Patient Education and Resource Materials







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Advocate Health Care

Cancer Care

Table of Contents

Patient Education	1
Personal Care Team	2
Chemotherapy Basics	3
Radiation Therapy Basics	4
Immunotherapy Basics	5
Home Chemotherapy Infusion – CADD Pump	6
Home Chemotherapy Infusion C-Series Halyard	
Elastomeric Pump	7
Chemotherapy Leaks and Spills	8
Home Safety of Patients Receiving Oral Chemot	herapy9-12
Hydration	13-15
Cancer and Sexuality	16
Fertility Preservation	17-20
Smoking Cessation	21-26
CBD and Cancer	27-30
Patient Appointment Responsibility Notification	31
Know Your Symptoms, Know Where To Go	32
Side Effects	33
Side Effects and Way to Manage Them	
Infection	
Bleeding	
Anemia (Low Red Blood Cell Count)	
Fatigue	
Nausea and Vomiting	43-44
	Advocate Health Care

Advocate Health Care

Cancer Care

Table of Contents

Sid	e Effects (cont.)	
	Mouth and Throat Changes	45-47
	Appetite Changes	48-49
	Constipation	50
	Diarrhea	51-52
	Hair Loss	53-54
	Pain	55-56
	Skin and Nail Changes	57-59
	Urinary, Kidney and Bladder Changes	60
	Flu-like Symptoms	61
Pat	ient Resources	62
	What is Cancer?	63
	General Information	.64-68
	Clinical Trials	69
	Well-Being	70-74
	Resources and Support Services	
	Managing Your Medications	
	Specialty Pharmacy	87
	Nutrition	
	Cancer Rehabilitation	



Table of Contents

Patient Resources (cont.)

Nurse Navigation	96
Precision Medicine	97
Genetic Counseling	98-99
Survivorship	100-101
Advance Directives	102-104
Power of Attorney	105
Financial Information and Resources	106-108

Patient Education



Personal Care Team

My Personal Care Team

DOCTORS

The treatment of cancer requires a team eff ort of many doctors, nurses and other health care professionals. Use the next few pages to keep track of your team.

Dr.	Specialty
	Office#
Dr	Specialty
	Office#
Dr	Specialty
	Office#
Address	
Dr	Specialty
Nurse	Office#
Address	
After Hours	
	Advocate Health Car

Chemotherapy Basics

Chemotherapy comes in many forms including injections, pills and intravenous infusions. There are many different combinations of chemotherapy used to treat various types of cancers.

Cancer is caused by cells in the body which grow and divide at a rapid, uncontrolled pace. Many chemotherapy medications work by attacking rapidly dividing cells.

Common side effects of chemotherapy occur in areas of the body where cells grow rapidly also, because chemotherapy cannot tell the difference between good cells and bad cells. Areas of the body which naturally grow quickly include the lining of the stomach and gastrointestinal tract, mouth, skin, hair cells and bone marrow.

Tips for staying well during chemotherapy:

- Prevent infection by washing hands after using the bathroom, after being in public places, and before handling food
- Be attentive to personal hygiene by bathing daily with a gentle cleanser and apply fragrance-free moisturizer
- Keep your mouth clean by using a soft toothbrush and rinsing after meals with baking soda and warm water
- Stay active and fight fatigue with low-impact exercise such as walking
- Stay **hydrated**, drinking 6-8 (8 oz) glasses of water daily
- Prevent **constipation** (eat whole grains, fruits, and vegetables, foods high in fiber)
- Take your **medication** as prescribed
- Call your doctor immediately if you have signs of infection such as elevated temperature (100.4 F or higher), productive cough, chills, burning with urination or any area of redness or swelling



Radiation Therapy Basics

Radiation therapy is a cancer treatment that uses high-energy x-ray or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. A radiation therapy regimen, or schedule, usually consists of a specific number of treatments given over a set period.

Radiation therapy can treat many different types of cancer. It can also be used in combination with other cancer treatments, such as chemotherapy and/or surgery.

How does radiation therapy treat cancer?

Cancer begins when healthy cells change and grow out of control. All cells in the body go through a cycle to grow, divide, and multiply. Cancer cells go through this process faster than normal cells. Radiation therapy damages cell DNA so the cells stop growing or are destroyed.

Unlike other cancer treatments affect the whole body, such as chemotherapy, radiation therapy is usually a local treatment. This means it generally affects only the part of the body where the cancer is located. Some healthy tissue near the cancer cells may be damaged during the treatment, but it usually heals after treatment ends.

There are many different types of radiation therapy, and they all work a little bit differently to destroy cancer cells.



Immunotherapy Basics

Immunotherapy works by stimulating your body's immune system to attack cancer cells. While most types of immunotherapy are very well-tolerated, sometimes the immune response attacks normal bodily functions in addition to cancer cells, causing side effects.

Side effects from immunotherapy are usually mild but can rarely become serious. Call your doctor right away for the following symptoms:

- New cough, chest pressure or shortness of breath
- **Diarrhea** more than three stools per day that does not improve with one dose of Imodium-AD (Ioperamide)
- Blood or mucus in your stool
- · Changes in vision or sensitivity to light
- Skin rash or **itching**
- Extreme fatigue which limits your normal activity
- Headache which is not relived with pain relievers such as acetaminophen
- Muscle, bone or joint pain which is not relived with pain medication

Home Chemotherapy Infusion – CADD Pump

You will receive chemotherapy at home using an electronic pump. This device is filled with medication in the pharmacy. Your nurse will connect this to your central line to finish infusing at a slow rate while you are at home. Your nurse will tell you when to return to clinic for disconnection, based on the rate set for your infusion.

