



GETTING STARTED WITH TREATMENT

Updated June 2024

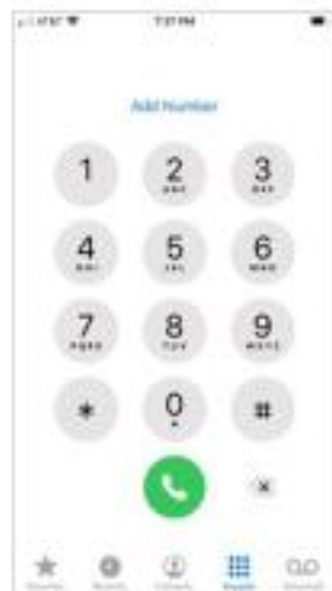
HOW TO CONTACT YOUR TEAM

We are here to help, and early intervention can help prevent complications.

Call the **main number** for your provider's office. This number is answered 24/7.

Listen carefully and select the most appropriate option:

- ① **Provider** or a **provider's office** calling
- ② **Scheduling and medical advice:**
 - Any appointment questions and/or questions regarding prescription, symptoms, or medical advice
- ③ **Billing Department**
- ④ **Direct extension:** NOT for patient use



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CANCER TREATMENT

Goals of treatment:

- Cure the cancer
- Control the cancer
- Relieve symptoms from the cancer

Plan of treatment:

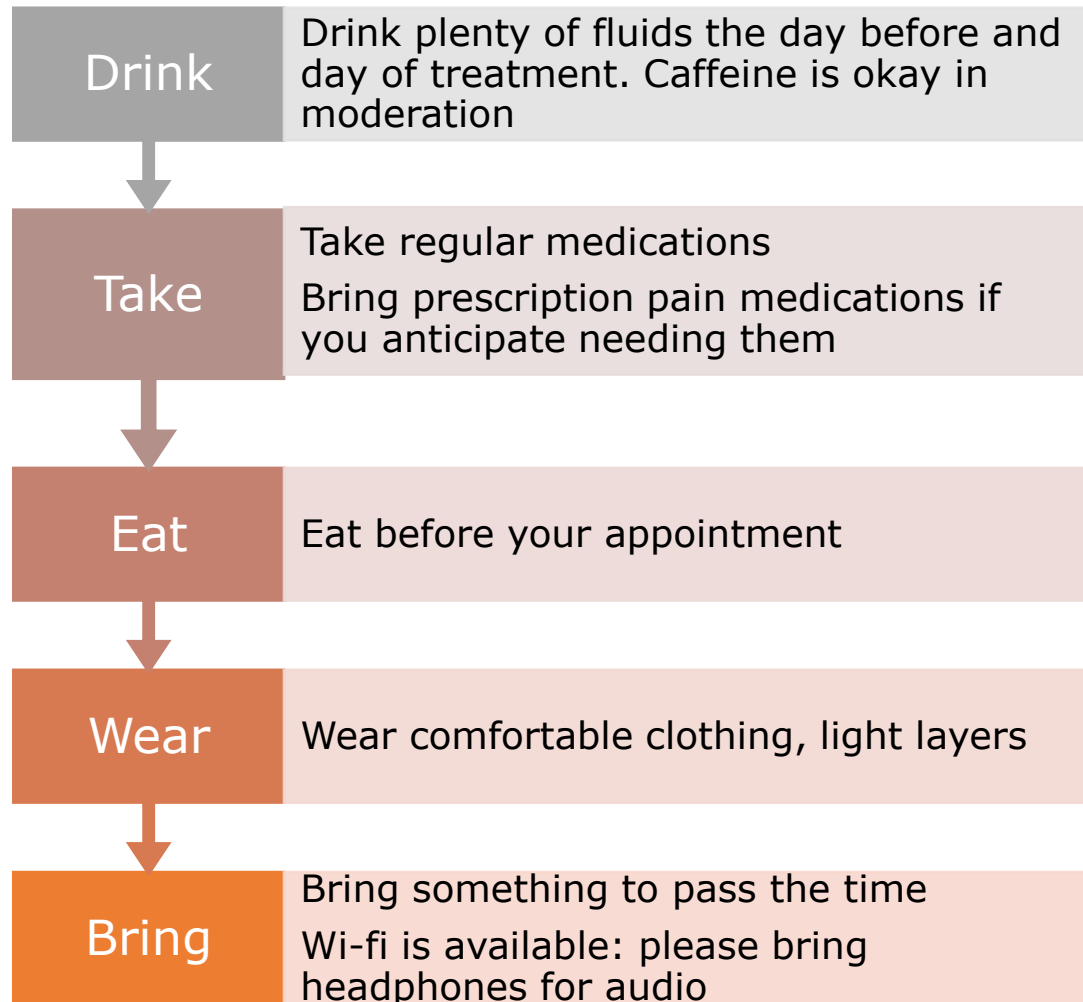
- Systemic therapy
- Surgery
- Radiation therapy

