

This resource was made to help you get a better understanding of cancer and the cancer journey. The book was developed based on a previous resource developed by the former First Nations Centre Des Premieres Nations of the National Indigenous Health Organization.

Last updated: September 2018



What is Cancer?



What is cancer?

Cancer occurs when cells in your body start to divide out of control. A cell is like a building block - cells make up all of your body parts. When cells divide out of control, they can form lumps or tumours (Canadian Cancer Society, 2010). When cells are cancerous, they prevent your other healthy cells from doing their jobs and this can make you sick. Cancer can develop in most parts of your body. Some cancers have known causes, but other times there is no known reason. You can lower your own risk of cancer by leading a healthy lifestyle and making healthy choices.

A few known causes of cancer

The cause of most cancers is not known. However, we do know the causes of some cancers. Things that are known to cause cancer are called *carcinogens*. For example:

- Asbestos
- Human papillomavirus (HPV)
- Hepatitis B virus
- The chemicals in cigarette smoke
- UV rays from the sun

A few cancers with known causes

There are cancers that have known causes. For example:

- Cervical cancer can be caused by HPV
- Lung cancer can be caused by cigarette smoke, radon gas, and asbestos
- Mesothelioma can be caused by asbestos
- Skin cancer can be caused by UV rays



A tumour or lump does not always grow when someone has cancer. For example, leukemia is a cancer that does not have a tumour. Certain cells in the blood grow in a way that is not normal. Leukemia is cancer, but there is no tumour or lump.

The stage of cancer tells your health care provider if the cancer has spread to other parts of the body. The stage of the cancer helps your health care provider decide which treatments will be best for you.



You are your best defense in preventing cancer.

Knowing your body helps you to be aware of any changes that might be happening. Making healthy lifestyle choices like using sunscreen or quitting smoking will help you reduce your risk of cancer.

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. Benign tumours do not grow or spread into other parts of your body.

Malignant tumours are cancer. Malignant tumours grow out of control. They can grow into other body parts like the roots of a tree. When cells from the tumour invade other body parts, they metastasize. The cells in a malignant tumour do not look like the other cells in the body part.



General warning signs:

There are many types of cancer. The symptoms of cancer depend on where the cancer is but it is possible for the same kind of cancer to cause different symptoms in different people.

Knowing your body helps you to be able to notice any changes. If you notice one or more of the following changes, speak to your health care provider.

- A new or unusual lump or growth
- A sore that doesn't heal
- An obvious change in size, colour, or the shape of a wart or mole
- A nagging cough or raspy voice
- Indigestion that doesn't go away or problems swallowing
- Change in bladder habits or pain or difficulty with urination (peeing)
- 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



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. Ontario has free provincial screening programs for:

- Colorectal Cancer
- Breast Cancer
- Cervical Cancer



Screening for breast cancer

In Ontario, provincial breast screening for women at average risk of breast cancer begins at age 50. Screening is done using a mammogram and you have one mammogram done every two years. For women who are high risk, breast screening is done using a mammogram and breast MRI every year and runs from age 30 to 69. Women ages 30 to 69 are considered to be at high risk if:

- They have a genetic mutation (BRCA) that puts them at high risk for breast cancer
- They have a parent, sibling, or child who has a genetic mutation that puts them at high risk for breast cancer
- They have a family history of breast cancer
- They have received radiation therapy to the chest before 30 years of age as treatment for another cancer disease.
- Speak to your doctor or nurse practitioner at your next regular visit about the right screening for you. If you are high risk, you must get a referral form from your doctor.

Did you know?

If you are not high risk, you can refer yourself to the Ontario Breast Screening Program as long as you meet the provincial screening guidelines. Call 1-866-608-6910

Screening for colon cancer

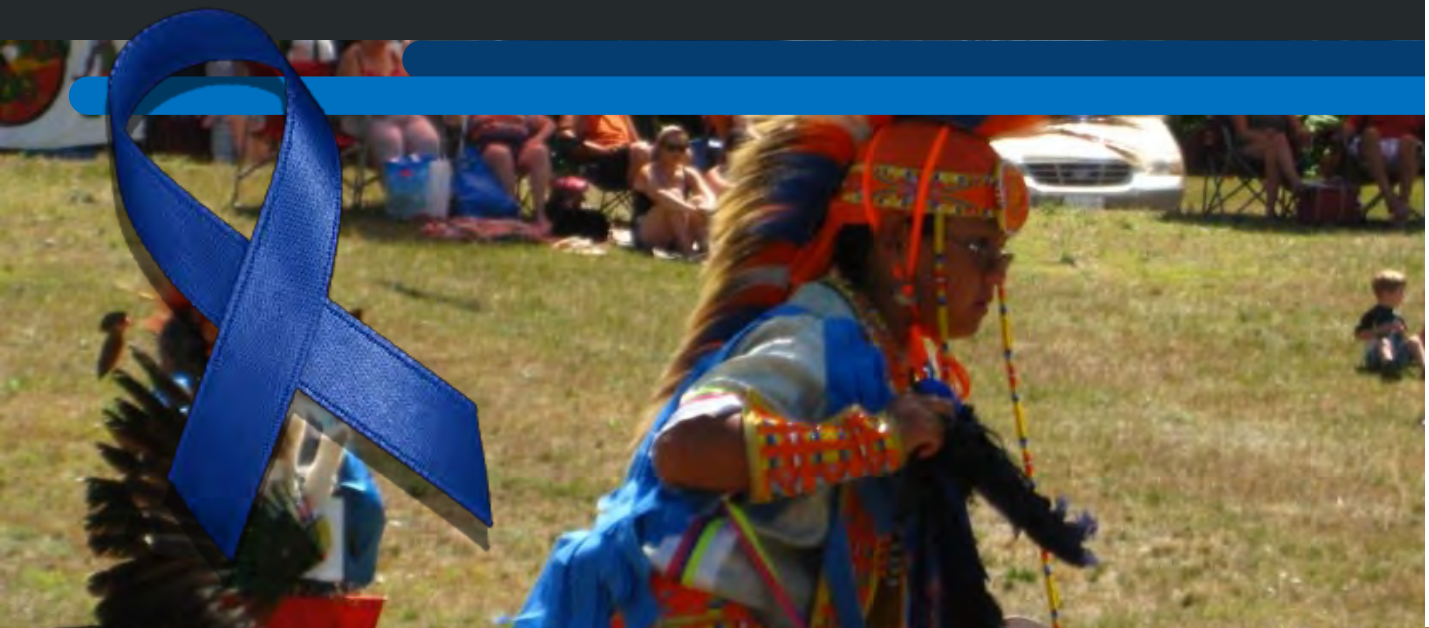
If caught early enough, 9 out of 10 cases of colon (colorectal) cancer are curable. Both men and women should screen for colorectal cancer. In Ontario, provincial guidelines say that average risk people should screen with a Fecal Immunochemical Test (FIT) every two years starting at age 50. You can get a FIT test from your primary care provider. If you do not have a doctor or nurse practitioner, you can ask a pharmacist.

