

MCRC

metastatic colorectal cancer

# connections

*A guide for patients and family members*

# there's strength

## REPLACE FEELING HELPLESS—WITH HELP

The diagnosis was made. You or someone you care about has metastatic colon or rectal cancer. You may feel overwhelmed, frightened, and unsure of what to do next. Please know that you're not alone.

There are many people who understand—and are here to help. You can find support from many sources, including doctors, nurses, and other members of the cancer care team. Plus, you can always connect with a wide range of information, whether it's through toll-free numbers or online. A list of resources is also included in this brochure.

## EMPOWER YOURSELF—THROUGH THE POWER OF KNOWLEDGE

It helps if you know what to expect when facing any challenge. The more you understand about colorectal cancer treatment options and helpful resources, the more active you can be in caring for yourself or your loved one. In fact, your involvement can help you feel more in control. So ask questions, learn all you can, and find strength in all the support that's here for you.

It is important to understand that cancer research has led to real progress against colorectal cancer. Survival rates continue to increase and are better now than ever.

# *in knowledge*

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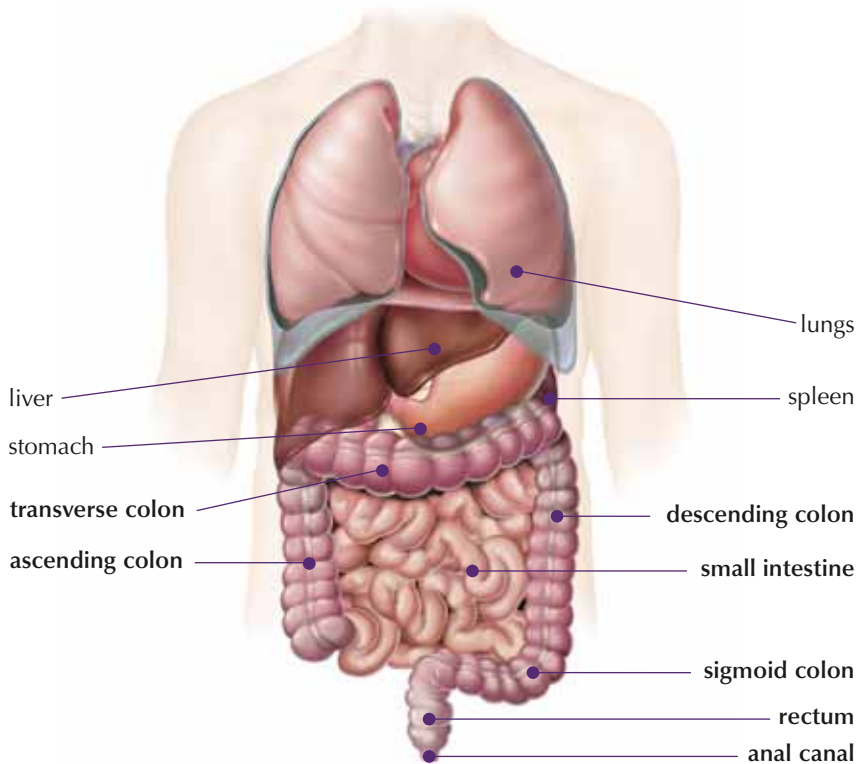
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# growth

## how colorectal cancer develops

Colon and rectal cancers are alike in many ways, which is why we sometimes refer to them together as colorectal cancer. Symptoms and treatment can vary according to where the cancer grows, so it may be helpful for you to know more about the colon and rectum.

The colon and rectum are part of the digestive system (sometimes called the gastrointestinal or GI tract). The digestive system processes the food we eat and eliminates solid waste matter (feces or stool) from the body.



*The digestive system consists of the esophagus, stomach, and the small and large intestines.*

## WHERE THEY GROW

Colorectal cancers develop in the large intestine. The first 6 feet of the large intestine include the large bowel or colon. The final 6 inches make up the rectum and the anal canal. The anal canal ends at the anus (the opening of the large intestine to the outside of the body). The colon has 4 sections: the ascending colon, the transverse colon, the descending colon, and the sigmoid or S-shaped colon. Cancer can develop in any of the 4 sections of the colon or rectum.

