



**A Resource Guide offering emotional, spiritual
and practical support for cancer patients,
their families, friends and coworkers.**

Table Of Contents

<i>A GOOD WORD FROM OUR PASTOR</i> _____	3
<i>THE DIAGNOSIS</i> _____	4
<i>A FEW THOUGHTS for CANCER PATIENTS to BEGIN THE JOURNEY</i> _____	5
<i>SPRITUALITY CONNECTED TO GOD</i> _____	6
<i>WALKING WITH GOD DURING YOUR CANCER JOURNEY</i> _____	7
<i>TELLING OTHERS ABOUT YOUR DIAGNOSIS</i> _____	9
<i>CONVERSATION GUIDE WHEN SHARING WITH OTHERS:</i> _____	10
<i>THINGS TO REMEMBER</i> _____	11
<i>SOME HELPFUL INFORMATION: CANCER AFFECTS EVERYONE WE KNOW, IN ONE WAY OR ANOTHER</i> _____	14
<i>WHAT DO WE NEED TO KNOW?</i> _____	16
<i>WHERE TO FIND INFORMATION:</i> _____	19
<i>MEDICAL MATTERS</i> _____	20
<i>HELPFUL INFORMATION FOR SPIRITUAL CARE-GIVERS</i> _____	22
<i>A FEW REMINDERS AS YOU SERVE OTHERS</i> _____	26
<i>SCRIPTURE TO SHARE</i> _____	27
<i>CANCER TERMINOLOGY</i> _____	28

A GOOD WORD FROM OUR PASTOR

The purpose of this Cancer Resource Guide is to help Cottonwood members support those they know who have cancer. The stark reality is that at some point everyone will either have cancer or know someone who has cancer. This Cancer Resource Guide is meant to be a roadmap to help you better love, support, and care for those you know who are going through cancer.

The New Testament contains 59 “one another” statements. Each one of those “one another” statements is preceded by an action to take such as greet, accept, honor or forgive. All of those are actions. Jesus Himself challenged His followers to “love one another” five times.

The essence of Christianity is a faith that is filled with action. Helping someone is one of the best ways we can demonstrate our Christian faith. Too often, cancer causes isolation, discouragement, and a loss of hope for both the patient and their loved ones. Beyond that those who are friends and family too often simply do not know what to say or do, or how to act. However, this Cancer Resource Guide will help you know how to stand in the gap for those around you who are facing cancer.

As you utilize this resource and share it with others, you will make an impact on those who are facing cancer.

Blessings,
John Mark Caton
Pastor, Cottonwood Creek Church

THE DIAGNOSIS

Cancer is scary. However, it's important to remember that you're not alone. Yes, you have one enemy called cancer; but you have many allies on your side as well to help you deal with it. You have people that the Lord has placed in your life to support you, encourage you, and walk alongside you through this battle. Don't forget that there are also countless other cancer patients and survivors who have shared in a similar experience as you. Support groups and a spiritual care-giver are a great way to stand together and encourage one another. Remember that you are not a statistic. Every patient, diagnosis and journey are different. Survival rates for every type of cancer have increased significantly over the last few decades with new advances every day.

Cancer impacts the whole family. In some cases, family members must accept new roles and responsibilities for the household, childcare or finances. Children's routines are often disrupted. Some may face the challenges of family members living a great distance away. Plans may have to be put on hold. It is not uncommon for families to struggle with these dynamics. These challenges can bring conflict and additional stress. Each family member will react and cope differently. Understanding this will help you navigate your journey. Your old normal has been disrupted and everyone will not always be at their best. Be patient. Be kind. Share feelings. Listen. Trust each other. Be honest. Be sincere. Be helpful. Respect each other. Be empathetic with each other. Life goes on and there will always be circumstances where people need to be held accountable, but a good rule of thumb is to give each other the benefit of the doubt as you cope with the new day to day.

When people experience a crisis that is beyond their control (like a cancer diagnosis), the reality of their own limitations and the fragility of life can be overwhelming. Responses to such situations include shock, anger, grief, denial or even all out panic.

A FEW THOUGHTS for CANCER PATIENTS to BEGIN THE JOURNEY

- Updating family and friends through email, blogs, personal webpage, video chat and social media is a great way to let those who care about you know how you are doing. Consider having someone close to you coordinate these communications for you.
- Many people struggle with asking for help. It's ok. Make a list of the areas you think you may need help. When you are asked how they can help - help others help you by telling them how they can assist. It's also ok to let people know what you don't need.
- Unfortunately, you will encounter well intended people who may not relate to you in the best way. Intrusive. Unsolicited advice. Forced opinions. Controlling. Manipulative. Judgmental. Negativity. Uninformed. Unrealistic. When you realize someone has a negative effect on you it's ok to say no or keep your distance. Or ask a close friend to set those boundaries for you.
- Try to connect with someone who has walked the path before you and that can offer the type of empathy and understanding that you can't get from someone who has not had cancer themselves. It can be very helpful to share what you are experiencing and listen as they share their experiences. You will also find it helpful to not compare your journey with others'. With many common denominators every cancer patient's journey is unique.
- If you are overwhelmed with the emotional side of your journey there are professional counselors who are trained to help you find the most effective ways for you to cope and respond to your situation.