This pump is battery operated and allows you to continue your regular daily activities while receiving treatment, instead of staying in the hospital for traditional therapy.

During your infusion:

- Check on your pump periodically. Over time the medication bag will decrease in size. You will hear a sound like gears turning every few seconds as the pump delivers medication.
- Do not adjust settings on the pump unless instructed by your doctor or nurse
- Keep the pump and tubing away from pets and children
- Be attentive to hazards which may pinch or break the tubing, such as closing drawers or doors, or pulling on the line
- Keep the medication, pump and your IV access site dry
- Do not place the pump or medication in direct sunlight
- Clamps on the pump tubing should remain open
- When sleeping, place the pump on a bedside table or on top of the covers.
 Do not place it beneath blankets where it may become too warm. Keep pump level with your body.
- Do not attempt to disconnect yourself when the pump is empty, your infusion nurse will disconnect your infusion at the scheduled time when you return to clinic.

If you hear an audible beeping, check the pump for instructions. If you have questions or the pump does not seem to be infusing correctly during your infusion, contact clinic right away or call the toll-free number on the pump.



Home Chemotherapy Infusion C-Series Halyard Elastomeric Pump

You will receive chemotherapy at home using an elastomeric pump. This device is filled with medication in the pharmacy. Your nurse will connect this to your central line to finish infusing at a slow rate while you are at home. Your nurse will tell you when to return to clinic for disconnection, based on the rate set for your infusion.

This pump is lightweight and allows you to continue your regular daily activities while receiving treatment, instead of staying in the hospital for traditional therapy.

During your infusion:

- Check on your pump periodically. Over time the pump will decrease in size and wrinkles will form in the outside bag.
- Do not squeeze the pump
- Keep the pump and tubing away from pets and children
- Be attentive to hazards which may pinch or break the tubing, such as closing drawers or doors, or pulling on the line
- Temperature changes can affect the flow of medication. Avoid exposure to extreme hot or cold temperatures.
- Keep the pump and your IV access site dry
- Do not place the pump in direct sunlight
- Clamps on the pump tubing should remain open
- When sleeping, place the pump on a bedside table or on top of the covers.
 Do not place it beneath blankets where it may become too warm. Keep pump level with your body.
- Do not attempt to disconnect yourself when the pump is empty, your infusion nurse will disconnect your infusion at the scheduled time when you return to clinic.

If you have questions or the pump does not seem to be infusing correctly during your infusion, contact clinic right away.



Chemotherapy Leaks and Spills

Spill Kit

Make a spill kit that has the supplies below. Keep the kit where you can easily reach it in the event of a spill.

- 2 pairs of disposable gloves
- Paper towels or an absorbent towel that can be thrown away
- Dish soap or laundry detergent, 2 plastic bags that seal (1 gallon size or larger)

If your chemo leaks or spills:

Clamp the tubing

- Put on 2 pairs of disposable gloves and clamp the tubing
- · If you have an electronic pump, stop the infusion and turn it off

Gather contaminated items

- Place the chemo bag/container and tubing in a plastic bag
- Place clothes and linens that have chemo on them in another plastic bag. If you can't wash them right away, seal the bag.
- Use paper towels or absorbent material to soak up the liquid, and seal in a plastic bag.

Clean the area

- Working from the outside of the area in, clean the area with soap and water.
 Rinse with clean water and repeat.
- Wash your clothing and linens in hot water. Don't wash them with any other items.
- Take off your gloves. Put them in the bag with the chemo. Seal the bag tightly. Wash your hands for at least 20 seconds.
- If the chemo got on your skin, wash the area with soap and water.

Call your doctor

Call your doctor's office right away for more instruction



Home Safety of Patients Receiving Oral Chemotherapy

Chemotherapeutic agents are powerful medications that treat your cancer. These medications require special handling because they can cause adverse health effects in family, friends, unborn babies, pets and health care workers.

Taking your medication:

Take your chemotherapy at the same time of day as directed by your doctor or nurse.

- Swallow your medication whole. Do not break, crush, split or open tablets or capsules unless instructed to do so. If you cannot take the medication whole, speak with your doctor or nurse.
- When handling chemotherapy, disposable nitrile gloves should be used. Hands should be washed before and after preparing the medication.
- If you vomit just after taking your medication, please call your doctor or nurse for instructions.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and continue medication as prescribed. Make a note on your calendar regarding the missed dose. Do not take two doses at the same time. If your physician or nurse gave you specific instructions about missed doses, please follow those instructions.



Home Safety of Patients Receiving Oral Chemotherapy

- Store your medication in the original labeled container at room temperature in a dry place unless instructed differently by the pharmacist or nurse. Keep these medications in a safe place away from children and pets.
- If you are traveling, seal your medication bottle in a plastic bag and avoid temperature extremes.
- Tell your doctor or nurse about all other prescriptions and over-the-counter drugs or supplements that you take. Avoid starting new medications without the approval of your oncologist.
- While on chemotherapy, do not get vaccinations or immunizations without the consent of your doctor.
- Alert all other health care providers that you are taking an oral chemotherapy agent (e.g., other physicians, dentists, etc.).
- Disposal of any unused medication,
 - Do not flush down the toilet or throw in the trash.
 - Contact your local city government "Take Back Center/program".
 - Refer to the EPA https://www.epa.gov/sites/default/files/2015-06/documents/how-to-dispose-medicines.pdf,

Home Safety of Patients Receiving Chemotherapy

Safety for family/friends:

- Hugging and kissing is safe for you and your partner and family.
- You can visit, sit with, hug and kiss the children in your life.
- You can be around pregnant women, though, if possible, they should not clean up any of your body fluids while you are on treatment.
- You can share a bathroom with others. If body fluids splash on the toilet, wear gloves and clean the area with soap and water before others use the toilet.

