

Understanding Your Personalized Oral Targeted Therapy and Managing Your Side Effects

For patients with Renal Cell Carcinoma

In this booklet, you will learn about:

- What personalized oral targeted therapy is
- How oral targeted therapy works
- How to get ready for your therapy
- What you can expect from your therapy
- Side effects and how you can manage them at home
- Tracking your drug schedule, blood pressure and side effects
- Other resources to help you

Your Renal Cell Carcinoma (RCC) Nursing Team will go over this booklet with you.

Please call the Nursing Team or the After-Hours telephone line if you have any of these side effects:

- A fever of 38.3°C (100.9°F) or more
- Hands or feet that are peeling, cracking or painful
- Mouth sores that stop you from eating or drinking
- Frequent diarrhea (loose or watery stool) more than 3-4 times per day within a 24-hour period that does not get better with the use of medications (Imodium®)
- Fatigue that is severe and stops you from doing your daily activities
- Nausea or vomiting that stops you from eating or drinking
- Blood pressure that is 150/90 or higher for more than 2 days in a row (such as on a Monday and Tuesday in the same week)

Important Phone Numbers

Monday to Friday, _____ AM – _____ PM

- Please call the Renal Cell Carcinoma Nursing Team at 416-480-5000 ext. _____

Outside of these hours and on weekends and statutory holidays

- Please call the After-Hours telephone line _____

Look for the  symbol as you review this booklet.

These TIPS may help answer some questions you have.

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What personalized oral targeted therapy is



Individualized/personalized therapy is used for oral targeted drugs to treat renal cell carcinoma. The treatment is ‘individualized’ meaning that the amount of drugs given to you and the length of time you take the drugs is based on the side effects you have. This lets your doctor find the best balance between your side effects and the amount of drug in your body.

How oral targeted therapy works



Oral targeted therapy works by using drugs that are taken orally (by mouth) to treat renal cell carcinoma. These drugs block the flow of blood to the cancerous areas.

The oral drugs used to treat renal cell carcinoma belong to a class of drugs called ‘VEGFR tyrosine kinase blockers’. They include the following:

- Sunitinib
- Pazopanib
- Axitinib
- Lenvatinib
- Cabozantinib

These drugs are not the same, but they work in a similar way to treat renal cell carcinoma. Your oncologist (cancer doctor) will go over how one of these drugs will be used for your therapy and the side effects you might have.

To read more about the science behind individualized oral targeted therapy, please visit [sunnybrook.ca/kidneycancer](https://www.sunnybrook.ca/kidneycancer) → Individualized therapy clinical trials

How to get ready for your therapy



Before you start your individualized oral targeted therapy we ask that you:



Do not book a long trip. You may have visits with your health care team more often at the beginning of your therapy.

You can travel once you and your doctor feel more comfortable with your individualized oral targeted therapy.

- Have a complete dental examination and any major dental work done. Let your dentist know that you will be starting therapy.
- Keep your finger nails and toe nails clean and short. You may want to have a pedicure and manicure from a professional, including routine visits.
- Put together a ‘self-care kit’ with the tools listed below to help you manage some of the common side effects of these drugs:
 - Sports drinks (Gatorade)
 - Water or aloe-based lip balm
 - Creams for hands and feet (Bagbalm[®], Udderly[®], or Glaxal-based Creams)
 - Mild soap (alcohol-free) products
 - Fragrance-free body creams (Aveeno[®], Curel[®], Eucerin[®])
 - Soft-bristle tooth brush and baking-soda based toothpaste
 - Baking soda and table salt
- Use a 3-ringed book or diary (**see page 26 in this booklet**) to help keep track of:
 - Your blood pressure
 - How you are feeling
 - Your side effects and how you manage them
 - Any questions you have for your health care team

Use MyChart™ to keep track of your appointments, see notes from your health care team and more. If you would like to create an account, please go to mychart.ca, click on “Register” and follow the instructions.

What you can expect from your therapy



The decision to start your individualized oral therapy will be made by you and your oncologist (cancer doctor). Each person will react and respond in a different way to their individualized oral targeted therapy. We do not know how this treatment will affect you before you start therapy.

