideways (palms up) to shoulder height only.

Hold 5 seconds.

Return arms back to your side. Try to keep arms in contact with bed or floor.

Repeat 5 times, 2 or 3 times each day.



Remember

Once drains are removed, continue to do the same exercises, working on raising your arms overhead. Talk to your doctor, physical or occupational therapist for additional exercises.

Posture

Good posture is essential to prevent your chest muscles from tightening and overstretching the weaker muscles of your upper back. Lift your chest up and bring your shoulders back several times a day. Align your shoulders in front of a mirror to increase your awareness of correct shoulder posture. Repeat 5 times, 2 or 3 times each day.

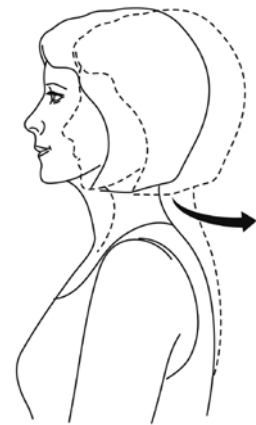
Chin tucks

Sit straight with arms relaxed by your side.

Tuck your chin in.

Hold 5 seconds.

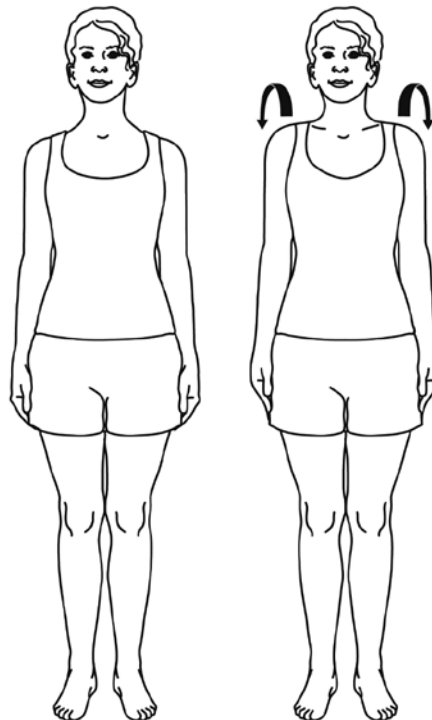
Keep your eyes and jaw level.



Shoulder circles

Sit or stand with both arms at your side.

Keeping fingertips in contact with thighs, rotate shoulders up, back and down. Emphasize the backward motion.



Hand and arm skin care guidelines for lymphedema risk reduction (for women who have had axillary lymph nodes removed)

The following precautions are offered as guidelines to help protect your hand/arm from infection, injury, trauma or overuse, which may reduce your risk for lymphedema occurrence. These guidelines pertain to you if you have had axillary lymph node removal.

Do not hesitate to contact your surgeon if any signs of infection or swelling occur.

Signs of arm infection

- Increased warmth
- Red streaks or redness
- Sudden increases in pain, swelling, aching, rash or heaviness
- Warmth, redness or swelling with or without a fever — Treat minor cuts and scratches on your arm by washing the affected area with soap and water. Apply antibacterial medication and cover the area with a sterile dressing.

Nutrition

- For lymphedema risk reduction, a normal balanced diet is best.
- Control your weight. Most nutritionists recommend a low-salt, low-fat, high-fiber diet. If overweight, work on losing weight; being overweight is a risk factor for lymphedema.

Protect against skin injuries

Injuries to the arm, even minor ones, may increase lymphedema risk.

- Whenever possible, use your unaffected arm for injections, vaccinations, blood draws or IVs. If lymph nodes were removed from both armpits, ask your doctor which arm is best to use.
- Do not cut cuticles on your affected hand.
- Use hand cream or lotion.
- Wear protective gloves during activities that may cause skin injury, e.g., gardening, or working with tools, knives, chemicals or abrasive pads.
- Protect exposed skin with sunscreen and insect repellent.
- Use care when playing with pets, because scratches and bites can become infected.

- Use caution with razors to avoid nicks and skin irritation.

Protect against application of excessive heat or cold

- Use caution when ironing and around the stove.
- Avoid prolonged exposure (longer than 15 minutes) to heat, particularly hot tubs and saunas.
- Avoid placing your arm in water temperatures above 102 F.
- Avoid exposure to extreme cold, which can cause rebound swelling and chapping of skin.

Avoid binding or squeezing your arm

- Clothing should be loose and comfortable. Avoid bras that leave dents on your skin.
- Carry your purse or bag on your unaffected shoulder, arm or hand. You may wish to use a belt bag or fanny pack.
- Jewelry should fit comfortably without leaving marks on your skin.

