

Head and Neck Cancer

Radiation Treatment

**Information for patients receiving radiation therapy for
cancers of the head and neck**

Your Health Care Team at JCC

- Radiation Oncologist _____
- Surgical Oncologist _____
- Medical Oncologist _____
- Oncology Nurse _____
- Other Oncology Specialist _____

Call centre hours for phone messages: Monday to Friday
8:30 AM to 4:30 PM – 905-387-9495 ext.

After hours symptom management support:
1-877-681-3057 Weekends/Holidays 24hrs

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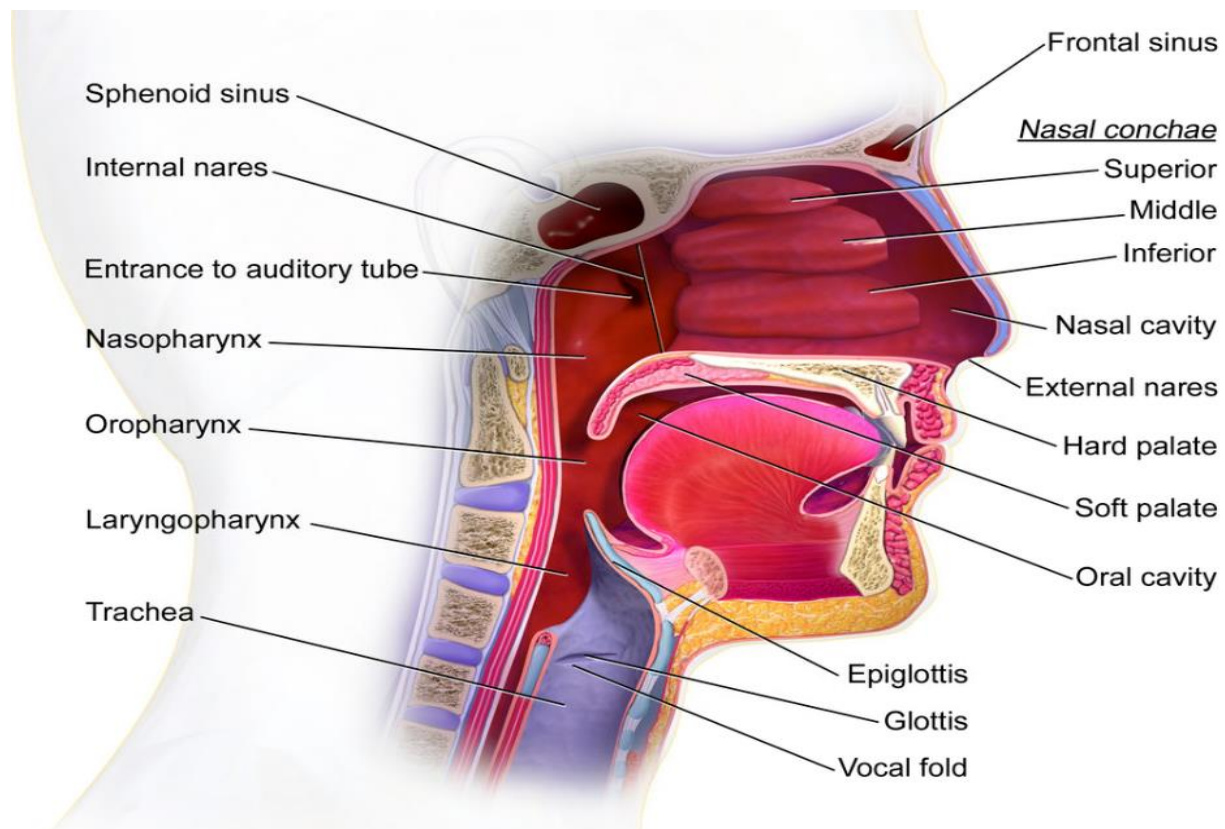
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What is cancer?