Sexual Contact:

Chemotherapy can be excreted in body fluids, such as semen and vaginal fluid. Most chemotherapy can cause harm and abnormalities to the fetus of a pregnant woman. To prevent exposure of these fluids for you or your partner and prevent pregnancy:

- Use a condom or dental dam contraception during intercourse and oral sex while on chemotherapy
- Two forms of birth control should be used throughout treatment and for 2 months after therapy



Home Safety of Patients Receiving Chemotherapy

Handling Body Waste:

Chemotherapy is released from the body through urine, stool and vomit for up to 7 days after taking chemotherapy. To minimize the exposure to any chemotherapy:

- After using the bathroom, wash your hands with soap and water. If any bodily fluid splashes on to your skin, wash the area with soap and water.
- After using the toilet, close the lid and flush twice if you have pets or children who may access the water. Men should sit down to urinate.
- Wear gloves when cleaning the toilet or cleaning up any urine, stool, vomit
 or changing incontinence pads. Wash your hands before putting the gloves
 on and after you remove them, dispose of them in the trash and wash your
 hands again. Incontinence pads can be disposed of in the trash.
- If a body fluid spill or accident occurs, use disposable nitrile gloves to clean
 up the spill. Keep children and pets away. Use absorbent paper towels soak
 up liquid, starting at the outside and working inward. Place paper towels in
 a plastic bag and seal prior to discarding in regular trash. Clean the area
 twice with warm, soapy water and rinse.

Wash any contaminated linen immediately separately from other laundry using regular detergent and hot water. Wear gloves to handle contaminated linen.



Hydration

Dehydration occurs when a person does not take in enough fluid or loses too much fluid. Without enough water, the human body cannot function properly, and people undergoing cancer treatment may be at a higher risk for dehydration. It is important for good health to learn how to stay hydrated and recognize and treat dehydration before it becomes severe. We'll review why people with cancer have a higher risk of dehydration, what symptoms to watch out for that may signal dehydration and offer five simple ways to help keep your body's fluid supply in balance.

Let's start by looking at why water and proper hydration is important. Every cell and organ depends on water to perform its essential functions, including such things as transporting nutrients and oxygen throughout the body, regulating your body temperature, controlling your heart rate and blood pressure, and creating saliva. Therefore, it's important for everyone to take in enough liquids daily, since each person's body naturally loses water during a normal day through sweating, breathing, and going to the bathroom.

For people with cancer, there may be some additional reasons why the body is losing water, such as possible treatment side effects like diarrhea, nausea, and vomiting. Another cause is a high fever. Those who are being treated for cancer may have fewer white blood cells to fight infections that can lead to a fever. Illnesses, disabilities, and certain medications can also contribute to dehydration.

In addition, a person's age may be a factor. In particular, older adults are at a higher risk for dehydration because the human body slowly loses the ability to conserve water as a person gets older. They may also be less likely to sense that they are thirsty and may not eat or drink enough, especially if they live alone.



Hydration

In general, the longer you go without enough fluids, the more dehydrated you will become. In fact, relying on thirst alone is not enough, because many times a person may be dehydrated even if they don't feel thirsty. That's why it is important to identify other dehydration symptoms, such as:

- Having a dry or sticky mouth, or a swollen tongue
- Feeling tired, weak or irritable
- Experiencing dizziness, nausea, or headaches
- Having constipation, dark yellow urine or a decrease in urination
- Having dry skin
- Or, losing weight

The following five tips can help you keep your body's fluid balance in check and avoid dehydration:

Tip Number One: Drink lots of fluids. Drinking at least eight cups of water each day is a good rule of thumb. However, if you have any risk factors for dehydration like those we've discussed, you should drink more. If you dislike plain water, try drinking a flavored water or adding a slice of lemon. Other fluids such as juice and tea can contribute to your fluid count as well.

Number Two: Eat foods with high water content. While drinking water is the best source of hydration, many foods contain water and can help replenish lost fluids. Choose foods like lettuce, watermelon, and broccoli. Soups, popsicles, and yogurt also have high water content.

Number Three: Get help managing side effects. If you are undergoing cancer treatment that is causing side effects such as nausea, vomiting, or diarrhea, then talk with your doctor about ways to prevent or reduce these side effects, including medication.



Hydration

Number Four: Don't wait to drink. Make a conscious effort to drink enough on a regular basis. And drink more often if you begin feeling ill, before you exercise, and before you go out into hot weather.

Number Five: Avoid foods and drinks that may contribute to dehydration. Beverages with sugar or caffeine may help to hydrate some but are not as effective as low-sugar or non-caffeine beverages.

If you are experiencing mild dehydration, there are some things you can do to help replenish fluids. Consider sucking on ice chips or popsicles if you are having trouble drinking water or eating. Apply moisturizer to cracked lips and medication to mouth sores, so that drinking and eating is less painful. If you are able to drink, take in small amounts frequently instead of a large amount at one time to avoid stomach upset. If you have diarrhea, be sure to select beverages that have sodium and potassium, which are naturally lost through the stool. And if you have fatigue, keep ice and drinks within reach so you don't have to get up more often than necessary.

