

My Journey

Making cancer understandable

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POLMED

YOUR STEP-BY-STEP GUIDE
TO MANAGING YOUR

cancer
journey

MY JOURNEY

Cancer is both a medical and emotional journey. You leave the life you know when you hear the words 'you have cancer,' not knowing what lies ahead for your mind and body. Each journey is unique but there are the same steps and starts for every patient and caregiver. Understanding this journey will help you manage the obstacles and work through possibilities as you juggle new information for yourself, your family and community.

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index.cfm/fuseaction/journey.overview/
 id/9)
 Cancer Research UK
 (www.cancerresearchuk.org/
about-cancer/)

How to deal with your emotions

Shock, disbelief, despair and sadness are just some of the reactions you may experience after a cancer diagnosis. How should you deal with your emotions and when should you get help?

DON'T BE ALARMED if your response to a cancer diagnosis is shock and disbelief.

TAKE A DEEP BREATH. Accept that getting a cancer diagnosis is a huge shock to the system.

CRY IF YOU WANT TO. The initial shock is often followed by distress. It is normal to feel cloaked in sadness with your emotions swinging between anxiety and depression.

In fact, expect that your reactions will follow the usual stages of grieving: denial, bargaining, anger and depression, and finally acceptance. How you deal with this depends much on the type of person you are and how you have dealt with similar issues in your life.

It is also normal to have decreased interest in sex; fatigue; difficulty concentrating, remembering or making

decisions; insomnia or oversleeping; weight and appetite loss; and restlessness or irritability.

RED FLAG (GET HELP). If you have feelings of persistent hopelessness and guilt, get professional help.

DEAL WITH DEPRESSION. Accept that there will be times when you feel lonely, depressed and sad. If you never feel this way, you are probably not facing up to the situation. Learn to recognise the signs of depression – early waking; excessive sleeping; a change in eating habits; a lack of interest in things that used to interest you; and continuous fatigue. Take action if they continue for more than two weeks.

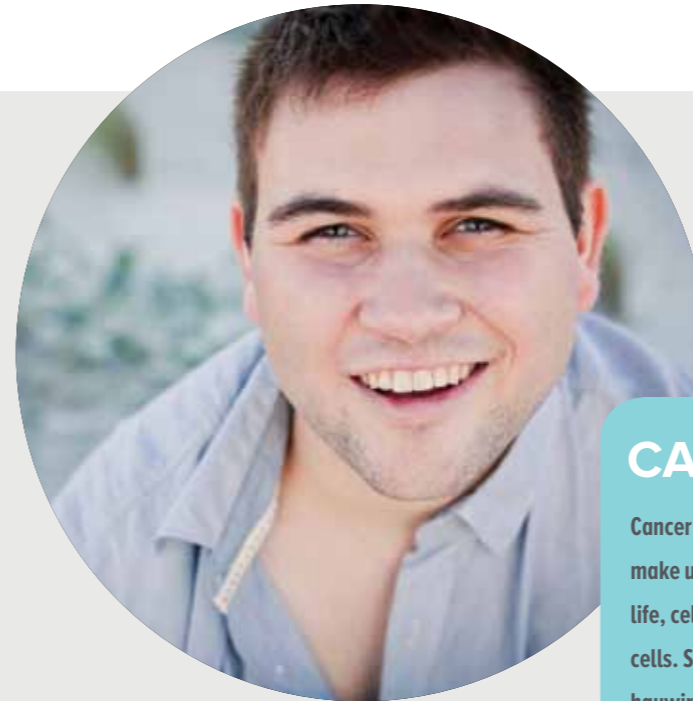
DON'T GO IT ALONE. Few people successfully manage a cancer diagnosis on their own. There are various forms of support: you may find encouragement from friends,

family, a counsellor or a support group. Ask the Cancer Association of South Africa (CANSA) to recommend a professional counsellor.

