

**FRANKLY**  
SPEAKING  
ABOUT CANCER

# Treatments & Side Effects



**PLANNER**

## PERSONAL INFORMATION

Name \_\_\_\_\_

Insurance Plan/Provider \_\_\_\_\_ Phone \_\_\_\_\_

Type of Cancer \_\_\_\_\_ Stage \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

If found, please call \_\_\_\_\_

## IMPORTANT CONTACTS

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## CANCER SUPPORT COMMUNITY

As the largest professionally led nonprofit network of cancer support worldwide, the Cancer Support Community (CSC), including its Gilda's Club affiliates, is dedicated to ensuring that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

CSC achieves its mission through three areas: direct service delivery, research, and advocacy. The organization includes an international network of Affiliates that offer the highest quality social and emotional support for people impacted by cancer, as well as a community of support available online and over the phone. The *Research and Training Institute* conducts cutting-edge psychosocial, behavioral, and survivorship research. CSC furthers its focus on patient advocacy through its *Cancer Policy Institute*, informing public policy in Washington, D.C. and across the nation.

For more information, please call the toll-free Cancer Support Helpline at 888-793-9355, or visit [CancerSupportCommunity.org](https://www.CancerSupportCommunity.org).

*So that no one faces cancer alone*®



Cancer Support Community provides this information as a service. This publication is not intended to take the place of medical care or the advice of your doctor. We strongly suggest consulting your doctor or other health care professional to answer questions and learn more.

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## HOW TO USE THIS PLANNER

This planner is a tool to help you keep track of your appointments, treatments, and a place to note your thoughts and questions.

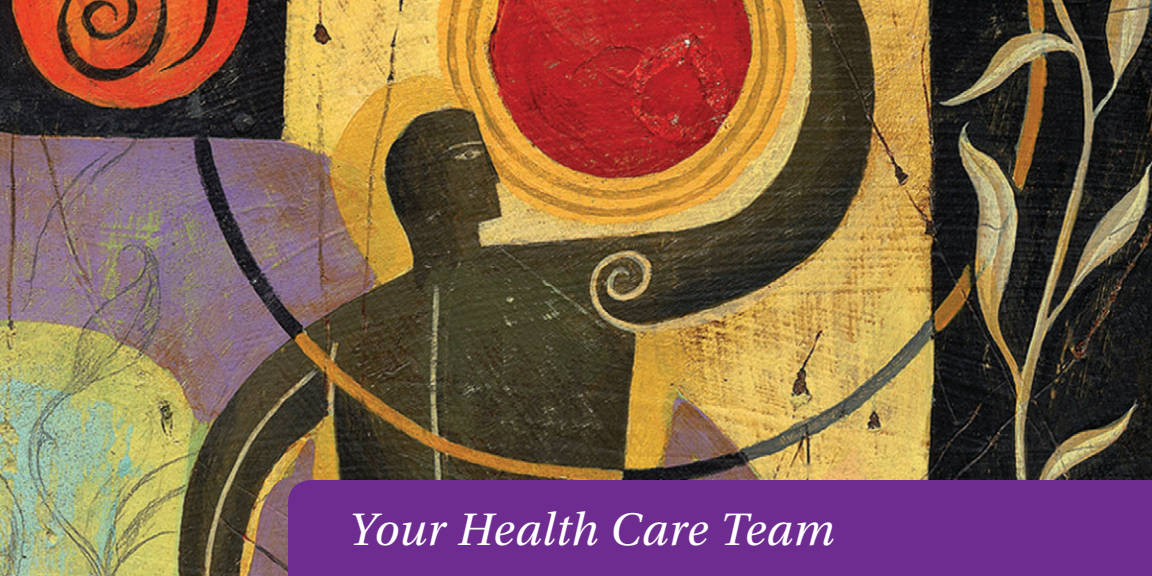
Talk openly with your health care team about what you are experiencing. They can work with you to help address your physical, emotional and practical concerns.



*Learn about your diagnosis.  
I believe the more you know,  
the less fear you have. Then  
you're not playing 'what if'  
with yourself.*

— Cynthia





## *Your Health Care Team*

**I**f possible, include a range of people who support you in the management of your health care. These people may include your primary care physician, surgeon, medical oncologist, radiation oncologist, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical therapist, family members, friends and others in your community.

