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**Parenting
Through Cancer**



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THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER



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Introduction

A cancer diagnosis may lead to new and challenging decisions, including how to talk with your child about cancer. You may be worried about how your illness and treatment will impact their lives or how they'll react to the news. You may have concerns about how much information to share or if you should share your cancer diagnosis at all.

You know your child best, and what you share about cancer is your decision. We've developed this booklet to help guide you and your loved ones as you thoughtfully make choices on how to support your child. While this booklet has been written for a parent, it may also be helpful to anyone talking with a child about an adult's cancer diagnosis.



Preparing yourself for the first conversation

Why should you share your diagnosis with your child?

Cancer is often said to be a “family disease” because it impacts every member of the family in many different ways. There may be changes that can’t be controlled such as changes in daily routines and family roles, or the way a person looks due to cancer or cancer treatment. Even at a young age, children can sense changes in what’s going on around them or in the way people act. Without an adult telling them what’s happening and what to expect, children may develop their own ideas to make sense of their world.

Talking openly and honestly with your child about your cancer helps to prepare them for what to expect, provides the right information and corrects any wrong ideas they have about cancer. It also gives your child a chance to ask questions and share their feelings, thoughts and concerns.

Talking openly allows your child to learn healthy ways to communicate and cope. Other benefits to open communication with your child may include:

- Feeling more in control by taking part in some decisions that will impact them
- Building trust with their parent(s) when information is shared openly and honestly
- Becoming more understanding and thoughtful with people while learning how to care for others

Growing and maturing from the experience by taking on new responsibilities

- Learning ways to manage hard situations or times when things are uncertain as they grow into adulthood





How do you prepare yourself for talking to your child about your cancer?

Families have their own unique ways of coping and talking with one another, especially during times of stress. There's no right or wrong way to share the news about a cancer diagnosis with your child. Every child is unique and may respond differently based on many factors, including their age, personality, developmental stage and previous experiences. These factors may change what you say and how you say it when talking to them about your health.

Before the first time you talk to your child about your cancer, you may want to take some time to think about your own feelings and emotions about your diagnosis. This will help you focus on your child's reactions and questions when talking with them.

It may also help to have another person there to support you and your child. This person can help start or continue the talk if you don't feel up to it. This might be your spouse, partner, friend, relative or a member of your health care team.



What's the best setting to talk with your child about your cancer?

It's often best to talk with your child as soon as possible after you're diagnosed. This may help to build trust with your child, even if you don't have all the details of your treatment. It also keeps them from finding out about your cancer some other way before you've told them.

Plan your conversation with your child in a quiet place that's free of distractions or interruptions. Pick a time when you both are rested and able to focus. Allow time for them to ask questions and share their feelings. It's normal for these talks to be either short or long. Talks may also be filled with different amounts of information.

Some children find it helpful to do activities such as playing a game, working on a puzzle or shooting hoops in the backyard while having these types of talks.

How do I talk with my child about my cancer?

It's okay to show your emotions and share your feelings when talking about your cancer. However, calm behavior and words of comfort are best for your child. It's important to explain how you're feeling, name the feeling and share that you're okay with your feeling. You may want to share that having cancer can be upsetting and scary. It's also alright if your child sees you cry, as this is a normal reaction and lets the child know it's okay if they cry too. By sharing your emotions, your child may feel better about sharing their own feelings.

If you have more than one child, it may be helpful to talk with them separately, especially if they are different ages. This will allow you to choose what you say to each child based on their needs. It also lets you pay closer attention to how each child responds. However, if you talk with your older child first, they may want to be there when you talk with their younger sibling.

What information should be shared about my cancer?

The amount and type of information you share will be different based on your child's age and level of understanding. Often, younger children don't need a lot of details, while older children and teenagers may want to know more. (See the section "Your Child's Age and Developmental Stage" on page 16).

For the first talk with your child, think about the most important information that your child needs to know about your cancer and treatment. Writing down your thoughts can be a helpful way to organize what you want to say. You do not need to follow a script.

Once you decide what information to share, you may want to practice what you will say ahead of time, whether on your own or with another adult. You can always ask a member of your health care team, such as your social worker, chaplain, child life specialist, nurse or doctor for help

and support. JamesCare for Life offers parenting education and support programs that can help prepare for these important talks with your child. To find out more about these programs, visit cancer.osu.edu/families or call **614-293-6428**.

