



Outpatient Chemotherapy Treatment Guide

The sun challenges us to shine, the clouds remind us to move, the birds tell us we too can fly and the sky tells us that there is no limit to our dreams and goals.

~ Author Unknown

phs.org/cancer



Cancer Care

PHONE 505.559.6100 FAX 505.559.6101

To our patients, their families, and their caregivers:

Cancer! This may be the hardest thing that you have ever had to hear. Presbyterian Cancer Care is here to help make this journey as smooth as possible. We want you to know that we appreciate the chance to take care of you and your family. We are focused on providing you with high quality cancer care.

We have a wonderful team formed of many people who are passionate about helping cancer patients, their families and their caregivers. Each member of this team is here because we want to help. Many of these special people will focus on different areas of your care. A few of these people include your providers, nurses, navigators, social workers, and dietitian.

Over the next months we will get to know you, and we believe that you should know a little bit about us. Presbyterian Cancer Care opened in 2009. Since then, we have continued to grow and improve, and we look forward to caring for you and your family. Our providers have more than 100 years of experience in cancer care, and our nurses have even more.

Thank you for allowing us to care for you or your loved one.

Sincerely,

Presbyterian Cancer Care

A handwritten signature in black ink, appearing to read "Bernard Agbemadzo". The signature is fluid and cursive, with a large initial "B" and "A".

Bernard Agbemadzo, MD

Medical Director

Watch for These Important Symptoms

Please **CALL IMMEDIATELY** if you experience any of these symptoms.



PRESBYTERIAN
Cancer Care

CALL (505) 559-6100 with important symptoms

An oncologist is available 24 hours a day, 7 days a week.

Expect to speak with a cancer care provider within 30 minutes.

If you do not receive a response at (505) 559-6100, call (505) 857-3700 or 1-888-549-7683.

DO NOT USE MyChart to communicate your important symptoms.

Advance Healthcare Directives

You have the right to give instructions about your own healthcare if you become unable to make decisions for yourself.

Presbyterian Healthcare Services believes that your medical care should reflect your wishes as much as possible. **We strongly encourage you to discuss your choices with your healthcare provider(s) and your family.**

Follow these steps to let others know your healthcare preferences.

- 1 Select a Healthcare Decision Maker**
- 2 Express your wishes and values**
- 3 Share your preferences by completing an Advance Healthcare Directives form**

You can get started on your electronic advance directive at www.phs.org/advancedirectives

For more information about cancer, cancer treatments, or advance directives please visit www.phs.org/cancer

- **Fever over 100.5°F, shaking chills, or sweats that soak your clothes or bed**
- **Difficulty breathing (shortness of breath) at rest or with activity**
- **Severe cough or cough with green, yellow, or bloody mucus**
- **Diarrhea or constipation**
 - Diarrhea that is frequent, loose, watery, or explosive
 - Diarrhea that does not go away after taking medication
 - Diarrhea or any bowel movement (stool) that occurs more than four times in 24 hours
 - Stools that are black or bloody
 - Constipation for three or more days
- **Nausea or throwing up that is not helped by medication**
 - Throwing up (vomit) that is black or bloody
- **If you have had little or nothing to eat or drink for 24 hours**
 - Sores or pain in mouth that make it hard to eat or drink
- **Pain or bleeding**
 - Pain, redness, heat or swelling around your special IV (Port-a-Cath or PICC Line)
 - Pain, redness, heat, or swelling in an arm(s) or leg(s)
 - Painful or frequent urination or blood in urine
 - Pain not controlled by medications
 - Bleeding that lasts more than 10 minutes
 - Large bruises without a known cause
- **Medications**
 - If you are confused about your prescriptions, please call us
 - Please talk with your provider about the use of alcohol, tobacco, drugs, vitamins, or herbs while receiving cancer treatment

Emergency Department Visits for Established Presbyterian Oncology Patients



Handling non-emergency (but still urgent) needs

- If you have symptoms on the Important Symptoms List (available in your chemotherapy patient guide packet), call the clinic or your provider as soon as possible, especially for signs of infection such as fever.
- Call the clinic during normal business hours at (505) 559-6100.
- After business hours, contact the on-call provider at (505) 559-6100.
- If you need to be admitted to the hospital, the provider may send you directly to the inpatient oncology unit at Presbyterian Rust Medical Center.

Only go to the emergency department if you are having an emergency, or if you are directed to go there by your provider

- Some examples of emergencies include: difficulty breathing, chest pain or symptoms of a stroke that start suddenly, e.g., sudden trouble speaking, facial droop, arm/leg weakness.
- If you are having an emergency, **call 911**.
- Presbyterian Rust Medical Center in Rio Rancho is your preferred emergency department because the inpatient oncology unit is at Presbyterian Rust Medical Center.

When you arrive at the emergency department

- Put on a face mask and gloves to reduce your exposure to other sick people.
- Go to the front of the check-in line and show your Emergency Room Card (available in your chemotherapy patient guide packet) to the check-in staff.
- If you do not have your Emergency Room Card, tell the check-in staff that you are a cancer patient.

Please provide the following information

- Why you came to the emergency department, e.g., fever, chills, pain, provider instructions.
- What type of cancer you have.
- What treatment you are receiving.
- When you received your last cancer (chemotherapy) treatment.

What to expect from the emergency department staff

- Timely assessment by the triage nurse.
- If you are neutropenic, fast treatment of fever/chills.
 - Staff will do their best to locate an isolated place for you to wait away from the waiting room.
 - When a wait is unavoidable, you may have treatment initiated in the emergency department's triage area while waiting for a treatment room.
- Depending on your symptoms and other patients in the emergency department, you may still have to spend some time in the waiting room.

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Advance Directives

You have the right to give instructions about your own healthcare. Every adult over the age of 18 should have an Advance Directive even if they are not ill. This is because many things may cause a person to be unable to make their own healthcare decisions. It is part of your routine healthcare.

An advance directive is a legal document about your healthcare decisions. It provides direction to healthcare providers if you become unable to make choices for yourself. It makes your wishes known. An advance directive is only used when you are not able to speak for yourself or make your own decisions.

There are two important parts to an advance directive. The first part lets you choose a Healthcare Decision Maker. A Healthcare Decision Maker is sometimes called a Power of Attorney for Healthcare, POA, or agent. This person can speak for you if you become unable to voice your wishes. The second part is sometimes called a living will. It lets you explain what treatment you want if you cannot express your wishes.

You can learn more about preparing an Advance Directive by going to www.phs.org/advancedirectives or talking to your healthcare provider.

You are not required to complete an advance directive. If you do not complete an advance directive or choose a Healthcare Decision Maker, New Mexico law decides who will be authorized to make decisions. This may not be the person you would have chosen.

Once you have completed an advance directive, make sure that it is signed and dated. New Mexico law does not require that an advance directive be notarized or witnessed. There is no specific form that must be used. Keep the original for yourself in a safe and easily accessible location. Give a copy to your healthcare decision maker(s) and to your medical provider(s). It's also a good idea to keep extra copies to take with you if you are hospitalized.

You can change your advance directives at any time. If you do this, be sure to sign and date the new document and replace all old copies with the new document.

Your healthcare decisions are important. Presbyterian Healthcare Services believes that your medical care should reflect your wishes as much as possible.

Important Information About Your Chemotherapy Treatment

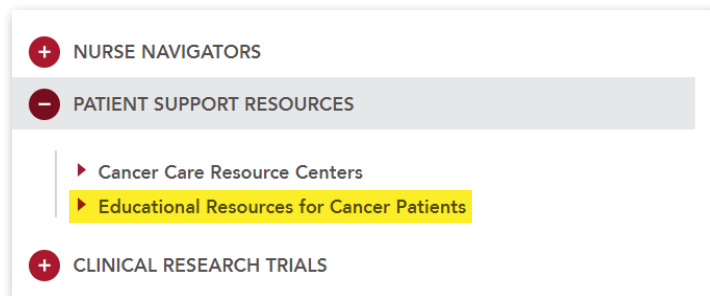


Cancer Education Videos

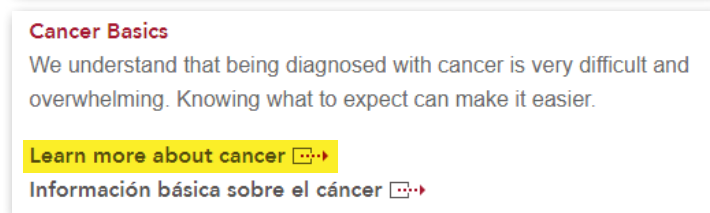
When a person is told that they have cancer, there are many new things that need to be learned. Presbyterian wants to help you on this journey and provides videos about cancer, chemotherapy and radiation therapy. Each of these videos will provide you with information that can help you better understand what cancer is and what to expect during treatment with chemotherapy or radiation therapy. **If you will be receiving chemotherapy, we ask that you watch the Basics of Cancer and Chemotherapy and Biotherapy videos before you come for your chemotherapy education nurse visit.**

1. To view these videos, go to www.phs.org/cancer.

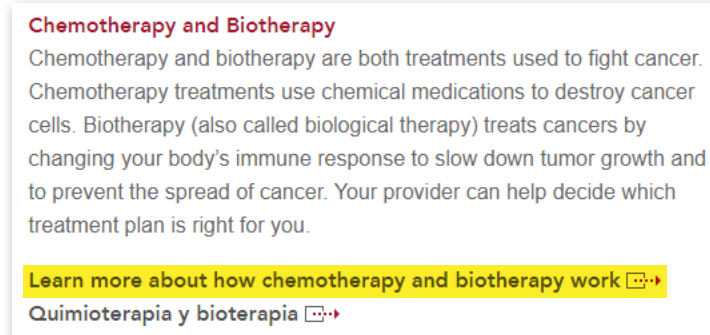
2. Click on the drop down for **Patient Support Resources**, then **Educational Resources for Cancer Patients**.