If you find that you run out of pages in this planner, please visit [www.CancerSupportCommunity.org](http://www.CancerSupportCommunity.org) to print more copies.

## YOUR HOSPITAL & TREATMENT CENTER CONTACTS

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

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Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Role/Specialty \_\_\_\_\_

Website \_\_\_\_\_

## YOUR HEALTH INSURANCE (Including Medicare/Medicaid)

Name \_\_\_\_\_

Member ID \_\_\_\_\_ Group Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Name \_\_\_\_\_

Member ID \_\_\_\_\_ Group Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

Name \_\_\_\_\_

Member ID \_\_\_\_\_ Group Number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

## YOUR PHARMACY

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

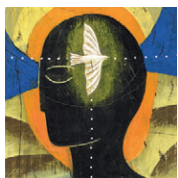
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Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_



*Have a small notebook that you can keep with you. Write everything down in that book—including phone numbers. It'll help you keep track of dates, times, things the doctors tell you and questions you have. That's the key.*

— Cindy

## AGENCIES & ORGANIZATIONS

Include visiting nurse/home health agencies, support organizations and transportation services.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

Notes \_\_\_\_\_

## OTHER IMPORTANT CONTACTS

Include family and friends, neighbors, work associates, clergy, etc.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Role \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Role \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Role \_\_\_\_\_





## *Appointment Planner*

**2** Everyone's experience with cancer is different. But, there are actions you can take to give you more control over this disease. This section contains a calendar to help you keep track of appointments throughout the year. Also included, is an appointment notes section where you can write down questions to ask, notes for future reference and follow-up/action steps.

If you find that you run out of pages in this planner, please visit [www.CancerSupportCommunity.org](http://www.CancerSupportCommunity.org) to print more copies.

# CALENDAR

Month \_\_\_\_\_

Monday

Tuesday

Wednesday

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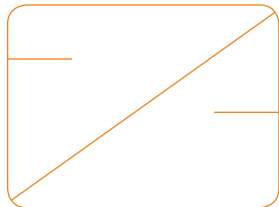

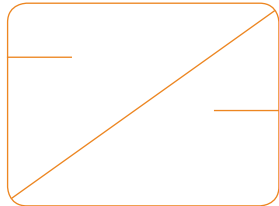

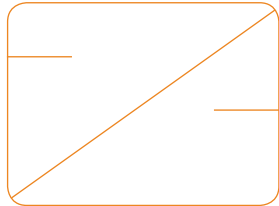
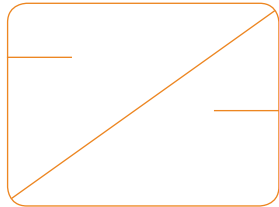
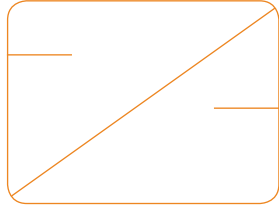
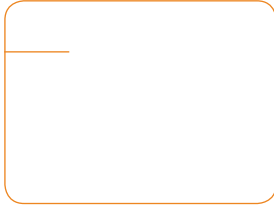

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Saturday/Sunday



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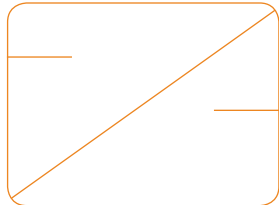
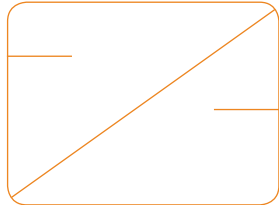
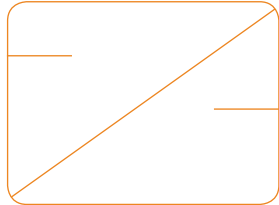
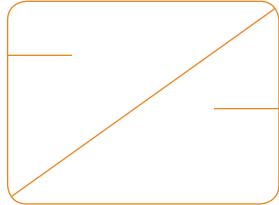
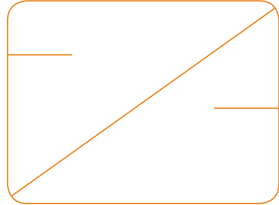
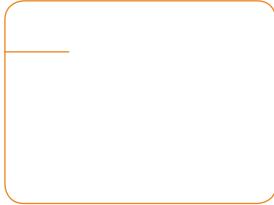
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# CALENDAR

