



ONCOLOGY PASSPORT

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Masculine pronouns are used generically in this document.

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## IMPORTANT PLEASE READ

Information provided in this booklet is for educational purposes only. It is not intended to replace the advice or guidance of a professional healthcare practitioner or as a substitute for medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

## WORD OF INTRODUCTION

This is the Oncology Passport for cancer patients, designed to help guide you through the various phases of your care experience. It can help you manage your appointments, treatments, exams, and various meetings with doctors, nurses, and other healthcare professionals. It also provides information on the symptoms you may experience during treatment and can help you decide when and whom to consult about your symptoms. You can use the passport to record information about your tests, exams, symptoms, and even your medication.

Everyone living with cancer receives an oncology passport. We have designed it to make your life easier and facilitate your contact with the care providers you deal with frequently in the health and social services network. It should be your constant companion when you go to the hospital, doctor's office, CLSC, or emergency room. Show it to your care providers; they will be interested in the information it contains. You can also download the Oncology Passport at [www.msss.gouv.qc.ca](http://www.msss.gouv.qc.ca) section **Publications**.

This Oncology Passport is the result of experiences pooled together from people living with cancer and the work of a group of oncology nurses from different care sectors and various regions of Québec. Medical oncologists and oncology pharmacists have reviewed the recommendations arising out of the latest clinical practice based on research evidence.

People living with cancer have told us that they found the Oncology Passport to be a useful and effective tool. Healthcare professionals also encouraged us to develop this handy tool for you. Since the first version came out in 2008, we gathered feedback from the initial users, which went into producing this revised edition.

The Programme québécois de cancérologie of the Ministère de la Santé et des Services sociaux would like to thank everyone who believed in and took part in this project, and who, along with the Direction, wants every individual living with cancer to receive the best possible care.

Cancer affects everyone differently and your Oncology Passport reflects your personal approach. It is yours to use as you see fit. Don't hesitate to share your concerns, questions, or comments with your healthcare providers.

**WE WISH YOU WELL AS YOUR JOURNEY BEGINS...**

## TABLE OF CONTENTS

1	Personal information and telephone numbers.....	1
2.	Health snapshot.....	2
3.	Professional support and other valuable resources.....	3
4.	Follow-up schedule, appointments and exams.....	9
5.	Treatment plan.....	21
	Surgery.....	21
	Chemotherapy and other treatments.....	23
	Radiotherapy.....	31
6.	Weight and blood tests.....	35
7.	Central venous catheter.....	40
8.	List of symptoms.....	42
9.	Monitoring symptoms at home.....	49
10.	List of medications.....	53
11.	Resources information.....	55
12.	Notes.....	60
	Passport evaluation.....	61



## 1 — PERSONAL INFORMATION AND TELEPHONE NUMBERS

Name: \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Name and number of a relative or friend to contact in the event of an emergency: \_\_\_\_\_

### Important telephone numbers

Oncology clinic: \_\_\_\_\_

Oncology emergency: \_\_\_\_\_

Info-Santé: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Hospital card member: \_\_\_\_\_

Health insurance plan: \_\_\_\_\_

Group number: \_\_\_\_\_

ID number: \_\_\_\_\_

24/7 service (you must register with your CLSC):



## 2 — HEALTH SNAPSHOT

Provide the information requested below to the best of your knowledge. If some information is missing, you can ask your doctor or your pivot nurse for assistance.

