

BUILDING

BETTER

HEALTH

# The Cancer Care Center

at Logansport Memorial Hospital



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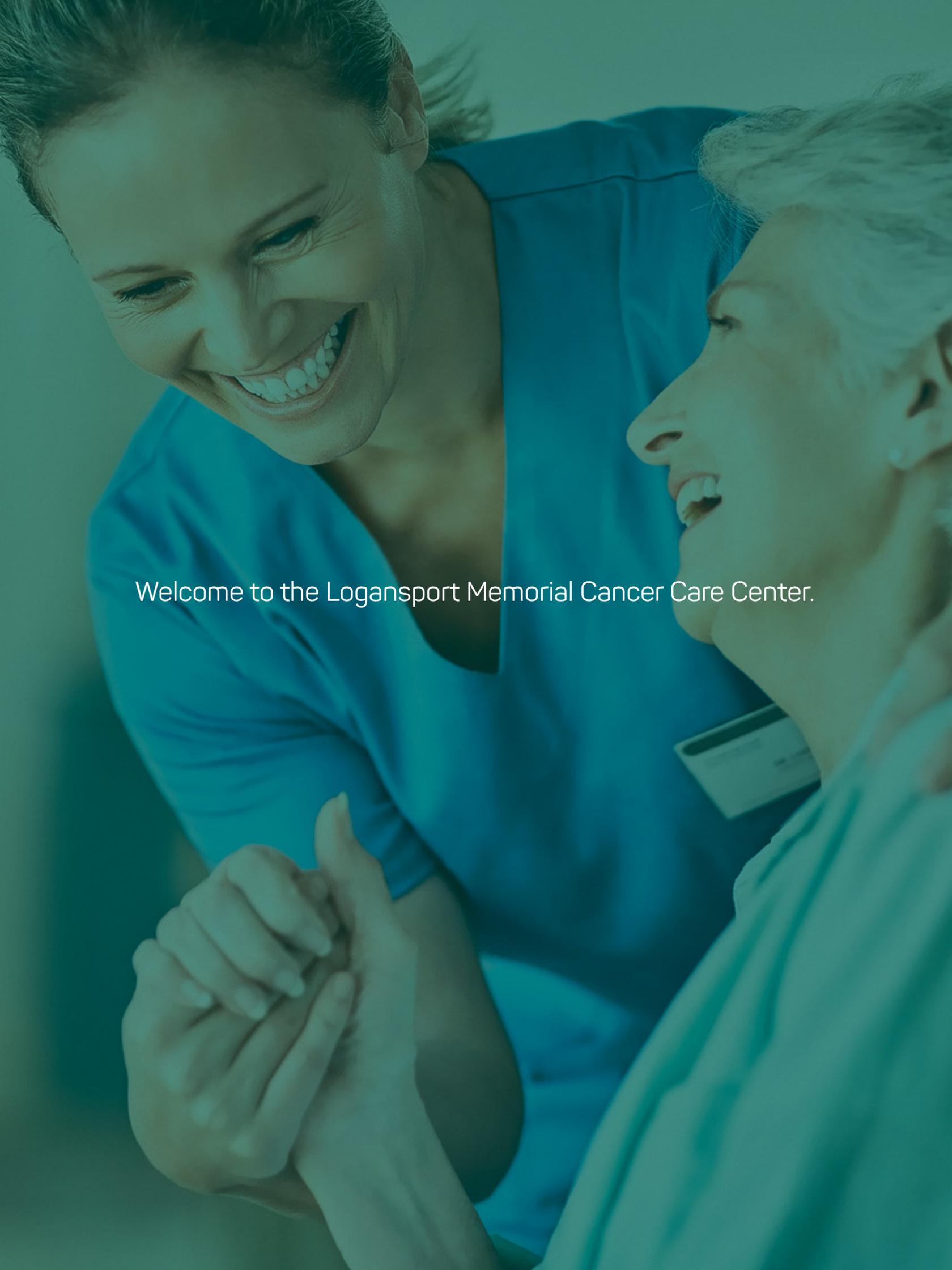
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Welcome to the Logansport Memorial Cancer Care Center.