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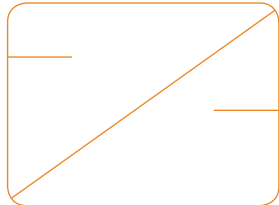
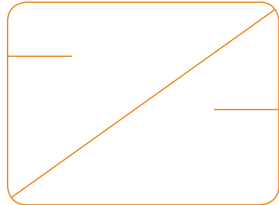
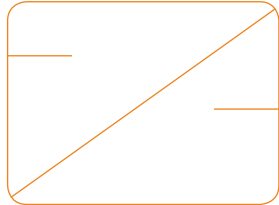
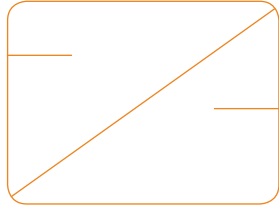
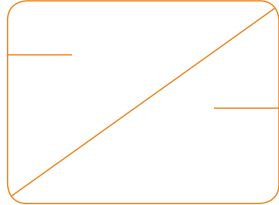

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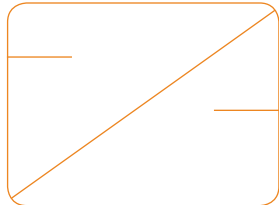
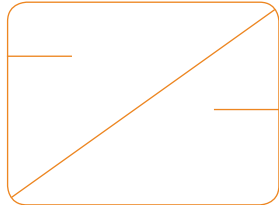
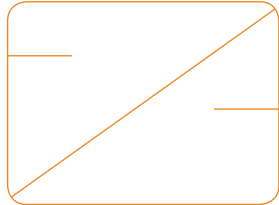
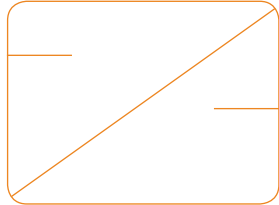
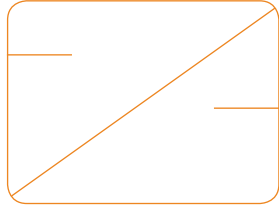

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Thursday

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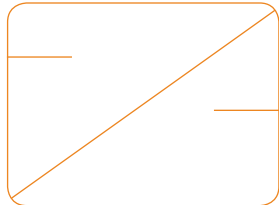
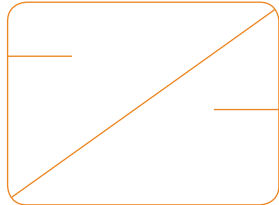
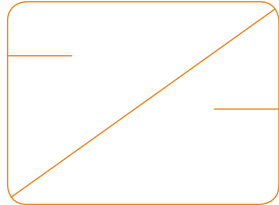

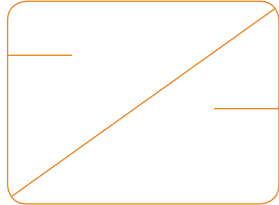
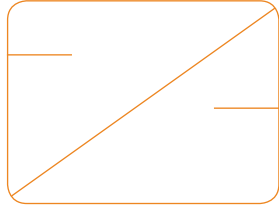
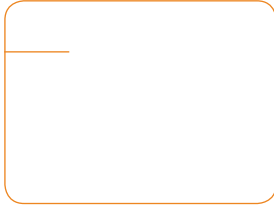

