# Documenting the journey a lung cancer patients journal



There is no medicine like no pe, no incentive so great, and no tonic so powerful as expectation of something tomorrow.

ORISON SWETT MARDEN

#### Welcome

Our hope is that this journal will help you better understand and record the decisions that you and your treatment team make, prompt questions to ask your team and outline resources that are available.

We know you won't remember everything you are told during such a hectic time, so use this space as a guide to tracking your treatment information and answering any questions you may have. Understanding your treatment will allow you to be an active participant in your healing.

There is Hope. Research is generating new and better treatment options every day. Our goal is to fuel medical discovery, increase survival and provide a network of hope and action for those affected.

Find more information about our organization at: www.LungCancerInitiative NC.org

# **Personal Information** Name: Phone Number: Address: Birth Date: **Insurance Information** Provider: Insurance Plan: Group Number: Policy Number: Date of Annual Renewal: **Contact Number: Emergency Contact** Name: Relation: Phone Number: Name: Relation: Phone Number: Name: Relation: Phone Number: Health Care Power of Attorney:

# **About My Tumor**

What type of lung cancer do I have:	
□ Small Cell	
□ Non-Small Cell	
☐ Adenocarcinoma	
☐ Large Cell	
☐ Squamous	
☐ Other:	
What stage is the cancer and what does that mean:	
Where is the tumor located?	
Is there any activity in my lymph nodes?	
Was the cancer found in any other location?	
What is the size of the tumor?	
Has the tumor been tested for genetic biomarkers? $\square$ Y $\square$ N	
If so what mutations were found:	
Date of testing:	
Date of Biopsy:	
Date of Diagnosis:	
Tests used for diagnosis:	
Original Symptoms (if any):	

# **Additional Health History**

Allergies
Prior medical conditions or surgeries
Blood Type
Diet
Notes:

## **Medical Contact Information**

Primary Care	Patient #
Address	
Email	Phone number
Oncologist	Patient #
Address	
Email	Phone number
Radiation Oncologist	Patient #
Address	
Email	Phone number
Thoracic Surgeon	Patient #
Address	
Email	Phone number
Pulmonologist	Patient #
Address	
Email	Phone number
Patient Navigator	Patient #
Address	
Email	Phone number
Social Worker/ Financial Assistance	Patient #
Address	
Email	Phone number
Dietician/Nutritionist	Patient #
Address	
Email	Phone number

## **Treatment Log**

☐ Surgery	☐ Radiation	☐ Chemotherapy	☐ Immunotherapy	
Start date:		End date:		
Physician:		Hospital:		
Type:				
Side Effects:				
Notes:				
Surgery	☐ Radiation	☐ Chemotherapy	☐ Immunotherapy	
Start date:		End date:		
Physician:		Hospital:		_
Туре:				
Side Effects:				
Notes:				
☐ Surgery	☐ Radiation	☐ Chemotherapy	☐ Immunotherapy	
Start date:		End date:		
Physician:		Hospital:		
Type:				
Side Effects:				
Notes:				

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Surgery	☐ Radiation	☐ Chemotherapy	☐ Immunotherapy
Start date:		End date:	,,
Physician:		Hospital:	
Type:			
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Notes:			
☐ Surgery	☐ Radiation	☐ Chemotherapy	☐ Immunotherapy
Start date:		End date:	
Physician:		Hospital:	
Type:			
Side Effects:			
Notes:			
☐ Surgery	□ Radiation	□ Chemotherapy	☐ Immunotherapy
Start date:		End date:	
Physician:		Hospital:	
Type:			
Side Effects:			
Notes:			

# Targeted Therapy

Drug Name:
Dosage:
Fulfilling pharmacy:
Pharmacy contact:
What to avoid:
Notes:
Drug Name:
Dosage:
Fulfilling pharmacy:
Pharmacy contact:
What to avoid:
Notes:

## **Clinical Trial**

Name and Description:
Start Date:
End Date:
Notes:
Name and Description:
Start Date:
End Date:
Notes:

# Questions to ask about your treatment

1.	What are my treatment options?
2.	How long will treatment last? What will it involve?
3.	Where will treatment be done?
4.	What risks and side effects should I expect?
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5· —	What can I do to reduce the side effects of the treatment?
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6.	How will treatment affect my daily activities?
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7· —	Will I be able to work during treatment?
_	What about 1 da to set we do for two extra 2
8.	What should I do to get ready for treatment?
_	Should I change what I eat or make other lifestyle changes?
<b>9</b> .	Should I change what I eat of make other thestyle changes:
10	. How will we know if the treatment is working?
_	
11.	Should I consider a clinical trial?
12	. Any new prescriptions related to my cancer diagnosis?

## Questions to ask continued

1.	Are there support groups available for me and my loved ones?
2.	Where can I get financial help?
3.	Where can I get treatment-related help such as wigs or transportation to appointments?
4.	Do you have a social worker or patient navigator that can help me? Or can you refer me to one?
5.	Is there a benefit if I quit smoking now? Are there any resources available to me for smoking cessation?
6.	Would a palliative care physician be a beneficial member of my medical team?
7.	What legal resources are available to assist me in developing or reviewing my advance directives?

### **Current medications**

Medication Name	Dose	Frequency	Start Date	Purpose	Notes
Talk to your doctor o	r pharmaci:	st about possibl	e drug interact	ions.	
My pharmacy					
Pharmacy contact:					
Address:					
Phone number:					
Special instructions:	;				

Medication Notes								

If you need help paying for your prescription medicine, you may be eligible for assistance. For a list of medication assistance programs please see www.LungCancerInitiativeNC.org/medicationassistance

#### Resources

#### **Lung Cancer Initiative**

As the state's leading non-profit organization supporting lung cancer research and education, Lung Cancer Initiative of North Carolina specializes in connecting patients, survivors and loved ones with the medical and research community. Our organization's mission is to decrease deaths and provide support to those affected by lung cancer through research, awareness, education and access programs across North Carolina.

www.LungCancerInitiativeNC.org

#### **Clinical Trials**

www.clinicaltrials.gov

#### **Patient Advocacy Foundation**

Patient Advocate Foundation is a national non-profit organization that serves as an active liaison between the patient and their insurer, employer and/or creditors to resolve insurance, job retention and/or debt crisis matters relative to their diagnosis through case managers, doctors and attorneys. Patient Advocate Foundation seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.

www.patientadvocate.org/

#### **Cancer Grace**

Cancer Global Resource for Advancing Cancer Education (GRACE) is a nonprofit organization that was developed as a means of improving the overall medical care for cancer patients by democratizing cutting edge information on optimal cancer management and providing it directly to patients.

www.cancergrace.org/lung/

#### **Access to Care Gas Card Program**

The Lung Cancer Initiative Access to Care gas card program provides assistance to lung cancer patients while seeking treatment including clinical trials. The goal of the program is to lessen the financial burden for patients to receive appropriate lung cancer treatment by providing gas cards. www.lungcancerinitiativenc.org/patient-access-to-care

#### **Meditation Assistance Programs**

If you need help with paying for your treatment, consider the patient assistance program for the therapy you taking. This webpage includes more information about the patient assistance programs that exist for approved lung cancer therapies.

www.lungcancerinitiativenc.org/lung-cancer-therapy-patient-assistance-programs

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Notes/Thoughts	

"Cancer can take away all of my physical abilities.

But it cannot touch my wind, it cannot touch my heart, and it cannot touch my soul."

Notes/Thoughts	

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A NETWORK OF HOPE AND ACTION

919-784-0410 www.LungCancerInitiativeNC.org