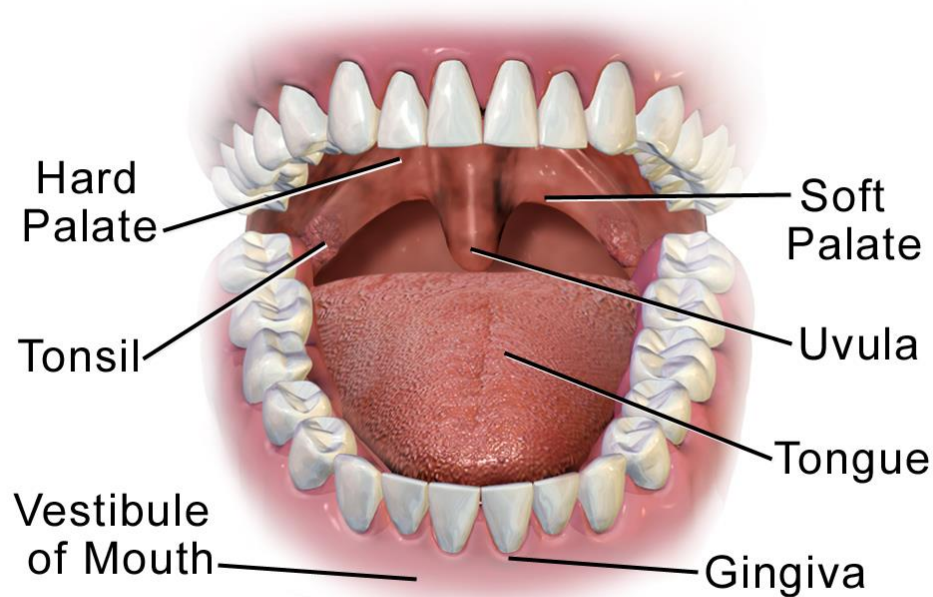
Cancer is a disease that starts when a group of cells in the body lose control over their growth. These abnormal cells continue to grow to form a malignant tumour. Malignant means cancer.

Each person with cancer may have different symptoms, depending on the location and size of the tumour.

Anatomy of Head and Neck



Blausen.com staff (2014). "Medical gallery of Blausen Medical 2014". WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436., CC BY 3.0 <<https://creativecommons.org/licenses/by/3.0/>>, via Wikimedia Commons



Mouth

Blausen.com staff (2014). Medical gallery of Blausen Medical 2014. WikiJournal of Medicine 1 (2). DOI:10.15347/wjm/2014.010. ISSN 2002-4436. - Own work, CC BY 3.0, <https://commons.wikimedia.org/w/index.php?curid=33041243>

Causes of Head and Neck Cancer

Cancer can develop in these tissues for a number of reasons.

The following factors can increase your risk of developing cancer in the head and neck:

- Alcohol use
- Tobacco use
- Oral trauma
- Exposure to Human Papilloma Virus (HPV)
- Exposure to Epstein Barr Virus (EBV)
- Industrial/environmental exposures

Radiation Therapy

This is a type of cancer treatment that uses high energy x-rays to damage and destroy cancer cells. These x-rays cannot be seen or felt.

The Radiation Oncologist will determine how many days you will need to have radiation therapy. You will have treatments Monday through Friday. Each daily appointment can last from 15-30 minutes.

Before Radiation Therapy

1. Dental check

- You should see a dentist before you start any treatments, and ideally even before your mask is made (see #2).
- Your dentist will want to check your teeth and gums, clean your teeth and remove any teeth that are not healthy enough to withstand the long-term effects of radiation.
- If any teeth need to be removed you will have to allow complete healing and wait at least 7 to 10 days before starting radiation. **You will get a Dental Assessment form from your health care team to take to your dentist.**
- If you have metal dental work you may need “dental trays”, a mouth guard-like device that you will wear during your radiation treatments.
 - Your radiation oncologist will advise you if these are needed
 - Your dentist will make them for you to bring with you to radiation

2. Making a cast/mask

- The radiation therapist will guide you into a stable treatment position.
- A plastic mesh material is placed in warm water where it becomes flexible. It is stretched over your face and feels like a warm, wet towel.
- It takes about 5 minutes for it to form to your face. There are plenty of holes to breathe through the material.

3. Planning your radiation therapy

➤ Computed Tomography (CT) simulation

- A CT scan of you in the treatment position is needed for planning your treatments.
- Your mask is placed on you and the radiation therapist takes measurements and x-ray pictures.
- You will receive a permanent tattoo on your chest - this helps us ensure that you are positioned correctly each day.

➤ Magnetic Resonance Imaging (MRI) simulation

- Sometimes it is better to have MRI images with the CT scan to help outline the areas which need to be treated.
- You will need to wear your new mask for the length of the scan which may last up to 30 minutes.
- **If you are claustrophobic (fear small, narrow places) please let your medical team know ahead of this appointment.**

The Radiation Oncologist, Radiation Therapist, and Medical Physicist create a treatment plan using these images. This process usually takes 1 to 2 weeks to complete.

