

A pathology report is a medical document written by a pathologist, a doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease. The report specifies a diagnosis based on the pathologist's examination of a sample of tissue taken from the patient's tumor.

There are clear differences in how each generation of people with cancer and caregivers use online resources and approach their cancer care. In 2013, there were an estimated 14.7 million people living with cancer in the United States. Every year, about 1.5 million new cancer diagnoses are made. In only two decades, the way patients with cancer approach their diagnosis has changed in dramatic ways. Perhaps the biggest factor in that revolution is access to the internet and more useful health information and support communities on it. As reported in a study done by Pew Research Center, in approximately 72 percent of Americans used the internet to seek health information. People are also willing to share personal information with each other more than ever before. About 180 million Americans are active on Facebook, while 68 million use Twitter, where information "right or wrong" spreads like wildfire. Cancer is a life-altering diagnosis. What does it mean? What are the treatment options? Who is the best clinical team for me? A new Healthline survey of 1,000 cancer patients, survivors, and caregivers found that 89 percent of people diagnosed with cancer go online to search for information about their diagnosis. Medical advances also contribute to the large number of people diagnosed with cancer searching online. Screening techniques have gotten better at detecting cancer in the early stages. Earlier and more effective treatment means more people are living with cancer longer, as well as dealing with the long-term side effects of treatment. All of that makes cancer patients and survivors a very engaged population. That said, the information available on the internet is a long way from replacing doctors as health educators. This report combines several expert and patient interviews, our new Healthline survey, and existing scientific research to provide a detailed look into how different generations of people living with cancer are using the internet and online support communities to increase their confidence in treatment decisions, find emotional support, and make decisions with their cancer care team. Key findings from the Healthline survey are: Emotional support is the no. 1 reason people use online resources. Millennials place a higher degree of trust in online resources than older generations. Half of millennials also feel the information they encounter online causes more anxiety and fear. Boomers value their clinical care team more than Generation X or millennials do, but millennials are the most likely generation to prefer to defer to their clinical team to make treatment decisions 48 percent. About half of cancer survivors or their caregivers stay engaged in online support groups to track long-term side effects 64 percent, because they fear recurrence 49 percent, and for emotional support 47 percent. There were 1,000 millennial, Gen X, and boomer participants. Sixty-five percent of all participants were diagnosed with cancer less than five years ago. Millennials rely more on online searches about their cancer than any other generation. When asked to choose their most valuable resources during their cancer journey, 83 percent of survey participants named their clinical care team as a top resource. Next came health information sites such as Healthline or WebMD at 50 percent. Online cancer medical associations and organizations such as the American Cancer Society are favored by 49 percent, and cancer communities, both online and offline, were chosen by 40 percent. Focusing on digital differences, most patients and caregivers go online for information about cancer, but millennials, 18-36 years old, are by far the most proactive. Within a week, 74 percent of all people had surfed the web. And most are pleased with the result. Share on Pinterest Seventy-eight percent of those surveyed said that information on the internet empowers cancer patients and caregivers to make better-informed decisions. They also said it helped them cope with fear and anxiety. Online research about cancer also prompted 61 percent of millennials, more than other generations, to seek a second opinion. Patients across generations found the internet to be an important resource during all phases of their cancer experience. That includes gaining knowledge on the condition and prognosis 93 percent, learning about treatment side effects 86 percent, understanding diagnostic tests 83 percent, exploring treatment options 84 percent, learning what to expect after treatment 83 percent, and researching symptoms 78 percent. She said that the formal diagnosis can be scary, or even spark more questions when doctors speak in clinical terms. Understanding the clinical lingo and