## HOW THEY GROW

Colorectal cancers usually begin as a small clump of benign cells (called a polyp) that starts to grow in the inner wall of the colon and rectum. Over time, some polyps can become cancerous. As the cancer grows, it can spread through the wall to nearby tissue outside the colon or rectum. Eventually, cancer cells may break away and spread to other parts of the body, where they form new tumors. This spreading process is called metastasis, and the new tumors are called metastases.

# diagnosis

## the diagnosis of colorectal cancer

The first step in the diagnosis of colorectal cancer may be a “digital rectal exam.” In this test, which is often part of a routine physical exam, the doctor inserts a gloved finger into the rectum to feel for abnormal growths, and may also test your stool for occult blood. If colorectal cancer is suspected, you and your doctor have many tests to choose from to make sure the diagnosis is correct. Since there is a wide range of options, knowing the differences can help you make a smart decision.

Before these tests (except the fecal occult blood test), your colon must be completely empty. To clean out your bowels before the procedure, you may be instructed to have an enema or drink a large volume of a liquid laxative prescribed by your doctor. This preparation is very important in ensuring the accuracy of the test.

### FECAL OCCULT BLOOD TEST

In this simple, initial screening test for colorectal cancer, a stool sample is applied to a special card that turns color if any blood is detected.

### BARIUM ENEMA

A narrow tube is inserted into the rectum to allow liquid barium (a white, chalky liquid) into the colon. A special x-ray is then taken, on which tumors or masses appear as dark shadows. The barium makes it easier to see the tumors. Before this test, you will be told to fast (not eat or drink) for several hours.

### FLEXIBLE SIGMOIDOSCOPY

A thin, lighted tube inserted into the rectum allows the doctor to look into the rectum and first section of the colon (where half of all polyps are found).

## COLONOSCOPY

This is the most accurate and thorough test for colorectal cancer. A long, thin, lighted tube inserted into the rectum allows the doctor to look into the entire colon, remove polyps, and take tissue for biopsy. Polyp removal will prevent cancer from developing. A mild sedative is usually given with this test.

## ULTRASOUND

This noninvasive test uses images and sound waves to take a picture of the inside of the body. Unusual patterns in this image can indicate a mass or tumor. This test is used primarily to find cancer that has already spread to other organs.

## VIRTUAL COLONOSCOPY (CT COLONOGRAPHY)

This test creates a 3-dimensional reconstruction of the colon to reveal any abnormal masses. Images are taken seconds after the colon is inflated with carbon dioxide through a small rectal tube. Virtual colonoscopy is a fairly new technology, so it is not yet clear how accurate it is.

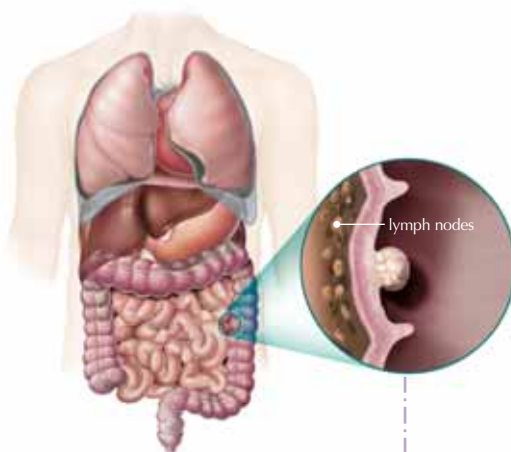
Colon cancer is often well advanced when it is detected. That's why the American Cancer Society recommends some kind of screening test on a regular basis starting at the age of 50.

# staging

## stages of colorectal cancer

The stage of colorectal cancer, from stage 0 to stage IV, is one of the most important factors in selecting treatment options. Metastatic colorectal cancer is considered stage IV, which means that the cancer has spread to other organs in the body, such as the liver, lung, peritoneum (the wall of the abdomen and pelvis), or ovary. If you have any questions about your stage, ask the doctor, “Has the cancer spread to other parts of my body? If so, where?”