FIND CREDIBLE INFORMATION. Some people find that researching their type of cancer helps reduce anxiety. But be careful of false and misleading claims on the internet. Rather look at our list of recommended websites on page 11.

BE PRACTICAL. You might cope better by concentrating on things you can control, such as taking good care of your body by eating a healthy diet and exercising. Or you may get relief from doing practical tasks, such as dealing with insurance, making sure wills and other legal issues are up to date or talking to family about unresolved problems or feelings.

ADJUSTMENT MODE. As you learn more about your options and see a treatment plan come together, you will move into the adjustment mode.



"I just ran into the parking area and cried and cried"

Keeve de Villiers, now a young doctor, after being diagnosed with osteosarcoma in Grade 12

CANCER101

Cancer begins in cells. Cells form tissue and tissues make up the organs. As part of the normal cycle of life, cells grow, mature and then divide to form new cells. Sometimes this controlled process goes haywire – new cells start to divide at a staggering rate before they mature, and old cells do not die when they should. These extra cells, which are either too young or too old to function as they should, can form a mass of tissue called a growth or tumour.

Most cancers occur in older people, but even infants and children can get cancer.

There are more than 100 types of cancer. Most are named after the organ or 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.

The symptoms of cancer depend on the type and location of the tumour.

■ WHY DID I GET CANCER?

There are no rules why one person gets cancer and another does not. It is not caused by injury, bumps or bruises, nor is it contagious.

It might occur because you are older, or you have a family history of cancer, or you were exposed to radiation or chemicals such as asbestos or benzene or to some viruses or bacteria, or because you smoked or drank a lot of alcohol or you spent a lot of time in the sun. Some people are more sensitive than others to the known risk factors.

But this is not the time to beat yourself up. You cannot change the past. Live as healthily as you can and fill your brain with positive thinking.

Medical terminology: what does it mean?

Malignant, as opposed to **benign**, tumours are cancerous. They can grow back if they are removed, they can invade nearby tissue and organs, and they can spread to other parts of the body (**metastasis**).

A **benign** tumour will not grow if it is removed and will not spread to other parts of the body. Cancer types fall into five broad categories:

- **Carcinoma** – begins in the skin or in tissues that line or cover internal organs.
- **Sarcoma** – starts in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue.
- **Leukaemia** – starts in bloodforming 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 brain and spinal cord.

"LEARN TO GET IN TOUCH WITH THE SILENCE WITHIN YOURSELF, AND KNOW THAT EVERYTHING IN THIS LIFE HAS PURPOSE. THERE ARE NO MISTAKES, NO COINCIDENCES. ALL EVENTS ARE BLESSINGS GIVEN TO US TO LEARN FROM"

ELISABETH KÜBLER-ROSS



Should I tell my family?

Many cancer patients wrestle with the question: should I tell? And if so, who, and how will they react?

Some patients tell everybody right away, as they feel that telling is a way of starting to own the problem. Then there are the selective tellers. They keep news of a cancer diagnosis from elderly or emotionally frail relatives. Others inform almost no one, perhaps just a few members of their inner circle.

You have the right to make your own decisions and you will probably base your response on your personality, the

personalities of your family and friends, and the stage of your cancer journey. Remember, crises often bring out the best in people. If you don't let anyone in, you aren't giving them the chance to step forward. Hiding the diagnosis can bring its own set of problems. You're unlikely to behave in your usual way because you are so afraid of your illness being revealed. Your silence will drain your emotional energy, and is not worth it. Neither is hiding in the family if it puts your need for support on the shoulders of a small group of people.

REACTIONS AND PRACTICALITIES

Families react in very different ways. They tend to behave the way they always do in a crisis, just in a more pronounced way. If a family is into avoidance, this is how the situation will be treated. If they are generally supportive, that's how they are likely to deal with the diagnosis.