There will be times when you are **ON** (taking) an oral targeted therapy drug and when you will be **OFF** (not taking) the drug.



Your health care team

There are many members of the health care team that will be part of your oral targeted therapy care. These include:

- Oncologist(s)
- Nurses
- Pharmacists
- Dietitian(s)
- Social Worker(s), psychiatrist(s) or psychologist(s)

Your oncologist(s) may refer you to other members of the health care team when they are needed.



At the Odette Cancer Centre, Patient & Family Support offers free services to help you before, during and after your treatment as part of your care.

We have free services to help you manage eating, stress, worry, financial concerns, changes in health, and daily activities.

Visit the Patient & Family Support office (T-Wing ground floor TG-230) across from the radiation waiting area, near the stairs or call 416-480-4623.

Appointments with your health care team



Your health care team will go over when you will be **ON** (taking) the drug and when you will be **OFF** (not taking) the drug. Your oncology nurse will give you a calendar to help you keep track of important dates.

Your health care team will let you know when you need to have blood tests done and when to go for CT Imaging (a computerized tomography scan). Your health care team will also help you manage any side effects you might have from your therapy.

It will take a few weeks for your oncologist to decide the best amount of drug that you should be given and the length of time you need to be on the drug. Your oncologist will meet with you more often in the beginning and will make changes to your treatment based on your side effects.

Once you and your oncologist are comfortable with how your body responds to the drugs, your tests and visits with your oncologist will be less often during your therapy. When your treatment schedule is decided, you will only see your oncologist every 8-12 weeks after each CT Imaging.



Keep track of your appointment dates and time as you work with your health care team. Write down any questions you have on page 29.

Blood Tests



You will need to have a blood test:

- Before you start your therapy
- Before every visit with your oncologist
- When you are **OFF** (not taking) the drug before you can be **ON** (taking) the drug again
- The same day you have a CT scan done



Do not start your next oral therapy cycle until you talk to your health care team.

Your blood test will be done at the Odette Cancer Centre before you start your therapy for the first time.

Once you have started your therapy, your health care team will give you a form to have your blood taken. Please take this form to either a **LifeLabs** or **Gamma Dynacare Lab** close to your home to do your blood test. Sunnybrook/Odette Cancer Center has partnered with these labs and can see the results from the lab within 24-48 hours of the blood test being done.

Remember:

A blood test is done before you start your therapy, before every visit with your oncologist, and when you are OFF (not taking) the drug before you can be ON (taking) the drug again. You will also have a blood test the same day you have a CT scan.

CT Imaging (a computerized tomography scan)



You will have a regular CT Imaging every 8-12 weeks. Your CT Imaging will be scheduled for one week before your next visit with your oncologist. CT Imaging is needed for your oncologist to find out how your cancer is responding to the therapy.

Is regular CT Imaging safe if you only have one kidney?

Yes, the amount of dye that is used on a regular basis during CT Imaging is safe.

It is important to have regular CT Imaging done so that your doctor can see if your individualized oral targeted therapy is working to keep your cancer under control.

Talking to your health care team



At every visit, your health care team will talk to you about:

- Your blood pressure
- Your side effects
 - What they are
 - How you are coping or managing at home
 - Any issues or concerns you have
- Your individualized oral targeted therapy treatment plan
- Your drugs
- Your treatment calendar:
 - When you will be **ON** (taking) and **OFF** (not taking) the drugs
 - When you will need to have your blood test done
 - When you will get a call from an oncology nurse at home
 - When you should call your health care team
- Your blood test and lab form (check the date on your lab form)
- Any questions or other concerns you have

Between appointment visits

Between appointments, you will get a call from an oncology nurse. They will ask you about your side effects and go over the results of your blood test. The nurse will talk to your oncologist and let you know when you can be **ON** (taking) the drug again.

Your CT Imaging and Follow-up Clinic visit are booked after each appointment with your doctor.