Severe dehydration can be life-threatening and requires immediate medical treatment. These symptoms may include feeling extreme thirst, having a high fever or low blood pressure, and experiencing a rapid heartbeat. If your symptoms become severe, seek immediate medical care. In some cases, hospitalization may be necessary. Your doctor may also perform tests to determine the extent of dehydration and to figure out what is causing your fluid loss.

The amount of fluids a person should consume each day to stay hydrated can differ based on his or her health and lifestyle. A good first step is to talk with your doctor about how much water to drink to replenish fluids on a regular basis, as well as learn the signs of mild dehydration, and what to do before it becomes severe.



Cancer and Sexuality

Cancer diagnosis, surgery, and treatment can affect fertility and sexuality for men and women.

Chemotherapy can be excreted in body fluids, such as semen and vaginal fluid. Most chemotherapy can cause harm and abnormalities to the fetus of a pregnant woman. To prevent exposure of these fluids for you or your partner and prevent pregnancy:

- Use a condom or dental dam during intercourse and oral sex while on chemotherapy
- Two forms of birth control should be used throughout treatment and for 2 months after therapy

Intimacy and sexuality are an important part of human relationships. Cancer treatment can cause a variety of changes emotionally and physically which may affect sexuality. It is possible that treatment side effects, changes in body image, and hormonal changes may affect your ability or desire for intimacy. It is important to maintain open communication with your partner.

There may be resources available for treatment-related side effects, so talk to your doctor or nurse if you have concerns.

Additional Reading:

American Cancer Society (www.cancer.org)

https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html

Chemocare (www.chemocare.com)

http://chemocare.com/chemotherapy/side-effects/sexuality.aspx

National Cancer Institute (www.cancer.gov)

https://www.cancer.gov/about-cancer/coping/self-image

https://www.cancer.gov/about-cancer/treatment/side-effects/fertility-women

https://www.cancer.gov/about-cancer/treatment/side-effects/fertility-men

https://www.cancer.gov/about-cancer/treatment/side-effects/sexuality-men

https://www.cancer.gov/about-cancer/treatment/side-effects/sexuality-women



Fertility Preservation

Fertility Concerns and Preservation for Women:

Many cancer treatments affect fertility temporarily or permanently. Fertility is the ability to become pregnant. Infertility is an inability to become pregnant or maintain a pregnancy. Before treatment begins, talk with your health care team. Ask how treatment could affect your fertility. And ask about your options for preserving fertility.

How cancer treatments affect fertility:

Fertility problems for women from cancer or its treatment occur in 2 main ways:

- Damage to organs involved in reproduction, such as the ovaries, fallopian tubes, uterus, and cervix
- Damage to organs involved in hormone production, such as the ovaries

The ovaries store a woman's eggs. Damage to these organs can decrease the ovarian reserve. The ovarian reserve is the total number of immature eggs in both ovaries. Women are born with all the eggs they will have. Once these eggs are lost, they cannot be replaced. Loss of healthy eggs causes infertility and early menopause.

Fertility Preservation

Evaluating menstruation and fertility after cancer treatment:

Women with menstrual periods after cancer treatment may become pregnant. But menstruation is not proof that you are fertile. In some women, cancer treatments stop menstrual periods permanently. This is called early menopause. It causes permanent infertility. Other women's menstrual periods stop during treatment but return later. Women who have periods after chemotherapy may still have lowered fertility. Even a woman who menstruates during treatment and remains fertile afterward might have lowered fertility or early-onset menopause. It generally takes longer for older women and those who had higher doses of radiation therapy or chemotherapy to start menstruating again. Also, menstrual cycles are less likely to restart after treatment in these women.

Your doctor can refer you for ovarian reserve testing. This is tested with sensitive hormonal tests, such as the anti-Müllerian hormone. Children and younger women have a larger ovarian reserve than older women. They are less likely to experience menopause and infertility right after chemotherapy. But this does not mean younger women will not lose their fertility. With radiation therapy to the pelvis and lower abdomen and strong chemotherapy, even young girls can have menopause right away.

Fertility Preservation

Fertility Concerns and Preservation for Men:

Many cancer treatments affect fertility temporarily or permanently. Fertility is the ability to father a child. Infertility is the inability to father a child. Before treatment begins, talk with your health care team. Ask how treatment could affect your fertility and about the options for preserving fertility.

How cancer treatments affect fertility:

Fertility problems in men from cancer or its treatment occur in 2 main ways:

- Through damage to endocrine glands or endocrine-related organs. These include the testicles, thyroid gland, and adrenal glands.
- Through changes in the part of the brain that controls the endocrine system

Fertility problems may result from the following:

- Damage to the sperm or lower sperm production
- Lower semen production or an inability to make semen
- Semen is made up of sperm from the testicles and fluid from the prostate and seminal vesicles. Damage to any of these structures, the nerves that allow them to function, or the route that gets them to the urethra can cause infertility.

How to find help with fertility issues:

Consider meeting with a reproductive endocrinologist. This is a doctor who specializes in conditions affecting fertility. Some reproductive endocrinologists specialize in cancer-related fertility issues.



Fertility Preservation

Recommendations for preserving fertility:

The American Society of Clinical Oncology (ASCO) recommends that all women and men with cancer discuss the risk of infertility and fertility preservation options with their doctors as soon as possible before cancer treatment begins. If you are interested in preserving fertility, you should ask for a referral to a reproductive specialist, even if you are unsure whether you want to have children in the future.

