

CANCER PATIENT NAVIGATOR QUICK TIPS

Includes:

Cancer Types and Names

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Common Cancer Terms

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TNM System

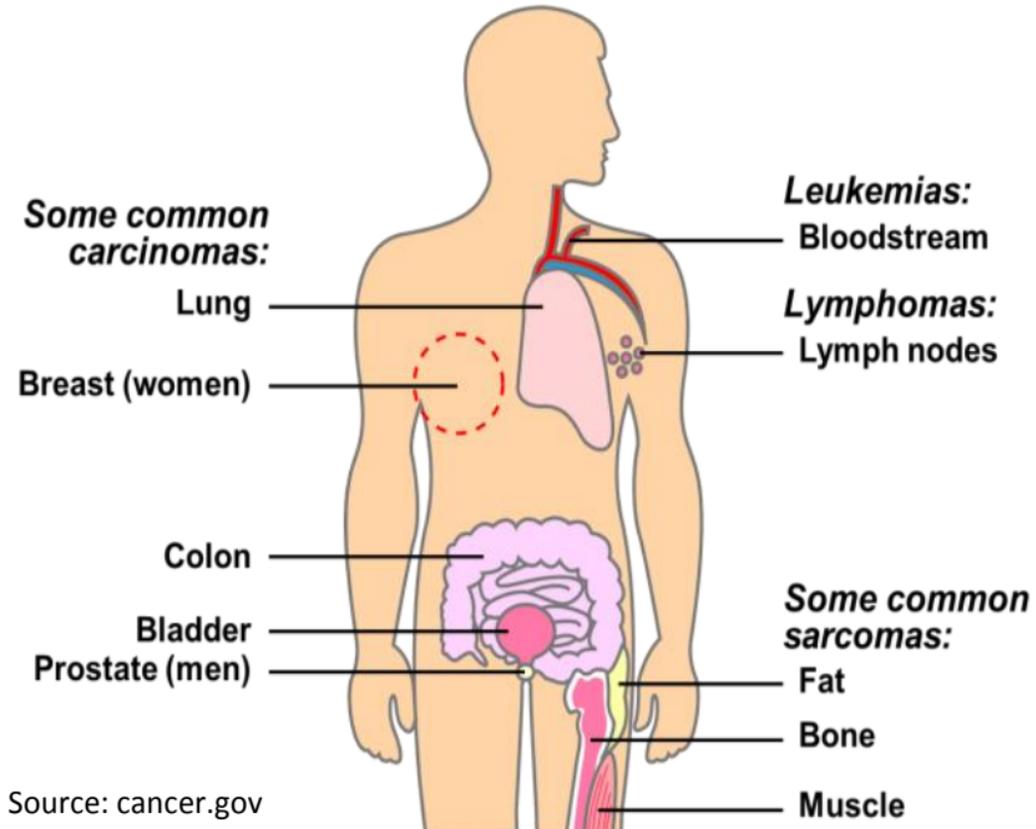
End of Life Planning Documents

Communication Tips

Hospice Care



Cancer Types



Source: cancer.gov

Cancer Prefixes Point to Location

<i>Prefix</i>	<i>Meaning</i>
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adeno-	gland
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chondro-	cartilage
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erythro-	red blood cell
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hemangio-	blood vessels
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hepato-	liver
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lipo-	fat
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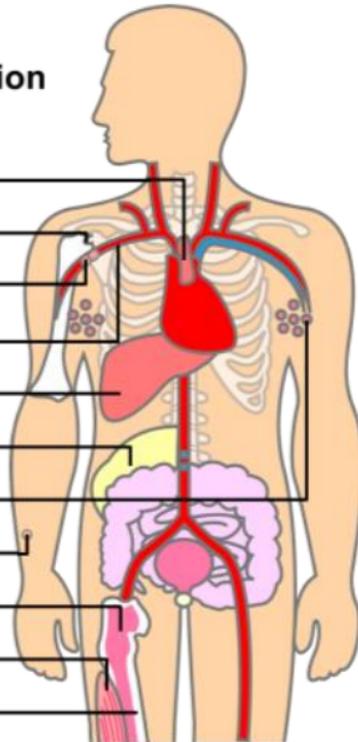
lympho-	lymphocyte
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melano-	pigment cell
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myelo-	bone marrow
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myo-	muscle
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osteo-	bone
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Source: cancer.gov