## Your cancer journey begins here, and you are not alone.

Thank you for choosing Logansport Memorial Hospital's Cancer Care Center. Going through cancer treatment can be very scary and stressful. We are here to help you every step of the way. In this brochure, you will find information to help you navigate through the different parts of your cancer journey, from treatment options to understanding new terms and what resources you can use to find trusted information on your own. Our doctors, nurses, and staff are dedicated to helping you through your cancer journey as partners, working with you to develop individualized treatments that work most effectively for you.

We encourage you to bring your caregiver or family member(s) with you to appointments and treatments, as well as to come prepared with a list of any questions you have for our healthcare team. You may contact our Cancer Care Center by phone at any time to ask questions or to speak with a nurse throughout your treatment journey.

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# Chemotherapy

What it is, How it Helps

## What is chemotherapy?

Chemotherapy is the use of strong drugs to treat cancer. You will often hear chemotherapy called “chemo” (KEY-mo), but it’s the same thing.

Chemo was first used to treat cancer in the 1950s. The chemo drugs you get have been tested many times. Research shows they work to help kill cancer cells.

## What does chemo do?

There are more than 100 chemo drugs used today. Doctors choose what drugs to give you based on the kind of cancer that is in your body (the stage). Your doctor will talk to you about the goals of chemo before you start your treatment.

Chemo may be used to:

- Keep the cancer from spreading.
- Make the cancer grow slower.
- Kill cancer cells that may have spread to other parts of the body.
- Make side effects from cancer better, like pain or blockages.
- Cure cancer.

## Will chemo be my only cancer treatment?

Sometimes chemo is the only cancer treatment needed. More often, it's part of a treatment plan that can include surgery and radiation therapy. Here's why:

- Chemo may be used to shrink tumors before surgery or radiation.
- It may be used after surgery or radiation to help kill any cancer cells that are left.
- It may be used with other treatments if the cancer comes back.

## How does chemo work?

The body is made up of trillions of cells. Cancer starts when something causes changes in a normal cell. This cancer cell then grows out of control and makes more cancer cells. If cancer isn't treated, it can spread to other places in your body and cause more problems.

Chemo kills cells that grow fast, like cancer cells. It can affect normal cells that grow fast too, like the cells that make hair or blood. But most normal cells can fix themselves.

You will probably get more than one chemo drug. This is called combination chemotherapy. The drugs work together to kill more cancer cells.

## What about chemo side effects?

Chemo drugs are very strong. They kill any cell that's growing fast, even if it's not a cancer cell. So, some normal, healthy cells that grow quickly can be harmed. This can cause side effects.

Ask our cancer care team about what side effects you may expect from the chemo you will get.

If you have bad side effects, blood tests may be done to find out if you need a lower dose of chemo, or if you need longer breaks between doses. Keep in mind that even if chemo causes problems, the "good" for you will likely outweigh the "bad" of the side effects.

For most people, side effects go away over time after treatments end. How long it will take is different for each person. Some side effects can take longer to go away than others. Some might not go away at all. If you start to feel upset or sad about how long treatment is taking, or the side effects you have, be sure to talk to your doctor. Our cancer care team can help you with side effects.

NEXT:  
Radiation Therapy



# Radiation Therapy

What it is, How it Helps

## What is radiation therapy?

Radiation therapy is the use of strong beams of energy to treat cancer and other problems. There are many types of radiation. One that you may know about is x-rays. If you've ever had an x-ray of your chest or any other body part, you've had some radiation. Radiation is used in much higher doses to treat some cancers.

## How does radiation therapy work?

Special machines send high doses of radiation to cancer cells or tumors. This kills the cancer cells. It keeps them from growing and making more cancer cells. Radiation can also harm normal cells near the tumor. But normal cells can fix themselves – cancer cells can't.

Sometimes radiation is the only treatment needed. Other times it's used along with chemotherapy (chemo for short) or surgery.

Sometimes radiation can cure cancer. Other times it may be used to slow down the cancer to help you feel better. Be sure to talk with our cancer care team about the goal of your treatment.

## How is radiation given?

Radiation can be given three ways, but the most common form is external beam radiation. Logansport Memorial's Cancer Care Center has a state-of-the-art linear accelerator to deliver this type of radiation for our patients.

### External beam radiation

Radiation that comes from outside your body is called external beam radiation. (External means outside). A big machine called a linear accelerator sends high-energy beams to the tumor and some of the area around the tumor.