PREPARING FOR TREATMENT

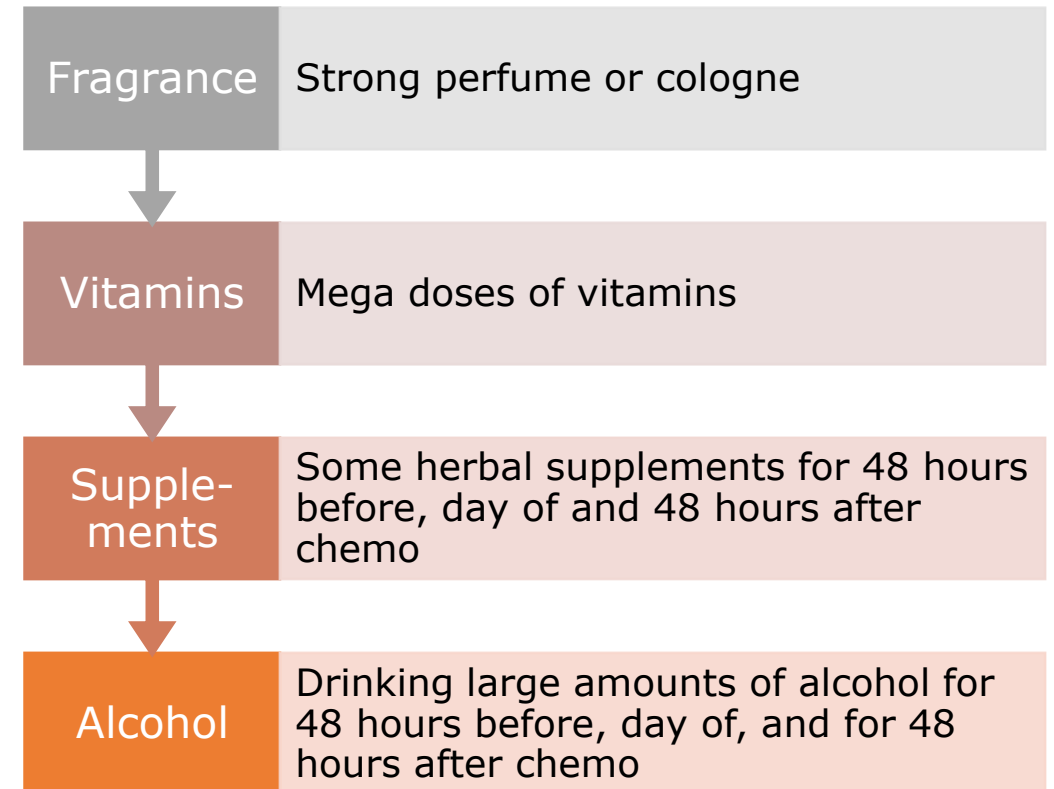
- Your doctor may order tests or procedures that need to be done prior to treatment.
- May want to get dental cleaning (if due) and/or a wig prior
- Labs, provider visit, and treatment will be set up; may not be same day
- Pick up items you may need post treatment
- Arrange transportation for 1st treatment.
- May have 1 visitor for your treatments. No one under 15 allowed in treatment room.
- If you arrive early or late, we may not be able to accommodate your change in schedule.