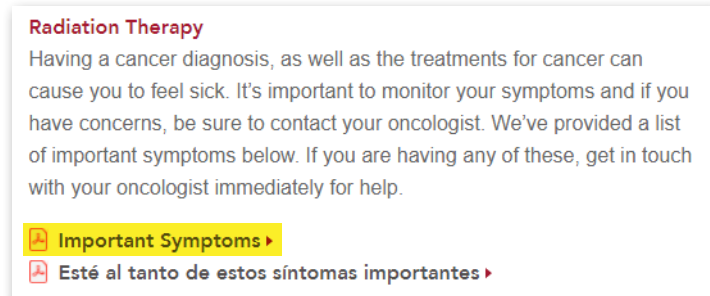
3. Click on the link to watch the Basics of Cancer video. We ask everyone who is newly diagnosed with cancer to watch this video.



4. If you will be treated with chemotherapy or biotherapy, we ask that you watch the chemotherapy video.



5. If you will be treated with radiation therapy, we ask that you watch the radiation therapy video.



6. You will also find a link to Advance Directives on this page, as we strongly encourage everyone to fill out an Advance Directive as part of their routine healthcare. Please ask any member of the healthcare team if you have questions about filling out an Advance Directive.

Advance Healthcare Directives

An advance directive is a legal document about your healthcare decisions that provides direction to healthcare providers if you become unable to make choices for yourself by making your wishes known. It is only used when you are not able to speak for yourself or make your own decisions. This will make sure your loved ones and healthcare providers know what details about your care are important to you. **Learn more information about Advance Directives** ▶



Important Phone Numbers

In case of a medical emergency..... 911

Presbyterian Cancer Care(505) 559-6100

Call the clinic to reach the following services:

- To make, change or cancel an appointment
- To speak to your provider
- To speak to a nurse
- To speak to a navigator
- To speak with a pharmacist
- To speak to the clinic manager
- To speak to a social worker
- To speak to a dietitian
- To speak to a financial advocate

Presbyterian Healthplex (Cancer Rehab)..... (505) 823-8350

Presbyterian Billing and Insurance (505) 923-6600

Presbyterian Hospital (505) 841-1234

Presbyterian Cancer Unit (MSU) in Presbyterian Rust Medical Center (505) 253-6240

Presbyterian Radiation Oncology (505) 291-2606

Other _____

Other _____

Other _____

**If you need to speak with your provider when the clinic is closed,
please call (505) 559-6100.**

If you do not receive an answer, please call (505) 857-3700 or (888) 549-7683.

If you call us when the clinic is closed, you will receive a call back from a provider within 30 minutes.

Please try to call during clinic hours, except in urgent situations or if you have any of the important symptoms on page 3.

Questions That May Help You Understand Your Treatment Plan:

What kind of cancer do I have? _____

What is the stage of my cancer? _____

Has my cancer spread (metastasized)? If so, where? _____

What is my treatment goal? _____

What does my treatment plan include? _____

Radiation? _____

Surgery? _____

Chemotherapy? _____

Hormone therapy? _____

What are the risks with this treatment? _____

Other Concerns

Patients often have concerns or worries about their treatment. These concerns may change during your treatment. Please discuss any concerns you have with your healthcare team. The team is here for you and wants to help.

Important Considerations About Your Oral Health Before and During Cancer Treatment

Getting prepared for your cancer treatment should include a visit to your dentist! Any oral health concerns, such as cavities or gum disease, should be taken care of prior to cancer treatment unless otherwise recommended by your oncologist. Tell your dentist about your treatment and let your oncologist know about any needed dental work.

For more information on your oral health, please see **Changes in your Mouth, Throat or Lips** on page 30 of this guide or ask your provider or nurse.

Cancer Research and Clinical Trials

Presbyterian is a member of the New Mexico Cancer Care Alliance. This alliance is a group of more than 70 cancer providers from all around New Mexico. It was created to help healthcare providers get access to clinical trials and cutting-edge cancer treatments.

Your provider may suggest a clinical trial as one of your treatment options. Participation in clinical trials offers people access to new treatments. These treatments may not be available otherwise. Clinical trials are not right for everyone. Sometimes, even if you choose to participate, you may not qualify for a trial.

Cancer research trials look at different areas of care such as:

- Testing new drugs
- Testing how different drugs work together
- Using new approaches to surgery and radiation
- Or seeing how any of these things work together to better treat cancer

Presbyterian Healthcare Services participates in Phase II and Phase III trials. These studies usually look at how well a new drug works along with the standard treatment. These studies may also look at giving the standard treatment drugs on a different schedule. In cancer clinical trials, placebos (sugar pills) are not used on their own. If you participate in a clinical trial, you will always receive standard therapy.

Phase II trials use new treatments in certain types of cancer. These trials look to see if a new treatment works and to watch for side effects.

Phase III trials are treatments that show promise in Phase II trials. They compare the new treatment to the standard treatment. The goal is to see if the new treatment is better. Patients will also be monitored for side effects. Researchers need to see if there are more or less side effects than standard treatment.

All patients seen at the Presbyterian Cancer Care clinics are screened before their appointment. If you are a candidate, your doctor will discuss trial participation with you as one of your treatment options.



Cancer, Your Treatment, and Possible Side Effects



Cancer 101

What is cancer?

- Cancer is an abnormal growth of cells that take the place of normal cells.
- Cancer can happen to anyone.
- Cancer can happen in any part of the body.
- Where in your body the cancer starts determines what type of cancer it is (breast, lung, etc.).
- Cancer may be found in just one place or in many places (this is called mets or metastasis).
- Cancer can also be found in your blood (leukemia) or lymph system (lymphoma).

How is it treated?

- Chemotherapy
- Radiation
- Surgery
- Holistic treatments

Chemotherapy 101

What is chemotherapy?

- Chemotherapy is a group of drugs that help to control or treat cancer.
- Chemotherapy works in many different ways in the body.
- Sometimes, different drugs are given together to improve the chances of treating, shrinking, controlling or curing the cancer.
- Your provider will help you decide what treatment is best for you.

What side effects will I have?

- Some people will experience almost no side effects.
- Each type of chemotherapy has its own side effects.
- The side effects that can happen will be different for each person.
- We can prevent some side effects.
- There are many treatments for any side effects that you might have.

While on chemotherapy:

- Avoid getting too much sun. Wear sunscreen every day, wear a hat and cover your exposed skin.
- Avoid anyone who is sick with a cold, the flu, or any infection that you might catch.
- Do not use suppositories or enemas without instructions from your provider or nurse.
- Talk with your provider before taking an NSAID medications like aspirin (acetylsalicylic acid), ibuprofen, Motrin, Advil, Nuprin, Aleve or Naprosyn because they may affect how well your platelets work.

Treatment Calendar

Use these calendars to record your chemotherapy treatments and other appointments as a reminder.

MONTH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MONTH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Cancer Treatments You Take at Home

As part of your cancer treatment, you may need to take medications at home. These medications may be used to treat side effects, such as feeling sick to your stomach (nausea), or to treat your cancer.

Some Questions to Think About Before Deciding if Cancer Treatments That You Take by Mouth (orally) Are Right for You:

- Do you ever forget to take your medication?
- Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?
- When you feel better, do you sometimes stop taking your medication?
- Sometimes if you feel worse when you take the medication, do you stop taking it?
- Can you think of anything that would get in the way of you taking the medication as prescribed?
- Do you have any difficulties in taking pills?

If you answered yes to any of the above questions, please discuss with your provider or nurse.

Important Things to Know About Taking Your Medications at Home

- It is important that you take all medications, including prescriptions and anything that you buy over-the-counter, as ordered or recommended by your provider.
- This is true no matter what kind of medication you are taking, including medications for cancer, diabetes, and high blood pressure.
- It is **very important** that all of your providers know what medications you are taking, including herbal supplements and vitamins.

Some Questions You Should Ask About Every Medication You Take

- How much should I take?
- When should I take it?
- How should I take it?
- What is it for?
- What if I miss a dose?
- What if I throw it up just after taking it?
- Where should I keep it?
- How should I dispose of it if I am no longer taking it?

Getting Rid of Medications That Are No Longer Needed

- **Please talk with the pharmacy that gave you the medication or your nurse about how to dispose of any leftover cancer treatment medications.**
- Most medications except chemotherapy can be disposed of by the City of Albuquerque. For more information, go to <http://www.cabq.gov/police/programs/pharmaceuticals> or call (505) 823-4200.

