Cancer Patient Navigator
Quick Tips

Includes:

- Cancer Types and Names
- Common Cancer Terms
- Recommended Cancer Screening
- TNM System
- Communication Tips
- Community Resources for Clients
- Referral Tip Sheet
- Public Benefits Websites
- End of Life Planning Documents
- Hospice Care
Cancer Types

Some common carcinomas:
- Lung
- Breast (women)

Leukemias:
- Bloodstream

Lymphomas:
- Lymph nodes

Some common sarcomas:
- Fat
- Bone
- Muscle

Source: cancer.gov
<table>
<thead>
<tr>
<th><strong>Different Kinds of Cancer</strong></th>
</tr>
</thead>
</table>
| **Carcinomas**               | - the most common types of cancer  
                              | - Come from the cells that cover external and internal body surfaces |
| **Leukemias**                | - Cancers of the immature blood cells that grow in the bone marrow and tend to accumulate in large numbers in the bloodstream. |
| **Lymphomas**                | - Cancers that come from the lymph nodes and tissues of the body’s immune system. |
| **Sarcomas**                 | - Cancers coming from cells found in the tissues of the body such as bone, cartilage, fat, connective tissue, and muscle. |

Source: cancer.gov
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinoma in situ</td>
<td>Abnormal cells are only in the layer of cells in which they originally developed</td>
</tr>
<tr>
<td>Adjuvant therapy</td>
<td>Additional cancer treatment given to patients after primary treatment to lower the risk of the cancer coming back</td>
</tr>
<tr>
<td>Neoadjuvant</td>
<td>Treatment given as a first step to shrink the tumor before the main treatment</td>
</tr>
<tr>
<td>Brachytherapy</td>
<td>A type of radiation therapy where the radiation source is placed inside the area needing treatment</td>
</tr>
</tbody>
</table>

**Useful Website**

The National Cancer Institute  
*Understanding Cancer Series*  
http://cancer.gov/cancertopics/understandingcancer/cancer

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

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

Source: www.uspreventiveservicestaskforce.org

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

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

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

**TNM Staging**
Things to remember out TNM Staging:

- Each cancer type has its own version of this classification system, so letters and numbers don't always mean the same thing for every kind of cancer.

- Not all cancers are staged with TNM. Often this is because they grow and spread in a different way than most tumors.

For more information on staging, visit:
http://www.cancer.org/treatment/understandingyourdiagnosis/staging

For converting TNM to a stage group (roman numerals) visit:
http://www.cancerstaging.org/staging.index.html
## Communication Tips

### 12 Steps to Becoming a Better Listener

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

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

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

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

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

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

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

Remember your Role:
- Be non-judgmental.
- Don’t tell patients what to do, encourage them to make good choices

Communication Tips
### Community resources for Clients

#### Ways to Find Resources in Your Community:

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

#### Helping Your Patients Access Resources

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

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

Useful Community Resource Websites:

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

CancerCare
www.cancercare.org

Cancer and Careers
www.cancerandcareers.org

Aging & Disabilities Resource Center
http://hawaiiadrc.org

REMEMBER to empower your patients as appropriate — Use your judgment to determine the best course of action.

Community resources for Clients
# Referral Tip Sheet

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

<table>
<thead>
<tr>
<th>When the patient reports or shows signs of...</th>
<th>Who pt. may need to see?</th>
</tr>
</thead>
</table>
| • Lack of appetite  
• Rapid weight loss                          | Dietitian                |
| • Prolonged depression  
• Can’t concentrate  
• Feeling hopeless or helpless                 | Psychologist              |
| • Loss of daily function (like dressing or bathing) due to emotional distress |                        |
| • Poor coping with diagnosis  
• Family of patient seems burned out  
• Homelessness                                  | Social Worker             |
| • Lack of financial resources  
• Lack of social support                        |                         |
| • Loss of daily function due to pain, discomfort, swelling, stiffness or lymphedema  | Physical Therapist       |
| • Pain, fatigue, weakness, decreased endurance, difficulty balancing or sleeping |                         |
| • More than 1 primary cancer in a person  
• More than 1 cancer case in family             | Genetic Counselor        |
| • Early age(<50) of diagnosis in pt or relative |                         |

**NOTE:** Some referrals need a doctor’s order and/or approval from a pt’s insurance carrier.
Websites for Public Benefits:

Apply for Health Insurance
My Benefits Hawaii
http://mybenefits.hawaii.gov

Hawai‘i Temporary Assistance for Needy Families (TANF)
http://humanservices.hawaii.gov/bessd/tanf/

Social Security and Supplemental Security Income Disability programs
http://www.ssa.gov/disability/index.htm

Supplemental Nutrition Assistance Program (SNAP)
http://humanservices.hawaii.gov/bessd/snap/

Women, Infant, and Children (WIC) program
http://health.hawaii.gov/wic/
## End of Life Planning Documents

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Health Care Directive</td>
<td>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) &amp; Durable Power of Attorney for Health Care.</td>
</tr>
<tr>
<td>Living Will</td>
<td>Instructions on whether to prolong life, receive artificial nutrition, relief from pain, ethical, religious, and spiritual instructions, and other health care preferences a patient wants to be known by their family and care team.</td>
</tr>
<tr>
<td>Durable Power of Attorney for Health Care</td>
<td>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.”</td>
</tr>
<tr>
<td>Provider Orders for Life-Sustaining Treatment (POLST)</td>
<td>A legal document outlining a person’s end-of-life wishes: whether to have CPR; be taken to a hospital; receive artificial nutrition; and desired level of care. The document is valid across the state, in all settings, including a person’s home, nursing home, a long-term care facility, and in the hospital. Must be signed by the individual’s doctor or APRN.</td>
</tr>
</tbody>
</table>
REMINDERS

Copies of ALL documents should be given to the patient’s
• Doctors
• Family Members
• Health Care Agent /Durable Power of Attorney for Health Care

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

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

Contact: Kokua Mau at (808) 585-9977 or
visit: www.kokuamau.org/resources/advance-directives

End of Life Planning Documents
What is Hospice Care?
Hospice care is a type of palliative care offered in the last six months of life and focuses on caring, not curing.

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

Who pays for it?
Hospice is covered under Medicare, Medicaid, and most private insurance plans and is provided on all islands.

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

<table>
<thead>
<tr>
<th>O`ahu:</th>
<th>Other Islands:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Hospice</td>
<td>Hospice of Hilo</td>
</tr>
<tr>
<td>Hospice Hawaii</td>
<td>808-969-1733</td>
</tr>
<tr>
<td>Islands Hospice</td>
<td>Hospice of Kona</td>
</tr>
<tr>
<td>St. Francis Hospice</td>
<td>808-324-7700</td>
</tr>
<tr>
<td></td>
<td>North Hawaii Hospice</td>
</tr>
<tr>
<td></td>
<td>808-885-7547</td>
</tr>
<tr>
<td></td>
<td>Kaua`i Hospice</td>
</tr>
<tr>
<td></td>
<td>808-245-7277</td>
</tr>
<tr>
<td></td>
<td>Hospice Maui</td>
</tr>
<tr>
<td></td>
<td>808-244-5555</td>
</tr>
</tbody>
</table>
|                                            | Hospice Hawai`i-Moloka`i             | 808-533-4310
Hoʻokele i ke Ola
Cancer Patient Navigation Training Program
is supported through a supplemental grant to
ʻImi Hale Native Hawaiian Cancer Network,
a program of Papa Ola Lōkahi
(U54CA153459)