It is likely that certain practical things may change for a while, and you will need your family and friends' support and assistance. Discuss the possibilities and deal with practical issues, such as transport to and from medical appointments, home nursing, if necessary, leave from work (which may place a greater financial burden on a partner), and the division of the household tasks, such as making dinner.

It is much easier to discuss these issues before rather than when they arise.

WHAT LABORATORY TESTS CAN TELL YOUR DOCTOR

BLOOD, urine and other fluid tests can help doctors make a diagnosis. They can show how well an organ is functioning. High amounts of substances – called tumour markers – in your blood may be a sign of cancer. But abnormal lab results are not a sure sign of the disease.

Doctors cannot rely on lab tests alone to confirm a diagnosis. To plan the best treatment for cancer, the doctor needs to know the extent (stage) of your disease. For most cancers, the stage is based on the size of the tumour and whether the cancer has spread to lymph nodes or other parts of the body. The tests may include:

- Imaging procedures (X-rays, CT scans, radionuclide scans, ultrasound, MRI scans or PET scans) to show abnormal areas or activity in your body.
- A biopsy where a doctor will remove a sample of tissue. It may be removed with a needle (tissue or blood), an endoscopic tube or by cutting out a piece of, or the entire tumour. A pathologist will analyse the tissue or blood under a microscope.

"Never ever compare yourself with other patients. You will regain your energy again – in your own time"
Wilma van der Bijl, ex-Miss SA and breast cancer survivor

good advice

Family counselling might ease the situation for everyone.

Tips to help you cope with your own emotions

- Experts agree that adopting a 'positive-at-all-costs' approach can be a huge burden. It's your experience and there is no need to feel you have to please others in how you cope.
- Guilt is a barrier to living life fully. Get rid of it.
- Your feelings of anger or sadness about your cancer and the changes it brings are normal and could help you cope.
- To distinguish between normal sadness and depression, take note of your emotional state and decide after two weeks whether you feel better emotionally. Lingering feelings of overwhelming sadness, helplessness, hopelessness and a sense of worthlessness are not typical. If you experience these, talk to your doctor.

TALK TO YOUR DOCTOR

The moment you or a loved one is diagnosed with cancer, you should start asking questions! Here are some suggestions.

It's often a good idea to write

down your questions beforehand, so you can make sure you understand what the person is telling you. If you don't understand, ask them to explain. You should not feel rushed or embarrassed if you don't understand something.

QUESTIONS TO ASK ON BEING DIAGNOSED

- What is the primary site of

the cancer? Where is the cancer located?

- How aggressive is the cancer?
- What stage is it in? What does the stage indicate? How does the stage influence the treatment options?
- How was the diagnosis made? Can you explain what the screening tests (mammogram, Pap test, sonogram,

colonoscopy, MRI scan), blood tests and biopsy reports show?

- Is there anything unique about my cancer that makes my prognosis better or worse?
- How much is known about the type of cancer that I have?
- Will further tests be needed to determine my treatment options?

- Do you typically treat patients with my diagnosis? What have been the results of this treatment in your experience?
- Do you have any materials or suggested reading on my type of cancer?
- How can I best contact you if I have a question?

GET A SECOND OPINION IF...

- you have concerns about your

diagnosis and recommended treatment

- you just want to hear the diagnosis and treatment options confirmed by another specialist
- the pathologist is having difficulty making a diagnosis
- you have been diagnosed with a rare type of cancer.

Top tips in a nutshell

When you visit your doctor, make a list of questions or take a friend with you! It helps to have another person listen to what is said and think of questions to ask.

- Ask questions and don't leave with anything unanswered. If you don't understand something, ask for it to be explained again.

Source: Campaigning for Cancer

- You own your medical information. Know where it is, who sees it and how you can access it.
- When you are diagnosed, give written consent to someone you trust to act on your behalf.
- Ask POLMED and your healthcare provider to put their answers in writing, and insist on explanations of anything you don't understand.

