

## HOW TO REACH US

If you have any suggestions for topics, articles or just need to talk to us, please feel free to contact us. You can reach **LET'S TALK..... NEWSLETTER** at Forum Health's Cancer CareCenters by calling (330) 740-4152 or (800) 222-4603.

## CHEMOTHERAPY VS. RADIATION THERAPY: WHAT'S THE DIFFERENCE?

*Written by Tracy Skripac, RN, MSN, AOCN, CHPN*

Many new cancer patients often are confused between chemotherapy and radiation therapy. Both are potential treatments for cancer and both have the ability to kill or injure cancer cells. Which treatment you receive will depend on what type of cancer you have and what research has shown to work best to treat it.

Chemotherapy is a drug or drugs that are given by mouth, injection, or by a vein. Chemotherapy enters your bloodstream and is carried to most and sometimes all of your tissues and organs. Therefore, it is referred to as a "systemic" treatment, which simply means the treatment spreads through your body.

Radiation therapy is like an x-ray. It is usually a beam of radiation given to a certain area of the body where a tumor is located. Some radiation treatments are given with "seeds" that are placed during surgery right in or near the area of the tumor. Radiation therapy is referred to as a "local" treatment, which means the treatment is aimed at a specific target area of the body. Radiation does not spread through the body.

Both radiation therapy and chemotherapy have their own side effects. If you are given either treatment, your doctor or nurse will provide you with written information about these side effects and will discuss exactly how your treatment will be given.

## HOW SAFE IS OXYCONTIN?

*Written By Pam Stephenson, RN, MSN, CS, OCN, CHPN*

Recently, there have been news reports about the misuse of the pain medication, OxyContin. Reports have listed this medication as a popular choice among drug abusers. Because of this connection in the media, some patients taking this medication have expressed concerns about becoming addicted themselves. It is important to realize that the proper use of this drug allows little risk of becoming addicted. Unfortunately, any chemical compound that has the potential to be abused as a drug probably has been. This has been true throughout

history. OxyContin continues to be a good source of pain relief for many people. We hope you can take comfort in knowing that your oncologist is very familiar with the use of OxyContin and will only prescribe it if it is an appropriate choice for you.

## COMMUNICATION IS THE KEY

*Written by Mary C. Morris, MEd., LSW, CCM  
Adult Oncology Social Worker, NMC*

Keeping the lines of communication in our relationships, whether it be with physicians, health care staff, family and friends, is a big part of success in wellness and treatment. Many times we are overwhelmed by what is misunderstood, or by feeling we are alone with our feelings. We may feel isolated by a diagnosis or treatment. There is support available just waiting to be tapped; friendships waiting to be nurtured. Remember, knowledge is power especially when used for decision-making, building self-esteem, and decreasing isolation.

- 1. Make use of your physician and healthcare team.**  
They can answer questions for you regarding tests, options, side effects, treatment, community resources, and preventive measures. The team can also suggest reading materials with information less overwhelming than those obtained by computer.
- 2. Learn what is available in your community.**  
There are a number of education and support programs on a weekly and monthly basis as well as screenings.
- 3. Consider joining a support group.**  
Take the time to meet with other patients, caregivers, and family members. Talking with others reminds you that you are not alone, or "losing your mind" on an emotional roller coaster.
- 4. Tell someone what you need and how you are feeling.**  
Valuable time is lost in relationships because we do not talk. You may find those close to you just waiting for your cue to discuss their concerns.
- 5. Ask for help.**  
Friends cannot always second guess us. Many times they are waiting to be asked and find doing a task, such as giving a ride, making a meal, running an errand, a way to channel energy and a way to get a foot in the door.
- 6. Seek laughter.** It is a great way to reduce stress and to share with someone else.

## **IT AIN'T EASY BEING GREEN; MANAGING NAUSEA AND VOMITING**

*Written by Rick Fox, RPh. and  
Pam Stephenson, RN, MSN, CS, OCN, CHPN*

Nausea is that "sick to your stomach" feeling that is experienced before you actually begin vomiting, whereas, vomiting is the act of throwing up. Needless to say, both are unpleasant experiences and can occur with cancer or its treatments (chemotherapy/radiation). Not only is it unnecessary for you to suffer the unpleasantness of nausea but excessive nausea and vomiting can lead to bigger problems, such as dehydration and weight loss, by not allowing the body to consume the nutrients it needs.