### How long does treatment take?

Most people get radiation treatment 5 days a week for 1-10 weeks. The number of treatments you need depends on the size and type of cancer, where the cancer is, how healthy you are, and what other treatments you're getting. Most people get a break on weekends so their normal cells can heal.

### What happens during treatment?

External radiation therapy is like getting an x-ray. There's no pain, and it only takes a few minutes. But it takes time to get the machine set up, so it may take 15-30 minutes to get each treatment.

You'll lie on a treatment table, underneath the radiation machine. The radiation therapist may put shields or blocks between the machine and other parts of your body. These protect the rest of your body from the radiation. You may see lights that are lined up with the marks on your skin. Sometimes a mold or mask is used to make sure you are lying the same way each time. You'll need to stay still during the treatment, but you don't have to hold your breath.

## What about radiation side effects?

Some people have no side effects at all, while others do. The most common side effects are:

- Feeling very tired
- Skin changes over the treated area
- Not wanting to eat

Other side effects depend on the part of the body being treated. For instance, if you get radiation to your head, you might have hair loss. Or if you get radiation to your chest, you might have a cough or sore throat.

Most side effects go away in time. But there are ways to help you feel better. If you have bad side effects, your doctor may stop your treatments for a while, change the timing of your treatments, or change the type of treatment you're getting. Tell our cancer care team about any side effects you have so they can help you with them.

Source: American Cancer Society

NEXT:  
Things to Remember



## Things to Remember

There are a lot of changes that you and your body will experience throughout the course of cancer treatment. While we want you to feel as informed as possible, here are a few of the most important things to remember:

### **Ask questions!**

Do not leave an appointment or treatment session with unanswered questions. Call us back if you think of new questions after you get home.

### **Drink... drink... drink... drink... drink!**

It is very important to drink lots of fluids throughout your treatment.

### **Eat... eat... eat!**

A high protein diet is best. Examples of high protein foods include peanut butter, cottage cheese, protein shakes, and scrambled eggs. Ask us for helpful recipes if you need to incorporate more protein into your diet.

### **Prioritize getting your rest.**

The most common side effect of cancer treatment is to be tired. You are going to feel tired. Schedule rest into your day, and make sure you take advantage of that time your body will need.

### **Stay active!**

Active people handle the treatment regimen best. Take a walk or participate in a yoga class. There are a variety of activities that you can do on your own, or with others to help you stay active during cancer treatment. Ask our staff for ideas if you need them.

### **FEVER IS AN EMERGENCY!**

If your temperature is ever greater than 100.4, at any time, you must call our office right away: **574.753.9000**. After-hours, call the hospital Operator at **574.753.7541** and he/she will connect you with the right provider.

## Things to Keep On Hand during Treatment, and Special Instructions

### Things to keep on hand:

- Thermometer; call us right away if your temperature is ever greater than 100.4
- Imodium (for diarrhea); generic brand is okay
- Milk of magnesia (for constipation); follow with 4 ounces of warm apple or prune juice. Do not go more than three days without a bowel movement.
- Miralax (for constipation), generic brand is okay. No suppositories or enemas.
- Boost/Ensure drinks; find a flavor you like and keep on hand for those days when you don't have an appetite. 2-3 bottles will give you the calories and nutrition your body needs. Do not use protein shakes as a meal replacement, only to replace snacks if needed. You should be drinking the protein shakes in addition to your regular meals.

### Special Instructions:

#### Dental care

Wait 2-3 months after treatment is complete to have any routine dental care completed. If emergency dental care needs to be done, call the Cancer Care Center prior to having any work done if at all possible.

#### Eye care

Wait 2-3 months after treatment is complete to have routine eye care completed, or to get a new prescription for glasses or contacts. Your vision can change during treatment. If emergency eye care needs to be done, call the Cancer Care Center prior to having any work done if at all possible.

#### Anti-nausea medications:

##### Zofran / Ondansetron

Take in the morning and mid-afternoon for 2 days following treatment, whether you are nauseated or not, and then take as needed.

##### Compazine / Prochlorperazine

Take between dinner and bedtime for 3 days starting on the day of your treatment, whether you are nauseated or not, and then take as needed.