- Create clear written records of ALL interactions with POLMED and your healthcare providers, with as much information as possible. If it isn't written down it's as if it never happened!
- Take your time. Do not consent to anything without having had time to consider all your options. Get a second opinion – it's your right!



Your treatment options explained

THE TREATMENT plan depends on the type and stage of cancer, the patient's age and general health. Often, the goal of treatment is to cure the cancer. In other cases, it is to control the disease or to reduce symptoms for as long as possible. You and your doctor can work together to decide on a treatment plan that is best for you.

Most treatment plans include surgery, radiation therapy or chemotherapy. Some involve hormone therapy, or specialised drugs such as biological therapy. In addition, stem cell transplants, such as bone marrow transplants, may be used.

Some cancers respond best to a single type of treatment. Others to a combination of treatments.

Treatments such as surgery or radiation therapy are directed at a specific area, while chemotherapy, hormone therapy and biological therapy work on the whole body (systemic).

Cancer treatments will often damage healthy cells and tissues, so side effects are common. Before treatment starts, the healthcare team will explain possible side effects and suggest ways to help you manage them.

SURGERY

In most cases, the surgeon removes the tumour, some tissue around it and, if necessary, nearby lymph nodes.

RADIATION THERAPY

Radiation therapy (also known as radiotherapy) uses high-energy rays to kill cancer cells. Doctors use several types of radiation therapy, and some people receive a combination of treatments. You may receive radiation from a large machine outside the body, from radioactive material placed in or near the tissue, or from systemic radiation after swallowing or being injected with radioactive capsules or liquid.

CHEMOTHERAPY

Chemotherapy is the use of drugs – mostly a cocktail of drugs that kill cancer cells. Treatment is mostly by mouth or through a vein, and is usually given in cycles.

HORMONE THERAPY

Some cancers need hormones to grow. Hormone therapy keeps cancer cells from getting or using the hormones they need.

SPECIALISED DRUGS

Specialised drugs such as biological therapy help the immune system fight cancer. Most types of biological therapy are given through a vein. Biologics are viewed as the way of the future.

STEM CELL TRANSPLANT

After high doses of chemotherapy, radiation, or both, which will destroy both cancer cells and normal blood cells in the bone marrow, a patient will receive healthy, blood-forming stem cells through a tube placed in a large vein. Stem cells may be taken from the patient before the high-dose treatment, or they may come from a donor.

FAST FACT
Treatments such as surgery or radiotherapy are directed at a specific area, while chemotherapy, hormone therapy and biological therapy work on the whole body (systemic).

QUESTIONS TO ASK YOUR DOCTORS ABOUT YOUR TREATMENT

Specialists who treat cancer include surgeons, medical oncologists, haematologists and radiation oncologists.

BEFORE TREATMENT

- 1 What are my treatment options and why?
- 2 What risks or potential side effects are associated with each treatment?
- 3 What is the goal of treatment? Is it to completely eradicate the tumour, reduce the size and/or to alleviate symptoms?
- 4 How often must I receive treatment? How will I feel after treatment?
- 5 Should I have all dental work done before treatment?
- 6 How will treatment affect my daily life and my work?
- 7 What will happen if I choose not to have treatment?
- 8 May I talk to one of your patients who has had this treatment?
- 9 I would like to weigh up my options regarding my treatment; can you recommend someone who can provide a second opinion?
- 10 Can you recommend any resources that I can read to find out more about this treatment?
- 11 How can I best contact you if I have any questions?
- 12 How much time should I take to make a decision about treatment?
- 13 Will the treatment affect my fertility? Should I consider storing sperm/eggs?
- 4 Who will co-ordinate my treatment plan?
- 5 Is the treatment covered by my medical scheme? Will I be required to make any payments upfront?
- 6 What possible side effects should I prepare for? How can I manage the side effects?
- 7 Are there any specific signs or symptoms I should watch for after treatment?
- 8 Should I continue to take my prescription medications during treatment?
- 9 Are there any dietary restrictions during treatment?
- 10 Are lifestyle modifications necessary or recommended?
- 11 How will a disruption to my treatment or its timing affect my results?
- 12 How will I know if the treatment is working? How long will it take to see any results?
- 13 Are patient support groups or support services available?
- 14 How soon can I return to normal activities after treatment?
- 15 What should I do in case of a medical emergency?

