

A Disease Process Module:

UNDERSTANDING CANCER



Developing Top-Notch CNAs, One Inservice at a Time



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UNDERSTANDING CANCER

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Define common terms and stages associated with cancer.



List and discuss the top five causes of cancer in the United States.



Describe how to care for someone undergoing radiation or chemotherapy.



Describe the side effects associated with cancer treatment and how you can help.



Describe how you can help with the pain and emotional distress caused by cancer.

THANK YOU!



Developing Top-Notch CNAs, One Inservice at a Time

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A Disease Process Module: Understanding Cancer

IT ONLY TAKES ONE BAD APPLE...

Have you heard the expression, "One bad apple spoils the whole bunch?" Well, that's sort of what happens with cancer.

The body is made up of billions of cells. Normal cells divide into exact copies of themselves many times to create as many new cells as the body needs. And then, after their purpose is served, they die. This is the normal cell cycle.

With cancer, all it takes is for one single cell to mutate (change) or become damaged. One single damaged cell can upset the entire cell cycle. Suddenly, that one damaged cell divides into *two* damaged cells, then they each divide into *two more*, and so on. These damaged cells do not stop dividing like normal cells . . . and they don't die.

When a whole group of damaged cells combine they form a tumor or mass.

Tumors can be *benign* (not cancer) or *malignant* (cancer).

There are many things we know of that

can damage cells, such as radiation, certain chemicals, cigarettes and sunlight. And, there are still many things we don't know that can damage cells and possibly lead to cancer.

Overall, cancer is the number two killer of Americans, with lung cancer (caused by cigarettes) leading the way. The most common form of cancer in both men and women is skin cancer. Most skin cancers are easily detected and treated.

Fortunately, advances in research, surgical techniques and medication have made it so that a diagnosis of cancer is not the automatic death sentence it used to be.

With early detection, most cancers can be treated or removed and never return again. The person can go on to live a perfectly healthy life.

Keep reading to find out what you can do to help your clients who are suffering from cancer.



SOME TERMS YOU SHOULD KNOW

GENERAL TERMS

CARCINOGEN: A substance that causes cancer.

TUMOR: An abnormal mass of tissue that may be “benign” or “malignant”.

MALIGNANT: Cancerous.

BENIGN: Not cancerous.

BIOPSY: Removal of a tissue sample to test for the presence of cancer cells.

METASTASIS: The spread of a cancer from the original site to other organs—usually through the bloodstream.

LYMPH NODE: Small, bean-shaped structures scattered throughout the body that filter bacteria and cancer cells from the bloodstream.

CHEMOTHERAPY: Treatment with anticancer drugs.

ALOPECIA: Hair loss.

TYPES OF CANCER

CARCINOMA: Cancer that begins in the skin or in tissues that line or cover internal organs.

SARCOMA: Cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue.

LEUKEMIA: Cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the blood.

LYMPHOMA AND

MYELOMA: Cancers that begin in the cells of the immune system.

CENTRAL NERVOUS SYSTEM

CANCERS: Cancers that begin in the tissues of the brain and spinal cord.

STAGES OF CANCER

The stages of cancer differ slightly depending on the type of cancer. But in general, the stages are as follows:

STAGE 1: The cancer is only in one part of the body.

STAGE 2: The cancer is growing but has not spread.

STAGE 3: The cancer is growing and spreading. There may be lymph node involvement on one or both sides of the body.

STAGE 4: The cancer has metastasized, or spread to other organs or throughout the body.

Usually, once a diagnosis of Stage 4 is made, the person is said to be *terminal*. That means there is no treatment. Clients with Stage 4 cancer should be made as comfortable as possible.



WHAT'S NEW?

Grab your favorite highlighter! As you read through this in-service, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



CANCER'S TOP TEN LIST

The ten cancers that are diagnosed most often in the United States are:

10. OVARIAN CANCER: The tenth most commonly diagnosed cancer in the U.S. is ovarian cancer. Nearly 22 thousand women will be diagnosed each year.