High risk people should use a colonoscopy to screen for colorectal cancer. You are high risk if someone in your immediate family (mother/father, sibling, child) has been diagnosed with colorectal cancer. Screening should begin 10 years prior to the age of diagnosis of your family member. For example, if someone's mother was diagnosed with colorectal cancer at age 45, colorectal screening for that person should start at age 35. If the diagnosis of your family member tells you to start screening after age 50, you actually still need to start screening at age 50. Screening with a colonoscopy occurs every 5 to 10 years.

FITs and Colonoscopies:

A FIT is a safe and painless stool-based test that you can do at home. It looks for blood in your stool. A colonoscopy must be done by a healthcare professional and uses a special camera to look for polyps (tissue growth).

What about cancer screening tests?

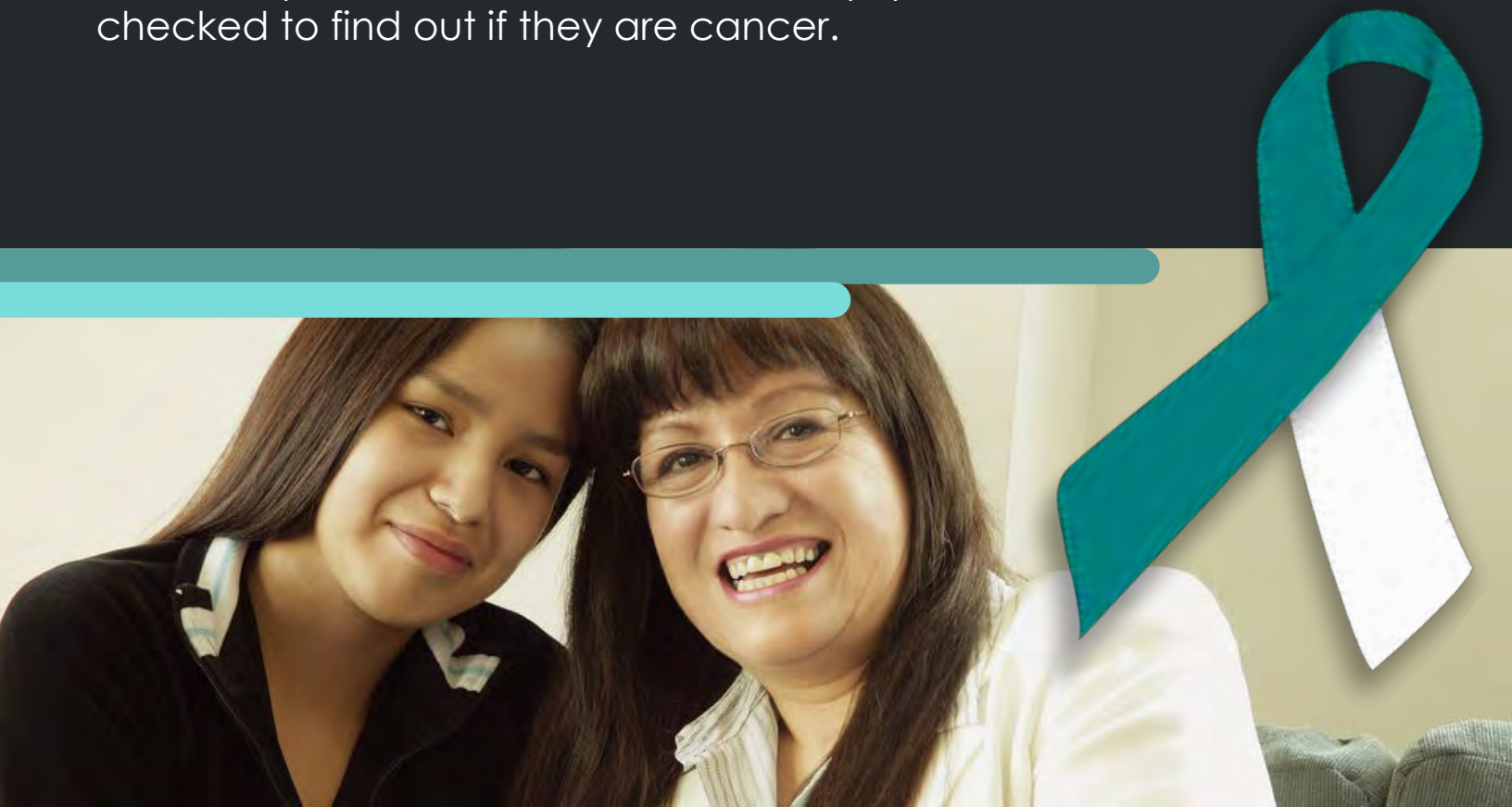


Screening for cervical cancer:

Cervical screening in Ontario is done with a Pap test. A Pap test is done by your health care provider and looks for abnormal cells on the walls of your cervix. Provincial guidelines say that women who are or have ever been sexually active should start screening at age 21. In order to be up to date on your screening, you should have a Pap test every 3 years.

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 test result was unusual, you may need to have another Pap test a few months later or a colposcopy.

A colposcopy is a test that uses a tool that has magnifying lenses (like binoculars) to look at the tissue inside your cervix. If your health care provider finds cells that look unusual, he or she may take a small sample of cells. This is called a biopsy. These cells will be checked to find out if they are cancer.





Screening for prostate cancer:

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

Digital rectal exam

This is a physical exam of the prostate that is performed by a health care professional. Your health care provider inserts a finger into your rectum and will feel your prostate for any lumps.

Prostate Specific Antigen (PSA) Test

This is a blood test that measures the amount of prostate specific antigen (PSA) in your blood. PSA is made by the prostate. Higher levels of PSA might mean that there is a problem, but this does not always mean cancer. Prostate Cancer Canada recommends that men over age of 40 have their PSA levels checked so that their health care provider can decide what is “normal” for them. 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 depending on the direction of their health care provider. **There is a fee for the PSA test; the test is not free.**



What about screening for other cancers?

