

PALLIATIVE CARE

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We are all philosophers. At some point in our lives we have asked the deepest questions it is possible for a human being to ask. Who are we? Where do we come from? Where are we going? What is the meaning of a life? Does time have an end? What is right action? What does it mean to be free? How should I act towards others? What is the meaning of death?

Since recorded history philosophers and religious teachers of all cultures have debated these questions. Some cultures have offered answers based on religion or mystical revelation. Others have created complex overarching systems of thought. Some philosophers answer these questions with yet other questions. Others seek closure and completeness and wish to create a single philosophic approach that will encompass all questions and all answers.

Some religious and philosophical systems deal in poetic images as they seek to express the transcendent. Others, particularly in the West, espouse the goals of clarity and directness. On the other hand some philosophical writings become dense and convoluted as philosophers attempt to express the ineffable in words and force language into tasks for which it is not normally adapted.

THE MEANING OF A LIFE AFTER CANCER: Painting Landscapes with Light

THE MEANING

the look of light painting. That's the process of using lights, to paint light and color onto a scene. While it can be done with literally any subject, it's especially impressive when it's done to landscapes after dark.

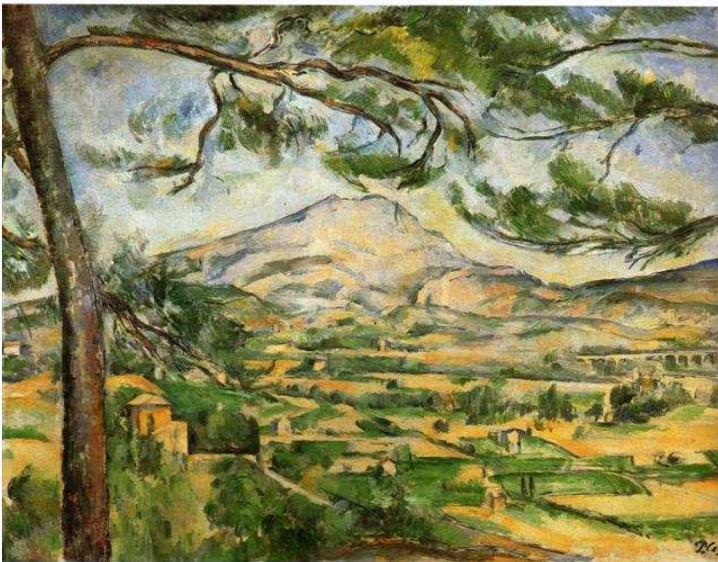
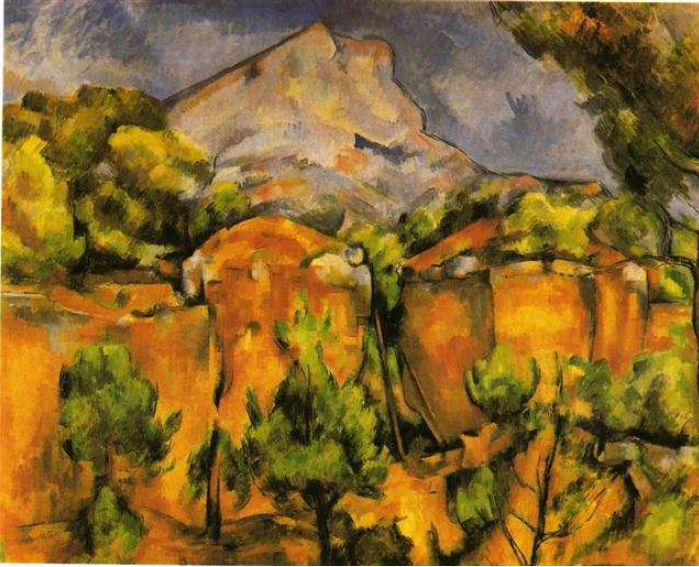
AS THE NEW LIGHT IN LIFE AFTER CANCER

Mont Sainte-Victoire (Cézanne)

Mont Sainte-Victoire is a mountain in France. Cézanne can see the whole view of the mountain from his house, so he drew a series of oil paintings about this mountain. The blue colour on the mountain is an impression of air.