Activity/lifestyle

- Gradually build up the duration and intensity of any exercise or activity.
- Monitor your arm during and after exercise or activity for any change in size, shape, skin texture, soreness or heaviness.
- Take frequent breaks, move and elevate your arm during exercise and activity to allow for arm recovery.
- Wear a well-fitting compression arm-sleeve, hand-gauntlet or glove if prescribed for you during strenuous activity.
- Maintain optimal weight.
- Air travel can trigger lymphedema. During a flight, elevate and exercise your arm.

Recovery goals

Legacy Health's breast cancer rehabilitation program empowers you to take an active role in your recovery. You can achieve this through exercise, mobility training and education. Physical therapists and occupational therapists, trained in cancer care, design a personal treatment program based on your unique needs.

Our goal is to assist you in reaching optimal levels of function during your recovery.

Treatment goals include:

- Restore strength, range of motion and function of your shoulder.
- Minimize weakness and fatigue, and promote an acceptable return to activity level.
- Educate you to manage arm lymphedema (swelling).
- Reduce pain and soft tissue tightness.
- Provide resources for support services.

When to consult your doctor and/or therapist

What to look for in your recovery six weeks after surgery and periodically during treatment:

Is it difficult to do all of your daily activities?

Yes No

Is it difficult to sleep without arm or chest wall pain?

Yes No

Is it difficult to dress and/or do personal care easily?

Yes No

Is the arm on your operated side more difficult to use than your other arm?

Yes No

Is it difficult for you to reach, due to stiffness in one or both arms?

Yes No

Have you noticed bands or cords in your underarm, down your arm or in your elbow and wrist, that stop you from moving your arm?

Yes No

Do you have feelings of heaviness or discomfort in your arm, underarm or chest wall?

Yes No

Do you notice swelling on your operated side?

Yes No

Do you have problems walking or taking care of household tasks?

Yes No

If you have answered yes to any of these questions, please talk to your doctor. You may benefit from physical therapy or occupational therapy to help you in your recovery. Please call for more information.

Legacy Good Samaritan Medical Center, 503-413-7753

Legacy Meridian Park Medical Center, 503-692-7416

Legacy Mount Hood Medical Center, 503-674-1123

Legacy Salmon Creek Medical Center, 360-487-3750

Lymphedema management services

Lymphedema is a potential complication of breast cancer surgery and of radiation therapy after surgery. It is a build-up of protein and water under the skin, causing tissue swelling in the arm, the chest wall and/or the breast on the side of surgery.

Our program's goal is to reduce the size of the affected area while minimizing pain, risk of infection and psychological distress. We'll also teach you the signs of lymphedema and how to best manage the condition over the long term.

If you'd like to participate in our program, please ask your doctor for a referral.

Locations

Legacy Good Samaritan Medical Center, 503-413-7753

Legacy Meridian Park Medical Center, 503-692-7416

Legacy Mount Hood Medical Center, 503-674-1123

Legacy Salmon Creek Medical Center, 360-487-3750

Treatments

Lymphedema services are provided by physical therapists and occupational therapists with national certification in lymphedema management. Lymphedema detected early can be managed with a more conservative treatment approach. Depending on the degrees of swelling, treatment may include a combination of:

- Manual lymphatic drainage (MLD), which gently stretches the skin to increase lymph flow from swollen tissues to healthy parts of your body
- Wrapping your arm with low-stretch bandages to minimize return of fluid
- Compression garments
- Intermittent compression pumps in combination with MLD
- Skin care, breathing and exercise instruction

Support group

A lymphedema support group meets monthly at Legacy Meridian Park Medical Center. Call 503-413-7284 for information.

Moving on after treatment and surgery

Tips on obtaining a breast prosthesis

About four to six weeks after breast surgery, your doctor may give you permission to wear a breast prosthesis. For both mastectomy and lumpectomy, swelling and/or tenderness should be gone by this time, allowing for a good fit. Women with a lumpectomy often wait until their skin recovers after radiation to decide on a shell or shaper to even out the appearance of their breast.

For mastectomy patients, a temporary garment is available from prosthesis providers and can be worn while you recover from the surgery. Weighted breast forms are important for women with mastectomies, not only for cosmetic reasons, but also to maintain a natural balance and prevent neck, shoulder and back discomfort. A weighted breast form also will keep your bra from riding up. It is important that you choose your prosthesis carefully and have it specially fitted.

Step 1: Questions to ask your insurance carrier

Check with your insurance carrier to determine if you have a “preferred provider” and to find out exactly what your insurance will cover.