Special Handling of Cancer Treatment Medications

Some medications must be handled very carefully so that they do not cause harm to others. Please review the best way to store any cancer treatment medications and who should not help you with these medications, such as children or a pregnant woman. Each medication is different, so talk with your nurse, provider or pharmacist.



Oral Oncolytic (Cancer Treatment) Phone Calls

If your provider orders a cancer treatment that you will take at home, usually as a pill(s), you can expect to receive a phone call from a nurse. This phone call will happen about once a week for four weeks and then once a month. If you do not receive this phone call, then please call us.

Questions You Can Expect to be Asked

- The name and amount (dose) of the medication. Often we will ask that you read the medication bottle label directly to us.
- What date you started taking the medication and if there have been any changes?
- Are you having any trouble getting your medications?
- If you need to have blood drawn, then your nurse will review your results.
- Are you taking the medication?
- Have you missed any doses of the medication?
- How are you taking the medication: with food or without? On an empty stomach?
- Have you stopped or started any other medications?
- Are you receiving radiation treatment?
- Then the nurse will ask about any side effects you may be having. A few examples of common side effects are nausea, vomiting, diarrhea, weight loss, rash, or changes in how your fingers or toes feel (neuropathy).

Depending on your needs, we may refer you for additional services, such as a financial consult, for a nutrition consult, to a social worker, or to a support group.

We may also ask that you come in to see the nurse or provider to address side effects that you are experiencing or to help prevent certain side effects.

Safety at Home While Receiving Cancer Treatment

Not all medications require the same safety precautions. However, there are some general guidelines that can help keep those around you safe.

It is okay to:

- Hug, kiss, touch.
- Have sex. However, protection such as condoms should be used for at least 48-72 hours after any chemotherapy. This includes chemotherapy pills. If you are unable or unwilling to use a condom, please discuss the risks with your healthcare provider.
- Share the same food and cooking supplies.

While you are receiving chemotherapy and for 48 hours after you take your last dose of the medication:

- Flush the toilet twice after you use it. Put the lid down before flushing to avoid splashing. If possible, you may want to use a separate toilet during this time. If this is not possible, wear gloves to clean the toilet seat after each use.
- Both men and women should sit on the toilet to use it. This cuts down on splashing.
- Always wash your hands with warm water and soap after using the toilet. Dry your hands with paper towels and throw them away.
- If you vomit into the toilet, clean off all splashes and flush twice. If you vomit into a bucket or basin, carefully empty it into the toilet without splashing the contents and flush twice. Wash out the bucket with hot, soapy water and rinse it, emptying the wash and rinse water into the toilet, then flushing it. Dry the bucket with paper towels and throw them away.
- Caregivers should wear two pairs of throw-away gloves if they need to touch any of your body fluids. (These can be bought in most drug stores.) They should always wash their hands with warm water and soap afterward, even if they had gloves on.
- If a caregiver does come in contact with any of your body fluids, they should wash the area very well with warm water and soap. It's not likely to cause any harm, but try to take extra care to avoid this. At your next visit, let your doctor know this happened. Being exposed often may lead to problems, and extra care should be taken to avoid this.
- Any clothes or sheets that have body fluids on them should be washed in your washing machine, not by hand. Wash them in warm water with regular laundry detergent. Do not wash them with other clothes. If they cannot be washed right away, seal them in a plastic bag.
- If using throw-away adult diapers, underwear, or sanitary pads, seal them in two plastic bags and throw them away with your regular trash.

Reference: <http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/chemotherapy/understandingchemotherapyaguideforpatientsandfamilies/understanding-chemotherapy-chemo-safety-for-those-around-me> (June 9, 2015)

Home Infusion Pumps

If you are receiving chemotherapy IV at home and it spills or leaks, you should do the following:

- You will be provided with a kit to help contain the spill. The kit will include gloves, absorbent pads, and a bag to put the pads, gloves and pump into if needed.
- If there is any leaking on the infuser or pump, use gloves to handle any clothing or linen that may have chemotherapy medications on them.
- Wash any clothing or linen that may have chemotherapy on it separate from other clothes.
- Use the pads enclosed with soap and water to wipe any chemotherapy off of the patient or caregiver. Use gloves when doing this.
- Call the clinic immediately to get instructions (505) 559-6100. If it is after clinic hours, the provider on-call will give you instructions.
- If the needle for the infusion of chemotherapy is no longer attached to the patient, stop the pump or infuser by using the clamp provided, clean up the chemotherapy as best as you can, and call the clinic.
- Discard all gloves and wipes used for chemotherapy spill clean-up in the chemotherapy bag provided.



Possible Side Effects of Chemotherapy

Possible side effects during chemotherapy

- Low blood counts
- Low red blood cells (anemia)
- Low white blood cells (neutropenia)
- Low blood platelet count (thrombocytopenia)
- Higher risk for infections or bleeding
- Fatigue (extreme tiredness, including sleeping too much or not being able to sleep)
- Nausea
- Diarrhea
- Constipation
- Loss of appetite
- Pain
- Nerve changes (neuropathy)
- Changes in your mouth, throat, or lips
- Changes to your hair, skin, or nails
- Anxiety, depression or other emotional changes
- Problems with memory, attention, and concentration, sometimes called “chemo brain”
- Sex and fertility issues
- Allergic reactions
- Blood clots
- Damage to organs such as your heart, kidneys, and/or liver

Possible side effects after chemotherapy

- Nerve changes (neuropathy)
- Changes in sexual desire
- Possible infertility for both men and women
- Fatigue (feeling tired)
- Changes to your hair, skin, or nails
- Anxiety, depression or other emotional changes
- Problems with memory, attention, and concentration, sometimes called “chemo brain”
- Diarrhea or constipation
- A second type of cancer may develop
- Damage to organs such as your heart, kidneys, brain and/or liver



Controlling the Side Effects of Chemotherapy

The following pages will give you more information and some ideas to help you control these side effects.

Low Red Blood Cell Count (RBC)

- Low RBC is also called anemia.
- If your RBC is low, your treatment might be delayed.
- You may need a blood transfusion.
- You may feel tired, fatigued, or have a little bit of difficulty breathing (shortness of breath).

Things that may help

- Rest as much as you need to during the day.
- Get a good night's sleep.
- Eat a balanced diet and drink lots of fluids.
- You may want to eat extra protein.
- Allow others to help you with everyday tasks.

Low White Blood Cell Count (WBC)

- Low WBC or neutrophils (which are a part of the WBC) is called neutropenia.
- If your WBC or neutrophils are low, your treatment might be delayed.
- You may be given medications such as Neulasta or Neupogen (filgrastin) to help your WBC count improve.
- There are no blood transfusions available for low WBC.
- If you experience flu-like symptoms when you have a low WBC, call your provider. This may be a sign of an infection that needs to be treated.

If you have low WBC, try not to get sick

- Wash your hands often or use hand sanitizer.
- Stay away from people who are sick.
- If you are around someone who is sick with a cold or flu, ask them to wear a face mask or wear a face mask yourself.
- Avoid crowds.
- Bathe or shower every day.
- Keep cuts or scrapes clean and covered, when possible.
- Avoid all raw or undercooked fish, meats and eggs.
- Wash all fruits and vegetables. Your provider may suggest that you avoid certain fruits or vegetables.
- If you share phones, desk space, computers, etc., consider cleaning work spaces daily when your WBC counts are low.

Low Platelet Counts

- A low platelet count is called thrombocytopenia.
- If your platelet count is low, your treatment might be delayed.
- If your platelet count is very low, you may need a transfusion of platelets.

Safety tips if you have low platelet counts

- Avoid medications like aspirin (acetylsalicylic acid), ibuprofen, Motrin, Advil, Nuprin, Aleve, or Naprosyn, unless directed by your provider. These medications may affect how well your platelets are able to work.
- Be careful not to hurt yourself.
- Avoid contact sports, like football.
- Use an electric razor to shave (both men and women).
- Be careful when brushing your teeth and only use a soft toothbrush.
- Talk to your provider or dentist about flossing while you are on treatment.
- Blow your nose gently.
- Call your provider if you have bleeding that lasts more than 10 minutes or go directly to the emergency room.

Fatigue (Tiredness)

Fatigue affects 40-90% of cancer patients and can be caused by:

- Low red blood cell counts (anemia)
- Pain
- Some medications
- Difficulty sleeping or resting
- Trouble breathing and other medical problems
- Treatments you are receiving for cancer

Ways to manage fatigue

- **The best way to help your fatigue is exercise.** If you do not exercise now, consider starting with short walks, chair exercises or yoga. If you currently exercise, you can maintain your routine or make it easier depending on how tired you feel.
- Try different ways to relax, like prayer, yoga, guided imagery, visualization, meditation, or other relaxation techniques that may help you.
- Make sure you are getting enough to eat and drink. Try eating small meals 5-6 times a day. Drink lots of fluids each day, including water and juices. Alcohol is discouraged and may increase your fatigue.
- Plan time to rest. Take a nap or have some quiet time during the day.
- Take only short naps short during the day so you can sleep better at night.
- Try to get at least 8 hours of sleep each night.
- Don't try to do too much. You may not be able to do everything you used to do. It is okay to ask for help.
- Let others help you with everyday tasks.
- Keep a journal and write down what makes the fatigue better or worse.
- Talk about your fatigue with your provider, nurse, and healthcare team.

