Breast Health Edition
The new COPE Library™ helps you educate your patients. Easily provide each patient with information that answers their questions about procedures, treatments and side effects.

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**Empowering Patients To COPE Through Understanding**
When a biopsy of the area confirms ductal carcinoma in situ, you have a pre-invasive cancer that has potential to spread and threaten your life. Your physician will offer you several treatment options for carcinoma in situ, including: mastectomy, which offers a nearly 100% cure rate; lumpectomy with radiation therapy; lumpectomy without radiation therapy; or, rarely, continued observation. A careful look at the extent of the disease, your age, family history and other factors will be considered in selecting the treatments appropriate for you.

Ductal Carcinoma in Situ

- **Definition of terms:**
  - **Benign** — Not cancerous; no threat to the body
  - **Carcinoma** — Cancer cells that start in surface layers or lining of the ducts
  - **Malignant** — Cancerous; threat to the body
  - **Mastectomy** — Removal of a breast by surgery
  - **Metastasis** — Spread of cancer to other parts of the body
  - **Microcalcifications** — Small areas of calcium deposits seen on mammography; may be related to a malignant or benign condition
  - **In situ** — In one contained area
  - **Lumpectomy** — Removal of a lump and some surrounding tissues in the breast
  - **Lymph nodes** — Bean-like areas in the lymphatic system that act as filters of the body’s cellular waste; lymph nodes under the arm filter waste from breast tissues
  - **Radiation Therapy** — Treatment with X-rays to kill cancer cells

**Ductal carcinoma in situ** is a pre-invasive cancer. This condition may have a potential for continuing to proliferate (grow) into an invasive (grows through the duct walls) cancer. Excessive overgrowth of abnormal cells has filled the ducts in which the disease is located. Some authorities refer to the condition as “non-invasive cancer” and others as “pre-cancer.”

Most ductal carcinomas in situ are found by mammography when microcalcifications are observed in a clustered pattern. Usually, five or more calcifications in a very close area will be cause for the radiologist to study carefully the shape of the calcifications. If the shapes are suspicious, a biopsy, using needle localization or stereotactic technique, will be used to locate the findings and a biopsy will be performed. Sometimes a thickening or a soft mass will be found in the area of the breast. Occasionally, a nipple discharge will be a symptom of ductal carcinoma in situ.

Facility Benefits:
- Saves doctors’ and nurses’ time
- Provides appropriate education for your patient’s specific condition and needs
- Increases patient’s understanding and compliance
- Reduces potential for malpractice
**General Education**
- Antiperspirants and Breast Cancer 0101
- Bra Fitting 0102
- Breast Cancer Facts 0103
- Breast Cancer Misconceptions 0104
- Breast Cancer Statistics 0105
- Breast Self-Exam 0106
- Caffeine Connection 0107
- Frequently Asked Questions About the Breasts 0108

**Breast Anatomy Graphics**
- Breast Anatomy 0201
- Breast Diagram 0202
- Female Body and Breast Diagram 0203
- Female Breast Diagram 0204
- Stages of Nodularity 0205

**Mammography Forms and Letters**
- Abnormal Mammogram: Biopsy Recommended 0301
- Abnormal Mammogram: Follow-up Self Referral 0302
- Abnormal Mammogram: Immediate Follow-up 0303
- Diagnostic Mammogram: Normal Results 0304
- Mammography Consent Form 0305
- Mammography Scheduling Questionnaire 0306
- Requesting Your Mammography Film 0307
- Screening Mammography: Results 0308

**Assessment Tools**
- Adjusting to Loss Assessment 0401
- Anxiety Assessment 0402
- Biopsy: Pre/Post Assessment 0403
- Blood Products Transfusion Assessment 0404
- Breast Abnormality Patient Referral 0405
- Breast Pain Assessment 0406
- Breast Patient: Clinical Referral 0407
- Clinical Breast Assessment 0408
- Decision-Making and Support Styles Assessment 0409
- Extravasation Assessment 0410
- Female Sexual Function Index (FSFI)© 0411
- Female Sexual Function Index (FSFI)© Scoring 0412
- General Pain Assessment 0413
- General Pain: Daily Self-Assessment 0414
- I’ve Found a Lump: Preparing for Physician’s Exam 0415
- Lymphedema Assessment 0416
- Male Breast Health Assessment 0417
- Mood Assessment: Post-Diagnosis 0418
- Mood Assessment: Post-Treatment 0419
- Patient Support Needs Assessment 0420
- Quality of Life Assessment 0421
- Range of Motion Assessment 0422
- Resource Needs Assessment 0423
- Treatment Side Effects Calendar Record 0424
- Vital Signs Record 0425