If you are receiving radiation therapy, you should not experience nausea unless the treatments are being delivered directly to the stomach area. Your radiation doctor or nurse can tell you if you are at risk for nausea. If you are receiving chemotherapy, your doctor will probably write a prescription for a nausea medicine (also known as an anti-emetic) before your first treatment. Make sure that you fill that prescription as soon as possible. Although it is possible that you will not need nausea medicine, waiting to fill the prescription until you are experiencing nausea can delay relief. This is particularly true if your nausea should begin in the middle of night or after the pharmacy has closed. If you have tried your nausea medicine and it does not seem to be working, call your doctor's office right away. There are many alternative medications to try. There is no need to suffer in silence. If you feel that you cannot afford the nausea medicine, your doctor can contact the social worker who can help to find assistance.

Many people believe that nausea and vomiting are to be expected when someone has cancer and that it should just be tolerated. That is not true. Much research and many new drugs have been developed over the past few years allowing us to relieve nausea and vomiting. Perhaps you have witnessed someone else experiencing overwhelming nausea during cancer therapy, but that does not have to be true for you today.

There are many things you can do to minimize nausea and vomiting without using drugs. Our dietitian, in a related article within this newsletter, will discuss many of these. The most important thing for you to remember is that your doctor is counting on you to keep him/her informed about how you are feeling. And through a strong partnership with your physician the unpleasantness of nausea can almost certainly be controlled.

## **FIGHTING NAUSEA WITH NUTRITION**

*Written by Pam Evans, R.D., L.D., C.D.E.*

Nausea, with or without vomiting, can be a side effect of your therapy. The disease itself or other conditions unrelated to your cancer or treatment, such as being nervous or anxious may also cause nausea. Nausea often goes away once the treatment is completed. Whatever the cause, nausea can keep you from getting enough food and needed nutrients. Here are some ideas that can help.

- Ask your doctor about medication that might help you control your nausea and vomiting
- Eat 6-8 small meals a day, rather than 3 large meals
- Try not to let yourself get too hungry, because hunger can make feelings of nausea stronger
- Avoid eating in a room that is stuffy or too warm or that has cooking odors or other smells. Cook outside on the grill or, better yet, have people bring food in to you. Eat cold foods such as chicken, egg or ham salad, cottage cheese, hard cooked eggs to lessen odors
- Try foods that are easy on your stomach such as: toast, crackers, pretzels, melba toast sherbet, yogurt, jello boiled/baked potatoes, rice or noodles
- Sip liquids or drink slowly throughout the day. A straw may help.
- Drink less fluids with meals as drinking with meals may cause a full, bloated feeling
- Avoid foods that are fatty, greasy or fried and/or very sweet and rich such as candy, cookies or cakes. Also avoid spicy or hot foods and foods that have strong odors
- Rest after meals, because activity may slow digestion - increasing nausea. It's best to rest sitting up for about an hour after meals



Do not take life too seriously. You will never get out of it alive.

-Elbert Hubbard

## **NO BONES ABOUT IT: MANAGING OSTEOPOROSIS**

*Written by Stefanie Martt, BSN, MBA*

There has been a great deal of media coverage lately about osteoporosis, a disease that causes bones to become thin and weak. Osteoporosis is a disease that effects 1 in every 3 women over the age of 50. However, osteoporosis is not just a woman's disease, and in the later decades of a man's life, osteoporosis can also become a threat. There are a number of causes of osteoporosis, however the most common is decrease of estrogen in women (menopause) and androgen in men.

Osteoporosis can weaken your bones. There are no symptoms associated with early disease. As osteoporosis progresses, breaks in the bones (fractures) may occur. Osteoporosis can also result in loss of height, low back, neck and bone pain, and a stooped posture. The good news is that osteoporosis can be treated with medication, dietary changes, and exercise.

With a diagnosis of osteoporosis, your physician can prescribe medications that build bone, suggest dietary changes that add calcium, and encourage exercise since physical activity affects bone strength.

There are safe and painless screening tests to find out if you have osteoporosis. These bone density tests measure the amount of bone in the foot, hand, spine or hip. The bone density screening of the spine and hip is called the DEXA and is a simple test whereby you lie fully clothed on the table, and a scan with one-tenth the exposure of a chest x-ray is taken of your back and hip. This screening requires a prescription from your doctor, so talk to your doctor about which test is best for you.

If you would like more information on the bed DEXA test, call Forum Health at 330-629-8456.

## **MEDIA BLITZ**

*Written by Deborah M. Dashko, RN, BA, LPC, CPDS, OCN, CHES and Tracy Skripac, RN, MSN, AOCN, CHPN*

Often when news breaking information about health issues surface, the media tries to educate the public. In the few minutes the media has to provide this information, all the aspects of the issue can in no way be covered. It is important for you to realize further information is needed from an expert in the field.