These paintings belong to Post-Impressionism. Cézanne is good at analysis. He uses geometry to describe nature, and uses different colours to represent the depth objects.

Paint Second Life



Cézanne's work demonstrates a mastery of design, colour, composition and draftsmanship. His often repetitive, sensitive and exploratory brushstrokes are highly characteristic and clearly recognizable. He used planes of colour and small brushstrokes that build up to form complex fields, at once both a direct expression of the sensations of the observing eye and an abstraction from observed nature. The paintings convey Cézanne's intense study of his subjects, a searching gaze and a dogged struggle to deal with the complexity of human visual perception.

Cancer patients face a world of frightening, difficult-to-understand information and an overwhelming array of confusing therapies and choices. Cancer authorities and survivors agree that information is critical to survival. However, with so little time, and under so much stress, cancer patients find it nearly impossible to acquire this vital information and rarely have a comprehensive resource they can rely on to begin their healing journey.

This website will give you information that will help you.

It will includes suggestions for increasing survival odds, important articles, recommended reading, and links to some of the best cancer sites on the net.

SUPPORT

- No one should have to travel the journey of cancer alone.
- Each of us needs and deserves support as we try to cope with the disease and its treatments.
- We have found it essential from time-to-time to obtain support for the emotional, physical, and financial demands of cancer.
- Browse through our headings of support information and resources and see if there's something of interest to you.
- Everyone needs emotional support while learning to survive cancer. Not just the patient, but the family and friends as well.
- Most hospitals have a social worker assigned to assist patients and families and you should not hesitate to take advantage of their services.
- Your primary care physician or oncologist may be able to refer you to a social worker or therapist who specializes in treating cancer patients. Such a therapist can be invaluable in putting you in touch with support groups, other patients, and support services.
- Most insurance carriers cover such services, however, if you find that yours does not, call your county department of social services or department of human development. There should be *some* level of services available for everyone who needs them.
- In addition, many churches, synogogs, temples, and other religious organizations have groups that meet to provide emotional support.
- There are numerous support groups online, also. Try any search engine or directory and search for "cancer" AND "(type of cancer)" AND "support groups".

CANCER PAIN

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Defining Cancer

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems.

Cancer is not just one disease but many diseases. There are more than 100 different types of cancer. Most cancers are named for the organ or type of cell in which they start - for example, cancer that begins in the colon is called colon cancer; cancer that begins in basal cells of the skin is called basal cell carcinoma.

Cancer types can be grouped into broader categories. The main categories of cancer include:

Carcinoma - cancer that begins in the skin or in tissues that line or cover internal organs.

Sarcoma - cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue.

Leukemia - cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the blood.

Lymphoma and myeloma - cancers that begin in the cells of the immune system.

Central nervous system cancers - cancers that begin in the tissues of the brain and spinal cord.

(For definitions of other cancer-related terms, see NCI's Dictionary of Cancer Terms.)

Cancer is actually a group of many related diseases that all have to do with cells. Cells are the very small units that make up all living things, including the human body. There are billions of cells in each person's body.

Cancer happens when cells that are not normal grow and spread very fast. Normal body cells grow and divide and know to stop growing. Over time, they also die. Unlike these normal cells, cancer cells just continue to grow and divide out of control and don't die when they're supposed to.

Cancer cells usually group or clump together to form tumors. A growing tumor becomes a lump of cancer cells that can destroy the normal cells around the tumor and damage the body's healthy tissues. This can make someone very sick.

Sometimes cancer cells break away from the original tumor and travel to other areas of the body, where they keep growing and can go on to form new tumors. This is how cancer spreads. The spread of a tumor to a new place in the body is called metastasis.

Treating Cancer

Cancer is treated with surgery, chemotherapy, or radiation — or sometimes a combination of these treatments. The choice of treatment depends on:

the type of cancer someone has (the kind of abnormal cells causing the cancer)

the stage of the tumor (meaning how much the cancer has spread within the body, if at all)

Surgery is the oldest form of treatment for cancer — 3 out of every 5 people with cancer will have an operation to remove it. During surgery, the doctor tries to take out as many

cancer cells as possible. Some healthy cells or tissue may also be removed to make sure that all the cancer is gone.

