

Chapter 1 : Cancer patient care, prevention, treatment services | City of Hope

Recent therapeutic advances in cancer treatment indicate that cancer is becoming a chronic disease rather than a killer. This comprehensive text is the first to define and address the broad spectrum of acute and chronic internal medicine disorders that occur in cancer patients and cancer survivors as side-effects of the disease itself, or of the treatment regimens.

Listen Marijuana also known as pot, weed, Mary Jane, hash, etc. But the use of medical marijuana is legal in many states. Currently, 28 states and the District of Columbia allow medical marijuana but the qualifying conditions can vary. Marijuana has active ingredients called cannabinoids that can help regulate a number of biological functions in many organisms. Cannabidiol CBD is another cannabinoid that has many potential applications in cancer and other serious medical conditions. Cancer and Marijuana A number of studies involving individuals undergoing cancer treatment have shown that medical marijuana can help in managing the following: Marijuana can work similarly to opioids the strongest pain relievers available when treating individuals living with cancer related pain. Additionally, it may have anti-inflammatory effects that can help with pain. Some treatment plans may include both opioids and marijuana. Neuropathy is a medical term for nerve damage, which is a common complication of chemotherapy and other cancer treatments. It is typically characterized by a feeling of weakness, numbness, tingling, or burning in the hands and feet. Medical marijuana has been shown to provide relief for those experiencing pain from neuropathy. Many individuals living with cancer experience nausea and vomiting as a side effect of chemotherapy. There are many medications available to treat this symptom. Dronabinol is a synthetic cannabinoid that is approved by the U.S. Additionally, studies have shown that medical marijuana can be an effective treatment for nausea and vomiting. Anorexia is the medical term for loss of appetite. Cachexia and wasting syndrome is a phenomenon of unintentional weight loss, specifically the loss of lean muscle and fat. It is often accompanied by fatigue and a decline in functional abilities. The synthetic cannabinoid dronabinol is also FDA-approved for anorexia associated with acquired immune deficiency syndrome AIDS , but not specifically for cancer. There are limited studies that demonstrate the efficacy of medical marijuana in the management of these symptoms. Pre-clinical studies lab and animal testing show that marijuana may be effective in slowing down or stopping the growth of certain tumors. To date, there has been one small human trial to study this anti-cancer effect. However, there are other studies that show an association between recreational marijuana use and the development of certain cancers. These studies do not show that marijuana is a cause of these cancers, but only that there could be some link. Further research is needed to understand the safety profile and potential anti-neoplastic effects of this treatment. The labeling of marijuana as an illegal drug has greatly limited the research of its medical applications. However, there has been increasing interest in this field over the past few decades. More studies are needed to fully understand the exciting potential benefits to improve symptoms and quality of life for individuals living with cancer. Questions to Ask Your Health Care Team It is important to maintain open and honest communication with your health care team about any symptoms or pain that you are experiencing. This will help your health care team determine if medical marijuana is a treatment option for you. Here are a few questions you may want to ask your doctor when discussing if medical marijuana is appropriate for you: What are the medical marijuana laws in the state I live in? Each state has different laws dictating qualifying conditions and dispensing of medical marijuana. Medical marijuana and patient ID cards should not be used or transported out of state, given that the legal status of marijuana varies state to state. For up-to-date state and federal laws, visit www.marijuana.com. How can I be certified to receive medical marijuana? Registered doctors and nurse practitioners can certify you to receive medical marijuana. Ask your doctor to help you find a registered health care professional and about the certification process in your state. Will smoking marijuana do more harm than good? There are many different ways to take medical marijuana, like pills, edibles, vaporization, oils, drops, topical, or a spray. What are the side effects of medical marijuana? Keep in mind that side effects can vary from person to person based on the product used. Medical marijuana can cause some side effects and drug interactions that should be discussed with your health care team. Some side effects

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include sleepiness, mood changes, decreased blood pressure, and changes in heart rate. Get Support Oncology social workers understand the complex issues that can arise with a cancer diagnosis. To speak with a professional oncology social worker, call HOPE

Chapter 2 : Medical/Clinical Social Work Services in Cancer Care

Recent therapeutic advances in cancer treatment indicate that rather than a killer, cancer is becoming a chronic disease. This comprehensive text is the first to define and address the broad spectrum of acute and chronic internal medicine disorders that occur in cancer patients and cancer survivors as side-effects of the disease itself, or from treatment regimens.