Cancer Names

Different Kinds of Cancer

Carcinomas	<ul style="list-style-type: none">• the most common types of cancer• Come from the cells that cover external and internal body surfaces
Leukemias	<ul style="list-style-type: none">• Cancers of the immature blood cells that grow in the bone marrow and tend to accumulate in large numbers in the bloodstream.
Lymphomas	<ul style="list-style-type: none">• Cancers that come from the lymph nodes and tissues of the body's immune system.
Sarcomas	<ul style="list-style-type: none">• Cancers coming from cells found in the tissues of the body such as bone, cartilage, fat, connective tissue, and muscle.

Source: cancer.gov

Carcinoma in situ	<ul style="list-style-type: none">• Abnormal cells are only in the layer of cells in which they originally developed
Adjuvant therapy	<ul style="list-style-type: none">• Additional cancer treatment given to patients after primary treatment to lower the risk of the cancer coming back
Neoadjuvant	<ul style="list-style-type: none">• Treatment given as a first step to shrink the tumor before the main treatment
Brachytherapy	<ul style="list-style-type: none">• A type of radiation therapy where the radiation source is placed inside the area needing treatment

USEFUL WEBSITE

The National Cancer Institute

Understanding Cancer Series

<http://cancer.gov/cancertopics/understandingcancer/cancer>

Common Cancer Terms

Recommended Cancer Screenings

CA Type	Screening Test	Who & When?	How often?
Breast	Breast Self Exam	Women in early 20s	Monthly
	Clinical Breast Exam	Women age 20 to 30 years	Every 3 years
		Women age 40 and over	Every year
	Mammogram	Women age 40 and over	Every year
Cervical	Pap test	Women age 21 years	First pap test
		Women age 21 to 65 years	Every 3 years
	Pap test + HPV testing	Women age 30 to 65 years	Every 5 years
Colorectal	Fecal Occult Blood Test (FOBT or FIT)	Men and Women age 50 to 75 years	Every year
	Flexible Sigmoidoscopy + FOBT		Every 5 years, plus FOBT every 3 years
	Colonoscopy		Every 10 years

Source: www.uspreventiveservicestaskforce.org

CA Type	Screening Test	Who & When?	How often?
Lung	Low-dose computed tomography (LDCT)	Men & women, age 55-80 with a 30 pack-year history of smoking, current smokers, or have quit in last 15 years	Every year & discontinued after 15 years or other health problem
Prostate	Digital Rectal Exam (DRE)	Men age 50 and over	Discuss screening tests with your doctor.
	Prostate-specific antigen (PSA) blood test		

Source: www.uspreventiveservicestaskforce.org

For more information on detection of other cancers, visit
www.cancer.org or www.cancer.gov

The United States Preventive Services Task Force (USPSTF) recommendations as of April 2015. USPSTF recommendations were used because ACA reimbursement is based on these recommendations

Recommended Cancer Screenings

TNM Staging

T	Describes the original tumor and whether or not it has grown into nearby tissues	TX tumor cannot be measured T0 no evidence of primary tumor (it cannot be found) Tis cancer cells are only growing in the most superficial layer of tissue, without growing into deeper tissues. This is also known as in situ cancer or pre-cancer. T1, T2, T3, and T4 describe the tumor size and/or level of invasion into nearby structures. The higher the T number, the larger the tumor and/or the more it has grown into nearby tissues.
N	Describes whether the cancer has spread to nearby lymph nodes	NX nearby lymph nodes cannot be evaluated N0 nearby lymph nodes do not contain cancer N1, N2, and N3 describe the size, location, and/or the number of lymph nodes involved. The higher the N number, the more the lymph nodes are involved.
M	Tells whether there are distant metastases (spread of cancer to other parts of body).	MX metastasis cannot be evaluated M0 no distant metastases were found M1 distant metastases were found (the cancer has spread to distant organs or tissues)

Things to remember out TNM Staging:

- Each cancer type has its own version of this classification system, so letters and numbers don't always mean the same thing for every kind of cancer.
- Not all cancers are staged with TNM. Often this is because they grow and spread in a different way than most tumors.

