**Global Oncology Patient Education Materials – Haiti Pilot Project**

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**Background**

The Hôpital Universitaire de Mirebalais (HUM) is one of the only providers of cancer care in Haiti and the tertiary care center for a catchment area that includes 3.2 million residents.[[1]](#endnote-1),[[2]](#endnote-2) The hospital was founded by the organization Partners In Health, and the cancer program was established in 2010 through a collaboration with the Dana-Farber Cancer Institute and Brigham and Women’s Hospital.

According to UNICEF, Haiti’s adult literacy rate is 48.7%. Approximately three quarters of the population attend primary school, but only one quarter attend secondary school.[[3]](#endnote-3) As of 2012, only 10% of the Haitian population uses the internet.[[4]](#endnote-4) Despite caring for a patient population with little public health awareness of cancer or access to information, HUM did not have any patient educational materials prior to this project.

We began discussing the possibility of bringing the Global Oncology (GO) patient education materials to Haiti in October of 2014. Laurie Schleimer, a medical student at Harvard Medical School, took the lead in designing a pilot study for the implementation and adaption of GO’s materials for Haiti, which was successfully carried out between March and July of 2015.

**Methods**

In March 2015, Laurie traveled to Mirebalais to conduct interviews with the HUM Oncology team. She interviewed the Oncology Program Director Dr. Ruth Damuse and the entire Oncology program staff, including doctors, nurses, a psychologist and a social worker.

Some of the staff’s initial recommendations were incorporated into a revised version of the booklet: specifically including a definition of palliative versus curative chemotherapy. Recommendations to modify two line drawings—Fatigue and Hair Loss—were put on hold, pending assessment of the designs with patients.

During June and July 2015, Laurie returned to Mirebalais to carry out an IRB-approved research study investigating the use of these materials in patient education. The goals of this study were to 1) evaluate the effectiveness of the booklet as a patient education tool, 2) collect patient and provider feedback about the materials, and 3) formulate recommendations to improve the quality of the materials.

Laurie worked closely with the Oncology Program Director, Dr. Ruth Damuse, and Social Worker, Mr. Peter-Gens Desameau in devising the study tools and carrying out data collection. Mr. Desameau and Laurie worked together to conduct patient interviews, facilitate two patient focus groups, and transcribe and translate over 20 hours of audio recordings.

*Data Collection*

We recruited 34 patients presenting for chemotherapy appointments at the cancer ward of HUM during June to July 2015. Twenty patients participated in hour-long interviews, and 14 participated in two focus groups. Patients who arrived early for chemotherapy and were physically able to participate were selected. Written consent was obtained, and if participants were unable to read, Mr. Desmeau read the consent form to them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1. Interview Participant Demographics and Treatment Details (n=20)** | | | |
| Demographics | | | |
|  | Age | | |
|  |  | Median (range) | 49 (18-71) |
|  | Gender | | |
|  |  | Male | 5 |
|  |  | Female | 15 |
|  | Education | | |
|  |  | None at all | 6 |
|  |  | Primary | 5 |
|  |  | Secondary | 6 |
|  |  | University or technical school | 3 |
| Treatment Details | | | |
|  | Diagnosis | | |
|  |  | Breast Cancer | 14 |
|  |  | Colon/Colorectal Cancer | 2 |
|  |  | Lymphoma | 3 |
|  |  | Spindle Cell Carcinoma | 1 |
|  | Chemotherapy Protocol | | |
|  |  | Curative | 13 |
|  |  | Palliative | 7 |
|  | Prior Treatment Received | | |
|  |  | Surgery only | 3 |
|  |  | Surgery and Chemotherapy | 3 |
|  |  | Chemotherapy | 14 |
|  | Prior Chemotherapy Cycles | | |
|  |  | Median (range) | 1 (0-11) |

Interview participant demographics are summarized in Table 1. The majority of participants had already received some form of cancer treatment at the time of the study (n=17). The number of cycles of chemotherapy participants had received at the time of their interview ranged from 0 to 11, with a median of 1 cycle. Most participants were female (n=17) and receiving treatment for breast cancer (n=16). Education level varied from none at all (n=6) to post-secondary education (n=3). The breakdown of participants by gender, education level and cancer diagnosis is representative of the cancer patient population at HUM.