**Breast Imaging Procedures**
- Additional Mammography Views: Spot Compression and Magnification 0501
- Breast-Specific Gamma Imaging 0502
- Calcifications – Microcalcifications 0503
- Compression During Mammography 0504
- Digital Mammography 0505
- Galactography 0506
- Implants and Mammography 0507
- Magnetic Resonance Imaging (MRI) of the Breast 0508
- Mammography Exam: Patient Overview 0509
- Mammography Report From Radiologist 0510
- Mammography Report Terminology 0511
- Methylene Blue Dye Localization 0512
- Obtaining the Optimal Mammogram 0513
- Radiation Exposure Concerns 0514

**Biopsy Procedures**
- Biopsy Risks 0601
- Biopsy Types: Overview 0602
- Breast Biopsy: Patient Instructions 0603
- Core Needle Biopsy 0604
- EnCapsule Biopsy 0605
- Excisional Biopsy 0606
- Fine Needle Aspiration (FNA) 0607
- Fine Needle Aspiration (FNA) of a Cyst 0608
- Incisional Biopsy 0609
- Intact™ Biopsy 0610
- Large Core Biopsy – ABBI® 0611
- Magnetic Resonance Breast Imaging (MRI): Breast Biopsy 0612
- Magnetic Resonance Breast Imaging (MRI): Needle Localization 0613
### Accessory Breast Tissue
- Accessory Breast Tissue
- 0701

### Benign Breast Conditions
- Accessory Breast Tissue
- 0701
- Atypical Hyperplasia
- 0702
- Breast Abscess
- 0703
- Breast Cellulitis
- 0704
- Breast Cysts
- 0705
- Breast Pain
- 0706
- Duct Ectasia – Periductal Mastitis
- 0707
- Fat Necrosis Tumor
- 0708
- Fibroadenoma
- 0709
- Fibrocystic Changes
- 0710
- Galactocele
- 0711
- Gynecomastia – Male
- 0712
- Itching Breasts
- 0713
- Lipomas
- 0714
- Mastitis
- 0715
- Mondor’s Syndrome
- 0716
- Nipple Discharge
- 0717
- Papilloma
- 0718
- Radial Scar
- 0719
- Sclerosing Adenosis
- 0720
- Shingles (Herpes Zoster)
- 0721

### Breast Cancer Characteristics
- Breast Cancer Growth Rate: How Long Has It Been There?
- 0801
- Cancer Growth Rate
- 0802
- Cancer Progression Process
- 0803
- Estrogen and Progesterone Receptor Status
- 0804
- Histological and Nuclear Grades of Breast Cancer
- 0805
- Pathology Report
- 0806
- Stages of Breast Cancer
- 0807
- Staging of Breast Cancer: Patient Explanation
- 0808
- Tumor Markers
- 0809
- What Is Breast Cancer?
- 0810

### Breast Cancer Types
- Apocrine Carcinoma
- 0901
- Cancer During Pregnancy: Most Frequently Asked Questions
- 0902
- Comedo Carcinoma In Situ
- 0903
- Cystosarcoma – Phyllodes Tumor
- 0904
- Ductal Carcinoma In Situ
- 0905
- Ductal Carcinoma In Situ: Surgical Management
- 0906
- Infiltrating Ductal Carcinoma
- 0907
- Infiltrating Lobular Carcinoma
- 0908
- Inflammatory Carcinoma
- 0909
- Lobular Carcinoma In Situ
- 0910
- Lymphoma of the Breast
- 0911
- Male Breast Cancer
- 0912
- Medullary Carcinoma
- 0913
- Mucinous Carcinoma
- 0914
- Paget’s Disease
- 0915
- Papillary Carcinoma
- 0916
- Tubular Carcinoma
- 0917

### High Risk and Genetic Testing
- BRCA Genetic Testing
- 1001
- BRCA Genetic Testing: Negative Result
- 1002
- BRCA Genetic Testing: Positive Results
- 1003
- BRCA Genetic Testing: Uncertain Result
- 1004
- High Risk Recommended Reading List
- 1005
- High Risk: Lifestyle Modifications
- 1006
- I’m High Risk: What Do I Do?
- 1007