STARTING AND DURING TREATMENT

- 1 How many doctors will be involved in my treatment?
- 2 Can a family member or a friend be with me during treatment?
- 3 Will I be able to drive/travel afterwards?
- 4 What happens if my disease comes back?

AFTER COMPLETING YOUR TREATMENT

- 1 What happens after I complete my treatment?
- 2 How often do I need to come in for checkups?
- 3 When will you know if I am cured?
- 4 What happens if my disease comes back?

“ONCE I TOOK RESPONSIBILITY FOR GETTING BETTER, I RECOVERED MUCH FASTER FROM THE CHEMO”

KEEVE DE VILLIERS,
young doctor and bone cancer survivor

What you should know about alternative treatments*

Some people with cancer use complementary or alternative treatments. Acupuncture, massage therapy, herbal products, vitamins or special diets, visualisation, meditation and spiritual healing are types of complementary and alternative treatments.

Many people say these treatments make them feel better, but there is no scientific evidence that they can cure cancer, as is often advocated by their practitioners.

It is important to note that some types of these treatments may change the way standard treatment works. These changes could be harmful. Other types of complementary and alternative treatments could be harmful even if used on their own.

*Alternative treatments are not funded by POLMED.

Children & cancer

A useful guide for parents



TIPS FROM CANCER SURVIVORS

WILMA VAN DER BIJL:
“THIS WORKED FOR ME”

■ GENERAL

- Trust your medical team.
- Take your medication and do your rehab exercises exactly as prescribed.
- Eat healthily – as much fruit and vegetables and water as possible and enough proteins, even if food tastes different.
- A bit of exercise – only if and when you don't feel too tired – may ease the nausea and pain.
- Be patient: your recovery cannot be rushed.
- Rest when you feel tired.

■ FOR CHEMOTHERAPY

- Sleep before you go for chemotherapy.

- Be aware that side effects and extreme exhaustion may hit you a few hours, or days, later. Don't plan anything for the next three days. I had my chemo on a Friday, and had the weekend to recover.
- Cut your hair very short as soon as it starts falling out.
- Buy lots of stylish scarves, hats or a nice wig.
- Stay out of the sun to avoid skin blemishes. Chemo made my skin more sensitive.
- Make lists, because your memory may play tricks on you. This will recover slowly.

■ FOR RADIOTHERAPY

- Rest well before your therapy.
- Sprinkle Maizena on the skin exposed to the radiation to reduce sensitivity.
- Wear loose-fitting clothes.
- Don't take a warm bath or shower just before or after therapy.
- Don't use moisturiser or skin oils on the radiated areas. Ask your doctor to recommend an ointment.
- All radiation burn marks will eventually fade away.
- Ask your medical team to make the tattoo to be used as a marker under your arm and out of sight.

FOLLOW-UP CARE
Follow-up checkups are essential to monitor your health. To find out whether the cancer has returned and to monitor possible long-term side effects of treatment, your doctor may call for regular checkups, lab tests, follow-up scans and other tests. You should contact your doctor if any health problems occur between scheduled visits.

THANKS to earlier methods of detection, improved chemotherapy medication, more accurate radiotherapy and other effective treatment methods, many more children's lives are saved than was the case 30 years ago. The survival rate for leukaemia, for example, has increased from 60% to over 80% in just the last 10 years.

The most prevalent cancers among children in South Africa are leukaemia; brain tumours; lymphomas; cancer of the kidney, also known as Wilm's tumour; and cancer of the sympathetic nervous system, known as neuroblastoma.