An example of such an incident is when a celebrity is diagnosed with cancer. Recently, Suzanne Somers

made an appearance on national news programs and talk shows to discuss her breast cancer experience. Some of the points of discussion that have been brought up during these interviews are misleading and should be considered Ms. Somers' opinion instead of medical fact. The topics of most concern include the use of ultrasound, radiation therapy side effects, conventional versus complementary therapy, liposuction, and breast reconstruction.

The use of ultrasound to aid in diagnosing breast cancer is not always the standard of care and is left to the discretion of the physician. Also, problems with payment for an ultrasound may possibly occur. Mammography, clinical breast exam, and self breast exam, remain the breast health plan for early detection according to the American Cancer Society guidelines.

Ms. Somers' initial treatment consisted of a lumpectomy (removal of the tumor) and radiation therapy. She also indicated that breast reconstruction was done. Reconstruction is generally not needed following a simple lumpectomy. It is performed when a large amount of breast tissue is removed.

Side effects of radiation therapy primarily occur only in the area receiving treatment. For example, radiation to the breast may cause skin irritation, changes, or swelling to the immediate area. General feelings of tiredness or fatigue can also occur. Although Ms. Somers experienced bouts of stomach upset, nausea, vomiting, or damage to the lining of the stomach, these are not the result of radiation therapy to the breast area. However, anxiety related to the diagnosis or treatment itself can cause these unusual symptoms.

Ms. Somers stated that liposuction was performed to decrease swelling that occurred in her breast area following radiation therapy. This is a drastic measure and is not standard follow-up for such a side effect. The swelling will generally subside within several months without the use of such extreme measures.

Ms. Somers refused the recommended chemotherapy following lumpectomy and radiation. Instead, she opted to take nontraditional, scientifically unproven herbal therapy. In considering nontraditional therapy, it is important to have scientific facts supporting its use as a cancer treatment. If facts are not obtained, drug interactions, dangerous side effects, and a poor response to fighting your cancer can occur. Some of these therapies are

believed to be beneficial as a complement to your treatment, but any of these therapies need to be fully discussed with your physician.

It is important to discuss all treatment options and complementary therapies with your physician openly and honestly. Remember that if you search far enough, you can find someone to agree with a certain point of view.

### **THE STAR TRIAL- - A STUDY TO PREVENT BREAST CANCER**

*Written by Beverly Brunker, RN, BSN, OCN*

**We're looking for 22,000 women who are at increased risk for developing breast cancer.**

The STAR Trial is comparing two drugs, tamoxifen and raloxifene. The study focuses on the ability of these two drugs to reduce the occurrence of breast cancer in women who are:

- postmenopausal
- age 35 or over
- at an increased risk for breast cancer

Women on the study will be randomly assigned to receive one of the two drugs. Neither the women nor their doctors will know which drug they will be taking. Trained health professionals will closely monitor all women on the study through regularly scheduled health examinations during the trial.

Your risk for breast cancer depends on a combination of lifestyle and personal traits known as "risk factors".

These can include:

- a family history of breast cancer
- age
- never having borne a child
- having your first child after age 30
- having your first menstrual period at an early age
- having a history of breast biopsies

For more information about the STAR Study, please contact: Beverly Brunker, RN, BSN, OCN - STAR Study Coordinator at (330) 740-4176.

### **RESEARCH AT THE CANCER CARECENTER**

*Written by Beverly Brunker, RN, BSN, OCN*

A very important part of our cancer program is research. We often refer to research as clinical trials, protocols, studies, or roadmaps. These studies test many types of treatments, such as new drugs, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods of treatment. Studies are done with cancer patients to find out whether promising treatments are safe and effective. Clinical trials bring new knowledge and progress against cancer. If a new treatment proves effective in a study, it may become a new standard treatment that can help many patients. Many of today's most effective standard treatments are based on previous study results. Clinical trials may also answer important scientific questions and suggest future ideas for research. Because of progress made through clinical trials, many people treated for cancer are now living longer.

Cancer clinical trials at Forum Health are approved by and obtained through national organizations such as; The National Cancer Institute, Southwest Oncology Group (SWOG), the Children's Oncology Group (COG), and the National Adjuvant Breast and Bowel Project (NSABP). We also offer studies sponsored by pharmaceutical companies testing their own drugs. These studies look at treatments, ways to prevent cancer and quality of life issues.

For more information and questions related to clinical research trials, please call Beverly Brunker, Clinical Research Coordinator at (330) 740-4176.