#### Medication needed in conjunction with Neulasta:

**Claritin (Loratadine)**; okay to take generic brand 10 mg tablets

- Take one tablet on the morning of your Neulasta injection
- Take one tablet on the morning after your Neulasta injection
- Take one tablet on the second morning after your Neulasta injection
- Then take as needed

NEXT:  
Resources

# Resources

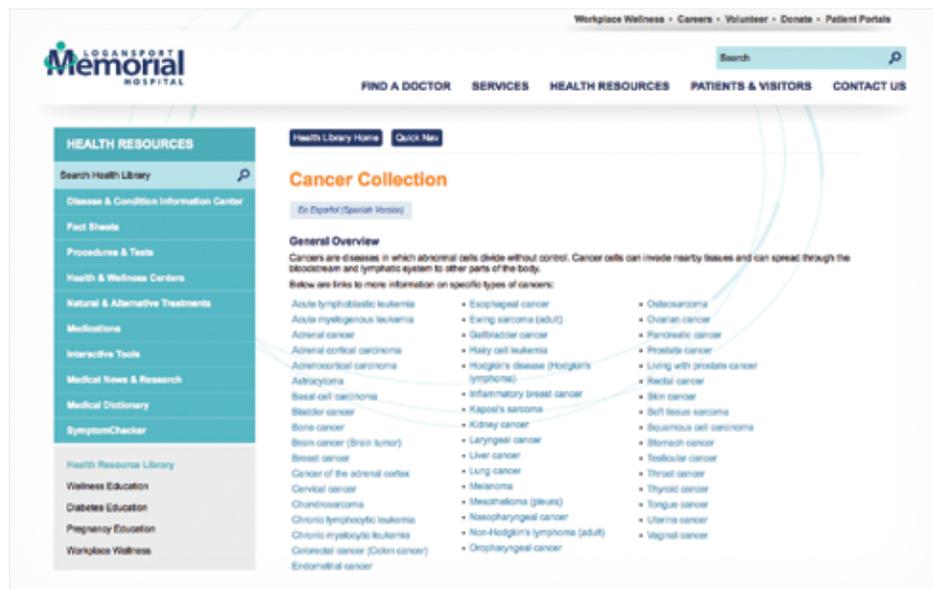
A cancer diagnosis leaves patients, caregivers and family members with many questions.

A cancer diagnosis leaves patients, caregivers and family members with many questions. Finding answers to these questions, or learning more about the specific type of cancer diagnosis can feel overwhelming if you don't know where to start. Fortunately, the healthcare team of doctors, nurses, and staff members at Logansport Memorial's Cancer Care Center are here to help.

If you have specific questions about your diagnosis, please talk with one of us. To research on your own, here are a few trusted and credible websites to help you begin.

To find the information you're looking for about your specific type of cancer, start with Logansport Memorial Hospital's Online Health Library:

[www.LogansportMemorial.org/CancerCareLibrary](http://www.LogansportMemorial.org/CancerCareLibrary)



For more general information on cancer, treatment options, and emotional support, visit these websites:

- The American Cancer Society: [www.cancer.org](http://www.cancer.org)
- The National Cancer Institute: [www.cancer.gov](http://www.cancer.gov)

## Glossary of Terms

Cancer treatment introduces many new words and phrases into the everyday vocabulary of patients as they move through their journey. This glossary highlights some of the key terms and explains what they mean, so that you'll better understand what's happening and know how to talk with our cancer care team most effectively.

**Acute:** Occurring suddenly or over a short period of time.

**Adjuvant Chemotherapy:** The use of drugs in addition to surgery and/or radiation to treat cancer.

**Alopecia:** Low red blood cell count; symptoms include shortness of breath, lack of energy and fatigue.

**Anorexia:** Absence or loss of appetite for food.

**Antiemetic:** A medicine that prevents or controls nausea and vomiting.

**Antimetabolites:** Anticancer drugs that closely resemble substances needed by cells for normal growth. The tumor cells use the drug instead and "starve" for lack of proper substance.

**Benign tumor:** Word to describe a tumor that is not cancerous.

**Biopsy:** The surgical removal of a small piece of tissue for microscopic examination to determine if cancer cells are present; a procedure for diagnosing cancer.