EXPLAINING CANCER TO YOUR CHILD

The age and maturity level of the child is important in deciding how to explain cancer. Children have a perception of injury and disease from a young age.

TODDLERS WITH CANCER. Very young children have a limited capacity to understand what is going on. Be there with them and accept that they will find medical procedures frightening and probably will cry. Let them. Your honesty about injections hurting will help the child trust you. Always be with them for the whole of their treatment session. If you have to leave, tell them you love them and that you will be back soon. Tell them about the 'bad guys' making them ill and explain that the treatment will help to chase 'them' away.

YOUNG CHILDREN. Young children (ages 3–7) often think they have done something to cause the illness. Reassure them that it is not their fault. They also need to be told that they did not catch it from someone. Explain again and again that the cancer diagnosis is not a death sentence – children at this age have very vivid imaginations. They will quickly assume that they are dying.

OLDER CHILDREN. Older children (ages 7–12) can understand medical procedures and the importance of sticking to treatment programmes. They also can understand medical facts. Don't keep these from them, but don't let them get obsessed. Your child needs to know constantly that you love them and are there for them. Some children in this age group can be very mature and others very immature.

ADOLESCENTS. Adolescents understand the connection between cancer and possible death. They need to be reassured that great strides have been made in cancer treatment. As it is, adolescence is a turbulent time in which parental authority is challenged. It is not necessary to dwell on topics such as death or possible long-term complications, but it is not wise to avoid them completely. Be honest, assure your child that everything possible is being done, and also assure him or her of your love. Take care to encourage social contact with friends. This is the age when children start getting more support from their friends than their parents.

HOW TO REACT TO THE NEWS

What to say if a loved one is diagnosed:

DOs: Keep it simple, but kind, empathetic and supportive.

Give her/him a hug if you feel like it. Make it clear you're ready to listen. Offer specific help, like picking up the kids from school.

DON'Ts: Avoid making comparisons to others with cancer. Don't start talking about pain, death and

doomsday darkness. Refrain from soap-opera soppiness and dramatic outbursts. Don't try to take over her/his life. Don't offer anything you really can't do. Don't ignore the diagnosis during your next conversation, but enquire with kindness. Don't run away.

15 GENERAL TIPS FOR PARENTS

(whether you or your child has cancer)

- Explain the medical facts in simple language.
- Tell the truth.
- Keep your relationship with your spouse healthy – the stress could get to you both.
- Be honest about unpleasant treatment and side effects.
- Get a counsellor to explain medical facts, if necessary.
- Don't let your child see you upset or panicky.
- Join a family support group.
- Let your child still feel like a child. Play video and board games, build jigsaw puzzles, read books and do

other fun things that don't require much moving around.

- Don't isolate your child from other children – social contact is crucial.
- Be sympathetic but not too indulgent. A

gentle but firm attitude helps children feel safe.

- Acknowledge children's fears as well as that some things are beyond your control.
- Choose the right doctor, one who is sensitive

to emotional issues.

- If someone offers to help, say yes. You can't do everything yourself.
- Don't brush off questions about pain, illness and death.

Caring for the caregiver

Caregivers should look at their stress levels and try to stop burnout before it happens. Below are some ways to prevent burnout.

- **DON'T ISOLATE YOURSELF.** Reach out to friends, family, online chat groups and support organisations to help reduce feelings of isolation.
- **DE-STRESS.** Try exercise, meditation and other stress relief techniques or consult a therapist.
- **SAY 'YES'.** If friends or neighbours ask what they can do to help, tell them. If needed, hire someone or find adult day care.
- **GET ENOUGH SLEEP.**

Caregivers also need at least eight to nine hours of sleep a day. Cut back on late afternoon caffeine and add exercise, especially yoga, to your regime to sleep better. Write down any worries and 'release' them before going to bed.