- Ask if you need a referral or preauthorization before you get your prosthesis.
- Coverage may vary and may cover a percentage of the entire cost of the bra and prosthesis, or it may pay 100 percent up to a maximum amount.
- Ask your insurance carrier how frequently it pays to replace your bras and prosthesis.
- If you might want reconstruction later, ask your insurance carrier if you will have coverage for a prosthesis now and possibly reconstruction later.

Step 2: Questions to ask the prosthesis distributor

- Do you bill my insurance company or do I pay and personally bill the insurance company?
- Is there any exchange policy if I decide it does not meet my needs?
- How long should the prosthesis last?
- Can you show me the different types of forms?
- How do I wear or attach it?
- What does it take to get used to wearing a prosthesis?
- Will perspiration or chemicals damage the prosthesis?

- How do I clean and care for the prosthesis?
- Do I need a special form for swimming?

Step 3: Go shopping

With your doctor’s prescription in hand and your insurance coverage confirmed, go shopping.

- Check the yellow pages under “Mastectomy Apparel, Forms & Prostheses” for local retailers.
- Allow one to two hours for a certified fitter to properly fit you with your bra and prosthesis.
- Select your prosthesis carefully so that it will be comfortable and fit your lifestyle.
- Prostheses come in varying weights, shapes and colors. Look for a prosthesis and bra that give you the shape, weight and balance of a real breast.
- If you have lymphedema, or are at high risk for lymphedema, a lightweight prosthesis is recommended.

Sexuality, intimacy and fertility

Being diagnosed with breast cancer and going through the various stages of treatment can take its toll on your overall energy levels. Some breast cancer treatments can cause sexual side effects.

Research has shown that after the first six months of treatment, most women with breast cancer are able to resume satisfying sexual lives. Of course, every woman’s experience is different. What kind of surgery you had, whether you had or are having reconstructive surgery, chemotherapy, or radiation treatment, and whether or not you are taking hormonal medications, are all factors that may affect your body image and how you feel physically.

Fortunately, there are treatments that may help with sexual side effects. Your doctor, nurse or other health care professionals may suggest ways that may help manage or lessen side effects such as hot flashes and lowered libido. While sex can be an uncomfortable or sensitive topic, it is important to seek information from health care professionals and know your options.

The anxiety, depression and stress that often come with a breast cancer diagnosis may decrease, or eliminate, your interest in sex. Body image issues, such as scarring, that can come with surgery can also be a concern.

Studies show that what partners mostly care about is that their loved one is alive and feeling well. In comparison, physical changes are less important. Even if your relationship is very strong, you and your partner will have to cope with the effects of your diagnosis and treatments.

Even though sex is a familiar topic, when it comes to issues of sex and intimacy, communication is crucial. Talk openly with your partner about how you are feeling. If you are not in the mood for intercourse for a while, your partner will probably understand. There are other forms of intimacy that allow you to feel close to each other, such as kissing, hugging or giving each other a back or foot massage.

Looking for a new normal with your loved one takes a coordinated effort. Physical, emotional and spiritual changes will affect your relationship. Rebuilding your intimate life takes time, persistence, creativity, empathy and good communication.

Talk about your biggest fears. Women may be afraid their partner will leave or reject them. Your partner may be afraid of physically hurting you during sex. Discussing your thoughts and feelings can help you reassure each other that you are both aware and sensitive to the other's concerns.

Fertility

Not all cancer treatments cause infertility. If you are diagnosed with cancer, it is important to talk with your doctor about whether you are at risk for treatment-related fertility problems. There are options for preserving fertility before treatment begins; your doctor can explain these to you. Most options are time-sensitive, so it is important to have this discussion soon after your diagnosis.

Fertility resources

Oregon Reproductive Medicine

www.oregonreproductivemedicine.com

2222 N.W. Lovejoy St., Suite 304

Portland, OR 97210

503-274-4994

Menopause and hormone changes

What is menopause?

Menopause is the point at which menstruation ceases; it marks the end of a woman's fertility. Hormonal shifts in the body are responsible for this change. It is a natural part of life as a woman ages. Some women have

no symptoms at all, other than the end of monthly menstrual periods. Others have symptoms that may include hot flashes, vaginal dryness, sleep disruption, fatigue, problems with memory, weight gain and mood changes. Once menopause has occurred, women are more at risk for fragile bones and heart disease. When brought on by cancer treatment, menopause may be temporary or permanent.

How can cancer treatments affect my hormonal cycles?

