

# Understanding Your Treatment Plan



As the CEO of your body, it is important to employ people around you whose mission is to deliver you the best care and results for your health – from both preventative and ongoing health management perspectives.

With this in mind, making you the centre of any decision regarding your health is essential for the best possible outcome. At the end of the day, you will benefit most from being part of the decision-making process and you will be far more relaxed and confident if you understand and feel in control of what your treatment involves, and what it will or possibly will not do.

## **What do we mean by ‘treatment’?**

For our community, this could fall within the realm of cancer prevention – identifying the path you wish to take to reduce your risk of developing cancer, and subsequently working with your team of experts (e.g. GP, high-risk screening clinic, breast surgeon, etc.) to develop a risk-management plan that may or may not involve surgical intervention.

The second group of incredible community members is those who are diagnosed. Together with your team of doctors, oncologists, surgeons, etc, you will work together to put in place a treatment plan that addresses the best possible cancer treatment options, e.g. immunotherapies or chemotherapy, surgeries etc.

## **Multidisciplinary Treatment Team**

### **What is a Multidisciplinary Team?**

As more becomes known about the complex disease of cancer, we recognise there cannot be a ‘one size fits all’ approach to treatment, and one doctor cannot cover all bases when it comes to high-quality and individualise care. A multidisciplinary team is a group of healthcare professionals who specialise in different areas of care, collaborate and coordinate with patients, and regularly meet and work together to ensure their patients achieve the best possible outcome. This helps ensure that you receive the most comprehensive, patient-centred care and support throughout your treatment.



The multidisciplinary team can 'see the big picture' and will work together to ensure that treatment plans and next steps are organised, and everything is on track, taking the pressure off you to remember what you're doing or where you're going.

### What is my role within the team?

As a patient, you will not attend any multidisciplinary meetings with the healthcare professionals, but you will receive important information discussed. Any recommendations for treatment or further care during these meetings will directly influence the decision-making process between yourself and your lead clinician.

Your role will solely be to voice any concerns regarding treatment and care and ask questions when unsure about certain decisions. Patient satisfaction and achieving the most favourable outcome is the #1 goal while working with an MDT. Do not be afraid to advocate for yourself and request second opinions if you need to do so.

### Who is part of the Multidisciplinary Team?

Depending on your type of cancer, treatment plan, and how you respond to treatment, a standard care team could include:

- **Surgeons**
- Breast surgeon & reconstructive surgeon – surgery is typically the first stage of treatment for someone diagnosed with breast cancer, which is why a breast surgeon may be your first point of contact before an oncologist. Surgery can involve a lumpectomy, partial or total mastectomy and lymph node removal, which may be followed immediately by reconstruction
- Gynaecological oncologists for ovarian cancer
- Urologist for prostate cancer
- Colorectal surgeon for bowel cancer
- **Medical oncologist** – specialises in cancer drug therapies; chemotherapy, targeted therapy, hormone therapy and immunotherapy.
- **Clinical oncologist** – uses both drug therapy and radiotherapy to treat disease.
- **Chemotherapy nurse** – specialises in administering chemotherapy drugs and provides support throughout treatment.
- **Pathologist** – collects and examines tissues and blood samples.
- **Radiographer** – specialises in performing mammograms, x-rays, and a variety of other necessary scans.
- **Radiation therapist** – if your treatment plan requires radiotherapy, you will usually see this specialist after you finish the course of chemotherapy. The number of radiotherapy sessions required is based on each patient.