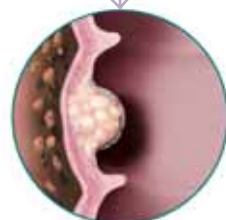
- ● *Staging is a standardized process that tells the cancer care team how widespread the cancer may be. For all stages of colorectal cancer, surgery to remove the tumor (often called “segmental resection”) is the primary treatment. Additional therapies may also be used. See page 10 for more detailed information about treatment options.*



### STAGE 0

Tumor is small in size and limited to the inside lining of the colon or rectum

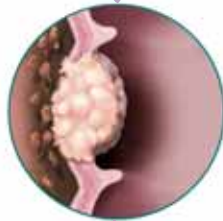
*Possible treatment: Surgery*



### STAGE I

Tumor has moved into other layers of the colon or rectum, without spreading beyond the wall

*Possible treatment: Surgery*



## STAGE II

Tumor has gone through the wall of the colon or rectum, affecting nearby tissue, without affecting lymph nodes

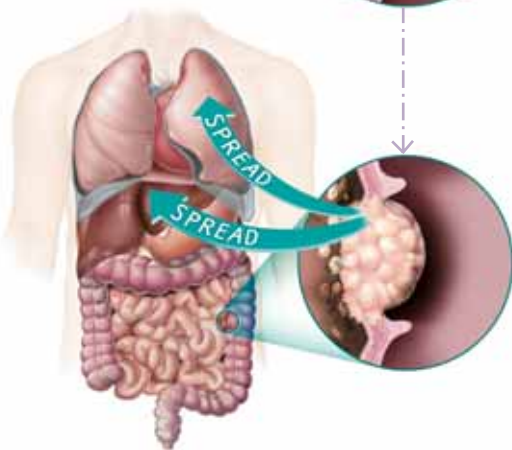
*Possible treatments:*  
Surgery, chemotherapy, radiation therapy



## STAGE III

Tumor has spread to nearby lymph nodes, but not to distant organs

*Possible treatments:*  
Surgery, chemotherapy, radiation therapy



## STAGE IV

Tumor has spread to distant organs and/or tissues, such as liver and lungs

*Possible treatments:* Surgery, chemotherapy, radiation therapy, targeted therapy

# treatment

## conventional therapies

For decades, surgery, chemotherapy, and radiation were the established treatments for colorectal cancer. More recently, however, targeted approaches to treatment have become available. They are discussed in the next section under the header “targeted therapies.”

Many of the treatments for colorectal cancer that are discussed in this brochure are used in combination with each other for better results. Combining treatment may provide added benefits, but it can also cause more or worsened side effects.

### CONVENTIONAL TREATMENT OPTIONS

Surgery	An operation to remove the part of the colon or rectum affected by the cancer. Surgery can also help prevent blockage of the colon or rectum
Chemotherapy	A drug usually taken by mouth or infusion through a vein. These drugs can help stop the spread of cancer cells
Radiation	High doses of x-rays to destroy or shrink cancer cells. Radiation is sometimes used prior to surgery to shrink the tumor

### SURGERY

Surgery is usually the first treatment option for all stages of colorectal cancer. It involves segmental resection, which means that the cancerous section of the colon is removed and the remaining sections are sewn back together. In stage IV disease, surgery is often used to relieve or prevent blockage of the colon. If the tumors that have spread to other parts of the body are small and few enough, surgery may be an option.

Some side effects of surgery can include bleeding caused by the operation, abdominal pain, blood clots in the legs, damage to nearby organs during the operation, and infection. Some sexual problems may occur in men. If you want to father a child, talk to your doctor about how the surgery will affect you. Women should not experience any loss of sexual function. There is a chance that scarring at the site of surgery may develop later, causing blockage in the colon. Treatments may be available to help diminish or relieve some of these symptoms.

### ● ● **When a colostomy is needed**

*In some cases of rectal cancer, it is necessary to surgically remove the entire rectum in order to remove the cancer. It is normal for this procedure to require a **colostomy** (surgical construction of an excretory opening from the colon).*

*Surgery for colon cancer usually does not require a colostomy. Sometimes a colostomy is needed only temporarily. When a colostomy is required, the cancer care team will provide all the necessary information for aftercare. Generally, patients and caregivers meet with a nurse or therapist trained to teach people how to manage their colostomies.*

## CHEMOTHERAPY

Chemotherapy is a type of treatment patients can take by mouth or by infusion into a vein. Regardless of how you take the chemotherapy, these drugs enter the bloodstream and spread throughout the body. That's why treatment can work against cancer that has spread to distant organs. By destroying cancer cells, chemotherapy can interfere with their ability to grow and divide. Chemotherapy can be used to shrink tumors, slow cancer's growth, keep the cancer from spreading, relieve disease-related symptoms, and help people live longer. There are many types of chemotherapy, and patients often take a combination of drugs.