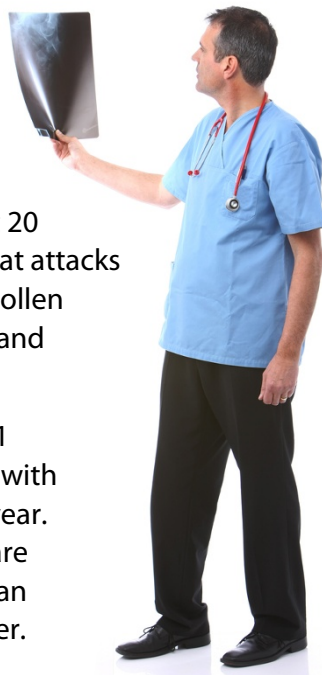
9. UTERINE CANCER: All women are at risk for uterine cancer but it is more common in those who have gone through menopause. About 38 thousand women in the United States are told they have uterine cancer each year.

8. KIDNEY CANCER: Just over 50 thousand men and women will be diagnosed with kidney cancer this year and nearly 11 thousand will die.

7. NON-HODGKINS

LYMPHOMA: More than 65 thousand Americans are diagnosed with non-Hodgkin's Lymphoma each year and about 20 thousand die. This is a cancer that attacks the white blood cells causing swollen lymph nodes, fever, weight loss and fatigue.

6. BLADDER CANCER: Nearly 71 thousand people are diagnosed with bladder cancer in the U.S. each year. White males over the age of 70 are about three times more likely than anyone else to get bladder cancer.



5. COLON & RECTAL CANCER: Cancer of the colon or rectum occurs in about 150 thousand Americans each year. It affects men and women equally and is more common in those over the age of fifty.

4. BREAST CANCER: Nearly 200 thousand women and almost 2 thousand men are diagnosed with breast cancer each year. About 40 thousand women will die from breast cancer annually.

3. PROSTATE CANCER: Approximately 192 thousand men will be diagnosed with prostate cancer each year and 27 thousand will die.

2 LUNG CANCER: The deadliest cancer in the United States is Lung Cancer. **In 2009 there were 219,440 new cases and 159,390 deaths!**

1. SKIN CANCER: The number one most commonly diagnosed cancer in the U.S. is skin cancer. More than 1 million people are diagnosed each year, yet less than one thousand die. Skin cancer is one of the most easily detected and treatable cancers, so death from skin cancer is rare.

The top 3 causes of cancer deaths among **women** are:

1. LUNG
2. BREAST
3. COLORECTAL

The top 3 causes of cancer deaths among **men** are:

1. LUNG
2. PROSTATE
3. COLORECTAL



Take a look at the Top 5 Cancers listed above. Notice the death rates associated with each cancer.

- Do you know what screening tools are available to detect the top 5 cancers?
- What do you know about what causes the top 2 cancers (skin and lung cancer)?
- Discuss how you think prevention and early detection can prevent death from cancer.

SPOTLIGHT ON LUNG CANCER



ANATOMY & PHYSIOLOGY REVIEW

The lungs take in *oxygen* and get rid of *carbon dioxide*. The lining of the chest cavity which surrounds the lungs is called the *pleura*. The windpipe or *trachea* branches into two tubes called *bronchi* and then into smaller *bronchioles*. At the ends of the bronchioles are *alveoli* or air sacs.

FIRST, SOME STATISTICS:

- Lung cancer is the *leading* cause of cancer death in the United States.
- The American Cancer Society reports that **more people die of lung cancer than colon, breast and prostate cancer combined.**
- If caught *before* it spreads, there is a 42% chance of surviving more than 5 years.
- Most lung cancers are not found until they spread and once that happens, the survival rate is only 14%.
- Most lung cancers start in the bronchi.
- Lung cancer often takes *years* to develop.
- More than 8 out of 10 lung cancers are caused by smoking.
- Lung tissue can return to normal if someone stops smoking *before* cancer develops.

TREATMENT FOR LUNG CANCER:

Sometimes **surgery** is done to remove a section of the lung (*lobectomy*) or the entire lung (*pneumonectomy*). People whose lungs are in otherwise good condition can eventually return to a normal activity level. But, people with other heart or lung conditions may have difficulty making up for the loss.

Radiation therapy is often used when surgery is not possible. However, this treatment destroys lung tissue and can affect the person's breathing.

Chemotherapy may be given alone or in addition to surgery and/or radiation.

CARE TIPS FOR LUNG CANCER CLIENTS:

You can help people with impaired breathing by providing the following:

- Smaller, more frequent meals.
- An environment that's easy to get around in—with personal items within easy reach.
- Careful positioning to encourage full use of lung capacity (sitting up, or elevating head of bed).
- Protection from infection—even a "cold" can develop into a serious infection. Remind visitors and other staff of this risk.
- Extra oxygen. Refer to your workplace policy for oxygen use. Be alert to the safety issues created by oxygen administration.