SPRITUALITY CONNECTED TO GOD

There may be times when you are looking for God and you don't feel his presence in your journey. Anyone can experience emotional and spiritual highs and lows. Many people who have cancer find support through a local spiritual community and comfort, strength and encouragement from people of faith. People can find peace by connecting spiritually one on one with a believer, prayer partner, a cancer buddy, a spiritual leader, a care-giver, a small group of believers or a larger group through a church.

It has been said that every person has to get to the end of themselves before they ever discover their need for Christ – and a cancer diagnosis is one such opportunity. But regardless of the reaction, it's important to focus in on the gospel opportunities that are present as well.

Whether the person is a Christian who just needs encouragement or an atheist who denies the very existence of God, our role as a Christian friend/family member/coworker is to be God's ambassadors (2 Corinthians 5:20) wherever He has placed us.

WALKING WITH GOD DURING YOUR CANCER JOURNEY

- **Be totally honest with God through prayer**

Tell Him your thoughts, fears, and hopes. Ask Him questions. Listen for His answers.

Remember that He is with you through everything you will experience in life, including your battle with cancer.

- **Read and study the Bible**

Read encouraging scripture. Finding people in the Bible that experienced pain and suffering who cried out to God gives you something to relate to and can help keep things in perspective. Since the beginning of time, God has comforted His children in times of need. Just one small passage from the Bible can carry you through an entire day.

- **Worship**

Worshipping gives many people comfort, peace, and hope. It's a time to focus solely on the Lord and His presence. The ordinance of communion can help focus one's thoughts on the sacrifice Jesus Christ made on the cross.

- **Be still and know**

For many, meditation is a time to be quiet and allow God's love to surround you. It's all about focusing on the presence of God. There are many ways you can meditate, but remember that God is always there with you.

- **Keep a spiritual journal**

Write down your thoughts and prayers, as well as what you hear God speaking to you. Write it all down so you can turn back to the pages, read the words, and be encouraged. Read from your own hand how God has encouraged you and given you peace.

- **Listen to music**

Music is healing for many people, as well as an important part of their spiritual life. Music takes you into God's presence and can help calm fears. It can turn your focus on God instead of the cancer.

- **Spend time in nature**

Soak up the beauty of God's creation. The outdoors is therapeutic for many. Go for a walk, take up a new hobby like gardening, or lay in the grass, soaking up the sun.

- **Read a devotional**

Devotionals are a great way to spend daily time with God. Reading a good devotional is definitely a great way to lift your spirits and lift your eyes to the Lord.

- **Serve others**

Serving is a great way to take your inner battle and turn that energy outward to help others. It will also give you the hope and confidence of sharing the love of God with others, despite what may be happening to your body physically. Give back to those in need and share your experiences. Be that kindred spirit for someone who needs it. When you give your time and servant's heart to others, you will without a doubt, be encouraged. Serving others may be as simple as writing a note card of thanks, or making a phone call or sharing a cup of coffee with a lonely friend.

TELLING OTHERS ABOUT YOUR DIAGNOSIS

FAMILY: Your approach for addressing others will be different depending on who you're talking to. Most people first share the news with their adult family members. Usually, this is the easiest way to first break the news where you can feel the most transparent with your family. Sometimes, it's best to break the news one on one as well.

FRIENDS: Take some time before you tell your friends about your diagnosis. Start with one to two close friends that you trust. Then over time, you will feel more comfortable to share it with more friends to encourage and stand with you.

YOUTH: For teenagers and children, share openly and honestly with them. Invite them to respond so they can share their thoughts. Establish boundaries with them about what you want them to share but let other adults in the teenager/child's life know.

ALL: Remember to keep your family and friends up to date throughout your battle with cancer. Choose carefully the people you share the most news with; seek listeners, not lecturers. Avoid toxic individuals and focus on the ones that are there to encourage you and remain by your side through everything.

CONVERSATION GUIDE WHEN SHARING WITH OTHERS:

- Be realistic about how much you can do and when you can do it.
- It's okay to let your emotions show. Be honest with your feelings!
- Consider asking someone who already knows to be with you when you let others know.
- Remember it's okay to ask someone to tell others for you.
- You don't have to share every little detail with everyone.
- Set boundaries for people when they share the news with others.
- Consider how you wish to communicate this most effectively to every person, including email and social media. Also take into consideration the right place and time to do it.
- Realize that not everyone will respond the same way.
- Be gracious with others and yourself.