Although decreasing hormone levels can help stop cancer cells from thriving, some chemotherapies can also cause disruption of hormonal cycles, leading to early menopause. Other causes of early menopause can include hormone therapies such as aromatase inhibitors and tamoxifen, and surgical menopause due to the removal of ovaries. Women who have already gone through menopause may have an increase in symptoms when they are placed on hormonal therapy. In the case of chemotherapy, the menopausal symptoms may be temporary. For women who are pre-menopausal, symptoms of menopause may come on quickly at the start of treatment.

What can be done to help reduce my symptoms?

There are lifestyle changes and medications that can be helpful in managing menopausal symptoms. Exercise can decrease hot flashes and improve mood and sleep. Vaginal lubricants and Kegel exercises (for the vaginal muscle) can improve vaginal dryness. Eating a small protein snack shortly before bedtime can reduce night time hot flashes. Omega-3-rich foods such as fish and fish oil may show positive results as well. Medications such as antidepressants can reduce these symptoms in many women. For most breast cancers, estrogen products, including those that are called "bioidentical," are not a good choice.

How can I stay healthy during menopause?

Exercise is known to be a key to maintaining heart health and keeping bones strong. Walking at a good pace for 30 minutes each day can be a great help. It is important to have your bone density monitored. Keeping vitamin D and calcium at healthy levels is also important. A diet rich in fruits and vegetables, and low in red meats, alcohol and fats, contributes to good health. Seeing your primary care provider at recommended intervals can also help you stay healthy.

Taking care of yourself

Exercise and breast cancer

Exercise is important in the fight against cancer. Moderate exercise has been found to have health benefits for anyone with cancer. Benefits include reducing disease-related symptoms and treatment-related side effects. With exercise, cancer-related fatigue can be lessened and your energy for daily activities improved. In light of the existing research, aerobic exercise training should be an integral component for anyone recovering from cancer. A physical therapist specializing in cancer diagnoses can assist you in setting up an exercise program designed for you.

Benefits of aerobic exercise for people with breast cancer

Regular exercise can reduce the chances that breast cancer will return after treatment and improve your overall health. Recent studies show that, after diagnosis, moderately intense physical activity helped decrease the risk of recurrence and gave a survival advantage of about 50 percent.

Please remember that exercise is a supplement to, and not a replacement for, standard therapies. People undergoing cancer treatment and cancer survivors may have limitations to exercise due to their disease or treatment. Consult your doctor before beginning any exercise program.

Exercise tips

- Choose a form of exercise that is enjoyable for you.
 - If you exercised regularly before your diagnosis, you may need to reduce your intensity and the amount of time you exercise initially.
 - If you have not exercised regularly, choose an exercise program that you will stick to long term.
 - Walking is a good form of exercise. Short, frequent walks are as beneficial as taking a long walk.
 - Base your exercise program on what you can do safely. Consider any physical limitations you may have. For example, if you have numbness in your feet or balance issues, you may be at risk of falling. Initially a stationary reclining bicycle may be a better choice for aerobic exercise than walking.
 - Pace your exercise activity so you do not get short of breath. You should be able to carry on a conversation throughout your workout.
- One goal of exercise is to maintain a healthy weight. It has been shown that a healthy weight may be one of the most important things to help reduce progression of the disease.
 - Start slowly and gradually increase your exercise program as you are able. Thirty minutes of exercise five days a week is optimal for overall health, but it may take you several weeks or longer to get to this stage.

Bone health

Bone health is a concern during menopause. Lack of weight-bearing exercise can increase your risk of bone loss (osteoporosis). Weight lifting lowers your risk of osteoporosis and type II diabetes. It can help you keep a healthy weight and reduce your risk of heart disease. Weight lifting increases your energy level and may improve your quality of life. Discuss your bone health with your doctor before you start a weight-lifting program.

Lymphedema: Swelling of the arm or breast/chest

Swelling of the arm or breast/chest can occur after lymph node removal or radiation therapy to areas with lymph nodes. The incidence of lymphedema has been significantly reduced with the use of sentinel lymph node biopsy. Swelling that persists for more than three months may be caused by decreased lymphatic drainage.

The National Lymphedema Network recommends starting aerobic and resistive exercise with low intensity and increasing gradually. Most individuals with lymphedema can safely perform exercise using the affected body part by wearing compression garments, not over exercising the affected body part and by modifying exercise to prevent overuse.

One of Legacy Health's nationally certified and trained lymphedema specialists (physical therapist or occupational therapist) can assist you in developing a safe exercise program or in learning how to control swelling if lymphedema is present. Ask your doctor about a referral for this service.