Nausea and Vomiting

It is important to know that not all people with cancer will have nausea or vomiting. If you do have nausea or vomiting, it can be caused by any of the following:

- The cancer itself
- Chemotherapy medications
- Other medications given along with your chemotherapy
- Radiation treatments
- Depression or anxiety

Ways to prevent and manage nausea or vomiting

- Take your medications as directed. If you have questions, ask your provider or nurse.
- You may need more than one type of medication to treat your nausea.
- Try eating bland foods, or small meals and snacks.
- Avoid strong smells, including cooking smells.
- If your chemotherapy treatment allows, try eating popsicles or other frozen treats.
- Relax before treatments. Try deep breathing, yoga, praying, listening to music, guided imagery, or any other techniques that help you to relax.
- Discuss your nausea or vomiting with your provider, nurse and healthcare team.
- There are many treatments available, but you need to tell your team if your nausea is not well controlled.
- Other things that may help your nausea include acupuncture, acupressure, guided imagery, music therapy, and progressive muscle relaxation.
- Heartburn or acid reflux may feel like nausea. Antacid therapy may be helpful in treating your nausea.

Changes in Appetite

Sometimes mild nausea feels like a loss of appetite

- Taking your nausea medications throughout the day may help.
- Discuss your options with your provider, nurse, or other member of your healthcare team.

Ways to manage changes in your appetite

- Eat 5 - 6 smaller meals throughout the day.
- If you forget to eat because you aren't feeling hungry, set a schedule to make sure you are eating enough.
- Drink milkshakes, supplements (like Boost or Ensure), juice, or soup if you don't feel like eating solid foods.
- Exercise may help increase your appetite. Do exercises that you feel up to and start slowly if you are very tired.
- Talk about changes in your appetite with your provider, nurse, and healthcare team.

Diarrhea

- Diarrhea is a frequent bowel movement that is soft, loose, watery, liquid, and may be explosive.
- Diarrhea is more than four bowel movements per day.
- Some chemotherapy treatments may cause diarrhea because they can harm the healthy cells in your stomach and intestines.
- Diarrhea can be caused by an infection.

Ways to manage diarrhea

- Let your provider know as soon as possible if you have more than four soft, loose, watery, or liquid bowel movements in 24 hours, unless otherwise directed by your healthcare team.
- Eat five to six smaller meals throughout the day.
- Foods that may help your diarrhea include bananas, white rice, white toast, applesauce, or plain/vanilla yogurt.
- Drink lots of liquids.
- If your bottom (anus) is sore, use a baby wipe or spray bottle to clean yourself after a bowel movement. If you are very sore or have bleeding, call your provider or nurse.
- Loperamide (Imodium) is an over-the-counter medication that can help with diarrhea. Please consult your provider before taking loperamide as we may need to check for an infection.

Constipation

- Constipation is when bowel movements are hard, difficult to pass or happen less often than what is normal for you.
- You should have a bowel movement at least once every three days.

Ways to manage constipation

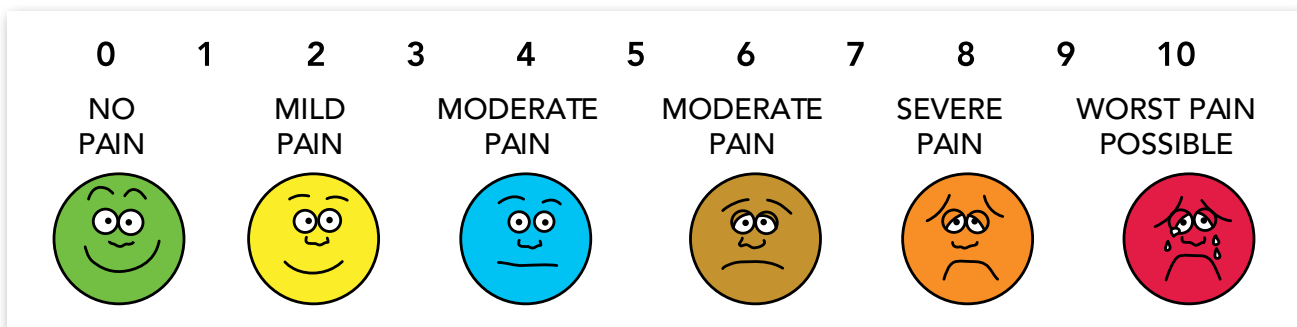
- Keep a record of your bowel movements if there is a change from what is normal for you.
- Drink at least 8 cups of fluid per day, especially water, unless you are on a fluid restriction.
- Stay active because even a little exercise can help prevent and treat constipation.
- Foods high in fiber will help keep bowel movements soft and easier to pass.
- Good sources of fiber include whole grain breads and cereals, beans, fruits and vegetables.
- Let your provider know as soon as possible if you have constipation that lasts for two or more days.

Pain

- Pain may include burning, numbness, tingling or shooting pains.
- Pain may be caused by your cancer or it can be caused by the treatment, like your chemotherapy, radiation, or surgery.
- Pain is harder to manage and control if you wait until you are in a lot of pain before treating it.
- Talk about your pain with your provider, nurse, or other healthcare team member. Be specific and describe the following:
 - Where do you feel pain? Is it in one part of your body or all over?
 - What does the pain feel like? Is it sharp, dull, or throbbing?
 - Does the pain come and go, or is it steady?
 - How strong is the pain? Describe it on a scale of 0 to 10, with zero (0) being no pain and 10 being the worst pain possible.
 - How long does your pain last? A few minutes, an hour or longer?
 - What makes the pain better or worse?
 - Is there anything that you do that helps your pain? Ice packs? Heating pad?
 - What medications do you take for your pain? How much and how often?

Ways to manage pain

- Acetaminophen (Tylenol) may be helpful for mild to moderate pain, unless your provider says you cannot take this type of medication.
- Pain can increase your fatigue (tiredness), so be sure to get enough rest.
- If you have pain all the time, take your pain medication on a schedule and do not skip doses.
- If your pain only happens sometimes, talk with your provider or nurse about how you should take your medication.
- Try deep breathing, yoga, or other ways to relax. This can help reduce muscle tension, anxiety, and pain.
- If your pain is still not under control, talk about your concerns with your provider, nurse, or other healthcare team member. You may also use the faces scale below to help show your provider how much pain you are feeling.



Nerve and Muscle Changes

- It is common for people receiving treatment for cancer to have nerve and muscle changes.
- Some of these changes include pain, weakness, fatigue, and a higher risk for falls.
- You may also experience “neuropathy” or “peripheral neuropathy”.
- Neuropathy is a change in your nerves that may last only a little while or it may never go away.
- Neuropathy causes numbness, tingling, burning and/or weakness that may start at the tips of your fingers or toes and may spread into your hands or legs.
- Neuropathy may be worse if you already have diabetes.

Ways to manage nerve and muscle changes

- It is very important to tell your provider or nurse about any signs of neuropathy (nerve changes), since this might mean that your provider needs to adjust your treatment.
- Get up slowly if you are dizzy or lightheaded.
- Be careful when reaching for or holding objects that are sharp, hot, or very cold. If you are numb, you can hurt yourself without realizing it.
- If you are weak or dizzy, move slowly and carefully, and use the handrails when you go up or down stairs.
- If you fall, let your provider or nurse know, even if you don’t get hurt.



Changes in your Mouth, Throat, or Lips

Some chemotherapy treatments may cause discomfort, pain, sores, and changes in and around your mouth. You may have any, all, or none of the following:

- Dry mouth
- Changes in taste or smell
- Infections of your gums, teeth or tongue
- Higher sensitivity to hot or cold foods
- Redness or sores in your mouth



Mucositis Photo courtesy of Pain Research Center at the University of Utah, painresearch.utah.edu

Ways to manage changes in your mouth, throat or lips

- If possible, get a dental exam and any dental work done two weeks before starting chemotherapy treatments.
- Check your mouth and tongue every day.
- Tell your nurse or provider if you have any changes in your mouth.
- Keep your mouth moist and sip water throughout the day, suck on hard candy or ice chips, or chew gum (sugar free with Xylitol).
- Brush your teeth with a soft toothbrush or cotton swab if brushing is painful. Toothbrushes should be changed at least every three months.
- Avoid “whitening” toothpastes as they can irritate gums and damage teeth. Some good options include Biotene, CloySYS, Sensodyne, or Tom’s of Maine.
- If you use mouthwash, use only an alcohol-free mouthwash. Some examples include Act, Crest ProHealth, Biotene, Tom’s of Maine or CloySIS.
- Flossing cleans areas impossible to reach by brushing alone. If you floss now, continue to do so! However, if you do not floss now, check with your oncologist or dentist before starting.
- If you wear dentures (false teeth), make sure they fit well and are kept very clean.
- If you have mouth sores or painful gums, do not wear your dentures.
- If your mouth is dry or sore, you may use a mouth rinse made with one teaspoon of baking soda and one half teaspoon of salt mixed in four cups of water. Rinse mouth as needed. If this is painful, you may leave out the salt. Make a new mouth rinse every day.
- If your mouth is still painful, your provider may have other mouth rinses available.