Because chemotherapy travels to all parts of the body, it can damage some of the body's normal cells, causing unwanted side effects. These side effects depend on the type and amount of drugs given, as well as the length of treatment.

Temporary side effects may include nausea and vomiting, loss of appetite, mouth sores, diarrhea, a rash on the hands and feet, and tingling or numbness in the fingers or toes. Hair loss may occur in some cases, but in general, the drugs used to treat colorectal cancer do not cause hair loss. Chemotherapy also can damage the blood-producing cells of the bone marrow. This can result in low blood cell counts. A low red blood cell count can cause fatigue or shortness of breath, and a low white blood cell count can increase the chance of infection. A low platelet count can increase the chance of bleeding or bruising after minor cuts or injuries.

There are treatments that can significantly lessen or prevent many of these side effects brought on by chemotherapy.

- ● *The American Cancer Society provides information for patients and families about “Understanding Chemotherapy” as well as information on support groups for people with colostomies. (See back page for contact information.)*

## RADIATION

Radiation uses high doses of x-rays to destroy or shrink cancer cells. There are 2 types of radiation therapy: external (like an x-ray) or internal implant (radioactive material placed directly in the tumor). Radiation is primarily used with chemotherapy in stages II and III rectal cancer after surgery and in stage IV to relieve, delay, or prevent symptoms. It can, however, be used before surgery to shrink the tumor if it is very large or located in a hard-to-reach area. Radiation is local therapy, which means it only affects the area of the body where the radiation is given. For this reason, radiation generally has fewer side effects than chemotherapy.

External radiation treatments are usually given 5 days a week for several weeks, with each session lasting only a few minutes. Radiation therapy generally takes place on an “outpatient” basis, meaning patients live at home but come into the hospital or cancer center for their treatments.

Some side effects of radiation may include mild skin irritation, nausea, diarrhea, rectal or bladder irritation, fatigue or sexual problems (in men only). Side effects may slowly increase over the course of treatment but often go away once the treatment is over. Treatments may be available to help diminish or relieve some of these symptoms.

Treatment for stage IV cancer may consist of 2 or even 3 types of treatment at the same time, or one after the other. It is important to remember that every person is different, and it is not possible to predict which side effects or complications an individual will experience.

## SIDE EFFECTS

### COMMON SIDE EFFECTS OF CONVENTIONAL THERAPIES

Surgery	Sexual problems in men only, abdominal pain, blood clots in the legs, infection
Chemotherapy	Diarrhea, nausea, vomiting, loss of appetite, loss of hair, mouth sores, increased chance of infection, bleeding or bruising easily, fatigue, rash on the hands and feet, tingling or numbness in the fingers or toes
Radiation	Mild skin irritation, nausea, diarrhea, rectal or bladder irritation, fatigue, sexual problems in men only

When treatment ends, so do most side effects. For example, hair loss during chemotherapy will grow back after treatment—though it may look different. There are also medicines that can greatly reduce nausea caused by chemotherapy. If you experience any side effects, talk to your cancer care team about possible ways to find relief.

# targeting

## targeted therapies

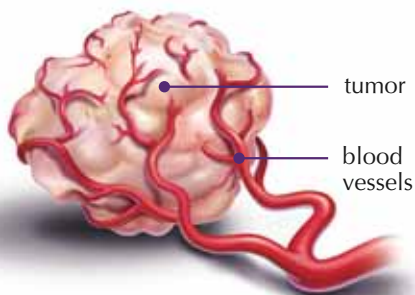
Targeted cancer therapies affect the tumor in different ways than conventional treatments. These innovative drugs may be able to help you as you face MCRC.

### TARGETED THERAPY OPTIONS

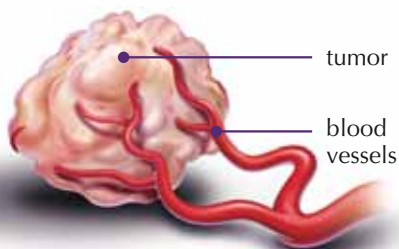
Anti-angiogenic therapy	Interferes with the signals that cause blood vessels to grow
Epidermal growth factor receptor (EGFR) inhibitor	Blocks the effect of a substance made by the body (epidermal growth factor) that helps cancer cells grow

### ANTI-ANGIOGENIC THERAPY

In order to grow and spread, tumors need a constant supply of oxygen and other nutrients. Tumors get this supply by creating their own network of blood vessels. This process is called angiogenesis (an'-jee-o-jen'-i-sis). To start angiogenesis, a tumor sends out signals to nearby blood vessels. These signals cause new blood vessels to grow toward the tumor. Once these new vessels reach the tumor, they provide the supply of blood that brings oxygen and other nutrients to the tumor. This helps the tumor grow.