If you do not know when your next CT Imaging and Follow-up Clinic visit will be, please call 416-480-5000 and ask for the 'Bookings Department' for more information.

Side effects and how you can manage them at home



You may have side effects from your individualized oral targeted therapy. It is important to know what symptoms to look for and what you can do to manage your side effects. Your doctor will give you more information about the side effects you might have from the drug you will be taking.

Common side effects that you might have include:

- Hand-foot Syndrome - see page 12
- Oral Mucositis (mouth sores) - see page 13
- Diarrhea - see page 15
- Rashes - see page 16
- Fatigue - see page 17
- Taste Changes - see page 18
- Nausea and Vomiting - see page 19
- Heartburn - see page 20
- Hypertension (high blood pressure) - see page 21



If you would like more information on how to manage your side effects, please go to cancercareontario.ca/symptom-management and type your side effect in the search bar.



Hand-foot Syndrome

What to look for:	What you can do:
<p>A skin reaction on your hands and/or on the bottom of your feet causing:</p> <ul style="list-style-type: none">• Redness• Tenderness/pain• Numbness or tingling• The layers of your skin on your hands and feet to sometimes peel or crack	<p>Skin care</p> <ul style="list-style-type: none">• Use a (recommended) moisturizer to areas where you have symptoms:<ul style="list-style-type: none">• DAY – Udderly[®], Aveeno[®] or Lubriderm[®] cream• NIGHT – Bagbalm[®] (you may want to wear a pair of socks after putting on moisturizer)• Wear protective gloves when you do activities with your hands (such as washing dishes or cleaning).• Try not to wash your hands and feet in hot water. Bathe or shower in warm temperature water.• Do not put on tight dressings or adhesive (sticky) tape on your skin.• Do not walk bare feet (without shoes).



Call your health care team if your hands or feet are peeling, cracking or painful.



Other things you can do that may help:

- Try placing a pillow between your knees or wear full pajamas when you go to bed. This will help to stop your legs from rubbing together at night.
- You should try to sit or lay down on surfaces that are padded and raise your legs with cushions when you can.
- Wear loose fitting clothing and properly fitted shoes that are comfortable with cushioned soles.
- Use insoles (like gel) in your shoes. This will help to cushion your feet when you are walking or standing.



Oral Mucositis (mouth sores)

What to look for:	What you can do:
<p>Inflammation (swelling) of the tissue inside the mouth, gums or cheeks that look like a ‘canker’.</p> <p>This can happen while you are ON therapy and will heal on its own several days after you are OFF therapy.</p>	<p>Mouth care</p> <ul style="list-style-type: none">• Make sure you continue with regular dental check-ups and take care of any dental problems.• Rinse your mouth 4 times per day (after meals and at bedtime) with baking soda, table salt and water. See page 14 for the Mouth Rinse Recipe.• Use products (like toothpaste and mouth wash) from Biotene® that help moisten the mouth during healing. If you use Listerine® or Scope® mouth washes make sure they do not have alcohol in them as it could make mouth pain worse.• Your doctor may recommend that you swish and spit medication given to you containing Xylocaine 2% (Sunnybrook Mouthwash®).• Your doctor may recommend that you swish diluted milk of magnesia, Carafate® slurry or Mylanta® around your mouth.• Use Canker Cover® or Orajel®/Oracortto® for any mouth ulcers as it gives protection for 6-8 hours. <p>Diet</p> <ul style="list-style-type: none">• Try to eat soft foods such as foods without a crust, bread, yogurt, and oatmeal.• It is best if you eat foods at room temperature or warm. Try to avoid hot or cold foods.• Stay away from alcoholic beverages or tobacco products as they can make mouth sores worse.• Try not to eat hot, spicy, rough or acidic foods.



Call your health care team if you have mouth sores that stop you from eating or drinking.