### Allergies:

- |          |                            |
|----------|----------------------------|
| 1. _____ | Type of reaction: 1. _____ |
| 2. _____ | Type of reaction: 2. _____ |
| 3. _____ | Type of reaction: 3. _____ |
| 4. _____ | Type of reaction: 4. _____ |
| 5. _____ | Type of reaction: 5. _____ |

Previous surgery: Yes ☐ No ☐

Name of surgery: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

### Other health problems:

- |   |   |
|---|---|
| <input type="radio"/> Heart condition _____     | <input type="radio"/> Arthritis _____               |
| <input type="radio"/> High blood pressure _____ | <input type="radio"/> Epilepsy _____                |
| <input type="radio"/> Diabetes _____            | <input type="radio"/> Anticoagulant treatment _____ |
| <input type="radio"/> Respiratory problem _____ | <input type="radio"/> Other health problems _____   |
| <input type="radio"/> Kidney disorders _____    | _____   |

### 3 — PROFESSIONAL SUPPORT AND OTHER VALUABLE RESOURCES

The composition of your healthcare team depends on *your needs* and is designed to help you deal with your illness and make the most out of every day. Your healthcare providers work *together* to provide you with the best care and treatment. If you have any questions, don't hesitate to contact any member of your team.

The list of resources lets you see how your healthcare team is structured and what each team member does. We encourage you to enter the names and *contact information* of your *healthcare providers*.

#### Healthcare team

##### Pivot Nurse

Nurse who acts as a resource person throughout the course of the disease, who assesses your resources and healthcare needs, who informs and supports you.

Name:

Telephone number:

Fax:

Email:

##### Oncology Clinic Nurse

Nurse who administers treatments and answers your questions about your treatments and concerns.

Name:

Telephone number:

Fax:

Email:

**Research Nurse**

Nurse who assists you in the coordination of care related to a research protocol.

Name:

Telephone number:

Fax:

Email:

**Oncologist**

This doctor specializes in cancer treatment.

Name:

Telephone number:

Fax:

Email:

**Surgeon**

Medical specialist who performs surgical procedures to remove tumors.

Name:

Telephone number:

Fax:

Email:

**Radiation Oncologist**

This doctor specializes in using radiation to treat cancer.

Name:

Telephone number:

Fax:

Email:

**Radiation Oncology Technician**

Technician who works in conjunction with a radiation oncologist and medical physicist to plan and administer radiation therapy treatments, who teaches patients how to deal with the side effects of the treatment.

Name:

Telephone number:

Fax:

Email:

**Psychosocial Resources**

Professionals such as social workers, psychologists, psychiatrists, sex therapists, spiritual-care professionals, and others can provide support.

Name:

Telephone number:

Fax:

Email:

Name:

Telephone number:

Fax:

Email:

**Oncology Pharmacist**

Pharmacist who prepares your chemotherapy treatment and explains it in detail, who tells you about potential side effects and how to minimize them.

Name:

Telephone number:

Fax:

Email:

**Other Healthcare Professionals**

Other healthcare professionals team members such as physical therapists, occupational therapists, and nutritionists can assess your physical needs and advise you on ways to improve your quality of life.

Name:

Telephone number:

Fax:

Email:

Name:

Telephone number:

Fax:

Email:

**Volunteer Resources**

Name:

Telephone number:

Fax:

Email:

**Other**

Name:

Telephone number:

Fax:

Email:

Notice: At the end of active treatment, your doctors and nurses will tell you who will be in charge of follow-up.

## Community healthcare team

### CLSC

CLSC resource person.

Name:

Telephone number:

Fax:

Email:

### Family Doctor

Plays a key role in monitoring your overall health.

Name:

Telephone number:

Fax:

Email:

### Pharmacist

Pharmacist who gives you your medicine.

Name:

Telephone number:

Fax:

Email:

**Palliative-Care Team**

Name:

Telephone number:

Fax:

Email:

**Dentist**

Name:

Telephone number:

Fax:

Email:

**Community Volunteer Resources**

Name:

Telephone number:

Fax:

Email:

**Other**

Name:

Telephone number:

Fax:

Email:

## 4 — FOLLOW-UP SCHEDULE, APPOINTEMENTS AND EXAMS

Legend:

<b>C</b>	Chemotherapy	<b>T</b>	Blood tests	<b>NUR</b>	Nurse	<b>PSYCH</b>	Psychologist	<b>OT</b>	Occupational therapist
<b>R</b>	Radiotherapy	<b>CLSC</b>	CLSC	<b>PNO</b>	Pivot Nurse	<b>P</b>	Psychiatrist	<b>NUT</b>	Nutritionist
<b>E</b>	Exams	<b>MD</b>	Doctor	<b>SW</b>	Social worker	<b>ST</b>	Sex therapist	<b>PHT</b>	Physiotherapist

Month:




































Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



**Legend:**

<b>C</b>	Chemotherapy	<b>T</b>	Blood tests	<b>NUR</b>	Nurse	<b>PSYCH</b>	Psychologist	<b>OT</b>	Occupational therapist
<b>R</b>	Radiotherapy	<b>CLSC</b>	CLSC	<b>PNO</b>	Pivot Nurse	<b>P</b>	Psychiatrist	<b>NUT</b>	Nutritionist
<b>E</b>	Exams	<b>MD</b>	Doctor	<b>SW</b>	Social worker	<b>ST</b>	Sex therapist	<b>PHT</b>	Physiotherapist

**Month:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						
						
						
						
						

**Legend:**

<b>C</b>	Chemotherapy	<b>T</b>	Blood tests	<b>NUR</b>	Nurse	<b>PSYCH</b>	Psychologist	<b>OT</b>	Occupational therapist
<b>R</b>	Radiotherapy	<b>CLSC</b>	CLSC	<b>PNO</b>	Pivot Nurse	<b>P</b>	Psychiatrist	<b>NUT</b>	Nutritionist
<b>E</b>	Exams	<b>MD</b>	Doctor	<b>SW</b>	Social worker	<b>ST</b>	Sex therapist	<b>PHT</b>	Physiotherapist




































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


































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


































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



























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## 5 — TREATMENT PLAN

### Surgery

Your treatment plan may include surgery. Do not hesitate to ask a team member to help you to complete this section.

Date	Surgical procedure	Follow-up and recommendations	Comments

Date	Surgical procedure	Follow-up and recommendations	Comments

**Chemotherapy and other treatments**

When you go in for treatment, ask the nurse or pharmacist to enter the names of your chemotherapy medications and other drugs in the table below. This information will be valuable should you have side effects or symptoms after your treatment.

Date of first chemotherapy treatment: \_\_\_\_\_

Date	Chemotherapy or other treatment (including medications given before and after chemotherapy)	Drugs to be taken at home after treatment	Comments

Date	Chemotherapy or other treatment (including medications given before and after chemotherapy)	Drugs to be taken at home after treatment	Comments

Date	Chemotherapy or other treatment (including medications given before and after chemotherapy)	Drugs to be taken at home after treatment	Comments



Date	Chemotherapy or other treatment (including medications given before and after chemotherapy)	Drugs to be taken at home after treatment	Comments

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Date	Chemotherapy or other treatment (including medications given before and after chemotherapy)	Drugs to be taken at home after treatment	Comments

Radiotherapy

When you visit the radiotherapy department, ask the nurse, technician, or radiation oncologist to enter information about your radiotherapy treatment below.

Area of body treated: \_\_\_\_\_

Type of radiotherapy:      ☐ External beam radiotherapy      ☐ Brachytherapy

Expected number of treatments: \_\_\_\_\_

Expected duration of treatment (weeks): Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Date or week	Radiotherapy treatment	Comments



Date or week	Radiotherapy treatment	Comments





## 6 — WEIGHT AND BLOOD TESTS

You may receive certain drugs that reduce blood-cell production. We will test your blood regularly to make sure your cell count is not low. Other tests may also be conducted.

### **Weight:**

Used to adjust the dosage of your chemotherapy.

### **Hemoglobin:**

Provides information about your red blood cells' ability to carry oxygen from the lungs to the rest of the body.

- If the value is too low, you may experience symptoms such as acute fatigue or weakness, dizziness, or persistent shortness of breath.