Remember...Lung cancer is a devastating disease that is *not* easily cured.

FAMOUS PEOPLE WHO'VE DIED FROM LUNG CANCER:

Nat "King" Cole ▪ Bette Grable
Gary Cooper ▪ Walt Disney
Yul Brenner ▪ Desi Araz
Duke Ellington ▪ John Wayne

"On CBS Radio the announcement of newsman Ed Murrow's death, reportedly from lung cancer, was followed by a cigarette commercial."

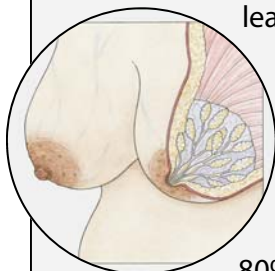
~Alexander Kendrick

SPOTLIGHT ON BREAST CANCER

ANATOMY & PHYSIOLOGY REVIEW

Lobules are milk producing glands within the breast. Tubes that lead from the lobules to the nipple are called *ducts*.

The rest of the breast is made up of fat, connective and lymph tissue. Most lymph nodes that connect to the breast are under the arm.



Cancers can form in any of these structures, but 80% of them start in a duct and invade the fatty breast tissue. This is known as *Infiltrating Ductal breast cancer*.

FIRST, SOME STATISTICS:

- More women die from lung cancer than from breast cancer. But, breast cancer is the most common cancer in women.
- The National Cancer Institute estimates that **one out of every eight American women will get breast cancer**.
- Breast cancer is not necessarily a “death sentence”. Overall, the chance of surviving breast cancer for longer than five years is 80%.
- Remember, men can get breast cancer, too!



TREATMENT FOR BREAST CANCER:

Surgery is used in most cases.

- A ***lumpectomy*** removes the tumor and a little extra tissue.
- A ***mastectomy*** removes the breast, or part of the breast. Some lymph nodes from under the arm may be removed as well to check for spread of the cancer.
- Sometimes a woman may have ***reconstructive*** or implant surgery to improve the appearance of the surgical site.

Chemotherapy or ***Radiation therapy*** may be used in addition to surgery.

Hormone therapy may be used. Some cancer cells are more likely to grow when the female hormone estrogen is present. An “estrogen blocking” drug may be given to discourage cancer cell growth.

CARE TIPS FOR BREAST CANCER CLIENTS:

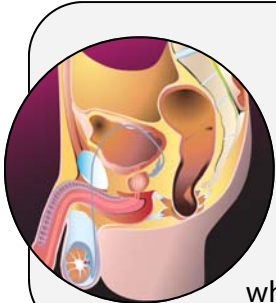
In addition to post-operative care, the woman with breast cancer has some special needs.

- Give extra attention to grooming. Breast surgery can affect how a woman feels about her body. Lending a hand to “do” her hair or help her with make-up may mean a great deal.
- The affected side of her body is more vulnerable to infection due to decreased lymph flow. Any small cut, such as a paper cut, can cause an infection. Even many years “post-op”, a woman must be careful with that arm/hand. Any swelling or change in sensation must be reported immediately.
- **Never** take a blood pressure on the side where a woman has had breast surgery!

FAMOUS BREAST CANCER SURVIVORS:

Melissa Ethridge ▪ Edie Falco
Sheryl Crow ▪ Olivia Newton John
Kate Jackson ▪ Suzanne Summers
Linda Ellerbee ▪ Robin Roberts

SPOTLIGHT ON PROSTATE CANCER



ANATOMY & PHYSIOLOGY REVIEW

The prostate is a walnut-sized organ just below the bladder and in front of the rectum. It manufactures the fluid in the semen that carries the sperm. The urethra runs through the prostate which is why some men have trouble urinating when this gland is swollen.

FIRST, SOME STATISTICS:

- Prostate cancer is the most *common* cancer among men—but lung cancer is deadlier.
- Prostate cancer is rare before age 50.
- Prostate cancer is usually slow growing. The American Cancer Society reports that **if the cancer is found before it spreads to the tissue around the prostate, there is a 100% survival rate of 5 years.** This rate decreases to 31% if the cancer has *metastasized*.
- Prostate cancer can spread outside the prostate and into the surrounding organs. It can also spread to the lymphatic system and the bones.
- There are two ways to screen for prostate cancer: the PSA blood test and the digital rectal exam. Most cases of prostate cancer are found during a rectal exam.