Other things you can do that may help:



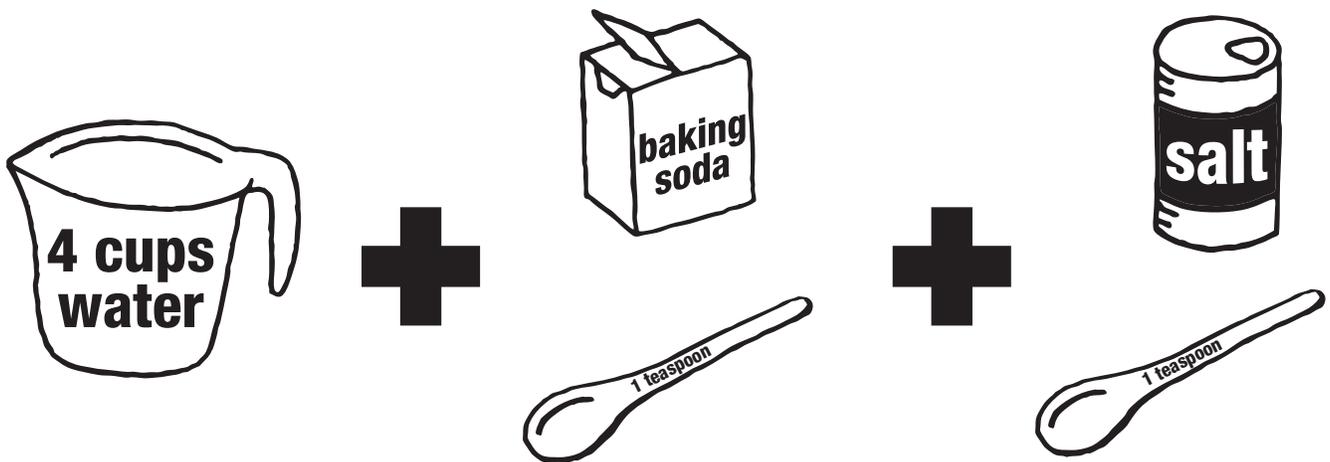
- Suck on ice-chips to help prevent or manage pain.
- Suck on Benadryl® elixir, lozenges or analgesics to help.
- If you do not like the taste of baking soda and table salt, try rinsing your mouth with soda water and spit it out.

Mouth Rinse Recipe:

- Measure 4 cups of water and put it in a cup.
- Add 1 teaspoon of baking soda to the water.
- Add 1 teaspoon of table salt to the water.
- Rinse your mouth by gargling and spitting it out. Do not swallow the mouth rinse.

Important:

Make a new batch of mouth rinse every day. If you have leftover rinse, throw it out. Do not add to it or use it again.





Diarrhea

What to look for:	What you can do:
<p>Frequent diarrhea (loose or watery stool) more than 3-4 times per day within a 24 hour period that does not get better with the use of medications (Imodium®).</p> <p>You may also have abdominal cramping, pain or bloating.</p>	<p>Medication</p> <ul style="list-style-type: none">• Take 2 tablets of Imodium® when you first have diarrhea and 1 tablet with each watery stool (up to a total of 8 tablets in a 24-hour period) until stool starts to form, then STOP.• Keep a detailed diary of when your diarrhea started and when you took Imodium®. <p>Diet</p> <ul style="list-style-type: none">• Try to drink more than 8 glasses of water a day.• Try not to eat spicy, greasy, and sugary foods.• Do not follow the BRAT diet (Bananas, Rice, Applesauce, Toast). This can cause you to not get the nutrition that your body needs. Speak to a Registered Dietitian to make sure you are following a proper diet.



Call your health care team if you have frequent diarrhea (loose or watery stool) more than 3-4 times per day within a 24-hour period that does not get better with the use of medications (Imodium®).