Last year, he announced the launch of the Precision Medicine Initiative – a bold new research effort to revolutionize how we improve health and treat disease. These two strategies together hold the promise of curing cancer or, at least, transforming it into a manageable chronic disease. Negotiations and collaborations are launching now to decide which research trends and areas deserve the most support. Only disruptive innovations will be able to transform the status quo in cancer, leading patients to get more personalized and faster cancer care, while letting physicians do their job more effectively. Prevention and diagnosis Cancer diagnosis must be early and accurate. Many cancer types cannot be detected early enough at the moment, while others are detected in time, but treated too severely. This notion requires not only great healthcare facilities and new diagnosis technologies, but also the proactivity of patients. Fluid biopsy During cancer treatments, re-biopsies are needed many times. It means a new sample from the ever-changing tumour must be obtained to define the next step of the therapy. With the current, invasive biopsy techniques, this is a huge challenge not only for patients, but also for caregivers. Fluid biopsy extracts cancer cells from a simple blood sample. Real-time cancer diagnostics An intelligent surgical knife the iKnife was developed by Zoltan Takats of Imperial College London and works by using an old technology where an electrical current heats tissue to make incisions with minimal blood loss, but with iKnife the vaporized smoke is analyzed by a mass spectrometer to detect the chemicals in the biological sample. This allows real-time identification of malignant tissue. Surgeons will love this surgical Jedi knife which can significantly reduce the length of operations in oncology. This requires process innovation in healthcare, as well as more precise and specific cancer biomarkers supported by better screening technologies. Treatment Today, we either use chemotherapy to destroy any reproducing cells causing serious side effects; or targeted therapies which show low rates of response due to heterogeneity of the tumour and the poor accuracy of matching treatments to patients. The price of new drugs is going up steeply and personalized drugs cost even more, while effective cancer care be widely available to everyone. Next-generation targeted therapies In the case of AIDS, combining drugs with different targets resulted in the treatment that finally put a dent in the disease. Research shows the same applies to cancer, but combining the increasing number of cancer therapies has so far proven difficult due to the sheer number of possible combinations. New approaches in the field of systems biology that use computer models to predict therapy effects are promising to cut through this complexity, and deliver effective combinational therapies in the coming years. Over time, this will become the standard for assigning cancer treatment regimes. Artificial intelligence based therapy design Even if we can extract tumour cells from blood and sequence their DNA as fast as possible, making a decision about which treatment to choose next is still a struggle. Artificial intelligence algorithms can. Multi-functional radiology Without doubt, the future belongs to interdisciplinary innovations. Similar innovations in treatment delivery would decrease side effects significantly while boosting treatment effectiveness. In silico trials Current clinical trials take years and cost more than 2 billion dollars for every approved treatment. The number of failed drug candidates is enormous, so spending years and millions on a clinical trial is no guarantee it will lead to an approved treatment. This is a huge risk for pharma companies. In silico trials using advanced biological networks, or the organs-on-a-chip technique would enable analysing on hundreds of thousands of drug candidates on billions of virtual human physiological models in seconds with supercomputers. It would make drug discovery faster than ever. DNA cages Most cancer treatments today destroy not only cancerous cells, but also healthy ones. The ultimate goal is delivering drugs only to cells that need to be treated. Using DNA cages holding a payload of drugs might be the answer. This method could be used in clinical trials soon. Cancer cells can trigger the DNA cage to open and thus the drug could only make an impact on those cells, but not the healthy ones. Precision surgery