Chemotherapy is the use of anti-cancer medicines (drugs) to treat cancer. These medicines are sometimes taken as a pill, but usually are given through a special intravenous line, also called an IV. An IV is a tiny plastic catheter (straw-like tube) that is put into a vein through someone's skin, usually on the arm. The catheter is attached to a bag that holds the medicine. The medicine flows from the bag into a vein, which puts the medicine into the blood, where it can travel throughout the body and attack cancer cells. Radiation therapy uses high-energy waves, such as X-rays (invisible waves that can pass through most parts of the body), to damage and destroy cancer cells. It can cause tumors to shrink and even go away completely. Radiation therapy is one of the most common treatments for cancer. Many people with cancer find it goes away after receiving radiation treatments.

Types and causes of cancer pain: pain as subjective experience

That pain is a subjective experience seems to be a truism. Given our common-sense understanding of pain, this seems to be the more dominant thread: instead of treating pains as objects of perceptual experience, it treats them as experiences themselves. Indeed it is this thread that the official scientific definition of 'pain' picks up and emphasizes, which was first formulated in the 1980s by a committee organized by the International Association for the Study of Pain (IASP), and has been, since then, widely accepted by the scientific community:^[1]

Pain: An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

This definition avoids tying pain to the stimulus. Activity induced in the nociceptor and nociceptive pathways by a noxious stimulus is not pain, which is always a psychological state, even though we may well appreciate that pain most often has a proximate physical cause. (IASP 1986, p. 250); Cf. (IASP-Task-Force-On-Taxonomy 1994)

Note: Pain is always subjective.

This page tells you about the types and causes of cancer pain. There is information on:

- Acute and chronic pain
- Types of cancer pain
- How much pain you might have
- Causes of cancer pain

Most cancer pain is caused by the tumour pressing on bones, nerves or other organs in your body. Sometimes pain is related to your cancer treatment. For example, some chemotherapy drugs can cause numbness and tingling in your hands and feet or a burning sensation at the place where they are injected. Radiotherapy can cause skin redness and irritation.

Some pain may have nothing to do with your cancer. You may just have the general aches and pains that everyone gets from time to time.

Acute and chronic pain

Cancer pain can be acute or chronic. Acute pain is due to damage caused by an injury and tends to only last a short time. For example, having an operation can cause acute pain. The pain goes when the wound heals. In the meantime, painkillers will usually keep it under control.

Chronic pain is pain caused by changes to nerves. Nerve changes may occur due to cancer pressing on nerves or due to chemicals produced by a tumour. It can also be caused by nerve changes due to cancer treatment. The pain continues long after the

injury or treatment is over and can range from mild to severe. It can be there all the time and is also called 'persistent pain'. Chronic pain can be difficult to treat, but painkillers or other pain control methods can successfully control it in about 95 out of every 100 people (95%).

Pain that is not well controlled can develop into chronic pain. So it is important to take painkillers that you are prescribed. Trying to 'put up with the pain' can make it harder to control in the future.

If you have chronic cancer pain, you may also sometimes have acute pain that is not controlled by the medicines you are taking. This is called 'breakthrough pain'. If you are taking regular painkillers but still have episodes of pain, let your doctor know. They can prescribe extra 'top up' doses of painkillers for you to take when you need them.

There is more information about how cancer pain can be managed in our page about treating cancer pain.

Pain can greatly affect your quality of life. Chronic pain can make it hard for you to do everyday things such as bathing, shopping, cooking, sleeping and eating. This may be hard for your close friends and relatives to understand. There is more information about how your pain can affect you and your loved ones, and how to deal with this, on our page about support when you have pain.

Types of cancer pain

Doctors talk about and describe pain in different ways. They may talk about acute and chronic pain. Or they may talk about the body tissue your pain comes from – for example, nerve pain, bone pain, soft tissue pain or phantom pain. It is extremely important for your doctor to find out the type and cause of your pain so that they can treat it in the right way.