Most cancers don't have provincial 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 that type of cancer therefore finding the cancer will not save that person's life.
- The screening test for that type of cancer may be too risky.

Benefits of screening:

Cancers that are found and treated when they are small may 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 from occurring. Without screening, a person's cancer may not be found and/or treated. This puts that person's health and life at risk. Cancer screening sees what you can't; cancer screening saves lives.

Diagnostic tests:

If your screening tests come back with unusual results, you may need to go for more tests. These tests 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 your body parts, including bones and blood vessels.

Magnetic Resonance Imaging uses magnetic forces and radio-frequency waves to make pictures of your body parts including bones and blood vessels.

Positron Emission Technology Scan uses a radioactive substance that is injected into your blood. Special cameras show the radioactive substance. Faster growing body parts will show up lighter in colour and may mean cancer.

In a **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 scans use a radioactive substance that is injected into a vein, usually in your hand or arm. 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 help your health care provider make a diagnosis and treatment plan.

Cancer Screening Summary:

Cancers that are found and treated when they are small have a better chance of being successfully removed and cured. Without screening, a person's cancer may not be found and treated. The benefits of screening outweigh the risks. Although screening can be uncomfortable or provide false answers, they are well worth any hassle and are far more convenient than cancer. It is important to maintain an open and communicative relationship with your health provider to help keep you up to date on your cancer screening and to keep you healthy.

Provincial Screening Programs

Ontario Breast Screening Program

- Women 50 to 74 should have a mammogram every 2 years
- Women 30 to 69 at high risk for breast cancer should have a mammogram and MRI every year

Ontario Cervical Screening Program

- Starting at 21, anyone with a cervix who is or has ever been sexually active should have a Pap test every 3 years

Colon Cancer Check

- Men and women 50 to 74 should complete a Fecal Immunochemical Test (FIT) every 2 years
- Men and women with a parent, sibling, or child diagnosed with colon cancer should have a colonoscopy beginning at 50, or 10 years earlier than the age the family member was diagnosed (whichever comes first)

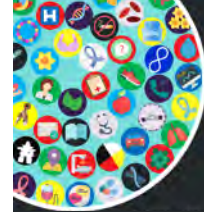
We can help you get up-to-date!

Simcoe Muskoka Cancer Screening Hotline

1-866-608-6910



Use this chart to talk to your health care provider about cancer screening. Call the cancer screening hotline for free Monday to Friday.



How is cancer treated?



How is cancer treated?

The treatment someone receives for their cancer depends on the kind of cancer they have and the stage. Surgery, chemotherapy, and radiation therapy are the most common treatments for cancer. This section provides information on each of these treatment types.



Surgery:

For some types of cancer, surgery is the best treatment. Surgery may be the only treatment you need or other treatments (e.g. radiation therapy) will be used in addition to your 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 previous section of this booklet.

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 your 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. This depends on the type of cancer and the size of the tumour. For example, for breast cancer, the surgeon may remove just the part of the breast that has cancer—lumpectomy— or the entire breast—mastectomy.

Risks of Surgery:

All surgeries have 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 how to look after your stitches and how to prevent infection.

Pain is common after most surgeries. Some surgeries may have more or less pain than others. You may be given medications or exercises to help you manage 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. Smaller incisions mean that recovery is faster and there may be fewer complications.

Cancer drugs:

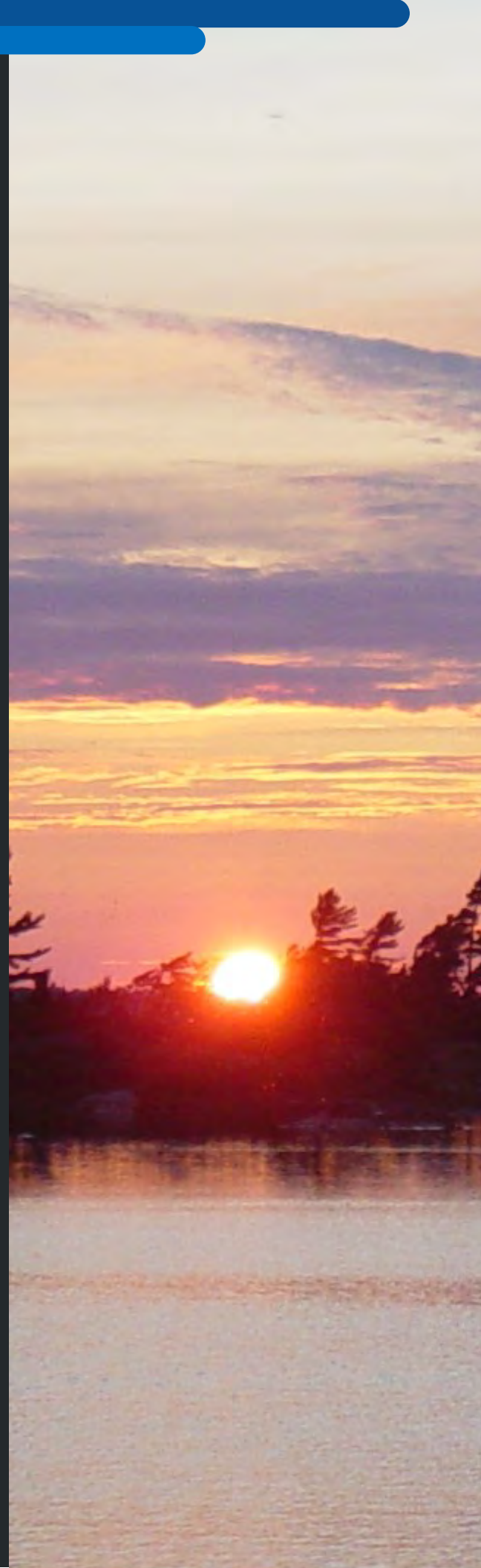
Examples of cancer treatments using drugs include chemotherapy and hormone therapy.

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
- 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 through needles. The drugs are carried throughout your body by the blood. Your treatment may use one drug or a combination of drugs. The kinds of chemotherapy drugs someone with cancer receives depends on the type of cancer they have.





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 can 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, weakness, pain, or cramping in the hands or feet. It may start during your treatment or weeks or months later.

Your health care provider will help you manage any side effects from your treatment. If you would like more information about chemotherapy and what to expect, you can read the Canadian Cancer Society's Guide to Chemotherapy online. Go to www.cancer.ca and type "chemotherapy" in the search box.

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 a male sex hormone, although both sexes have each hormone.

