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Cancer Awareness Toolkit

January 2011

The First Nations Centre gratefully acknowledges the Aboriginal Cancer & Prevention Team and Aboriginal Cancer Control at Cancer Care Ontario for their assistance reviewing this document.

Report title: Cancer Awareness Toolkit

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ISBN: 978-1-926543-46-8

Date Published: January 2011

OAAHP [now known as the National Aboriginal Health Organization (NAHO)] receives funding from Health Canada to assist it to undertake knowledge-based activities including education, research and dissemination of information to promote health issues affecting Aboriginal persons. However, the contents and conclusions of this report are solely that of the authors and not attributable in whole or in part to Health Canada.

The National Aboriginal Health Organization advances and promotes the health and well-being of all First Nations, Inuit and Métis through collaborative research, Indigenous Traditional Knowledge, building capacity, and community led initiatives.

This report should be cited as: First Nations Centre/National Aboriginal Health Organization (2011), Cancer Awareness Toolkit, Ottawa: National Aboriginal Health Organization.


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Under the Canadian Constitution Act, 1982, the term Aboriginal Peoples refers to First Nations, Inuit and Métis people living in Canada. However, common use of the term is not always inclusive of all three distinct people and much of the available research only focuses on particular segments of the Aboriginal population. NAHO makes every effort to ensure the term is used appropriately.



What is cancer?



Cancer is the uncontrolled growth of abnormal cells. A cell is the building block of all body parts. Cells that aren't normal can form lumps or tumours (Canadian Cancer Society, 2010c). Cancer stops healthy cells and body parts from doing their jobs and can make you sick (Cancer Care Nova Scotia, 2005, p. 4). Cancer can develop in most parts of the body. Sometimes it develops for no known reason but other times cancer develops because of certain things we know can cause it. For example, certain chemicals or germs.



A few known causes of cancer

The cause of most cancers is not known. However, there are some cancers with known causes.

Examples of known cancer causing substances:

- the chemicals in cigarette smoke
- asbestos
- human papillomavirus (HPV)
- UV rays from the sun
- hepatitis B virus

These are called *carcinogens*.

A few cancers with known causes

There are cancers that have known causes:

- Cervical cancer - caused by the Human Papillomavirus (HPV)
- Lung cancer - caused by cigarette smoking, asbestos, radon gas
- Mesothelioma - a cancer caused by asbestos
- Skin cancer - caused by UV rays from the sun

Some people may develop certain cancers without having any of the known risk factors or causes. For example, it is possible for a non-smoker to develop lung cancer but it is less common.

A Tumour is Not Always Cancer

Some tumours might be cancer but others are not. Tumours can be “benign” or “malignant”.

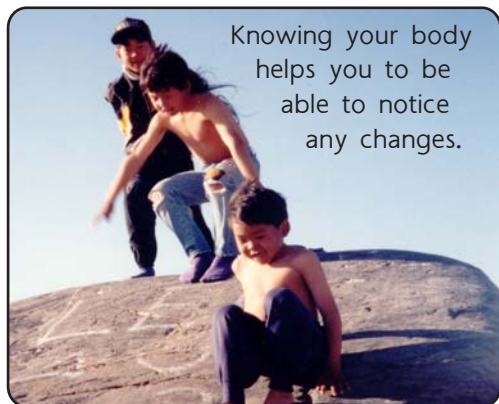
Benign tumours are not cancer. The cells in benign tumours are normal. They look like the other cells in the body part they are growing in. They cannot grow out of control and cannot spread to other body parts (Damjanov, 2000, p. 72).

Malignant tumours are cancer. Malignant tumours can grow out of control. They are harder to remove with surgery because the tumour invades the body part similar to how a tree’s roots invade the soil (Damjanov, 2000, p. 73). The cells in a malignant tumour usually look different than the healthy cells of the body part they are growing in. Malignant tumours can spread to other body parts. The medical term for cancer that has spread is “metastasis”.



Cancer doesn't always mean that a tumour or lump will grow. For example, leukemia is a cancer without a tumour. Certain cells of the blood grow in a way that is not normal. It is cancer but there is no tumour.

You may have heard "stage 1" or "stage 4" cancer. The "stage" of the cancer tells your health care provider if the cancer has spread to other body parts (Damjanov, 2000, p. 79). Your health care provider needs to know the stage to decide which treatments will be best for you.



Knowing your body helps you to be able to notice any changes.

Cancer terms are defined and explained in the "Cancer Dictionary" at the end of this toolkit.

General cancer warning signs

There are many types of cancer. The symptoms of cancer depend on where the cancer is. But, the same kind of cancer can cause different symptoms in different people.

Because there are so many types of cancer, it is hard to give a list of symptoms. There are a few things that are "warning signs" that you should see your health care provider. Knowing your body helps you to be able to notice any changes. If you notice one or more of the following changes, speak to a health care provider.

Warning Signs

- A new or unusual lump or growth
- A sore that doesn't heal - on the body or in the mouth
- An obvious change in size, colour, or shape of a wart or mole
- A nagging cough or raspy voice
- Indigestion that doesn't go away or problems swallowing
- Unusual bleeding or discharge from the nipple or vagina
- Change in bladder habits – such as pain or difficulty urinating (peeing)
- Change in bowel habits – such as diarrhea, constipation, or both lasting more than a couple weeks, or thinner stools
- Weight loss or gain, fever, or tiredness that can't be explained
- Any new growth on the skin, or skin that bleeds, itches or becomes red.

The First Nations Centre (FNC) has created this toolkit to provide information on many different cancer topics all within the same booklet. Each section will give you web site links that you may find helpful.



For more information

Canadian Cancer Society: <http://www.cancer.ca/>

Cancer Care Ontario – Aboriginal Programs: <http://www.cancercare.on.ca/about/programs/aborstrategy/>

Cancer Advocacy Coalition Canada: <http://www.canceradvocacy.ca/>

Saskatchewan Cancer Agency: <http://www.saskcancer.ca/>

Cancer Care Nova Scotia: <http://www.cancercare.ns.ca/en/home/default.aspx>

Kids with Cancer Society: <http://www.kidswithcancer.ca/index.shtml>

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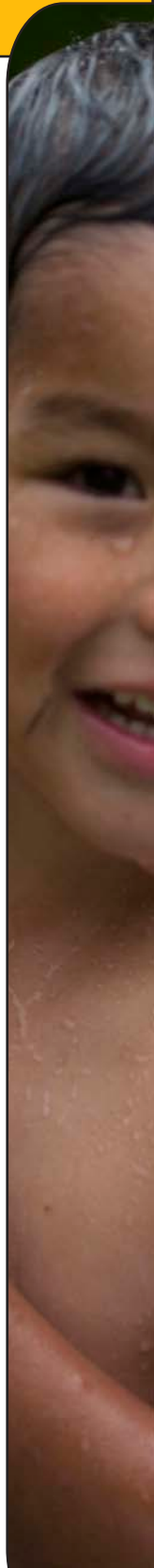
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Canadian Cancer Society (2010c). What is cancer? Retrieved April 12, 2010 from http://www.cancer.ca/Canada-wide/About_per_cent20cancer/What_per_cent20is_per_cent20cancer.aspx?sc_lang=en

Cancer Care Nova Scotia (2005). Cancer and Its Care and Treatment. Retrieved August 11, 2010 from <http://www.cancercare.ns.ca/site-cc/media/cancercare/GenericOrientationBooklet.pdf>

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You are your best defence in preventing cancer.





What are cancer screening test?



2 What are cancer screening tests?

Facts about cancer screening and diagnosis

Screening tests let your health care provider look for cancer before you can feel any symptoms. Cancer that is found in its early stages has a better chance of being cured. There may be more treatment options available and less treatment may be needed. The goal of a screening program is to prevent deaths from that cancer and improve the success of treatment (Canadian Cancer Society, 2010a).

Screening is available for:

- Breast Cancer
- Colorectal Cancer
- Cervical Cancer
- Prostate Cancer



Screening Test for Breast Cancer

There are two types of screening tests for breast cancer. You can have a “clinical breast exam” by a health care professional and if you are over 50 years old you should have a mammogram every two years. Speak to a health care professional about mammograms if you are younger than 50 or older than 70.

What’s a mammogram?

A mammogram is a type of x-ray. The breast is placed between two plates. The plates are pressed together to get an picture of the breast tissue. Some women find it uncomfortable but, most women don’t feel pain. It doesn’t take long. Mammograms can find changes to the breast, including breast cancer, at an early stage when they might be too small for you or your health care provider to feel. Mammograms may also be used to diagnose breast cancer if you or your health care provider has felt a lump in your breast. Other tests may also be used to diagnose breast cancer.

Mammograms can’t find all cases of cancer so it is important for you to know your breasts and recognize changes. Have your breasts examined by a health care provider. During a clinical breast exam, your health care provider will feel your breasts for any lumps or other changes. All women should have regular clinical breast exams.