Surgeons using surgical robots such as DaVinci are capable of performing operations with previously unachievable precision. New technologies could improve their experience forever. Embedded, implanted and ingestible sensors In many cases, measuring health parameters at home would be a huge addition to cancer care. Measuring body temperature, for example, is a key in monitoring the effects of chemotherapy. Ingestible pillcams could be used to perform non-invasive routine checkups on the digestive system at home. Implanted sensors or digital tattoos could monitor every important vital sign, triggering an alarm to both the patient and the caregiver, so interventions can be planned as quickly as possible. Measuring lab markers at home Another important element of cancer care is blood tests. Qloudlab plans to roll out a device that would allow patients to check blood cell counts at home. Social media networks Networking sites such as SmartPatients and Inspire were designed to help patients find and support each other without geographical limitations. These patients can discuss symptoms, offer advice and moral support, and help cope with treatment side-effects like never before. The feeling of community and seeing others cope with the same hardships can boost not just the mental, but the physical well-being of cancer patients as well. Pain management Cancer and its treatments can induce extreme, chronic pain, and in the past, cancer patients were relegated to continuous, increasing doses of painkillers. Companies are now developing devices that help ease symptoms and side effects. A good example is Quell, a wearable technology with intensive nerve stimulation that is clinically proven to help manage chronic pain. Its use is FDA approved during the day while the patient is active, as well as at night during sleep. All these technologies show amazing promise and some of them are already in use. News shaping the future of healthcare Advice on taking charge of your health Reviews of the latest health technology The Medical Futurist Webicina Kft.

Chapter 3 : Cancer Center | Stanford Health Care

Recent therapeutic advances in cancer treatment indicate that cancer is becoming a chronic disease rather than a killer. This comprehensive text is the first to define and address the broad spectrum.

You might also like these other newsletters: Please enter a valid email address Sign up Oops! Please enter a valid email address Oops! Please select a newsletter We respect your privacy. Cancer patients facing death have many important choices to make. Planning ahead also can help cancer patients regain a sense of control that may have been lost during diagnosis and cancer treatment. Care Cancer patients do not have to spend their last days in a hospital ward. When doctors say further cancer treatment will be fruitless, efforts can switch to palliative care, which shifts the focus from curing the cancer to relieving pain and restoring quality of life for the patient. Hospice, a system of providing palliative care, is usually meant for people who are not expected to live longer than six months, although exceptions are often made depending on the circumstances. Because the focus is no longer on a cure, patients can receive palliative care in any one of a number of different settings. An important choice in cancer end-of-life issues is where the patient wants to live out the rest of his life. These medical facilities only provide palliative care. The rooms are designed to help patients feel at home and comfortable, with doctors, nurses, therapists, and medical staff available around-the-clock to help treat pain, emotional distress, and other symptoms. Hospice care also can be provided in your home, often at a lower cost than at a hospice center or hospital. Nurses make regular visits, but most care might be provided by friends and family. Many hospitals now offer hospice services. As with hospice centers, a medical team is available around-the-clock to help cancer patients maintain their quality of life. If the cancer patient has been living in a nursing home, he may decide to receive hospice care there. Most insurance plans, including Medicare and Medicaid, cover hospice care. Treatment Decisions Cancer end-of-life issues also involve what medical intervention, if any, the patient wants. In particular, cancer patients need to weigh whether to receive certain life-sustaining efforts. Doctors can use a ventilator attached to a breathing tube placed in the lungs to keep a person alive after he has lost proper lung function. Hospice patients have decided to forgo this extreme means of care. People who can no longer eat can be kept alive using liquid nutrients delivered by IV or through a tube inserted into the stomach. Some patients nearing the end of life may choose to reject this approach and get fluids and foods by mouth only as their hunger and thirst dictate, even if this results in little intake. Important Documents Decisions made by cancer patients regarding hospice care and medical treatments can and should be written down. There are two important documents a patient should fill out to make sure his wishes are followed: Also known as a living will, these instructions specify exactly what the patient wants and does not want for his end-of-life care. The directives contained in this document can be as simple or as complex as the patient chooses. A durable power of attorney. The patient selects a trusted family member or friend who knows his wishes and can make decisions for him if he becomes incapacitated. The patient can choose one person to make both health care and financial decisions, or one person to make medical decisions and another to take care of finances.