Other things you can do that may help:

- See a Registered Dietitian for nutrition advice and tips on foods that you can eat.
- **If you had diarrhea during your previous targeted therapy, take 1 tablet of Imodium® with each meal the day before it started in the past. For example, if last time you were ON (taking) oral targeted therapy and you had diarrhea on the third day, take Imodium® on the second day of your targeted therapy.**



Rashes

What to look for:	What you can do:
<p>Skin reactions that may be in a specific area of the body or spread all over the body, including the head.</p> <p>Rashes have been reported as ‘a feeling of being warm’ or the same feeling as when you have a sunburn before you see any signs of a rash.</p>	<p>Skin care</p> <ul style="list-style-type: none">• Limit the number of hot showers you take to once a day and try to take sponge baths more often.• Put Selsun Blue Shampoo® or any type of dandruff shampoo on your body. Use it as a body wash to help with itching dry skin from rashes.• Wash your clothing in gentle laundry soaps to reduce skin irritation from clothing.• Try to wear lighter clothing.• Try to avoid being in the sun for too long. Wear a hat and at least 60SPF sunscreen.• Try not to use perfumes, alcohol or dye based cosmetics, starch-based powders and deodorants.

Other things you can do that may help:

Keep a diary or journal of your skin rashes. In your journal you can track:

- Date when your rash started
- What the rash looked like
- Where the rash was (on your body)
- What helped the rash
- What did not help the rash



Bring your diary or journal to each follow-up clinic visit to review and discuss with your health care team.



Fatigue

What to look for:	What you can do:
<p>You may feel 'worn-out', weighted down and heavy. You may not be able to focus.</p>	<p>Daily activities</p> <ul style="list-style-type: none">• Try to pace your activities throughout the day.• Ask for help when you need it.• Listen to your body and take breaks when you need to. <p>Sleep</p> <ul style="list-style-type: none">• Try not to sleep or nap for more than 20 minutes a day so that you can still sleep at night. <p>Diet</p> <ul style="list-style-type: none">• Stay away from alcohol and caffeinated beverages in the afternoon/evening.• If you are sleeping a lot (such as during mealtimes), try to eat often when you are awake.



Call your health care team if you have fatigue that is severe and stops you from doing your daily activities.

Other things you can do that may help:



- Try your best to be active and exercise for at least 30 minutes each day. Exercises can be broken down into short 10 minute sessions if this is easier for you.
- Start with an exercise that you enjoy or something easy such as walking, swimming or yoga.
- Enjoy exercising at your own pace and do not overwork yourself.
- If you have anxiety, stress or distress in your life, you may be more fatigued. You may want to talk to someone that can help such as a social worker.
- See a Registered Dietitian for nutrition tips on how to help with fatigue.



Taste Changes

What to look for:	What you can do:
<p>You may find that foods taste 'different' and no longer taste the same.</p> <p>This may cause a loss of appetite and interest in foods that you enjoyed before.</p>	<p>Mouth care</p> <ul style="list-style-type: none">• Rinse your mouth with baking soda and table salt rinses 20 minutes before you eat and 20 minutes after you eat (see page 14 for the Mouth Rinse Recipe).• Use a soft toothbrush to brush your teeth and tongue. <p>Diet</p> <ul style="list-style-type: none">• The first few bites of food may taste normal but your taste can change.• Keep a list of foods that you like and eat them at any time of the day. If you eat often it will help your body get enough nutrients.• Try different foods or brands that you may not usually eat such as strawberry or orange flavoured nutritional supplements.• Try to avoid eating canned foods (pasta sauces and fruits).• Use plastic cutlery instead of your usual metal cutlery so that your foods do not taste metallic.• Try to focus on the colour, texture, smell and taste of foods that you enjoy.• Avoid alcohol as it can make your mouth dry and make taste changes worse. <p>Smoking</p> <ul style="list-style-type: none">• Try to stop or limit smoking if possible as smoking will dull your taste buds.



Other things you can do that may help:

- Try Breakfast Essentials® as some people prefer the taste instead of Boost® or Ensure®.
- If foods have a specific taste such as too sweet or salty, you may want to talk to a Registered Dietitian to see how you can improve taste changes.