In addition to mammograms and clinical breast exams, you can also check your breasts yourself. This will help you to get to know your breasts so you can notice any changes, such as a small lump. If you find something unusual speak to a health care professional. There is no special method for a breast self exam. Instead you should know what is normal for you - how your breasts look and feel. Nine out of ten breast lumps found by self exam are not cancer. If you find a lump, don’t panic, but see a health care professional (Rethink Breast Cancer, 2003).

Screening Test for Colorectal Cancer

Colorectal cancer, or colon cancer, is cancer of the large intestine. Colorectal cancer that is found early has a 90% chance of being cured (Colon Cancer Canada, 2010). Colorectal cancer screening uses the fecal occult blood test (FOBT). This test checks for small amounts of blood in your stool that are hard for you to see yourself.

What is a fecal occult blood test (FOBT)?

The FOBT is easy. You can do it by yourself at home. To do this test, you collect stool samples from 2 or 3 different bowel movements and you put the samples on a special stool collection card. Then, you take the cards to the medical laboratory. If your FOBT kit came with a postage paid envelope you just mail the samples in.

If blood is found in your stool, you will be contacted to have a follow up test. These tests might be:

- a “double contrast barium enema” - an x-ray of the colon
- “sigmoidoscopy” - a test using a thin, flexible tool with a light and a small video camera at its end. It is inserted through the rectum and into the lower part of the intestine to look for growths, called polyps, and tumours.
- “colonoscopy” - a test that uses a tool very similar to the one used in a sigmoidoscopy but is about twice as long and can be used to see the entire colon.

The Canadian Cancer Society recommends that men and women over the age of 50 have a FOBT every 2 years (Canadian Cancer Society, 2010b).



What are cancer screening tests?

Screening Test for Cervical Cancer

The screening test for cervical cancer is called a Pap test.

What is a Pap test?

Your health care provider inserts a tool called a speculum into your vagina. A swab of cervical cells is taken and sent to a lab. The lab notifies your doctor if any cells look unusual.

The Pap test can find changes to cells in the cervix but it does not diagnose cancer. If the test comes back with unusual results you will need to have other tests to find out if the changes are cancer or not. For example, if your Pap test result was unusual, you may need to have another Pap test a few months later or a "colposcopy". Colposcopy is a test that uses a microscope to look at the tissue. If your health care provider finds cells that look unusual, he or she may take a small sample of cells, called a "bi-opsy". These cells will be checked to find out if they are cancer.

Women who are sexually active should have a Pap test every year until three Pap tests in a row have negative results. After that, a woman should have a Pap test every three years.

Screening Test for Prostate Cancer

There are two tests that can be used to check for prostate cancer. These tests are used together to help the health care provider determine if more tests are needed.

Digital Rectal Exam

This is a physical exam of the prostate. The health care provider inserts a finger into the rectum and feels the prostate for any lumps.

PSA Test

This is a blood test that measures the amount of "prostate specific antigen", called PSA in your blood. PSA is made by the prostate. Higher levels might mean that there is a problem, this does not always mean cancer. Prostate Cancer Canada recommends that men over the age of 40 have their PSA levels checked so that their health care provider can decide what is "normal" for them (Colon Cancer Canada, 2010, p. 1). After that men should have their PSA levels checked every five years. Men over the age of 50 should have their PSA levels checked every year or every other year (Colon Cancer Canada, 2010, p. 1).

Benefits of Screening

Cancers that are found and treated when they are small have a better chance at being successfully removed and cured. For some cancers, like cervical cancer and colon cancer, cell changes can be found before cancer develops and treatment can prevent cancer. Without screening a person's cancer may not be found and treated. This puts the person's health and life at risk.



Risks of Screening

Screening tests can be uncomfortable and sometimes embarrassing. Most screening tests have specific risks. For example, screening for breast cancer using mammograms exposes women to radiation. Radiation can cause cancer. But, for women over 50 the risk of getting cancer from the amount of radiation in a mammogram is lower than the risks from not being tested and not catching breast cancer early.

A screening test might tell you that you have cancer when you don't. On the other hand, a screening test might say you don't have cancer when you actually do. If the test says you have

cancer when you really don't you will feel anxious because you have been told you might have cancer. You will have to have more tests that may be uncomfortable and may have their own risks.

If the test says you don't have cancer when you really do your cancer will not be found as early as it could have been.

Screening tests can find cancer but do not always guarantee that a person will live longer, or have a healthier life. This is especially true if a screening test finds certain fast growing, aggressive cancers at a late stage.

What about screening for other cancers?

Most cancers don't have screening programs. There are many reasons for this including:

- There might not be any tests that have been proven to improve the chance of curing the cancer or saving someone from dying.
- The tests might not always be able to find cancer when it is there.
- There might not be a treatment for the cancer therefore finding the cancer will not improve a person's life.
- The screening test might be too risky.

Cancers that are found and treated when they are small have a better chance at being successfully removed and cured.





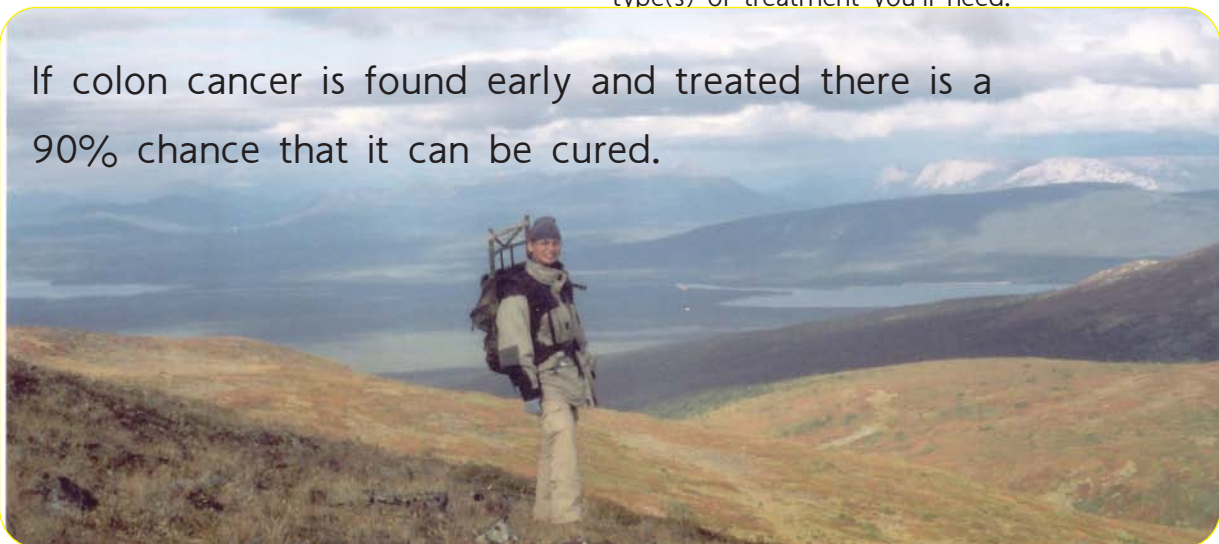
Diagnostic Tests

If your screening tests come back with unusual results, you may need to go for more tests. These will help your health care team determine if you have cancer. These tests might include:

- **CT Scans**, also called CAT scans – a test that uses x-rays to make pictures of body parts including bones and blood vessels
- **Magnetic Resonance Imaging (MRI)** – uses magnetic forces and radio-frequency waves to make pictures of body parts including bones and blood vessels.
- **Positron Emission Technology (PET) Scan** – for this test a radioactive substance is injected into a vein usually in the hand. Special cameras surround a person and can show the radioactivity. Faster growing body parts will show up lighter in colour and may mean cancer.
- **Biopsy** – cells are taken from the tumour or lump so that they can be looked at with a microscope. There are different types of biopsies depending on the location of the tumour and the number of cells needed.
- **Bone Scan** – this test uses a radioactive substance that is injected into a vein usually in the hand. A special camera can see this substance and a computer is used to make a picture of your skeleton.
- **Blood tests** – might be done to get a complete count of your blood cells and to look for signs of cancers that can be found in blood.

The results of these tests will tell your health care provider if you have cancer as well as the “stage” of the cancer. This information will help your Health Care Provider to determine the best type(s) of treatment you’ll need.

If colon cancer is found early and treated there is a 90% chance that it can be cured.





For More Information

Canadian Breast Cancer Foundation: <http://www.cbcf.org/en-US/home.aspx>

Canadian Cancer Society: www.cancer.ca

Canadian Cancer Society – Testing for Cancer: My Options My Choice: http://www.cancer.ca/ontario/publications/publications%20on%20reducing%20your%20risk%20of%20cancer/testing%20for%20cancer%20-%20my%20options%20my%20choice.aspx?sc_lang=en

Colon Cancer Canada: <http://www.coloncancercanada.ca/>

Colon Cancer Check: <http://health.gov.on.ca/en/ms/coloncancercheck/>

Health Canada; Mammography: <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/mammog-eng.php>

Prostate Cancer Canada: www.prostatecancer.ca

Canadian Urological Association, information on prostate cancer: http://www.cua.org/patient_information_e.asp

Screening for Life - Aboriginal Screening: <http://www.screeningforlife.ca/aboriginal/>

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How is cancer treated?