Radiation therapy treatments

During treatment, the radiation therapists leave the room, but they will be able to see and talk with you at all times through a camera and intercom system.

The goal of radiation therapy is to destroy cancer cells. However, in the process it does harm to normal cells. This can result in symptoms called side effects.

Radiation to the head and neck area can cause problems with your teeth, gums, the lining of your mouth, glands that make saliva (spit), and jaw bones. Some side effects are temporary and start going away about 4 weeks after your last treatment. It is possible that some side effects last longer and some may not ever go away completely.

While on Treatment

There are many different resources at the Juravinski Cancer Centre that can help you while you are having radiation treatments. As you go through this journey, we are here to support you. Members of your health care team, and areas in the JCC where you may receive care include the following:

Radiation Therapists

- Treat patients with cancer and other diseases through the use of radiation treatments.
- Operate the specialized machines that deliver the radiation treatment prescribed by the Radiation Oncologists.
- Will monitor you daily for any unusual reactions, ensuring precision during your treatments.

Radiation Oncology Nurses

- Work closely with the Radiation, Surgical and Medical Oncologists.
- Have specialized training in oncology to help manage side effects and provide care that may be needed during radiation treatment.

Clinical Specialist Radiation Therapist (CSRT)

- An advanced practice role for Radiation Therapists.
- Work closely with the Radiation Oncologists to provide specialized care during your radiation. You will see them during the first two weeks of treatment, and your treating radiation therapists can contact them on your behalf.

Patient Assessment

- If you have concerns or problems related to radiation treatment on a day that you do not have a review appointment you can see a nurse in the Patient Assessment Office (next to Clinic G).
- These nurses work closely with your Radiation Oncologists and have specialized training to manage radiation side effects.

Review Clinic (Level 0, Clinic G)

- You will be booked weekly into Review Clinic to meet with one of the members of your health care team. This appointment is to check how you are doing on a regular basis.

- When you come for each review appointment, please complete a Symptom Assessment. You can complete it at home on a device using this link: <https://isaac.ontariohealth.ca/>, on your smartphone using the QR code or on a tablet available at the JCC.
- By completing a Symptom Assessment you will help us understand how you are feeling. Together we can discuss what you need help with most.



Side Effects and Management

We understand that you may be worried about side effects. Please talk to your health care team about symptoms you are having as there maybe medications and other supports available to limit discomforts related to cancer treatments.

The effects of radiation therapy vary from person to person. Your experience will depend on many things, such as:

- the type of cancer
- the area that is treated
- your health
- the amount of radiation
- the length of treatment
- how well you care for yourself through the actual treatments

*Smoking and alcohol will likely cause more severe side effects. Please talk to your health care team if you would like to learn about supports available to help you quit smoking. Information can also be found on page 19 of this booklet.

How do I care for my skin?

Most people find that the skin in the area being treated becomes red and dry. These changes are usually temporary, and get better when the radiation therapy is finished.

On your first day of treatment, the radiation therapist will review how to take care of your skin in the radiated area and will provide a summary booklet. The CSRT, oncology nurse or doctor will review your skin weekly for any reactions and provide instructions as needed.

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How can I relieve or manage pain?

The radiation x-rays are not painful, but they can make your throat red and sore. After 3 to 4 weeks of treatment, it can be painful to chew and swallow. Your doctor can prescribe medication to relieve pain. **This medication works best if you take it regularly, as directed by your doctor.**

How do I care for my mouth?

Radiation treatment can affect:

- your mouth and throat, making them dry and sore
- your salivary glands, reducing the amount of saliva and making it thick and sticky
- your taste buds, making foods taste different
- your throat, making your voice weak or hoarse
- your gums and throat (later on), making them red and sore

Some mouth problems get better and go away a few weeks after treatment is finished. The changes in taste may last for 2 to 6 months after treatment. The glands that make saliva can take several months or years to recover. The resulting dryness may or may not go away, depending on the area treated and the dose of radiation.

Check your mouth

It helps to have a healthy mouth before radiation starts. **Look inside your mouth each day. Check for any white patches or painful areas. Notify your health care team of any changes.**

Keep your mouth moist

Keep your lips moist with a lip balm or gel, such as Blistex or Muko. If your mouth is dry, sip cool water or suck on ice chips. Artificial saliva can also help keep your mouth moist. Sugarless gum or candy is also helpful.

Keep your mouth and teeth clean

Mouthwashes:

Every 2 hours, rinse your mouth with a warm solution of baking soda and water.