### **Neutrophils:**

Provides information about your white blood cells' ability to fight infections.

- If the count is too low, you may develop an infection, which often results in fever.

### **Platelets:**

Help produce blood clots, which prevent prolonged bleeding in the event of injury.

- If the count is too low, you may bleed or bruise more than usual.



Date	Weight (kg)	Hemoglobin (120-160g/L)	Neutrophils (2.1-6.7 X 10 <sup>9</sup> /L)	Platelets (140-450 X 10 <sup>9</sup> /L)	Others



**You are receiving red blood cell stimulating agents**

Name of medication: \_\_\_\_\_

Dosage	Start Date	Stop Date (final dose)

**You are receiving white blood cell stimulating factors**

Name of medication: \_\_\_\_\_

Dosage	Start Date	Stop Date (final dose)

**You are receiving anticoagulant drug (to thin your blood and prevent clot formation)**

Name of medication: \_\_\_\_\_

Dosage	Start Date	Stop Date (final dose)

## 7 — CENTRAL VENOUS CATHETER

Ask your nurse to indicate the type of catheter used, if any:

☐ Catheter name: \_\_\_\_\_

Date of insertion: \_\_\_\_\_

Your nurse at the oncology clinic or CLSC will regularly rinse your catheter and change the dressing according to your center's practices.

**If you experience the following severe symptoms:**

- **Acute shoulder pain**, or ear or neck pain

or

- **Pain** or **burning sensation, redness, heat, swelling**, or **discharge** in the area around the point of entry of the catheter, accompanied by fever (over 38°C)

**You should:**

- Call this emergency number: \_\_\_\_\_

or

- Immediately go to the emergency room.

**If you experience the following symptoms:**

- **Pain** or **burning sensation**, **redness**, **heat**, **swelling**, or **discharge** in the area around the catheter, **without fever**.  
or
- The **catheter** is accidentally withdrawn, either partially or completely.

**You should:**

- Immediately notify the nurse at your health center: \_\_\_\_\_  
or
- Call the emergency oncology number: \_\_\_\_\_  
or
- Go to the emergency room.



## 8 — LIST OF SYMPTOMS

Treatments you receive are intended to treat the disease, but they may sometimes result in the side effects listed below. However, your healthcare team may be able to suggest ways to relieve side effects, thereby improving your quality of life.

The following is a general list of symptoms that may arise depending on the treatment you receive. If you have one or more of them, it is important that you notify your contact people as soon as possible. During the day, contact your professional support team (p. 3 to 8). During the evening, call Info-Santé 811 or any other emergency number given to you by the treatment team. However, don't hesitate to call if you are concerned about any other symptoms or situations that may arise.

**Please note that this table is only a guide. Remember that you can best assess what you are feeling. Trust your feelings. Do not stay at home and allow a situation to worsen and potentially lead to complications and/or delay your treatment. If you have any of these symptoms but are unable to reach a healthcare provider to assess your physical condition, you must go to the emergency room.**

Symptoms	Report if: During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	Go to the emergency room if:
Fever during chemotherapy or radiotherapy treatments		<ul style="list-style-type: none"> <li>• Temperature over <b>38°C</b> for <b>more than one hour</b> or</li> <li>• Temperature over <b>38.3°C</b></li> <li>• In both cases, <b>do not take</b> anti-inflammatory drugs or acetaminophen, since they could mask the fever</li> </ul>
Fever 6 weeks or more after treatment has ended	<ul style="list-style-type: none"> <li>• Temperature <b>over 38.3°C</b></li> </ul>	
Pain	<ul style="list-style-type: none"> <li>• Known pain that is not relieved by current pain medication</li> <li>• New pain</li> <li>• Pain that keeps you from carrying out everyday activities</li> <li>• <i>Increased level of pain</i></li> </ul>	<ul style="list-style-type: none"> <li>• New acute pain</li> <li>• Intolerable pain</li> </ul>