ASCO's recommendations for preserving fertility include:

Sperm banking. This procedure involves the freezing and storing semen. This is best done before treatment begins, as there is a higher risk of genetic damage in the sperm collected once treatment has started. Men may use the semen later. Options include intrauterine insemination and in vitro fertilization (IVF).

With IVF, a health professional collects a woman's eggs. The stored sperm fertilizes the eggs in a laboratory. Then, the embryo is placed in the woman's body to develop.

Sperm banking is an option for most post-pubescent men. A man may father a child even with few sperm. This is possible through a procedure called intracytoplasmic sperm injection (ICSI). During ICSI, a sperm is injected directly into an egg obtained during IVF.

Testicular-tissue freezing. Researchers are still studying this procedure, which happens before cancer treatment. It is for boys who have not been through puberty. The procedure involves removing, freezing, and storing testicular tissue. This tissue has stem cells that may later become sperm. Researchers are studying how to restore sperm-producing capabilities with thawed testicular tissue.

Hormonal therapy. Hormonal therapy is not effective for preserving fertility in men.



Smoking Cessation

Health Risks of E-cigarettes, Smokeless Tobacco, and Waterpipes:

Cigarette smoking is the leading cause of disease and early death in the United States. Even though cigarette smoking has slowly declined in the United States, many alternatives have gained popularity.

Examples of alternative tobacco and nicotine delivery products include:

- E-cigarettes or "vaping"
- Smokeless tobacco
- Waterpipes

These come in various forms, sizes, and flavors.

Alternative tobacco products contain harmful chemicals and toxins that have health risks. The chemicals and toxins may cause serious health problems, including cancer. In 2019, an outbreak is occurring in the United States of a very serious lung disease associated with the use of vaping devices. The specific cause of this outbreak has yet to be determined; it is unclear whether the outbreak is caused by e-fluids that contain nicotine or THC and whether the harmful products were purchased "off the street" or in retail outlets. Until more is known, all individuals of any age are strongly advised to refrain from the use of any vaping devices.

If you smoke or use these products, talk with your doctor. Ask about ways to quit.

E-cigarettes or "vaping":

Electronic cigarettes are also known as e-cigarettes, e-cigs, vape pens, or vapor cigarettes. These devices may look like traditional cigarettes, pens, or USB flash drives. They can be battery operated or rechargeable. E-cigarettes do not burn tobacco. Instead, they have cartridges filled with a liquid that may contain flavorants, nicotine, tetrahydrocannabinol (THC), or cannabinoid (CBD) oils and other chemicals. The e-cigarette heats the liquid chemicals into a vapor or steam that a person inhales, which is why using these is often called "vaping."



Smoking Cessation

While the types and concentrations of toxins vary by brand and device, all ecigarettes contain harmful substances. They have only been readily available in the United States since 2006. As a result, there is limited research on their long-term health risks. Because of the risks, the U.S. Food and Drug Administration (FDA) took initial steps towards regulating these products in 2016, though there is still limited regulation of the contents of the e-liquids and the devices.

As of September 2019, there have been more than 800 cases of a severe lung disease, including 12 deaths, in the United States. All the affected patients reported previous use of vaping devices, but there is no confirmed link with a specific vaping device or e-liquid. The U.S. Centers for Disease Control (CDC) reports so far indicate that most patients with this lung disease reported using products containing THC, but many also reported using nicotine. Some patients reported just using nicotine-containing e-cigarettes.

Since no single product or substance has yet been linked to the disease, the CDC and the FDA are recommending that people stop using these products. If you continue to use e-cigarettes, the CDC recommends that you do not modify cartridges or purchase them off the street and that you monitor your health.

If you develop any symptoms of this lung disease, including coughing, shortness of breath, chest pain, fatigue, and abdominal pain, talk with your doctor immediately. To learn more about this lung disease and its symptoms, visit the website of the CDC.

Many people may turn to e-cigarettes as a way to try to stop smoking, and there is evidence that they can be effective for smoking cessation. Even so, e-cigarettes would never be considered the first choice for smoking cessation because of the risks and given the extent of the current outbreak of severe lung disease, e-cigarettes should be avoided at the present time.



Smoking Cessation

The FDA has not approved e-cigarettes as a way to quit smoking. Doctors and the FDA recommend evidence-based methods for quitting smoking. If you have used e-cigarettes to stop smoking, do not return to smoking cigarettes instead of using e-cigarettes. Instead, turn to safe ways to deliver nicotine such as nicotine patches, gum, lozenges, and nasal spray. Learn more about ways to quit smoking and using tobacco.

Smokeless tobacco:

Smokeless tobacco products contain tobacco or tobacco blends. They have many names. And they fall into several categories.

Chewing tobacco:

This is tobacco in the following forms:

- Loose leaves
- Leaves pressed together, commonly called a plug
- Leaves twisted together to resemble a rope, commonly called a twist Chewing tobacco sits between the cheek and gum. Usually, the person spits out the tobacco juices. But long-time users may swallow some of the juices.

Snuff:

This is finely ground tobacco. It comes in dry or moist forms. It is sometimes packaged in ready-to-use pouches. People usually sniff or swallow dry snuff. In contrast, people place moist snuff between the gum and lip or cheek. Then, it slowly absorbs.

Snus:

This is a tobacco product that originated in Sweden. Typically, manufacturers package the moist tobacco powder in a pouch. People place it inside the cheek for absorption. They do not swallow the pouch. It must be thrown away after use.

Tobacco companies often market snus to people who smoke cigarettes because it is allowed in smoke-free areas. But public health advocates worry that snus does not help efforts to reduce tobacco use.