- To make, stir 2.5 ml (½ tsp) baking soda into 250 ml (8 oz.) warm water.
 - Throw away any mouth rinse that is left after 24 hours.

- You can use a store-bought mouthwash only if it has **NO Alcohol** such as Biotene®. Mouthwashes that contain alcohol can dry your mouth and should not be used.

Teeth:

- Gently brush your teeth, gums and tongue after each meal and at bedtime.
- Use a brush with soft, even bristles and fluoride toothpaste, such as Aim® or Crest®.
- If you prefer, make your own toothpaste by mixing baking soda with a little water.
- If your toothbrush feels too harsh, try cleaning your teeth with foam toothettes.
- After meals, floss your teeth with waxed dental floss. Be careful not to cut the gums.

Denture care

- Only wear dentures for eating or not at all if they hurt too much.
- Keep dentures and denture soaking containers clean. Dispose of cleaning solutions daily.
- Remove dentures when sleeping.

How can I keep active when I feel so tired?

It is common to feel tired during radiation therapy. Reasons for feeling tired may include:

- Your body may be under physical and emotional stress
- Your rest and sleep may be interrupted for a number of different reasons, for example, worry, discomfort or a hospital stay
- You may not be eating and drinking as usual
- Travelling to the Cancer Centre each day

Here are some ways to conserve your energy:

- Rest when you feel tired.
- Pace yourself when you are active so that you will not get overtired.
- Go to bed earlier. Most people need 7-9 hours of sleep to feel rested.
- Ask for (and accept) help with childcare and housework. See pages 23-25.
- Arrange for a volunteer driver to take you to your appointments.
- Take medication as directed by your doctor.

Try to keep your life as normal as possible. Continue to see your family and friends. Keep doing the activities you enjoy. Check with your doctor about whether you should go to school or work during your treatment.

Nutrition

Vitamin supplements during treatment

Please tell your health care team if you are taking or plan to start taking any over-the-counter vitamin supplements. You may take a multivitamin if you wish. Taking high doses of antioxidants is not recommended during treatment.

Eating well during treatment

One of the most important parts of your care is getting enough nutrition.

This can be difficult during radiation because radiation can affect your taste and ability to eat.

Your goal: take in enough food to keep your weight at a normal level.

To meet your needs, you will need to increase the calories and protein in your diet.

On pages 12 to 15 there are suggestions for increasing calories and protein, and for managing some common eating problems.


Print copies of the booklet, “*Nutrition after chemotherapy and radiation for head and neck cancer*” are available in the Patient & Family Resource Centre located on Level 1 of the Cancer Centre.



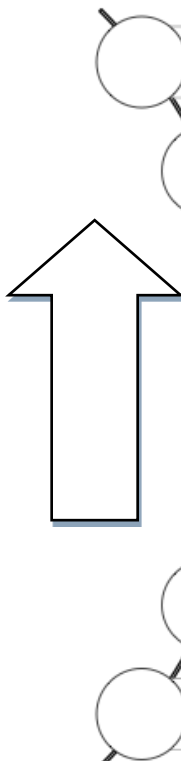
A Registered Dietitian (RD) can provide nutrition counseling and answer your questions about diet and nutrition during your treatment and recovery.

Ask your health care team for a referral or refer yourself by calling 905-387-9495, ext. 64315, Monday to Friday, 8:30 AM to 4:30 PM


Tips for increasing protein

- 
- Adding Skim Milk Powder to Milk, Sauces, Gravies and Puddings
 - Add Extra Ice Cream to Shakes
 - Add half & half evaporated milk to instant cocoa, soups and puddings.
 - Add grated cheese to casseroles, vegetable and sauces.
 - Blended cottage cheese makes a great dip.
 - Finely chopped eggs can be added to sauces, casseroles, meat & salads
 - Add chopped or pureed meats to soups and casseroles.

Tips for increasing calories

- 
- Melt margarine on bread, cereals, vegetables, rice and eggs.
 - Use sour cream on potatoes, meat and fruit.
 - Use cream cheese on bread and fruit.
 - Use mayonnaise instead of salad dressings.
 - Put peanut butter on apples, bananas, celery, carrots and breads.
 - Top puddings, pies, hot chocolate, gelatin and fruit with whipped cream.
 - Use honey, candies and jelly, but only after eating nutritious foods.