How is cancer treated?

How is Cancer Treated?

Surgery, chemotherapy, and radiation therapy are the most common treatments for cancer.

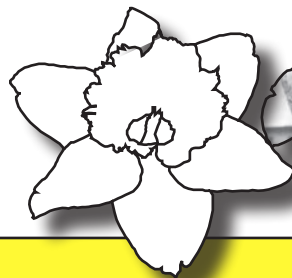
Surgery

For some types of cancer, surgery is the best treatment. Surgery can cure your cancer. Surgery may be the only treatment you need or other treatments may be used in addition to surgery.

Your health care team will decide if you can have surgery depending on where the cancer is and whether it has spread. Your health care team may use other tests to decide, such as those explained in the screening and diagnosis section of this toolkit.

The most common kind of cancer surgery removes the tumour as well as some of the healthy tissue around the tumour. The surgeon may also remove some of the nearby lymph nodes to see if there are any cancer cells in them. Lymph nodes are located throughout your body. Their job is to clean the “lymphatic fluid” made up of the germ and disease fighting parts of our blood. This helps your surgeon decide if the cancer has spread and if other treatments, such as chemotherapy, are needed.

The surgeon may remove a whole body part, or organ, or just a section of a body part. This depends on the type of cancer and the size of the tumour. For example, for lung cancer, your surgeon may remove part of one lung, called a “lobectomy”, or may remove one whole lung, called a “pneumonectomy”. For breast cancer, the surgeon may remove just the part of the breast that has cancer, called a “lumpectomy” or the entire breast, called a “mastectomy”.



Risks of Surgery

Surgery has risks. The risks will be different depending on the type of cancer and the type of surgery. Your surgeon will do everything possible to reduce the risks. In general risks from surgery may include:

- Bleeding during and after surgery.
- Blood clots which occur during or after surgery. They occur most often in the legs. To reduce the risk of blood clots your surgeon may give you blood-thinning medicines and will try to get you moving around as soon as possible after your surgery.
- Infections where you have the surgery. You will be taught to look after your stitches and prevent infection.
- Pain is common after most surgeries. Some surgeries may have more pain than others. You will be given medications or exercises to help you take away some of the pain.

In some cases, your surgeon may do a different kind of surgery. The surgeon makes several small cuts and inserts surgical tools and a tiny camera into your body. This is called “laparoscopic surgery”. The surgeon performs the surgery by watching a monitor showing what the camera sees. Smaller incisions mean that recovery is faster and there may be fewer complications.

Cancer Drugs

Examples of cancer treatments using drugs include chemotherapy and hormone therapy.

The purpose of cancer drugs is to:

- Cure the cancer - this is not always possible for all types of cancer

- Shrink tumours before surgery or radiation therapy
- Stop the cancer from spreading
- Control the spread of cancer if the tumour can't be completely removed by surgery
- Relieve symptoms such as pain
- Stop or slow tumour growth

Chemotherapy

Chemotherapy drugs are given by pill or by needles. The drugs are carried throughout your body by the blood. Your treatment may use one drug or a combination of drugs.

Side Effects from Chemotherapy

You may have some side effects from the chemotherapy you receive. Some side effects can be decreased with medication or other alternative therapies. In general, some of the side effects include:

- Nausea, vomiting and loss of appetite
- Diarrhea
- Hair Loss
- Mouth sores
- Tiredness
- Peripheral Neuropathy – pain, burning, or tingling in the fingers and/or toes and weakness, pain, or cramping in the hands or feet. It may start during your treatment or weeks or months after.

Your Health Care Provider can help you with your side effects.

For more information about chemotherapy and what to expect, read the Canadian Cancer Society's Guide to Chemotherapy: http://www.cancer.ca/Canadawide/About%20cancer/Treatment/Chemotherapy.aspx?sc_lang=en



Hormone Therapy

Hormone therapy may be used to treat some cancers, such as prostate cancer and some breast cancers. Hormone therapies might stop your body from making or using certain hormones, such as estrogen or testosterone. Estrogen is a female sex hormone and testosterone is the male sex hormone.

You may have side effects.

The most common side effects from hormone therapy are:

- hot flashes
- headaches
- tiredness
- nausea
- skin rash
- joint and muscle pain
- vaginal dryness, irritation or discharge, irregular menstrual periods
- impotence

Radiation Therapy

Radiation therapy uses powerful energy. The radiation targets a certain body part and affect only the cancer cells and not your whole body. Some healthy cells may be affected, such as those surrounding the tumour. Radiation therapy can be used for many different reasons such as:

- to kill the cancer cells
- to kill any cells that might not have been removed after other treatments such as surgery
- to stops the the growth of any leftover cancer cells after surgery
- to shrink the tumour before other treatments, such as surgery
- to reduce pain or relieve other symptoms of the cancer.

The side effects of radiation therapy depend on the part of your body getting the radiation. Since the radiation doesn't affect your whole body, there aren't many general side effects but you may experience skin irritation and/or hair loss at the site of the radiation and tiredness.

There are two types of radiation therapy, they are as follows:

External Beam Radiation

With this type of radiation, a machine outside your body aims radiation at specific parts so that healthy tissue isn't affected.

Before you receive radiation therapy you'll have to go for a planning appointment. The radiation team will mark the treatment area with a marker. This makes sure that the exact spot that needs the treatment gets it and ensures that the same area receives the treatment each time. These marks may be on your skin or if you are having treatment for head or neck cancer, the marks may be made on a mould. A mould might be created to hold you in the right position during your treatment.

Brachytherapy

For this type of radiation therapy a permanent or temporary "implant" is inserted to deliver the radiation. A permanent implant releases radiation for a certain period of time and then wears off. A temporary implant will not stay in your body forever and is only used for treatment. You can have a low dose rate or high dose temporary implant.

If you have a low dose rate temporary implant you will be treated with a low dose of radiation for hours or days at a time (Radiological Society of North America, 2010). Once your treatment is over the implant is removed.



If you have a high dose rate temporary implant you do not have to stay in the hospital unless you receive many doses in a short period of time. Usually people have between one and six sessions over one or two weeks. Once you have finished treatment the implant is removed.

For more information on radiation therapy, read the Canadian Cancer Society's Guide to Radiation Therapy for more information: <http://www.cancer.ca>.

Side Effects from Treatment

Cancer treatments can have different effects for different people. Your health care provider will give you a list of possible side effects for your treatment. This list of side effects has the most common effects. You might get many of these side effects or you might have just a few of them. On the other hand, you might experience something different. If you have other effects not mentioned on the list speak to your health care provider or someone on your care team.

Your health care team will watch you closely for any side effects. If you have any concerns, speak to someone on your health care team.

Bone Marrow/Stem Cell Transplants

Bone marrow or stem cell transplants are used for certain cancers of the blood. For example, multiple myeloma or leukemia. All blood cells develop from stem cells. Stem cells are made by your bone marrow. A bone marrow or stem cell transplant starts with chemotherapy and possibly radiation. This wipes out our bone marrow and stem cells and gets your body ready for the transplant.

The stem cells that are used for the transplant might be your own stem cells or might be from

a donor. If they are your own they will be collected before the start of chemotherapy. After a few weeks these stem cells will start creating new blood cells.

Risks from Stem Cell Transplants

There are many risks from stem cell transplants. Some people have few complications but others might have serious complications. The complications might mean you have to stay in the hospital.

The complications from stem cell transplants might include:

- Stem cell transplant failure - meaning the treatment didn't work
- Organ damage
- Graft versus host disease. This happens sometimes when the transplant comes from a donor. The symptoms can include skin rashes, diarrhea, nausea, vomiting, and abdominal pain.

Complementary Therapies

A complementary therapy is anything that you use in addition to Western cancer treatments. This could be any practice, therapy, or product that is not considered to be a standard treatment for cancer. Examples of complementary therapies are acupuncture, aromatherapy, music therapy, massage therapy, and meditation. As well, you might use herbal medicines in addition to Western cancer treatments.

Before using a complementary therapy make sure you speak to your health care provider. There could be side effects from the complementary therapy. There might also be reactions between the Western and complementary treatments. Tell your Healer or herbalist about the Western treatments you are having.



Using complementary therapies may help you feel that you have some control over your treatment. These therapies link your mind, body, and spirit.

For more information, see the Canadian Cancer Society's website: http://www.cancer.ca/Canada-wide/About%20cancer/Treatment/Complementary%20and%20alternative%20therapies.aspx?sc_lang=en

Traditional Healers

A Traditional Healer practices the traditions of their ancestors. Traditional Healing is thought to be especially helpful for overall wellbeing of a patient by addressing spiritual, emotional, mental, and physical needs.

(Cancer Care Ontario, 2002, p.9). Traditional methods can also be important for pain management. Some patients choose to use Traditional medicines, ceremonies, and prayers while receiving Western treatments. Be sure to speak to your Healer and your Health Care Provider about any possible reactions between medications and treatments.