Advocate Health Care

Smoking Cessation

Dissolvable tobacco:

This is compressed powdered tobacco. It resembles a small, hard candy that dissolves in the mouth.

Dangers of smokeless tobacco products:

Prolonged use of smokeless tobacco products contributes to serious health issues. These include cancer and heart disease. Some smokeless tobacco products contain 3 to 4 times more nicotine than cigarettes. And these products contain substances that increase risk of oral and oropharyngeal cancer.

Chewing tobacco may cause white patches, called leukoplakia. They appear on the gums, tongue, or lining of the mouth. Most of these are noncancerous, but some show early signs of cancer. Oral cancer often occurs near patches of leukoplakia.

Smokeless tobacco products also cause dental problems and contribute to gum disease and tooth decay.

Many people claim that these products are less harmful than smoking and can help people stop smoking. But these alternatives are not evidence-based methods. The FDA has not approved smokeless tobacco products for quitting smoking.

Smoking Cessation

Waterpipes:

Another popular alternative tobacco product is the waterpipe. Some people call them hookahs, among other names. Worldwide, people have smoked them for centuries. Particularly in the Middle East, Asia, and Africa.

Modern-day waterpipes are composed of 4 main parts:

- A small bowl on top of the waterpipe. This holds a mixture of shredded tobacco and sweetener
- A broad base to hold water
- A pipe connecting the bowl to the base
- A rubber hose attached to a mouthpiece. People pull the smoke from the mouthpiece.

Vendors sell small packets of the tobacco mixture in various flavors. Sometimes, people smoke waterpipes alone. But they are often used in social settings. And multiple people commonly share the same mouthpiece.

In the United States, waterpipes are especially popular among college students and young people. Unfounded assumptions about their relative safety fuel the trend. People think that water filters tobacco smoke, making it less harmful; but there is no proof of this.

Smoking Cessation

Potential health risks:

Waterpipes carry these potential health risks:

Exposure to the same toxins as cigarettes but in higher quantities:

Waterpipe smoke contains high levels of many toxic compounds found in cigarettes. These include carbon monoxide, heavy metals, and chemicals linked to cancer.

Cancers associated with the toxins and chemicals are:

- Lung cancer
- Stomach cancer
- Bladder cancer
- Esophageal cancer

Other conditions associated with the toxins and chemicals include:

- Heart disease
- Respiratory diseases like emphysema, which causes difficulty breathing

Typically, waterpipe smoking sessions last up to 1 hour. This exposes people to higher toxin levels than cigarettes.

Potential to spread infectious disease:

Sharing a waterpipe with other people increases the risk of transferring diseases and viruses. Especially if people do not clean the mouthpieces properly.

Nicotine addiction:

The tobacco in waterpipes and cigarettes contains similar levels of nicotine. And nicotine is highly addictive.



CBD and Cancer

Is CBD Safe for People With Cancer?

Cannabidiol, also known as CBD, is one of many chemicals found in the cannabis plant. It has been touted in some online forums as an alternative treatment, and even a cure, for many illnesses, including cancer. And some people with cancer say that CBD has helped them as a complementary therapy in managing their symptoms and side effects from standard cancer treatment.

Yet there's very little research around CBD and its use in treating people with cancer. Here's what to know about what CBD is and what science currently shows about whether it's safe and effective for people with cancer to use.

What is CBD?

CBD is one of the hundreds of chemicals found in the flowering cannabis plant. CBD does not have the psychoactive, or mind-altering, effects of another chemical found in cannabis called tetrahydrocannabinol (THC). THC is the chemical that causes people to experience a "high." CBD, on the other hand, is being used by some to help ease pain, anxiety, and sleep issues.

CBD comes from cannabis plants called hemp that are specifically grown with high levels of CBD and low levels of THC. Cannabis plants grown with high levels of THC are usually called marijuana. CBD comes from oil that is extracted from the cannabis plant. That oil can then be ingested as a liquid, a capsule, a gummy, or inhaled through vaping. It can also be added as an ingredient in such products as lotions and skin patches.

There is much about CBD that is still unknown. It has largely gone unstudied because, until 2018, it was considered a schedule I drug by the U.S. Drug Enforcement Administration (DEA). A schedule I drug is a drug that has been declared illegal by the DEA because of safety concerns over its potential for abuse and because there is no accepted medical use for it. Then, in September 2018, the DEA updated CBD's status to become a schedule V drug. Schedule V drugs have a lower potential for abuse and are deemed to have some medical USE.

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CBD and Cancer

There is currently one CBD treatment approved by the U.S. Food and Drug Administration (FDA) called Epidiolex, which is used to treat a rare and severe form of epilepsy in children. There are not currently any FDA-approved CBD medications for treating cancer or side effects of cancer treatments.

CBD and Cancer

Can CBD help people with cancer?

Studies to answer this question are underway. Some scientists are studying whether CBD could relieve some of the side effects of cancer and its treatment, such as pain, insomnia, anxiety, or nausea. Other scientists are studying whether CBD could potentially slow or stop the growth of cancer. To date, no large-scale studies have shown CBD to have benefits for the treatment of people with cancer. Most studies that have been done evaluating CBD as a cancer treatment were in mice or in human cells in the lab. For instance, there are some studies that have shown that CBD inhibits the growth of cancer cells in mice with lung cancer or colon cancer. Another study showed that CBD, together with THC, killed glioblastoma cancer cells in the lab. However, no studies have been conducted in people with cancer.