- Hormone therapy may produce some side effects. The most common side effects of hormone therapy are:
- Hot flashes
- Headaches
- Tiredness
- Nausea
- Skin rashes
- Joint and muscle pain
- Vaginal dryness, irritation, discharge, or irregular menstrual periods
- Impotence

If you would like to learn more about hormone therapy, you can access the Canadian Cancer Society's resources at www.cancer.ca and search under the resources tab





Radiation therapy:

Radiation therapy uses high energy waves or particles (the radiation) to kill cancer cells. The radiation is aimed at a certain body part and works to kill the cancer cells in that area. Some healthy cells may also be affected, such as those that surround the tumour. Radiation therapy can be used for different reasons such as:

- To destroy cancer cells
- To kill any cells that may not have been removed after surgery
- To stop 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 are limited general side effects, but you may experience skin irritation and/or hair loss at the site of radiation as well as fatigue (tiredness).

Hormone therapy:

With this type of radiation, a machine outside your body aims radiation at specific parts so that healthy tissue is minimally 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 assures that the same area receives treatment each time. These marks may be made on your skin or in a mould. A mould might be created to help hold you in the right position during therapy.

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. Once your treatment is over, your 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 two weeks. Once you have finished the treatment, the implant is removed.



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 your bone marrow and stem cells and gets your body ready for the transplant.

The stem cells that are used for the transplant may be your own stem cells or 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 ones. The complications mean you might have to stay in the hospital. The complications might include:

- Stem cell transplant failure (meaning the treatment did not work)
- Organ damage
- Graft versus host disease. This is when your body attacks the donor tissues, which are not your own. The symptoms can include skin rashes, diarrhea, nausea, vomiting, and abdominal pain.

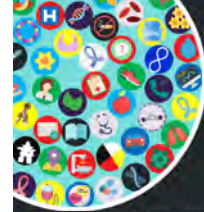
Complementary therapies:

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 include 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 it is important to speak to your health care provider. There could be side effects from the complementary therapy. There might also be reactions between Western and complementary treatments. Tell your Healer or herbalist about the Western treatments you are having.

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. 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 with your Healer and your health care provider about any possible reactions between medications and treatments.





4

Coping with cancer

Coping with cancer:

Cancer and a cancer diagnosis affect you mentally, emotionally, and spiritually, as much as they do 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. Some people may feel:

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

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 even feel impossible to deal and cope with. But, you'll also have good days when your spirits are up and you feel better. It is ok 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. They want to read all the information available and spend time looking up information in books and on the Internet. For others, more information does not reduce stress and instead makes stress worse. It's okay to tell your healthcare team how you prefer to receive information.

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.

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. You can ask for specific help, for example looking up information about your cancer or your treatments, providing you a distraction by going out somewhere or watching a movie, helping 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. The Simcoe Muskoka Regional Cancer Program has many services available to patients and their family members including the services of an Indigenous Patient Navigator, social workers, dietitians, drug reimbursement specialists, and more. You can also call a cancer helpline such as the Canadian Cancer Society's Cancer Connection @ 1.888.939.3333.

Taking care of your mind and spirit

There are many ways to care for your mind and spirit to help you cope with cancer:

Try to exercise - even light exercise, like walking, can help you relax, relieve stress and clear your mind. It can also 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, and other relaxation techniques may also help you cope with stress.

Ask for help from 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.

Talk to someone: family, friends, or your cancer care team are here for you 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 online, in books, 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 one is 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 you have. If you have trouble remembering what you want to ask, make a list of questions before your appointment and take the list with you. You may even want to take a pen and paper so you can write down what was said. You might find it helpful to bring someone with you to your appointment. This can be a family member, friend, or anyone you are comfortable having at your appointment.



This person will be there for moral support to help you through your appointment and also be 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, the Indigenous Patient Navigator can make arrangements 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 healthcare team, or it could mean talking to a friend or family member or joining a support or discussion group. Speak to your health care team if you have concerns about your emotions, feelings, or your ability to cope.

There are many support services available in the region to help you cope with cancer. If you would like assistance navigating these services and resources, speak with the Indigenous Patient Navigator by calling (705) 728-9090 x43133



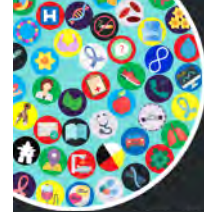
Information for caregivers:

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 their 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 and work with the health care team to make sure that the person you're caring for receives 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 treatments. 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 anxious. 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



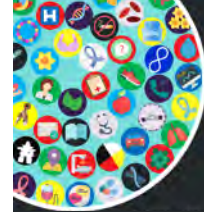


As a caregiver, you might feel guilty taking time to care for yourself, but you need to do it. You have to get enough sleep and you have to remember to eat properly. Exercising may help you relax, even if you just go for a short walk. If you don't look after yourself you won't be able to help your loved 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, do something else, or get some rest.

You need support too. You need people you can talk to about what you're feeling and experiencing. Ask a friend to take you out to distract your for a short while and share a laugh. You may decide that you feel more comfortable speaking with someone who isn't a family member or a 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 additional support. Don't be afraid to ask.



Cancer prevention

Cancer prevention information

Almost half of all people in Canada will get cancer and just about every Canadian will know someone with cancer. The rate of cancer among First Nations, Inuit, and Métis people is increasing faster than overall Canadian cancer rates. In fact, certain cancers are more common in First Nations, Inuit and Métis populations, such as lung, breast and colorectal cancer.

At least half of all cancers can be prevented. Living a healthy lifestyle, 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 everyday including lots of fibre, vegetables, fruit, and lower fat foods.
- Be physically active, or exercise, every day you can.
- Stay at a healthy weight.
- Limit the amount of alcohol you drink to two drinks per day for men and one drink per day for women.
- Practice safe sex.
- Use sunscreen when outdoors and cover up your skin.
- Wear sunglasses and a hat. 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. Use water and vinegar for the floors and windows. Try water and baking soda for all purpose cleaning.

Know your body and report any changes to a health care provider like 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 can help you be better prepared to fight diseases including cancer.

Tips for healthy living:

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.

The most common type of cancer for First Nations people is lung cancer. Breast and colorectal cancers are the next most common cancers for women and prostate and colorectal cancers are the most common among men. The following pages will list some of the most common symptoms for the most common cancers. The lists may not include every possible symptom for these cancers and some people with these cancers may not show any of these symptoms.

Having these symptoms doesn't mean you have cancer. If you have any of the symptoms listed in this section, speak to your health care provider as soon as you can. You need to know your body. Know what is normal for you and what isn't. If you have any changes to your health or to how your body feels, speak to a health care professional. 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.