### Surgery
- Breast Cancer Surgery Preparation
- 1101
- Breast Cancer Surgery: Patient Instructions
- 1102
- Central Intravenous Port Surgery
- 1103
- Central Venous Catheter Surgery
- 1104
- Drain Bulb Record
- 1105
- Drains: Care and Instructions
- 1106
- Hematoma
- 1107
- Hemorrhage After Breast Surgery
- 1108
- High Risk: Lifestyle Modifications
- 1109
- Informed Consent
- 1110
- Lumpectomy
- 1111
- Lumpectomy Discharge Instructions
- 1112
- Lumpectomy/Mastectomy Comparison
- 1113
- Lymphatic System: Understanding Its Role
- 1114
- Male Gynecomastia: Surgical Correction
- 1115
- Mastectomy
- 1116
- Mastectomy: Discharge Information
- 1117
- Nipple-Sparing Mastectomy
- 1118
- Sentinel Lymph Node Mapping: Why?
- 1119
- Sentinel Lymph Node Surgery
- 1120
- Seroma
- 1121
- Skin-Sparing Mastectomy
- 1122
- Surgical Decisions: Patient Self-Assessment
- 1123
- Surgical Incision Care
- 1124
- Surgical Incision: Infection
- 1125
- Tissue Necrosis: Debridement
- 1126
- Vascular Access Catheter Dressing Change
- 1127
- Venipunctures/Blood Pressure Checks: Left Arm
- 1128
- Venipunctures/Blood Pressure Checks: Right Arm
- 1129
Reconstruction

Autologus Reconstruction 1201
Breast Implants 1202
Breast Reconstruction Options 1203
Capsular Contracture From Breast Implants 1204
DIEP (Deep Inferior Epigastric Perforator)
  Breast Reconstruction 1205
Flap Necrosis After Breast Reconstruction 1206
Flap Revisions After Breast Reconstruction 1207
Immediate or Delayed Reconstruction Decision 1208
Implants With Acellular Dermal Matrix (ADM) 1209
Inferior (Lower) Gluteus (Buttock)
  Flap Reconstruction 1210
Latissimus Dorsi (Back Flap) Breast Reconstruction 1211
Mammoplasty – Breast Reduction 1212
Mastopexy – Breast Cosmetic Surgery 1213
Nipple and Areola Reconstruction 1214
Nipple and Areola Tattooing 1215
Reconstruction Flap Types 1216
Reconstructive Surgery: Advantages and Disadvantages 1217
Reconstructive Surgery: Criteria and Risk Factors 1218
Reconstructive Surgery: Patient Instructions 1219
Recovery After Breast Reconstruction 1220
S-GAP Breast Reconstruction 1221
TAP Breast Reconstruction 1222
TRAM Flap Breast Reconstruction 1223

Treatments

Breast Brachytherapy: Mammosite® 1301
Breast Brachytherapy: Types 1302
Cancer Clinical Trials 1303
Chemoprotective Agents: Zinecard® 1304
Chemosensitivity/Chemoresistance Testing 1305
Chemotherapy Drugs and Schedule 1306
Chemotherapy or Hormonal Therapy: Why Do I Need It? 1307
Chemotherapy: Evaluating Cancer’s Response 1308
Chemotherapy: How Can We Tell If It’s Working? 1309
Chemotherapy: How It Works 1310
Chemotherapy: How Long Is Treatment Given? 1311
Chemotherapy: Patient Infusion Tips 1312
Chemotherapy: Patient Questions 1313
Chemotherapy: Regional Delivery Devices 1314
Chemotherapy: Targeted Drugs 1315
Dose-Dense Chemotherapy 1316
Hormonal Therapy Overview 1317
Hormonal Therapy: Patient Questions 1318
Immune System During Chemotherapy 1319
Medical Oncologist and Your Treatment Plan 1320
Neoadjuvant Chemotherapy 1321
Oncotype DX™ 1322
Radiation Oncologist and Radiation Therapy 1323
Second Opinions 1324
Thoracentesis 1325