Alternative Therapies

Alternative therapies are used instead of standard Western cancer treatments. Usually these are treatments that have not been proven by

science and research. For example, you might only use a herbal medicine without the Western cancer treatment. It is your personal decision to use alternative therapies.

For more information, see the Canadian Cancer Society's website: http://www.cancer.ca/Canada-wide/About%20cancer/Treatment/Complementary%20and%20alternative%20therapies.aspx?sc_lang=en

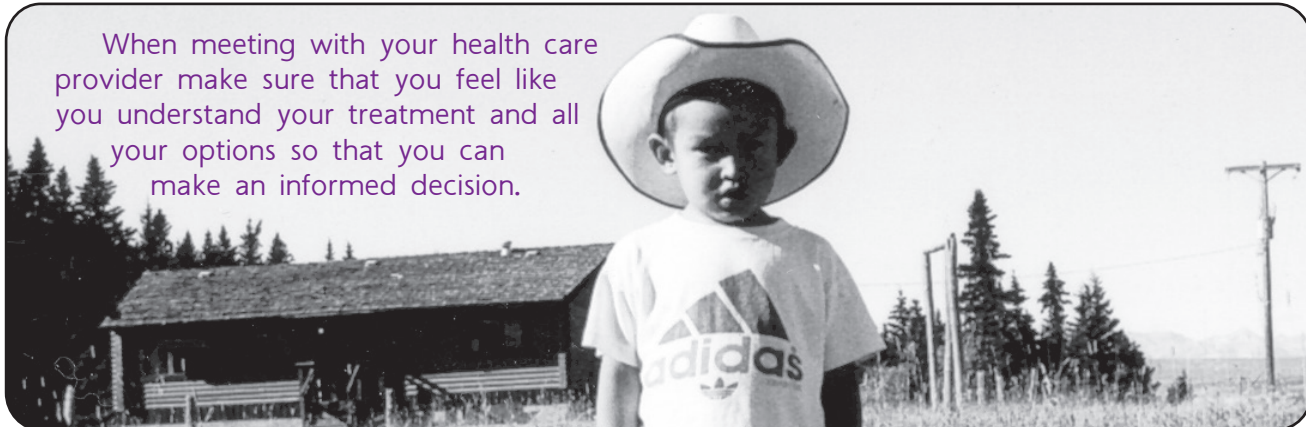
Meeting with your health care provider

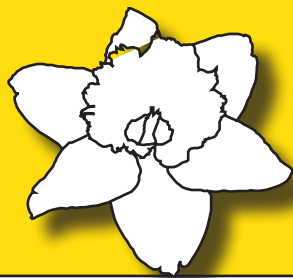
Make sure that you feel like you understand your treatment and all your options so that you can make an informed decision. Make sure you tell your health care provider about any concerns you have about your treatment. You can ask to have information about your treatment explained to you clearly and in your preferred language. Ask for an interpreter if you need one.

If you aren't sure about something or don't understand ask your health care provider.

Decisions about treatment are personal decisions. You can ask for advice from your family and friends and you'll have input from your health care team, but the final decision is yours. You also have

When meeting with your health care provider make sure that you feel like you understand your treatment and all your options so that you can make an informed decision.





Questions for Your Health Care Provider

For More Information

Canadian Cancer Society: www.cancer.ca

Canadian Partnership Against Cancer: <http://www.partnershipagainstcancer.ca/>

Canadian Urological Association, information on prostate cancer: http://www.cua.org/patient_information_e.asp

MayoClinic: <http://www.mayoclinic.com/health/cancer-surgery/CA00033>



For some types of cancer, surgery is the best treatment and may cure your cancer. Surgery may be the only treatment given or other treatments may be used in addition to surgery.

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Coping with Cancer



Cancer and a cancer diagnosis affect you mentally, emotionally, and spiritually as much as physically. A cancer diagnosis can change what you feel is important in your life, as well as your goals and beliefs.

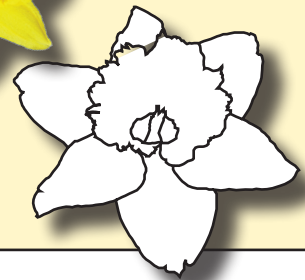
A cancer diagnosis can be overwhelming. Not only for the person diagnosed but also for their loved ones too. If you are diagnosed with cancer, or if someone you love is, you may have many different feelings. You might feel:

- Shocked
- Angry
- Overwhelmed
- Disbelief
- Like you're losing control
- Sad
- Denial
- Afraid
- Anxious
- Insecure
- Confused
- Numb
- Panic
- Guilt
- Regret

All of these feelings are normal. You might also find that it is hard to concentrate and hard to complete regular, daily tasks. Over time, you may have different emotions. You'll have good days and bad days. On bad days you'll feel worse and cancer may feel impossible to deal with and cope with. But, you'll also have good days when your spirits are up and you feel better. It is okay to have bad days. It is normal to have ups and downs.

Some people find it easier to cope with cancer if they know a lot about it and their treatment. They want to read all the information available about it and spend time looking up information in books and on the Internet. For other people, more information does not reduce stress and will instead make stress worse. Do what works for you.

If you have cancer you will have physical, mental, spiritual, emotional, and social needs. Your family, friends, coworkers, and neighbours are all sources of support. Talking to someone that you trust can help you. Talking may help relieve some of your stress. **You need support.**



You may not want to ask for help because you don't want to bother your family or friends. Most people who care about you want to help. **Ask for help.** You can ask for specific help, for example help looking up information about your cancer or your treatments, providing you a distraction by going out somewhere or watching a movie, help with daily activities such as grocery shopping or cooking, or just someone to keep you company.

You might find it easier to speak to someone that you don't know. If possible, you can speak to a professional counselor, someone on your health care team, a spiritual advisor, Elder, or healer. You can also call a cancer helpline such as the Canadian Cancer Society's Cancer Connection – 1-888-939-3333, or join a local support group.

Taking care of your mind and spirit

There are many things that you can do to help take care of your mind and spirit to help you cope with your cancer. The following list are some examples of what you can do:

- Try to exercise - even light exercise, like walking, can help you relax, relieve stress and clear your mind. It can make you stronger and less tired.
- Stay involved in your regular activities. Continue to do the things you enjoy.
- Find something that helps you relax. This may be exercise, reading, art, or something else. Do whatever works for you. Meditation, massage or other relaxation techniques may help you cope with stress.
- Ask for help from your family and friends. You might find this hard at first, but it will give you more time and energy to enjoy other activities. Your family and friends want to help you.
- Make sure you talk to someone - family, friends, or your cancer care team when you are feeling down and need to talk.
- If you feel it is appropriate for you, get in touch with your spiritual side and explore how spirituality can help you through your journey.
- You are not alone. There are many ways on line, in books, and at your health clinic or nursing station where you can learn about what other people have done to cope with cancer.
- Join a support group, if available.

Meeting with your health care team

Your appointments with your health care team can be overwhelming. Make sure that you ask any and all questions that you have. Your health provider will try to answer all your questions. If you have trouble remembering what you want to ask, **make a list of questions before your visit. Take the list with you to your appointment.** You may even want to take a pen and paper or a notebook so you can write down what you're told. This might help you remember when you leave. You might find it helpful to take someone with you to your appointment. This can be a family member, friend, or anyone that you'd feel comfortable having at your appointment. This person will be there for moral support to help you through the appointment and they're also a second set of ears listening to the health care provider.

Let the health care team know if there are cultural or spiritual practices that are important to you as you go on this journey with cancer. If you prefer to communicate in another language, ask for an interpreter.

If you feel like you are losing control over your emotions and that they are stopping you from doing your daily activities or going to your cancer treatments or appointments, talk to someone. Get help. It is normal to need help so you can cope with cancer. This can mean talking to a counselor or someone from your health care team or it could mean talking to a friend or family member or joining a support or discussion group. Speak to your health care provider if you have concerns about your emotions and your ability to cope.

For More Information

Canadian Cancer Society - Cancer Connection: http://www.cancer.ca/Canada-wide/Support%20Services/CW-CancerConnection.aspx?sc_lang=en

BC Cancer Agency, Support Services: <http://www.bc-cancer.bc.ca/PPI/copingwithcancer/default.htm>

Cancer Care Manitoba, Support Services: http://www.cancercare.mb.ca/home/patients_and_family/patient_and_family_support_services/

Saskatchewan Cancer Agency, Support Services: <http://www.saskcancer.ca/Default.aspx?DN=5ffb481a-24a2-4e8f-9542-69108cf2cc29>



Information for Caregivers

When someone you love has cancer you might feel scared or unsure. When you are caring for someone you love with cancer it can be stressful, exhausting, and overwhelming. But, you may find that there are positive outcomes of being a caregiver. You may learn more about yourself and how you cope with challenging life events. You may become closer to your loved one through sharing the cancer experience.

As a caregiver, and someone who cares about the person fighting cancer, you may feel many emotions including anger, sadness, frustration, denial, anxiety, shock, guilt, and regret. You may feel different emotions depending on the day and the situation, you'll probably have some days when you feel bad and others when you feel better. This is completely normal.