Mr. Desameau presented the materials during a 10-15 minute counseling session. Patients were given the option of reading the materials on their own or having Mr. Desameau read and explain them aloud.

Five patients opted to read the materials themselves, including two patients who had attented secondary school and three patients with post-secondary education. All patients were encouraged to ask questions during the counseling session. All questions and confusion about sections of the booklet were recorded and analyzed as data.

Before counseling, patients were asked about their prior knowledge of cancer and a knowledge test was verbally administered. After counseling, patients were asked a series of qualitative questions about the materials and the same knowledge test was administered.

The focus group discussion elicited patients’ knowledge, attitudes and beliefs about cancer. Mr. Desameau presented a modified version of the materials without captions for the line drawings and solicited patient feedback on the materials.

Provider feedback on the booklet was obtained using a written questionnaire and informal focus group discussion at the end of the pilot study. Laurie synthesized the findings from the patient interviews, patient focus groups and feedback from the providers into preliminary recommendations for modifying the booklet. She presented these recommendations to the HUM Oncology team for feedback as part of the final provider focus group discussion.

**Results**

*Prior Knowledge of Cancer*

Three-quarters (n=14) of interview participants had never known someone with cancer prior to their diagnosis. Of the participants who did, all but one reported that the person they’d known had died from the disease.

Many participants reported no prior knowledge of cancer at all, and when asked to answer the question, “What is cancer?” almost half of the interview participants (n=9) replied that they still did not know. Participants described cancer as “a lump,” “a grain,” “a cyst,” and “a wound that does not heal.” One participant equated metastatic cancer to the rotting of fruit: “I view cancer as like a mango that rots. You remove the part that rots, but the other side of the mango is already contaminated.”

Many patients described cancer as “*dangerou*s”and “*deadly.*” Often patients were unaware that cancer could be cured, and most had never heard of chemotherapy prior to coming to HUM. These findings reaffirm that there is a significant need for patient education and increasing public health awareness about cancer.

*Performance on Knowledge Test*

The knowledge test comprised of nine true/false questions and two qualitative questions assessing participants’ understanding of the goals of palliative versus curative chemotherapy. Participants were also asked open questions about their knowledge of the side effects of chemotherapy; however, these questions were not scored as they were primarily a reflection of patient’s personal experience with chemotherapy.

All participants increased their score on the knowledge test, with an average score of 49.5% on the pre-test and 88.2% on the post-test. Responses to each question are summarized in Table 2, with a breakdown of scores by education level in Table 3. Participants at all levels of education benefitted from counseling with the materials; however, participants with less education had lower scores at baseline.

**Table 2. Percentage of Participants Giving Expected Response Before and After Counseling**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prompt** | **Expected Response** | **Performance (%) n=20** | |
|  |  | **Pre** | **Post** |
| 1. “Is cancer contagious? Can people with cancer give it to other people?” | No | 60.0 | 95.0 |
| 2. “If chemotherapy makes you feel sick, should you stop treatment?” | No | 80.0 | 95.0 |
| 3. “Will most of the problems caused by chemotherapy go away after treatment?” | Yes | 65.0 | 90.0 |
| 4. “While you are receiving chemotherapy, do you have a higher risk of catching other diseases? For example: TB, Malaria, colds, or the flu?” | Yes | 8.8 | 25.0 |
| 5. “If you have other medical conditions, such as HIV, TB or Diabetes, should you stop taking your medications for those other conditions while you are receiving chemotherapy?” | No | 15.0 | 25.0 |
| 6. “After a chemotherapy session, should you go to the hospital right away if you have a fever?” | Yes | 35.0 | 100 |
| 7. “After a chemotherapy session, should you go to the hospital right away if you have chest pain?” | Yes | 60.0 | 100 |
| 8. “After a chemotherapy session, should you go to the hospital right away if you have shortness of breath?” | Yes | 70.0 | 100 |
| 9. “After a chemotherapy session, should you go to the hospital right away if you faint?” | Yes | 65.0 | 100 |
| 10. Patient can explain the difference between palliative and curative chemotherapy. | Yes | 10.0 | 60.0 |
| 11. Patient knows whether he or she is receiving palliative or curative chemotherapy. | Yes | 35.0 | 50.0 |