There have been some studies that show that CBD, alone or together with THC, may relieve pain, insomnia, or anxiety, but these studies were not specific to people with cancer. While no studies to date have shown that CBD eases these side effects specifically in people with cancer or people receiving cancer treatment, some people with cancer have reported benefits in taking CBD, such as helping with nausea, vomiting, depression, and other side effects. According to ASCO guidelines, your doctor may consider prescribing cannabinoids for chronic pain management if you live in a state where it is legal. However, ASCO guidelines state that there is not enough evidence to support the use of cannabinoids for preventing nausea and vomiting in people with cancer receiving radiation therapy or chemotherapy.

There are 2 synthetic cannabis medications, nabilone (Cesamet) and dronabinol (Marinol or Syndros), that are FDA-approved to treat nausea and vomiting related to chemotherapy. These medications are made in a laboratory.



CBD and Cancer

You may find stories online of people discussing the benefits of CBD as a cancer treatment or as relief for side effects. Please remember that such personal stories, while they may be well-meaning, are shared without scientific study and do not constitute evidence. The safety and efficacy of CBD for people with cancer still has to be proven in large, randomized, controlled clinical trials.

It is also important to note that some studies have shown that CBD might interfere with how your body processes cancer drugs, called a drug interaction. This might make cancer treatments more toxic or make them less effective. More research is needed on these effects, too. For these reasons, always tell your oncologist if you're thinking about using CBD before you take it.

You may also be wondering if CBD is legal in your area. Some states allow the sale and possession of cannabis, including CBD and THC, for medical and recreational use. Others have stricter regulations, so state-by-state laws should always be learned before transporting CBD across state lines.

Things are more complicated at the federal level. In 2018, the U.S. government recognized that hemp can be grown and manufactured legally as part of the Farm Act. Hemp can be used to make things like rope and clothing, in addition to CBD oil. In other words, hemp is no longer a controlled substance, which means it is not regulated by the government. This means that consumers have to evaluate the safety and quality of CBD products on their own. Some CBD, for example, may have much higher levels of THC than what is labeled.

The bottom line is this:

Always talk to your doctor first if you're thinking about using CBD. Because the research does not yet support the use of CBD in helping people with cancer, it's important to raise the topic with your doctor before taking it. There are several clinical trials underway studying the use of CBD in cancer care, and you and your oncologist can talk through the possible benefits and risks of you joining a research study to help find answers to some of the questions about CBD, including whether it may reduce side effects or improve quality of life.

Advocate Health Care

Patient Appointment Responsibility Notification

Attending all your appointments is essential in treating your diagnosis. We understand that sometimes you are unable to make a scheduled appointment due to unforeseen circumstances. However, we require our patients to cancel appointments at least 24 hours prior to a scheduled visit.

When you miss an appointment, you will be called and/or sent a letter reminding you of your responsibility to provide 24-hour notice of appointment cancellation.

If you need additional assistance, please reach out to the practice office for a supportive plan.

Please call your oncology clinic when you need to cancel or reschedule your appointment to ensure your ongoing care is provided.

Oncologist Name:		
Clinic Name:		
Clinic Phone Number:		



Know Your Symptoms, Know Where To Go

Your Cancer Care Team is ready to provide you with the help and support that you need to keep your symptoms under control. Our goal is to help you avoid unnecessary hospital visits, ensure your safety and provide you with the best care possible. If you are not feeling well, please use this guide to help you understand your symptoms so that you know where to go for your health care. A symptom is a sign or warning.

Things You Can Do to Keep Your Symptoms Under Control

- Continue to take your prescribed medication
- Continue your daily exercise program
- Continue to keep your health care provider appointments
- Talk to your Cancer Care Team for help and support

Call Your Doctor Now

- If your medicine is not helping you relieve your nausea/vomiting, especially if you are unable to keep food/liquids down
- If you are feeling very tired or have shortness of breath with activities such as walking, eating, or showering
- If your temperature is above 100.4, experiencing new symptoms, such as sore throat, shakes, chills this may be a sign of an infection
- If you have new pain, poorly controlled pain, bruising more than usual, bleeding or new swelling
- If you feel severe pain that is not improved with rest, pain medication, or other suggested interventions
- If you have diarrhea for more than 4 times per day or constipation for more than 3 days
- If you are feeling dizzy or lightheaded

Physician's name	Office Phone Number
After hours contact number	

Call 9-1-1 or go to the Emergency Room Now

- If you are having chest pain or pressure, difficulty breathing or shortness of breath
- If you are bleeding and it does not stop
- If you begin to feel confused or feel a change in mental status
- If you are having uncontrolled nausea, vomiting or pain that can not wait for your physician to respond

Side Effects



Side Effects and Ways to Manage Them

What are side effects?

Side effects are problems caused by cancer treatment. Some common side effects from chemotherapy are fatigue, nausea, vomiting, decreased blood cell counts, hair loss, mouth sores, and pain.

What causes side effects?

Chemotherapy is designed to kill fast-growing cancer cells, but it can also affect healthy cells that grow quickly. These include cells that line your mouth and intestines, cells in your bone marrow that make blood cells, and cells that make your hair grow. Chemotherapy causes side effects when it harms these healthy cells.

Will I get side effects from chemotherapy?

You may have a lot of side effects, some, or none. This depends on the type and amount of chemotherapy you get and how your body reacts. Before you start chemotherapy, talk with your doctor or nurse about which side effects to expect.

How long do side effects last?

How long side effects last depends on your health and the kind of chemotherapy you get. Most side effects go away after chemotherapy is over. But sometimes it can take months or even years for them to go away. Sometimes, chemotherapy causes long-term side effects that do not go away. These may include damage to your heart, lungs, nerves, kidneys, or reproductive organs. Some types of chemotherapy may cause a second cancer years later. Ask your doctor or nurse about your chance of having long-term side effects.