PREPARING FOR TREATMENT

Please Do...



Please Avoid...



My TREATMENT REGIMEN

- Treatment is given on a repeating pattern called a cycle.
- Day 1 is the day you start your cycle
- Some treatments require medication be given on multiple days within a cycle



My Treatment: Every ____days for ____ cycles

TREATMENT

Where do I get my treatment?

- Infusion suite at Compass clinic

What's the infusion suite like?

- Open room with other patients and their support person
- Sitting in a reclinable armchair (you may get up to use restroom)
- Warm blankets, snacks and beverages available

What happens in the infusion suite?

- Nurses will start IV or access port and do an assessment
- Once treatment order is verified, pharmacy will start to prepare drugs
- Once drugs are ready, nurse will administer treatment



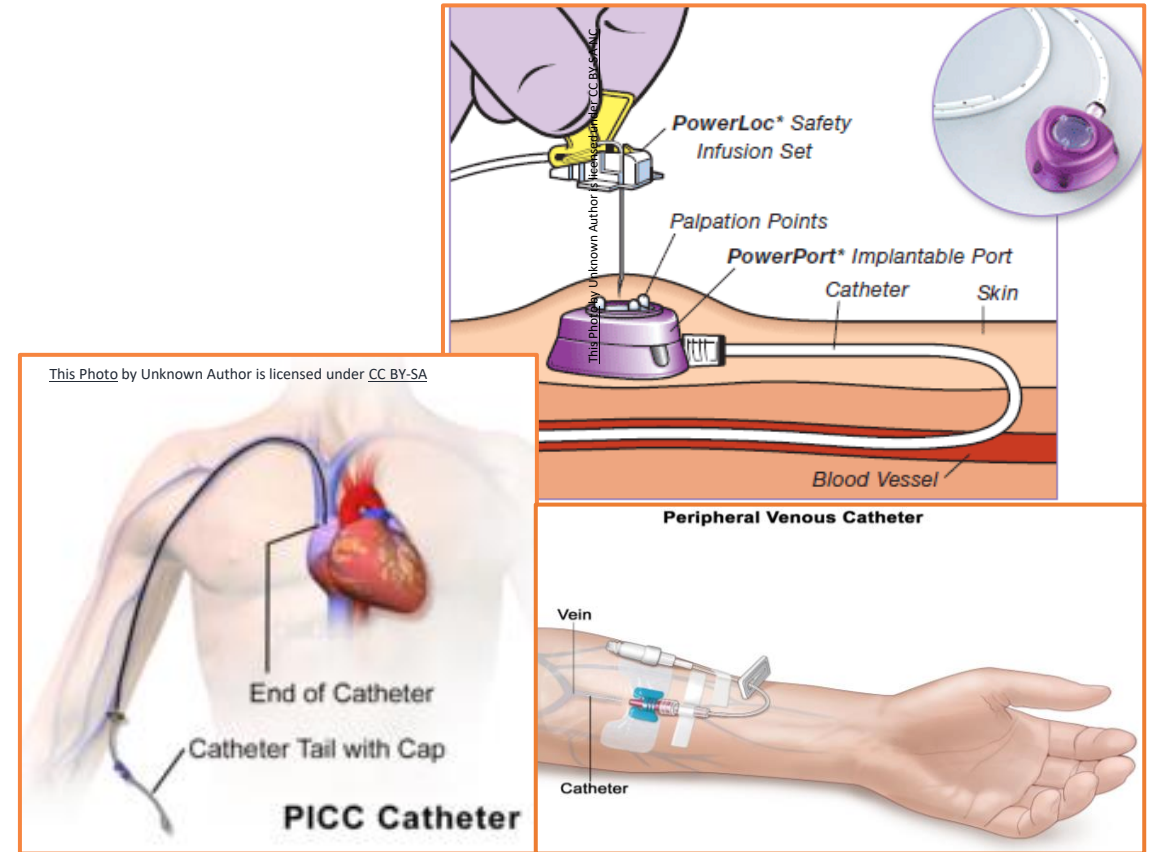
TREATMENT ADMINISTRATION

How is treatment given?