As you get ready to talk to your child about your cancer, it's important to think about:

- What does your child already know about cancer and your illness?
- Has your child known someone else who had cancer?
What does your child know about that person's cancer and treatment?
Did the person recover?
- What's most important for your child to know?
- What do you feel comfortable sharing with your child?
- What changes should your child expect in their routines?
- What's the best way to help your child understand and cope?
- Who else knows about your illness and might be a trusted adult for your child to share their own concerns and feelings with?

What questions might your child have, and how will you answer them? (See most common questions that children have on page 28).





Other tips for talking about your cancer diagnosis

Most health care experts encourage you to say the word “cancer” when talking to your child. This allows you and your child to talk openly. Name the cancer (e.g., lung cancer, breast cancer, leukemia, lymphoma) and show where it’s located in the body. Saying the word “cancer” and sharing basic information allows you to:

- Ask your child what they already know about cancer
- Correct any information they share with you as needed
- Explain the difference between cancer cells and healthy cells
- Share the differences between having cancer and being sick
- Talk about how every person’s cancer, cancer treatment and side effects can be different



Other tips for talking about your cancer treatment and side effects

As you talk about how your cancer will be treated, start with a shorter explanation. Try your best to use words that your child can understand. See pages 40-43 for definitions and terms.

It helps, with children of all ages, to focus on the cancer symptoms and side effects that may happen. Share what changes to your body and treatment side effects you might experience, especially those they will be able to see such as hair loss, upset stomach, feeling very tired, or changes in your mood, weight or appetite. Let your child know that these side effects may go away once treatment has ended or has been changed. For example, your hair will grow back when you are finished with chemotherapy, but it may look different. There may be a change in your hair color or texture.

Share how your cancer treatment may impact their lives and create changes:

- Will you be in the hospital, and for how long?
- Who will care for them while you’re in the hospital or not feeling well?
- Will there be changes in their routine?
- Will other friends, family or loved ones help get them to their activities?
- Will you be able to do all the same things or attend all the same activities?
- Will you need extra help from your family, friends and loved ones?
- Will you need more rest?
- Will you or your family need to stay away from sick people at certain times because of your risk of infection?

Talking with your child about your cancer

Talking with your child about your cancer

After preparing, you are now ready to talk with your child. This will be the first of many talks you'll have about your cancer. If the talk doesn't go as planned, you can always cover other important information at another time. Information can be repeated as often as needed.

Be honest and open in this first talk, as this will build trust now and for the future. It may help lower your child's anxiety if you share that you'll let them know what to expect and that you're open to hearing their questions and concerns. By sharing your cancer diagnosis with them, you may also be showing them how you're coping with this news.

It's important to follow your child's lead. They may need breaks along the way to take in the information and think of questions they may want to ask. Look for signs that your child has heard enough and needs to take a break (e.g., trouble focusing, fidgeting, looking overwhelmed). It may also mean this talk needs to end for now and be continued at another time. Some children may need to receive pieces of information over a longer period of time.

Encourage your child to ask questions. If you don't know the answer to a question, it's alright to say you don't know, but you'll find out and get back to them. Tell your child that any question is okay to ask. Only answer the questions your child asks, as they'll need time to process the information. If they don't have any questions, let them know that they can ask questions later and at any time. (Common questions and potential answers are on page 28).

Remember the 5 C's as important discussion points with your children:

Use the word **Cancer**

You did not **Cause it**

You cannot **Catch it**

You cannot **Control it**

You **Can** still be a kid and have fun, laugh and play



*“There is something I would like to talk with you about.
Where would you like to sit and chat?”*

*“That is a great question. . . .
I’ll ask the doctor at my next
appointment and let you
know what they say.”*



As you share information, it’s important to find out what your child understands by asking them to tell you what they heard you say. This will let you correct anything they didn’t understand. You may find that you need to repeat information or say it in a different way. Keep checking their understanding in this first conversation as well as in all future talks.

Remember that each child is unique and reacts differently. They can experience many different emotions when they learn about a parent’s cancer. They may feel sad, scared, confused, lonely, guilty or angry. They may show a lot of emotion, ask several questions, act differently, or none of these. Younger children especially are very “matter of fact,” so they may show no reaction and seem ready to play or move onto another activity. Let your child know that however they’re feeling is okay. Encourage them to share their feelings, thoughts and concerns with you. Tell them to come to you with any questions or to talk to you at any time. Let them know that you’ll tell them about any changes to your cancer or treatments that may be important to them.