How to help with changes in taste

- 
- If your sense of taste has changed or decreased, try eating warm foods that smell good.
 - Flavour foods with seasonings such as basil, oregano, tarragon and mint.
 - If your taste buds are sensitive, use less seasoning on foods.
 - Add fruit and juice to milk shakes, custards, ice cream and puddings.
 - Marinate meat in soya sauce, teriyaki sauce or sweet (non-citrus) juices.
 - Serve meat alternatives such as fish, cheese, ham or eggs.

How to eat with a dry mouth:

- Eat foods that are moist or soft.
- Prepare foods in cream sauces.
- Soften foods with gravy, broth, sauces or melted butter.
- Moisten foods with tea, coffee or milk.
- Drink plenty of fluids (unless your doctor has told you to limit fluids).
Try to drink 6 to 8 cups of water or other liquids each day.
- Avoid or decrease the amount of caffeine and alcohol you drink each day.
- **If you have any problems with food getting stuck, make it routine to swallow twice.**

How to make swallowing and chewing easier:

- Grind, chop or puree meats. Mix with cream sauces, gravy broth or mix with other foods in a casserole.
- Eat canned or cooked fruits, or fruits pureed in a blender. You may eat infants' strained fruits.
- Eat rich soups of creamed or blended meats and vegetables, or beans, peas and lentils.
- Cook hot cereals in milk instead of water. Serve them with margarine, butter or cream.
- Eat gelatin, ice creams, puddings, custards and milk shakes.
- Soft rolls and breads are less likely to be irritating.
- Limit or avoid foods that are dry, hard or have sharp edges. Examples are dry snack foods, dry coarse cereals, crackers and foods with seeds.
- Cook vegetables until tender and puree in the blender. Eat canned or infants' strained vegetables.
- Swallowing may be easier if you tilt your head upward, so that food flows to the back of your throat.

How to eat with a sore mouth or throat:

- Try drinking liquids with a straw.
- Eat 5 to 6 small meals a day, instead of 3 larger meals.
- Drink high protein, high calorie drinks.
- Eat foods at room temperature. Foods that are very hot or cold may increase the soreness of your mouth or throat.
- Chocolate may also make your mouth or throat sore.
- Limit foods that are acidic. This includes citrus fruits and juices, tomatoes and foods made with tomato sauce. Choose nectars and imitation fruit drinks (with added Vitamin C) instead of orange or grapefruit juices.
- Limit seasonings and condiments, such as pepper, hot sauces or spicy meat sauces.

How to eat well with a poor appetite:

- Eat 5 to 6 small meals a day, instead of 3 larger meals.
- Make a plan to eat meals and snacks at certain times. Stick with your meal plan, even when your appetite decreases.
- Serve your favourite foods often.
- Use your imagination and try different types of foods.
- Choose colourful foods or use garnishes to make your food look attractive.
- Try making meals enjoyable with colourful place settings and soft music to help you relax.
- Make food preparation and eating as easy as possible.
- Eat foods that are high in protein and have high calorie snacks available.
- Limit drinks that are low in calories, such as black coffee and tea.

How to prevent constipation:

Constipation occurs when you have fewer bowel movements, or they become dry, hard and difficult to pass.

Here are some ways to keep your bowels moving smoothly:

- Eat 30 ml (2 tbsp.) of bran a day, or more if needed
- Eat prunes or drink prune juice.
- Add grated raw fruits or vegetables to salads and casseroles.
- Make soups with dried beans, peas, lentils and soya beans.
- Add fresh parsley to salads, soups, casseroles and mashed potatoes.
- Keep active by walking or regular light exercise.
- Drink plenty of fluids (unless your doctor has told you to limit fluids).
Try to drink 1.5 to 2 litres (6 to 8 cups) of water or other liquids each day.
- Take stool softeners or laxatives as recommended by your doctor or radiation oncology nurse.

You may need a feeding tube

If you are unable to maintain your weight during treatment – you may need a feeding tube (Gastrostomy tube or G-tube).

A minor surgical procedure is performed to insert a feeding tube into your stomach through your abdomen. The end of the tube is secured inside your stomach.

With a feeding tube we will still encourage you to eat as normally as possible during your cancer treatment.

- If you stop swallowing it will be difficult to start again after treatments are complete.
- Swallowing exercises are available from our dieticians.

Your healthcare team will closely monitor you while on treatment to assess the need for a feeding tube. They will give you more information and support so that you feel comfortable with the feeding tube. Home care nurses will provide care after the tube is inserted and will monitor your ability to care for it on your own.