Symptoms	Report if: During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	Go to the emergency room if:
<b>Fatigue</b>	<ul style="list-style-type: none"> <li>• Persistent fatigue over several days</li> <li>• Fatigue that reduces your quality of life and prevents you from carrying out everyday activities</li> <li>• Shortness of breath after exertion</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme sudden fatigue with chest pain, palpitations (sensation of increased heartbeat), or both</li> </ul>
<b>Shortness of breath</b> (difficulty breathing)	<ul style="list-style-type: none"> <li>• Difficulty breathing</li> <li>• Out of breath more easily than usual</li> <li>• Shortness of breath with cough with or without sputum</li> <li>• Shortness of breath that keeps you from carrying out everyday activities</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden shortness of breath with chest pain</li> <li>• Sudden shortness of breath and inability to speak or lie down, or both</li> <li>• Shortness of breath with fever of <b>more than 38°C for one hour or fever of more than 38.3°C</b></li> </ul>
<b>Anxiety</b>	<ul style="list-style-type: none"> <li>• Anxiety that affects your mood</li> <li>• Inability to think clearly or relax</li> <li>• Anxiety that prevents you from conducting everyday (family and social) activities</li> <li>• Difficulty sleeping, difficulty concentrating, frequent crying, loss of interest, loss of appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety accompanied by trembling, tightness in throat, difficulty breathing</li> <li>• Panic attack</li> </ul>

Symptoms	<b>Report if:</b> During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	Go to the emergency room if:
<b>Drowsiness</b> (tendency to fall asleep easily)	<ul style="list-style-type: none"> <li>• Drowsiness that keeps you from carrying out everyday activities</li> <li>• Difficulty staying awake</li> </ul>	<ul style="list-style-type: none"> <li>• Unusual difficulty waking the person</li> </ul>
<b>Insomnia</b> (difficulty sleeping)	<ul style="list-style-type: none"> <li>• Insomnia for three (3) days</li> <li>• Insomnia that does not respond to prescribed medication or other interventions</li> <li>• Insomnia that keeps you from carrying out everyday activities</li> </ul>	
<b>Numbness</b>	<ul style="list-style-type: none"> <li>• Tingling or numbness in the hands or feet; insensitivity to hot or cold</li> <li>• Numbness that does not respond to prescribed medication</li> <li>• Difficulty walking</li> <li>• Difficulty holding objects</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden difficulty walking</li> </ul>

Symptoms	Report if: During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	Go to the emergency room if:
<b>Bleeding</b>	<ul style="list-style-type: none"> <li>• Nose bleeds</li> <li>• Bloody urine</li> <li>• Bloody stool</li> <li>• Blood in sputum</li> <li>• Presence or multiple contusions (bruises) on skin</li> </ul>	<ul style="list-style-type: none"> <li>• Constant nosebleeds despite applying pressure for 10 minutes</li> <li>• Vomiting blood</li> <li>• For women: use of one or more sanitary pads per hour</li> </ul>
<b>Nausea</b> (sick to your stomach)	<ul style="list-style-type: none"> <li>• <i>Persistent</i> nausea despite prescribed medication</li> <li>• Vomiting</li> <li>• Nausea that prevents you from taking prescribed medication</li> </ul>	
<b>Vomiting</b>	<ul style="list-style-type: none"> <li>• Vomiting more than three (3) times in 24 hours</li> <li>• Vomiting that does not respond to prescribed medication or other interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated vomiting that prevents you from drinking and eating</li> <li>• Inability to keep down food and liquids</li> <li>• Vomiting that prevents you from taking prescribed medication</li> <li>• Vomiting blood or black liquid</li> <li>• Vomiting with <i>intolerable</i> stomach pain</li> <li>• Vomiting with <i>intolerable</i> headache</li> </ul>