- Pill or Injection or Intravenous
- Intravenous given into the vessel through IV, Port or PICC

Who needs a Port or PICC?

- Required for some treatments
- Procedure to place
- PICC requires a weekly dressing change
- Used for labs and treatments



CHEMOTHERAPY SAFETY

What Happens?

- Chemotherapy enters the body, is processed and excreted out in bodily fluids over about 48 hours
 - Urine, stool, tears, saliva, vomit, and semen or vaginal secretions
- Caregivers or family members should avoid contact with these fluids

Precautions at home:

- For 48 hours post chemo:
 - Use separate bathroom if possible
 - Wipe toilet seat when done
 - Close the lid before flushing
 - Low pressure toilet → flush twice
 - Use a barrier method (condom) during sex
 - Always wash hands with warm water and soap after using toilet or contact with any body fluids

The nurses will be wearing gowns and gloves while handling chemotherapy



INFUSION REACTION

What is an infusion reaction?

- A strong immune response to a cancer medication
- It is NOT an allergic reaction

What medications have a risk for an infusion reaction?

- Paclitaxel, Docetaxel, Platinum agents, Doxil
- Certain targeted treatments and immunotherapies, early in course of treatment

What if I have a reaction during an infusion?

- Nurses will stop your infusion and assess your symptoms
- Nurse will collaborate with you doctor for rescue medication
- You may be given oral pre-medications before future infusions



TYPES OF TREATMENT

Chemotherapy

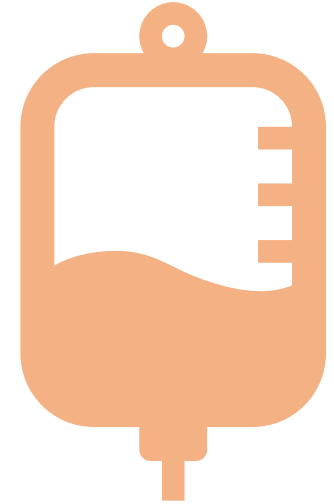
- Destroys cells by preventing their growth or multiplication
- Can affect “healthy cells” that grow quickly
 - This leads to side effects of chemotherapy

Targeted Therapies

- Some cancer cells express receptors
- Targeted therapies bind to those receptors for direct cell kill
- Side effects are dependent on target of the therapy

Immunotherapies

- Help the immune system recognize and attack cancer cells
- Side effects are related to over activation of the immune system



HAIR LOSS

Why does it happen?

- Chemo impacts fast growing cells including hair
- Each chemo impacts hair differently
 - Complete hair loss on your scalp
 - Thinning only
 - Facial hair, eyebrows, eyelashes

When does it happen?

- Usually starts 2-4 weeks after 1st treatment

Does it come back?

- Recovery starts about 8-12 weeks after last treatment
 - Hair may come back a different tint or texture
 - Okay to use light, non-toxic coloring rinse for first few months



Headwear resources

- Wigs, scarves, caps
- Paxman scalp cooling available
 - Visit www.coldcap.com if interested



SKIN CHANGES

Why does this happen?

- Skin cells grow fast, so can be affected by chemotherapy
- Some medications can irritate the skin leading to a rash or other skin changes at the infusion site
- Skin may be thinner, fragile, or more sensitive to products

Care guidelines:

- Daily cleansing with gentle products
- Apply gentle moisturizers and lotions
- Avoid skin care products that contain alcohol
- Pat skin dry, no rubbing
- Avoid sun exposure

What can be done about hand and foot syndrome?