THINGS TO REMEMBER

- **Accept and express your feelings.**

Fear. Anger. Anxiety. Grief. Loneliness. Depression. Helplessness. It's okay to feel these emotions. A cancer diagnosis certainly turns your world upside down. You will experience shock, denial, and disbelief in the beginning and there's no right or wrong answer to how you feel. The key to coming to terms with your feelings is to embrace them. The more you try to hide your feelings, the more they try to control you. There are many outlets to express the ways you feel, such as to loved ones, friends, family, a support group, your pastor, your doctor or healthcare professional, and of course, to God.

- **Don't feel bad about feeling bad.**

Throughout your cancer battle, you will have emotional highs and lows. While some days you may feel good, there's a good chance some days you may feel bad. What then? Let yourself feel bad and don't feel bad about it. You have quite a lot going on in your life right now. Don't feel pressured to always stay on the Brightside. The days that you're feeling bad are the best days to pray to God and confide in others for support.

- **Have a good cry.**

Crying is one of the best ways our bodies naturally cope with overwhelming emotions. And, with cancer, you've been hit hard physically and emotionally. For many people, tears are healing. It's a way to let go of the emotions you have pent up and let them out. Sometimes, it even helps to find a safe place to cry or a safe group of people or one person to cry with. The most important thing to remember is that it's okay to have a good cry.

- **Don't let cancer define you.**

While cancer does change your life, you don't have to let it control your life. While at times, it may consume your thoughts to where it's the only thing you can think about, try to keep up your routine as much as you can. Of course, doctor appointments, lab tests, treatments, and side effects will come into play, but following your normal routine can help you stay grounded and feel in control. It's all about choosing what you focus on. While it's important to be aware and proactive with your cancer diagnosis, remember to focus on still living your life. Do what you love, pick up a new hobby, but don't let cancer define you.

- **Be proactive in your physical and mental health.**

It takes a lot of courage but being proactive in your health can help you feel in control of your diagnosis. Take notes at your appointments, ask questions to your medical team, and share streamlined information. Show empathy to those who attend appointments with you, to the medical team, and to yourself. Being empathetic and not aggressive will help your emotional health, which your physical health will benefit from. Appreciate the help you receive and remember to help your medical team help you with the information and attitude you give them.

- **Praise yourself for your courage.**

While you may not see yourself as courageous, you, without a doubt, are. Yes, you're afraid. Yes, you're anxious. But, you still get up in the morning. You learn what you can about your diagnosis. You follow what your healthcare providers recommend. You carry on with your daily life. Therefore, that makes you courageous. As Mark Twain once wrote, "Courage is resistance to fear, mastery of fear -- not absence of fear." Despite your fear, you're still courageous in doing what needs to be done. And, for that, you should praise yourself.

- **Do something nice for yourself.**

It's a good idea to find ways to do something nice for yourself. Treat yourself with fun moments and experiences – you deserve it. Travel, go for a walk, shopping, out to lunch, and spend time with friends. Take a much needed and well-deserved break from focusing on your cancer. Little luxuries every now and then will help make an impact in how you feel daily. Send a bouquet of flowers to you.

- **Go easy on yourself.**

At times, your cancer will affect what you're able to do. This can include weakness, fatigue, and high emotions. It'll be easy to get frustrated with yourself from time to time. However, it's best to go easy on yourself. Learn that you can't do any and everything right now and set realistic expectations for yourself. Remember to set certain limitations for yourself so you can treat your body the best way you can. If you start focusing on what you can do instead of what you can't, your life will be made much easier.

- **Have a good laugh.**

Laughter really is the best medicine. Whether it's a joke, funny comment, or situation, it's good to let yourself laugh. Laughter releases endorphins and other chemicals in the brain, making laughing very therapeutic. It releases tension and lets you express your

feelings. Just remember that you don't ever have to laugh if you're not feeling up to it. Let it come naturally and welcome it when it does.

- **Accept help.**

This battle with cancer doesn't just have to be you vs. cancer. You have family, friends, neighbors, and colleagues to provide you with love and support in your times of need. When they offer to help, it's best to let them. Accepting help is a sign of strength, gives you a chance to rest, and even gives your helpers the satisfaction and joy of getting to help make you're a life a little easier in the moment. It's okay to tell people what you need. Some of your needs may include meals, transportation, running errands, organizing medical information, or just visiting and chatting. Communicating your needs for help will make a difference in your life.

SOME HELPFUL INFORMATION: CANCER AFFECTS EVERYONE WE KNOW, IN ONE WAY OR ANOTHER

The National Cancer Institute indicates that 41% of people born today will be diagnosed with cancer. When anyone hears the phrase, “*I am sorry, you have cancer*” it triggers deep questions, instant fear, uncertainties of the future and a myriad of questions for God. Everything in life has just changed. The physical, mental, emotional, social and without question, the spiritual dimension of life are met with doubt, concern and worry. As a follower of Jesus, you can help your friend through their spiritual journey with cancer. Jesus is the answer and bright hope for every patient.