Don't forget that this book is not a replacement for your health care provider. It is still very important to go for the screening tests when you meet the proper age guidelines and to regularly communicate with your doctor or nurse practitioner. This book is not intended for you to make a diagnosis or to decide if something is a problem or not.

Remember, you are the expert on your body.



What is a risk factor?

Risk factors are things that might put you at a higher chance 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 such as whether you are male or female, your age, your race/ethnicity, and the diseases other people in your family have had.

Here's some risk factors you can change:

- Whether you smoke cigarettes, use smokeless or chewing tobacco.
- How much alcohol you drink.
- Whether you eat enough fruit and vegetables per day.
- Whether you are a healthy weight and not overweight or obese.
- Whether you protect yourself from the sun by using sunscreen, staying in the shade, or covering up.

Information about risk factors you can change:

Fruits and Vegetables:

Eating as many fruits and vegetables every day can help protect you from cancers of the mouth, pharynx, larynx, esophagus, stomach, colon, and rectum. Canada's Food Guide for First Nations recommends that adults have 7-10 servings of vegetables and fruits every day.

Physical Activity:

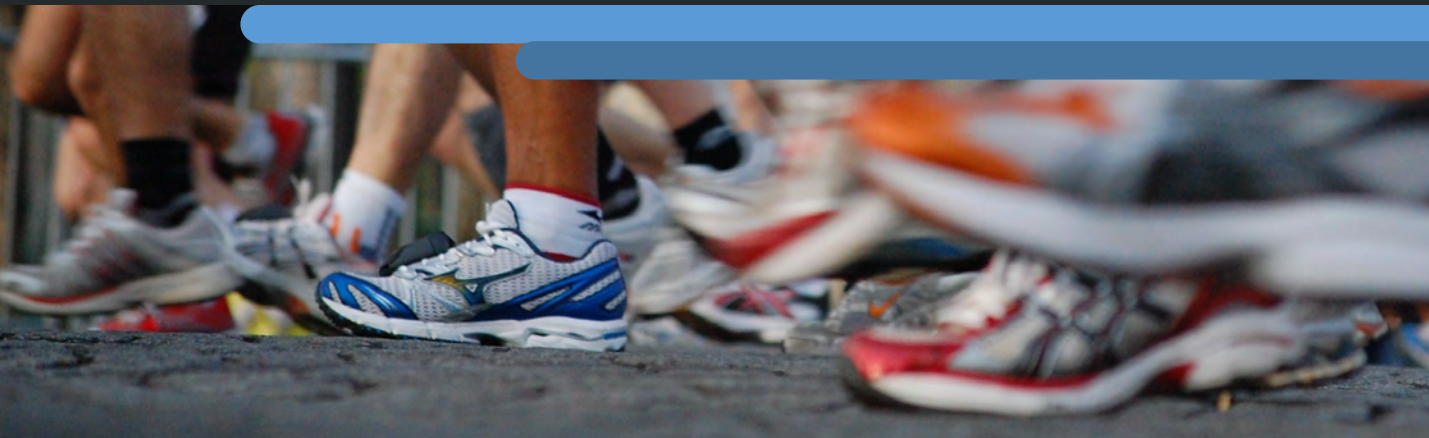
Physical activity, or exercise, can help protect you from colorectal cancer, and may also reduce the risk of breast cancer and endometrial cancer. You should be getting a minimum of 30 minutes of moderate to vigorous physical activity every day.

Obesity:

Obesity can make you more likely to develop many cancers including esophageal cancer, pancreatic cancer, gallbladder cancer, kidney cancer, and colorectal cancer. You can manage your weight by eating healthy and getting enough physical activity every day.

Alcohol:

Alcohol is related to cancers of the mouth, pharynx, larynx, esophagus, liver, colon, rectum, and breast. There is no "safe" amount of alcohol to drink - the less you drink the less your risk - but if you are going to drink, men should only have one drink per day and women should only have two. One drink is one bottle of beer, one small glass of wine, or one shot glass of hard liquor.



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

Signs and symptoms of colorectal cancer may include:

- Changes in your bowel movements
- Bright red or very dark blood in your stool
- 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

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, sometimes described as looking like orange peels
- Redness, swelling, and warmth in the breast
- Nipple turned inwards, if this is not normal for you
- Crusting or scaling of the nipple

Signs and symptoms of prostate cancer may include

- Needing to urinate (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 or urine in the semen
- Pain or stiffness in the lower back, hips, or upper thighs

For more information about warning signs for cancer and cancer prevention, visit the Canadian Cancer Society website at www.cancer.ca

Tobacco misuse and cancer

Traditional tobacco use

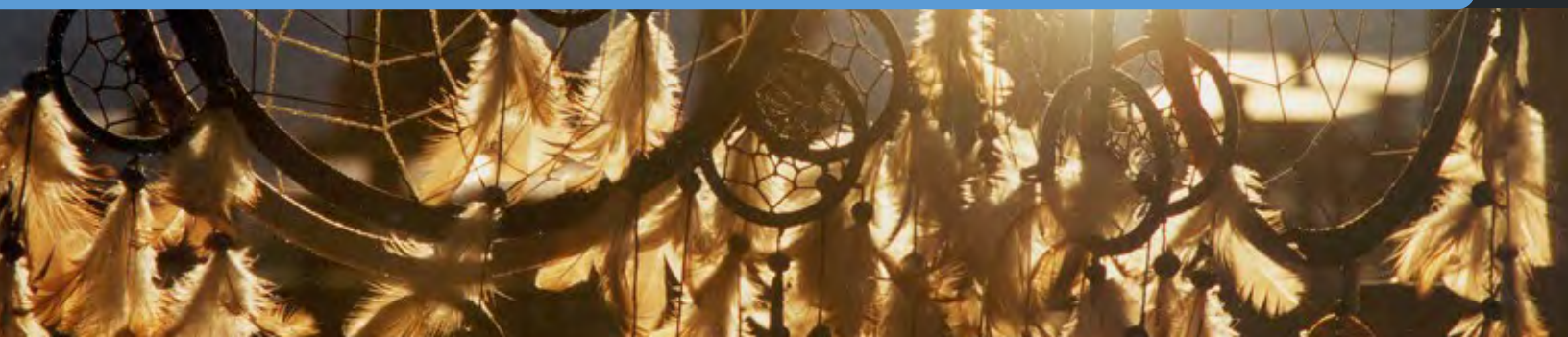
Many First Nations cultures traditionally use tobacco in ceremonies, rituals, and prayer. It is sometimes used as a medicine and has great spiritual significance. Some cultures smoke tobacco in a sacred pipe as a way to communicate with the spirits. Recreational use of tobacco or non-traditional use is viewed by many Elders as disrespectful to the traditional uses of tobacco. 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
- Lip, mouth, tongue and throat cancers
- Pancreatic cancer
- Liver cancer
- Stomach cancer
- Cancers of the nasal cavity
- Myelogenous leukemia (a cancer of the 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. There are over 4000 chemicals in cigarette smoke. 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.