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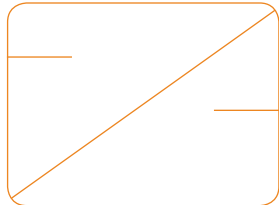
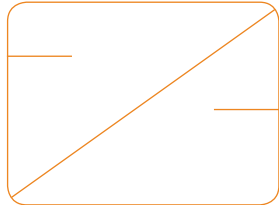
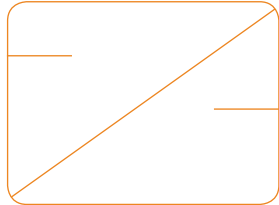
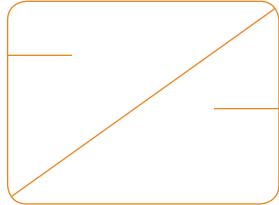
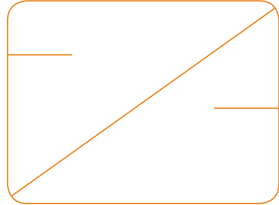
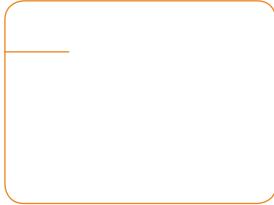
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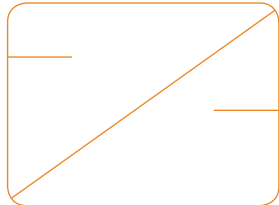
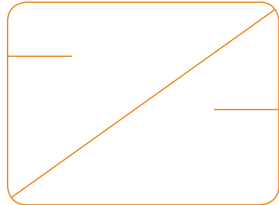
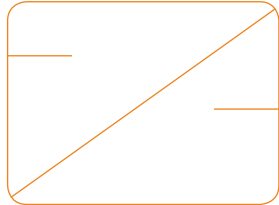
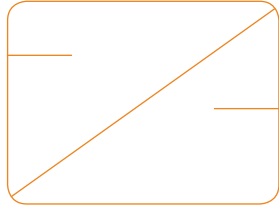
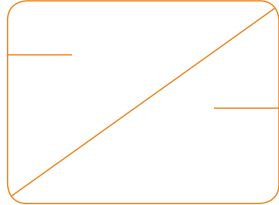

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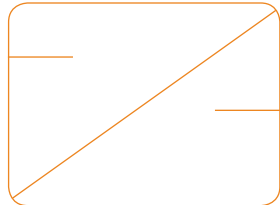
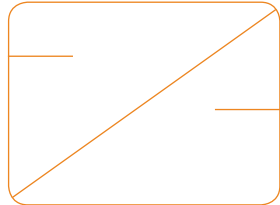

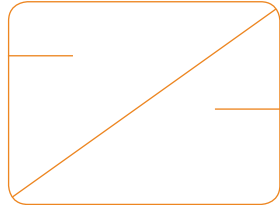
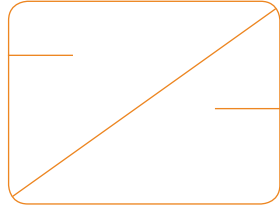
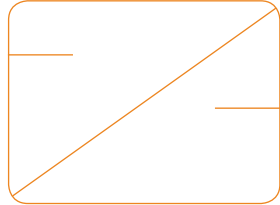
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Thursday

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# CALENDAR

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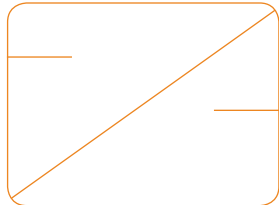
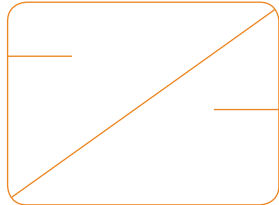
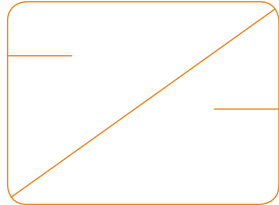

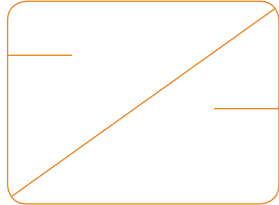
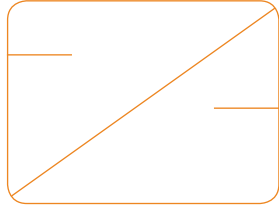
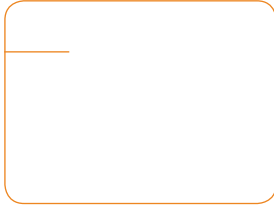