**Table 3. Participant Performance on Knowledge Test by Level of Education**

|  |  |  |
| --- | --- | --- |
| **Level of Education** | **Pre (%)** | **Post (%)** |
| None at All (n =6) | 39.4 | 80.3 |
| Primary (n=6) | 40.0 | 85.5 |
| Secondary (n=5) | 60.6 | 95.5 |
| University/Technical School | 60.6 | 90.9 |
| Overall | 49.5 | 88.2 |

*Qualitative Feedback on Booklet Content*

After counseling with the booklet, patients were asked what they thought about the booklet, what information was new, what information was most important and if there were any parts that were unclear. Patients were encouraged to ask questions during the presentation of the booklet and questioned as to whether they had any unanswered questions at the end of the presentation.

Patients felt that the most valuable information in the booklet was about side effects and ways to take care of themselves while receiving chemotherapy. Patients were comforted by this knowledge. They felt that the booklet prepared them for what to expect while receiving chemotherapy and how to manage the side effects.

Table 5 lists the topics most often cited as new or important during patient interviews.

**Table 5. Topics in Booklet Patients Described as “New” or “Important”**

|  |  |
| --- | --- |
| **Topic** | **# of Patients (n=20)** |
| Side effects of chemotherapy | 14 |
| Caring for yourself/precautions to take while receiving chemotherapy | 13 |
| What is cancer? | 8 |
| Importance of seeking care when sick | 7 |
| Palliative vs. curative treatment | 6 |

Two of the topics patients cited as important—“What is cancer?” and palliative vs. curative treatment—were also among the most confusing topics presented in the booklet. More than 25 percent of participants asked for clarification of the explanations provided for each of these topics. Providers also recommended modifying these answers as they differed from how they explain the topics to patients.

Table 6 presents a list of topics and questions that were not adequately covered by the booklet. These topics were brought up by at least 2 patients during interviews or within the focus groups, and were also listed by providers as important questions or topics discussed with patients.

**Table 6. Patient and Provider Recommendations for Topics To Add to the Booklet**

|  |
| --- |
| What causes cancer? (e.g. hereditary risk, smoking, environmental exposure) |
| Whether cure is/is not possible |
| Progression of disease and importance of early detection |
| Importance of receiving chemotherapy on schedule  Importance of avoiding pregnancy during chemotherapy |

*What causes cancer?* – Both patients and providers both thought the booklet should provide information about the causes and risks for developing cancer. Several patients asked whether cancer was hereditary, and one patient asked about the connection with tobacco use. Many patients believed that cancer comes from eating imported or spoiled foods. Adding “What causes cancer?” to the booklet would be an opportunity to address those common questions and to reassure patients by saying that anyone can get cancer and that cancer is not contagious.

*Whether cure is/is not possible* – Every single provider listed a question about cure as among the top five questions asked by patients. This topic should be addressed separately from the existing question explaining palliative versus curative treatment.