Understanding your child's age and developmental stage



Your child's age and developmental stage are key factors in deciding when to share information about your cancer and its treatment, as well as what to share. You know your child best in terms of their development, personality and emotions. The following information can provide a general overview for different age groups. Children in the same age group can differ in their levels of understanding and types of questions they may ask.

If you have concerns about the length and/or intensity of your child's emotions and behaviors, please see page 36 for more ways to support your child.



*“It’s okay to take a break from talking about this.
What would you like to do?”*



Infant and Toddler (ages 0-2 years)

Ability to understand and developmental factors

- Not able to understand cancer
- Able to notice changes in routines and behavior/emotions in the people around them
- Toddlers may be aware of patient’s physical changes and treatment side effects

Potential behaviors and feelings

- Cry or become upset if separated from a parent
- Have changes in their eating or sleeping habits
- Become fussy, upset, clingier or have tantrums
- Toddlers may react to patient’s physical changes such as hair loss

Approaches and communication tips

- Meet their basic needs and maintain their routine as much as possible
- Try to limit the number of caregivers and include adults who are a regular part of their lives
- Show them extra attention, cuddle and hug them often
- Allow toddlers to make choices when possible so they feel more in control
- Focus on talking about what is happening here and now, rather than in the future

Preschool and Kindergarten (ages 3-5 years)

Ability to understand and developmental factors

- Have a very basic understanding of what it means to be sick, but don't know what cancer means
- Able to repeat what you say but not have a complete understanding
- Ask you the same question repeatedly as hearing the information multiple times helps them understand
- Think in concrete terms and tend to focus on what they can touch or see
- Have a short attention span
- Act out their feelings through play

Potential behaviors and feelings

- Find it hard to express their emotions
- Regressive behaviors (may go back to behaviors such as thumb sucking, bed-wetting or baby talk)
- Show attention-seeking behaviors (such as acting out, misbehaving, having tantrums or bursts of emotion)
- Try to be on their best behavior
- Become quieter than usual or clingy
- Cry or become upset if separated from a parent
- Have changes in eating or sleeping habits

Approaches and communication tips

- Help them express their feelings in healthy ways
- Encourage regular physical activity for healthy coping
- Allow them to make choices when possible so they feel more in control
- Use simple words that your child will understand (e.g., medicine, doctor)
- Share small amounts of information at a time and plan to repeat it, as their attention span is short
- Use dolls, stuffed animals or pictures to show the location of the cancer
- Use books with pictures as needed, which can answer additional questions
- Remind them of changes in routine closer to the actual time they happen
- Ask if they have questions, and answer only those questions at that time



“My doctors and team feel confident that the treatments are helping my cancer go away. If anything changes, I’ll let you know.”



School Age (ages 6-12 years)

Ability to understand and developmental factors

- Older elementary school children are learning the basics about the body and how it works; often they have a basic understanding of cancer and cancer treatments
- Younger elementary school children often understand the difference between cancer and a cold or the flu; some may begin to understand cancer based on other experiences
- May have incorrect information or understanding from different sources like the internet, friends, school or TV

Potential behaviors and feelings

- Anxious when separated from a parent
- Feel sad, guilty or worried
- Hide their feelings
- Show emotions through their behavior (such as regression, isolation, withdrawal, angry, clingy, misbehavior)
- Have physical complaints such as headaches or stomach pains
- Try to be on their best behavior
- Become concerned about the health of the other parent or loved one
- Worry about the impact of their parent’s cancer on themselves and their activities

Approaches and communication tips

- Pay attention to behavior changes
- Encourage different ways for your child to express their emotions (e.g., activity books, art, journaling)
- Let them know what they can do to help or to be involved with your care
- Encourage them to spend time with friends and continue their normal activities
- With younger school-aged children, you may choose to use books, a doll or pictures to show visuals and the location of the cancer



“I went to see the doctor because I have not been feeling well and they ran some tests. I want to share the results with you.”