Nutrition

- The American Institute for Cancer Research (AICR) states that 30 to 40 percent of cancers could be prevented. This could occur by changing the way we eat and exercise.
- One-third of the average American diet is made up of unhealthy foods. These include potato chips, crackers, salted snack foods, candy, gum, fried fast food and soft drinks.
- The AICR states that eating five servings of fruit and vegetables each day could prevent 20 percent of all cancers. This is due to their high vitamin, mineral and phytochemical content.
- A protective effect against lung, stomach, colon and rectal cancers has been noted with the cabbage family vegetables. These vegetables include cabbage, kale, broccoli, Brussels sprouts, bok choy and cauliflower.
- Every five grams of fat in a serving is equal to you eating one teaspoon of fat. Keep in mind however, that some fat is essential for good health. These should be omega-3 fatty acids and/or monounsaturated oils with no hydrogenation.
- The average amount of water in your body is 10 gallons. You need to drink at least 48 oz. (six glasses) of water each day. This will replace the water that is lost through urination, sweat and breathing.
- Dietary factors that increase cancer risk include:
 - Meats
 - Dairy
 - Total fat
 - Saturated fats
 - Refined sugar
 - Total calories
 - Alcohol
- Dietary factors that decrease cancer risk include:
 - Fish
 - Whole grains
 - Legumes (beans, peas, lentils, soybeans)
 - Cabbage
 - Vegetables
 - Nuts
 - Fruits
- AICR diet and health guidelines for cancer prevention:
 - Choose a diet rich in a variety of plant-based foods.
 - Eat plenty of vegetables and fruits.
 - Maintain a healthy weight and be physically active.
 - Drink alcohol only in moderation, if at all.
 - Select foods low in fat and salt.
 - Prepare and store food safely.
 - Do not use tobacco in any form.
- The key dietary suggestion for you to reduce your risk of cancer is to eat large amounts of cancer-fighting fruits and vegetables, or eat from the rainbow (see the next page).
- According to the Centers for Disease Control and Prevention, the average number of calories Americans eat each day has risen from 1,996 to 2,247 over the past 20 years. This increase of 251 calories per day, works out to an extra 26 pounds every year.
- Excess insulin production (hyperinsulinemia) may increase risk of breast cancer.
- In the U.S., more than 1.2 billion pounds of pesticides and herbicides are sprayed or added to food crops each year. This is roughly 5 pounds of pesticides for each man, woman and child. There is a growing concern that these pesticides may cause a large number of cancers.
- Less than 3 percent of the total produce in the U.S. is grown without pesticides. Still, organic produce is widely available. Organic produce is grown without the aid of synthetic pesticides and fertilizers.
- Tests by the Environmental Working Group show that pesticide residue in fresh foods varies widely. When setting your shopping priorities, keep the following in mind:
- Food high in pesticides:
 - Apples
 - Bell peppers
 - Celery
 - Cherries
 - Chili peppers
 - Imported grapes
 - Nectarines
 - Peaches
 - Pears
 - Raspberries
 - Strawberries
 - Tomatoes
 - Lettuce
 - Spinach

- Food low in pesticides:
 - Asparagus
 - Avocados
 - Bananas
 - Blueberries
 - Broccoli
 - Brussels sprouts
 - Cabbage
 - Cauliflower
 - Eggplant
 - Grapefruit
 - Kiwifruit
 - Mangoes
 - Onions
 - Pineapple
 - Plums
 - Radishes
 - Watermelon
- AICR concludes that a healthy diet, along with maintaining a healthy weight, being active, and not smoking, may prevent 60 to 70 percent of all cancers.

The rainbow assortment

The key dietary suggestion to lower your risk of cancer is to eat large amounts of cancer-fighting fruits and vegetables. The table below shows the foods in this category.

- Five-a-day minimum is suggested; 10-a-day would be even better.
 - Less than half of all Americans eat one serving of fruit or vegetables during the course of a day.
 - Only one in 10 people eat the five-a-day recommendation.
- One serving size equals:
 - 1 cup raw leafy vegetables
 - ½ cup raw non-leafy or cooked vegetables
 - ½ cup cooked green beans or peas
 - 1 medium fruit
 - ½ cup small or cut up fruit
 - ½ cup 100 percent juice
 - ¼ cup dried fruit
- For a great start, choose at least one food per day from each of the five key color groups in the table.
- The best ways to cook vegetables is by lightly steaming them or stir-frying them in olive oil.