Symptoms	<b>Report if:</b> During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	<b>Go to the emergency room if:</b>
<b>Diarrhea</b>	<ul style="list-style-type: none"> <li>• More than three (3) watery stools a day</li> <li>• Diarrhea that does not respond to prescribed medication</li> <li>• Blood in stools or (tarry) dark stools</li> </ul>	<ul style="list-style-type: none"> <li>• More than ten episodes of diarrhea (watery stools) a day</li> <li>• Diarrhea with <i>intolerable</i> stomach or rectal pain</li> <li>• Diarrhea with <b>fever of more than 38°C for one hour</b> or <b>fever of more than 38.3°C</b></li> </ul>
<b>Constipation</b>	<ul style="list-style-type: none"> <li>• No bowel movements for three (3) days</li> <li>• Constipation that does not respond to prescribed medication</li> <li>• Stools that are very hard, difficult to evacuate</li> <li>• Stomachache or cramping</li> <li>• Swollen or bloated stomach</li> <li>• No passing of gas</li> </ul>	<ul style="list-style-type: none"> <li>• No bowel movements for three (3) days with <i>intolerable</i> stomachache, nausea (sick to your stomach) and vomiting, bloated stomach, no passing of gas</li> </ul>
<b>Loss of appetite</b>	<ul style="list-style-type: none"> <li>• Loss of appetite lasting more than three (3) days</li> <li>• Rapid weight loss</li> </ul>	

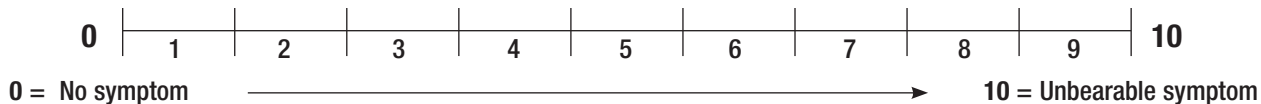
Symptoms	Report if: During the day: contact your professional support team (p. 3 to 8). During the evening: call Info-Santé 811 or any other emergency number given to you by the treatment team.	Go to the emergency room if:
<b>Stomatitis</b> (red spots, mouth ulcers)	<ul style="list-style-type: none"> <li>• Red spots, ulcers in mouth with pain and difficulty swallowing or eating</li> <li>• Mouth pain that does not respond to prescribed medication or other interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Ulcers, red spots in mouth that prevent the swallowing of liquids, including drugs, for <b>more than 24 hours</b></li> <li>• Lesions in the mouth with <b>fever of more than 38°C for one hour</b> or <b>fever of more than 38.3°C</b></li> </ul>
<b>Esophagitis, gastritis</b> (pain in digestive tract, stomach)	<ul style="list-style-type: none"> <li>• Pain, burning sensation in throat, neck, chest, or stomach</li> <li>• Difficulty eating</li> <li>• <i>Reflux</i> of liquid in throat or mouth</li> <li>• Esophagitis, gastritis that does not respond to prescribed medication</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting blood</li> </ul>
<b>Skin reaction</b>	<ul style="list-style-type: none"> <li>• Presence of redness, rash or pimples, dryness, itchiness, tenderness, skin that is irritated, cracking, peeling or oozing</li> </ul>	

## 9 — MONITORING SYMPTOMS AT HOME

If you monitor your symptoms at home, this scale from 0 to 10 can help you to determine and record the levels of severity and keep track of the methods you use to relieve them.

You should have this information on hand when going to your clinic or telephoning for assistance, since attending medical staff could find it of help in identifying the best steps for relieving your symptoms.

The following example uses pain as an example. The scale can be applied to any symptom you experience.



**Example for table below: If you have no pain, enter 0 in the “pain” column.**

**If you have any level of pain, enter the relevant number based on the scale above.**

**Follow the same procedure for all other symptoms.**

In the appropriate cell and based on the scale provided above, write down the degree at which you perceive each symptom.