- Can occur with 5FU, gemcitabine, doxil
- Palms of hands and soles of feet become reddened/tender, swollen
- Keep skin moisturized and away from exposure to heat
- Avoid exposure to chemicals
- Minimize friction to skin- wear socks with shoes



NAIL CHANGES

Why does this happen?

- May be related to neuropathy
- Certain chemos; paclitaxel and docetaxel, 5FU

What can happen?

- Bumps, ridges, discoloration
- Brittle
- Lifting or peeling

What should I do?

- Keep nails short
- Do not bite fingernails or push back cuticles
- Avoid professional manicures or pedicures
- Use tools to open cans, packaging, etc



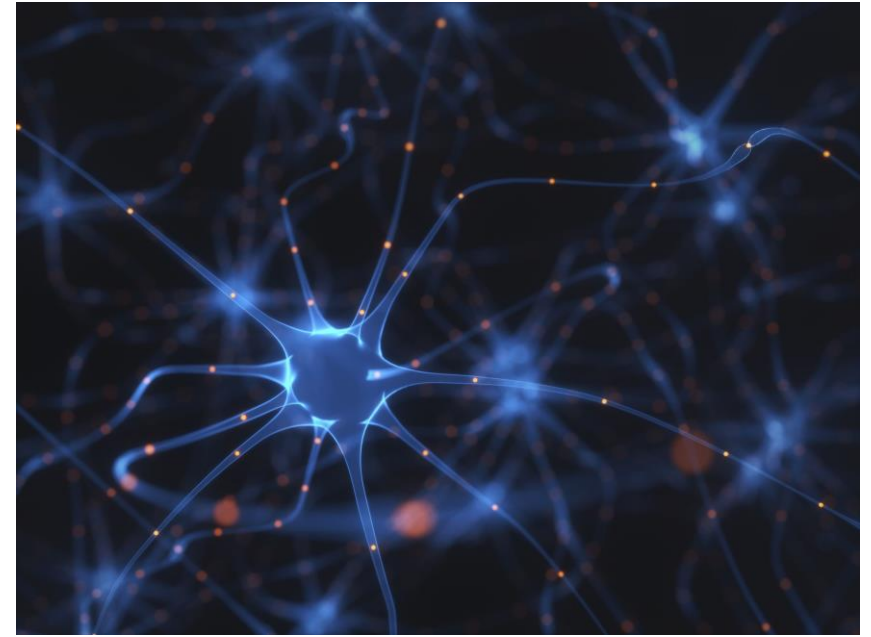
NEUROPATHY

Why does this happen?

- Dysfunction of the nerve cells
- Caused by certain chemotherapies:
 - Paclitaxel, docetaxel, cisplatin, carboplatin, vincristine, oxaliplatin
- Leads to numbness, tingling, difficulty with dexterity, or fine motor skills

When does it happen?

- Cumulative; increases as you go through chemo



NEUROPATHY

What can be done about it?

- Some providers may recommend specific supplements
- Medications to control symptoms
- Cryotherapy

Does it go away?

- Usually improves once treatment is complete
- May take several weeks or months to improve
- Small percent may experience permanent or worsening neuropathy

CALL IF

- Neuropathy is worsening or affecting quality of life
- Difficulty with balance



BLOOD WORK

How often is blood work done?

- Blood work/labs are checked on a regular basis depending on treatment
- Typically done on the first day of each cycle

Why?

- Provides information about how your body is doing
 - Electrolytes, liver function, and kidney function
 - Platelets and Red blood cells
 - Immune system (White blood cells)



PLATELETS

What are platelets?

- Help with the clotting process

What happens?

- Gradual decline throughout treatment
 - Increased risk of bleeding

What can be done?

- Depending on lab results, provider may recommend transfusion
- Bleeding precautions if needed

CALL IF:

- Unusual bleeding or bruising
- Frequent nosebleeds
- Tiny red pinpoint spots on your skin



RED BLOOD CELLS

•What are red blood cells?