■ **DON'T NEGLECT YOUR HEALTH.** Eat regular meals rich in fruit and vegetables, drink enough water and take a brisk 15 minute walk each day. Keep your regular dental and checkup appointments.

■ **DISCOVER YOUR OWN JOURNEY.** Caregivers should work on personal growth. Join a pottery group, begin a journal, lean on your counsellor, best friend or spiritual community.

One of your first concerns after the news of a cancer diagnosis will be the financial implications of treating your illness. It is best to get your paperwork in order so you can conserve your energy for your treatment and recovery.

Money matters

HOW TO HANDLE YOUR PAYMENTS:

This step-by-step guide can take the stress out of your medical scheme claims and payments.

STEP 1

On diagnosis, register on POLMED's Oncology Programme.

Tel: 0860 765 633
Fax: 0860 000 340
Email: Polmedonco@medscheme.co.za

STEP 2 YOUR DOCTOR WILL DISCUSS YOUR TREATMENT PLAN WITH YOU.

STEP 3

Once you and your team of doctors agree on a treatment plan, ask your doctor to forward your treatment plan to POLMED's clinical team, as all oncology treatment is subject to pre-authorization and case management. Your treating doctor should fax or email a copy of your treatment plan to POLMED's Oncology Disease Management team.

Once the team has received your treatment plan, an oncology case manager will deal with your case, and will then take the process forward. Your details, disease information and proposed treatment will be captured. The treatment plan is then reviewed and, if necessary, a member of the clinical team will contact your doctor to discuss more appropriate or cost-effective treatment. After the treatment plan has been assessed and approved, authorisation will be sent to your treating doctor.

Call 0860 765 633 for the confidential health advisory service. The service is managed by experienced registered nurses and provides beneficiaries with immediate access to appropriate healthcare advice. The service is available in four official languages: English, Afrikaans, Xhosa and Zulu.

STEP 4

You will be issued with an authorisation letter, which will indicate the treatment authorised, the approved quantities and the period of validity of authorisation.

Some of the pre-authorization requests might be declined and there can be various reasons for this, for example:

- The planned intervention is not covered by POLMED as specified in the Scheme rules.
- The planned intervention is not in line with the acceptable treatment standards for a particular medical condition.
- The treatment is listed on the POLMED Exclusion List. It is either excluded for payment because it is a newly registered product under review or a treatment that has not been proven to have the relevant clinical value.
- Inactive membership status.

Your medical scheme will state why the proposed treatment was declined or adapted. If your medicine request has been declined:

- your doctors can either change your treatment plan, or
- your doctors can stick to the original treatment plan and you pay the shortfall, or
- you and your doctors can write to the Scheme's Principal Officer, after which you may escalate your request to the Scheme's Dispute Committee, and finally to the Council for Medical Schemes.

STEP 6

Make sure your doctor advises POLMED's Oncology team of any change in your treatment, as your

authorisation will need to be re-assessed and updated. Failure to do so may result in your claims being rejected or paid from the incorrect

benefits as there will be no matching oncology authorisation.

STEP 7

Once a member is registered on the Oncology Programme, CT and MRI scans are funded from the oncology benefit (see step 1).

For admissions where the member is admitted to hospital for chemotherapy, the Oncology Department must be contacted for authorisation:

CALL
0860 765 633
(Mon to Fri 07:30 - 17:00)
FAX
0860 000 340
EMAIL
Polmedonco@medscheme.co.za
WEB
www.polmed.co.za

Before you go to hospital, you, the doctor or the hospital must phone for a pre-authorization reference number. You also need a separate authorisation number (see step 8). POLMED needs the following to authorise your hospitalisation:

- Membership number.
- Member or beneficiary name and date of birth.
- Contact details.
- Reason for admission and tariff codes for the proposed treatment.
- Date of admission and date of the operation, if applicable.
- Name of the doctor, practice number and telephone number.
- Name of the hospital, its practice and telephone number.
- ICD-10 codes.