Date	Fever	Pain	Fatigue	Shortness of breath	Anxiety	Drowsiness	Insomnia	Numbness	Bleeding	Nausea	Vomiting	Diarrhea	Constipation	Loss of appetite	Stomatitis	Esophagitis, gastritis	Skin reaction	Others	What did you do to relieve the symptom?



## 10 — LIST OF MEDICATIONS

Your local or hospital pharmacy may be able to print out a list of drugs you have been prescribed.

**Ask for a printout and keep it in the flap of your passport.**

Before your chemotherapy treatment, you should tell your hematologist/oncologist and oncology pharmacist about any nonfood substance (**natural products, vitamins, and others**), you consume, even occasionally. Certain substances can interact with your chemotherapy drugs either by reducing the effectiveness of the treatment or increasing treatment side effects.

Indicate below any nonfood substance you consumed in the past six months or still consume.

[illegible]

## 11 — RESOURCES INFORMATION

### Quebec Cancer Foundation

People living with cancer and their loved ones can have information, resources, and services from the foundation at no charge and confidentially like:

- Clearinghouse and information resource center: This center maintains a broad variety of up-to-date information in both electronic and print formats about resources throughout Québec. The center can also send you information at no charge.
- French-language Internet portal for cancer information Ligne Info-cancer: Providing answers to your questions.
- Ligne Info-cancer: Providing answers to your questions.
- Telephone peer support: When you need someone to talk to.
- Accommodations network in Montréal, Trois-Rivières, Sherbrooke, and Gatineau.

**A single number: 1 800 363-0063, Monday to Friday, 9 a.m. to 5 p.m. – Website: [fqc.qc.ca/en](http://fqc.qc.ca/en)**

## Canadian Cancer Society (CCS)

The Canadian Cancer Society offers many services to support and inform people living with cancer and their families:

- Cancer Information Service staffed by well-trained specialists who can answer your questions and provide quality information over the telephone or by e-mail.
- Cancer J'écoute is a personalized service that pairs an individual with cancer (or a family member) with a qualified volunteer who has lived through a similar experience.
- Support, visualization, and art-expression in the CCS's 14 regional offices.
- Financial assistance (transportation, parking, surgical bra, compression sleeves, intervention to prevent lymphedema, etc.) and material assistance, including loans of wigs and free temporary breast prostheses.
- Lodge in Montréal to accommodate cancer patients from outside the city.
- Straightforward pamphlets about many cancers and their treatment.
- A directory of services available in your community.
- A documented Web site featuring electronic versions of pamphlets and an extensive medical encyclopedia.

**A single number: 1 888 939-3333 – Website: [cancer.ca/en](http://cancer.ca/en)**

## Leucan

Leucan's mission is to promote the well-being, cure, and recovery of children living with cancer and to provide support to their families.

While supporting clinical research and Québec's four pediatric-oncology centers, Leucan accompanies children and their families through all the steps of the disease and, when necessary, through the bereavement process. Its many services and programs are geared to take care of each family member.

- Intake, support, and follow-up services
- Financial assistance
- Massage-therapy program
- Directed services in most of Québec's pediatric-oncology centers
- Social and recreational activities, including the Vol d'été Leucan-CSN camp
- School awareness program
- Bereavement follow-up program