TREATMENT FOR PROSTATE CANCER:

- If the cancer is at an early stage and the client is elderly, the doctor may decide to just watch the progress of the disease. This is known as “**Watchful Waiting**”.
- Surgery is usually done to remove the prostate. A **radical prostatectomy** can cause incontinence and/or nerve damage.
- **Cryosurgery** (freezing the tumor) may also be performed—it may damage nerves, too.
- Both internal and external **radiation** are also used to treat prostate cancer.
- **Hormone therapy** may be used if the cancer has spread. Male hormones are blocked since they can contribute to the cancer’s spread.
- **Chemotherapy** is usually used at a late stage in the disease.

CARE TIPS FOR PROSTATE CANCER CLIENTS:

- Incontinence may be a problem for some men after surgery for prostate cancer. They may have to wear incontinence pads. Help them as necessary and report any new problems with urination.
- Another major problem after prostate surgery is that many men have trouble achieving an erection. Maintain a “matter of fact”, professional attitude if your client wants to talk about his sexual functioning.
- A client taking hormone therapy (estrogen) may retain fluid and develop enlarged breasts. Help him cope by being sensitive to his feelings about his changing body.

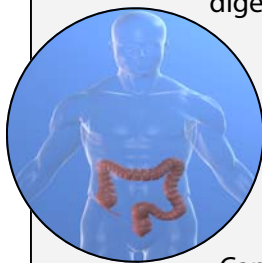
“Since I came to the White House, I got two hearing aids, a colon operation, skin cancer, a prostate operation, and I was shot. The damn thing is I’ve never felt better in my life.”

~ Ronald Reagan

SPOTLIGHT ON COLON AND RECTAL CANCER

ANATOMY & PHYSIOLOGY REVIEW

The colon is about 5 feet long and is responsible for the final stages of digestion.



Both the colon and the rectum are made up of several layers of tissue. Colorectal cancer starts on the inner layer. *Polyyps* or little wart-like structures can form growing inward and can become cancerous over time.

Cancerous tumors can grow inside and outside the colon wall. They can also *metastasize* to other parts of the body.

FIRST, SOME STATISTICS:

- Colon and rectal (*colorectal*) cancer is the 3rd most common cancer among men and women.
- **The 5 year survival rate is 90% if caught before the cancer spreads.** It decreases to 65% if cancer spreads to the lymph nodes. If it spreads to the liver or lungs, the survival rate is only 8%.



- It is estimated that about \$8.4 billion is spent in the United States each year on treatment of colorectal cancer.

"I feel like a dog who has been to the vet too many times!"

— **Farrah Fawcett**

TREATMENT FOR COLON AND RECTAL CANCER:

- ***Surgery*** is the primary treatment for both colon and rectal cancer. Most often, the diseased section is cut out and the intestine is reconnected. Sometimes there is a temporary ***colostomy***. It is unusual for a person with colon cancer to have a permanent colostomy, given today's treatment options. A person with rectal cancer may require a permanent colostomy if major surgery has been done.
- ***Chemotherapy*** and ***radiation*** may also be used. Sometimes they are used to provide "***palliative***" treatment—this probably won't cure the client but may slow or halt the growth of any tumors that can't be surgically removed.

CARE TIPS FOR COLON AND RECTAL CANCER CLIENTS:

While changes in bowel function are important to report for *all* individuals, it is especially important for clients who have colorectal cancer to be aware of any changes. Symptoms of concern are:

- Bloody or tarry stools.
- Diarrhea, constipation or narrowing of the stool that lasts more than a few days.
- Feeling the urge to have a bowel movement that is not relieved by doing so.
- Cramping and abdominal pain.
- Weakness and fatigue.
- Jaundice or yellowing of the skin or eyes.
- Decreased appetite.

FAMOUS PEOPLE WITH COLON OR RECTAL CANCER:

Audrey Hepburn ▪ Eartha Kitt
 Pope John Paul II
 Elizabeth Montgomery
 Ronald Reagan
 Charles Schulz ▪ Farrah Fawcett
 Vince Lombardi
 Sharon Osbourne

COMMON TREATMENTS FOR CANCER

CHEMOTHERAPY

The definition of chemotherapy is “the use of medicines to treat disease”. Cancer chemotherapy is sometimes called “*chemo*”.