Different types of pain need different treatment. Types of pain include

- Nerve pain
- Bone pain
- Soft tissue pain
- Phantom pain
- Referred pain
- Nerve pain

Nerve pain is caused by pressure on nerves or the spinal cord, or by damage to nerves. It is also called neuropathic pain. People often describe nerve pain as burning or as a feeling of something crawling under their skin. It can be difficult to describe exactly how it feels. It can sometimes be more difficult to treat than other types of pain.

Some people have long term nerve pain after surgery. Nerves are cut during surgery and they take a long time to heal because they grow very slowly. Some people may have pain around their scar for 2 years or more after their surgery. It does usually go eventually.

Nerve pain can also occur after other cancer treatments such as radiotherapy or chemotherapy.

Pain is the most prominent member of a class of sensations known as bodily sensations, which includes itches, tickles, tingles, orgasms, and so on. Bodily sensations are typically attributed to bodily locations and appear to have features such as volume, intensity, duration, and so on, that are ordinarily attributed to physical objects or quantities. Yet these sensations are often thought to be logically private, subjective, self-intimating, and the source of incorrigible knowledge for those who have them. Hence there appear to be reasons both for thinking that pains (along with other similar bodily sensations) are physical objects or conditions that we perceive in body parts, and for thinking that they are not. This paradox is one of the main reasons why philosophers are especially interested in pain.

Chronic pain as disease: Why does it still hurt?

People who suffer from severe, chronic pain know how it can utterly disrupt and damage one's life. Pain can be cruel, making it hard to enjoy even the simplest daily activities, and certainly making it a challenge to carry out an exercise routine and other healthy activities. Moreover, chronic pain was not previously that well understood. The medical profession used to believe that pain is always a manifestation of an underlying injury or disease. Like other experiences as conscious episodes, pains are thought to be private, subjective, self-intimating, and the source of incorrigible knowledge. These elements can certainly be found in the IASP characterization, which also adds that pain experiences are unpleasant. Indeed, by emphasizing that pain is always a "psychological state" the note warns against a conception of pain suggested by the first thread above.

Interestingly, however, when we talk about pains as experiences, we also, in the same breath, talk about *feeling* them as if these experiences were also the object of some sort of inner perception, which suggests introspection. Indeed the discussion of privacy, subjectivity, self-intimation, and incorrigibility naturally forces us to talk this way.

Pain is a complex phenomenon involving both neurophysiological and psychological components. Pathophysiological mechanisms involve neural pathways, and a variety of pain-producing substances and modulating mechanisms. These include acetylcholine, serotonin, histamine, bradykinin, prostaglandins, substance P, somatostatin, cholecystokinin, vasoactive intestinal polypeptide, noradrenaline and endogenous opioid peptides. In assessing patients with pain, it is essential to evaluate the cause of the pain, its severity, type, location, duration, quality, and response to therapies, among other factors (Lasagna L., 1986).

It is the perception of pain and the individual's physical and emotional reaction to the pain perception that give us the opportunity to create treatment approaches that can provide relief.

The art and science of anesthetic practice has existed as a unique medical discipline for less than 150 years. During that time, the focus has changed from helping the patient tolerate surgical stress by rendering him insensible to pain, to controlling stress and the patient's physiologic responses to the perioperative period by careful titration of powerful pharmacologic means and the appreciation of sound medical judgment.

Anesthesiologists can use not only their nerve blocking and analgesic-prescribing skills, but can also coordinate some of the other treatment strategies, such as relaxation techniques and hypnosis. By joining with colleagues skilled in behavioural, psychiatric and surgical management of pain states, the anesthesiologist can give a useful approach to these problems (Murphy T. M., 1986).

The patient's pain should be acknowledged to be a very real problem for the patient. Attempts to differentiate between "real" and "unreal" pain, "organic" and "psychosomatic" are usually fruitless and only succeed in challenging such patients to attempt to prove further the "reality" of their suffering.