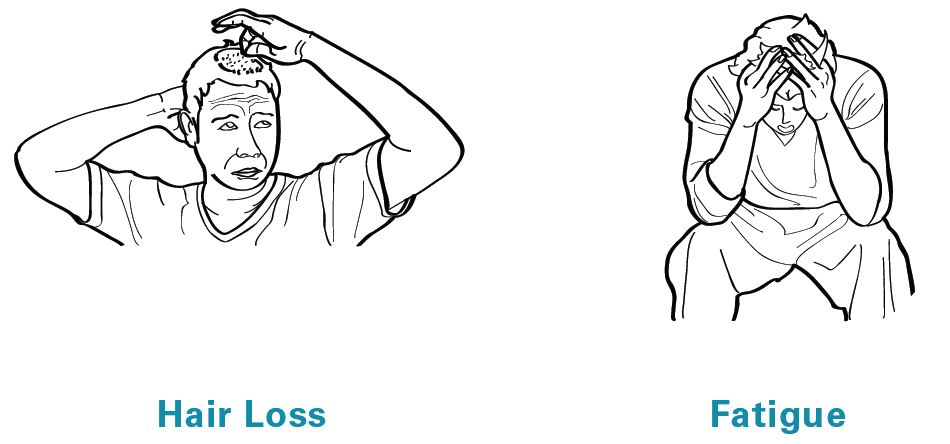
*Progression of disease and importance of early detection* – Two separate participants said they wanted to show the booklet to a woman they knew who had a breast mass but who was afraid to see the doctor. Although the booklet was designed as a tool for providers to use with existing patients, data from the study reveals how it could also be used for public health messaging. Patients want to share the booklet with friends, family and others in their social network. Emphasizing the importance of early detection would be a valuable addition. Explaining how cancer can progress will help patients understand why cure is or is not possible, and justify why adherence to treatment is so vital.

*Importance of receiving chemotherapy on schedule* – One of the themes from the patient focus group discussion is how important it is to encourage patients to keep taking chemotherapy even if they feel sick. Delays in care and loss to follow-up is a major challenge in Haiti, and patients need to understand that delaying or stopping treatment for any reason can result in the progression of their disease. This message should be reinforced within the booklet.

*Importance of avoiding pregnancy during chemotherapy* – Many patients at Mirebalais are women of childbearing age. Of the 29 female participants in the study, half (n= 15) were under 50, and likely premenopausal at the time of diagnosis. One quarter (n=8) were under age 40. Multiple participants asked about the effects of chemotherapy on a fetus. One patient expressed a desire to become pregnant and another was forced to delay chemotherapy because she became pregnant. When she resumed treatment post-partum, her breast cancer had metastasized and she was placed on palliative care. Negotiating contraception in Haiti is challenging. Although only a subset of patients are at risk of pregnancy, the staff felt that including this question in the Haitian version of the booklet would help those patients, who could show it to their partners to explain why they should not become pregnant.

*Qualitative Feedback on Booklet Design*

In March, the staff raised concerns about the effectiveness of the line drawings representing “Fatigue” and “Hair Loss.” When presenting the booklet to patients during interviews, Mr. Desameau would ask patients what they thought the images represented prior to reading the description. The focus groups were presented with modified booklets that had images but no description in order to directly assess comprehension of the images.

Of the 16 interview participants unable to read the booklet on their own, less than half were able to identify Fatigue (40%) or Hair Loss (44%) accurately. Neither focus group was able to identify either of these drawings. Most participants thought “Fatigue” represented headache or a person who is thinking very hard. Participants thought “Hair Loss” represented head cancer, headache or some other problem with the person’s head.

Not a single participant in the interviews or focus groups understood the directions for how to use the Side Effect Recorder as currently written, and many were unfamiliar with the smiley face scale. The staff also expressed confusion regarding how the page was meant to be used. After Mr. Desameau explained the chart to patients and described what each of the smiley faces represented, most patients were able to answer questions about what to mark and when.

Some of the staff reported that the title of the first page—Questions About Cancer—is inaccurate, since it contains both questions about cancer and questions about chemotherapy. Furthermore, the addition of “What types of chemotherapy are available?” caused this page to be crowded with text. This can be overwhelming to patients; one participant took a look at the first page and commented, “Oh no, you want me to read all that?”