## Additional team members

Not all patients will require every health care practitioner to be part of their team; depending on your diagnosis and current treatment plan, your care team may also include:

- **Breast care nurse** – this nurse is assigned to a patient once diagnosed with breast cancer. They will provide information and additional personalised support throughout the entire process. *Some patients may not be offered a breast care nurse straight away. If this is the case for you, ask your treatment team to appoint one for you as soon as possible.*
- **Genetic counsellor** – a specialist that may be recommended for you if you have a strong history of breast cancer in your family or test positive for a familial cancer gene.
- **Fertility specialist** – provides advice and support about fertility preservation and possible pregnancy before, during, and after treatment.
- **Exercise physiologist** – specialises in prescribing exercise plans to improve a patient's quality of life, strength, overall health, and energy levels.
- **Nutritionist/Dietician** – provide advice regarding nutrition during and post-treatment, which can help to alleviate discomfort with treatment side effects.
- **Lymphoedema practitioner or physiotherapist** – educates patients about the prevention and management of lymphoedema and may offer treatment.
- **Psychologist, Psychiatrist, or Counsellor** – these practitioners specialise in helping patients manage emotional responses to diagnosis and treatment.
- **Hair loss advisor** – provides support during and after treatment regarding hair loss, i.e. cold-capping or wig fittings.
- **Plastic surgeon** – depending on the type of reconstruction you have a reconstructive plastic surgeon may carry out the surgery. For example, when having a 'flap' reconstruction.

## Questions you may wish to discuss with your team

As every person who is diagnosed with cancer or looking at preventative surgery is different, this is a suggested starting list of questions for you to prepare and bring along with you – you may wish to add some queries of your own, depending on your circumstances.

- Are there any risks associated with the treatment?
- How quickly should treatment start? How long will it last?
- Are there other treatments available?
- How much will the treatment cost? What will my insurance cover?
- What are the side effects of the treatment they are recommending?
- What is the success rate of the surgery?



- What problems can occur with this surgery? What level of pain or discomfort can I expect?
- What kind of anaesthesia will I have?
- Will I have to stay in the hospital overnight?
- Will I need someone to drive me home?
- How long is recovery expected to take and what does it involve? When can I expect to get back to my normal routine?
- Are there any recommended materials, videos or websites I can review for further information?

## Your personalised treatment plan

### What to consider when deciding on a treatment plan

#### Explore different options

With the arrival of precision medicine, immunotherapies and personalised treatments, there are more options than ever when it comes to managing a cancer diagnosis, ask your specialist what your options are.

By working collaboratively with your specialist and understanding your cancer type – and whether it is the result of a genetic mutation – you may well be able to utilise some of these targeted therapies to better treat your cancer.

If you're exploring preventative options to manage your inherited cancer risk, surgery is often considered a great option to reduce your risk. There are also new clinical trials that can be an option for you. Alternatively, you may wish to continue with high-risk screening. It is important to work closely with your healthcare team to determine the best option for you.

#### Understand the risks and benefits

When considering medical treatment options, it is important you are clear on your options and that you ask about the pros and cons of each. It is important to consider what the side effects might be, how long the treatment will continue, and how likely it is that the treatment will work for you. What are the long-term expectations, both around treatment outcomes and therapies beyond the initial treatment?

When it comes to surgical intervention, it's a great idea to work closely with your doctor to understand how surgical intervention will improve your outcomes if you're a diagnosed patient, or how it will reduce your risk if you are selecting this as a preventative option.



### Understand how your treatment may impact your quality of life

When considering the pros and cons, don't forget to ask about any impact on your quality of life. Will the treatment or surgical option interfere with your ability to live your life, as normally as possible? What costs will be covered by your insurance? Doctors need to understand what's important to you so they can work with you, developing a treatment plan that meets your needs.

### **Getting a Second Opinion**

If you are diagnosed with a serious illness and surgery is recommended, patients often seek a second opinion. The views of two different specialists can help you get clearer on what's best for you. Don't be shy, doctors and specialists are used to this, and most will not be insulted by your desire to seek a second opinion. Your specialist may even be able to suggest others who can review your case.

### **Health Information Online**

Often people will head to Dr Google and search online to research information about health problems. However, it's incredibly important to understand that not all health information on the internet is of equal quality or reputable. Ask your GP or specialist how to find resources that are accurate and reliable, and don't forget to talk with them about what you've learned online.

## **Questions about your Care**

### **At what stage is my cancer?**

There are four stages of cancer:

- **Stage One:** The cancer is small and is only in the organ it started in.
- **Stage Two:** The cancer has grown since stage one but has not spread. Depending on the type of cancer, stage two may mean it has spread into nearby lymph nodes or tissue.
- **Stage Three:** The cancer has spread to tissue, potentially more distant than stage two.
- **Stage Four:** The cancer has spread to other organs.