For more information on staging, visit:

<http://www.cancer.org/treatment/understandingyourdiagnosis/staging>

For converting TNM to a stage group (roman numerals) visit:

<http://www.cancerstaging.org/staging.index.html>

Things to remember about TNM Staging

Communication Tips

12 Steps to Becoming a Better Listener

1. Stop Talking
2. Put yourself in the patient's shoes so you better understand where they are coming from.
3. Use inviting body language, like turning toward the patient, uncrossing your arms
4. Avoid thinking about what you're going to say next
5. Be open-minded and try not to judge the patient
6. Stop doing all other things when someone is speaking to you, even when you're talking on the phone
7. Reschedule the conversation if you can't stop what you're doing
8. Try active listening techniques to let them know you are listening, like nodding and verbally agreeing
9. Take what is being said at face value and try not to find a hidden meaning
10. Don't interrupt
11. Summarize and repeat what you heard when it's your turn to talk
12. Summarize what you think they told you and ask for clarification as needed.

O.A.R.S. Communication Strategy

Open-Ended Questions

Asks questions that encourage open discussion focused on the person & is non-judgmental, for example “tell me about. . .” or “describe.”

Affirmations

Sincerely acknowledges the difficulties the person has experienced & validates his or her experience and feelings.

Reflective Listening

Repeats, rephrases, paraphrases to check that you know what is meant by the person.

Summarize

Reinforces what has been said, how that you have been listening carefully, and prepare the person to move on.

Examples of what to say to a grieving person

- That must have been hard to hear
- How can I help?
- Do you want to talk about it or are you talked out?
- I don't know what to say, and I'm here for you
- I will keep you in my thoughts
- If you have a question, please let me know.

There are other appropriate things that you can say or do depending on your relationship, the situation, and the mood. Use your best judgment.

Remember your Role:

- Be non-judgmental.
- Don't tell patients what to do, encourage them to make good choices

Communication Tips

Community resources for Clients

Ways to Find Resources in Your Community:

1. Use existing websites to compile contacts of organizations and agencies.
2. Contact agencies/ organizations to learn more about any resources they might offer to individuals in need and ask them:
 - What services/resources are provided by the agency
 - Who qualifies to apply
 - What's needed to apply (i.e documents)
 - Are there deadlines or specific time frames to apply
3. Talk to your patients, families, friends, and fellow navigators to learn about available resources and to get insights on how to apply successfully

Helping Your Patients Access Resources

1. Assess his or her needs for further resources.
2. Ask him or her about services that he/she already uses or knows about in the community.
3. Give him or her information on resources relevant to their needs.
4. Empower him or her to access those resources and help when necessary.

Signs a client may need your help to access resources:

- They have **trouble communicating** in English in person, on the phone or in writing
- They have **many needs** and no apparent family or social support
- They are **overwhelmed** physically, mentally or emotionally and seem unable to cope

USEFUL COMMUNITY RESOURCE WEBSITES:

AlohaUnited Way

www.auw211.org or call 2-1-1
(Monday – Friday, 7AM to 5PM)

CancerCare

www.cancercares.org

Cancer and Careers

www.cancerandcareers.org

Aging & Disabilities Resource Center

<http://hawaiiadrc.org>

REMEMBER to empower your patients as appropriate –

Use your judgment to determine the best course of action

Community resources for Clients

Referral Tip Sheet

As a navigator, you should know when to refer patients to other professionals or encourage them to ask their physician for a referral. Here are some of the signs that the patient needs help.

