

# CANCER PATIENT NAVIGATOR QUICK TIPS

## **Includes:**

Cancer Types and Names

Recommended Cancer Screening

TNM Staging

Communication Tips

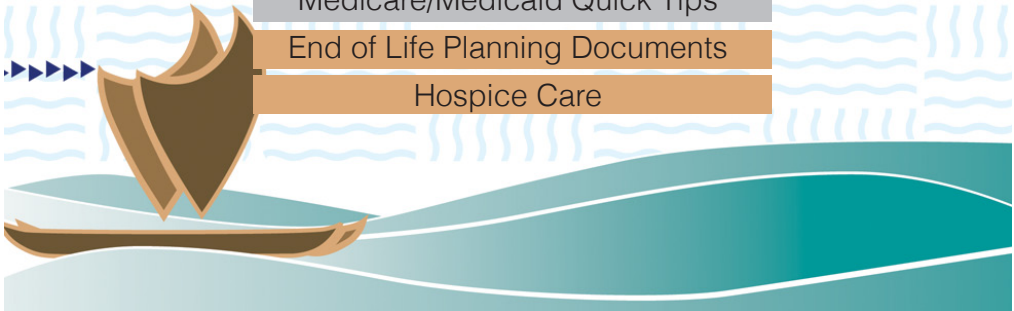
Community Resources for Clients

Referral Tip Sheet

Medicare/Medicaid Quick Tips

End of Life Planning Documents

Hospice Care



# HO'OKELE I KE OLA CANCER PATIENT NAVIGATION TRAINING PROGRAM

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# Different Kinds of Cancer

## *Some common carcinomas:*

Lung

Breast (women)

Colon

Bladder

Prostate (men)

## *Leukemias:*

Bloodstream

## *Lymphomas:*

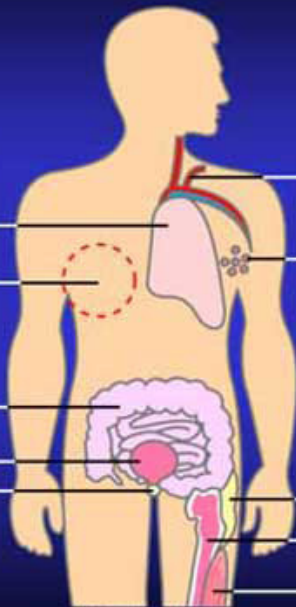
Lymph nodes

## *Some common sarcomas:*

Fat

Bone

Muscle

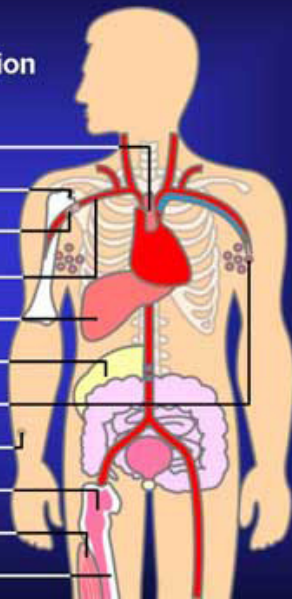


Revised by Jeanine Kelly, © 2004

# Naming Cancers

## Cancer Prefixes Point to Location

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



Artwork by Joanne Kelly, © 2004

# RECOMMENDED CANCER SCREENING

CA Type	Screening Test	Who & When?	How often?
Breast	Breast Self Exam	Women in early 20s	Monthly
	Clinical Breast Exam	Women age 20 - 30 years	Every 3 years
		Women age 40 and over	Every year
	Mammograms	Women, age 40 and over	Every year
Cervical	Pap test	Women age 21 years	First pap test
		Women age 21 to 30 years	Every 2 years
		Women age 30 and over	Every 3 years, if tested negative on last three tests
Endometrial	No screening tests available for women with	NOTE: Women at menopause at higher risk	Any abnormal symptoms should be report to a health professional
Ovarian	No standard or routine screening test currently available	Women in early 20s	Tests are available to detect ovarian cancer but are not used for screening.