Caregivers provide many different types of support including emotional support and physical care. As a caregiver, you are a voice for the cancer patient especially at medical appointments. The patient may be too shocked or overwhelmed to listen and ask questions. You can get information, ask questions and work with the health care team to make sure that the person you're caring for gets the best possible care with all their questions answered.

Some people find it easier to cope with cancer if they have a lot of information about cancer, tests, and treatment. They want to read all the information available about it and spend time looking up information in books and on the Internet. For other people, more information does not reduce stress and it might make them feel more anxiety. Do what works for you. Remember that your loved one may prefer to have more or less information. Respect the patient's decision. If it is too hard for you to help your loved one get all the information they want ask a friend or family member to help.



givers

As a caregiver, you might feel guilty taking time to care for yourself, but you need to do it. You have to get enough sleep and you have to remember to eat properly. Exercising may help you relax, even if you just go out for a short walk. If you don't look after yourself you won't be able to help your loved one. Don't feel guilty about taking some time for yourself. Without it, you might burn out. You could even get sick with a cold, the flu or other illness and you don't want to pass those on to your loved one. The person you're caring for will feel better if they know that you are looking after yourself and still taking time to do activities that you enjoy.

Don't feel bad about asking for help. You don't have to take on all the caring tasks on your own. Family members and friends will want to help out too. They can help by spending time with the person you're caring for so that you can go out to do something else or get some rest.

You need to have support too. You need people you can talk to about what you're feeling and experiencing. You may just ask a friend to take you out to distract you for a short while and to make you laugh. You may decide that you feel more comfortable speaking with someone who isn't a family member or friend. You might want to speak to a professional counselor, a health care provider, a member of the health care team for the person you're caring for, an Elder, or a spiritual advisor.

It is important to let your loved one know they can talk about their feelings, thoughts, and concerns. Remember you don't have to be responsible for supporting your loved one on your own. If you think your loved one isn't coping well or is becoming depressed get help for them. If you are concerned, speak to a member of the patient's health care team.

You may feel many emotions and may need support beyond what your friends and family can give you. Get help from support groups or professional counselors if you need it. Information on some sources of support is listed at the end of this section.

Government Services for Caregivers

To get information about available government services and how to apply call 1-800-622-6232 or go to www.servicecanada.gc.ca. As a caregiver, you might be able to get Employment Insurance Compassionate Care Benefits.

For More Information

The Canadian Cancer Society: www.cancer.ca

Canadian Cancer Society - Cancer Connection: http://www.cancer.ca/Canada-wide/Support%20Services/CW-CancerConnection.aspx?sc_lang=en

Canadian Cancer Society, Cancer Information Service: <http://www.cancer.ca/canada-wide/support%20services/cancer%20information%20service.aspx> or toll-free 1 888 939-3333/TTY 1 886 786-3934

BC Cancer Agency, Support Services: <http://www.bccancer.bc.ca/PPI/copingwithcancer/default.htm>

Cancer Care Manitoba, Support Services: http://www.cancercare.mb.ca/home/patients_and_family/patient_and_family_support_services/

Saskatchewan Cancer Agency, Support Services: <http://www.saskcancer.ca/Default.aspx?DN=5ffb481a-24a2-4e8f-9542-69108cf2cc29>



Cancer Prevention Information

Almost half of all people in Canada will get cancer and just about every Canadian will know someone with cancer (Krueger, 2008, p. 6). The rate of cancer among First Nations people is lower than the Canadian average but it is increasing (Cancer Care Ontario, 2002, p. 1). In fact, certain cancers are more common in First Nations populations, such as gallbladder, cervical, and kidney cancer (Reading 2009, p. 107; Marrett & Chaudhry, 2003, p. 259).

At least half of all cancers can be prevented. Living a healthy life, including staying active, eating healthy, and not smoking can help protect you from cancer.





Tips for healthy living

- Don't smoke and avoid second-hand smoke. Avoid chewing tobacco. Keep tobacco sacred!
- Eat a healthy diet, including lots of fibre, vegetables and fruit and lower fat foods every day
- Be physically active, or exercise, almost every day
- Stay at a healthy weight.
- Don't drink too much alcohol
- Practice safe sex.
- Use sunscreen when outdoors and cover up. Wear a hat and sunglasses and if possible stay in the shade.
- Follow health and safety instructions when using hazardous chemicals or cleaners at home and at work. Use less harmful options such as making your own cleaners using water and vinegar as floor and window cleaner and water and baking soda for an all purpose cleaner.
- Know your body and report any changes to a health care provider, such as a doctor, nurse, or dentist

Even people who live very healthy lives can develop cancer. But, living a healthy life will keep your body healthy and help it fight diseases including cancer.

Cancer rates and First Nations

Cancer is a serious concern for First Nations. Cancer is currently the third leading cause of death for First Nations. It is the most common cause of death for some communities and for people of certain ages (AFN, 2009, p. 6).

The most common types of cancer for First Nations People is lung cancer. Breast and colorectal cancers are the next most common for women and prostate and colorectal cancers for men (Health Council of Canada, 2005, p. 6).

The following table will list some of the most common symptoms for the most common cancers. The lists might not include every possible symptom for these cancers and some people with these cancers may not have any of these symptoms.

Having these symptoms doesn't mean you have cancer. If you have any of the symptoms listed in the table on the next page speak to a health care provider. You need to know your body. Know what is normal for you and what isn't. If you have any changes to your health, speak to a health care provider. General cancer warning signs that may indicate the cancers discussed in this section as well as other cancers can be found in the "What is cancer?" section of this toolkit.

Colorectal cancer, also called colon cancer, is cancer of the large intestine and the rectum, the tube connecting the large intestine to the anus.

What is a risk factor?

Risk factors are things that might put you at more risk of getting a certain disease. There are two kinds of risk factors. There are risk factors you can change and ones you can't change.

Risk factors you can't change include things whether you are male or female, your age, your race/ethnicity, and the diseases other people in your family have had.

Risk factors that you can change include:

- Whether you smoke cigarettes or use smokeless or chewing tobacco.
- How much alcohol you drink. Women should have no more than one drink per day and men should have no more than two. One drink is one bottle of beer, one small glass of



Signs and symptoms of **lung cancer** may include:

- a cough that doesn't go away
- breathing problems
- chest pain, especially when you cough
- coughing up blood
- a raspy voice
- chest infections, such as pneumonia, that happen often or don't get better
- feeling very tired all the time
- weight loss for no clear reason
- loss of appetite (Canadian Cancer Society, 2009b).

Signs & symptoms of **colorectal cancer** may include:

- changes in your bowel movements
- bright red or very dark blood in your stool, or feces
- diarrhea, constipation or feeling that your bowel does not totally empty
- stools that are skinnier than usual
- upset stomach or stomach pain
- weight loss for no clear reason
- feeling tired or weak
- vomiting (Cancer Care Ontario, 2009).

Signs and symptoms of **prostate cancer** may include:

- needing to urinate, or pee, often especially at night
- difficulty starting or stopping urine
- changes in the flow of urine
- feeling pain or burning when urinating
- difficulty having an erection
- painful ejaculation
- blood in urine or semen
- pain or stiffness in the lower back, hips, or upper thighs (Prostate Cancer Foundation, 2010)

Signs and symptoms of **breast cancer** may include:

- a lump or swelling in the armpit or breast;
- changes in breast size or shape;
- dimpling or puckering of the skin, some times described as looking like an orange peel
- redness, swelling and warmth in the breast
- nipple turned inwards, if this is not normal for you
- crusting or scaling on the nipple (Canadian Cancer Society, 2009a).

wine, and one shot glass of hard liquor.

- Whether you eat enough fruit and vegetables every day. Canada's Food Guide for First Nations recommends that adults have 7-10 servings of fruit and vegetables every day.
- Whether you are at a healthy weight and are not overweight or obese.
- Whether you protect yourself from the sun by using sunscreen, staying in the shade, or covering up.

Sometimes people have no risk factors for a certain cancer but still get it. Similarly, sometimes people who have one or more risk factors for a certain cancer don't get it.

Information about a few of the risk factors you can change

Fruits and Vegetables

Eating many fruits and vegetables every day can help protect you from cancers of the mouth, pharynx, larynx, esophagus, stomach, and colon and rectum.

Physical Activity

Physical activity, or exercise, can help protect you from colorectal cancer, and may also reduce the risk of breast cancer, and endometrial cancer.

Obesity

Obesity can make you more likely to develop many different cancers including esophagus cancer, pancreas cancer, gallbladder cancer, colorectal cancer, and kidney cancer.

Alcohol

Alcohol is related to cancers of the mouth, pharynx, and larynx, esophagus, liver, colon, rectum, and breast.





Tobacco Misuse and Cancer

Traditional Tobacco Use

Many First Nations cultures traditionally use tobacco in ceremonies, rituals, and prayer (Health Canada, 2007). It is sometimes used as a medicine and has great spiritual significance. Some cultures smoke tobacco in a sacred pipe as a way to communicate with the spirits (Health Canada, 2007). Recreational use of tobacco, or non-traditional use, is viewed by many Elders as disrespectful to the traditional uses of tobacco (Health Canada, 2007). Non-traditional tobacco is also called commercial tobacco.