“*Chemo*” is used to kill cancer cells that have *metastasized* throughout the body—meaning they have moved away from the original site of the cancer.

Chemotherapy may be given by mouth, through an IV, or sometimes directly into an organ or tumor.

Unfortunately, chemo doesn’t just kill cancer cells. It also affects any healthy cells that tend to grow quickly—such as hair cells, blood cells and the cells of the GI tract. This causes such side effects as *alopecia*, infection, bleeding and digestive problems.



- Chemotherapy weakens a person’s ability to fight off infection. Remember that **handwashing** is the best way to stop the spread of germs! In addition, your client may be told to wear a mask when among a crowd of people. **IMPORTANT:** If you feel sick, wear a mask and gloves...*or don’t work with clients on chemo!*
- Don’t assume that every client will have severe side effects from treatment—some people don’t. (*Although worrying about the effects of “chemo” can make the situation worse.*)
- Skin problems may occur so provide a bath or encourage the client to bathe daily, using mild soap and lotions.

- The nails require extra attention as they may darken or become brittle. Follow your workplace policy regarding nail care.
- Use only *electric* shavers to avoid bleeding and/or infection.
- Hair care should be done delicately. Use only mild shampoos and soft brushes.

Gently towel dry the hair—avoid using a hair dryer.

- Mouth care is *extremely* important during chemotherapy. Soft toothbrushes help prevent gum damage. Keeping the mouth moist may be a challenge. Try offering lollipops, ice chips and Popsicles.

RADIATION THERAPY?

Radiation therapy uses X-rays or “Gamma Rays” to destroy cancer cells.

It can be given from **outside** the body or **implants** may be used to administer radiation near the tumor—such as within the uterus or near the prostate gland.



HOW CAN YOU HELP A CLIENT ON RADIATION THERAPY?

- The client’s skin may be marked with ink for treatment. **Do not disturb this mark unless told to do so by your supervisor.**
 - The treatment area may be *very* sensitive to touch. Keep it clean and dry—using only those soaps and lotions that have been approved by the doctor. Use only clear, lukewarm water since hot or cold water may damage the sensitive skin at the radiation site.
 - Remember: the patient receiving **external** radiation treatment is **NOT** radioactive.
 - The client receiving **internal** treatment may emit a very low level of radiation. Refer to your workplace policy regarding this treatment and follow it carefully to protect yourself, your client and his/her family.

SIDE EFFECTS OF CANCER TREATMENT

NAUSEA & VOMITING

If your clients have trouble with nausea, vomiting and/or a decreased appetite:

- Report the problem to your supervisor! There are a number of medications that can be used to treat nausea and vomiting. If one kind of medication isn't working for your client, there may be a different one that the doctor can prescribe.
- Encourage your clients to eat high protein and/or high calorie foods *when able*. Eggs, milkshakes and supplements like Ensure are examples.
- Offer frequent small snacks—during the time of day the clients feel their best. Keep non-perishable snacks at the bedside— this is a time when “crackers in bed” are OK!
- Some foods that may be tolerated include:
 - Mashed potatoes, rice and noodles
 - Clear broths, light soups
 - Cream of wheat, oatmeal
 - Angel food cake
 - Puddings, custard, and milkshakes
 - Yogurt
 - Applesauce
 - Bananas
 - Crackers or pretzels

DIARRHEA AND CONSTIPATION

Sometimes, pain medicines, anti-cancer treatments and a decreased fluid intake cause clients with cancer to develop *constipation*.

- Make sure the client is getting six to eight glasses of liquid per day. If a high-fiber diet is allowed (in some types of cancer it is not recommended) then fresh and dried fruit, whole grain bread, beans and peas are good sources of fiber.
- Offer a warm drink to stimulate a bowel movement. Warm apple juice can be very effective.
- Encourage exercise if possible. Offer to walk with the client.

Diarrhea ...

...can quickly cause dehydration. Once again, fluids are in order. Clear liquids may be recommended for 12 hours or so, with a gradual return to starchy, bland foods. Milk products and fatty foods can make diarrhea worse. So, be sure to report any change in bowel function—especially diarrhea.



You are caring for a 79 year old man who is thin and frail. He just finished a round of radiation therapy and will begin receiving chemotherapy in a week to treat his colon cancer.