We recommend dividing the first page into two pages—Questions About Cancer and Questions About Chemotherapy—as this would decrease the density of the text, increase the clarity of how the questions are arranged, and create space to add more information as text.

*Assessing Understanding of Palliative versus Curative Chemotherapy*

The one addition to the booklet made prior to the study was including an explanation of palliative versus curative chemotherapy. We developed the following questions to assess patients’ understanding of these concepts before and after counseling with the booklet:

Pre-Test

*10. There are two types of chemotherapy: curative or palliative. Have they explained the difference between palliative chemotherapy and curative chemotherapy? If so, what is the difference?*

*11. The doctor uses curative chemotherapy to cure cancer. If cure is not possible, the doctor uses palliative chemotherapy to ease your symptoms and pain, and make you live longer. What has the doctor told you about the type of chemotherapy you will receive?*

Post-Test:

*10. Do you understand the difference between palliative and curative chemotherapy? When does the doctor use palliative chemotherapy? When does the doctor use curative chemotherapy?*

*11. What type of chemotherapy will you receive: Palliative or Curative?*

Overall, only 10% of patients (n=2) could explain the difference between palliative and curative chemotherapy at baseline, and 25% (n=5) could answer whether their own treatment was intended to be curative or palliative. Patients were counseled only on the types of chemotherapy that are available and not explicitly told their prognosis during the interview; however, after counseling, we saw an increase in both the number of patients who could differentiate between palliative and curative (60%; n=12) and the number who understood the goal of their treatment (45%; n=9). The results of this analysis are summarized by level of education in Table 4.

**Table 4. Participants Understanding of Palliative versus Curative Chemotherapy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Education** | **Percent Able to Explain the Difference Between Curative and Palliative Chemotherapy** | | **Percent Able to Identify Whether They Are Receiving Curative or Palliative Chemotherapy** | |
|  | **Pre** | **Post** | **Pre** | **Post** |
| None at all (n=6) | 0% | 17% | 33% | 50% |
| Primary (n=5) | 0% | 40% | 0% | 20% |
| Secondary (n=6) | 17% | 100% | 50% | 83% |
| University/technical school (n=3) | 33% | 100% | 0% | 0% |
| Overall | 10% | 60% | 25% | 45% |

Patients with all levels of education were able to learn and explain the distinction between curative and palliative chemotherapy. Adding this text improved patients’ understanding of the goals of their treatment, and encouraged patients who did not know to ask which type of chemotherapy they were receiving.

**Discussion**

The results of this study help us to understand more about the audience for the patient education materials and how they can be used to share information in low resource settings like Haiti. When the materials were brought to Rwanda, the booklet was distributed as a laminated copy on the ward. In Haiti, the laminated copies were rarely used because providers were afraid patients would take them home. All participants in the study—and many patients not part of the study—requested a paper copy of the booklet. They wanted to take the booklet home to teach their families and friends about cancer, and they wanted to use the booklet to encourage people they suspected have cancer to seek treatment for the disease.

The booklet serves as a resource not just for patients, but also for their families and members of the community at large. While this community does include people with no education at all, many patients have in fact attained primary or secondary school education. If not, they may have family members who did. Information in the booklet must be presented in a way that is not just “low literacy” but rather is conveyed effectively to an audience with varied levels of education.

Choosing the right words for a diverse audience can be a difficult balance to strike. One solution is to say the same thing two different ways: “Is cancer contagious? Can people who have cancer give it to other people?” Patients with no education did not know the word “contagious,” so that question could not stand alone; however, patients with higher levels of education found the question “Can people who have cancer give it to other people?” confusing.

This challenge is also central to the debate over whether or not to use the word “cell” in the answer to “What is cancer?” A majority of patients will not know what a “cell” is; however, the current explanation does not use the word cell and it is both scientifically imprecise and confusing to patients.

