

## Tricia Antonini

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**I was diagnosed with Acute Lymphoblastic Leukemia in 1997, with relapses of ALL in 2002 and 2006. I underwent chemotherapy, radiation and three separate stem cell transplants between 1997 and 2008, and survived various complications including flesh-eating disease in my neck/chest area in 2006. Not even two weeks ago, on October 30, 2014, I was diagnosed with invasive breast cancer, and will undergo surgery next week. I have over 17 years of experience with the cancer centre and will need it again now, and in the future.**

Following a two-week stay in ICU, back in Unit 57, with a giant wound in my neck and chest, tubes for breathing, eating and peeing, and a very uncertain prognosis, my parents took shifts to be with me around the clock. Even in my dependent state, I felt frustrated for them, as while the unit staff allowed them to stay, the physical space was not set up for that. They had to run down to the first floor to go to the restroom, eat cafeteria specials as quickly as they could, and learn to sleep sitting up. If families of patients could have a comfortable space to sleep when they need to, a restroom close by, decent and quick food options to limit time away from the room, maybe even a place to take a shower, they could remain strong and fully able to support their patients, and the patients could focus their energy on fighting.

The new centre needs to **encompass the whole patient journey**, not just the treatment phase needed while on that journey. While it realistically can't house everything from prevention to survivorship/palliation, the centre can and should **help the patient navigate it all**. From **providing prevention and screening information and resources**, to a transition resource centre that **allows patients to smoothly move from the centre back to their home and community**, to **assistance with navigating the terrible option of finding hospice and home care solutions**, the new cancer centre needs to address the entire journey.

Quite simply, the centre should **look like a place you'd like to visit**, to **actually live life fully**, not to fight for life. You go to a hotel knowing you won't be there forever, not expecting to have everything you have at home, but the small things that make you feel at home are why you like that hotel over the next. **Friendly people to check you in**, a **concierge to help you customize your stay**, **decent food at any hour**, **warm lighting**, **well-signed directions to services**, the **option to park yourself or valet**, an **inviting lobby with comfortable furniture where the air seems fresh**. Hotels these days have **free access to Wi-Fi**, often **elevated patios where people can enjoy a relaxing outdoor experience** **smoke-free**, and **ample and accessible restrooms**. Hotels are also fantastic at **sending you a follow up email to get feedback about your stay**. If the centre could be built **such that patients felt like guests** at a place where they would eventually **leave feeling better than when they arrived**, that would be success.

The **anxiety about uncertainty** that comes with a cancer diagnosis or relapse is significant and **impossible to describe**. While the chemo, radiation and surgery that you receive from the cancer centre helps to counter the disease, those methods **do not treat the anxiety**. The **physical space that you encounter when you go for the treatment has a significant impact on your anxiety**, **ability to fight and ultimately survive this unwanted journey**. So with the **responsibility to appropriately design such a space from the beginning**, you actually have an opportunity to **save more lives**. **Please do not waste that opportunity**.

*Working together to deliver world class cancer care.*