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 damage to these sacs make it harder to breathe, but over time this can affect your heart and lead to heart disease.
- The chemicals in cigarette smoke build up in your 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 the 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.

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 websites and resources are listed below:

Smoker's Helpline:

Quitting assistance online, by text, or over the phone.

1.877.513.5333

www.smokershelpline.ca

Tobaccowise

A service specifically for Indigenous People.

www.tobaccowise.com

Center for Addiction and Mental Health—Tobacco Addiction Treatment Clinic

www.camh.ca—search for “tobacco clinic”



↳ Navigating the healthcare system



Navigating the healthcare system:

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

Screening

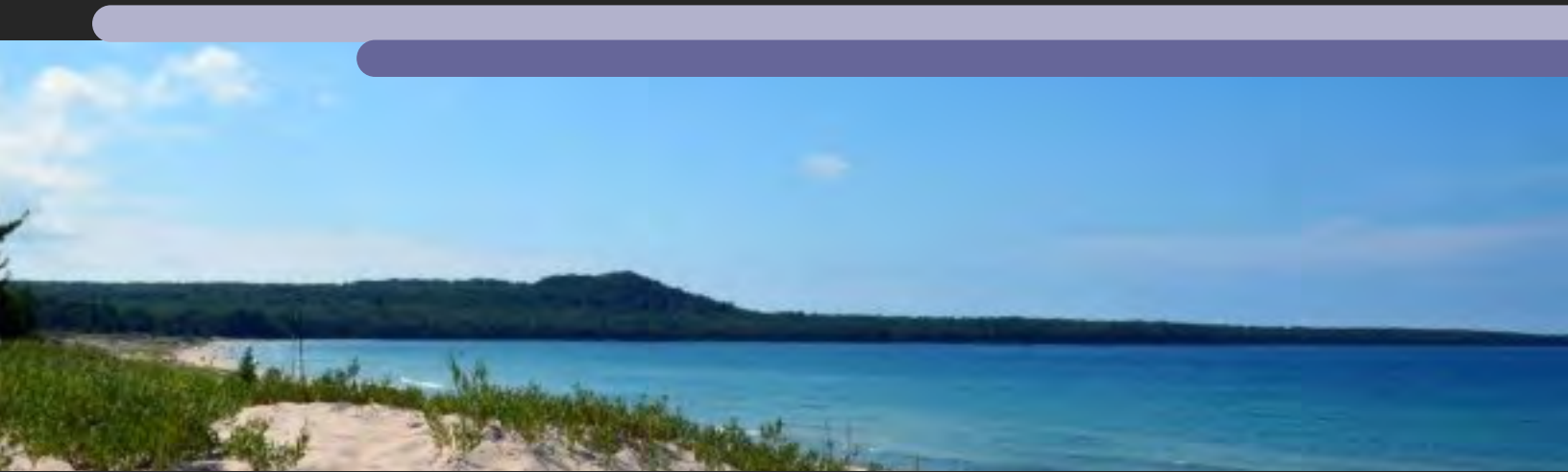
In general, most people will begin their journey with their family doctor or through participation in a screening program. An example is visiting the Ontario Breast Screening Program imaging clinic in your area every two years. People who do not have a regular family doctor will start out from a walk-in clinic or from the emergency room at a hospital. Wherever you went for screening or other testing your journey will begin if your results come back abnormal (not normal or unusual).

Diagnosing cancer

You will be referred for more tests if you have unusual results from a screening test or if you have symptoms of cancer that show up without screening. These tests will tell you if you have cancer or not. 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 others may need special tools or equipment that are available at other hospitals or health centres. 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 "What are cancer screening tests" 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 to whom 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 with the doctor, cancer centre, or hospital may take a long time. Be prepared to stay for a few hours. Take entertainment!



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. You may also choose to use additional complementary therapies. You are free to choose to have none of the Western cancer treatments as well. It is important to ask questions and educate yourself on your options.

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/MRI 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.

Palliative care

Palliative care focuses on controlling pain and symptoms related to your illness. It is a special type of health care provided to patients with life-threatening cancer. The goals of palliative care include relieving pain and symptoms, and supporting the social, mental, cultural, emotional, and spiritual needs of the patient and family. You may receive treatment for your cancer as well as palliative care at the same time.

Sometimes cancer patients are not able to have more treatment or more treatment will not work. Palliative care becomes end-of-life care at this point. In these cases the goal of palliative care is to keep the cancer patient comfortable by managing pain and any symptoms. 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.

Some of the Health Care Professionals you may meet:

Anesthesiologist: A doctor that specializes in giving drugs that can prevent pain during surgery and other procedures.

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 handle their daily activities.

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

Pharmacist: A health care professional who prepares your medications and can answer questions about your drugs.

Physiotherapist: A health care professional who can help a patient manage side effects of treatment.

Social Worker: A professional who is trained to talk to you about emotional and personal matters.


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

Registered Dietitian: A health care professional who has received training in diet and nutrition. A dietitian can provide information and meal suggestions to improve a patient's nutrition.



Community Resources Contact List:


Simcoe Muskoka
Regional Cancer Centre

 705-728-9090 ext. 43333

 www.rvh.on.ca

Indigenous Patient Navigator
705-728-9090 ext. 43133

Rotary Place Lodge

 705-739-5662


 www.rvh.on.ca

Barrie Area Native
Advisory Circle

 705-734-1818 ext. 235

 acb@banac.on.ca

Enahtig Healing Lodge
and Learning Centre

 705-534-3724 ext. 210


 enahtig@enahtig.ca

Georgian Bay Metis
Council

 705-526-6335

 www.georgianbaymetisCouncil.com


Chigamik Community
Health Centre

 705-527-4154


1-855-527-4154

 www.chigamik.ca

Traditional Healing:


 705-527-4154 ext. 204

Hospice Simcoe

 705-722-5995

 doris@hospicesimcoe.ca

North Simcoe Muskoka
Palliative Care Network

 1-877-235-2224

 www.palliativecarenetworksm.ca

Community Resources Contact List:

Orillia Native Women's
Group



705-329-7755



onwg@rogers.com

Contact: Donna MacDonald

Rising Sun Native
Women's Support
Group



705-7373532



admin@sunhousing.ca

Contact: Dawn Tufford

Georgian Bay Native
Women's Association



705-527-7043



gbnwa@rogers.com

Contact: Kathy St. Amant

Mamaway
Wiidokdaadwin
Indigenous
Interprofessional
Primary Care Team



705-503-9554



705-503-3955



Suite 200, 125 Bell Farm Rd
Barrie, Ontario L4M 6L2





Indigenous Patient Navigation Services at the Simcoe Muskoka Regional Cancer Centre:

The Indigenous Patient Navigator for the Simcoe Muskoka Regional Cancer program provides culturally and spiritually relevant support for Indigenous patients and their families throughout their cancer journey.