being able to ask the right questions helps cancer patients in the decision-making process. One survivor who is satisfied with her internet research is year-old Paulette Stallone , who was diagnosed with stage 4 colorectal cancer in How much do you need to know and when do you need to know it? Half of millennials expressed anxiety and fear from the information they found, compared to 35 percent of Gen Xers, ages 37â€”52, and 25 percent of boomers, 53â€”71 years old, who did. Wendy Harpham , a retired internist, lymphoma survivor, and author on survivorship. Even while the internet has made things easier, it often adds to the stress. There are also several pharmaceutical websites for cancer treatment drugs or medications that may help manage side effects. It has the potential to become overwhelming, but many advocates say the information is needed and important. Trusting internet information is risky: That makes it difficult for many to grasp the complexities of all the information available, some of which is conflicting. Plus, the internet has its fair share of questionable or bad health advice. Only about 38 percent of those surveyed said they trust the cancer information they find on the internet always or frequently, with millennials being the most trusting. Stacey Tinianov was caregiver to her mom, who had breast cancer, before becoming a cancer patient herself. Now a patient advocate, she stays engaged online, especially on Twitter. If it takes a community, then groups like Breakthrough Crew are an integral part of that. Comprised of patients, caregivers, advocates, and healthcare professionals, the group takes to social media to debunk myths about clinical trials and to encourage people to use trusted sources for information. There are even treatment algorithm guidelines available online where you can punch in your information, including your age, stage, and the genetics of the tumor, and the website delivers a personalized treatment recommendation. This comes with potential risks of its own. Online cancer communities offer solid emotional support Along with private and public Facebook groups, Inspire , PatientsLikeMe , Breastcancer. There is a distinction between social media groups and communities. Communities are secure places where people create verified profiles and control how their data is shared, and conversations are moderated. Cancer-specific social media groups are usually less private and controlled. Share on Pinterest About 48 percent of patients and caregivers responding to our survey joined an online cancer support group after diagnosis. Millennials are three times more likely to join an online support group than baby boomers 73 percent vs. Managing the family, work, social, and financial realities can take an emotional toll. For some people, cancer support groups help ease that toll. Eighty-six percent of survey respondents report that a cancer support group online or in person had a positive impact on their cancer experience. Eighty-six percent cited emotional support as the primary benefit. Millennials found the support groups especially valuable for making treatment decisions 78 percent. Share on Pinterest Published studies have also found cancer patients report that online communities lead to significant emotional benefits. A study in the journal Quality of Life Research found that community members in online support groups for head and neck cancer reported decreased depression and anxiety and the development of a feeling of empowerment. Online support groups also help provide members with pride about their coping skills, empowerment, and a sense of hope for the future according to a study of women with cancer in the Journal of Psychosocial Oncology. Feelings of hope and empowerment were stronger in older women, while younger women reported the most positive benefit was feeling proud. Marcia Holman is a former nurse who was diagnosed with multiple myeloma in , then developed breast cancer. I share when my granddaughter comes over and we do something or give updates on how the flowers in my garden are doing. We cry when someone relapses or we lose one of them to multiple myeloma. It can be fatal, so getting a cancer diagnosis feels like an alarm is going off. According to the Healthline survey, over half 57 percent of respondents join online or offline cancer groups to share clinical experiences and to get answers to medical questions 46 percent. Of the people surveyed, 8 in 10 agree that cancer support groups, including social media, forums, and online communities, help patients and caregivers make informed decisions. In fact, group participation inspired 58 percent of survey respondents to seek a second opinion â€” millennials most likely of all 65 percent. In addition, cancer support groups were very important or essential for helping 68 percent of survey participants make treatment decisions, 68 percent learn about new drugs therapies and clinical trials, 62 percent choose their hospital, and 54 percent choose their clinical cancer team. Tinianov used a cancer-specific hashtag on Twitter to explore information about diagnostic testing. More than any other generation, millennials gained more confidence to make informed

decisions through support groups. Almost half said the support communities also added to their fear and anxiety, according to the Healthline survey. Share on Pinterest All cancers are not alike. Even within a specific type of cancer, there are a lot of subtypes. Type, stage, and tumor grade all affect the kinds of treatments and side effects a patient is likely to have. Age, language, and family situation may be factors in the type of group that can do patients the most good. Similarities can help patients and caregivers learn more, have more effective conversations, and formulate questions for their doctor. Then I can take the results back to him and say: PatientsLikeMe noted that many patients use these tools to track side effects, symptoms, and progress over time. Fifty-nine percent of PatientsLikeMe community members reported that recording their symptoms on the site helped them manage their symptoms. Not everyone uses these communities the same way. In addition to diagnosis and treatment, age, background, and personal coping strategies and values play a role in how people engage. PatientsLikeMe notes that they have a variety of user types. Some want only to listen in on the conversation. Some want to track their physical symptoms to understand their disease at deeper level. And others are active helpers who engage regularly and lead the community in a supportive way. A user may start out engaging one way and evolve along with their cancer treatment. From diagnosis to treatment and beyond, there are key points when patients seem to have the greatest need.