*A tumor creates a network of blood vessels—a process called angiogenesis.*



*An anti-angiogenic agent may inhibit blood vessel formation, which starves the tumor.*

Anti-angiogenic therapy is not chemotherapy, but some anti-angiogenic agents are given in combination with chemotherapy. While chemotherapy affects the tumor cells directly, anti-angiogenic therapy mainly affects the blood vessels that surround the tumor. On average, people in clinical trials taking anti-angiogenic therapy in combination with chemotherapy were more likely to have their tumors shrink, have a longer time before their tumors grew, and live longer than patients taking chemotherapy alone. Anti-angiogenic therapy plus chemotherapy may work better than chemotherapy alone.

Some of the most common side effects of anti-angiogenic therapy are nosebleeds, high blood pressure, too much protein in the urine, weakness, pain, diarrhea, and reduced white blood cell count. More serious potential side effects experienced by a small percentage of people include gastrointestinal perforation, slow or incomplete wound healing, or severe bleeding.

## EGFR INHIBITORS

EGFR stands for epidermal growth factor receptor. EGFRs are found on the surface of many cells, including some blood vessels and tumor cells. When growth factors (substances produced in the body) attach to these receptors, they may help the cells divide and grow. Tumor cells can have many more of these receptors than normal cells, which may contribute to their growth and spread.

A class of drugs known as EGFR inhibitors is designed to attach to the receptors so that growth factors cannot attach. This helps keep cancer cells from dividing. EGFR inhibitors are currently approved to treat patients with recurrent colorectal cancer, either with or without chemotherapy.

Some of the most common side effects of EGFR inhibitors are skin rash, fatigue, nausea, vomiting, and diarrhea. Uncommon but serious infusion reactions may also occur.

- ● *To learn more about therapies that affect the tumor in different ways, ask your doctor.*

## SIDE EFFECTS

### COMMON SIDE EFFECTS OF TARGETED THERAPIES

Anti-angiogenic therapy	Nosebleeds, high blood pressure, too much protein in the urine, weakness, pain, diarrhea, reduced white blood cell count
EGFR inhibitors	Skin rash, fatigue, nausea, vomiting, diarrhea

It is important to remember that every person is different, and it is not possible to predict which side effects or complications an individual will experience. Most side effects go away after treatment ends. There may be serious side effects associated with targeted therapies. If you experience any side effects, notify your doctor.

# *diet* eating right can make a difference

Did you know that the foods you eat during cancer can help you maintain body weight and strength, prevent body tissue from breaking down, rebuild tissue, and fight infection? That's why it's more important now than ever to maintain your normal weight and eat foods that will help you keep up your energy. This may be difficult since cancer and chemotherapy may affect your appetite and your body's ability to process nutrients. Plus, some of the side effects of cancer treatment listed below can affect your ability to eat:

loss of appetite

sore mouth or throat

dry mouth

dental/gum problems

nausea

vomiting

changes in taste or smell

diarrhea

constipation

fatigue

depression

## NUTRIENTS THAT FIGHT FOR YOU

The right nutrients can help you maintain your health while facing cancer. The nutrients you need most at this time include protein, carbohydrates, fat, water, vitamins, and minerals. Below you will find a list of the foods that supply these nutrients.

### PROTEIN

Lean meat, fish, poultry, dairy products, nuts, dried beans, peas, lentils, and soy foods.

### CARBOHYDRATES

Fruits, vegetables, breads, pasta, grains, cereal products, and dried beans.

### FATS

Butter, margarine, oils, nuts, seeds, and the fat in meats, fish, and poultry.

### VITAMINS AND MINERALS

If you are eating a balanced diet with plenty of calories and protein, you probably don't need a vitamin supplement. If you are not, however, your doctor may recommend vitamin and mineral supplements.

### WATER OR OTHER FLUIDS

If your treatment is causing vomiting or diarrhea, dehydration may occur. For this reason, drink plenty of water or other fluids every day to prevent dehydration.