Treatment Side Effects

Abdominal Pain During Treatment 1401
Allergic Reaction to Chemotherapy or Drugs 1402
Alopecia – Hair Loss 1403
Anemia – Low Hemoglobin 1404
Anxiety: Recognition & Management During Treatment 1405
Appetite Changes During Chemotherapy 1406
Appetite Stimulation 1407
Arthralgia (Joint Pain) From Aromatase Inhibitors 1408
Ascites 1409
Atrophic Vaginitis 1410
Bladder Infection 1411
Bladder Problems During Chemotherapy 1412
Blood Clots During Cancer Treatment 1413
Blood Counts: Understanding Their Importance 1414
Blood Sugar Fluctuation Management 1415
Candidiasis of the Skin 1416
Care of the Surgical Arm After Breast Cancer Surgery 1417
Cellulitis – Infection of Surgical Arm 1418
Chemotherapy: Allergic Reaction 1419
Chemotherapy: Patient Symptoms to Report 1420
Constipation 1421
Costochondritis 1422
Cough During Chemotherapy 1423
Deep Vein Thrombosis (DVT) 1424
Dehydration During Chemotherapy 1425
Dental Care During Cancer Treatment 1426
Diarrhea 1427
Esophagitis – Inflammation of the Esophagus 1428
Extravasation 1429
Fatigue After Chemotherapy Is Completed 1430
Fatigue Management During Treatment 1431
Fecal Impaction 1432
Fertility After Treatment 1433
Fever During Treatment 1434
Frozen Shoulder – Adhesive Capsulitis 1435
Gastritis – Stomach Irritation 1436
Gastrointestinal Problems During Chemotherapy 1437
Hiccups During Treatment 1438
Hives – Urticaria 1439
Hot Flash Management 1440
Hot Flashes 1441
Hypercalcemia – Elevated Blood Calcium 1442
Hyperkalemia – Elevated Potassium Levels 1443
Hypernatremia – Elevated Sodium Levels 1444
Hyperventilation – Panic Attacks 1445
Hypocalcemia – Decreased Calcium Levels 1446
Hypokalemia – Decreased Potassium Levels 1447
Hyponatremia – Decreased Sodium Levels 1448
Indigestion – Dyspepsia 1449
Insomnia 1450
Jaw Pain With Zometa 1451
Leukopenia – Low White Blood Cell Count 1452
Lymphedema 1453
Lymphedema Management 1454
Lymphedema and Weight-Lifting Exercise 1455
Medications That Increase Bleeding Potential 1456
Memory Problems During Chemotherapy 1457
Menopausal Side Effects From Chemotherapy 1458
Nadir From Chemotherapy 1460
Nausea and Vomiting Management 1461
Nausea and Vomiting Tips 1462
Osteoporosis 1463
Peripheral Neuropathy: Patient Care 1464
Peripheral Neuropathy: Signs and Symptoms 1465
Pneumonia 1466
Pulmonary Embolus (PE) 1467
Radiation Recall 1468
Radiation Therapy 1469
Radiation Therapy: Skin Care 1470
Septicemia – Sepsis 1471
Shingles – Herpes Zoster 1472
Stomatitis – Sore Mouth 1473
Taste Alterations During Chemotherapy 1474
Thrombocytopenia – Low Platelet Count 1475
Thrush – Oral Candidiasis 1476
Transfusion of Platelets 1477
Transfusion of Red Blood Cells 1478
Treatment Options for Breast Cancer by Stage 1479
Vaginal Candidiasis – Yeast Infection 1480
Vaginal Dryness and Painful Intercourse 1481
Vaginal Infections 1482
Vital Signs: Patient Instructions 1483
Weight Gain During Treatment 1484

Medications

5-FU (fluorouracil) 1501
Abraxane® 1502
Adriamycin® (doxorubicin) 1503
Aloxi® (palonosetron) 1504
Ambien® (zolpidem) 1505
Anzemet® (dolasetron) 1506
Aranesp® (darbepoetin alfa) 1507
Aranesp®: Patient Instructions for Self-Administration 1508
Aredia® (pamidronate disodium) 1509
Arimidex® (anastrozole) 1510
Aromasin® ( exemestane) 1511
Ativan® (lorazepam) 1512
Avastin® (bevacizumab) 1513
BCNU® (carmustine) 1514
Cytoxan® ( cyclophosphamide) 1515
Decadron® (dexamethasone) 1516
Ellence®, Pharmorubicin PFS® (epirubicin) 1517
Epogen®, Procrit®, Eprex® ( epoetin) 1518
Fareston® (toremifene) 1519
Faslodex PFS® (fulvestrant) 1520
Femara® (letrozole) 1521
Folex® (methotrexate) 1522
Gemzar® ( gemcitabine) 1523
Halotestin® ( fluoxymesterone) 1524
Herceptin® ( trastuzumab) 1525
Ixempra® (ixabepilone) 1526
Kytril® (granisetron) 1527
Lupron®, Lupron Depot®, Viador® ( leuprolide) 1528
Marinol® (delta-9-tetrahydrocannabinol) 1529
Megace® (megestrol) 1530
Mutamycin® ( mitomycin) 1531
Navelbine® (vinorelbine) 1532
Neumega® (oprelvekin) 1533
Neupogen® (Neutrogen® ( filgrastim) 1534
Nolvadex® ( tamoxifen) 1535
Oncovin®, Vincasar PFS® ( vincristine) 1536
Paraplatin® ( carboplatin aqueous solution) 1537
Platinol® (cisplatin) 1538
Prednisone 1539
Selective Serotonin Reuptake Inhibitors (SSRIs) 1540
Subcutaneous Injection Instructions 1541
Taxol® (paclitaxel) 1542
Taxotere® (docetaxel) 1543
Tykerb® (lapatinib) 1544
Velban® (vinblastine) 1545
Vepesid®, VP-16® ( etoposide) 1546
Xanax® (alprazolam) 1547
Xeloda® (capecitabine) 1548
Zofran®, Zofran ODT® (ondansetron) 1549
Zoladex® (goserelin) 1550
Zometa® (zoledronic acid) 1551