CA Type	Screening Test	Who & When?	How often?
Colorectal	Fecal Occult Blood Test (FOBT)	Men & women age 50 and over	Every year
	Colonoscopy	Men & women	Every 10 years
	Flexible Sigmoidoscopy	Men & women age	Every 5 years
Lung	No screening test currently available	Men & women with a personal & family history	NOTE: new tests (e. g., spiral CT scanning) are being studied in clinical trials
Prostate	Digital Rectal Exam (DRE)	Men age 50 and over	Currently, tests are still being studied. It is important to discuss screening tests with your doctor.
	Prostate-specific antigen (PSA) blood test	Men age 50 and over	

## RECOMMENDED CANCER SCREENING

# TNM STAGING

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

## **Things to remember about TNM Staging:**

- Each cancer type has its own version of this classification system, so letters and numbers don't always mean the same thing for each cancer. For example, for some cancers, classifications may have subcategories, such as T3a and T3b, while others may not have a N3 category.
- Not all cancers are staged with TNM. Often this is because they grow and spread in a different way than most tumors. For example, leukemias affect the blood and bone marrow throughout the body, and so are not staged based on these factors.

### **For more information on staging visit:**

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

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

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

**THINGS TO REMEMBER ABOUT TNM STAGING**



# COMMUNICATION TIPS

<b>Where the Patient is...</b>	<b>Strategies for Moving the Patient Forward</b>
Patient resists change or has no intention to change (pre-contemplation)	Raise doubt—increase the perception of risks & problems with current behavior.
Patient is aware of need to change (contemplation)	Tip the balance: Suggest reasons to change and risks of not changing.
Patient may be ambivalent or makes plans to take action within the next month (preparation)	Help the person to determine the best course of action to take in seeking change.
Patient changes behavior (action)	Reinforce positive behavior changes and provide support as needed.
Patient works to maintain positive changes made (maintenance)	Help identify strategies to prevent going back to old behaviors.
Patient returns to old behaviors (relapse)	Help the person to renew the change process.

# O.A.R.S. Communication Strategy

## Open-Ended Questions

Ask questions that are non judgmental and encourage open discussion focused on the patient (for example, “Tell me about. . .” or “Describe to me...”).

## Affirmations

Sincerely acknowledge the difficulties the person has experienced & validate the patient’s experience and feelings.

## Reflective Listening

Repeat, rephrase, and paraphrase to check that you know what the patient really meant.

## Summarize

Reinforce 1) what has been said,  
2) that you have been listening carefully, then prepare the patient to move on.

### Your Role:

- Be non-judgmental.
- Encourage (don’t tell) the patient to make informed choices

Adapted from Motivational Interviewing Seminar, Doris Young

# COMMUNICATION TIPS

# COMMUNITY RESOURCES FOR CLIENT

## Ways to Find Resources in Your Community:

- 1) Use existing websites to compile contacts of credible organizations and agencies.
- 2) Contact agencies/organizations about the resources they offer and ask them:
  - What specific services/resources are provided by the agency?
  - Who qualifies for their services?
  - What documents, etc., does the patient need to apply ?
  - Are there deadlines or specific time periods to apply?
- 3) Talk to patients, families, friends, and fellow navigators to learn about available resources and tips to applying successfully.

## Helping Your Patients Access Resources

- 1) Assess patient's needs for resources.
- 2) Ask client about services that he/she already uses or knows about in the community.
- 3) Give him or her information on resources relevant to their needs.
- 4) Enable the patient to access resources and assist as needed.

Gauge your client's ability to access resources ask yourself, "Is/does this client..."	Yes or No?
able to communicate in English by phone, in writing and in person? And if not, can someone else communicate for client?	<input type="checkbox"/> Y <input type="checkbox"/> N
able to control of his or her emotions most of the time?	<input type="checkbox"/> Y <input type="checkbox"/> N
able to ask for assistance or help?	<input type="checkbox"/> Y <input type="checkbox"/> N
feel comfortable asking for help?	<input type="checkbox"/> Y <input type="checkbox"/> N
able to fill out the necessary paperwork?	<input type="checkbox"/> Y <input type="checkbox"/> N
have access to a phone, computer, and the internet?	<input type="checkbox"/> Y <input type="checkbox"/> N
have transportation to service sites?	<input type="checkbox"/> Y <input type="checkbox"/> N
have family or social support to help access resources?	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>All or mostly "yes" → Empower client to access resources for him or herself  Half "yes" → Empower client to access resources and assist him or her as needed  Mostly "no" → Take actions on client's behalf</p>	
<p><b>Note: This assessment is not comprehensive, so use your best judgment</b></p>	

## COMMUNITY RESOURCES FOR CLIENT

# REFERRAL TIP SHEET

As a navigator, you should know when to refer patients to other professionals or encourage them to ask their physician for a referral.