For too many years, a diagnosis of cancer meant a short life span and an instant decline in quality of life. Today, medical breakthroughs have extended millions of lives with “cancer free” treatments, surgery and ongoing medication. For that we are grateful. But, for the patient, life will never be the same with the wonder and ongoing anxiety of the potential of recurrence and a second dreaded diagnosis. And for others, the news is final. Affairs need to be put in order.

Whether the cancer patient is planning for certain death or taking laborious steps for a long journey of trying to live well through the world of the unknown, there is a spiritual dimension that is very important to their everyday life. There is no question that spiritual vitality is a critical factor in how a patient copes with the horrific process of a life-altering illness. Cancer can become a megaphone which loudly alerts a patient to pay attention to every area of their life. The spiritual life clearly hears the warning. The patient needs help to navigate their understanding and relationship with the God who created them and grieves when cancer reigns.

While pastors, chaplains and other spiritual care professionals are available, they are not always accessed by a cancer patient. At this crossroad, people need someone they trust and know deeply cares about them. It is from the God of all comfort that he comforts believers who will comfort others, cancer patients. This divine comfort is yours to give to those who hurt and struggle each and every day. A care-giver can know for certain, that the spiritual life they breathe into a cancer patient will result in better health outcomes, quality of life and a peace and hope that sustains through treatments and waiting for results of the last physical exam.

Spiritual strength, biblical meaning in life and a dignity of purpose are gifts from God to the patient from the spiritual care-giver. This spiritual well-being brings a new outlook, a hope

beyond any prognosis and even extended life. Patients have reported, “Belief in God” was the most important factor in getting through their journey.

The spiritual care-giver is not a “Super Saint.” They are people like you and me, who love and care about the person in our life with cancer. They don’t have all the answers and can’t be omnipresent. But, they do show up with love, compassion, mercy and care. They help, encourage and listen. They bring Jesus into the room. They patiently go the extra mile without judgment or unrealistic expectations. They know when to take the lead and when to simply ride through the storm. Every cancer patient needs a spiritual care-giver.

WHAT DO WE NEED TO KNOW?

The human body is made up of trillions of cells. Human cells grow and divide over their lifespans. When they die, they are replaced with new cells. However, sometimes cells start to grow too rapidly, which can affect the area of the body that it surrounds. Healthy cells are pushed out of the way, while this uncontrollable growth continues. This uncontrollable growth and spreading of unhealthy cells is what is known as cancer.

Sometimes, it's overwhelming to figure out which questions to ask your medical team throughout your journey. Below are some possible questions to ask your physicians who will be working with you. Whenever possible it is best to have someone with you for your appointments who can serve as your advocate. This is your life, it is not the time to be passive and it is ok to be assertive. Remember to take notes and keep close track of all your medical records.

- **Ask your oncologist about the cancer's type and stage**

What is the specific type and stage of my cancer?

How was the cancer's stage determined?

Has the cancer spread? If so, where has it spread?

How will my treatment be affected by the fact that the cancer has or hasn't spread?

How are we going to keep track of future cancer growth, if any occurs?

What are my treatment options? What would be the likely outcome, benefits, and risks of each option?

- **Ask your oncologist about tests, imaging, or procedures**

What are the reasons for doing this [test, imaging, or procedure]? What could it tell us?

How is it done? How long will it take? Will it be uncomfortable?

Where is it done? Will it involve a hospital stay or on an outpatient basis? Should I have someone provide transportation?

What are the benefits of having it done? What are the risks?

What should I do to prepare?

How and when will I find out the results and what they mean?

Will I need to have it again? If so, when and how often?

- **Ask your oncologist about treatment options**

What is the most frequently recommended treatment or treatments for this kind of cancer at this stage with these characteristics?

What treatment do you recommend? Why do you think that treatment is preferable for me?

What is the treatment plan?

How often will I receive my treatment?

How long will each individual treatment take?

How long will the whole course of treatment last?

How will the treatment be given?

Where will the treatment be given?

What are the names of the medications I'll be taking?

Should I have someone come with me to treatment? Should I have someone provide transportation?

Will there be any other medical professionals involved in this treatment plan?

How will we know whether the treatment is working?

What clinical trials might be appropriate for me?

How soon should I start treatment? What might happen if I wait?

How might this treatment affect my day-to-day life?

How might this treatment affect my fertility? What are my options for having a child in the future?

Will I need to have any tests, imaging, or procedures before or during the course of treatment?

Is it okay to take my other medications or supplements?

Are there certain foods I should avoid?

What lifestyle changes could I make to enhance the effectiveness of this treatment or decrease its side effects?

Are there certain activities I should limit or stop during this treatment?

- **Ask your oncologist about treatment side effects**

What are the possible side effects of this treatment? How likely are they to occur?

What medications or other means can be used to prevent, lessen, or manage expected side effects?

Do these medications for treating side effects have their own side effects? If so, what are they? How can I deal with them?