STEP 8

FOR PROBLEM-FREE HOSPITAL ADMISSIONS:

- Notify POLMED in advance i.e. 48 hours before admission.
- The authorisation nurse will give you an authorisation number which you need to give to the hospital clerk.
- POLMED's Hospital Risk Management Department will then manage your admission and monitor the quality of care.

NOTE: If you do not get authorisation before going to hospital, or on the first working day following a medical emergency, your treatment may not be covered and you could be held liable for all costs associated with your admission. Only procedures which are covered in terms of the Scheme rules will be authorised.

STEP 9 CONTACT DETAILS FOR HOSPITAL CLAIMS:

EMAIL: Claims@medscheme.co.za
HOSPITAL CLAIMS CALL CENTRE: 0860 765 633 (Mon to Fri 07:30 - 17:00)
SEND HOSPITAL ACCOUNTS TO: Claims Department, POLMED, Private Bag X16, Arcadia, 0007



Where can I get help?

TRUSTWORTHY WEBSITES

- **FOR EXPLAINING CANCER TERMINOLOGY:**

*www.cancer.org/Cancer/CancerGlossary/index (American Cancer Association)
www.cancer.gov/dictionary (National Cancer Institute, USA)

- **FOR MEDICAL INFORMATION:**

www.health24.com/medical/Condition_centres/777-792-802.asp (Health24, SA)
 *www.webmd.com/cancer/ (WebMD, USA)
 *www.mayoclinic.com/health/cancer/DS01076 (Mayo Clinic, USA)
 *www.cancerresearchuk.org/about-cancer/ (Cancer Research UK)
 *www.cancer.org (American Cancer Society)
 *www.cancer.gov (National Cancer Institute at the National Institutes of Health, USA)

- **FOR INFORMATION ON CANCER TESTS AND DIAGNOSIS:**

*www.cancerresearchuk.org/about-cancer/cancers-in-general/tests/ (Cancer Research UK)

- **FOR CANCER TREATMENTS:**

*www.cancerresearchuk.org/about-cancer/cancers-in-general/treatment/ (Cancer Research UK)

- **FOR PATIENT GUIDES:**

*www.curetoday.com/index.cfm/fuseaction/magazine.patientguides (CureToday, USA)

- **FOR CANCER PATIENT RIGHTS:**

www.campaign4cancer.co.za (Campaigning for Cancer, SA)

- **FOR COMPLEMENTARY AND ALTERNATIVE CARE:**

*www.cancer.gov/cancertopics/cam; www.mayoclinic.com/health/cancer/DS01076/DSECTION=alternative-medicine (Mayo Clinic, USA)

- **FOR QUESTIONS TO ASK YOUR DOCTOR:**

www.campaign4cancer.co.za (Campaigning for Cancer, SA)

- **FOR CANCER CARE CENTRES:**

www.cansa.org.za (Cancer Association of South Africa)

- **FOR CANCER ORGANISATIONS:**

www.cansa.org.za (Cancer Association of South Africa)

- **FOR SUPPORT GROUPS:**

www.cansa.org.za (Cancer Association of South Africa)

- **FOR BLOGS:**

*www.curetoday.com/index.cfm/fuseaction/blog.Community (CureToday, USA)
www.cancer.org/Cancer/news/ExpertVoices/default (American Cancer Society)
 (Remember that patients with most complications tend to blog)

- **FOR SOUTH AFRICAN ONCOLOGISTS:**

www.saoc.org.za (South African Oncology Consortium), Tel: 012 667 2067
www.cancercare.co.za (GVI Oncology, SA)

- **FOR CANCER COUNSELLORS:**

www.cansa.org.za (Cancer Association of South Africa)

Please familiarise yourself with the Scheme rules; these are available on request. Contact POLMED's Oncology Department if you have any queries and they will assist you with clarification.

www.polmed.co.za