When the patient reports or shows signs of...	Who pt. may need to see?
<ul style="list-style-type: none">• Lack of appetite• Rapid weight loss	Dietitian
<ul style="list-style-type: none">• Prolonged depression• Can't concentrate• Feeling hopeless or helpless	Psychologist
<ul style="list-style-type: none">• Poor coping with diagnosis• Family of patient seems burned out• Homelessness	Social Worker
<ul style="list-style-type: none">• Loss of daily function due to pain, discomfort, swelling, stiffness or lymphedema	Physical Therapist
<ul style="list-style-type: none">• More than 1 primary cancer in a person• More than 1 cancer case in family	Genetic Counselor

NOTE: Some referrals need a doctor's order and/or approval from a pt's insurance carrier.

WEBSITES FOR PUBLIC BENEFITS:

Apply for Health Insurance

My Benefits Hawaii

<http://mybenefits.hawaii.gov>

Hawai`i Temporary Assistance for Needy Families (TANF)

[http://humanservices.hawaii.gov/
bessd/tanf/](http://humanservices.hawaii.gov/bessd/tanf/)

Social Security and Supplemental Security Income Disability programs

[http://www.ssa.gov/disability/
index.htm](http://www.ssa.gov/disability/index.htm)

Supplemental Nutrition Assistance Program (SNAP)

[http://humanservices.hawaii.gov/
bessd/snap/](http://humanservices.hawaii.gov/bessd/snap/)

Women, Infant, and Children (WIC) program

<http://health.hawaii.gov/wic/>

Public Benefits Websites

End of Life Planning Documents

Advance Health Care Directive	A written or spoken statement that contains a patient's wishes regarding medical care when they can no longer speak for themselves. It contains two parts: Individual Instructions for Health Care (also called the Living Will) & Durable Power of Attorney for Health Care.
Living Will	Instructions on whether to prolong life, receive artificial nutrition, relief from pain, ethical, religious, and spiritual instructions, and other health care preferences a patient wants to be known by their family and care team.
Durable Power of Attorney for Health Care	Allows a patient to name the person they want to make health care decisions for a patient when they cannot. This person is called a "health care proxy."
Provider Orders for Life-Sustaining Treatment (POLST)	A legal document outlining a person's end-of-life wishes: whether to have CPR; be taken to a hospital; receive artificial nutrition; and desired level of care. The document is valid across the state, in all settings, including a person's home, nursing home, a long-term care facility, and in the hospital. Must be signed by the individual's doctor or APRN.

REMINDERS

Copies of ALL documents should be given to the patient's

- Doctors
- Family Members
- Health Care Agent / Durable Power of Attorney for Health Care

Keep the documents in a place that is safe and easy to find.

To get the forms, documents, and where to go for help in filling them out,

Contact: Kokua Mau at (808) 585-9977 or

visit: www.kokuamau.org/resources/advance-directives

End of Life Planning Documents

Hospice Resources in Hawai`i

What is Hospice Care?

Hospice care is a type of palliative care offered in the last six months of life and focuses on caring, not curing.

Where is it provided?

In most cases, care is provided in the patient's home by an interdisciplinary team but also provided in in-patient and long-term care facilities (depending on the hospice).

Who pays for it?

Hospice is covered under Medicare, Medicaid, and most private insurance plans and is provided on all islands.

For more information and hospice resources in Hawai`i call (808) 585-9977 or visit www.kokuamau.org

O`ahu:	Other Islands:
Bristol Hospice 808-536-8012	Hospice of Hilo 808-969-1733
Hospice Hawaii 808-924-9255	Hospice of Kona 808-324-7700
Islands Hospice 808-550-2552	North Hawaii Hospice 808-885-7547
St. Francis Hospice 808-595-7566	Kaua`i Hospice 808-245-7277
	Hospice Maui 808-244-5555
	Hospice Hawai`i-Moloka`i 808-533-4310

Your Quick Tips

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