The patient can appreciate that there may not be always a technological solution to his problem, such as the use of a nerve block, or a pill, so the patient must be willing to undergo psychological and behavioural evaluation.

Many factors may contribute to the symptoms. Concomitant depression, impaired cortical function and chronic anxiety may all be conditions in which the patients use the language and behaviour of pain to communicate their distress.

Physiological Indications of Acute Pain:

- Dilated pupils
- Increased perspiration
- Increased rate/ force of heart rate

- Increased rate/depth of respirations
- Increased blood pressure
- Decreased urine output
- Decreased peristalsis of GI tract
- Increased basal metabolic rate

After significant trauma, growth hormone levels significantly increased within minutes, and beta endorphin and prolactin were elevated proportionately with severity of injury. Cortisol was inversely correlated with injury severity, possibly reflecting impaired release from the adrenal cortex after very severe injury. Levels were not different for patients with head trauma or not (Hetz, W., Kamp, H. D., Zimmermann, U., Von Bohlen, A., Wildt, L., and Schuettler, J. 1996).

Possible Physiologic Signs of Pain in the Neonates and in children
(Stallard P, et al., 2002; Donna L. Wong, www.mosby.com/WOW)

a. Physiological Variables

- ↑ HR, RR, PB
- shallow respirations
- ↓ vagal nerve tone (shrill cry)
- ↓ pallor or flushing
- diaphoresis, palmar sweating
- ↓ TcPO₂ and ↓ O₂ saturation
- EEG changes

b. Behavioral Variables

- Vocalizations:
 - Crying (often with apneic spells)
 - Whimpering, groaning, moaning
- State changes:
 - Changes in sleep/wake cycles
 - Changes in activity level
- Agitation or listlessness
- Bodily Movements:
 - Limb withdrawal, swiping, or thrashing
 - Rigidity
 - Flaccidity
 - Clenching of fists
- Facial expression (most reliable sign):
 - Eyes tightly closed or opened
 - Mouth opened, squarish
 - Furrowing or bulging of brow
 - Quivering of chin
 - Deepened nasolabial fold

Pain is considered to be chronic if it has remained essentially unrelieved for 6 months or longer. Chronic pain can be of many types and locations, and may or may not have specific tissue damage associated with it. This is to contrast it with Acute pain, which is temporary, is related to specific tissue damage, and reduces in intensity as the damaged area heals.

Chronic pain is different from acute pain, in several ways. It is now believed that different neural pathways are traveled by chronic and acute pain. Acute pain passes through the thalamus, and then on to the sensory cortex; while chronic pain travels through the hypothalamus, which is connected to the limbic system where emotional functioning (emotions or problems, such as anxiety or depression) seems to originate.

No aspect of our mental life is more important to the quality and meaning of our existence than emotions. In view of the proliferation of increasingly fruitful exchanges between researches of different stripes, it is no longer useful to speak of the philosophy of emotion in isolation from the approaches of other disciplines, particularly psychology and neurology (de Sousa, 1987).

Taking medicine for pain can also be a factor that prolongs and maintains the Chronic Pain condition. Most painkillers have powerful effects on other parts of the central nervous system, and they produce a feeling of euphoria (a "high"). Again unconsciously, there is a powerful tendency to seek the euphoria that one gets from the drugs, but to justify taking the drug one must be in pain. So, being in pain is constantly rewarded by the taking of powerful, euphoria-producing drugs.

A significant percentage of Chronic Pain patients have become addicted to their pain medication. We can tell that they are addicted because they have to increase their dose periodically in order to get the same level of relief (this is called developing a tolerance to the drug), and their pain level goes up rapidly if they discontinue the drug (this is called a withdrawal syndrome).

Chronic Pain patients are often very controlling of their medication, understandably, because the drug is the only thing that has brought them any feeling of relief, and it is the only thing that gives them a feeling of control over their pain level.

A variety of methods are available to help the Chronic Pain patient manage their depression, anxiety and stress level, including relaxation techniques and hypnosis. Usually, some combination of these is applied for the best results.