Be careful what you eat when your mouth is sore

- Eat foods that are moist, soft, and easy to chew or swallow.
- You can use a blender to puree foods if this makes them easier to eat.
- Avoid eating hard or spicy foods like chips, crackers, hot sauce or citrus fruits (oranges/ lemons), because these foods can make your mouth feel worse.
- Suck on ice chips or popsicles (unless you have a cold food restriction).

- Ask your provider for ideas for foods that are easy to eat.
- Using tobacco products is not recommended. This includes cigarettes, pipes, cigars, and chewing tobacco.
- Drinking alcohol is also not recommended if your mouth is sore or has lesions.

Hair Loss

- Hair loss is also called alopecia.
- Only some treatments cause hair loss. Talk to your provider to find out if you should expect to lose your hair.
- Hair loss means you might lose hair from any part of your body, including your head, face, arms, legs, and private areas.
- You may lose all of your hair, have thinning hair, or you may not lose your hair at all.
- Hair loss is dependent on the type of chemotherapy treatment you receive.
- Once your treatment is finished, your hair will usually grow back in 2-3 months.

Ways to manage hair loss

- Talk with your provider to find out if you might lose your hair.
- Be gentle when you wash your hair. Use a mild shampoo, like baby shampoo. Dry your hair by patting (not rubbing) it with a soft towel.
- You may feel more in control of your hair loss if you cut your hair short or shave your head before starting treatment.
- If you have long hair, you might want to have your hair made into a wig.
- If you have long hair, you might want to donate it to Locks of Love, a non-profit charity that helps provide wigs for children under the age of 21 who suffer from hair loss due to a medical problem.
- Your insurance might pay for a wig.

We recommend not using items that can hurt your scalp or damage your hair, like:

- Straighteners or curling irons
- Brush rollers or curlers
- Electric hair dryers
- Hairsprays or dyes
- Products to perm or relax your hair

If you lose your hair

- Protect your scalp. Consider wearing a hat, scarf, bandana, or wig.
- Avoid places that are very hot or cold.
- Always use sunscreen on exposed skin, including your head.
- A satin or silk pillowcase might be more comfortable to sleep on than a cotton pillowcase after you lose your hair.

Lymphedema

Lymphedema is swelling of one area of the body, such as an arm or a leg. It is caused by damage to the lymphatic system, which is a part of your immune and circulatory system. It is important to check for lymphedema because early treatment can reduce or prevent chronic swelling. Early and proper treatment can improve quality of life. Breast cancer patients should expect to be checked for lymphedema at each visit to their oncology provider.

How do we assess for it?

- Both arms should be measured at each visit to your oncologist or surgeon.
- Your hand and several places on your arm will be measured.
- You may also be measured at appointments for radiation therapy or with a physical or occupational therapist.
- We also ask that you tell us if you have any signs or symptoms.

What does it look like or feel like?

- Swelling
- Feelings of heaviness, tightness or pressure
- Feelings of tingling, numbness or pins and needles
- Lowered ability to move arm
- Increase in size of an arm, leg or other area of your body
- Recurring infections in affected arm or leg
- Hardening or thickening of the skin of the affected arm or leg



What causes it?

- Cancer
- Cancer treatment medications
- Surgery, including biopsies, lymph node removal
- Radiation
- Trauma, including blood pressures, blood draws, or IV starts on the affected arm

When might it occur?

- Never
- It may be present before treatment begins
- During treatment
- Months or years after treatment

What is next?

- It is important to remember that if lymphedema develops, it is treatable.
- You may need be referred to a lymphedema specialist, physical therapist, and/or an occupational therapist.
- The Presbyterian Healthplex provides many supportive services for lymphedema.
www.phs.org/doctors-services/services-centers/supporting-services/Pages/healthplex.aspx
6301 Forest Hills Dr. NE, Albuquerque, NM 87109, (505) 823-8399

Changes in Skin and Nails

Some changes may include:

- Itching, dryness, redness, rashes, and peeling.
- Acne.
- Your veins may look darker with some chemotherapy treatments.
- Many people become more sensitive to the sun, even people with dark or very dark skin.
- Your nails may become dark, yellow, or become brittle or cracked.
- Sometimes nails may loosen and fall off, but new nails will grow back.

Ways to manage skin changes

- Take quick showers or sponge baths instead of long, hot baths.
- Pat (do not rub) yourself dry after bathing.
- Wash with mild, moisturizing soap.
- Put on cream or lotion while your skin is still damp after washing.
- Do not use perfume, cologne, or aftershave lotion that has alcohol.
- Take a colloidal oatmeal bath (special powder that you add to the bath) when your whole body itches.
- Certain kinds of acne-type rashes are a side effect of chemotherapy treatments, so talk about any skin changes with your provider.

Ways to manage sensitivity to the sun

- Limit direct sunlight exposure because you may be at a higher risk for sunburns.
- Use sunscreen with SPF 15. If your skin is fair or light, you might want to use a sunscreen with at least SPF 30.
- Keep your lips moist with a lip balm that is SPF 15 or higher.
- Consider wearing light-colored pants, long-sleeved cotton shirts and hats with wide brims.
- Do **NOT** use tanning beds or sunbathe.

Ways to manage nail changes

- Wear gloves when you wash dishes, work in the garden, or clean the house.
- Let your provider know if your fingers around the nails are red and painful.



Photo courtesy of The New England Journal of Medicine, www.nejm.org

Hand and Foot Syndrome

- Affects the skin of the palms of your hands and/or the soles (bottom) of your feet
- Is also called Palmer-Planter Erthrodysesthesia (PPE)
- Talk with your provider, nurse or other healthcare team member if you have any of the following changes in the skin of your hands or feet:
 - Numbness, tingling, or “pins and needles” feeling
 - Tenderness or increased sensitivity to heat
 - Burning sensation
 - Redness
 - Swelling
 - Blistering
 - Dry and/or cracked skin
 - Peeling and/or flaking of skin
 - Skin feeling thicker or is thicker than normal for you

If any of the changes above affect your ability to do any tasks including: going to work, taking a bath or shower, or doing other activities around the house, **stop taking your cancer treatment medication and call your provider immediately** so they can help with your symptoms.

Examples of Hand and Foot Syndrome



Grade 1 – Mild Reaction



Grade 2 – Moderate Reaction



Grade 3 – Severe Reaction

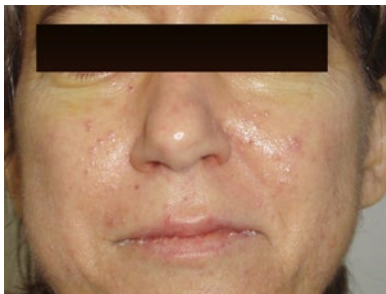


A moderate to severe reaction is a cause for concern and your chemotherapy dose may need to be adjusted.

Rashes Caused by Medications Used to Treat Your Cancer

- Some cancer treatment medications may cause a rash to develop.
- This rash is not an allergic reaction.
- The rash is most often seen on the face, scalp, neck, upper chest, arms or back.
- The rash can make your skin feel:
 - Itchy, especially on your scalp (head)
 - Tender
 - Burning or warm, like a sunburn
 - Dry, flaky, or peeling
 - An acne type rash

Examples of rashes caused by cancer treatment



Grade 1 – Mild Rash



Grade 2 – Moderate Rash



Grade 3 – Severe Rash



Rashes may occur for reasons other than your cancer treatment. If you have a rash in your groin, under your breasts, or in the armpit area, this may be a different type of rash that may need to be treated differently. It is important to report a rash that is getting worse to prevent a severe form called Steven's Johnson Syndrome that can be life threatening.

Ways to manage changes in your skin, such as a rash or hand and foot syndrome

- Wear gloves when you wash dishes, work in the garden, or clean the house.
- Let your provider know if your fingers around the nails are red and painful.
- Use sunscreen with a SPF of at least 30. Using sunscreen that is safe for babies may be the easiest on your skin.
- Use sun protection, such as hats, long sleeved shirts, and pants.
- Keep skin moist, including palms of hands and soles of feet, with an alcohol-free cream or lotion such as Aveeno or Eucerin cream.
- If you have itching that is not helped by moisturizing cream, please discuss other options with your provider.
- Wash your skin with very mild soap, such as baby shampoo, if needed.
- Wear gloves to avoid irritating the palms of your hands.
- Do not use alcohol-based hand sanitizer if your hands are tender or red.
- Wear comfortable shoes, such as tennis shoes, with padded insoles.
- Do not use any medications, soaps or creams used to control acne.
- If your rash is painful or looks like shingles, notify your provider as you may need to treat the rash differently.

Shingles

- Cancer treatment may increase your risk of developing shingles.
- Shingles can occur in anyone who has had or has been exposed to chicken pox.
- Shingles is a rash, usually with blisters that usually only occurs on one side of the body; for example, on just the right side or left side of your body. However, it is possible for the rash to occur anywhere.
- Other signs of shingles include pain, burning, tingling, or numbness in the area around the rash.