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Thursday

Friday

Saturday/Sunday



# CALENDAR

Month \_\_\_\_\_

Monday

Tuesday

Wednesday

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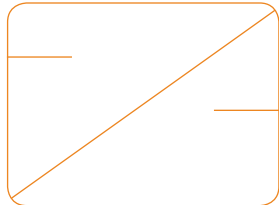
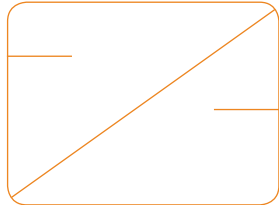
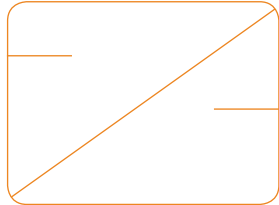
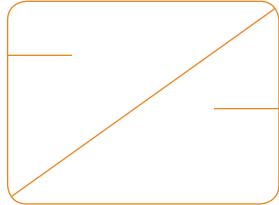
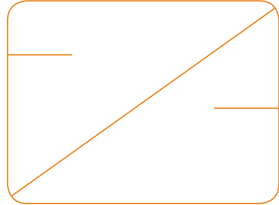
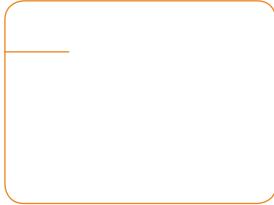
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Thursday

Friday

Saturday/Sunday



# CALENDAR

Month \_\_\_\_\_

Monday

Tuesday

Wednesday

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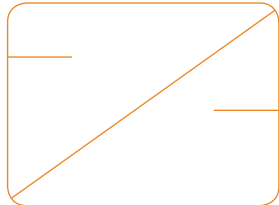
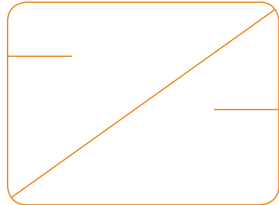
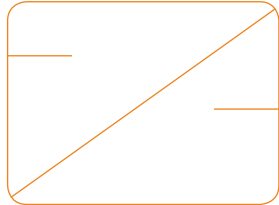
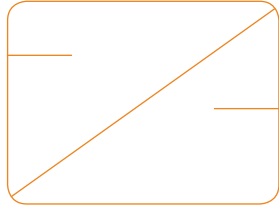
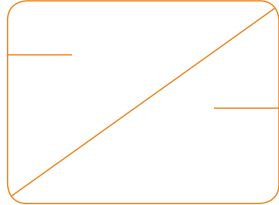

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Thursday

Friday

Saturday/Sunday



# CALENDAR

Month \_\_\_\_\_

Monday

Tuesday

Wednesday

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Blank calendar cell for Tuesday, Row 1.

Blank calendar cell for Wednesday, Row 1.

Blank calendar cell for Monday, Row 2.

Blank calendar cell for Tuesday, Row 2.

Blank calendar cell for Wednesday, Row 2.

Blank calendar cell for Monday, Row 3.

Blank calendar cell for Tuesday, Row 3.

Blank calendar cell for Wednesday, Row 3.

Blank calendar cell for Monday, Row 4.

Blank calendar cell for Tuesday, Row 4.

Blank calendar cell for Wednesday, Row 4.

Blank calendar cell for Monday, Row 5.

Blank calendar cell for Tuesday, Row 5.

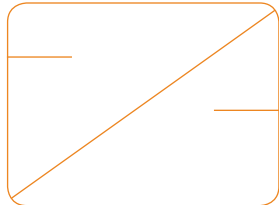
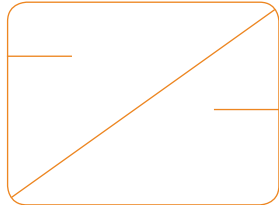
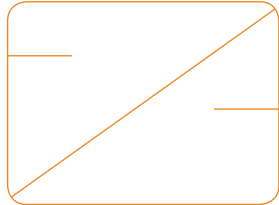
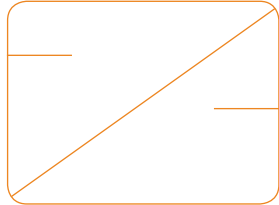
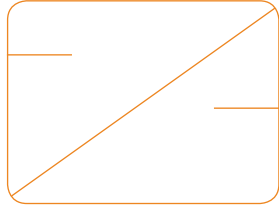

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Thursday

Friday

Saturday/Sunday



## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps



Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps

## APPOINTMENT NOTES

Date/time \_\_\_\_\_

Appointment with \_\_\_\_\_

Questions to Ask

Notes

Follow-up / Action Steps



## *Medical Logs & Side Effects Tracker*

**3** This section is here to help you keep track of your treatments, medications, test results and side effects. Use the treatment, medications and test logs to help you manage your care. Use the side effects tracker to write down symptoms you experience so you can discuss them with your health care team.