Taking supplements

If you are unable to eat enough regular foods, you may need to add drinks that are rich in protein and calories. These drinks are called oral nutrition supplements; examples of these are Boost ® and Ensure ®.

Supplements can be swallowed or put through the feeding tube.

Supplemental Parenteral Nutrition (SPN)

This is an intravenous (IV) solution that may be used to help maintain your nutrition while waiting for a feeding tube. Your dietitian will talk to you about this if necessary.

Gastrostomy tube feeding (G-tube)

What is Gastrostomy tube feeding?

A gastrostomy tube is a very small tube (size of a small straw) that is placed into your stomach. You can put liquid food and water through this tube. This will help you feel well when eating becomes difficult.



Gastrostomy Tube Insertion:

<https://youtu.be/VO8mjYvA7-0?si=vpMLaTT-ki3OOB1K>

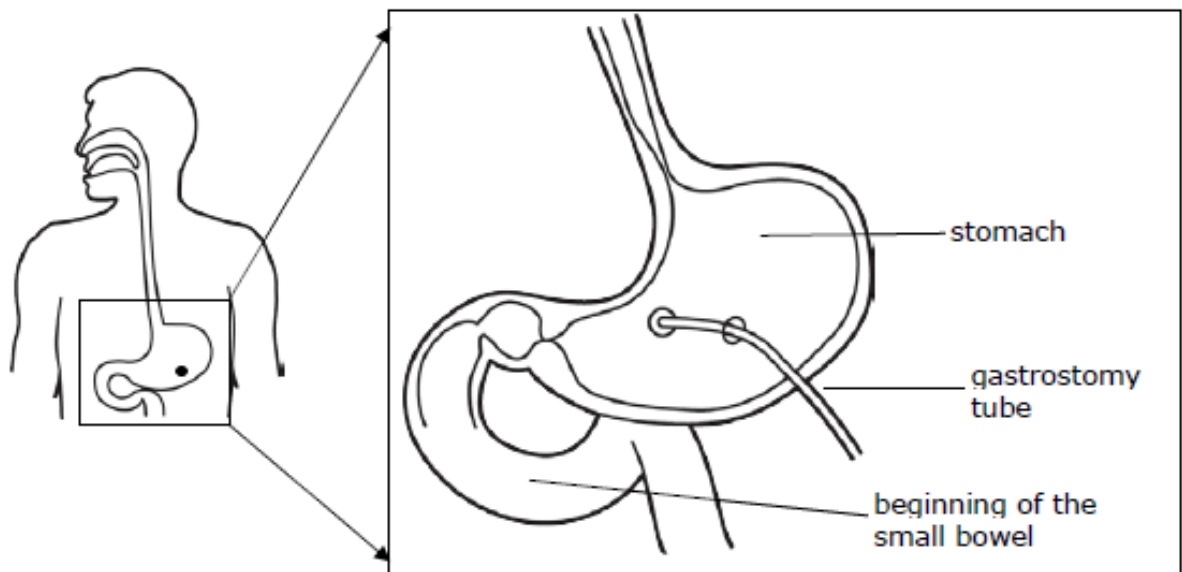


Gastrostomy Nutrition Tube Placement by Interventional Radiology:

https://youtu.be/3y0ecrjl_CU?si=XpEsPbNBeMLofgNH

Where is the tube in my body?

The tube goes through the stomach wall with the tip located in your stomach.



How will I care for the gastrostomy tube?

Once the tube is inserted you will have plenty of support in your home and at the Cancer Centre. Your dietitian and your health care team will follow you regularly. Community services will come to your home to help you care for your tube.

Sexual Relationships

Fears and myths of being radioactive and spreading cancer by touch are common, but are not true. Receiving radiation treatments will not make you radioactive and you cannot spread cancer by touching or kissing.

If your sexual desire and energy level change during treatment, keep in mind that this is normal and can happen for many reasons. Some common concerns are stress, fatigue and body image. You may find that intimacy takes on a new meaning and you relate differently. Hugging, touching and cuddling may become more important, while sexual intercourse may become less important. It is important to discuss your feelings with your partner.

If you would like to discuss your concerns please speak to your health care team or consider a referral to a counselor/social worker in the Supportive Care Department.

Please ask your health care team for a referral or refer yourself by calling 905-387-9495, ext. 64315, Monday to Friday, 8:30 AM to 4:30 PM.

Human Papilloma Virus

What is Human Papilloma Virus (HPV)?