Chapter 2 : CDC - Cancer Data and Statistics

Case Reports New Spring Press has posthumously published Dr. Gonzalez's best case report series. Conquering Cancer: Volume One - 50 Pancreatic and Breast Cancer Patients on The Gonzalez Nutritional Protocol and Conquering Cancer: Volume Two - 62 Patients on The Gonzalez Protocol.

Information about In what format will the scans be provided? Scans traditionally have been oversized, black translucent films but increasingly they are saved on a compact disc CD. Where should I send the scans? Please send your scans to the UCSF clinic where your appointment is scheduled. Please send them a week before your appointment so we have time to download the CDs and review the scans. If you have translucent film, you may bring them with you to your appointment. How should the scans be packed? If you have translucent film, please keep in mind that they are fragile. They may bend, causing a kink that can make reviewing the films difficult. These films should be packed in a stiff oversized envelope, which may be provided by Radiology. If the scans are on CDs, they should be packed for sending in a bubble-wrap envelope since the disc can be scratched, bent or shattered. Can I get a copy of the scans for myself? If your scans are saved to CDs, please request two copies. To protect your privacy, we destroy all CDs after downloading the scans to our radiology system. Copies of translucent films can be retrieved after they have been reviewed. It may take several weeks to complete the review. Original translucent films will be sent back to the facility that provided them. What should I do if the films are lost? Most radiology films are stored on computers. If a film is lost, you can usually request a copy from the hospital where the scan was performed. Please confirm that the hospital has another copy before taking a scan. Are there fees for obtaining and reviewing the scans? If the films are lost, there could be a fee to replace the films. Typically, your insurance plan will cover the cost and our staff will seek an authorization from your insurance company. Will I need radiology films for follow-up appointments? This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.

Chapter 3 : The Biopsy Report: A Patient's Guide - The Oral Cancer Foundation

Cancer Facts and Figures is an annual ACS publication that estimates the number of new cancer cases and deaths for the coming year in an effort to provide insights into the contemporary cancer burden. The report relies on data from NAACCR, SEER, and the National Center for Health Statistics.

It reflects the perspectives of more than 3, patients diverse in ethnicity, income, education, geography, age, insurance, cancer type and treatment stage. CancerCare conducted this study to learn more about how patients experience life after a cancer diagnosis, in order to inform our program development and most accurately represent and address the needs of patients throughout their continuum of care and after clinical treatment is complete. Through fielding six national surveys this report: Defines engagement specifically as it relates to cancer patients Identifies barriers to cancer patient engagement with care providers Characterizes the financial, emotional, social and quality-of-life costs of cancer to patients and families Recommends strategies and programs to promote cancer patient access and engagement View some of the survey findings: Understanding the Diagnosis of Cancer Nearly all the respondents could easily access diagnostic testing to confirm their diagnosis and reported having confidence in the expertise of the diagnosing clinicians. The majority cited cost as the reason. Among those age 25 to 54 years however, one-quarter of white patients and two-thirds of African American and Hispanic patients talked with their physician about this issue. Within a few days of learning they had cancer, patients spoke with physicians, nurses, religious leaders, social workers, physician assistants, or nurse practitioners about their cancer. Only about two-thirds reported having enough on the benefits or goals of their treatment, the possible side effects, and the reasons why the plan was recommended. Less than half had adequate information on whether they would be able to continue working during treatment, how much home care was required, the emotional impact of having cancer and its treatment, and how much of the cost of care would be their responsibility. Fewer than half of respondents got a second opinion about their treatment plan. Only a quarter had access to a patient or nurse navigator. Patient satisfaction levels were low, regarding team attention to clinical trial opportunities and new treatment options. Communication With Health Care Team The majority of respondents were satisfied with their clinical care coordination, understood discussions with their providers about their cancer and its treatment, and were able to connect with their health care team in a reasonable amount of time. Respondents had positive opinions regarding the conversations and relationships they have with their physicians, especially those patients older than age A majority of respondents considered their oncologists and primary care physicians to be part of their cancer care team; nearly half included nurses Respondents generally chose to discuss treatment-related issues with their oncologists. For lifestyle concerns, they preferred to talk with their primary care physicians. Fewer than half were asked by a care team member whether they were feeling distressed by their cancer or its treatment; they were rarely referred to counseling or other professionals for support. Only one-third continued working full-time after their cancer diagnosis. Many respondents used care-altering strategies to reduce costs. Respondents most often discussed symptoms and side effects with their physicians and to a lesser extent with other care team members. For most patients, this forced them to use a non-preferred medicine for 2 to 3 months. One-quarter to one-third of respondents said their ability to perform day-to-day activities, such as working, exercising, entertaining friends and family, caring for children, and preparing meals was dramatically compromised. A third reported they did not have a caregiver to support them through treatment and help with their activities of daily living and household responsibilities Survivorship Women were much more likely than men to report that cancer had a positive effect on their relationships with family members and friends. Cancer caused significant levels of stress for respondents, with the impact of cancer on family members causing the most distress. Younger patients experience significantly higher levels of distress than older patients. Regardless of ethnicity, those 25 to 54 experienced similar levels of distress from their cancer diagnosis. A cancer diagnosis was more likely to prompt 25 to year-olds to discuss end of life with family members than those 45 and older, where fewer than half had not communicated their wishes on these topics to family or friends. Patients of all age groups had widespread misconceptions about both palliative and hospice care. The