If you find that you run out of pages in this planner, please visit [www.CancerSupportCommunity.org](http://www.CancerSupportCommunity.org) to print more copies.

## TREATMENT LOG

Many cancer treatments, including some chemotherapy, targeted therapy and hormone therapy, are taken by mouth at home. This can create challenges. Treatments schedules can be complicated and some medications are taken for months or years. Many of these medications have to be ordered from special pharmacies and you may be charged a co-pay. While there can be challenges to taking these medications at home, it is extremely important that you take them as prescribed. Not taking your medications on the prescribed schedule, skipping doses or taking extra doses to make up for missed doses can decrease the effectiveness of the treatment and cause unexpected side effects. If you are having trouble remembering to take your medications or paying for them, talk to your health care team. They can work with you to identify resources to help you.

Treatment Name <b>Radiation</b>	
Start Date <b>March 2</b>	Comments <b>Left breast</b>
Stop Date <b>March 30</b>	
No. of Treatments/Cycles <b>19</b>	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	



Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	



*It can get harsh with treatment; she gets really tired and sluggish—and it gets hard to plan for things. So it's the little things, like lying on the couch and just hanging out with a movie, that help us relax.*

— Michael

## TREATMENT LOG

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

## TREATMENT LOG

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

## TREATMENT LOG

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

## TREATMENT LOG

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	



Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

Treatment Name	
Start Date	Comments
Stop Date	
No. of Treatments/Cycles	

## MEDICATION LOG

Drug Name <i>Depakote</i>	Prescribed for <i>migraines</i>
Start Date <i>11/5</i>	Stop Date <i>11/26</i>
Prescriber <i>Dr. Smith</i>	
Dosage Schedule <input checked="" type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input checked="" type="checkbox"/> pm	Special Instructions <i>Take with food</i>

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

## MEDICATION LOG

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

## MEDICATION LOG

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

Drug Name	Prescribed for
Start Date	Stop Date
Prescriber	
Dosage Schedule <input type="checkbox"/> am <input type="checkbox"/> bedtime <input type="checkbox"/> noon <input type="checkbox"/> as needed <input type="checkbox"/> pm	Special Instructions

## TEST LOG (For PET, CT, MUGA, X-Rays, MRI and more)

Date <i>December 10</i>	Name of Test <i>Bone marrow biopsy</i>
Notes <i>Results expected in 48-72 hours. Call 1-555-8888 for test results. Repeat test in January.</i>	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	



Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

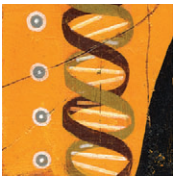
Date	Name of Test
Notes	

## TEST LOG

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	



*I got all of my tests, reports, and biopsy results, and kept copies so that I could read everything and go back over it. I think that's very important. No one can remember it all.*

— Cynthia

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

## TEST LOG

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

Date	Name of Test
Notes	

## SIDE EFFECTS TRACKER

This tracker can help you note and report side effects to discuss with your health care team. Ask your doctor about the side effects you should watch out for or report right away. Know the best number to call if you experience urgent side effects. Keep detailed notes describing how you felt, how severe the symptom was, any other symptoms that happened at the same time, what you were doing when the symptom began and what you did that helped or didn't help.