Nausea and Vomiting

What to look for:	What you can do:
<p>Nausea (a bad feeling in the back of your throat or stomach).</p> <p>Nausea does not always make you vomit.</p> <p>Vomiting (the action of 'throwing up' the stomach contents from your mouth).</p>	<p>Medication</p> <ul style="list-style-type: none">• Your doctor may give you anti-emetics (medications) to help with your nausea or vomiting. <p>Diet</p> <ul style="list-style-type: none">• Try to eat smaller, blander meals and snacks during the day.• If your stomach is empty you may feel more nauseous. Try to eat a small snack before you go to bed and as soon as you wake up.• Take small sips of water, Ginger ale that has gone flat, or sport drinks.• Try to eat foods at room temperature or cold as these do not smell as strong.• Try not to eat spicy, fatty or very salty or sweet foods and foods with strong odors (smells).



Call your health care team if you have nausea or vomiting that stops you from eating or drinking.

Other things you can do that may help:

Keep a diary or journal of your nausea and vomiting. In your journal, track the following:



- When did the nausea start?
- How long has your nausea or vomiting lasted?
- What made your nausea or vomiting worse?
- What made it better?
- Was there pain with the nausea or vomiting?
- How much fluid were you drinking or keeping down?



Heartburn

What to look for:	What you can do:
<p>A feeling of burning from your stomach up to your throat (also known as acid reflux).</p> <p>You may feel some burping/belching or discomfort in your stomach (such as burning, fullness, and nausea).</p>	<p>Medication</p> <ul style="list-style-type: none">• Tell your doctor or pharmacist that you are having heartburn so they can give you medication to help.• Take ant-acids (for example, TUMS® or Gaviscon®). Make sure you talk to your doctor or pharmacist about taking ant-acids as they may interact with other medications you are taking. <p>Diet</p> <ul style="list-style-type: none">• Try to eat 4-5 smaller meals throughout the day instead of 2-3 large meals.• Try to avoid peppermint as it can make acid reflux worse.• Try to eat dry and starchy foods (dry toast, crackers, dry cereal and pretzels) when you can.• Avoid acidic foods (such as grapefruits, oranges, and tomato products).• Avoid fatty foods, fried foods, and chocolate.• Take small sips of water, fruit or sports drinks, popsicles/ice cubes, or herbal teas.• Avoid carbonated drinks (like pop and sparkling water) and alcohol.• Try to limit your caffeine intake (like colas, black tea, and coffee).

Other things you can do that may help:



- See a Registered Dietitian for nutrition advice and tips on what foods you should eat or avoid.
- Talk to your doctor or pharmacist about what medication is best for you to take.
- Keep yourself upright for 30 minutes after you eat.
- When you lay down, keep your head and shoulders up slightly at a 30 degree angle. Try using a foam wedge to help keep your full upper torso up during the night. Avoid propping your head up on pillows since this does not help.



Hypertension (high blood pressure)

What to look for:	What you can do:
<p>Normal blood pressure is 130/80 or lower.</p> <p>High blood pressure is 150/90 or higher.</p> <p>Your blood pressure is normally higher in the morning than later in the day.</p> <p>High blood pressure is a common side effect of targeted therapy drugs.</p> <p>Your blood pressure may be higher while you are ON (taking) the drug than when you are OFF (not taking) the drug.</p>	<ul style="list-style-type: none">• Try to take your blood pressure in the morning at the same time each day when you are ON (taking) the drug and when you are OFF (not taking) the drug.• See the Drug Schedule, Blood Pressure and Side Effects Diary in this booklet on page 24. You can use this diary to help you track your blood pressure. <p>Medication</p> <ul style="list-style-type: none">• Take the medication given by your doctor.• Do not miss taking any of your blood pressure medications if you were already taking them before starting your oral therapy. You may need a higher dose (amount) of your usual blood pressure pills while you are ON therapy and less while you are OFF therapy.

Your health care team will show you how to monitor your blood pressure at home.

Medical appointments

- **Let your health care team know if you have any headaches, chest pain, pressure or pain that goes down your arm or into your back.**
- **If you are taking heart medications, complete regular check-ups with your family doctor looking after your heart medications.**

Sleep

- Try to get at least 7-8 hours of sleep each night.

Diet

- **Avoid salty foods (like canned soup, pretzels, salted nuts, and takeout food). Cook with a pinch of salt or none at all.**
- Rinse canned vegetables with water several times.