DOWNLOAD PDF CANCER REPORT OF A PATIENT

advisory board for this report includes the following renowned experts in oncology and patient engagement:
For more information, please contact Ellen Sonet at esonet@canccare.com.

Chapter 4 : From Cancer Patient to Cancer Survivor: Lost in Transition : Health and Medicine Division

To date, more than 12, participantsâ€™ survivors, cancer patients, and caregiversâ€™ representing over 45 cancer types have joined the Registry, and the Cancer Support Community is committed to continue its efforts in expanding that number in and beyond.

Diplomat, American Board of Pathology Introduction Many medical conditions, including all cases of cancer, must be diagnosed by removing a sample of tissue from the patient and sending it to a pathologist for examination. The pathologist is a physician specializing in rendering medical diagnoses by examination of tissues and fluids removed from the body. To be a pathologist, a medical graduate M. There is no qualitative difference between M. Types of biopsy 1. Excisional biopsy A whole organ or a whole lump is removed excised. These are less common now, since the development of fine needle aspiration see below. Some types of tumors such as lymphoma, a cancer of the lymphocyte blood cells have to be examined whole to allow an accurate diagnosis, so enlarged lymph nodes are good candidates for excisional biopsies. Some surgeons prefer excisional biopsies of most breast lumps to ensure the greatest diagnostic accuracy. Some organs, such as the spleen, are dangerous to cut into without removing the whole organ, so excisional biopsies are preferred for these. Incisional biopsy Only a portion of the lump is removed surgically. This type of biopsy is most commonly used for tumors of the soft tissues muscle, fat, connective tissue to distinguish benign conditions from malignant soft tissue tumors, called sarcomas. Endoscopic biopsy This is probably the most commonly performed type of biopsy. It is done through a fiberoptic endoscope the doctor inserts into the gastrointestinal tract alimentary tract endoscopy , urinary bladder cystoscopy , abdominal cavity laparoscopy , joint cavity arthroscopy , mid-portion of the chest mediastinoscopy , or trachea and bronchial system laryngoscopy and bronchoscopy , either through a natural body orifice or a small surgical incision. The endoscopist can directly visualize an abnormal area on the lining of the organ in question and pinch off tiny bits of tissue with forceps attached to a long cable that runs inside the endoscope. Colposcopic biopsy This is a gynecologic procedure that typically is used to evaluate a patient who has had an abnormal Pap smear. The colposcope is actually a close- focusing telescope that allows the physician to see in detail abnormal areas on the cervix of the uterus, so that a good representation of the abnormal area can be removed and sent to the pathologist. Fine needle aspiration FNA biopsy. This is an extremely simple technique that has been used in Sweden for decades but has only been developed widely in the US over the last ten years. A needle no wider than that typically used to give routine injections about 22 gauge is inserted into a lump tumor , and a few tens to thousands of cells are drawn up aspirated into a syringe. These are smeared on a slide, stained, and examined under a microscope by the pathologist. A diagnosis can often be rendered in a few minutes. Tumors of deep, hard-to-get-to structures pancreas, lung, and liver, for instance are especially good candidates for FNA, as the only other way to sample them is with major surgery. Such FNA procedures are typically done by a radiologist under guidance by ultrasound or computed tomography CT scan and require no anesthesia, not even local anesthesia. Thyroid lumps are also excellent candidates for FNA. Punch biopsy This technique is typically used by dermatologists to sample skin rashes and small masses. After a local anesthetic is injected, a biopsy punch, which is basically a small 3 or 4 mm in diameter version of a cookie cutter, is used to cut out a cylindrical piece of skin. The hole is typically closed with a suture and heals with minimal scarring. Bone marrow biopsy In cases of abnormal blood counts, such as unexplained anemia, high white cell count, and low platelet count, it is necessary to examine the cells of the bone marrow. In adults, the sample is usually taken from the pelvic bone, typically from the posterior superior iliac spine. Hematologists do bone marrow biopsies all the time, but most internists and pathologists and many family practitioners are also trained to perform this procedure. The needle is then inserted deeper to deaden the surface membrane covering the bone the periosteum. A larger rigid needle with a very sharp point is then introduced into the marrow space. A syringe is attached to the needle and suction is applied. The marrow cells are then drawn into the syringe. This suction step is occasionally uncomfortable, since it is impossible to deaden the inside of the bone. The contents of the syringe, which to the naked eye looks like blood with tiny chunks of fat floating around in it, is dropped onto a glass slide and smeared out.