Side Effect <i>Nausea</i>	
Date/Time <i>March 5, 10 pm</i>	Notes <i>Relieved by lying still for 10 minutes</i>
Date/Time <i>March 6, 9 am</i>	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

## SIDE EFFECTS TRACKER

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	



Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	



*It's truly important to keep your doctors up-to-date on how you're feeling through your cancer experience so you can get the help you need.*

— Madeline

## SIDE EFFECTS TRACKER

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

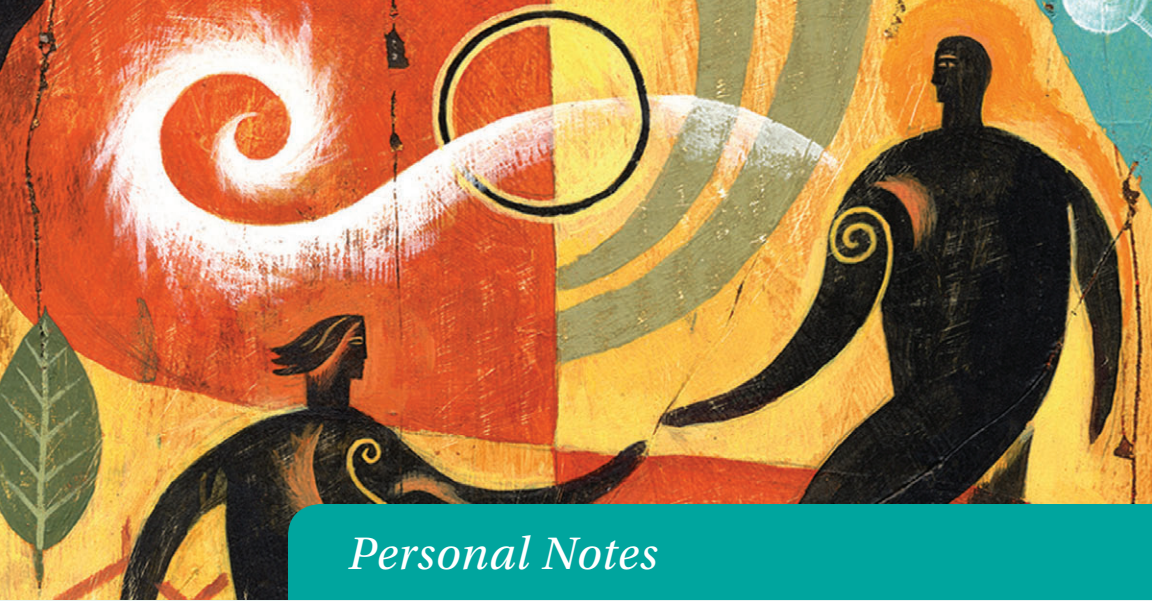
Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

## SIDE EFFECTS TRACKER

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	

Side Effect	
Date/Time	Notes
Date/Time	
Date/Time	



## *Personal Notes*

**4** It is helpful to take time to process the information you are given throughout your cancer experience. This section is here for you to document any thoughts, feelings or concerns you may have.

If you find that you run out of pages in this planner, please visit [www.CancerSupportCommunity.org](http://www.CancerSupportCommunity.org) to print more copies.











**PERSONAL NOTES**

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*At first I didn't realize how much self-esteem I'd lost. I'm in cognitive therapy now and it's like psychotherapy. Three weeks in and I feel better mentally at work, and I've noticed a difference in myself.*

— Darren







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*I tell people straight-up ‘I’m sorry, I can’t remember your name!’ I’ve learned not to be embarrassed about chemobrain, but just to admit it and ask people to help. And I’ve found that when you say, ‘This is my problem. Can you help me remember this?’—that people are really good.*

— Mary Ellen



## CANCER SUPPORT COMMUNITY

As the largest professionally led nonprofit network of cancer support worldwide, the Cancer Support Community (CSC), including its Gilda's Club affiliates, is dedicated to ensuring that all people impacted by cancer are empowered by knowledge, strengthened by action, and sustained by community.

CSC achieves its mission through three areas: direct service delivery, research, and advocacy. The organization includes an international network of Affiliates that offer the highest quality social and emotional support for people impacted by cancer, as well as a community of support available online and over the phone. The *Research and Training Institute* conducts cutting-edge psychosocial, behavioral, and survivorship research. CSC furthers its focus on patient advocacy through its *Cancer Policy Institute*, informing public policy in Washington, D.C. and across the nation.

For more information, please call the toll-free Cancer Support Helpline at 888-793-9355, or visit [CancerSupportCommunity.org](https://www.CancerSupportCommunity.org).

*So that no one faces cancer alone*®



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