Depending on the stage of your cancer, your oncologist will be able to plan your treatment.



## **What do I need to put in place to establish a great treatment plan with my specialist?**

Having a trusted appointment 'buddy', such as a friend, partner, or family member, accompany you to your appointments will help ensure that all of the information is heard and absorbed. It will also allow you to walk back/talk through your appointment afterward with someone so that you can be sure you are considering all possible options for your treatment.

It is also a great idea to ask your specialist to give you all the discussed information in writing, along with any supporting written materials such as brochures, fact sheets, etc. Always ask questions if there is anything that you do not understand.

If a treatment is proposed that makes you uncomfortable or uncertain, ask if there are other treatments available that you can consider. And if treatment cost is a concern, ask if less expensive choices are available. Your specialist should work with you to develop a treatment plan that meets all of your needs.

Your specialist will send a letter outlining your diagnosis and treatment plan to your GP which ensures that your GP is aware of and understands your medical care. Your GP can then also be an important point of contact for you to discuss your diagnosis and care.

## **When can I begin treatment? Will I need to have further tests before treatment can begin?**

Your specialist will decide how soon to start treatment. Your specialist may request other tests to be performed, these can vary depending on your individual case.

## **Will I need more tests during my treatment?**

You will need to have more blood or imaging tests while your treatment is underway. Your team will inform you about these tests and schedule.

## **Will my specialist discuss the success rate of my treatment?**

Yes. Your specialist will be able to provide some guidance as to the potential outcomes. This will depend on your specific cancer and how your cancer responds to treatment.

**Can I have genetic testing?**

Not all cancer patients will undergo genetic testing. BRCA1/BRCA2 and other genes which less commonly are associated with ovarian cancer are also tested. If genetic testing is recommended this will be performed by your specialist or you will be referred to a cancer genetic clinic. If you have a gene fault, your local genetic clinic will be able to discuss the implications of this result for you and your family.

**Should I change my diet and the amount I exercise during my treatment?**

It is recommended you eat a well-balanced healthy diet. It is not recommended that you make major changes to your diet (such as elimination of major food group, changing to a keto-diet or alkaline-diet etc). Exercise is strongly recommended and if needed you can be referred to an exercise physiologist to support and guide you.

**Will I be able to work and carry on with my life as normal?**

It depends. Many patients can continue working and carry on with a normal life with minimal disruptions. In general, most side effects with chemotherapy last for a few days to a week after each treatment. It is highly variable the effect this has from one person to another.

**How will my treatment affect my fertility and chances of having children?**

It will depend on your type of cancer and stage as to whether fertility is able to be preserved. If this is an area of concern for you, ask your doctor or fertility specialist to discuss your options.

**Can I take some time to decide on the treatment plan I choose?**

You will always be provided with the opportunity to take some time to decide how you would like to proceed. It is helpful to have a family member or support person with you during your consultation. You will be provided with written information and another appointment; at this time any further questions can be addressed.

**What about complementary therapy?**

Some complementary therapies may not work alongside some medical treatment, so it's important you let your specialist or team know of any alternative therapies you are using or are considering.



### **Am I eligible for clinical trials?**

Many patients may be suitable for participation in a clinical trial. If there is a clinical trial open that you are suitable for, your specialist will discuss this with you along with the standard treatment recommendations. Sometimes there are clinical trials open in other centres, if this is something that is important to you your specialist will be able to refer you for assessment. Participation in clinical trials is voluntary and patients can withdraw at any time if needed.

### **How long will I need to stay in hospital?**

Most patients stay in hospital for several days after surgery. To find out more about your hospital stay, what to bring and how to be prepared, learn more on our website.

### **What are my options if the cancer comes back?**

A potential treatment is chemotherapy. The timing and type of chemotherapy will be discussed with you and varies depending on your individual circumstance. Some patients may be considered for further surgery. Clinical trials may also be an option at this time.