- Help circulate oxygen throughout the body

•What happens with chemo?

- Gradual decline throughout treatment

•What can be done?

- Depending on lab results, provider may recommend transfusion or other treatments like iron infusions



CALL IF

- Dizzy or lightheaded
- Short of breath
- Racing heartbeat
- Excessively weak or tired



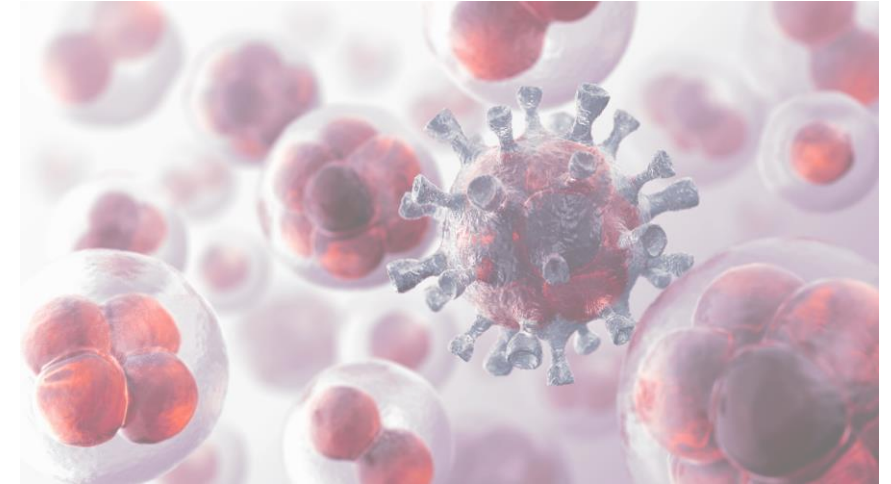
WHITE BLOOD CELLS

What are white blood cells (WBC)?

- Part of the immune system, fight infection

What happens with chemo?

- Chemo can affect the bone marrow causing a decreased production of WBCs
 - Predictable drop in WBCs
 - Lowest point is usually 8-12 days after chemo
 - Recovery takes about 21-28 days
- May receive a medication to help boost WBC production
 - Decrease risk of infection but does not take it away
 - May cause bone pain for a couple of days
 - Ok to take acetaminophen/Tylenol if needed



WHITE BLOOD CELLS

WBC decreased = increased risk of infection

How to prevent infection:

- Proper hand hygiene
- Avoid people who are ill
- Wash raw fruits and vegetables with water and friction
- General food safety precautions
- Avoid large crowds
- May choose to mask when indoors for extended periods of time



CALL IF:

- Fever ≥ 100.4
- Chills or sweats
- New cough
- White coating in your mouth
- Urinary changes



NAUSEA

Why does it happen?

- Chemotherapy stimulates nausea receptors in the brain and GI tract

What do we do about it?

- Based on potential for nausea, certain medications are given
- Medications block pathways preventing vomiting and controlling nausea
- IV anti-nausea medications are given the day of chemo
 - May get 1-3 depending on treatment's potential for nausea
- At home anti-nausea pills may be prescribed if indicated
 - **Please take as directed by your provider**



NAUSEA

What else may help?

- Ginger can be helpful
 - Ginger ale, ginger tabs/lozenges, ginger tea, etc
- Eat small frequent meals/snacks
- Avoid fatty, spicy, greasy foods and foods with strong odors
 - Bland tends to be better
 - Room temperature foods
- Avoid constipation

CALL IF:

- Uncontrolled nausea
- Inability to eat or drink
- Vomiting



APPETITE LOSS



What to do?

- Keep pantry and freezer well stocked with quick and easy snacks and meals
- Choose drinks that are nourishing, high in calories, and high in protein
- Eat small amounts throughout day
- Discuss possible medication with doctor

CALL IF

- Lose 5 pounds or more
- Can't eat for more than a day
- Pain with eating



NUTRITION DURING TREATMENT

What should I eat?