Remember, each cancer patient may have different nutrient needs. Your cancer care team can help you to identify your nutrition goals and plan strategies to help you meet them.

## CONTROLLING DIARRHEA

If you are receiving chemotherapy, one of the common side effects may be diarrhea. Because diarrhea can cause dehydration (a lack of water in the body) and make you feel fatigued, it's important to treat it as soon as possible.

Diarrhea can be treated with changes in diet and over-the-counter medications (medications you can buy without a prescription). Talk to your doctor or nurse before taking any over-the-counter medications, vitamin supplements, or herbal remedies. For severe diarrhea, your doctor may prescribe a prescription drug.

Some of the other ways to deal with diarrhea are:

- Drink lots of water to replace what has been lost
- Eat several small meals throughout the day instead of 3 big meals
- Eat/drink foods that contain sodium and potassium to replace what has been lost:
  - Bouillon or fat-free broth
  - Sports drinks
  - Bananas
  - Peaches
  - Apricot nectar
  - Boiled or mashed potatoes

Suggested foods to help stop diarrhea from occurring include:

- Yogurt, cottage cheese
- Rice, noodles, potatoes
- Farina, oatmeal, cream of wheat
- Eggs (cooked until the white part is solid), not fried
- Smooth peanut butter
- Jams, jellies, gelatin
- White bread, toast
- Canned, peeled fruits (like applesauce) and well-cooked vegetables
- Skinless chicken or turkey, lean beef, fish (not fried)
- Hard candy, pound cake
- Animal crackers, pretzels
- Lactose-free dairy products like soy milk

Suggested foods to avoid when suffering from diarrhea:

- Greasy, fatty, fried, heavily seasoned foods
- Raw vegetables, unpeeled fruit
- Orange or prune juice
- High-fiber vegetables like broccoli, cauliflower, cabbage, dried beans
- Raw meat or fish
- Anything very hot or cold
- Caffeine (coffee, tea, colas, chocolate)
- Carbonated drinks
- Rhubarb

# Knowledge

## take an active role

Participating in your own healthcare during and after treatment for colon or rectal cancer is a very positive step. Your doctor will review treatment options and recommendations, and together you can decide on the best course of treatment. You will benefit from learning about the pros and cons of each treatment option. Ask the cancer care team about anything you do not understand. Be aware of treatment side effects and report any right away to your doctor or another team member. It is possible to take steps to reduce side effects and shorten the time they last.

### ASK THE RIGHT QUESTIONS

Here are some questions you should ask your doctor to better understand your cancer:

1. What stage is my cancer?
2. Has the cancer spread to other parts of my body? If so, where?
3. What are the treatment options available for my kind of cancer?
4. How effective are these treatments?
5. How are these treatments given?
6. How long will I have to be on these treatments?
7. How will I know if my treatment is working?
8. What kind of side effects should I expect with these treatments?
9. Is there any way to lessen the side effects?
10. Should I change my diet during treatment?
11. Where can I go for more information and support?

## MAKE HEALTHY LIFESTYLE CHOICES

Maintaining the best possible overall health is essential to managing cancer. To improve general well-being, stop smoking and ask your doctor whether it is all right to drink alcohol.

Cancer can cause fatigue, and treatment can make it worse. That's why eating healthy foods and getting plenty of rest are more important than ever during and after treatment. However, this doesn't mean avoiding all physical activity. When permitted by your doctor, proper exercise may help provide a welcome energy boost. Ask your doctor what kinds of exercise might be appropriate.

## REPORT CHANGES

Changes in side effects, mood, pain, and fatigue are important. Report any changes to your healthcare provider as soon as possible. Adjustments to your medication may help you feel better and stronger so you can complete your therapy.

## LINK UP WITH A SUPPORT SYSTEM

If you have metastatic colorectal cancer, the impact of the disease may be too much to handle alone. You might benefit from a local support group for patients or family members where you will meet people who are in a similar situation. You may find emotional support or benefit from shared experiences and information.

Counseling by mental health or social work professionals is available for patients and family members to help you deal with the ongoing challenges. Contact your hospital's social service department or one of the national organizations listed on the back cover.

Taking positive action in dealing with your cancer is very important. Educate yourself about the disease, become actively involved in your treatment, develop a strong relationship with your doctor and the cancer care team, and remain as positive as possible. Doing so can help you get the best care and let you live as fully as possible.