The rainbow assortment

Red	Dark green	Yellow and light green	Orange	Purple
Apples (red)	Artichoke	Apples (green or yellow)	Apricots	Beets
Red bell peppers	Asparagus	Avocado	Orange bell peppers	Blackberries
Cherries	Green bell peppers	Bananas	Butternut squash	Blueberries
Cranberries	Broccoli	Yellow bell peppers	Cantaloupe	Cabbage (purple)
Grapefruit	Brussels sprouts	Bok choy	Carrots	Cherries
Red grapes	Chard	Cabbage	Mangoes	Currants
Red plums	Collard greens	Cauliflower	Oranges	Eggplant
Radishes	Cucumber	Celery	Papaya	Grapes (purple)
Raspberries	Green grapes	Fennel	Pumpkin	Onions (red)
Strawberries	Green beans	Kiwi fruit	Sweet potatoes	Pears (red)
Tomatoes	Honeydew melons	Lemons and limes	Yams	Plums (purple)
Watermelon	Kale	Lettuce (light-green types)		Radishes
	Leeks	Onions		
	Lettuce (dark-green types)	Pears (green or yellow)		
	Mustard and turnip greens	Pineapple		
	Peas	Squash (yellow)		
	Spinach	Zucchini (yellow)		

Cancer survivorship

When cancer is diagnosed and treated, there can be a blur of activity, accompanied by the need to focus on each day as it comes along.

When active treatment is over, many patients have a sense of joy, but other feelings and concerns may also arise. “What now?” “I’m still having trouble sleeping and am worrying.” “What can I do to help make sure my cancer doesn’t return?” In addition to many questions and concerns, there may be ongoing physical symptoms such as fatigue, numbness in hands and feet, or other issues that can interfere with a sense of recovery. These are all possible components of survivorship.

“The day cancer treatment ends, a new chapter in life begins. While some survivors leave cancer behind and move forward with few problems, others might experience physical or emotional effects. Some of these effects may start during cancer treatment and continue long-term. Some after effects or late effects of treatment can appear months or even years later.”
— *Livestrong.org*

Survivorship is now a recognized phase related to cancer care. Survivorship clinics and resources are increasingly available to those who have completed

their treatment and wish to optimize their quality of life and health.

Legacy Cancer Healing Center is here to support you and your health during and after cancer treatment. Our nurse practitioner, Reza Antoszewska, offers assistance in developing your personalized plan for survivorship. A variety of health classes and activities is also available.

We are here to help you:

- Address symptoms that remain after cancer and its treatment, through direct care or referrals
- Develop a unique lifestyle plan to meet your personal goals after treatment, optimize your health and pave the way to a healthy future
- Identify services, classes or other activities that can help you restore, promote and maintain your health
- Understand and plan for medical follow-up after cancer treatment

Nurse practitioner consultation services are available on a fee-for-service basis and are covered by most insurance plans.

Contact Reza Antoszewska, rantosze@lhs.org or 503-413-6550, for more information, or visit www.legacyhealth.org/cancerhealingcenter.

Survivorship resources

These websites are excellent sources of information and resources on survivorship. Many of them provide information in both English and Spanish.

American Cancer Society	www.cancer.org — Click on Find Support and Treatment, then click on Survivorship: During and After Treatment in the Quick Finder on the right side of the page.
American Society of Clinical Oncology, Cancer Net	www.cancer.net/patient/Survivorship
Legacy Cancer Healing Center, survivorship services	www.legacyhealth.org/cancer
Livestrong (The Lance Armstrong Foundation)	www.livestrongcareplan.org
Living Beyond Breast Cancer	www.lbbc.org
National Cancer Institute	www.cancer.gov/cancertopics/life-after-treatment — “Facing Forward: Life After Cancer Treatment” can be printed from the website, ordered online through the “NCI Publications” link on left side of page, ordered by phone at 800-422-6237 or requested from your local cancer treatment center. Also see http://cancercontrol.cancer.gov/ocs/resources.html
National Coalition for Cancer Survivorship	www.canceradvocacy.org Also see www.canceradvocacy.org/toolbox
Sisters for Survivors	www.sisters4survivors.org
Young Survival Coalition	www.youngsurvival.org

Personalized survivorship plan

This plan is a start. If you would like a more detailed plan, contact our nurse practitioner, Reza Antoszewska (503-413-6550 or rantosze@lhs.org). These services are covered by most insurance.