- Indigenous Patient Navigator Services offer:
- Help to access health care support services at home
- Coordination of traditional and non-traditional community resources and healing
- Counselling and support before, during, and after clinical appointments
- Liaison/support between the care team, patients and families
- Advocacy on behalf of patients
- Assistance with care planning
- Advocacy for respectful end-of-life care that is focused on the individual's goals and wishes.



Cancer myths



Cancer myths

There is a huge amount of information available about cancer, cancer treatments, cancer screening and prevention. It is important that you get your information from a reliable and trustworthy source. Here are some common myths and misconceptions about cancer for Indigenous people.

MYTH: Indigenous 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 that the rate of cancer among First Nations people is increasing. In fact, certain cancers are more common in First Nations populations. These include lung, breast and colorectal cancer. Cancer is the number three cause of death for First Nations people .

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. To learn more about the main types of treatment for cancer, see the "How is Cancer Treated?" section of this handbook.

MYTH: Cancer can't be cured.

TRUTH: When some cancers are found in the early stages, there is a good chance that the cancer can be cured. For example, up to 90% of colon cancers can be cured if they are found early enough. This is why screening programs are important and why you should report any changes to a health care professional.

MYTH: Cancer is unavoidable.

TRUTH: Cancer can be prevented by making healthy lifestyle choices like not smoking or getting enough exercise. Smoking is a known cause of cancer and is the cause of almost 30% of cancer deaths in Canada. 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 actually develops.

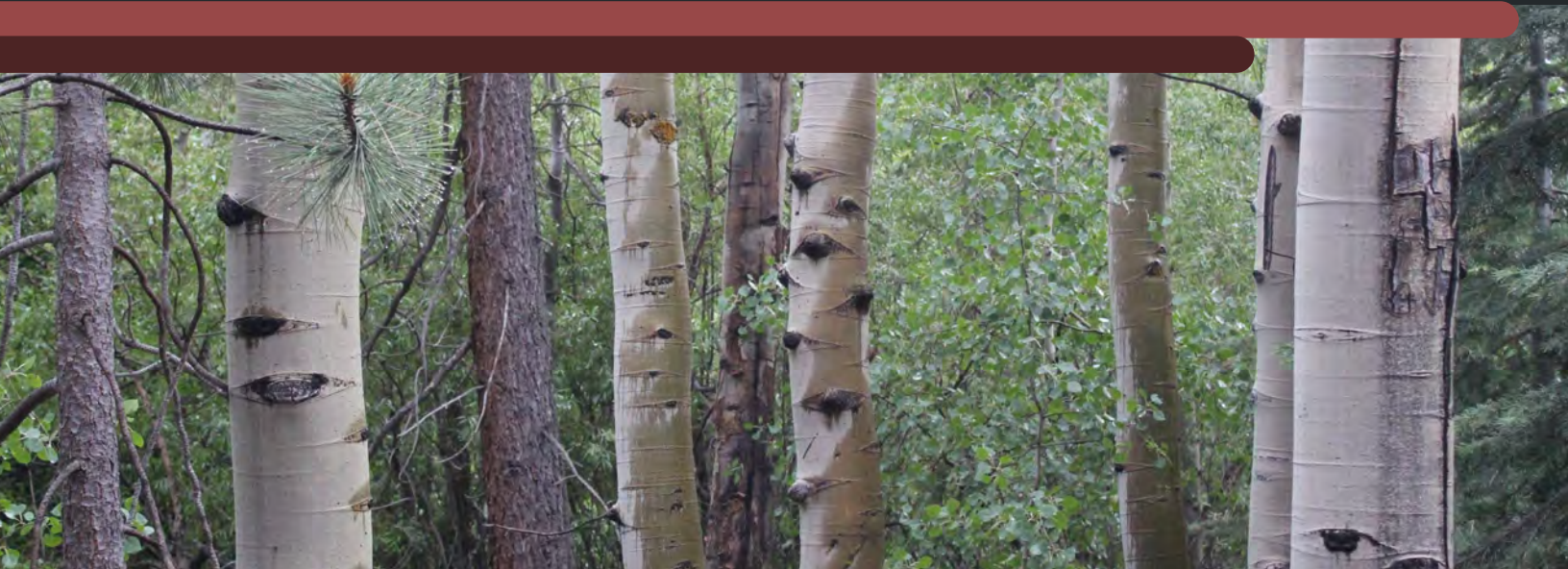
MYTH: A cancer diagnosis is a death sentence.

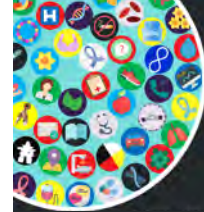
TRUTH: Cancer can be treated and cured. Once cancer is found, many treatments are available. People who have had cancer can live for many years following a cancer diagnosis.

MYTH: Cancer is always painful.

TRUTH: Some cancers never cause pain. However, if you detect a painless lump or notice a change to your body, don't assume it is not cancer. Speak to a health care provider.

TRUTH: Cancer is more common in older people. But, younger adults and children can also get cancer. Certain cancers are more common among younger people. For example, testicular cancer affects men between the ages of 15 and 49. Other cancers may be more common in older adults, but can occur in younger people. Examples of these cancers are leukemia (26% of cases are in children) and lymphoma (18% of cancer cases are in children). Although the risk of breast cancer is higher for older people, breast cancer is the most common cancer in young adults. Cancer is more common in older people, but can develop in people of all ages.





5 year survival rate

The percentage of people with a certain cancer who are living 5 years after their diagnosis or treatment. Your doctor may use this rate to explain the chance your cancer can be cured, or how well a certain treatment works.