After staining, the cells are visible to the examining pathologist or hematologist. This part of procedure, the aspiration, is usually followed by the core biopsy, in which a slightly larger needle is used to extract core of bone. Even though the core biopsy procedure involves a bigger needle, it is usually less painful than the aspiration. Specimen processing After the specimen is removed from the patient, it is processed in one or both of two major ways: This involves preparation of stained, thin less than 5 micrometers, or 0. There are two major techniques for preparation of histologic sections: This technique gives the best quality of specimen for examination, at the expense of time. The fresh specimen is immersed in a fluid called a fixative for several hours the necessary time dependent on the size of the specimen. The fixed specimen is then placed in a machine that automatically goes through an elaborate overnight cycle that removes all the water from the specimen and replaces it with paraffin wax. This is allowed to solidify by chilling and is set in a cutting machine, called a microtome. The histotech uses the microtome to cut thin sections of the paraffin block containing the biopsy specimen. These delicate sections are floated out on a water bath and picked up on a glass slide. The paraffin is dissolved from the tissue on the slide. With a series of solvents, water is restored to the sections, and they are stained in a mixture of dyes. The most common dyes used are hematoxylin a natural product of the heartwood of the logwood tree, Haematoxylon campechianum, which is native to Central America, and eosin, an artificial aniline dye. Typically, the nucleus of cells stains dark blue, while the cytoplasm stains pink or orange. This technique allows one to examine histologic sections within a few minutes of removing the specimen from the patient, but the price paid is that the quality of the sections is not nearly as good as those of the permanent section. The specimen is a liquid, or small solid chunks suspended in liquid. The fixed smears are then stained, coverslipped, and examined under the microscope. Like the frozen section, smear preparations can be examined within a few minutes of the time the biopsy was obtained. This is especially useful in FNA procedures see above , in which a radiologist is using ultrasound or CT scan to find the area to be biopsied. The procedure can be terminated at that point, sparing the patient the discomfort and inconvenience of repeated sticks. Pathologic examination The gross description The pathologist begins the examination of the specimen by dictating a description of the specimen as it looks to the naked eye. A typical gross description of an endoscopic colon biopsy follows: In the above example, the first item in quotes is an exact recitation of how the specimen was labeled by the doctor who took the biopsy. After that is a textual description of what the specimen looked like, followed by measurements indicating its size. Larger organs removed as biopsies have correspondingly longer and more detailed gross descriptions. An entire spleen, weighing grams, and measuring The external surface is smooth, leathery, homogeneous, and dark purplish-brown. There are no defects in the capsule. The blood vessels of the hilum of the spleen are patent, with no thrombi or other abnormalities. The hilar soft tissues contain a single, ovoid, 1. On section of the spleen at 2 to 3 mm intervals, there are three well-defined pale-grey nodules on the cut surface, ranging from 0. The remainder of the cut surface is homogeneous, dark purple, and firm. In the spleen described above, the pathologist found a few lumps nodules , representing the most important data in this gross examination. In addition, a lymph node was serendipitously found adherent to the spleen, and this was briefly described as having a normal appearance. The microscope slides prepared from the processed samples will be labeled with the same numbers as the cassettes, and the pathologist doing the microscopic examination can, by referring to the typed gross description, know from what part of the specimen the tissue on the slide came. In such a case, the diagnosis see below is considered to speak for itself. Here is a the microscopic description on the report of the colon biopsy given above: The sections show a polypoid structure consisting of a central fibrovascular core, surrounded by a mantle of mucosa showing an adenomatous architecture with a predominantly tubular pattern. The tubules are lined by tall columnar epithelium showing nuclear pseudostratification, hyperchromasia, increased mitotic activity, and loss of cytoplasmic mucin. There is no evidence of stromal invasion. It can be readily seen that the language of microscopy is much more arcane than that used for gross descriptions. It is way beyond the scope of this monograph to cover the nuances of descriptive microscopic pathology. In general, microscopic descriptions are communications between pathologists for referral and quality assurances purposes. Here is the diagnosis for the colon biopsy, above: Colon, sigmoid, endoscopic biopsy: Glossary of important terms Finally, it may be useful to present a brief glossary of important terms