Chapter 4 : Medical Marijuana and Cancer | CancerCare

If you have been diagnosed with cancer, finding a doctor and treatment facility for your cancer care is an important step to getting the best treatment possible. Learn tips for choosing a doctor and hospital or treatment facility to manage your cancer care.

Next About 3, people are diagnosed with cancer each day in the United States, and many must still cope with the demands of daily life while treating their illness. Running Errands Cancer patients need to conserve their strength, and daily life contains so many chores that must be done. Walk her dog, refill her prescriptions, or pick up her kids after school. When you buy your groceries, offer to do her shopping as well. You can provide invaluable caregiving assistance by accompanying your loved one to these appointments. Before the visit, write down all of his questions and concerns to discuss with the doctor, and while you are there make sure all of them are addressed. Take detailed notes so you have an accurate record of what was said, including any specific directions or recommendations. Do a load of laundry. Cook a nutritious meal, then wash the pots and pans. Run a vacuum cleaner and dust. Take out the garbage. Mow the lawn, rake up fallen leaves, or clean up the backyard. Lending an Ear Some of the best caregiving you can provide involves just sitting and listening to your loved one. Let him open up about his emotions, fears, and concerns, but try not to automatically interject reassuring words or dole out advice. If you do that, you might interrupt his thought process or cause him to shut down. The best encouragement comes from reminding him of his special qualities or of other challenges he has bested. Rather than offer advice, discuss choices and allow the cancer patient to talk them through to reach the best decision. Bookkeeping Services Cancer is an expensive disease to treat, and an exhausting stack of bills will grow over time. You can help by organizing these bills and figuring out what is due when. If she is behind on payments, you might call hospital administrators on her behalf to work out a payment plan. You also can help your loved one apply for financial assistance. Keeping Up Morale Cancer patients can feel isolated and lonely. They also can become run-down by a constant trickle of visitors coming to their door. You can help by coordinating visits of groups of friends or family, so the patient can remain connected without becoming overwhelmed. You also can arrange for people to write cards and letters of support or send flowers. Getting Educated You can provide a lot of help to a cancer patient just by using your brain and the Internet. You also can learn about the medications that have been prescribed and help keep track of the dosing schedule. Finding More Support There are many forms of emotional support out there for cancer patients, but your loved one may not know about them. Ask hospital social workers about cancer support groups in the area, or look for online support. If more help is needed, suggest an oncology social worker or counselor to help the patient cope with feelings and emotions. You may not personally be able to provide all the assistance the cancer patient needs, but you can help find additional resources.

Chapter 5 : Cancer Patient Fund | Central Vermont Medical Center

Though spiritual care is associated with less aggressive medical care at the end of life (EOL), it remains infrequent. It is unclear if the omission of spiritual care impacts EOL costs. Patients were recruited from September 1, to August 31, from seven outpatient sites: Dana-Farber Cancer.

Chapter 6 : Patient-Centered Cancer Care - University of Mississippi Medical Center

Survivorship Clinics. Some cancer centers and hospitals have programs that specialize in long-term follow-up care for cancer survivors. Many NCI-Designated Cancer Centers and large community treatment centers offer some form of survivorship program or clinic for adults who have been treated for cancer.

Chapter 7 : Poll: Patients, caregivers worry about cost of cancer care

A new study from Duke University researchers shows that high out-of-pocket costs for cancer care causes distress for many patients, even though they carry health insurance.

Chapter 8 : 8 Caregiving Ideas to Help Cancer Patients - Cancer Center - Everyday Health

Cancer patients and survivors can find resources and support from CancerCare including counseling, support groups, financial assistance, workshops and other cancer information. Cancer Care Counseling.

Chapter 9 : Palliative care reduces odds of suicide in lung cancer patients

Cancer Caregiving: Running Errands. Cancer patients need to conserve their strength, and daily life contains so many chores that must be done. You can help out by shouldering some of your loved.