PATIENT NAME _____

PRIMARY CARE PHYSICIAN _____

Symptoms and concerns		Date:
<input type="checkbox"/> Fatigue — lack of energy, whole-body tiredness unrelieved by sleep <input type="checkbox"/> Peripheral neuropathy — numbness of hands or feet <input type="checkbox"/> Osteoporosis — weakness in bones <input type="checkbox"/> Gastro-intestinal concerns — diarrhea, constipation <input type="checkbox"/> Insomnia — inability to sleep <input type="checkbox"/> Chemo brain — memory or cognition concerns		
Other symptoms:		
Treatment plan		
Symptom	Plan	Evaluation plan
Healthy, cancer-protective lifestyle considerations		
Exercise:		
Diet:		
Emotional health		
<input type="checkbox"/> Fear of recurrence <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression		
Other:		
Health promotion:		
<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Sunscreen <input type="checkbox"/> Vitamin D		

Care record

PATIENT NAME _____

Period covered by this record (new record will be started in case of new or recurrent cancer)

FROM (DIAGNOSIS DATE) _____

TO (DATE COMPLETED TREATMENT) _____

PRIMARY CARE PHYSICIAN _____

TITLE/SPECIALTY _____

FACILITY _____

PHONE _____

EMAIL _____

Cancer characteristics and test results

Cancer type and site(s):

Stage and grade:

Other, e.g., receptors, markers:

Genetics counseling:

Treatment summarySurgery providers
(name, specialty,
facility, phone)

Date

Procedure

Outcome/comments

Radiation therapy
providers
(name, specialty,
facility, phone)

Dates (start–stop)

Type

Field

Total dose

Outcome/comments

Chemotherapy,
biotherapy, hormonal
providers
(name, specialty,
facility, phone)

Dates (start–stop)

Regime/trial #

Drugs

Significant cumulative
doses (units or mg/m²)

Outcome/response

Follow-up schedule and appointments

Follow-up schedule after treatment*

NAME: _____

END DATE OF DEFINITIVE
FIRST COURSE TREATMENT _____

All patients

- For optimal breast cancer outcomes — encourage an active lifestyle, exercise regularly, limit alcohol to less than one drink per day, stop smoking and maintain an ideal body weight.
- Consider genetics counseling at Legacy Genetics Services if you have a personal or family history of:
 - Cancer of the breast, GI tract, reproductive organs or other cancers
 - Early-onset breast cancer before the age of 50
 - Two or more cancers (including bilateral breast cancer, breast/ovarian, etc.) in the same woman
 - Male breast cancer
 - Known genetic mutation, or
 - Ashkenazi Jewish or French Canadian heritage

LCIS (*lobular carcinoma in situ*)

- Get a mammogram every 12 months (unless you had a bilateral mastectomy).

DCIS (*ductal carcinoma in situ*)

- Get a medical history and physical exam every six to 12 months for five years, then annually

- Get a mammogram every 12 months (six to 12 months post-radiation therapy if breast-conserving treatment)

Invasive breast cancer

- Get a medical history and physical every four to six months for five years, then yearly.
- Get a mammogram every 12 months (six to 12 months post-radiation therapy if breast-conserving treatment).

As indicated

- If you are taking an aromatase inhibitor [Femara (letrozole), Arimidex (anastrozole) or Aromasin (exemestane)] or having ovarian failure secondary to treatment, obtain a baseline bone mineral density test, then recheck as indicated.
- If you are taking tamoxifen, get an annual gynecologic exam (if uterus is present) and an evaluation of any vaginal spotting if you are a postmenopausal woman. Additionally, get an eye exam if you have cataracts or vision problems.
- Consider an MRI if you are at high risk of bilateral disease, (a carrier of BRCA1 or BRCA2 mutation).
- Routine evaluation of endocrine therapy use.
- The use of hormonal birth control is discouraged regardless of hormone receptor status.

Date	Evaluation	Results

*based on the National Comprehensive Cancer Network guidelines

Appointment calendar

Appointment	Date	Time	Location

Prostheses, wigs, scarves and turbans

Where to obtain a prosthesis

Check your local phone directory under “Mastectomy Apparel, Forms and Prostheses” or the Internet for additional shops. This list is not an endorsement, but a list to help you find places to shop for your prosthesis and lingerie needs. Bathing suits and lingerie for women who have had mastectomies are also available by catalog from Land’s End, Nordstrom and JC Penney.

The American Cancer Society Gift Closet at the Legacy Breast Health Center—Good Samaritan

1040 N.W. 22nd Ave., Portland
503-413-7162 or 503-413-8052

legacyhealth.org/cancer

Just Like a Woman Specialty Lingerie

6333 S.W. Macadam Ave., Suite 102, Portland
503-246-7000

justlikeawoman.com

Tues.–Fri., 10 a.m.–6 p.m.; Sat., 10 a.m.–5 p.m.
Appointments recommended

Ladies First, Inc.