Tobacco Misuse and Cancer

Smoking, chewing tobacco, and second hand smoke can cause many cancers including:

- lung cancer
- bladder cancer
- cervical cancer
- breast cancer
- colorectal cancer
- esophagus cancer
- kidney cancer
- larynx cancer
- lip, mouth, tongue, and throat cancers
- pancreas cancer
- liver cancer
- stomach cancer
- cancers of the nasal cavity
- myelogenous leukemia, a cancer of the white blood cells)
- ovarian cancer

In fact, cigarette smoking causes about three of every ten cancer deaths in Canada. Cigarette smoking causes almost nine out of every ten cases of lung cancer (Canadian Cancer Society, 2010).

There are over 4000 chemicals in cigarette smoke (Physicians for a Smoke-Free Canada, 1999, p. 3). Many of these chemicals are known to cause cancer.

Cigarette smokers are more likely to get lung cancer while pipe and cigar smokers are more

likely to develop cancers of the lip, mouth and/or tongue (Canadian Cancer Society, 2010).

Smokeless Tobacco

Smokeless tobacco is a major cause of cancers of the throat and mouth, including lips, tongue, gums, floor and roof of the mouth, and cheek. It can cause dental health problems such as receding gums, tooth loss and stained teeth and gums.

Smoking and Other Health Effects

Once smoke is inhaled from a cigarette, the chemicals get into your blood. Since there are so many chemicals and your blood travels all through your body there are many ways that cigarettes and smoking can make you sick.

Smoking hurts your lungs. It stops the lungs' natural cleaning system from being able to work properly. The chemicals in cigarette smoke as well as pollution, germs, and anything else you breathe in get trapped in your lungs. This can cause lung cancer and other lung diseases. Smoking can cause chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema because smoking damages the lungs. Smoking can also have other effects.

- Smoking makes you more likely to get tuberculosis (TB) and makes it harder to treat TB.
- Smoking damages the tiny air sacs in the lungs. These air sacs help oxygen get into the body. Not only does this make it harder to breathe, but over time this can affect your heart and lead to heart disease.
- Smoking puts you at risk for heart disease for other reasons as well. The chemicals in cigarette smoke build up in arteries so your heart has to work harder to pump blood. This can cause



high blood pressure.

- Smoking can cause high cholesterol.
- Smoking makes it harder for your body to fight off diseases and infections. Smokers are more likely to get colds and the flu.
- Smoking can lead to gum disease and smoking causes the loss of bone and tissue that support teeth.
- Smoking can lead to osteoporosis, a bone disease that leads to fragile bones.
- Smoking causes fertility problems in both men and women and erectile dysfunction in men.
- Smoking can also cause cataracts or eye problems.

Canada-wide/Prevention/Smoking%20and%20tobacco/CW-Smokers%20%20Helplines.aspx?sc_lang=en



For more information

Quitting Smoking

There are many resources available online that can give you information about quitting smoking and can connect you with people who can help you quit. Examples of available web sites and resources are listed below:

Canadian Cancer Society – Quit Smoking Guides: http://www.cancer.ca/Canada-wide/Prevention/Smoking%20and%20tobacco/Why%20should%20I%20quit/Quit%20smoking%20guides%20One%20Step%20at%20a%20Time.aspx?sc_lang=en

Health Canada – On the Road to Quitting Program: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/quit-cesser/nou-maintenant/road-voie/index-eng.php>

National Aboriginal Health Organization – First Nation Centre’s Quit Smoking E-Workbook: <http://www.naho.ca/firstnations/english/stopsmoking.php>

Smokers’ Helplines: <http://www.cancer.ca/>

Canadian Cancer Society: www.cancer.ca

Canadian Urological Association, information on prostate cancer: http://www.cua.org/patient_information_e.asp

Colon Cancer Canada: <http://www.coloncancer-canada.ca/>

Colorectal Cancer Association of Canada: <http://www.colorectal-cancer.ca/en/>

First Nations Breast Cancer Society: <http://www.fnbreastcancer.bc.ca/frames.htm>

Health Canada - Smoking and Heart Disease: <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/disease-maladie/heart-coeur-eng.php>

Heart and Stroke Foundation – Smoking Heart Disease and Stroke: <http://www.heartand-stroke.com/site/?c=ikiQLcMWjtE&b=3484037&src=home>

Prostate Cancer Canada Network: <http://www.prostatecancer.ca/PCCN.aspx>



Rethink Breast Cancer: <http://www.rethinkbreast-cancer.com/index.html>

TB and Tobacco Smoking: <http://www.phac-aspc.gc.ca/tbpc-latb/fa-fi/tbtobacco-tabag-eng.php>

The Household Products Database (allows you to enter in a household product to get information about potential health effects from that product): <http://householdproducts.nlm.nih.gov/>

The Lung Association - Smoking and Tobacco: http://www.lung.ca/protect-protegez/tobacco-tabagisme_e.php

Tobaccowise.com: <http://www.tobaccowise.com/>

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Canadian Cancer Society (2010). Canadian Cancer Encyclopedia: General Cancer Information. Retrieved July 14, 2010 from http://info.cancer.ca/cce-ecc/default.aspx?lf=carcinogens&toc=1#Signs_and_symptoms

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Health Canada (2007). First Nations, Inuit and Aboriginal Health: Tobacco. Retrieved August 30, 2010 from <http://www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/index-eng.php>

Health Council of Canada (2005). The Health Status of Canada's First Nations, Métis and Inuit Peoples. Retrieved August 11, 2010 from <http://healthcouncilcanada.ca.c9.previewyoursite.com/docs/papers/2005/BkgrdHealthyCdnsENG.pdf>

Krueger, H. (2008). An Overview of Selected Cancers and Modifiable Cancer Risk Factors in Canada. Retrieved July 29, 2010 from http://www.partnershipagainstcancer.ca/prevention_resources

Physicians for a Smoke-Free Canada (1999). Background: Second Hand Smoke and Children's Health. Retrieved March 23, 2010 from http://www.smoke-free.ca/pdf_1/ETSKIDSHEALTH.PDF



Navigating the Health Care System

Your cancer journey and your experience with the health care system can be confusing and difficult. If you have questions speak to someone on your health care team. If you need a translator or an interpreter ask for one. Talk to your health care provider about any concerns you have.





Screening

In general, most people will begin their journey with their family doctor or through participation in a screening program. An example is visiting the mobile mammogram clinic every two years. People who do not have a regular family doctor will start out from a walk-in clinic or from the emergency room at a hospital. Wherever you went for screening or other testing your journey starts if your test results aren't normal.

If you do not participate in a regular screening program there are other ways to be screened. For cervical cancer screening, a Pap test, women can make an appointment with their regular health care provider or go to a special clinic that performs Pap tests. For mammography, women in all provinces and the Northwest Territories can call a central phone number to book a mammogram. Prostate cancer and colon cancer screening can both be done at walk-in clinics.

Diagnosing Cancer

You will be referred for more tests if you have unusual results from a screening test or if you have symptoms of a cancer that doesn't have a screening test. These tests will tell if you have cancer. If you do have cancer, you may have to have other tests to find out if the cancer has spread. Some of these tests can be performed by your local health care provider but many of them need special tools or equipment. You may need to go to a larger hospital or health centre. You may be referred to a specialist to have these tests. If you don't know what the test is ask your health care provider to explain it. Information about these tests is available in the "Facts about cancer screening and diagnosis" section of this toolkit.

If you don't have a regular health care provider, make sure that you have all the contact information for the specialist that you are referred to. Ask how long the test results are expected to take. If you don't hear back regarding your test results within that time call your specialist's office to ask if the results have come in and if you should schedule an appointment to meet with the doctor.

Your visits to the doctor, cancer centre, or hospital may take a long time. Be prepared to stay for a few hours. Take things to help you pass the time, such as books, magazines, beadwork, or knitting.

Treating Cancer

Your diagnosis will help your cancer care team decide on treatment options. The goal of treatment is to manage symptoms, remove or kill the cancer, or stop its spread, when possible. Your treatment might include surgery, chemotherapy, radiation therapy, hormone therapy, or a combination of these. Information on these treatments is available in the "How is cancer treated?" section of this toolkit.

You may also choose to use additional "complementary therapies". You are also free to choose to have none of the Western cancer treatments and use only alternative treatments.

You may be referred to another specialist for treatment. You may have to take your test results, such as CDs of your CT scans and/or MRIs, to the specialist yourself. Remember to tell the specialist about any medications that you are taking in case there could be reactions between your regular medications and your cancer treatment.