Anxiety and Depression

Cancer causes major changes in your life and sometimes in the lives of the people around you. It is normal to feel depressed, anxious, angry, or scared during your treatment. The stress of being diagnosed with cancer and receiving treatment can cause powerful emotions. Some medications can cause chemical changes in your brain. These chemical changes and the stress of cancer treatment can cause depression.

Depression is not a weakness. It is a condition that can be treated. Tell your provider about any mood swings or emotional changes you have. Your provider may prescribe a medication for your depression or change a medication you have already been taking. Counseling or therapy can also help. Sometimes it is easier to talk to someone who is not in your circle of friends and family.

Cancer survivors say that it is a mistake to try to go through the cancer experience alone. Keep close friendships with people who are caring and supportive. You will need all of your emotional strength to fight cancer. You need friends who will let you be yourself and who can help you relax. Cancer support groups are a great source for friendship. Your social worker, nurse, or chaplain can give you information about local support groups near you. Do not be afraid to ask your family, friends, and healthcare providers for support. With their help, you can reduce and manage the physical and emotional side effects of chemotherapy treatments.

Memory, Attention and Concentration

Some patients might have changes in memory, attention, concentration and other changes during chemotherapy treatment. This is often called “chemo brain.”

Mental changes may be caused by any of the following:

- Chemotherapy
- Radiation to the brain
- Other medications used in your cancer treatment
- Anxiety or depression
- Low blood counts

Ways to manage these mental changes

- Avoid distracting situations when you can.
- Avoid doing more than one thing at a time (don't multi-task).
- If you don't understand, ask people to repeat what they said.
- Keep a daily organizer or journal.
- Write down any information you will need to remember.
- Get plenty of sleep.
- Exercise your mind by playing word games or other activities that help focus your mind.
- Exercise your body.

Infertility (inability to have children)

Infertility is often a major concern for both men and women who have treatment for cancer. Infertility is a problem with a woman's ability to become pregnant or problems with a man's ability to get a woman pregnant.

Causes of infertility

- Cancer treatment drugs, depending on the drug, dose, and how many treatments you receive.
- Cancer treatment drugs may cause the start of menopause or damage to ovaries in some women.
- Radiation to the lower abdomen (stomach), pelvis, or genitals.
- Cancer-related surgery, including removal of the uterus, ovaries, prostate gland, testes or damage to any of the male or female reproductive structures.

How to avoid infertility in women

- If possible, ask your provider to carefully look at which drugs you are taking. Some cancer treatments have a lower risk of causing infertility.
- The risk of fertility issues is lower for women in their 30s than women over 40.
- Younger women are usually able to have more chemotherapy without signs of temporary or permanent menopause.
- Women can store and retrieve their fertilized eggs for pregnancy later.

How to avoid infertility in men

- Men can donate and freeze their sperm (sperm banking).
- Sperm banking should be done before chemotherapy treatment begins.
- Sperm donations are frozen and may be stored up to 50 years without any damage.
- Covering the genital area during radiation therapy may help preserve delicate tissue.

Sexuality and Pregnancy for Cancer Patients

Can you receive treatment for cancer while pregnant?

- Yes, but the choices in medications, doses, and schedule may be different if you are pregnant.
- If you are pregnant and choose to continue your pregnancy, talk about your treatment options with your provider.

Can I become pregnant or get my partner pregnant during treatment?

- It is possible to conceive a child during chemotherapy, but it should be prevented.
- Prevention of pregnancy during cancer treatment is very important, because of a higher risk of birth defects, stillbirths, and miscarriages.
- It is important that you do not become pregnant while receiving cancer treatments.
- It is important that you do not cause your partner to become pregnant if either of you are receiving cancer treatments.

Methods of birth control

- For both men and women, we recommend that you use at least two types of birth control, such as condoms and spermicide.
- Using a diaphragm and a condom may be acceptable. Talk about this with your provider.
- Intrauterine devices (IUDs) are often discouraged because you have an increased risk of infection if you use one during treatment.
- Hormone birth control, including most birth control pills, may not be right for you. Talk with your provider to see if you have a hormone sensitive tumor.
- If you do not believe in birth control due to your religion or culture, talk about your options with your provider.
- Talk to your provider about how long you should use birth control after you finish cancer treatment. It is often recommended that birth control should be used for at least one year after your treatment is over.

Safe sex

- You may have sex if you and your partner desire to during your treatment.
- A woman may need a lubricant during and after treatment.
- If you choose to have sex, we recommend that you use a condom for two weeks after your treatment.
- Use a condom to decrease the risk of chemotherapy exposure to your partner.
- If a woman has symptoms of a yeast infection, including itching, burning, or thick white discharge, she should report it to a provider as soon as possible.
- If a man or a woman has signs of any type of infection in their genital area, they should talk with their provider as soon as possible and before having sex.
- You and your partner can cuddle and kiss if you want to during your treatment.

For more information, ask your healthcare provider or visit the American Cancer Society's website at www.cancer.org.

Treating Common Side Effects During Chemotherapy (Cancer) Treatment

For Pain or Fever

Tylenol (acetaminophen) 325 mg or 500 mg pills for headaches, pain, or body aches. Follow the directions on the bottle for how much to take unless your provider tells you how much to take. If you have a fever of 100.5 degrees or higher, call the clinic before you take Tylenol.

For Diarrhea

Imodium (loperamide) 2 mg pills. Follow the directions on the bottle for how much to take unless your provider tells you to take a different dose. With some cancers or chemotherapies, you might need to take larger amounts of this medication than are recommended on the bottle. Please call your provider before starting loperamide because your provider may want to check for an infection.

For Constipation

Miralax (polyethylene glycol). Follow the directions on the bottle for how much to take unless your provider tells you how much to take.

Colace (docusate sodium) or Senna pills. Colace will make your bowel movements softer and Senna helps them move. You can take these two medications together. You can also take Senna-S instead, because this pill has both medications in the same pill. Follow the directions on the bottle for how much to take unless your provider tells you how much to take.

Food and Drinks

Some people find it very helpful to have easy to swallow foods. You will need to make sure that you are drinking enough water or other drinks. Alcohol is discouraged.

Drink Ideas: Sports drinks like Gatorade, PowerAde, or Vitamin Water. Juices like apple juice, grape juice, Infusion V-8. Clear carbonated drinks like Sprite, ginger ale, 7UP, or soda water. Black tea, green tea or herbal teas of any flavor you choose.

Food Ideas: Chicken soups, pureed soups, cream soups, bread or tortillas, rice, mashed potatoes, noodles, pastas.

Ginger may be helpful in treating or preventing nausea; ginger tea, ginger ale, ginger snaps or ginger candy.

Supportive Services



Nutrition (Diet) Services

Nutrition plays a big role throughout your cancer treatment. We can help patients with nutrition or food-related questions and concerns. Our registered dietitian can evaluate and assess your individual needs based on your diagnosis and other conditions that may affect the type of nutritional therapy that is appropriate during your therapy course. The internet has a lot of information about diet and nutrition during cancer treatment, but this information might not be right for you based on your type of cancer. At Presbyterian, we believe our patients deserve nutritional advice to help them with their treatment and healing.

Some of the nutrition and diet issues we can help with are:

- The right foods to eat during treatment
- Helping you manage side effects from your treatment
- Weight loss or weight gain problems
- Nutritional supplements and potential interactions with therapy and prescribed medications
- Phytochemicals (good chemicals found in fruits and vegetables)
- Specialized diets
- Calorie, protein, and fluid needs
- Laboratory tests
- Helping you monitor your nutritional goals

Recommended Reading:

- ***Eating Hints*** (The National Institutes of Health) available at 1-800-4-CANCER or at <http://www.cancer.gov/cancertopics/coping/eatinghints>
- ***What to Eat During Cancer Treatment: 100 Great-Tasting, Family-Friendly Recipes to Help You Cope*** – Free from the local American Cancer Society (www.cancer.org)
- ***Betty Crocker Living with Cancer Cookbook***
- ***One Bite at a Time: Nourishing Recipes for People with Cancer, Survivors, and their Caregivers*** (Available in some bookstores and online)
- ***The New American Plate*** (The American Institute for Cancer Research)
- ***The Great American Eat-Right Cookbook*** – Available for purchase from the American Cancer Society (www.cancer.org)
- ***The American Cancer Society's Healthy Eating Cookbook*** (www.cancer.org)

If you are in the hospital during your chemotherapy treatment, you can ask to talk to an inpatient dietitian. They can help you plan your diet and nutrition for when you go home. If you are not in the hospital, you can make an appointment with an oncology (cancer) dietitian at Presbyterian Radiation Oncology at (505) 559-6100. There is no charge for nutrition appointments.

Nurse Navigation Services

Depending on the type of cancer you have, you may be paired up with a nurse navigator to help you during your cancer journey. This person can help you with everything from coordinating your care at the time of your diagnosis, to helping you to understand what your diagnosis means and what to expect.

Quality of Life Navigator

A quality of life navigator helps cancer patients who need guidance or who have late stages of cancer. They can also help you with advanced directives and medical power of attorney decisions.