Whom should I call if I start to experience any side effects or have additional questions about side effects?

Whom should I call if I need to talk with someone after office hours?

- **Ask your surgeon**

What is the purpose or goal of this surgery?

What would be the likely outcome if I didn't have the surgery? Are there other options?
How soon should I have this surgery? What might be the risk in delaying it?
What will the surgery involve?
What are the risks associated with having this surgery? How likely are they to occur?
What role will pathology have during the surgery?
How long is the surgery likely to take?
What physical changes might I experience as a result of the surgery?
What's my expected overall recovery time?
What restrictions might there be on my activities after the surgery?
What type of assistance might I need during my recovery period?
When will I learn what you found during the surgery?

WHERE TO FIND INFORMATION:

- Your oncologist and medical team
- Cancer associations
- Cancer-related websites
- Medical dictionaries
- Books
- Reference libraries
- Newsletters
- Medical journals
- Conferences and workshops
- Social media
- Online communities
- People who have personal experience

Frequently used websites for sources include:

- Cancer.org
- Cancer.gov
- NCCN.org/patients
- Cancer.net
- [PubMed, ncbi.nlm.nih.gov/PubMed](http://PubMed.ncbi.nlm.nih.gov/PubMed)
- MedlinePlus.gov
- Medscape.com
- MedlinePlus.gov/mplusdictionary.html
- Cancer.gov/dictionary

MEDICAL MATTERS

- **Second opinions**

It never hurts to get a second opinion. Most of the time, the second opinion healthcare provider is informed of what facts of the diagnosis is known so far and goes from there. Second opinions can help confirm the first diagnosis and treatment plan, offer different treatment plans or slight changes, and sometimes, even provide a brand-new diagnosis.

- **Clinical trials**

Clinical trials are studies that evaluate new drugs or procedures. After these new drugs or procedures are tested in laboratories, clinical trials are conducted with human patients under strictly controlled circumstances. Trials can last between 2 to 4 years, while going through several phases of research. Sometimes, it can take a lot of effort and time to find the best clinical trial for a patient. There is also no guarantee that you'll be able to participate once you find one. However, clinical trials have been proven to be successful. Before participating in one, it's best to consult with your medical team.

- **Pain management**

There are three types of cancer-related pain levels: acute pain, persistent or chronic pain, and breakthrough pain. The best thing to do is always speak up about your pain and let your doctor know if it has progressed. There are several methods of pain management, such as medications, nerve blocks, surgical intervention, and tumor shrinkage. Consult with your doctor about which method is best for you.

- **Side effects**

With any cancer treatment, there's always a chance for side effects. Side effects include allergic reactions, cognitive issues, cold or hot sensations, dehydration, diarrhea or constipation, emotional side effects, fatigue, hair loss, infection, nausea or vomiting, oral complications, pain, peripheral neuropathy, and skin and nail issues. Depending on which treatment you follow, side effects may vary. It's best to consult your medical team to know which side affects you can expect and how to prepare and manage them.

- **Palliative care**

When one hears about palliative care, their thoughts might go straight to hospice care. This is not the case. Palliative care is for any cancer patient, no matter what kind of treatment they end up going through. Palliative care provides medication, therapy, and other treatment plans to relieve pain, symptoms, and side effects. It also brings attention

to the patient's emotional, spiritual, and social needs, as well as helps with practical needs with insurance and financial issues.

- **Alternative and complementary therapies**

Alternative medicine includes non-standard practices for cancer treatment, such as diet changes, exercise, physical treatments, mental and emotional treatments, and energy treatments, while complementary medicine includes alternative medicine in addition to standard cancer treatment.

HELPFUL INFORMATION FOR SPIRITUAL CARE-GIVERS

For those who have a family member, friend, coworker or acquaintance struggling with cancer, here are some insights how you can help:

WHAT TO SAY

- Ask if it is a good time to visit or talk.
- Go to the ultimate source: The Bible. Be ready with 2-3 scriptures that will offer encouragement and care.
- If you are not adept at spontaneous prayer, write out a few words that you can pray with the patient.
- Let the patient know that you and others in the Cancer Care ministry and church are concerned about them and praying for them.
- Feel free to share your personal experiences with cancer if it comes up naturally but be sure to note that everyone and every treatment course is a little different.
- Offer specific support rather than “let me know if I can do anything for you.” You might offer to bring a devotional, stationary, journal, etc.
- Offer hope. Only God knows the number of days allotted to each person.
- Emphasize God’s love even in difficult times.

WHAT NOT TO SAY

- Do not offer healing. Only God can deliver healing.
- Do not minimize how the patient is feeling or what they’re going through. It’s natural to try to stop negative talk, but you should offer only understanding.
- Avoid clichés such as “God gives us only what we can handle,” or “God’s will be at work,” or “Your faith will heal you.”
- Do not share negative stories about cancer results.
- Don’t tell the patient they should be pursuing clinical trials, new medicines, etc.
- Do not criticize anyone on the medical team or at the treatment facility.