**A single number: 1 800 361-9643 – Website: [leucan.qc.ca/en](http://leucan.qc.ca/en)**



## Other resources and their website

Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux (ACÉSSS)	<a href="http://accesss.net">accesss.net</a>
Cancer Colorectal Canada	<a href="http://colorectalcancercanada.com">colorectalcancercanada.com</a>
Association du cancer de l'Est du Québec (ACEQ)	<a href="http://aceq.org">aceq.org</a>
Lung Association	<a href="http://pq.lung.ca">pq.lung.ca</a>
Association québécoise des personnes stomisées (AQPS)	<a href="http://aqps.org">aqps.org</a>
Lymphedema Association of Québec	<a href="http://infolymphe.ca">infolymphe.ca</a>
Thyroid Cancer Canada	<a href="http://thyroidcancercanada.org">thyroidcancercanada.org</a>
Bladder Cancer Canada	<a href="http://bladdercancercanada.org">bladdercancercanada.org</a>
Ovarian Cancer Canada	<a href="http://ovariancanada.org">ovariancanada.org</a>
Kidney Cancer Canada	<a href="http://kidneycancercanada.ca">kidneycancercanada.ca</a>
Cancer Saguenay	<a href="http://cancersaguenay.org">cancersaguenay.org</a>
Testicular Cancer Canada	<a href="http://testicularcancer.ngo">testicularcancer.ngo</a>
Centre CARMEN	<a href="http://centrecarmen.ca">centrecarmen.ca</a>
HPV Awareness Corporation	<a href="http://hpvawareness.org">hpvawareness.org</a>
Association québécoise des laryngectomisés	<a href="http://fqlar.qc.ca">fqlar.qc.ca</a>
Brain Tumour Foundation of Canada	<a href="http://braintumour.ca">braintumour.ca</a>
The Kidney Foundation of Canada	<a href="http://kidney.ca">kidney.ca</a>
Québec Breast Cancer Foundation	<a href="http://rubanrose.org/en">rubanrose.org/en</a>

Fondation de la greffe de moelle osseuse de l'Est du Québec	<a href="http://fondation-moelle-osseuse.org">fondation-moelle-osseuse.org</a>
On the tip of the toes Foundation	<a href="http://tipoftoes.com">tipoftoes.com</a>
Lymphoma Canada	<a href="http://lymphoma.ca">lymphoma.ca</a>
Mains de l'espoir de Charlevoix	<a href="http://mainsdelespoir.org">mainsdelespoir.org</a>
Organisme gaspésien des personnes atteintes de cancer (OGPAC)	<a href="http://ogpac.net">ogpac.net</a>
Organisme voué aux personnes atteintes de cancer (OVPAC)	<a href="http://ovpac.org">ovpac.org</a>
Ovaire espoir	<a href="http://ovaireespoir.ca">ovaireespoir.ca</a>
Myeloma Canada	<a href="http://myelomacanada.ca">myelomacanada.ca</a>
Procure: Prostate Cancer	<a href="http://procure.ca/en">procure.ca/en</a>
Regroupement provincial des organismes et groupes d'entraide communautaire en oncologie (RPOGECO)	<a href="http://regroupement-onco.com">regroupement-onco.com</a>
La Rose des vents	<a href="http://rosedesvents.com">rosedesvents.com</a>
Leukemia & Lymphoma Society of Canada	<a href="http://llscanada.org">llscanada.org</a>
Virage	<a href="http://viragecancer.org">viragecancer.org</a>

This table represents a non-exhaustive list of community organizations that offer cancer services or information. The content of the websites has not been evaluated by the Ministère de la Santé et des Services sociaux.

## 12 — NOTES

Questions:

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Notes:

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## PASSPORT EVALUATION

Please help us improve the passport by giving your opinion on the following statements:

1) Overall, the Oncology Passport is useful.

Yes ☐ No ☐

2) The passport contains enough information for me to take part in my treatment plan.

Yes ☐ No ☐

3) The information is presented logically.

Yes ☐ No ☐

4) The general layout of the Oncology Passport is attractive.

Yes ☐ No ☐

5) It is easy to enter information in the passport and consult it.

Yes ☐ No ☐

**Please do not hesitate to share your comments and suggestions with us.**

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Please mail the passport evaluation to the following address: Ministère de la Santé et des Services sociaux

Ministère de la Santé et des Services sociaux  
Programme québécois de cancérologie  
1075, chemin Sainte-Foy, 8<sup>e</sup> étage  
Québec (Québec) G1S 2M1

or send it by e-mail to: **[passoportoncologie@msss.gouv.qc.ca](mailto:passoportoncologie@msss.gouv.qc.ca)**