Here are some of the signs that may indicate a patient needs help.

When patient shows signs of....	Who pt. may need to see?
<ul style="list-style-type: none"><li>• Lack of appetite</li><li>• Rapid weight loss</li></ul>	Nutritionist
<ul style="list-style-type: none"><li>• Prolonged depression</li><li>• Loss of daily function (like dressing or bathing) due to emotional distress</li></ul> <ul style="list-style-type: none"><li>• Can't concentrate</li><li>• Feeling hopeless or helpless</li></ul>	Psychologist
<ul style="list-style-type: none"><li>• Poor coping with diagnosis</li><li>• Homelessness</li><li>• Lack of social support</li></ul> <ul style="list-style-type: none"><li>• Family of patient seems burned out</li><li>• Lack of financial resources</li></ul>	Social Worker
<ul style="list-style-type: none"><li>• Loss of daily function due to pain, discomfort, swelling, stiffness or lymphedema</li></ul> <ul style="list-style-type: none"><li>• Pain, fatigue, weakness, decreased endurance, difficulty balancing or sleeping</li></ul>	Physical Therapist

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

	<b>Medicare</b>	<b>MedQuest</b>
<b>Who Qualifies?</b>	<ul style="list-style-type: none"> <li>• Be a Hawaii resident</li> <li>• Be a U.S. citizen or legal immigrant</li> <li>• Be age 65 and older</li> <li>• If under age 65, must be certified to be blind or disabled</li> </ul>	<ul style="list-style-type: none"> <li>• Be a Hawaii resident</li> <li>• Be a U.S. citizen or legal immigrant</li> <li>• Be under age 65</li> <li>• Not blind or disabled</li> </ul>
<b>What do you need to qualify?</b>	<ul style="list-style-type: none"> <li>• Provide proof of identity, citizenship, and SSN</li> <li>• Not living in a public institution (e.g., prison)</li> <li>• Meet income and asset eligibility guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide proof of identity, citizenship, and SSN</li> <li>• Not living in a public institution (e.g., prison)</li> <li>• Not eligible to receive health insurance from employer</li> <li>• Meet asset eligibility guidelines (except for pregnant women and individuals &lt; 19 yrs)</li> <li>• Meet income eligibility</li> </ul>

Visit: [www.coveringkids.com](http://www.coveringkids.com) or <http://www.med-quest.us/> for more information

## **MEDICAID & MEDICARE QUICK TIPS**

# END OF LIFE PLANNING DOCUMENTS

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

## Reminders

***Copies of all documents should be given to the patient's***

- Doctors
- Family Members
- Health Care Agent

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

To get the forms and documents and where to go for help in filling them out,  
contact: Kokua Mau call (808) 585-9977 or visit  
<http://www.kokuamau.org/resources/advance-directives>

### **Download an Advance Health Care Directive Form**

[www.hawaii.gov/health/eoa/Docs/AHCD.pdf](http://www.hawaii.gov/health/eoa/Docs/AHCD.pdf)

### **To download a POLST form, get directions, and facts about the POLST**

[http://www.kokuamau.org/sites/default/files/uploads/Hawaii\\_POLST\\_Form.pdf](http://www.kokuamau.org/sites/default/files/uploads/Hawaii_POLST_Form.pdf)

<http://kokuamau.org/polst>

**END OF LIFE PLANNING DOCUMENTS**



# HOSPICE RESOURCES IN HAWAII

## What is Hospice Care?

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

## Where is it provided?

Hospice care is provided by an interdisciplinary team either at the patient's home, or in an in-patient or long-term care facility.

## Who pays for it?

Hospice is covered under Medicare, Medicaid, and most private insurance plans.

**For more information and hospice resources in Hawaii, call (808) 585-9977 or visit [www.kokuamau.org](http://www.kokuamau.org)**

## Hospice Resources in Hawaii

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

## YOUR QUICK TIPS