WHEN YOU CALL ON THE PHONE

- Call at a time when the patient is likely to be awake, not too early or too late.
- Be prepared to leave a message in case the patient does not answer.

- Introduce yourself, even if you've met the patient before. They may be groggy or not recognize your voice.
- Be cheerful.
- Tell the patient that you and the Cancer Care ministry and church are concerned about them and praying for them.
- Share some scripture verses that will be encouraging for the patient.
- Ask if there is anything specific you can pray for on their behalf.
- Gently inquire when would be a good time for another call or a visit.

WHEN YOU SEND A TEXT OR EMAIL

- Take time to spell correctly and use proper grammar.
- Always include inspirational scripture.
- Let the patient know that you and others are concerned and are praying for them.
- Ask if there is anything that you can pray for on their behalf.

WHEN YOU VISIT A PATIENT IN THE HOSPITAL

- Be healthy. If you think that you might be coming down with an illness, do not visit in person.
- Check in at the nurse's station first to introduce yourself and ask if the patient is available for a visit. Follow any instructions they give you, including wearing a mask or gloves if necessary.
- Visit the nearest restroom to wash your hands.
- Knock on the patient's door before entering.
- Keep your visit short, patients often tire easily. The average visit is 5-15 minutes.
- If the patient is asleep, ask the nurse if you can wake them. If so, gently try to wake the patient by calling their name. If they do not wake, simply leave a note that you visited and are praying for them.
- If the patient is watching TV or listening to audio, ask permission to turn the device(s) off.
- Leave a Bible verse, recording, note, etc.
- Be prepared to stand. Do not sit or lean on the bed. The visitor chair may be occupied.
- If a medical professional enters the room, offer to leave or step in the hallway while the treatment is underway.

- Be cheerful.
- Listen willingly if the patient is up for talking.
- Keep in mind sleeping patients and even comatose patients are often capable of hearing.
- Be respectful of other visitors.

EXTRA CARE

- When a patient has lost their hair, consider a fun hat, nice scarves, or fun bows for you and the patient.
- If a breast cancer patient loses a breast, don't be afraid to talk about support groups, fitting centers, and flattering fashions.
- Provide a gift certificate to a spa to provide some pampering.
- Offer to bring meal(s) to the patient and their family.
- Offer to run errands or help with transportation.
- Provide house cleaning or yard work.
- Share a getaway, if you have access to hotel reward programs or vacation homes. Patients need a break.
- Offer new books, craft skills, or relaxing pursuits (like yoga or gardening) that the patient may enjoy.
- Be a secret pal, sending daily notes of encouragement.
- Discuss future. It helps to think about what the patient will do when their cancer treatment is over.
- Be observant to identify special things you can do that would be meaningful to the specific patient.

SUPPORTING LOVED ONES

- It is inevitable that Cancer Care volunteers will meet friends and family of cancer patients. We will support them, too.
- Listen. Many family and friends feel guilty of thinking of their own feelings, so they try to hide them.
- Acknowledge that the patient's diagnosis brings challenges and hardships for the family as well.
- Allow them to discuss ways to support their loved one or friend. Offer ideas from this book if they ask for them, too.
- Provide scripture that will help encourage them as well.

A FEW REMINDERS AS YOU SERVE OTHERS

- **God is Good** – Even when the things in life aren't good, God is still in control and can be trusted! *"Taste and see that the Lord is good. How happy is the person who takes refuge in him!"*
- **Prepare in Advance** – It is not unusual for us to wait until a crisis occurs before we begin to think about what to say. But as 1 Peter 3:15 instructs us, *"but in your hearts regard Christ the Lord as holy, ready at any time to give a defense to anyone who asks you for a reason for the hope that is in you."* There are 2 parts to this verse:
 - 1 - To *'regard Christ the Lord as holy'* means that Christ is preeminent in your own life. Take care of your own relationship with the Lord first and foremost.
 - 2 – And being *'ready at any time to give a defense ... for the hope that is in you'* means just that – be ready (and willing) to share your testimony about the Lord at any time.
- **Provide Hope** – At a time when everything they had previously put their trust in seems shaken, Jesus provides the only real and lasting hope. Sometimes it's difficult to believe things will get better, that God is good in their suffering, or that their joy will ever return, but we have the assurances of scripture to encourage us:
 - Joy will return - *"Weeping may stay overnight, but there is joy in the morning."* – Psalm 30:5
 - God is in the miracle business – *"Jesus replied, "What is impossible with man is possible with God."* – Luke 18:27
 - God can and will redeem all that He allows – *"We know that all things work together for the good of those who love God, who are called according to his purpose."* – Romans 8:28
 - The Gospel provides eternal hope – *"For everyone who calls on the name of the Lord will be saved."* – Romans 10:13; *"For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."* – John 3:16
 - Focus on what's most important – *"So we do not focus on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal."* – 2 Corinthians 4:18
- **Comfort in Crisis** – Realize that God has specifically equipped you to comfort those who are suffering so that He will be glorified – *"Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all comfort. He comforts us in all our affliction, so that we may be able to comfort those who are in any kind of affliction, through the comfort we ourselves receive from God."* – 2 Corinthians 1:3-4