**Blast cells:** An immature stage in cellular development before appearance of the definitive characteristics of the cell.

**Blood count:** The number of red blood cells, white blood cells or platelets in a given sample of blood.

**Blood typing and cross-matching:** The blood cells contain factors that are not the same in all people. Before a transfusion can be given, blood samples from the donor and recipient are typed, or classified (type A, B, AB, or O). Once the two blood samples have been typed, they are cross-matched to be absolutely sure that they are compatible. This is done by placing red cells of the donor in a sample of the recipient's serum and red cells of the recipient in a sample of the donor's serum. If the blood does not "clump" or agglutinate, the two bloods are compatible. Techniques for typing white blood cells and platelets are similar but more complex.

**Bone Marrow:** The inner spongy tissues of bone where red blood cells, white cells, and platelets are formed.

**Bone Marrow Biopsy and Aspiration:** A procedure in which a needle is inserted into the center of a bone, usually the hip or breast bone, to remove a small amount of bone marrow for microscopic examination.

**Bone Marrow Transplant:** A procedure in which a patient's bone marrow is destroyed by chemotherapy or radiation therapy and replaced with new bone marrow from a donor, usually a sibling with HL-A (human histocompatibility antigens) identical to the patient's.

**Cachexia:** Weight loss, wasting of muscle, loss of appetite, and general debility that can occur during a chronic disease.

## BUILDING BETTER HEALTH

**Cancer:** A general term for about 100 diseases characterized by uncontrolled, abnormal growth of cells. The resulting mass, or tumor, can invade and destroy the surrounding tissues that are normal. Cancer cells from the tumor can spread throughout the blood or lymph (the clear fluid that bathes body cells) to start new cancers in other parts of the body.

**Carcinogen:** A chemical or other agent that causes cancer.

**Carcinoma:** Cancer of the tissues that cover or line the body surface and internal organs.

**CBC (complete blood count):** A series of tests to examine components of the blood. These tests are useful in diagnosing certain health problems and following the effects of treatments.

**Cell:** The basic structure of living tissue. All plants and animals are made up of one or more cells.

**Chemotherapy:** Treatment of disease with anticancer drugs.

**Chronic:** A term used to describe a disease of long duration, or one that is progressing slowly.

**Clinical:** In general, pertaining to observation and treatment of patients. Clinical research is a term applied to the study and treatment of patients.

**CNS (central nervous system):** The brain and spinal cord.

**Colon:** Part of the large intestine that leads from the small intestine to the rectum.

**Complementary Therapy:** Used to enhance or complement standard medical therapies. These include taking dietary supplements, megadose vitamins and herbal products, massage therapy, magnet therapy, spiritual healing and meditation. Those practices are not generally recognized by the medical community as standard or conventional.

**CSF (colony stimulating factors):** Hormone like substances that regulate the production and function of blood cells, to promote the growth of infection-fighting white blood cells.

**Combination Chemotherapy:** The use of two or more anticancer medications for treatment of an individual cancer patient.

**CT scan (computerized tomography):** Diagnostic x-ray procedure in which a computer is used to generate a three-dimensional image.

**Culture:** A laboratory procedure in which microorganisms contained in samples of blood, secretions, or other body fluids are cultivated in special nutrients; used to determine the presence and type of infectious agents.

**Cytology:** Study of cells under a microscope.

**Detection:** Finding an abnormality in a person with or without symptoms.

**Diagnosis:** The process of identifying a disease by its characteristic signs, symptoms and lab findings.

**Diarrhea:** Several loose watery stools.

**DNA (deoxyribonucleic acid):** The basic material of life. DNA is a long, chain-like chemical found in the nucleus of all cells. The segments of the chain are the genetic code that guides the development of every cell.

**Erythrocytes:** Red blood cells. Their main protein component, hemoglobin, carries oxygen from the lungs to all parts of the body.

**Extravasation:** Leaking of the drug out of the vein and into the skin.

**Gamma Globulin:** A class of protein components of the blood containing antibodies effective in defending the body from certain micro-organisms.

**Gastrointestinal (GI):** Having to do with the digestive tract, which includes the stomach and intestines.

**Genes:** Contain information that is inherited from parent to child and from cell to cell.

**Granulocytes:** One type of white blood cell that destroys invading bacteria.

**Hormone:** Substances secreted by various organs that help to control growth, metabolism, and reproduction. Used as treatment following surgery for breast, ovarian or prostate cancer.