Special Problems in Pain Management in cancer

- Fear of increasing functional deficits
- Concerns with cognitive function
- High number of cognitively impaired
- Fear of hastening death in the frail elderly
- More depression
- Decreased socialization
- Sleep disturbances
- Communication barrier due to sensory or cognitive impairment
- Reluctance to report pain (associates pain with aging)
- Pain may be perceived as metaphor for serious disease or death

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Typically, a Pain evaluation consists of several approaches to discovering which factors play the largest role in maintaining the pain. We perform psychological testing to determine any underlying causes of depression or anxiety which should be treated in addition to the Pain and which could be helping to maintain it.

Pain assessment and Pain treatment

1.Pain assessment

- Ask about pain
- pain mechanisms

a.Nociceptive

Somatic

Visceral

b.Neuropathic

Pain score

Physical exam

Diagnostic studies

2.Pain treatment

- Identify the underlying cause of pain
- Treat the underlying illness and cause of pain
- Evaluate new acute pain
- Enhanced well-being and energy levels
- Improvement of sleep
- Nerve blocks
- Local anesthetics
- Intraspinal techniques
- Epidural
- Intrathecal
- Cordotomy – anteriolateral spinothalamic tract is ablated
- Drug therapies
- Non-drug therapies (relaxation techniques and hypnosis)
- Psychosocial and spiritual care
- Clinical Hypnosis

Pain Behaviors in the Cognitively Impaired:

- Facial expression
- Slight frown, frightened face
- Rapid blinking
- Verbalizations, vocalizations
- Verbally abusive
- Calling out , chanting, grunting
- Body movements
- Rigid, tense
- Fidgeting
- Increased pacing, rocking
- Changes in interpersonal interactions
- Aggressive, combative, resisting care
- Decreased social interaction
- Socially inappropriate, disruptive
- Changes in activity patterns or routines
- Refusing food
- Increased rest periods

- Sleep pattern changes
- Mental status changes
- Crying, tears
- Increased confusion
- Irritable

Psychological pain

Now how could *mental* phenomena be reduced to something described entirely in physical, nonmental terms? In this case, obviously, we cannot leave out all effects on the mind, since that is precisely what is to be reduced. What is needed to complete the materialist world picture is some scheme of the form, "Mental phenomena--thoughts, feelings, sensations, desires, perceptions, etc.--are nothing but..." where the blank is to be filled in by a description that is either explicitly physical or uses only terms that can apply to what is entirely physical.

It is a foundational principle of the cognitive sciences that the function of brains is to process information in order to produce adaptive behaviour. One reason why this is hard to dispute is that the notion of an information processing system is so general that it can accommodate just about any plausible theory of mind. Even so relaxed a framework, however, is problematic where consciousness is concerned: it is not at all obvious whether, and if so how, consciousness contributes to the information processing functions of the brain.

Psychological pain, also called sometimes [psychalgia](#) is any mental, or mind, or non physical suffering. Emotional pain is a particular kind of psychological pain, more closely related to emotions. Another kind that is commonly found is spiritual or soul pain.

In recent years there has been some prominence to quite controversial lawsuits in which the plaintiff seeks redress for pain and suffering that are not physical at all but purely psychological.

Recent research in neuroscience suggests that physical pain and psychological pain may share some underlying neurological mechanisms.

Many disciplines provide psychological treatment of chronic pain patients. Some examples include psychology, psychiatry, clinical social work, nursing, medicine, and marriage and family counseling. In this online course, the term "pain management clinician" will be used to encompass practitioners in all of these fields.

Working with chronic pain patients requires a special skill set for the pain management clinician. One of the most important issues is to have a good understanding of current pain theories and the nature of the chronic pain syndrome since these form the rationale upon which psychological interventions are justified to the patient. The first chapter will provide an overview of a definition of pain, and different classification systems for pain, as well as outdated and current theories of pain.

All pain involves both physical and psychological factors. Acute pain is mostly physical in nature, but chronic pain has a significant psychological component. The treatment of chronic pain should include both medical and psychological interventions.