The Presbyterian Healthplex

The Healthplex offers many services and classes in a cancer rehabilitation program.

These services include:

- Physical therapy*
- Occupational therapy*
- Speech therapy*
- Lymphedema therapy*
- THRIVE**

The Healthplex is located at 6301 Forest Hills Drive NE (near I-25 and San Antonio) in Albuquerque.

**These therapies are provided by certified specialists and may be covered by insurance.*

***THRIVE may not be covered by insurance, but is affordably priced. It is specifically designed for cancer patients and survivors and run by staff specially trained in caring for cancer patients.*

Behavioral and Emotional Health Programs

Cancer patients and their families often need help with their emotions. We want you to be able to enjoy life. This means balancing having cancer with the rest of your obligations. In the cancer clinic, we are here to help you. To reach one of our staff, please call the clinic at (505) 559-6100.

Our experienced team includes:

- Social Workers
- Chaplains
- Palliative/Supportive Care Providers
- Psychologist
- Quality of Life Navigator

We want to meet your emotional needs. We offer many types of support. Some options include group or individual therapy. You may also just want to talk with someone about your concerns. If you are a member of the Presbyterian Health Plan, you can call (505) 923-5221 to make an appointment. If you are unsure of what kind of insurance you have, please call (505) 291-5300 for more information.

Social Work

Social work is the art of helping patients and families deal with life's changes. For cancer patients, social workers help patients with all concerns related to a cancer diagnosis. Social workers focus on the non-medical concerns of cancer. We focus on your needs and concerns. Social work supports the cancer patient and their family. We are here to help you!

We can support and help you deal with life changes, including:

- Transportation needs
- Other Financial needs
- Housing, if from out of town
- Dealing with depression or anxiety
- Emotional support
- Family support
- Support groups
- Coping skills
- Sexual changes
- Dealing with grief and loss



Support Groups

There are many support groups available to cancer patients. Some groups meet at the Presbyterian Kaseman Hospital Cancer Center or Ted and Margaret Jorgensen Cancer Center at Presbyterian Rust Medical Center. Please check offerings in the calendars for monthly events. Ask a social worker for a listing.

Other resources include:

- **Renegades - Taking Charge:** a blood disorder group facilitated by a social worker together with the Leukemia & Lymphoma Society that provides a "family style" support group. The group includes leukemia, myeloma and lymphoma. Call (505) 291-2006 or visit www.LLS.org for more information and registration.
- **Head And Neck Cancer Support Group:** Facilitated by a social worker. Contact a social worker or see calendar for details.
- **American Cancer Society:** Offers online support groups at www.cancer.org.

High Risk Cancer Clinic

Today, people who are at high risk for developing various types of cancer can face their futures with less fear of the unknown. The High Risk Cancer Clinic is here to help. We can provide education and guide you to receive the best care possible. This is called a personalized care plan. With the most current information about breast cancer, we can help you to take steps toward prevention and early detection.

Most patients come to the clinic after a routine screening. This is because of the history you filled out when your screening was done. Patients can also call to set up a visit. Your visit will include:

- A screening using a standardized risk assessment tool
- A breast exam, if needed, and instruction on how to do breast exams at home
- Discussion of your risk assessment results and what the next steps may include.
 - Referrals for additional testing or genetic testing (if you have certain risk factors, this testing provides the best level of information for finding cancer early and improved survival).

You may be at higher risk for cancer if you or a family member:

- Have a history of breast cancer in more than three family members
- Have family or personal history of ovarian (not cervical), uterine, colon, aggressive prostate, pancreatic or male breast cancer
- Personal history of breast cancer before age 45 or breast cancer in both breasts
- Are of Ashkenazi Jewish heritage or Colonial Hispanic heritage
- Family or personal history of previously identified genetic mutation

Screening Tools for Measuring Distress

Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

NO DISTRESS 0 1 2 3 4 5 6 7 8 9 10 EXTREME DISTRESS

Please indicate if any of the following has been a problem for you in the past week including today. Be sure to check yes or no for each.

YES NO PRACTICAL PROBLEMS

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

YES NO FAMILY PROBLEMS

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

YES NO SPIRITUAL/RELIGIOUS CONCERNS

-

YES NO EMOTIONAL PROBLEMS

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

YES NO PHYSICAL PROBLEMS

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea

YES NO

- Eating
- Fatigue
- Feeling swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

OTHER PROBLEMS: _____

1. Can we assist you with any concerns checked? YES NO

2. If yes, please indicate to which Presbyterian Cancer Network resources you may be interested in being referred:

- Cancer Rehabilitation/Exercise
- Dietician
- Nurse Navigators

- Oncology Medical Social Workers
- Spiritual Support/Chaplain
- Palliative Care
- Financial Advocate
- Community Resources Navigator
- Counseling
- Cancer Research (Clinical Trials)
- Genetic Counseling/ High Risk Clinic

- Supportive Care (Children and Family Services)
- Support Groups
- Special Need/ Disability Accommodations

3. If we cannot follow up with you today, what is the best way to contact you? _____

Patient Signature Date

Reviewed by Staff Member Date

I decline to complete this form.

Financial Assistance

Our staff can help patients who need financial assistance. Programs are available through our social workers and financial advocates.

Resources to assist patients are available for transportation, Medicaid and other support services. There are more programs based on special needs due to the cancer diagnosis. Individual insurance companies will be able to respond to this request. Ask a social worker for any other programs available.

Transportation Assistance

Special programs exist. Please ask a social worker for assistance.

- Centennial Care patients can use their insurance to receive free transportation. Please call “member services” on your insurance card or ask a social worker to assist you.
- **American Cancer Society:** Road to Recovery program, 1-888-227-6333
- **Catholic Charities:** Volunteer drivers for patients age 55 and older, (505) 724-4659
- **Department of Senior Affairs:** For patients over the age of 60. This service requires at least one week’s notice and can be reserved by calling (505) 764-6400.
- **Safe Ride Services:** For patients on Medicaid, 1-800-797-7433 or (505) 923-5200.
- **Sun Van/Mini Ride:** Rides for mobility-impaired people living within Albuquerque and most of Bernalillo County. Handicap certification is required. Wheelchair capable. Please contact them at (505) 724-3100 or ask for assistance from a social worker. For more information, visit <http://www.cabq.gov/transit/paratransit-service/sun-van-eligibility-requirements>.
- Transportation assistance to the Ted and Margaret Jorgensen Cancer Center at Presbyterian Rust Medical Center:
 - Rio Metro (for Rio Rancho Residents only) (505) 994-1608
Door-to-door transportation for persons with disabilities, 18 years and older, and individuals 55 years of age and older. Service within City of Rio Rancho and Albuquerque (www.riometro.org or www.nmrailrunner.com.org/access/paratransit/rio-rancho).
 - Sandoval County Easy Express (505) 994-1608
Rural public transit service within Sandoval County, the Town of Bernalillo, the Enchanted Hills neighborhood in Rio Rancho, and communities located along New Mexico 4, New Mexico 22 and U.S. 550 (www.riometro.org).
 - Sandoval County Senior Program (505) 934-8774
Van transportation service for medical appointments.

Lodging Assistance

Please contact a social worker, as discount and lodging resources exist.

- Casa Esperanza
10005 Yale Blvd. NE, Albuquerque, NM 87106
(505) 246-2700 or www.casaesperanzanm.org

Home Healthcare

Presbyterian Healthcare at Home services provide medical visits in patients' homes. If you are receiving visits, our team will closely monitor your condition and will let your provider know about the progress you are making. We will let you know about any questions or concerns your provider has regarding your care. Your provider may also make recommendations for your treatment. Home healthcare helps patients and their families learn how to provide themselves the best care possible. It helps you manage your medical needs and stay home, instead of in the hospital.

Home healthcare services might be covered by your health insurance. Your coverage is based on your medical need and your insurance plan. Home healthcare services must be prescribed by your provider for your insurance to pay for treatment. For more information, please contact Presbyterian Healthcare at Home and Hospice at (505) 559-1000.

Hospice Care

Hospice care is for patients who are not expected to live for more than six months. Usually, it is for patients who are no longer receiving treatment for their cancer. Hospice care helps patients and their families receive excellent end-of-life care and to help prepare for death. Presbyterian Healthcare Services offers several hospice care options for patients. If you are interested in learning more about hospice care, please ask your provider, nurse, or social worker.

Other Supportive Services

American Cancer Society's Look Good, Feel Better Program

Look Good, Feel Better is a community-based, free program for patients who are being treated for cancer. This program teaches cancer patients beauty and grooming tips to help them feel better about how they look during chemotherapy and radiation treatments. Classes are small and teach patients about makeup, skin care, and nail care. They also teach patients ways to deal with hair loss and teach them to use wigs, turbans, hats, and scarves. Every woman gets a free makeup kit to use during and after the class. For more information about the Look Good, Feel Better program, ask your nurse or social worker. Look Good, Feel Better also offers self-help materials. Free self-help items can be ordered through the Look Good, Feel Better toll-free number: 1-800-395-LOOK (1-800-395-5665). More information is available at www.lookgoodfeelbetter.org.