- Well balanced diet
 - [Choosemyplate.gov](https://www.choosemyplate.gov)
- Adjust based on side effects
 - NCI Eating Hints
- Report all supplements and high dose vitamins to oncologist prior to starting treatment
 - May interact with other medications or interfere with effectiveness of treatment



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HYDRATION

Why should I stay hydrated?

- Prevents constipation and dehydration
- Protects kidneys
- Helps body process treatment

How much should I drink?

- Recommendation is 64 -80oz of fluid/day (8-10 cups)
 - At least ½ should be water
 - Caffeinated beverages in moderation
 - Sports drinks, juice, tea, soup, smoothies, popsicles, protein drinks

CALL IF

- Dizzy
- Lightheaded
- Urinary changes: decreased output, dark urine



MOUTH CHANGES

Mouth sores, tenderness, pain

Fast growing cells, which form the protective barrier lining the mouth, can be altered

- May present as blisters or ulcerations
- Painful, quick to heal (about 7 days)
- Possible risk of infection

How do I manage mouth pain/sores?

- Practice oral hygiene to avoid complications
 - Gently brush and floss each day
 - Use gentle, alcohol free toothpaste/mouthwash
 - Avoid spicy, acidic, or crunchy foods
 - Salt water & Baking soda rinse:
 - ¼ tsp baking soda, ¼ tsp salt + 1 Cup warm water
 - Swish and spit 3-4 times a day

Taste changes:

- Wax and wane
- May notice bitter, earthy or metallic taste

Dry Mouth:

- Change of saliva pH
- Stay hydrated
- Use dry mouth rinses (like biotene)



BOWEL CHANGES: CONSTIPATION

Why does it happen?

- Medications slow down the gut
- Change in diet, hydration, activity level

How do I prevent it?

- Move your body, drink plenty of fluids
- Fiber rich foods
- Smooth Move tea
- Warm liquids
- Over the counter stool softeners or Miralax
 - Colace
 - Senokot-s

CALL IF

- No stool for 2 days
- Only hard small bowel movements
- Abdominal pain/cramping



BOWEL CHANGES: DIARRRHEA

Why does it happen?

- May be caused by certain medications
 - fluorouracil, irinotecan, pertuzumab

How do I manage it?

- Maintain fluid intake, add some electrolytes
- Limit dairy intake
- Over the counter medications
 - Imodium
- Low fiber food-Bananas, Rice, Apple sauce, Toast, also known as BRAT diet

CALL IF

- 3-4 extra, loose BM/day
- Lasts longer than 24 hours
- Blood or mucus in stool



FATIGUE

Why does this happen?

- Many reasons: anemia, nutritional deficiencies, depression, stress
- Unlike fatigue from lack of rest

When will I notice it?

- Cumulative effect
- A couple days after treatment you will likely be more fatigued than other days
 - Body working hard flushing out treatment and dead cells while building new healthy cells



FATIGUE

How do I manage it?

- “Get up and get moving”
 - Move your body
 - Eat
 - Drink
- Energy conservation
 - Plan activities for when your energy is best
 - Take rest breaks when you need it

What about exercise?

- Increasing activity will have positive impact
- Improves aerobic capacity, prevents muscle loss and deconditioning, manages fatigue
- Stamina and strength may be impacted, take measures for safety