Teenagers (ages 13-18 years)

Ability to understand and developmental factors

- Have a better understanding of cancer and its possible impact
- Explore their independence and test limits as they are trying to become adults
- Relationships outside the family and with friends are very important
- Want to fit in with friends
- Value privacy

Potential behaviors and feelings

- Show anger, anxiety, worry, fear, increased dependence or mood swings
- Show regression, rebellion, withdrawal, poor judgment, risk-taking behaviors or act like they don't care
- Express physical complaints such as headaches or stomach pains
- Worry about getting cancer themselves
- More likely to look for information on their own via the internet or social media, which could lead to wrong information
- May not share their feelings with their parents or ask questions because they do not want to worry or upset them

Approaches and communication tips

- If your child asks, let them come to appointments to talk with members of your health care team
- Be prepared for emotional responses from your child
- Encourage relationships with friends and keeping outside interests and activities
- Identify other trusted adults they can talk to about your cancer
- Continue to talk about things important to the teen and not just about your cancer
- Be mindful they are not taking on too many additional responsibilities that could lead to them feeling overwhelmed or resentful
- Allow them to be involved in how information is shared with their school and other friends, family and loved ones
- Allow them to take the lead on how much information they want to know
- Provide trusted information and resources that you've reviewed ahead of time

Common questions your child may have and possible responses



Did I cause your cancer?

Young children experience “magical thinking” as part of their development. This often looks like believing they’re the center of the universe and can cause things to happen. Even older children may believe that angry words spoken with, or thoughts about, a parent is the reason something bad is happening now.

It’s important to reassure your child that there’s nothing they did or didn’t do that caused the cancer. Since many children experience these thoughts at some point, you want to reassure your child even if they don’t bring it up. No one can cause someone to get cancer.

Can I catch your cancer?

Many children think cancer is contagious. They may worry that they’ll get cancer, or the other parent will catch it, too. It’s best to bring it up even before your child does, so they don’t worry unnecessarily.

Simply explain to your child that cancer is different than a cold or the flu. Cancer can’t be passed from one person to another. Reassure them that it’s okay to hug and be close to someone with cancer.

How will your cancer affect me? Who’ll take care of me?

A regular daily routine provides a sense of security and stability for your child, so it’s helpful to keep a normal schedule as much as possible. Tell your child when there will be changes in their schedule and when other family members or friends will be helping. Let them know what will be a temporary change, such as staying with grandparents, while you’re in the hospital for your cancer care.

It’s also important to let your child know that not everything will change. Tell them that they’ll be cared for and loved. Share with them some of the people who are there for them and will care for them.



“The doctors and I are doing everything we can to slow down my cancer.”

What causes cancer?

Children may want to know what caused your cancer. Share with them that we don't know all the causes of cancer, but scientists are working to understand cancer. They're making new discoveries and finding new cancer treatments every day.

What's cancer?

Our body is made up of cells — trillions of cells that are so small, they can only be seen under a microscope. Cells in our body are always dividing and growing as they're needed to replace older, worn-out cells. After a cell completes its job, it will die and a new cell will replace it. Cells make up our tissues, our organs, our bones and every part of our body. Cells have helpful jobs that keep us healthy and feeling good.

Cancer is a disease of the cells. Sometimes when cells divide, they change and don't grow as they should. If these cells grow too fast and out of control, it can affect how the body works. If a bunch of these cells clump together, it's called a tumor. Sometimes, the cancer cells move to other parts of the body, which is called metastasis.

Tumors don't form with all types of cancer. Leukemia, lymphoma and multiple myeloma are all examples of cancers that change how your blood cells work.

Will you die?

This is often the hardest question for a parent to answer. Even if your child doesn't ask the question, they're probably thinking and worrying about it. They may be afraid to ask. Your child could know of someone who died from cancer and wonder if that'll happen to you. Some children may believe that everyone with cancer dies, even though this isn't true. It may be helpful to get ready for having a talk about death. You may want to bring it up, as it can be a hard question for them to ask.

Your answer to this question will depend on your type of cancer, treatment options and whether the cancer has spread. Be honest and hopeful in your response but don't make any promises that can't be kept. Consider the child's age and experiences as you answer the question.

If you need support with answering any questions about death and dying, you may want to ask your health care team for a referral to a professional who can help.

After the first talk with your child

Remember that talking with your child about cancer is an ongoing process!