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 in 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 creates an image of your bone on a computer screen or film. A radioactive substance is injected into your body (usually the hand/arm), which makes the bones easier to see under a special camera.

Brachytherapy	A type of radiation therapy where the radiation is placed inside or near a tumour.
Bronchoscopy	A procedure that uses a thin, flexible tube with a camera at the end to see inside of your windpipe and other air passages leading to the lungs.
Cancer	A disease where cells in your body grow out of control. These cells are not the same as your normal cells and cause problems in your body.
Carcinogen	A chemical or other substance that is known to cause cancer.
Carcinoma	A type of cancer that starts in cells that make up the skin or the tissue lining the organs, such as the liver or kidney.
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 inside the intestine.
Colposcopy	A test that looks at the cervix and vagina using a 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
CT Scan	A type of x-ray that combines many pictures using a computer.
Curettage	Removal of cells with a spoon shaped tool. A curettage is usually done to remove cells in the women's womb (uterus) or cervix.
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 Immunochemical Test (FIT)	A screening test for colon cancer that can be done at home. A stool sample is collected and sent to a laboratory 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
Grading	A system for determining how different cancer cells look from how the cells normally 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 adds, blocks or removes 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 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	Abnormal increase in number 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
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
Inflammation	A reaction of the body that involves swelling, redness, and pain. The area
Invasive	Cancer that has spread into surrounding
Leukemia	Blood cancer that affects the disease fighting parts of the blood, the white
Lobectomy	An operation to remove an all or part of an organ, for example a lobe of a lung.
Lobular carcinoma	Cancer that starts in the breast within the glands that make the breast milk.
Local anesthetic	A drug that causes a loss of feeling to a small area of the body. The patient will

Lumpectomy	An operation to remove tissue or cancer from a small area of the breast.
Lymph nodes	The small organs that are part of the lymphatic system. Lymph nodes help your body detect and fight germs and infections.
Lymphatic system	A body system made of lymph vessels, lymph nodes, and lymph fluid. The lymphatic system drains fluid, filters the blood and fights infections.
Lymphoma	Cancer of the lymphatic system.
Malignant	Cancerous
Mammogram	A type of x-ray which creates an image of your breast. The breast is placed between two plates. The x-ray goes through the plates to get a picture which helps to find cancer in the breast.
Mastectomy	An operation to remove the entire breast or as much breast tissue as possible.
Mediastinoscopy	A test to check the space between the lungs (mediastinum) using an endoscope (a thin, tube-like tool with a light and lens).
Metastasis or Metastases	The spread of cancer from one part of the body to the other. If it has spread to more than one body part, they are metastases. For example, breast cancer that has spread to the bones are called bone 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. For example, lung cancer that has spread is called metastatic lung cancer.
MRI	A test that uses magnetic forces and radio-frequency waves to make pictures of body
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 are fewer than normal neutrophils, a type of white blood
Noninvasive	<ol style="list-style-type: none">1. A cancer that has not spread.2. A medical procedure done without inserting any tools that break the skin or physically enter the body.
Nuclear medicine	Imaging tests that show how body parts look and work using radioactive substances. Special cameras are used to look at the radioactive substances in the body. A PET scan is an example of nuclear medicine.
Oncologist	A doctor who specializes in cancer
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 using a microscope.

PET Scan	A test to find cancers. A radioactive substance is injected usually into a vein in the hand. Special cameras 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 most, inner lining of some organs, such as in the large intestine.
Precancerous	Changes in your body that are 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 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 muscle, bones or connective tissue of the body.
Screening	Checking for a disease even if there are no symptoms.
Sigmoidoscopy	A test used to see inside the colon and rectum and check for polyps and cancers. The doctor uses a thin, flexible, tool with a light and a small video camera at its end.
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 lungs and stomach.
Stage	A way of describing the cancer. The stage depends on the size of the tumour, the number of tumours, if there is cancer in the nearby lymph nodes, and whether the cancer has spread. Stages are different for each type of cancer. Your doctor uses the stage to help plan your treatment.
Staging	The process of finding the stage of the cancer. This process may need a number of tests to be done.

Surgery

An operation to remove or fix body tissues and organs.

Tumour

A lump. In some cases it will be cancer, but in others it won't be.

Ultrasound

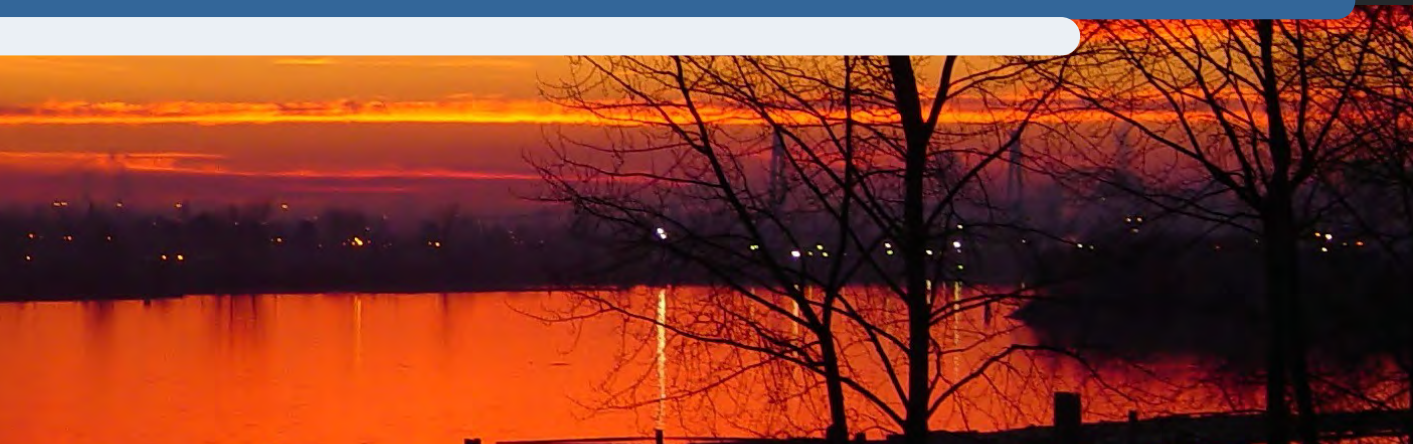
A test that uses sound waves to make echoes. These echoes can bounce off organs and make images that can be seen on a screen.

White blood cells

A type of blood cell that helps you 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.



Simcoe Muskoka
Regional Cancer Program



Royal Victoria
Regional Health Centre

A Cancer Care Ontario Partner