Psychological treatment for chronic pain should supplement medical care, not replace it. Emotional stress can actually increase the intensity of the pain, but the presence of emotional factors does not mean that the pain is imaginary. Psychological treatment goals are designed to help you learn how to predict and manage the pain cycle, how to use coping skills to minimize pain, and how to maximize active involvement in positive life experiences, despite the presence of chronic pain.

Additionally, psychological treatment for chronic pain focuses on the emotional toll you experience living with pain on a daily basis. Secondary factors, such as disability, financial stress, or loss of work are also seen as part of the pain package, and psychological

treatment is designed to address all relevant issues. The treatment for chronic pain does not include some secret special process, rather, it is a combination of psychological treatment techniques designed to address all the factors present in chronic pain.

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CANCER SURVIVAL web sites:

[per una vita come prima](#)

questo sito e' nato sull'onda dell'interesse e delle emozioni suscitate dal congresso PER UNA VITA COME PRIMA tenutosi presso l'ospedale Don Calabria ...

www.perunavitacomeprima.org

[Target Cancer](#)

Official sanofi-aventis website about cancer, research, treatments

www.oncology.sanofi-aventis.com

[Breast Cancer Survivors](#)

Say No to Chemo and Radation Stop the Harmfull Side Effects

www.tumorx.com

[American Cancer Society :: Information and Resources for Cancer ...](#)

The *American Cancer Society* is dedicated to eliminating *cancer* as a major health problem by preventing *cancer*, saving lives, and diminishing suffering ...

www.cancer.org

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Canadian Society of Palliative Care Physicians c/o Dr. Robin Fainsinger Secretary
Treasurer Director, Palliative Care Program Royal Alexandra Hospital ...
www.hospicecare.com

[European Association for Palliative Care](#)
The Hellenic Society of Palliative & Symptomatic Care of Cancer and Non ... Eastern
European Association of PC Eastern & Central Europe Palliative Care Task ...
www.eapcnet.org/organisations/asseurope.htm

[SICP - Società Italiana di Cure Palliative](#)
La società italiana di cure palliative si occupa dei pazienti colpiti da malattie che non
rispondono più ai trattamenti specifici; informazioni sulle ...
www.sicp.it

[Home - AIOM - Associazione Italiana di Oncologia Medica](#)
L'associazione italiana di oncologia medica ha lo scopo di facilitare i contatti e lo scambio
di informazioni tra gli oncologi italiani e stranieri, ...
www.aiom.it

[Benvenuti in Sisonazionale - Società Italiana di Psico-Oncologia](#)
La società italiana di psico oncologia presenta lo statuto e le finalità sociali. Propone la
standardizzazione dei protocolli di intervento e l'attivazione ...
www.sisonazionale.it

[IPOS 11th World Congress](#)
IPOS 11th World Congress of Psycho-Oncology, 21 - 25 June 2009 ... that you submitted
please contact us immediately by e-mailing info@ipos-society.org. ...
www.ipos-society.org/ipos2009

RECOMMENDED READING:
Books Included in
Lippincott Oncology Book
Collection (ONCO-CS-016):

- [Cancer Chemotherapy and Biotherapy: Principles and Practice](#)
- [Cancer: Principles and Practice of Oncology](#)
- [Chemotherapy Source Book, The](#)
- [DeVita, Hellman, and Rosenberg's Cancer:](#)

- Principles and Practice of Oncology**
- **Diseases of the Breast**
- **High-Dose Cancer Therapy: Pharmacology, Hematopoietins, Stem Cells**
- **Lippincott's Cancer Chemotherapy Handbook**
- **Lung Cancer: Principles and Practice**
- **Manual of Clinical Oncology**
- **Massachusetts General Hospital: Handbook of Pain Management**
- **Ovarian Cancer**
- **Practical Gynecologic Oncology**
- **Principles and Practice of Palliative Care and Supportive Oncology**
- **Principles and Practice of Pediatric Oncology**
- **Prostate Cancer: Principles and Practice**
- **Washington Manual of Oncology**
- **Wintrobe's Clinical Hematology**