**HL-A (human histocompatibility antigens):** These antigens appear on white blood cells as well as cells of almost all other tissues and are analogous to red blood cell antigens (A,B, etc). By typing for HL-A antigens, donors and recipients of white blood cells, platelets, and organs can be "matched" to ensure good performance and survival of transfused and transplanted cells.

**Hematologist:** A physician who specializes in the study of blood diseases.

**Hematology:** The study of blood and blood-forming organs.

**Hemoglobin:** The iron-protein component in the red blood cells that carry oxygen to the tissue.

**Hemorrhage:** A general term for loss of blood, often profuse, brought about by injury to the blood vessels or by a deficiency of certain necessary blood elements such as platelets.

**Hyperalimentation:** Intravenous administration of nutrients, bypassing the gastrointestinal tract. It is also called total parenteral nutrition (TPN).

**Infusion:** The process of dripping fluids into the vein through a plastic tube.

**Injection:** The use of a syringe to "push" fluids into the body; often called a "shot."

**Immune System:** The body's system of defenses against disease composed of certain white blood cells and antibodies. Antibodies are protein substances that react against bacteria and other harmful material.

**Immunology:** The study of the body's natural defense mechanisms against disease.

**Immunotherapy:** An experimental method of treating cancer that uses substances that stimulate the body's immune system.

**Infection:** The invasion and multiplication of disease-producing organisms in the body.

**Informed consent:** The permission given by a person before surgery or other kinds of treatment. The patient, or parent or guardian, must understand the potential risks and benefits of the treatment and legally agree to accept those risks.

**Intramuscular (IM):** The injection of a drug into a muscle tissue, where it is absorbed into the bloodstream. Some anti-cancer drugs are often given by IV injection or infusion.

**Intravenous (IV):** The administration of a drug or fluid directly into a vein.

**Intravenous Pyelogram (IVP):** An x-ray examination of the kidneys that depends on accumulation and visualization in the kidney of a special substance that is injected into a vein.

**Leukocytes:** White blood cells.

**Lumbar Puncture (LP):** A diagnostic procedure that involves inserting a needle into the spine and taking a sample of spinal fluid for examination. Also called a spinal tap.

**Lymph:** A nearly colorless fluid that bathes body cells and moves through the lymphatic vessel of the body.

**Lymph nodes:** Bean-shaped structures scattered along vessels of the lymphatic system. These nodes act as filters, collecting bacteria or cancer cells that may travel through the lymphatic system.

**Lymphangiography:** An x-ray procedure that uses a radio-opaque dye to examine the lymph system.

**Lymphatic system:** Circulatory network of vessels carrying lymph, and the lymphoid organs such as the lymph nodes, spleen, and thymus, that produce and store infection-fighting cells.

**Lymphoma:** A tumor of the lymphatic system.

**Malignant:** The word used to describe cells that grow out of control; used to describe a tumor that is cancerous.

**Metastasis:** When cancer cells break away from their original site and spread to another area in the body.

**Monocyte:** One type of white blood cell that destroys invading bacteria.

**MRI (Magnetic Resonance Imaging):** A technique that uses magnetic fields and radio waves linked to a computer to create pictures of areas inside the body.

**Neutrophils:** A type of white blood cell that plays a major role in the body's defense against bacteria, viruses, and fungi.

**Oncologist:** A doctor trained to treat patients with cancer.

**Oncology:** Study of the physical, chemical, and biological properties and features of cancer.

**Ostomy:** A suffix that refers to a surgically created passage connecting an internal organ with the skin or other internal organs.

**Palpitation:** A procedure using the hands to examine organs such as the breast or prostate. A palpable mass is one that can be felt.

**Pathologist:** A physician who interprets and diagnoses the changes caused by diseases in the body.

**PET (Positron Emission Tomography) Scan:** Diagnostic x-ray procedure in which a computer is used along with a radioactive substance to generate a three-dimensional image.

**Petechiae:** Tiny localized hemorrhages from the small blood vessels just beneath the surface of the skin.

**Plasma:** The liquid portion of the blood that contains numerous proteins and minerals and is necessary for normal body functioning.