NOTE: If you would like additional assistance in learning how to share the gospel, check out this simple tool that you can use anywhere to help communicate the Good News of Jesus Christ: <http://lifeonmissionbook.com/conversation-guide>

SCRIPTURE TO SHARE

But He said to me, "My grace is sufficient for you, for My power is made perfect in weakness." Therefore, I will boast more gladly about my weaknesses, so that Christ's power may rest on me.
– 2 Corinthians 12:9

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with My righteous right hand.
– Isaiah 41:10

Truly he is my rock and my salvation; he is my fortress, I will not be shaken. My salvation and my honor depend on God; He is my mighty rock, my refuge. Trust in Him always, you people; pour out your hearts to Him, for God is our refuge.
– Psalm 62:6-8

The Lord will fight for you; you need only to be still.
– Exodus 14:14

Be strong and courageous. Do not fear or be in dread of them, for it is the Lord your God who goes with you. He will not leave you or forsake you.
– Deuteronomy 31:6

Cast all your anxiety on Him because He cares for you.
– I Peter 5:7

Now faith is confidence in what we hope for and assurance about what we do not see.
– Hebrews 11:1

Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls.
– Matthew 11:28-29

Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things.
– Philippians 4:8

CANCER TERMINOLOGY

Acute: a rapidly developing condition. An acute medical condition comes on quickly and often causes severe symptoms but lasts only a short time.

Alternative therapy: any healing practices that are not part of mainstream medicine — that means any practice that is not widely taught in medical schools or frequently used by doctors or in hospitals. Alternative medicine is often used *instead of* conventional medical techniques.

Anemia: a condition in which the body has a low number of red blood cells.

Angiogram: a type of X-ray, using a special dye, that helps show blood vessels and blood flow. It's also used to identify certain kinds of tumors.

Benign: a term used to describe tumors that are slow-growing, noncancerous, and do not spread to surrounding tissue.

Biologic response modifiers: substances that help the immune system fight cancer, lessen side effects from cancer treatments, and fight infections and other diseases.

Biopsy: the removal of a sample of tissue

Chemotherapy: the use of special medicines to treat cancer. Several chemotherapy drugs are often combined to attack the cancer cells in different ways.

Clinical trial: a study that evaluates new drugs

from the body for further examination. A biopsy gives doctors a closer look at what's going on inside to help make a diagnosis and choose the right treatment.

Cancer: cancer is a group of many related diseases that all have to do with cells.

Cancer happens when abnormal cells grow and spread very fast.

Cancer care team: a group of different medical specialists and health care professionals who help a patient through the challenges of dealing with cancer.

Cancer cells: cells that grow and divide uncontrollably, which may spread quickly throughout the body, making someone sick.

Carcinogen: substances that can cause cancer, such as tobacco smoke.

CAT scan (also called *computed tomography scan* or *CT scan*): a type of X-ray in which a machine rotates around the patient and creates a picture of the inside of the body from different angles. Regular X-rays show bones and other areas of the body, but CAT scans show much more detail.

Cells: the basic components or "building blocks" of the human body.

or procedures. After these new drugs or procedures are tested in laboratories, clinical trials are conducted with human patients under strictly controlled circumstances. Such trials usually last 2-4 years and go through several

phases of research.

Complementary therapy: the use of alternative treatments together with conventional therapies.

Complementary medicine is used *in addition to* conventional medicine, not as a replacement.

Core biopsy: a procedure in which a doctor uses a hollow needle to remove a small amount of tissue from a lymph node or other body tissue.

Drug resistance: this refers to when cancer cells don't respond to medicine or treatment.

External radiation: radiation therapy that usually involves visiting the hospital or treatment center as outpatients 4-5 days a week for several weeks, coming in just for the treatment and going home right after.

Gene: sections or segments of DNA that are carried on the chromosomes and determine specific human characteristics, such as height or hair color. Because each parent provides one chromosome in each pair, people have two of every gene (except for some genes on the X and Y chromosomes in boys because boys have only one of each).

Gene therapy: a new and rapidly growing field of medicine that uses altered and engineered genes to correct specific disorders or genetic defects.

Genetics: the study of the way physical traits and characteristics get passed down from one

Immune system: This body system, which includes white blood cells and lymph nodes, helps protect the body from disease. The immune system has different parts, all of which work together to fight off outside invaders like germs.

generation to the next. This is also called **Heredity.** Genetics includes the study of genes, which have a special code called DNA that determines what you will look like and whether you are likely to have certain illnesses.