- You know he needs to eat to keep his strength up. But, the treatments make him nauseated and unable to eat. He has lost four pounds in the last week and has signs of depression.
- How can you help? **Think of three creative solutions** to help with mood, appetite and unintentional weight loss.
- Share your ideas with your co-workers and supervisor.



CANCER AND NUTRITION

PROMOTE GOOD NUTRITION

Being treated for cancer is *stressful* for the body. Treatments such as chemotherapy and radiation can affect the fast growing cells of the digestive tract. Some clients may lose their taste for food, have nausea and vomiting or develop diarrhea. Depression and fatigue can also interfere with proper nutrition.

For your clients with cancer, “good nutrition” means more than just a balanced diet. The focus is on building and keeping up strength. Of course if the client has restrictions due to other health problems, such as diabetes or high blood pressure, these must be taken into account when planning a diet.

There may be days when clients do not want to eat at all—pushing or nagging them usually won’t help. Just encourage fluids and if the problem persists, inform your supervisor. Six to eight glasses of water a day is a good goal.

Mouth problems can occur. Mouth sores and other irritations need to be checked by a doctor. Soft, room temperature foods that are not acidic are usually best. Milkshakes and “instant breakfasts” may be soothing. Good oral care after meals and throughout the day is important.



PREVENT FOOD-RELATED INFECTIONS!

Often, people undergoing cancer treatment have less ability to fight infection. Many foods and food preparation areas carry bacteria that can cause problems for people with cancer.

If you prepare food for clients with cancer, follow these guidelines to prevent problems:

- Fruits and vegetables need careful washing and/or peeling. If a food can’t be easily washed (like raspberries, for example), don’t serve it.
- Scrub the skin of melons before cutting them open—otherwise the knife may carry germs from the melon skin into the fruit.
- Clean hands are always necessary—both for the person preparing the food and the person consuming it. (*Consider wearing gloves when preparing food.*)
 - Meat should be thawed *in the refrigerator* and then cooked thoroughly.
 - Avoid serving raw fish and shellfish.
 - Use only pasteurized dairy products and fruit juices.
 - Food preparation surfaces should be washable and be kept very clean!



A cancer support group can be a great addition to your client’s treatment plan. In addition to your local resources, there are a number of online cancer support websites.

- Find out what is available locally. Ask the nurse, social worker or case manager if any local resources might be a good match for your client.
- Go online. Do a search for “Cancer Support Groups.” What did you find?
- If your workplace does not already have one . . . compile a list of resources you can easily pull out and recommend to clients if the need arises.
- Share your resources with your supervisor and co-workers.

CANCER RELATED PAIN AND FATIGUE

UNDERSTANDING CANCER PAIN

- Unfortunately, the word “*cancer*” is often associated with the word “*pain*”. Studies have shown that most people with advanced cancer feel some kind of severe pain. This pain may be caused by surgery, infection, chemo, radiation or the cancer itself.
- The most common pain caused by *cancer* is bone pain—which develops when the disease spreads into the bones. It is often described as a deep, aching pain.
- The most common pain caused by *cancer treatment* comes from surgery. Sometimes this pain goes away after the client has healed from the surgery—and sometimes it doesn’t.
- The good news is that there are many new medications and techniques being used to control the pain associated with cancer. According to the World Health Organization, over 90% of all cancer pain can be successfully treated. Remember...every client, *including someone with cancer*, has the right to feel relief from pain.

Medicine is only one part of pain relief. You can play a role in easing your client’s discomfort, too.

- Keep in mind that a clean, pleasant environment, a tasty meal, fresh sheets or a relaxing shampoo all contribute to pain relief.
- Sometimes quiet conversation or your presence in the room can be comforting.
- Other times, the distraction of a video or TV show might help your client forget the pain.
- Helping your client find a comfortable position plays a big role in easing cancer-related pain.

Remember...pain relief is crucial for your client’s recovery and well being.

UNDERSTANDING CANCER FATIGUE

Fatigue...it is a common complaint for many individuals with cancer.

- **As many as 90% of people with cancer have a problem with fatigue—causing them to have feelings of weakness and exhaustion that just don’t go away.**
- Fatigue is thought to be caused by cancer treatments, (radiation, surgery and chemotherapy) and/or by the chemicals that some types of tumors release into the body.
- It’s easy to confuse fatigue with depression. Remember that they are two different things (although a client can experience both).
- Exercise—when prescribed by the doctor—is probably the best medicine for fatigue, along with activities that take your clients’ minds off of their symptoms.
- Complaints of *weakness, exhaustion and a general lack of energy* may persist long after cancer treatments have stopped. These symptoms should be reported so the client can be checked for any new health problem—and for depression.