Cancer Diagnostic Tests and Procedures

Bone Scan Preparation 1601
Brain Computed Tomography – CT or CAT Scan 1602
Computed Tomography (CT) Scan 1603
Intravenous Pyelogram 1604
Liver Scan 1605
MRI – Magnetic Resonance Imaging 1606
PET Scan – Positron Emission Tomography 1607
Ultrasound (US) 1608


**Metastatic Disease**

Bone Metastasis 1701  
Brain Metastasis 1702  
Cancer Metastasis 1703  
Carcinomatous Meningitis 1704  
Liver Metastasis 1705  
Lung Metastasis 1706  
Pleural Effusion 1707  
Recurrent Breast Cancer 1708  
Spinal Cord Compression 1709  
Why Chemotherapy is Necessary 1710  
Why Did My Cancer Metastasize  
   After Chemotherapy? 1711  
Why Did My Cancer Metastasize? 1712

**Patient Support**

American Cancer Society Screening Guidelines 1801  
Contraception During Breast Cancer Treatment 1802  
Depression After Breast Cancer 1803  
Employment Issues During Breast Cancer Treatment 1804  
Exercise Prescription After Breast Cancer 1805  
Facing the Future After Breast Cancer Diagnosis 1806  
Follow-up Care After Breast Cancer: Monitoring Your Future Health 1807  
Grief and Loss After Breast Cancer 1808  
Health Insurance During Cancer Treatment 1809  
Learning to Relax 1810  
Living Wills – Advanced Directives 1811  
Monitoring Dietary Fat 1812  
My Prayer During Breast Cancer 1813  
Newly Diagnosed Patient Navigation Guide 1814  
Pregnancy After Breast Cancer 1815  
Prosthesis Selection 1816  
Reading Recommendations 1817  
Resources for Breast Cancer Patients 1818  
Sexuality After Breast Cancer 1819  
Sexuality and the Single Woman 1820

**Family Support**

After Your Mother’s or Sister’s Breast Cancer 1901  
Comfort Measures for the Homebound Patient 1902  
Helping Someone You Love Who Has Cancer 1903  
Message to Family Members of Cancer Patients 1904  
My Daughter’s Breast Cancer 1905  
Support Partner Guide 1906  
The Dying Patient: A Caregiver’s Guide 1907

**Complementary Therapies**

Alternative and Complementary Therapies for Cancer 2001  
Aromatherapy 2002  
Art Therapy 2003  
Biofeedback 2004  
Cancer Treatment Terminology and Information Resources 2005  
Chiropractic 2006  
Counseling and Psychotherapy 2007  
Diet Therapies 2008  
Energy Healing 2009  
Hypnotherapy 2010  
Journaling 2011  
Massage Therapy 2012  
Meditation 2013  
Music Therapy 2014  
Reflexology 2015  
Yoga 2016

**Breast Health Navigator Tools**

Breast Health Navigator: Patient Assessment 2101  
Breast Health Navigator: Patient Monthly Contact Record 2102  
Breast Health Navigator: Patient Weekly Contact Record 2103  
Patient Appointment Worksheet 2104  
Patient Assessment: Questions for the Healthcare Team 2105  
Patient Communication Planner 2106  
Patient Contact Permission Form 2107  
Patient Information Needs Assessment 2108  
Patient Treatment Barriers Assessment 2109  
Sample Letter: BHN Introduction 2110  
Sample Letter: Evaluation of BHN Services 2111  
Sample Letter: Explanation of BHN Role 2112  
Survivorship Surveillance Guidelines 2113

**Patient Records**

Breast Cancer Diagnostic History 2201  
Breast Cancer Treatment Record 2202  
Breast Health History 2203  
Family Cancer History Assessment 2204  
Healthcare Team Record 2205  
Patient Surveillance Recommendations 2206
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