The human papilloma virus (HPV) is a group of viruses that are spread by deep kissing, vaginal, anal or oral sex. There are over 100 different types of HPV. Some types of HPV are now known to cause cancer of the tonsil and back of the tongue. Typically, infection with HPV does not cause symptoms. This is the same virus that is found to cause cancer of the cervix.

How common is HPV?

Nearly all sexually active individuals are infected with HPV at some point in their lives. Around half of these infections are high-risk HPV types that can cause cancer.

How does HPV cause cancer?

In the majority of cases, the HPV infection is cleared by the body's immune system. HPV that your immune system can't take care of can lead to cancer.

Oropharyngeal Cancer and HPV

Most oropharyngeal cancers, which develop in the throat (usually the tonsils or the back of the tongue), are caused by HPV. In Canada, 25-35% of mouth and throat cancers are related to oral HPV infection. Most of these cancers are related to high-risk HPV type 16.

Screening

Individuals who have not been vaccinated and who have a partner with an HPV related cancer, should ensure their cervical cancer screening is up-to-date.

For more information about HPV-related cancer, ask your health care team or visit the Canadian Cancer Society at:
<https://cancer.ca/en/cancer-information/reduce-your-risk/get-vaccinated/human-papillomavirus-hpv>



Tobacco

We recommend that you quit smoking but realize this is difficult. There are health benefits to quitting. Quitting smoking can:

- make your cancer treatments work better
- reduce your side effects
- improve your healing and overall health

Talk with your JCC health care team, family doctor or pharmacist about quitting and discuss what medications may help you quit. Visit the JCC retail pharmacy, which may have no-cost tobacco cessation medications.

For support or help to stay smoke-free:

- talk with a member of your health care team- we can refer you to a smoking cessation program
- visit the Smoker's Helpline www.smokershelpline.ca



After Radiation Therapy is Complete

Taking care of your skin

The skin on your face and neck will be more sensitive to sunlight and can burn easily, especially the first year after treatments.

- Before you go outdoors, cover your skin with clothing, and a hat.
- Put on a sunblock with SPF greater than 15 on any exposed skin.
- When you are outdoors, try to stay in the shade and reapply sunblock often.

Facial hair that was lost in the area that was treated does not usually grow back.

Dental Care

- Now that you have completed your treatment and are experiencing dry mouth, you are at risk of increased cavities due to the lack of saliva in your mouth.
- **We strongly recommended booking a follow-up appointment with an oncology dentist 6 weeks after your radiation therapy is complete.**
- Your dentist will instruct you on how to use fluoride treatments & will make custom fluoride trays if necessary.
- Daily fluoride treatments for the rest of your life are recommended to help keep your teeth healthy. A solution in a fluoride tray or a fluoride gel is recommended.
- *If you are unable to see a dentist after radiation we recommend:*
 - 1.1% neutral pH sodium fluoride (NaF) gel or a 0.4% stannous, unflavored fluoride gel (not fluoride rinses).
 - Follow the instructions on the package.
 - Typical instructions are: Every day fill the trays 1/3 full of gel. Wear for 5-10 minutes. Spit out excess. Do not eat, drink or rinse for 30 minutes.

What happens when my radiation therapy is finished?

- When your treatments are finished, the radiation you have received will continue working for several weeks.
- **Side effects from radiation will also continue after your last treatment. Continue your skin and mouth care, and eating well.**
- Your symptoms will gradually start to decrease over the next few weeks and you should begin to feel better. Usually you can start to decrease pain medications at this time.

Follow-up Appointment:

You will receive a follow-up appointment or phone call with the doctor in 4 to 6 weeks. During this time, much of the radiation reaction subsides. At your clinic visit the doctor will be able to assess the effect of the radiation therapy on the tumour. The dietitian will assess the possibility of removing the feeding tube at this appointment if you are not using it and still maintaining your weight.

Continuing Care Follow-up

Usually patients are closely monitored every 3 months the first year after treatments are completed, then every 4-6 months the second year for at least 3 years after treatment. This follow-up may be shared between your radiation doctor and your surgeon or ENT (Ear, Nose, and Throat) specialist.

Some patients will require annual checks of their thyroid gland and others may require routine chest x-rays every year.

Late effects of radiation

In addition to the side effects you may have during treatment, you may develop other side effects later on. Whether or not you develop late radiation effects depends on the amount of radiation, the site of the cancer and the size of the area treated.

Late changes may include:

- **Jaw stiffness**

Radiation treatment may have damaged the muscles used for chewing. As the damage heals, scar tissue develops which is less flexible. Please let your doctor or primary nurse know if this is a problem.