Call your health care team if:

- 
- **Your blood pressure is 150/90 or higher for more than 2 days in a row (such as on a Monday and Tuesday in the same week).**
 - **You have a bad headache when your blood pressure is too high.**
 - **You have a new pain or any pressure in your chest.**
 - **You feel pressure that goes down your arm or into your back.**

Other things you can do that may help:

- 
- Try using herbs and salt-free spices to flavour your food.
 - Try to reduce your stress by doing activities like yoga and exercising if you can.
 - Consider talking to your health care team about any anxiety you may have and what causes your anxiety.



Other less common side effects

You may also have less common side effects while **ON** (taking) the drug. Talk to your health care team if you have any of these side effects or if you have any questions or concerns:

Changes in mood, depression, anxiety	Feeling cold	Voice changes (hoarse/husky)
Changes in hair colour to more gray	Indigestion (being unable to digest food)	Muscle cramps or stiffness
Aches in your joints, arms and legs	Yellowing of the skin	Swelling around your eyes

Tracking your drug schedule, blood pressure and side effects



Please use this diary every day for the next 14 days. You can use this diary to track your drug schedule, blood pressure and side effects. Bring this booklet to your appointments with your doctor.

Your drug schedule

As instructed by your doctor:

- Take your daily dose of oral targeted therapy pills (drugs).
- **Swallow** the pills whole. **Do not break them up, cut them or chew them.**
- Take your pills with food.
- Write down the date and time you took them.

Drug Schedule for THIS Cycle of Oral Targeted Therapy

Dose of drugs:

Number of days you are **ON** (taking) the drug:

Number of days you are **OFF** (not taking) the drug:

Your blood pressure and side effects

High blood pressure is a common side effect of targeted therapy drugs. Your health care team will review your blood pressure when you are **ON** (taking) your oral targeted therapy and when you are **OFF** (not taking). They will make changes to your blood pressure medication if needed.

To set a baseline (starting point), write your blood pressure before you start your therapy here: _____

Write down any blood pressure medications that you are taking:

Name of Medication	Dose (in milligrams)	Time of Day Taken

Use the chart below to keep track of your blood pressure and any side effects you have from your therapy.

Day	Date	Blood Pressure (try to take your blood pressure in the morning at the same time each day when you are ON the drug and when you are OFF the drug)	Side effects (fatigue, hand-foot syndrome, heartburn, etc.) See the handout on side effects	Please rate each side effect from 0 to 10 0 = not bad at all 10 = very bad
1				
2				
3				
4				
5				
6				
7				

Day	Date	Blood Pressure (try to take your blood pressure in the morning at the same time each day when you are ON the drug and when you are OFF the drug)	Side effects (fatigue, hand-foot syndrome, heartburn, etc.) See the handout on side effects	Please rate each side effect from 0 to 10 0 = not bad at all 10 = very bad
8				
9				
10				
11				
12				
13				
14				

Other resources to help you

Cancer Care Ontario (CCO)

cancercareontario.ca

Sunnybrook Health Sciences Centre

sunnybrook.ca

416-480-5000 (Odette Cancer Centre)

Kidney Cancer Canada (KCC)

kidneycancer canada.ca

1-866-598-7166

Canadian Cancer Society (CCS)

cancer.ca

416-961-7223

Canadian Cancer Society

Peer Support Service

cancer.ca/support

Cancer Chat Canada

cancerchatcanada.ca

National Cancer Institute (NCI) (US-based)

cancer.gov

1-800-422-6237

Eat Right Ontario

EatRightOntario.ca

1-877-510-5102

Meals on Wheels of Ontario

mealsonwheels.ca

Nourish

nourishonline.ca

Important Phone Numbers

Sunnybrook Health Sciences Centre: 416-480-6100

Monday to Friday, _____ AM – _____ PM



- Please call the Renal Cell Carcinoma Nursing Team at 416-480-5000 ext. _____

Outside of these hours and on weekends and statutory holidays

- Please call the After-Hours telephone line

Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5
sunnybrook.ca/odette