- Your child will need time to think about the information you shared with them. It can be a lot for them to take in. Make a plan to check back with your child about what you discussed. Find out if they have any new questions and how they're feeling.
- You may need to repeat information you've already shared or say it in a different way.
- Share updates on your cancer treatments or any other new information.
- As your cancer treatment begins, prepare your child by telling them of changes to expect (including potential side effects and changes in their routine). A family calendar can be a useful tool for showing treatment dates and routine changes.
- If there are no changes, still check in with your child. Continue to encourage your child to ask questions and share their thoughts, feelings and concerns. Check-ins can be planned family meetings, scheduled one-on-one times with your child or talks that happen at any time.
- Remember, if your child asks a question that you don't know the answer to, that's okay. Tell them you'll try to find out and let them know soon.





To help your child cope well with your cancer experience:

- Expect that each child may react differently to a parent's cancer diagnosis. This depends on various factors such as age, personality, their relationship with you, how they learned about your illness and if they have any prior experience with cancer.
- Tell your child that all feelings are okay. Being sad, scared, confused or angry are all normal feelings for both you and your child when learning about and managing cancer.
- Talk about your own feelings in a calm manner. Use healthy coping skills to care for yourself. Children learn by watching what you do!
- Showing your own feelings is okay (for example, crying a few tears with or in front of your child).
- Encourage your child to identify their feelings and what led to those feelings. You can ask, "How are you feeling right now?" or, "How did you feel about what happened?"
- Use of drawing, playing, story writing or journaling can help some children express their feelings.

Some children may be more comfortable talking with another trusted adult about their feelings and concerns. Let them know this is okay, and help them identify who that person might be. They could talk with another family member, close family friend, teacher, counselor or clergy member. Have a private talk with this adult and ask if they're willing to provide this extra support for your child.

Finding out you have cancer can be hard and stressful for the entire family. Along with asking for extra support from other trusted adults, here are a few helpful ideas:

- **Stay organized and prioritize tasks.** Consider making a family calendar for appointments, treatment dates and children's activities. It's helpful to tell your child if there'll be changes in their schedules and when other adults will be helping in their care. Include them in decision-making when you can, especially with decisions that impact their schedule and routine. For example, ask them who they want to take them to school or to pick them up after basketball practice.
- **Keep family rules, expectations and consequences the same.** Try not to become more relaxed about these during this time. Structure, boundaries and expectations are helpful to your child as they cope. These provide a sense of security, accountability and stability!
- **Let your child help with household tasks or your care.** This can make children feel included and helpful. Young children can bring you a glass of water or blanket, read to you or draw you a picture. Older children can be asked to help with more household tasks such as setting the dinner table, washing dishes, folding laundry, mowing the grass or preparing meals. Be careful that your child doesn't take on too many responsibilities, so that they can continue their normal activities. It's important that your child knows you're grateful for their help. However, cancer doesn't have to change everything. They should continue going to school, hanging out with friends and acting like a kid!
- **Think about ways your family can work together to adjust to the changes that will occur.** Remember how your family made it through tough times in the past and what was helpful. Working through life challenges together can help families grow even closer than before.

Your support system

Family, friends and neighbors

Be open to accepting aid from family, friends and neighbors who want to help, but don't always know how. Make a list of things that need to be done, so when someone offers to help, you can suggest a task from your list. You may consider putting someone in charge of your helpers and tasks. You may also want to use an online community. These online communities can help coordinate assistance as well as share updates on how you are doing. Finally, by accepting help, you may find that you have more time available to spend with your child.

You can also talk with your social worker or providers about other resources available to support you, especially if you're in a situation with limited help available from family, friends or loved ones.

Cancer community

JamesCare for Life offers a variety of **Family and Parenting programs** that provide a supportive setting where families can learn about cancer, helpful coping skills and healthy lifestyle choices. In addition to programs geared toward the whole family, JamesCare for Life also offers educational and supportive programs for patients and caregivers as they navigate family conversations and ongoing support for their child.

For more information about our Family and Parenting programs, please visit cancer.osu.edu/families or call JamesCare for Life at **614-293-6428**.

For one-on-one support, consider asking your provider about a referral to a child life specialist who is trained in helping children and their families cope with health care experiences. For more information on James Child Life Services, please email ChildLife@osumc.edu or ask your care team for a referral.





You're not alone in this. It's okay to ask for help!