When it comes to specific wording, the best solution is to defer to the judgment of the providers who know their patients best. The materials should be adapted to reflect providers’ priorities for content and also for the style in which they communicate information. If the booklet doesn’t read like they would teach, providers will either ignore the wording as written—as was the case for the palliative versus curative text—or simply not use the resource at all.

Providers are an excellent source of information about what will and will not work when adapting the booklet to a new population. The major concerns that were raised during the initial feedback stage in March (e.g. regarding the line drawings for “Fatigue” and “Hair Loss”) were substantiated by data collected from patients. Making changes to incorporate providers’ feedback also ensures they buy in to using the materials in the long-term.

In order for the booklet to meet patients’ needs, the content must address patients’ concerns. Some of the topics we recommend adding to the booklet are not straightforward questions to answer; namely, what causes cancer, and can cancer be cured. However, these questions are among the most significant preoccupations patients have when they receive their diagnosis. To omit them renders the materials inadequate to serve their purpose. Addressing these concerns can also be a way to provide patients with reassurance, for example by explaining that anyone can get cancer, and when cure may be possible.

Once the booklet is finalized, the remaining challenges to implementation are financial and logistic. The booklet can be distributed at multiple points during care by multiple members of the team—when patients are first diagnosed by the physician, when they meet with the nurse before chemotherapy, or during counseling and support groups conducted by the psychosocial team. It is essential to have one point person to ensure paper copies of the booklet are in stock, and that there are the financial resources to do so.

Below are our final recommendations for revising the educational materials. These recommendations include suggestions to modify existing questions and to add new questions to the first section, “Questions About Cancer?” We recommend dividing this section into two pages—“Questions About Cancer” and “Questions About Chemotherapy”—for clarity and to create space for new questions to be added. We recommend revising the instructions for the side effect recorder. Lastly, we recommend revising two line drawings for “Fatigue” and “Hair Loss.”

I. New Questions and Proposed Answers

***“What Causes Cancer?”***

*There is no one cause of cancer, but there are things that can increase your risk of developing cancer. For example, tobacco and some chemical products increase your risk of cancer. Some cancers are hereditary. Anybody can develop cancer, and it is not your fault if you have cancer. Cancer is not contagious. It is not possible to give cancer to another person.*

***“Can Cancer be Cured?”***

*If you seek care early and your cancer is not too advanced, you may have a chance to be cured. But it is important that you continue with treatment and do not miss any appointments. Cancer can become more aggressive and spread to other parts of your body. If your cancer has already spread, cure may not be possible. If cure is not possible, the doctor can still give you chemotherapy and other medications to relieve your symptoms and pain.*

***“Why Shouldn’t I Get Pregnant While Receiving Chemotherapy?”***

*If you get pregnant, chemotherapy can harm the fetus, and you may need to stop treatment. Women who might become pregnant should use condoms and talk to the doctor about contraception.*

This question is specific to the Haitian version of the booklet. The space it occupies can be filled with population-specific questions in other versions of the booklet.

II. Revisions to Existing Questions

***“What is Cancer?”***

Current text:

*Cancer is a disease when parts of your body grow too fast and become out of control. If not treated, cancer can cause serious illness and death.*

Proposed text:

*Cancer is a disease when cells in one part of your body grow too fast and out of control. These cells multiply and form a lump. If your cancer is aggressive, it may spread to other parts of your body. Some cancers, like blood cancer, may not form a lump. If not treated, cancer can cause death.*

When patients hear cancer described as body parts that grow too quickly, they ask which parts. All of the providers also found this description unsatisfactory. Most patients experience and understand cancer as a solid tumor which grows over time—although there are exceptions such as leukemia—and it’s this physical manifestation of the disease that drives patients to seek care in the first place. Providers use the word “cell” even when explaining cancer to patients who are not literate, and they use analogies to explain what a cell is. This answer could be expanded even further by incuding a definition of the word cell, although the team thought that it was sufficient to stand on its own.