P.O. Box 4400, Salem
800-497-8285

ladiesfirst.com, softteeusa.com

Softtee® garments only — no prostheses

Mary Catherine’s and Daughters

4042 N.E. Sandy Blvd., Portland
503-281-6986

marycatherines.com

Mon.–Fri., 9:30 a.m.–5 p.m.; Sat., 10 a.m.–4 p.m.

Saffron’s Specialized Medical

13215 S.E. Mill Plain Blvd., Suite 4C, Vancouver
360-256-1111

saffronsmmedical.com

Mon.–Fri., 9 a.m.–7 p.m.; Sat., 9 a.m.–5 p.m.

Nordstrom lingerie departments

Call for an appointment with the fitter.

Clackamas Town Center — 503-652-1810 ext. 1240

Downtown Portland — 503-224-6666 ext. 1240

Lloyd Center — 503-287-2444 ext. 1240

Washington Square — 503-620-0555 ext. 1240

Vancouver Mall — 360-256-8666 ext. 1240

Salem Center — 503-371-7710 ext. 1240

Tuality Medical Equipment & Supply

333 S.E. Seventh Ave., Suite 1200, Portland
503-681-1658, ext.1671

Mon.–Thurs., 9 a.m.–5:30 p.m.; Fri., 9 a.m.–7 p.m.

Where to obtain wigs, scarves and hairpieces

The list below can assist you in finding places to shop for your wigs, scarves and turban needs. This is not an endorsement. Check your yellow pages under “Wigs and Hairpieces” or the Internet for additional shops.

The American Cancer Society Gift Closet at Legacy Breast Health Center—Good Samaritan

Donated wigs, scarves and turbans are available free of charge to women with limited funding and/or insurance coverage.

503-413-7162 or 503-413-8052

legacyhealth.org/cancer

American Cancer Society

Patient Wig Closet

2011 Main St., Vancouver

Free

360-993-3639

American Cancer Society

Tender Loving Care (TLC) catalog

Wigs, scarves, turbans, prostheses and clothing

tlcdirect.org

Amber’s Integrity Hair Replacement

800-290-2201

Corvallis, Eugene, Portland, Woodburn, Southern California, Las Vegas, Phoenix

ambersintegrityhairreplacement.com

Brenda Kay Hair Specialties

1975 S.W. First, Suite A, Portland

503-223-8092

Tues.–Fri., 10 a.m.–5:30 p.m.

bkhair.com

Hair Options

14313 N.E. 20th Ave., Suite A-106, Vancouver

360-576-7002

Tues.–Sat., 9 a.m.–6 p.m.

continued on back

Just Like A Woman

6333 S.W. Macadam Ave., Suite 102, Portland
503-246-7000

Mon.–Fri., 10 a.m.–6 p.m.; Sat., 10 a.m.–5 p.m.

justlikeawoman.com

Lauree's Wigs

10414 S.E. 82nd Ave., Happy Valley

503-794-9134

Call for hours

laureeswigs.com

Legacy Health Women's Wellness Center

Legacy Breast Health Center–Good Samaritan

1040 N.W. 22nd Ave., Portland

503-413-7162 or 503-413-8052

legacyhealth.org/cancer

Living Color

5213 N.E. Martin Luther King Blvd., Portland

503-287-7788

Mon.–Sat., 9:30 a.m.–7 p.m.

livingcolorbeauty.com

The Wig Gallery

10605 N.E. Halsey St., Portland

503-253-5680

Mon.–Fri., 10 a.m.–5 p.m.; Sat., 10 a.m.–4 p.m.

thewiggallery.com

Wigland

1011 N.E. Broadway, Portland

503-282-1664

Mon.–Fri., 10 a.m.–6 p.m.; Sat., 10 a.m.–5:30 p.m.

Wigs Unlimited

11945 S.W. Pacific Highway, Suite 206, Tigard

503-626-2727

Mon.–Sat., 9 a.m.–5:30 p.m.

wigsunlimited.com

Wigs Wear House

140 N.W. Miller, Gresham

503-465-6869

Tues.–Fri., 10 a.m.–5 p.m.; Sat., 10 a.m.–3 p.m.

wigswarehouse.com

Legacy Cancer Institute benefits from the generous participation of individuals and organizations that are also dedicated to finding cures for cancer, helping the less fortunate receive care and improving treatment, equipment and facilities at each of our medical centers. To learn how you can support Legacy Cancer Institute, please contact The Office of Philanthropy at 503-415-4700 or visit www.legacyhealth.org/giving.

Legacy Cancer Institute
www.legacyhealth.org/cancer