School

Depending on your child's age and grade level, you may want to contact their teachers, school nurse or school counselor. Decide with your child who may be the best person to contact. The amount of information you share is up to you, but give them key information and share what your child knows about your cancer and cancer treatments. Let them know how they can help in monitoring your child's emotions and any changes in behavior while also providing extra support. Set up check-in times with your school contact person so you can receive updates on how your child is doing. You can also share any changes in your cancer care.

Professional support

Most children are more resilient than we think and can cope with their parent having cancer. Still, there are times when it can be overwhelming for your child. There may be signs your child needs more support with coping, including:

- **Withdrawal from others**
- **Anger or irritability**
- **Changes in sleeping or eating**
- **Frequent physical complaints/stomachaches or headaches**
- **Frequent crying**
- **Loss of interest in regular activities**
- **Changes in grades**
- **Difficulty concentrating**

Observe the intensity of their behavior and how long it lasts. If your child seems to be having trouble coping or shows behaviors that are concerning, you may seek professional help from a social worker, child life specialist, counselor, pediatrician or child psychologist. Your child's pediatrician can also provide referrals to counselors in your area. If your child talks about thoughts of harming themselves or others, contact your local crisis hotline, call 911, or take your child to the nearest emergency department.

Terms and definitions

The following terms and definitions are an overview of language used throughout this booklet. For more information about how to explain cancer, treatment, and the medical setting to your child, please contact *JamesCare for Life* at 614-293-6428 or visit cancer.osu.edu/families.

Benign – a tumor, or group of cells, that's not cancer.

Biopsy – a procedure that removes a piece of tissue (group of cells) that's looked at under a microscope to determine if it's cancer, and if so, what type.

Cells – the building blocks of all living things. Our body is made up of trillions of cells that are so small, they can only be seen under a microscope. Cells in our body are always dividing and growing as they're needed to replace older, worn-out cells. Cells make up our tissues, our organs, our bones and every part of our body. Cells have special jobs that keep us healthy and feeling good.

Chemotherapy (chemo) – a strong medicine that slows down and gets rid of cancer cells. This medicine looks for fast-growing cells, like cancer. Chemo may be given to a patient in different ways. It can also cause different side effects based on the type of chemo given.

Clinical trials – research that compares new cancer treatments with the usual treatments or standard of care to see which are most helpful.



Cure – when a health problem, like cancer, is gone and is not expected to return.

Immunotherapy – a treatment that helps boost the immune system to get rid of cancer.

Malignant – a tumor, or group of cells, made up of cancer cells.

Metastasis – the spread of cancer to other parts of the body away from where the cancer started. Cancer cells can break away and travel through the blood vessels or lymph nodes to other parts of the body.

Oncologist – a doctor who focuses on treating cancer.



Radiation therapy – a type of treatment used to slow down or get rid of cancer cells. It can be given to a person from outside the body (external radiation) by a machine that aims high-energy rays at the cells. It can also be used inside the body (internal radiation or brachytherapy) by putting radioactive material near the cancer cells.

Recurrence – the return of cancer after remission (all signs of the cancer were gone).

Remission – when symptoms of cancer disappear, and cancer cells are no longer found in the body after treatment.

Risk factors – something that increases a person’s chances of developing a disease. Examples of risk factors are use of tobacco, exposure to certain chemicals, spending lots of time in the sun or infections with certain viruses such as HPV.

Side effects – unwanted changes in the body that may happen as a result of cancer treatments. Examples of side effects are fatigue, nausea and vomiting, decreased white blood cell counts and hair loss.

Surgery – used when surgeons need to fix, add, or remove something on the inside of the body. Surgeons make the smallest openings they can to access the part of the body and close it when they are done. Anesthesia is medicine that puts a person to sleep so they don’t feel pain during surgery. Afterward, the area that was operated on will be sore while it heals. The patient may also be tired and may need to rest for a few weeks.

Targeted therapies – medicines that block the growth of cancer cells by focusing on specific changes in the cancer cells that allow them to grow.

Tissue – a group of cells that work together in the body.

Treatment – ways that doctors and health care workers try to solve health problems. Examples of cancer treatments may include medicine, radiation or surgery.

Tumor – a growth of cells that aren’t supposed to be there. Tumors can be made of cells that are benign (non cancerous) or malignant (cancerous).



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**Parenting Through
Cancer**



Scan the QR code or visit cancer.osu.edu/families for a list of programs and resources at The James, including online resources, on-demand videos and book recommendations. Call **614-293-6428** for more information.

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