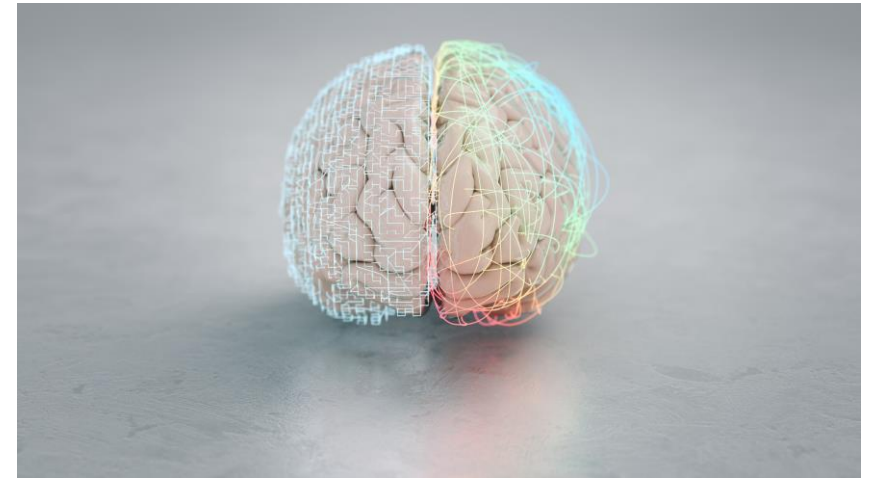
COGNITIVE CHANGES

What is it?

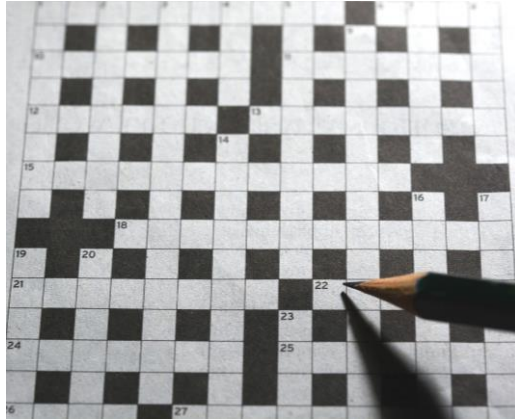
- Patients feel like they're in a fog
- Many refer to "chemo brain"
- Difficulty multitasking or concentrating
- Difficulty word finding

Why does it happen?

- Not fully understood
- Related to treatment, stress, anxiety sleep disturbances, etc



COGNITIVE CHANGES



How do we prevent/ minimize it?

- Adequate rest
- Well balanced diet
- Exercise
- Brain exercise
 - Crossword
 - Sudokus
 - Reading
 - Musical instruments

How do I manage it?

- Be patient with yourself
- Lists, calendars, notetaking
- Smart phone to set reminders
- Apps to track things





COPING

Is it normal to feel this way?

- Yes, increased distress is normal
- May feel many different emotions

What can be done?

- Resources available at Compass
- Coping mechanisms
 - Physical movement & exercise
 - Meditation & Mindfulness
 - Journaling
 - Activities that help you relax or bring you meaning



Common Questions

- What about cannabis?
 - Forms of cannabis that do not have to be smoked/vaped are preferred
 - Discuss with your provider
- What about intimacy?
 - Treatment can impact body image and sexual function
 - It is safe to be intimate (use barrier method for 48 hours after chemo)
 - Please do not hesitate to discuss sexual issues or questions with your provider
 - Avoid pregnancy and breastfeeding. Treatment may also impact fertility
- Can I work?
 - Most likely
 - FMLA, ADA
 - www.cancerandcareers.org
- Can I travel?
 - Depends; discuss with your provider
- Can I drink alcohol?
 - In moderation
 - It may not taste the same
 - May affect you differently than usual



WHEN TO CALL ONCOLOGIST

- Chills or fever greater than 100.4
- Burning with urination, frequency, urgency, lower back pain (UTI)
- Productive cough with green, yellow, red, or brown sputum
- Unmanaged diarrhea, constipation, nausea, vomiting
- Unmanaged pain
- Swelling, redness and pain on extremities
- Shortness of breath/chest pain
- Dizziness with changing position or lightheadedness
- Dark urine, less urine than normal, thirst, dry mouth
- Mouth sore, difficulty swallowing, frequent or severe heartburn
- Severe fatigue
- Thoughts of harming yourself, severe depression

If you are concerned, we are concerned. Please do not wait to call—that is why we are here!