***“What types of chemotherapy are available?”***

Current text:

* *Chemotherapy when cure is possible: “Curative” chemotherapy is a series of medications used alone or with other treatments to cure cancer, but also may make you feel sicker for days or weeks after treatment.*
* *Chemotherapy when cure is not possible: “Palliative” chemotherapy can slow the course of cancer, relieve your symptoms and pain, and may make you live longer, when there is no chemotherapy that can cure your cancer. This medicine may also make you feel sicker for days or weeks after treatment.*

Proposed text:

* *Curative Chemotherapy: The doctor uses curative chemotherapy to cure cancer, if cure is possible. It can be used alone or with other treatments, like surgery or radiation.*
* *Palliative Chemotherapy*: *If cure is not possible, the doctor uses palliative chemotherapy to relieve your symptoms. It can help with your pain and may make you live longer, but it cannot cure your cancer.*

***“When Will You Receive Medicine?”***

Current text:

*Your doctor or nurse will tell you when you need to come in for your medicine.*

Proposed text:

*Your doctor or nurse will tell you when you need to come in for your medicine.*

*It is very important that you take your medicine on time in order for it to work. You should come to every appointment, even if you feel sick.*

***“Types of Cancer?”***

Current text:

*Lymphomas, Kaposi’s sarcoma, and leukemias are all kinds of cancer. Other common kinds of cancer are esophageal, breast, cervical, lung, and prostate cancer.*

Proposed text:

*Cancer can affect many parts of your body. Breast, colon, prostate, lung and cervical cancer are all common kinds of cancer. Cancers of the blood are called Leukemia, Lymphoma and CML.*

***“Is Cancer Infectious?”***

Current text:

*People with cancer are not infectious. It is safe for others to be around you. You may still have sexual intercourse, but use protection to prevent HIV risk and pregnancy.*

Proposed text:

*People with cancer are not infectious. It is safe for others to be around you. You may still have sexual intercourse, but use protection (condoms or contraception) to prevent HIV risk and pregnancy.*

Patients did not always know what “protection” meant. During counseling with the booklet, Mr. Desameau would cite condoms and contraception as examples.

III. Revise directions and add an image key for the Side Effect Recorder

Current instructions:

*Circle which emotion you feel for each symptom you experienced. Circle how you feel after each cycle of treatment.*

Proposed instructions:

*You should help your doctors by telling them how you feel after chemotherapy. Use this page to record the problems you have after each chemotherapy visit. For each problem, mark the face that represents how you feel:*

☺ *= I feel good* 😐 *= I have this problem sometimes* ☹ *= I have this problem a lot*

IV. Revise line drawings for “Fatigue” and “Hair Loss”

We asked participants in both the patient and provider focus groups how best to represent these concepts. They suggested depicting fatigue as a patient sitting or standing with shoulders slouched, head tilted sideways and eyes half closed. Hair Loss could be depicted as a patient brushing their hair with hair falling out on the brush.

**Summary of Recommendations**

All versions of the booklet:

1. Divide “Questions About Cancer” into two pages:
   * “Questions About Cancer”
     + What is cancer?
     + What causes cancer? (*new*)
     + Types of cancer?
     + Is cancer contagious?
     + Can my cancer be cured? (*new*)
   * “Questions About Chemotherapy”
     + What is chemotherapy?
     + What types of chemotherapy are available?
     + Does chemotherapy have side effects?
     + When will I receive medicine?
     + Why shouldn’t I get pregnant while receiving chemotherapy? (*new – only for Haitian version*)
2. Revise directions for Side Effect Recorder and add an image key for the smiley faces

Haitian version of the booklet:

1. Revise drawings for “Fatigue” and “Hair Loss”
2. Add “Why shouldn’t I get pregnant when receiving chemotherapy?”

1. **References:**

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