Genetic counseling: involves studying family history, medical records, and genetics to evaluate and determine potential risk factors and disorders that might be inherited by a child. Genetic counseling can also provide clues as to how a disorder or disease can be prevented.

Genetic testing: tests that determine whether someone carries genes for certain inherited disorders. Genetic tests are done by analyzing small samples of blood or body tissues.

Grade: for cancer that indicates how aggressive it is. The lower the grade, the less aggressive the cancer and the greater the chance for a cure. The higher the grade, the more aggressive the cancer and the harder it may be to cure.

Hospice: a special type of care for people who are in the last phase of an illness. This type of care can be either inpatient or outpatient.

Imaging studies: safe and painless tests that uses a magnetic field and radio waves to produce detailed pictures of the body's organs and structures. Imaging studies for cancer include X-rays, CAT scans, magnetic resonance

Immunosuppression: a condition that causes the body's immune system to decrease in effectiveness. Immunosuppression can be caused by disease or certain drugs (like chemotherapy).

Immunotherapy (also known as biologic therapy): a treatment that stimulates the body's

own immune system to fight cancer cells.

Implant: in this case, radioactive material that is placed in or near cancer cells or a tumor to directly deliver radiation therapy.

Internal radiation: radiation therapy that usually requires a stay in the hospital for several days for careful monitoring. The radioactive material may be placed in small tubes that are implanted into the cancerous tumor or a body cavity, or swallowed or injected into the bloodstream.

Locally invasive: a tumor that can spread to the tissues surrounding it.

Magnetic resonance imaging (MRI): a safe and painless test that uses a magnetic field and radio waves to produce detailed pictures of the body's organs and structures.

Malignant: another word for cancerous.

Metastasis: the spread of disease (in this case, cancer) from the original site to other parts of the body.

Oncologist: a doctor who treats patients who have cancer; pediatric oncologists treat kids with cancer.

Oncology: the diagnosis and treatment of cancer.

Pathologist: a physician who specializes in

Radiation therapy: also called radiotherapy, irradiation, or X-ray therapy, radiation is one of the most common forms of cancer treatment. In radiation therapy, high-energy radiation from X-rays, gamma rays, or other sources is used to kill cancer cells and shrink tumors. Radiation therapy prevents cells from growing or

diagnosing and classifying diseases. Pathologists study cell and tissue samples to identify diseases and conditions.

Port (or treatment port): a medical device inserted under the skin and attached to a vein that allows medications, blood products, and nutrients to be given intravenously. A port eliminates the need for repeated needle sticks to start an IV line or draw blood.

Primary site: in this case, the organ or area in the body where cancer begins. Type of cancer is always identified by its primary site, even it metastasizes, or spreads. For instance, if cancer begins in the liver but spreads to other organs, it is still classified as liver cancer.

Prognosis: an estimate of how well a person's treatment is working and how likely or unlikely it is that the cancer will come back.

Protocol: a method or plan; in this case, the medications and treatments a patient will receive to help fight cancer.

Radiation oncologist: a doctor who specializes in using radiation to kill cancer cells.

Radiation therapist: a professional who is specially trained to operate equipment that delivers radiation therapy.

reproducing by destroying them.

Regimen: a treatment plan or system. For cancer treatment, a regimen can include things like diet and exercise.

Relapse: the reappearance of cancer after it has been treated.

Remission: when cancer symptoms disappear or

are significantly reduced.

Risk factor: in this case, anything that increases someone's chance of getting cancer (for example, smoking).

Secondary tumor: tumors made up of cells that have spread (metastasized) from the primary site to somewhere else in the body.

Side effects: unwanted reactions or effects to medication or therapy. In cancer treatment, common side effects include hair loss and fatigue.

Staging: a way to categorize or classify patients according to how extensive the disease is at the time of diagnosis.

Tumor: abnormal body cells grouped together in a mass or lump. Tumors are classified as benign (not cancerous) and malignant (cancerous).

Ultrasound (sonography): ultrasound, or ultrasonography, is another way doctors can look inside the body. Instead of X-rays, sound waves are bounced off the kidneys, the heart, or other areas of the body.

X-ray: X-rays are safe procedures that use radiation to take pictures of internal areas of the body. They're done by an X-ray technician in the radiology department of a hospital, a freestanding radiology center, or a health care provider's office.

Stages of Cancer:

Stage I: This stage is usually a small cancer or tumor that has not grown deeply into nearby tissues. It also has not spread to the lymph nodes or other parts of the body. It is often called early-stage cancer.

Stage II and III: These stages indicate larger cancers or tumors that have grown more deeply into nearby tissue. They may have also spread to lymph nodes but not to other parts of the body.

Stage IV: This stage means that the cancer has spread to other organs or parts of the body. It is also known as advanced or metastatic cancer.

NO ONE
FACES
CANCER
ALONE

FAITH. FAMILY. FRIENDS.
COTTONWOODCREEK.ORG