- **Swollen chin and neck**

Radiation may cause fluid to build up under your chin. This usually appears 6 to 8 weeks after treatment and slowly gets better over several months.

- **Difficulty swallowing**

Radiation may cause changes in the tissues involved in swallowing. If necessary ask your health care team to refer you to the Swallowing Clinic to see a speech language pathologist. Tests will be done to assess the problem and to help improve swallowing function.

Supportive Care

Living with cancer

When you have cancer, you may feel you have lost control of your body and your life. You may find that you deal with cancer and treatment better if you regain control. To regain control, we encourage you to keep your health care providers aware of how you are coping with treatment and related side effects.

You may notice that you want to do different activities or have different reasons for living. You, along with your friends and family need to respect these changes. Your emotions may swing from hope to despair.

At any time during your illness, supportive care is available to help you and your family understand the difficult feelings, worries and emotions you may have such as:

- anxiety, fear or sadness
- concerns about money and finances
- spiritual needs
- relationships and sexuality
- how to talk to young children or other family members about cancer and its treatment
- the need for independence, yet want and need for support
- the need to support others
- what will happen in the future

How to contact JCC Supportive Care Services

Supportive Care Services at the JCC can be used at any time throughout your illness and cancer experience.

If you would like to see:

- an indigenous patient navigator
- a psycho-spiritual practitioner (chaplain)
- a member of our Psychosocial Oncology Team
- a registered dietitian
- a social worker
- a child life specialist
- a member of our Pain and Symptom Management Team

Please ask your health care team for a referral.

Pain and symptom management

At the JCC, our Pain and Symptom Management Team can help you manage your pain and other symptoms related to cancer and/or its treatment. Our team can help you at any time during your illness.

Psychosocial oncology

At the JCC, our psychosocial oncology team can help you manage your mental health and well-being related to your diagnosis of cancer, your prognosis, or your treatment. Our team can help you at any time during your illness.

Child life specialist

At the JCC, we recognize that having a conversation about cancer with children or young family can be challenging. We offer support to the children of our patients with cancer to help them cope with their family member's illness.

Home and Community Care Support Services

During treatment you may need extra care and support at home. We encourage you to use the nursing and other home care services available in your community. Many of the services are funded by OHIP. Please discuss your needs with us or contact a co-coordinator.

Website: <http://www.healthcareathome.ca/> (click on “Contact Us”, then “Find your local branch”).



Resources

The Patient and Family Resource Centre

The Patient and Family Resource Centre (PFRC) is a lending library and information hub located in the JCC, just to the left as you enter the main doors. Founded with support from the Canadian Cancer Society and Wellwood, the PFRC provides information and support programs for people with cancer.

To support you along your cancer journey we provide resources about:

- diagnosis and treatment
- nutrition and exercise
- mental wellbeing and relaxation
- caregiving and community resources
- survivorship and life after cancer



Phone: 905-387-9495, ext. 65109

Email: jccpfrcentre@hhsc.ca

Website: <https://www.hamiltonhealthsciences.ca/areas-of-care/cancer-care/patient-family-resource-centre/>

Wellwood (Hamilton only)

Wellwood is a community service that provides information and support programs to people with cancer and their families, caregivers and health care providers. Some of the services include:

- peer support programs/services
- creative expression programs
- information navigation services
- moving and coping programs

Wellwood has two locations, both of which offer free programs. For more details please visit the Wellwood website: www.wellwood.ca



Canadian Cancer Society: www.cancer.ca

A Canadian resource for information on cancer. The various sections of this website discuss the different types of head and neck cancers, grading, staging, and resources to answer frequently asked questions.

Cancer Information Service: 1-888-939-3333



Cancer Care Ontario: www.cancercare.on.ca

CCO provides valuable information on cancer and symptom management. This website has information on prevention, diagnosis and screening. PDF versions of symptom management and other resources are available.



Juravinski Cancer Centre Clinical Trials Department:

www.cancertrialshamilton.ca

Launched in 2016, this website gives information on upcoming clinical trials at the healthcare centre, what to expect from them, how to join one, and explains the importance of clinical trials. A list of upcoming clinical trials is offered based on disease site.



Ontario Institute for Cancer Research:

<https://www.ontario.canadiancancertrials.ca/>

This website will help you locate available clinical trials across Ontario.



Wellspring: <https://wellspring.ca/>

Wellspring is a network of community-based centres that offer programs providing support, coping skills, and education to cancer patients and their families.