# resources

## resources for metastatic colorectal cancer

### HELP AND SUPPORT FOR PATIENTS AND FAMILY MEMBERS

The following organizations are committed to providing up-to-date and easy-to-understand information for patients and their families to help them make timely and well-informed decisions:

#### AMERICAN CANCER SOCIETY (ACS)

(800) 227-2345  
[www.cancer.org](http://www.cancer.org)

#### COLON CANCER ALLIANCE (CCA)

(877) 422-2030  
[www.ccalliance.org](http://www.ccalliance.org)

#### CANCER RESEARCH AND PREVENTION FOUNDATION

(800) 227-2732  
[www.preventcancer.org](http://www.preventcancer.org)

#### COALITION OF CANCER COOPERATIVE GROUPS

(877) 520-4457  
[www.cancertrialshelp.org](http://www.cancertrialshelp.org)

AMERICAN GASTROENTEROLOGICAL  
ASSOCIATION–PATIENT CENTER

[www.gastro.org/patient](http://www.gastro.org/patient)

NATIONAL CANCER INSTITUTE (NCI)

(800) 4-CANCER

[www.cancer.gov](http://www.cancer.gov)

NATIONAL COALITION FOR CANCER SURVIVORSHIP

(877) 622-7937

[www.canceradvocacy.org](http://www.canceradvocacy.org)

NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)

(888) 909-NCCN

[www.nccn.org](http://www.nccn.org)

PEOPLE LIVING WITH CANCER

(703) 519-2927

[www.plwc.org](http://www.plwc.org)

# Terms

## the meanings of important terms

Angiogenesis	The growth of new blood vessels, a process that is critical to the growth and spread of cancer
Anti-angiogenesis (anti-angiogenic)	Acting to prevent the growth of new blood vessels
Chemotherapy	A type of treatment for cancer that is given either by mouth or by infusion into a vein. Chemotherapy kills cancer cells by interfering with the tumor cell's ability to grow and reproduce. Because chemotherapy drugs travel throughout the whole body, they can also affect normal cells
Colorectal cancer	Cancer of the colon (intestines) or rectum
Colostomy	Surgical construction of an excretory opening from the colon
Dehydration	A lack of water in the body
EGFR	<i>Epidermal growth factor receptor</i> —a type of receptor on the surface of tumor cells that plays a key role in tumor growth
Growth factors	Signals sent out by tumor cells to promote growth of either the tumor itself or the blood vessels that supply it
Lymph nodes	Small, bean-shaped collections of immune system cells that help fight infection and have a role in fighting cancer
Metastasis (metastatic)	The spread of the cancer from the primary site or origin to distant sites in the body
Polyp	A small clump of cells that can become cancerous, grow, and eventually spread to other parts of the body

Radiation	A kind of treatment that uses high doses of x-rays to destroy or shrink cancer cells
Segmental resection surgery	Surgery on the colon in which the cancerous section is removed and the remaining sections are sewn back together
Side effects	Unwanted changes in your body that occur during treatment
Staging	A standardized way to classify the size of the cancer and if and where it has spread
Stool	Solid waste matter; discharge of the bowels
Targeted therapy	A kind of treatment, directed at a specific target, which affects the tumor in a different way from chemotherapy. Two examples of targeted therapies are anti-angiogenic therapy and an EGFR inhibitor
Tumor	An abnormal lump or mass of tissue, which can be cancerous or noncancerous
Virtual colonoscopy	A recently developed imaging technique that uses virtual reality software to look inside the body. This technology makes it possible to see an image of the colon without having to insert a tube into the colon (as in conventional colonoscopy) or fill the colon with liquid (as with a barium enema)





# *resources for* metastatic colorectal cancer

## A QUICK LIST

- ● **American Cancer Society (ACS)**  
(800) 227-2345  
[www.cancer.org](http://www.cancer.org)
- ● **Colon Cancer Alliance (CCA)**  
Patient Support Helpline: (877) 422-2030  
[www.ccalliance.org](http://www.ccalliance.org)
- ● **National Cancer Institute (NCI)**  
(800) 4-CANCER  
[www.cancer.gov](http://www.cancer.gov)
- ● **National Comprehensive Cancer Network (NCCN)**  
(888) 909-NCCN  
[www.nccn.org](http://www.nccn.org)

See pages 24 and 25 for a more complete list of resources.