FIGHT FATIGUE WITH FOOD

- Encourage your client to eat breakfast everyday. Some good choices are: scrambled eggs with toast, toast with peanut butter and a piece of fruit, or yogurt with fruit.
- Serve six small meals and snacks instead of three large meals. Snacks might include a banana, pudding, yogurt, or whole grain crackers with cheese or peanut butter.

EMOTIONAL IMPACT OF CANCER

A diagnosis of cancer is frightening to everyone involved. It's important for you to be sensitive to the different reactions your clients—and their families—may have.

- How clients respond to cancer may depend on their stage of life. For example, a 30-year-old mother of young children and an 85-year-old widow will probably react differently to a cancer diagnosis.
- Your clients may also have different emotions about their cancer depending on the expected outcome. For example, a man whose cancer can probably be cured and a man who has been given six months to live will probably have very different reactions.

Things that contribute to the emotional distress of people with cancer include:

- Experiencing changes in how they look (*such as losing their hair, losing a breast or leg, etc.*).
- Being afraid of pain or of dying alone.
- Losing the ability to have sex.
- Becoming dependent on others for basic functions (*such as eating and bathing*).
- Being unable to get out and see friends.



WHAT YOU CAN DO TO HELP:

- **Listen.** Listening is a powerful way to help them feel better.
- **Encourage self care.** Distressed individuals often lose interest in everyday activities—even if they are capable of performing them. They may welcome the opportunity to still “be in control”.
- **Relieve their sense of isolation.** Attempt to get them involved with other people. Keep their door open if possible and/or encourage them to have visitors.
- **Get them outside if they can go.** Daylight will help relieve feelings of sadness. If they can't go out, open the curtains.
- **Talk to them.** Quiet conversation about everyday things can be very comforting.
- **Report problems!** Suicide is a possibility if they are depressed. Don't hesitate to report it if you suspect a client is considering suicide! Some warning signs include:
 - Talk of suicide.
 - Attempts to harm themselves.
 - Giving important possessions away.
 - A sudden change in mood (either positive or negative).

THERE'S MORE YOU CAN DO:

To improve your ability to care for clients with cancer, consider learning more about:

- Communication, especially listening skills.
- The importance of nutrition and hydration on a client's health.
- Preventing pressure sores.
- Caring for—and communicating with—people who are dying.

- What clinical depression is all about and how you can help.
- Pain management and what you can do to reduce your clients' pain.
- The connection between advance directives and client rights.

In the Know has inservices on all of the above topics. Check with your supervisor to see if these inservices are currently available at your workplace.



Developing Top-Notch CNAs, One Inservice at a Time

A Disease Process Module: **Understanding Cancer**

**Are you "In the Know" about cancer? Circle the best choice or fill in your answer.
Then check your answers with your supervisor!**

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

| | |
|--------------------------------------|--------|
| <input type="checkbox"/> Self Study | 1 hour |
| <input type="checkbox"/> Group Study | 1 hour |

File completed test in employee's personnel file.

1. True or False

A biopsy is the removal of a tissue sample to test for the presence of cancer cells.

2. True or False

The most commonly diagnosed cancer in the U.S. is breast cancer.

3. True or False

Eight out of ten cases of lung cancer are caused by smoking.

4. True or False

After a woman has a mastectomy, it is important to take BP's on the same side as the surgery.

5. Treatment for colon cancer may include any of the following EXCEPT:

- A. Watchful waiting.
- B. Surgery.
- C. Radiation therapy.
- D. Chemotherapy.

6. True or False

All clients will have nausea as a side effect of chemotherapy.

7. You can help a client with nausea by:

- A. Encouraging exercise.
- B. Offering greasy, high fat foods.
- C. Keeping snacks at the bedside.
- D. Serving larger meals.

8. True or False

To ensure that clients with cancer consume enough calories, you should push or force them to eat even when they are not hungry.

9. True or False

The only way to relieve cancer pain is with medication.

10. Fill in the Blanks

Most people with advanced cancer feel some kind of severe pain. This pain may be caused by _____, _____, _____, _____, or the _____ itself.