During your treatment, you may want to use services offered by the hospital. For example, the hospital may have a wig shop that you can use if your hair falls out. Find out if your hospital has these services. There may be a cost involved in purchasing wigs and accessories. Your local office of the Canadian Cancer Society may also be able to provide you with wigs, accessories and other information. Contact your local Canadian Cancer Society office to find out: http://www.cancer.ca/Canada-wide/Support%20Services/CW-Local%20offices.aspx?sc_lang=en

Palliative Care

Palliative care focuses on controlling pain. It is a special type of health care provided to patients with life-threatening cancer. It focuses on pain and symptom management and provides other non-medical services to the patient and their family.

Sometimes cancer patients are not able to have more treatment or treatment will not work. Palliative care becomes end-of-life care. In these cases the goal of palliative care is to keep the cancer patient comfortable by managing the symptoms. Care is provided to ensure that the patient has little or no pain, as well as support for social, mental, cultural, emotional, spiritual, and physical needs. This makes sure the patient's final days are comfortable and helps them maintain their dignity and respect.

Palliative care also provides support for caregivers, family, and friends and can provide bereavement support following the death of a loved one.

The Health Care Professionals You May Meet

There are many types of doctors and health care providers that you might meet on your journey with cancer. This section will describe how these different people can help you.

Anesthesiologist - A doctor that specializes in giving drugs that prevent pain during surgery or other procedures.

Discharge Planner - A person who coordinates a patient's release from the hospital. This person makes sure that the patient's care will continue after leaving the hospital. The planner talks to the patient, the family, and the health care team and provides the patient with information about services available in the community.

Medical Oncologist - A doctor who has specialized in using medications and hormone therapy to treat cancer.

Occupational Therapist - A health care professional who can help a patient who is sick or has received treatment learn to manage their daily activities.

Oncologist - A doctor who specializes in treating cancer. Oncologists can work in many different areas such as surgical oncology, radiation oncology, or gynecologic oncology.

Pathologist - A doctor who identifies diseases by studying cells under a microscope.



Physiotherapist – A health care professional who can help a patient recover from an illness or injury by teaching exercises or activities that can improve strength and movement abilities.

Psychologist – A doctor who is trained to talk to patients and their families about personal and emotional matters.

Radiation Oncologist - A doctor who specializes in treating cancer with radiation therapy.

Radiologist - A doctor who specializes in interpreting the pictures and images created from tests, such as x-rays and CT scans.

Registered Dietician – A health care professional who has received training in diet and nutrition. A dietician can provide information and meal suggestions to improve a patient's nutrition. Dieticians might also be called nutritionists.

Surgeon - A doctor who operates on a patient to remove or repair an organ or body part. A surgeon may be identified by their specialty. For example a neurosurgeon specializes in surgery on

the brain, spinal cord, or other parts of the nervous system while a thoracic surgeon specializes in operations on organs in the chest, like the lungs.

For More Information

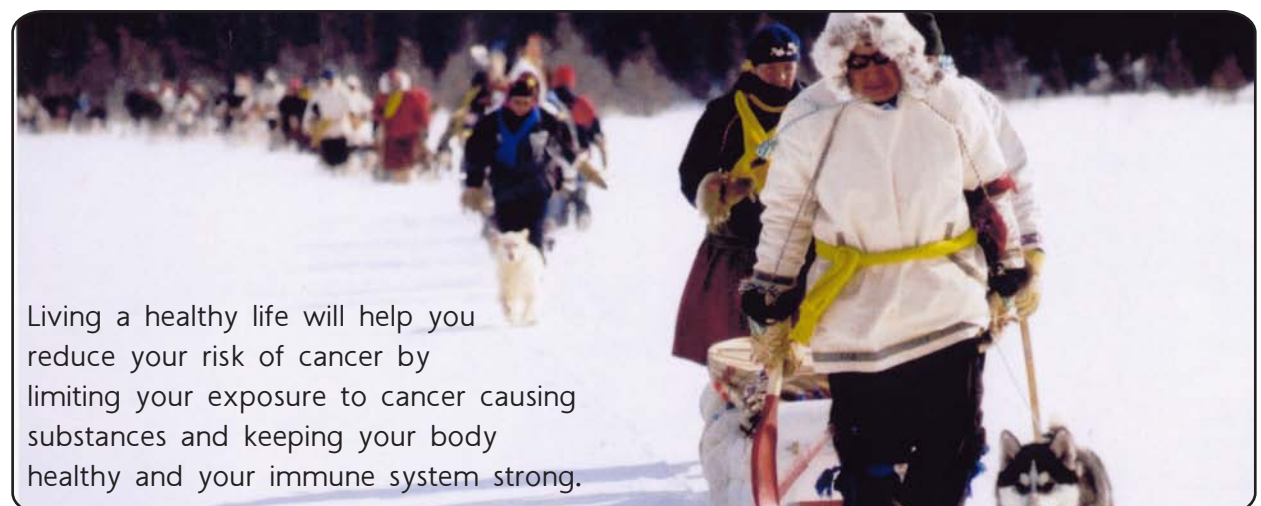
Canadian Cancer Society Cancer Connection:
http://www.cancer.ca/Canada-wide/Support%20Services/CW-CancerConnection.aspx?sc_lang=en

Alberta Health Services – Cancer Patient Navigator Program: <http://www.cancerboard.ab.ca/Treatment/ProcessOfCare/patientnavigation.htm>

Cancer Care Nova Scotia – Patient Navigation:
<http://www.cancercare.ns.ca/en/home/nscancerservices/cancerpatientnavigation/contactinfo.aspx>

Cancer Care Manitoba, Support Services: http://www.cancercare.mb.ca/home/patients_and_family/patient_and_family_support_services/

Navigating Cancer website (American web site but some information will apply to people living in Canada): <http://www.navigatingcancer.com/>



Living a healthy life will help you reduce your risk of cancer by limiting your exposure to cancer causing substances and keeping your body healthy and your immune system strong.



Cancer Myths

MYTH: First Nations people don't get cancer.

TRUTH: This myth is believed by some First Nations individuals as well as some health care professionals! The truth is the rate of cancer among First Nations people is lower than the Canadian average but it is increasing (Cancer Care Ontario, 2002, p. 1). In fact, certain cancers are more common in First Nations populations, such as gallbladder, cervical, and kidney cancer (Reading, 2009, p. 107; Marrett & Chaudhry, 2003, p. 259). Cancer is the number three cause of death for First Nations (Assembly of First Nations, 2009, p. 9).

MYTH: Cancer can't be treated.

TRUTH: There are many treatments for cancer. How well the treatment works depends on the type of cancer, how early it is found, how big the tumour is, and whether the cancer has spread to other parts of the body. In some cases only one type of treatment, such as surgery, is needed. In others a combination of treatments may be needed. The main types of treatment for cancer include:

- surgery - removing the cancer with an operation
- chemotherapy - killing cancer cells using drugs
- radiation therapy - using radiation to shrink or kill the cancer

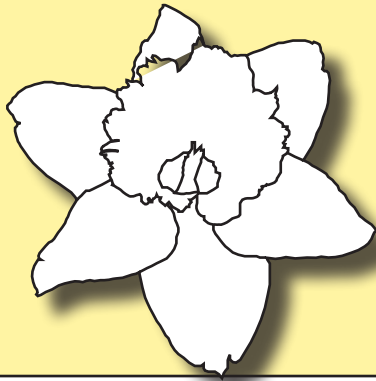
MYTH: Cancer can't be cured.

TRUTH: When some cancers are caught in the early stages, there is a good chance that the cancer can be cured. For example, most colon cancers can be cured if caught early (Assembly of First Nations, 2009, p. 29). This is why screening programs are important and why you should know your body and report any changes to a health care professional.

MYTH: Cancer is unavoidable.

TRUTH: About 35% of cancers can be prevented with proper nutrition, regular physical activity, and staying at a healthy body weight (Canadian Cancer Society, 2009b). Some behaviours can lead to cancer. For example, smoking causes about 30% of cancer deaths in Canada (Cancer Care Ontario Aboriginal Cancer Strategy, 2006). Smoking is the most important risk factor for lung cancer and can lead to other cancers as well.

Some cancers can be prevented with screening programs. For example, cervical cancer screening using the Pap test can detect changes before cancer develops. Other cancers, such as colon cancer, prostate cancer, and breast cancer also have screening tests available.



MYTH: A cancer diagnosis is a death sentence.

TRUTH: Cancer can be treated and cured. Once cancer is found many treatments are available. People who have had cancer can live for many years following a cancer diagnosis.

MYTH: Cancer is always painful.

TRUTH: Some cancers never cause pain (Mayo Clinic, 2009). If you detect a painless lump or notice a change to your body don't assume it can't be cancer. Speak to a health care provider.

MYTH: Only old people get cancer.

TRUTH: Cancer is more common in older people. But, younger adults and children can get cancer. Certain cancers are more common among younger people. For example, testicular cancer affects men between the ages of 15 and 49 (Canadian Cancer Society, 2010). Other cancers may be more common in older adults but can occur in younger people. Examples of these cancers are leukemia (26 per cent of cases are in children) and lymphomas (about 18 per cent of cases are in children) (Canadian Cancer Society, 2009a). Although the risk of breast cancer is higher for older people, breast cancer is the most common cancer in young adults (Cancer Care Ontario, 2006). Cancer is more common in older people but can develop in people of all ages.