used in pathologic diagnoses. In a diagnosis, the use of the term atypical is a vague warning to the physician that the pathologist is worried about something, but not worried enough to say that the patient has cancer. For instance, lymphomas cancers of the lymph nodes are notoriously difficult to diagnose. Some lymph node biopsies are very disturbing but do not quite fulfill the criteria for cancer. Both of these conditions are thought to be precursor warning signs that the patient is at high risk of developing cancer of the respective organ breast and uterus. This word can be used by itself or as a suffix. Cancers composed of columnar epithelial cells are often called adenocarcinomas. Those of squamous cells are called squamous cell carcinomas. The type of cancer typically recapitulates the type of epithelium that normally lines the affected organ. For instance, almost all cancers of the colon are adenocarcinomas, and columnar epithelium is the normal lining of the colon. There are exceptions, however. Probably the most commonly occurring type of dysplasia is that of the cervix of the uterus, where a progression from dysplasia to neoplasia can be clearly demonstrated. Other dysplasias, such as those of the breast and prostate, are more difficult to clearly relate to neoplasia at this time. There are three main types: An example of the former process is the enlargement of lymph nodes in the neck as a result of reaction to a bacterial throat infection.

Chapter 5 : Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs | The National Academies of Sciences, Engineering, and Medicine

The report highlights how federally funded research that provides a deep understanding of the complexities of cancer is spurring advances across the clinical cancer care continuum and improving survival and quality of life for people around the world.

Chapter 6 : Case Reports of Cancer Patients and Enzyme Treatment

Living with Cancer: A Report on the Patient Experience. Living with Cancer: A Report on the Patient Experience, is the first in a series looking at Canadian cancer care exclusively from the patient perspective, illustrating the experience of those individuals and families living with and beyond cancer.

Chapter 7 : Cancer Patient Experience - Special Report

A new Healthline survey of 1, cancer patients, survivors, and caregivers found that 89 percent of people diagnosed with cancer go online to search for information about their diagnosis.

Chapter 8 : CancerCare Patient Access and Engagement Report | CancerCare

The CancerCare Patient Access and Engagement Report illustrates the many physical, emotional, financial, practical and informational needs cancer patients experience during and after clinical treatment. It reflects the perspectives of more than 3, patients diverse in ethnicity, income, education, geography, age, insurance, cancer type.

Chapter 9 : CDC - Cancer Prevention and Control

A pathology report is a document that contains the diagnosis determined by examining cells and tissues under a microscope. The report may also contain information about the size, shape, and appearance of a specimen as it looks to the naked eye.