Cancer Care Resource Centers

Our Cancer Care Resource Centers (CCRCs) are a community project of the Presbyterian Healthcare Foundation. Through the generosity of donors, we are able to provide our services and resources to all cancer patients, and the people who support them, at no charge.

Staffed by CCRC volunteers, we assist women who are in active treatment with wig fittings and work with those who've had a mastectomy to schedule special bra and prosthetic fittings. We also offer comfort items such as pillows, blankets, and hats. Our volunteers are able to provide helpful and

trustworthy information about cancer and community services such as transportation, workshops, and support groups. For more information, please call one of our locations: Albuquerque, (505) 559-6147 or Rio Rancho, (505) 253-1274.

Palliative/Supportive Medicine

Palliative medicine provides an extra layer of support to you and your family. Palliative medicine can help if you have a serious illness. This care can provide you with relief from symptoms like pain and nausea. Palliative care can be helpful no matter how old you are or how sick. You can still receive treatment for your cancer. The goal of palliative care is focused on your comfort and quality of life. We are here to help you feel better.

Our palliative care team is available if you need help with:

- Managing your symptoms
- Managing your emotional and spiritual needs
- Understanding your treatment and care options
- Planning for end-of-life care
- Helping you to complete an advance healthcare directive

Cancer Registry

Have you ever wondered where the information you learned about your diagnosis comes from? Much of this data may have been collected by a cancer registrar. A cancer registrar is a person who is trained to collect data about cancer patients. This data includes: the type of cancer you have, how it was treated, and the outcome of the treatment. Cancer registrars may work in many different settings. They manage a large amount of data on every cancer diagnosis. This data is collected from the time a patient is diagnosed through "survivorship." It contributes to what we know about your disease today. Cancer registries are dedicated to maintaining the most up-to-date information. You may receive a follow-up call from one of our registrars. You may be asked about the status of your cancer and treatment.

The American Cancer Society

1-800-ACS-2345 (1-800-227-2345)
In the Albuquerque area (505) 260-2105
www.cancer.org

Cancer 101- Basics for the Diagnosed

(646) 638-2202
www.cancer101.org

The National Cancer Institute

1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

NM Department of Health

Comprehensive Cancer Program
505-222-8613
www.cancernm.org

New Mexico Cancer Care Alliance

505-272-7813
www.nmcca.org

The Leukemia & Lymphoma Society (NM)

505-872-0141
www.lls.org

Patient Journal



These pages will help you keep track of your side effects, appointments, questions, and any other information you want to discuss with your healthcare team. Remember to talk to your nurse or provider before you make any changes in your treatment plan. Bring your journal with you to all of your appointments to help you remember things that you want to discuss with your nurse or provider. It is also a good place to make notes after your appointment. You can make copies of these pages if you need more room or you can use a separate journal.

Risk Factors

Some patients have a higher risk of low blood counts than others, because they have certain health conditions. Place a check mark below and tell your provider or nurse if the answer to any of the following questions is YES:

- Have you ever had chemotherapy?
- Have you ever had radiation therapy?
- Have you ever had low red blood cell, low white blood cell, or low platelet counts?
- Do you have high blood pressure?
- Have you ever had a blood transfusion?
- Do you have a heart condition or heart disease?
- Do you have a lung condition or lung disease?
- Are you 70 years old or older?
- Do you currently have any infections?

To Help Prepare for Your Appointment

- Write down your questions for your provider or nurse.
- Bring a family member or friend for support and another set of ears.
- Take notes during your appointment.
- What symptoms are you having? Be prepared to explain your symptoms to your provider or nurse.
- How bad are your symptoms and how often do you have them?
- What are you doing that helps these symptoms?
- Does anything make them worse?
- Ask for information about your treatment plan, your blood counts, and ways that you can help to make sure your treatment goes well.

Patient Journal – Part 1

You can make copies of these pages if you need to or you can use a separate journal.

Questions for your provider or nurse

1. _____
2. _____
3. _____
4. _____
5. _____

Place a check mark in the box each day that you have any of the symptoms listed below.

If you have any symptoms on the list on page 6 or any severe symptoms, call your provider or nurse immediately.

WEEK OF:	SUN	MON	TUES	WEDS	THUR	FRI	SAT
How you look							
Nose bleeds							
Bleeding from gums or mouth							
Small purple or red spots on skin							
Easy bruising							
Blood in vomit or bowel movements							
Swelling of hands/feet							
How you feel							
Trouble breathing (shortness of breath)							
Fatigue (tiredness)							
Cold/chills							
Dizziness							
Diarrhea							
Flu-like symptoms							
Cough or sore throat							
Bone pain							
Nausea							
Vomiting							
Fever over 100.5° F							
Other							

My Treatment Vocabulary

Words, Phrases and What They Mean

Adjuvant therapy – this is treatment that you have with your primary therapy. Adjuvant chemotherapy is used when there is no sign of cancer after surgery, but there might still be cancer cells in the body.

Alopecia – hair loss

Anemia – low red blood cell or hemoglobin count

Antiemetic – medications used to prevent or treat nausea and vomiting

Benign tumor – a tumor that is not cancerous

Biological (Biotherapy) therapy – a cancer treatment that uses the body's defense (immune) system to fight cancer. It includes immunotherapy, gene therapy and some targeted therapies.

Biopsy – removal of a very small amount of tissue to examine under a microscope to check for cancer cells

Cancer – a disease that causes uncontrolled cell growth. These cells can spread to or take over nearby tissue. These cells can also spread through the blood and lymphatic system to other parts of the body.

Cancer of unknown primary – this is cancer that cannot be traced to where it started. This cancer is usually spread to lots of areas in the body.

Carcinoma – a cancer that starts in tissue that lines an organ or duct

Catheter – a thin, flexible tube that is inserted into the body to put in or take out fluids

Chemotherapy – drugs (medications) given to kill or control cancer cells

Clinical trials – carefully designed and supervised studies that involve patients. Clinical trials are designed to answer a specific medical or scientific question and to find better ways to prevent or treat cancer or improve care.

CT Scan (also called a CAT Scan) – “computerized tomography” uses x-rays to develop a three-dimensional (3D) picture of a part of the body

Edema – swelling

External radiation – radiation therapy using a machine located outside of the body to aim high-energy rays at cancer cells

Fine needle aspiration – using a very small needle to biopsy a tumor through the skin

Grade – a way to assess how quickly a cancer may grow based on how the cells look under a microscope

Hormone – a substance from an organ or gland that travels in your blood to other parts of the body where it has its effect

Hormone therapy – treatment that prevents certain cancer cells from getting the hormones they need to grow

Immune system – organs, cells and substances throughout the body that defend against anything foreign or harmful to your health

Immunotherapy – drugs (medications) that help your body's immune system to control or destroy cancer

Informed consent – agreement by the patient or their legal spokesperson to have tests, surgery, and/or other treatments. This agreement is signed after the patient knows and understands the risks, possible benefits and other treatment options.

Lymphedema – swelling caused by damage to the lymphatic system or lymph nodes by the cancer or by surgery, radiation, chemotherapy, or other treatments

Lymph nodes – small, oval organs found along the channels of the lymphatic system. Cancer cells may be found in the nodes, which are also called lymph glands.

Malignant – cancerous, cancer

Metastasis – the spread of cancer cells from one part of the body to another

MRI – “magnetic resonance imaging” uses a powerful magnet linked to a computer to create detailed pictures of areas inside the body

Nadir – When your neutrophil (part of your WBC) count is at its lowest point. The nadir is when you are at highest risk for getting an infection.

Neoadjuvant – is a treatment such as chemotherapy or radiation given to shrink a tumor before a treatment such as surgery

Nodule – lump, tumor or collection of cells that are either benign or malignant

Palliative care – treatment that helps relieve symptoms and helps you increase your quality of life

PET scan – “positron emission tomography” uses low-dose, radioactive sugar to determine the activity of cells in a tumor

Pre-certification – approval of coverage by insurance company for a specific treatment or medical service within a period of time

Prognosis – prediction of how well a patient might do

Radiation therapy – treatment with high-energy rays (x-rays) to kill cancer cells

Recurrence – when cancer comes back or reappears

Regression of cancer – when cancer gets smaller or partly disappears

Remission – when the signs and symptoms of cancer disappear

Stage – a classification of the extent of cancer. There are different staging systems for different cancers

Standard therapy – treatment that is routinely given because it has been shown to be effective and safe

Targeted therapy – a treatment that uses drugs or other substances (such as monoclonal antibodies) to identify and attack specific types of cancer cells with less harm to normal cells

TNM – “Tumor, Node, Metastasis,” a way for providers to “stage” certain types of cancer

Tumor – an abnormal mass of tissue that is either benign (noncancerous) or malignant (cancerous)

Tumor marker – a substance in blood or body fluids that might show that cancer is present in the body, even when a mass is not found. Not all cancers have tumor markers.

Ultrasound – a microphone-like device that sends sound waves. The sound waves bounce off of tissue in your body and create echoes. The echoes are converted into a picture (sonogram) shown on a monitor like a computer screen.

Supportive Care Calendar

Use these calendars to record your supportive care appointments as a reminder.

MONTH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

MONTH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