**Platelet:** One of the main components of the blood that forms clots that seal up injured areas and prevent hemorrhage.

**Port:** This is an implanted access device which allows blood to be drawn and makes intravenous injections easier for a patient. Normally, implantation is performed by a surgeon.

**Prognosis:** An estimate of the outcome of a disease, a prediction.

**Prosthesis:** An artificial body part.

**Radiation Therapy (radiotherapy):** Cancer treatment using radiation (high energy x-rays) to kill cancer cells and stop them from growing.

**Radioactive implant:** Source of high dose radiation that is put into and around a cancer to kill the cells.

**Recurrence:** The reappearance of a disease after a period when symptoms had lessened or decreased.

**Red Blood Cells:** Cells that carry oxygen to all the various organs and tissues of the body.

**Remission:** The decrease or disappearance of cancer symptoms, also the period during which this occurs.

**Research Protocol:** A general treatment plan that several hospitals use for one type of cancer.

**Sarcoma:** A cancer of connective tissues such as bone, cartilage, fat, muscle, nerve sheath, or blood vessels.

**Side effects:** Symptoms resulting from a treatment or treatments.

**Standard treatments:** A cancer treatment currently used and considered effective on the basis of past studies.

**Stereotactic Radiosurgery (SRS):** One treatment or multiple treatments delivering a precisely focused, high-dose x-ray beam.

**Stomatitis:** Sore on the inside of the GI tract, such as in the mouth, stomach, and/or intestines.

**Total Body Irradiation (TBI):** Radiation treatment of the entire body that is used to kill cancer and bone marrow cells. TBI prepares the body for bone marrow transplant (BMT).

**Toxicity:** The quality of substances that causes ill effects.

**Tumor:** An abnormal growth of cells or tissues; tumors may be benign (non-cancerous) or malignant (cancerous).

**Ultrasound studies:** A diagnostic technique in which "pictures" are made by bouncing sound waves off organs and other internal structures. Tumors are identified from these pictures.

**White Blood Cells:** The blood cells responsible for fighting infection.

**X-ray:** High-energy radiation used in high doses to treat cancer or in low doses to diagnose disease.

# Important Billing Information and Financial Assistance

Logansport Memorial Hospital is committed to helping patients address their financial concerns and questions.

We're ready to address any issue that you may have with your statement or invoice, from answering questions on your bill to directing you to the proper assistance in case of financial hardship.

Insurance information is obtained from you or your representative prior to or at the time of admission. LMH will file claim(s) on your behalf based on the insurance information you provided and the benefits you assigned to the hospital as part of your financial agreement you signed at the time of service. Your insurance will be billed and you will not receive a statement until it has been determined that the balance is your responsibility.

Your insurance should pay your claims according to your policy benefit plan. If you have questions about your insurance, please read your insurance card, policy or other material from the company to find a phone number to call for information. If your employer provides insurance, you may also call your employer's benefits office for assistance.

If you have been treated at LMH, you may receive several bills for medical care. Your hospital bill does not include the fees of your physician(s) or consulting physician(s). Fees for professional services rendered to you by radiologists, pathologists, surgeons, emergency room and ambulance are also not included on your hospital bill. Fees for these professional services are billed directly by the physicians providing services.

If you did not bring your insurance card, please call Customer Service with that information:

**574.753.1752**

If you do not have insurance coverage or cannot afford to pay the bill, please contact one of our Financial Counselors and ask about our financial assistance programs:

**574.753.1371 or 574.753.1577**

For a copy of your itemized bill, please call:

**574.753.1328**

## IMPORTANT PHONE NUMBERS

LMH Cancer Care Center  
**574.753.9000**

If you have a question or need to speak with someone, please choose option 3 and leave a message for the nurses with your NAME, date of birth, and a phone number where you can be reached. Please also describe the problem or issue you are calling about. Someone will call you back as soon as possible.

**For after-hours and weekend questions, issues, or concerns, please call:**

Logansport Memorial Hospital Operator  
**574.753.7541**

Please give your name and describe the problem or issue you are calling about. The operator will direct you and connect you (if needed) to the appropriate provider on-call who can help.



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[LogansportMemorial.org/CancerCare](https://LogansportMemorial.org/CancerCare)