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Cancer Dictionary

- 5 Year Survival Rate** The percent of people with a certain cancer who are living 5 years after their diagnosis or treatment. This includes all people diagnosed with cancer including people of all ages and with cancer of all stages.
- Active surveillance** Closely watching a patient's condition without giving them any treatment. Treatment is only given if the condition gets worse. Usually tests are given at certain times to keep track of any changes.
- Adenocarcinoma** Cancer that begins in cells that are the lining of certain body parts, like the intestines.
- Anesthesiologist** A doctor that specializes in giving drugs that prevent pain during surgery or other procedures.
- Anesthetist** See "anesthesiologist"
- Benign** Not cancer or Non-cancerous
- Biopsy** Short operation to take some cells to see if there is cancer.
- Bone Scan** A test that uses a radioactive substance. This substance shows up in bones so that a special camera and a computer can make a picture of your skeleton. The radioactive substance is usually injected into the hand.
- Brachytherapy** A type of radiation therapy where the radiation is placed inside or near a tumor.
- Bronchoscopy** A procedure that uses a thin, flexible, tube with a camera at the end to see the inside of your windpipe and the other air passages leading to the lungs.
- Cancer** A term for over 100 diseases that develop the building blocks of all body parts that grow out of control.
- Carcinogen** A chemical or other substance that is known to cause cancer.





Carcinoma	The most common kind of cancer. This kind of cancer develops in an organ, such as the lungs, ovary, prostate, breast, or skin.
Chemoradiation	Treatment that combines chemotherapy and radiation therapy.
Chemotherapy	A treatment that uses chemical medicines to stop the growth of cancer cells or kill them.
Clinical Trial	A study that tests how well a new medical treatment, prevention method, screening or diagnostic test works in people.
Colonoscopy	A procedure using a thin, flexible, tool with a light and a small video camera at its end that is inserted through the rectum to look at the inside of the intestine.
Colposcopy	A test that looks at the cervix and vagina using an tool with a light and a magnifying lens.
Core needle aspiration	A type of biopsy that uses a wide needle to take a few cells and fluid to be looked at using a microscope.
CT scan	A type of x-ray that combines many pictures using a computer.
Curettage	Removal of cells with a spoon shaped tool that has a sharp edge.
Ductal carcinoma	A type of breast cancer that starts in the cells that line the milk ducts. It is the most common type of breast cancer.
Dysplasia	Cells that don't look normal but are not cancer.
Edema	Swelling caused by too much or extra fluid.
External Beam Radiation Therapy	Cancer treatment involving radiation from a source outside your body. The radiation is aimed at certain points to ensure that the cancer gets radiation but the rest of the body doesn't.
Fecal Occult Blood Test	A screening test for colon cancer that can be done at home. Stool samples from 2 or 3 bowel movements are collected and placed on a special stool collection card. The card is then sent to a lab to be tested to see if there is any blood.
Fine Needle Aspiration	A type of biopsy that takes a few cells or some fluid using a fine needle. The sample is then looked at using a microscope.
General anesthetic	A drug that causes a loss of feeling and a complete loss of awareness that feels like a deep sleep. It is used to "put you under" for surgery.
Gleason Score	A system for deciding how likely prostate cancer is to spread. The scores range from 2 to 10.
Grading	A system for determining how different cancer cells look from how the cells usually look. This gives information on how likely a tumour is to spread. It can help



your health care team decide on treatment options. The grading system is different for each cancer.

Hormonal Therapy	A treatment for cancer that uses hormones.
Hormones	Made by your body to control functions such as how you grow and how you use food.
Hospice	A program or facility that provides care for people who are near the end of their life.
Hospice care	End-of-life care with a goal of relieving pain and symptoms so a person can be as comfortable as possible.
Hyperplasia	Growth of cells within a normal organ. Can be a sign of precancerous changes.
Hysterectomy	An operation to remove a woman's womb and sometimes the ovaries and fallopian tubes.
In Situ	Cancer that is only in the place it started developing. It hasn't spread.
Incidence rate	The number of new cases of a disease/condition in a certain group of people within a certain time period.
Inflammation	A reaction of the body that involves swelling, redness, and pain. The area may also feel warm.
Invasive	Cancer that has spread into surrounding tissue.
Leukemia	Blood cancer that affects the disease fighting parts of the blood, the white blood cells.
Lobectomy	An operation to remove an entire section of an organ, for example a lobe of a lung.
Lobular carcinoma	Cancer that starts in the breast within the glands that make milk.
Local anesthetic	A drug that causes a loss of feeling in a small area of the body. The patient stays awake but doesn't feel pain.
Lumpectomy	An operation to remove tissue or cancer from a small area of the breast.
Lymph nodes	The small organs that your white blood cells fight infections in.
Lymphatic system	A body system made of lymph vessels, lymph nodes, and lymph. Lymph contains white blood cells and travels through lymph vessels which are different than blood vessels. The lymphatic system clears away infections.
Lymphoma	Cancer of the lymphatic system.
Malignant	Cancerous.
Mammogram	A mammogram is a type of x-ray in which the breast is placed between two plates. The plates are then pressed together to get a picture of the breast.
Mastectomy	An operation to remove the entire breast or as much breast tissue as possible.



Mediastinoscopy	A procedure in which a thin, tube-like tool with a light and a camera is inserted into a small cut above the breast bone. The organs, such as the lymph nodes, near the lungs are examined.
Metastasis	The spread of cancer from one part of the body to another. If it has spread to more than one body part they are “metastases”.
Metastasize	The process of spreading from one location in the body to another.
Metastatic	Cancer that has spread to another part of the body.
MRI	A test that uses magnetic forces and radio-frequency waves to make pictures of body parts.
Neoplasm	An unusual growth such as a lump. It can be cancer or not. It is also called a tumour.
Neutropenia	A condition in which there fewer than normal neutrophils, a type of white blood cell.
Noninvasive	<ol style="list-style-type: none">1. A cancer that has not spread.2. A medical procedure done without inserting any tools into the body using cuts or incision or through a body opening.
Nuclear Medicine	Imaging tests that show how body parts look and work using radioactive substances. Different substances are used for different body parts. Special cameras are used to look at the radioactive substances in the body.
Oncologist	A doctor who specializes in cancer treatment.
Pap test	The screening test for cervical cancer. A doctor inserts a special tool into the vagina to take a small sample of cells from the cervix. The cells are looked at to see if there is cancer or any changes.
Pathologist	A doctor who identifies diseases by looking at cells under a microscope.
PET Scan	A test to find cancers. A radioactive substance is injected usually into a vein in the hand. Special show the radioactive substance. Faster growing parts show up lighter in colour and may mean that there is cancer.
Pneumonectomy	Surgery to remove one entire lung.
Polyps	A growth in the moist, inner lining of some organs, such as in the intestine.
Precancerous	Changes that is likely to become cancer.
Prevalence Rate	The total number of cases of a disease in a certain group of people at a certain point in time.
Primary Site	The location of the original or primary tumour.



Prognosis	The likely outcome of your cancer such as how long you're expected to survive.
Prostatectomy	Removal of the prostate.
Pulmonary Function Test	A test that measures how well the lungs work.
Radiation Therapy	The use of high energy radiation to shrink tumours or kill cancer cells.
Radiation Oncologist	A doctor who specializes in treating cancer with radiation.
Radiologist	A doctor who specializes in interpreting the pictures created from x-rays, CT scans, MRIs and PET scans.
Red Blood Cell	A blood cell that carries oxygen to all parts of the body.
Remission	When the signs and symptoms of cancer disappear and no cancer cells are found within the body.
Risk Factor	Something that increases the chances of developing a disease.
Sarcoma	Cancer that starts in the muscles, bones, or connective tissue of the body.
Screening	Checking for a disease even if there are no symptoms.
Sigmoidoscopy	A test using a thin, flexible, tool with a light and a small video camera at its end. It is inserted through the rectum to check inside the lower part of the intestine and rectum for polyps and cancers.
Squamous cells	Cells that cover the inside and outside surfaces of the body such as the surface of the skin, and the lining of certain organs in the body. such as the bladder, kidney, and uterus.
Staging	A system to determine the treatment that can be used. The stage depends on the size of the tumour, the number of tumours, if cancer can be detected in the nearby lymph nodes, how much the cells look like normal cells, and whether the cancer has spread. The system for staging is different for different cancers.
Surgery	An operation to remove body tissues or organs.
Symptoms	Something that a patient can feel, such as a headache or pain, that can mean a person is sick.
Tumour	A lump. In some cases it will be cancer but in others it won't be.
Ultrasound	A test that uses sound waves to make echoes. These echoes bounce off organs and make images that can be shown on an ultrasound machine.
White blood cells	A type of blood cell that helps the body fight infections and diseases.
X-ray	A type of radiation used to diagnose medical problems. Stronger x-rays are used to treat cancer, called radiation therapy.



FIRST NATIONS CENTRE DES PREMIÈRES NATIONS



@NAHO/ONSA



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
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