What can be done about side effects?

Doctors have many ways to prevent or treat chemotherapy side effects and help you heal after each treatment session. Talk with your doctor or nurse about which ones to expect and what to do about them. Make sure to let your doctor or nurse know about any changes you notice—they may be signs of a side effect.



Infection

What it is and why it occurs?

Some types of chemotherapy make it harder for your bone marrow to produce new white blood cells. White blood cells help your body fight infection. Therefore, it is important to avoid infections, since chemotherapy decreases the number of your white blood cells. There are many types of white blood cells. One type is called neutrophil. When your neutrophil count is low, it is called neutropenia. Your doctor or nurse may do blood tests to find out whether you have neutropenia. It is important to watch for signs of infection when you have neutropenia. Check for fever at least once a day, or as often as your doctor or nurse tells you to. You may find it best to use a digital thermometer.

Call your doctor or nurse if your temperature is 100.4° F or higher.

Ways to manage

- Your doctor or nurse will check your white blood cell count throughout your treatment. If chemotherapy is likely to make your white blood cell count very low, you may get medicine to raise your white blood cell count and lower your risk of infection.
- Wash your hands often with soap and water. Be sure to wash your hands before cooking and eating, and after you use the bathroom, blow your nose, cough, sneeze, or touch animals. Carry hand sanitizer for times when you are not near soap and water.
- Use sanitizing wipes to clean surfaces and items that you touch. This
 includes public telephones, ATM machines, doorknobs, and other
 common items.
- Be gentle and thorough when you wipe yourself after a bowel movement. Instead of toilet paper, use a baby wipe or squirt of water from a spray bottle to clean yourself. Let your doctor or nurse know if your rectal area is sore or bleeds or if you have hemorrhoids.



Infection

Ways to Manage (cont.)

- Stay away from people who are sick. This includes people with colds, flu, measles, or chicken pox. You also need to stay away from children who just had a "live virus" vaccine for chicken pox or polio. Call your doctor, nurse, or local health department if you have any questions.
- Stay away from crowds. Try not to be around a lot of people. For instance, plan to go shopping or to the movies when the stores and theaters are less crowded.
- Be careful not to cut or nick yourself. Do not cut or tear your nail cuticles.
 Use an electric shaver instead of a razor. And be extra careful when using scissors, needles, or knives.
- Watch for signs of infection around your catheter or port. Signs include drainage, redness, swelling, or soreness. Let your doctor or nurse know about any changes you notice near your catheter.
- Maintain good mouth care. Brush your teeth after meals and before you
 go to bed. Use a very soft toothbrush. You can make the bristles even
 softer by running hot water over them just before you brush. Use a mouth
 rinse that does not contain alcohol. Check with your doctor or nurse
 before going to the dentist.
- Take good care of your skin. Do not squeeze or scratch pimples. Use lotion to soften and heal dry, cracked skin. Dry yourself after a bath or shower by gently patting (not rubbing) your skin.
- Clean cuts right away. Use warm water, soap, and an antiseptic to clean your cuts. Do this every day until your cut has a scab over it.
- Be careful around animals. Do not clean your cat's litter box, pick up dog waste, or clean bird cages or fish tanks. Be sure to wash your hands after touching pets and other animals.
- Do not get a flu shot or other type of vaccine without first asking your doctor or nurse. Some vaccines contain a live virus, which you should not be exposed to.



Infection

Ways to Manage (cont.)

- Keep hot foods hot and cold foods cold. Do not leave leftovers sitting out.
 Put them in the refrigerator as soon as you are done eating.
- Wash raw vegetables and fruits well before eating them.
- Do not eat raw or undercooked fish, seafood, meat, chicken, or eggs.
 These may have bacteria that can cause infection.
- Do not have food or drinks that are moldy, spoiled, or past the freshness date.
- Do not take drugs that reduce fever without first talking with your doctor or nurse.

Call your doctor right away (even on the weekend or in the middle of the night) if you think you have an infection. Be sure you know how to reach your doctor after office hours and on weekends. Call if you have a fever of 100.4° F or higher, or when you have chills or sweats. Do not take aspirin, acetaminophen (such as Tylenol), ibuprofen products, or any other drugs that reduce fever without first taking with your doctor or nurse

Other signs of infection include:

- Redness Headache
- Stiff Neck
- Bloody or cloudy urine
- Painful or frequent need to urinate
- Sinus pain or pressure

- Swelling
- Rash
- Chills
- Cough
- Earache

Bleeding

Platelets are cells that make your blood clot when you bleed. Chemotherapy can lower the number of platelets because it affects your bone marrow's ability to make them. A low platelet count is called thrombocytopenia. This condition may cause bruises (even when you have not been hit or have not bumped into anything), bleeding from your nose or in your mouth, or a rash of tiny, red dots.

Ways to manage:

Do:

- Brush your teeth with a very soft toothbrush.
- Soften the bristles of your toothbrush by running hot water over them before you brush.
- Blow your nose gently.
- Be careful when using scissors, knives, or other sharp objects.
- Use an electric shaver instead of a razor.
- Apply gentle but firm pressure to any cuts you get until the bleeding stops.
- Wear shoes all the time, even inside the house or hospital.

Do not:

- Use dental floss or toothpicks.
- Play sports or do other activities during which you could get hurt.
- Use tampons, enemas, suppositories, or rectal thermometers.
- Wear clothes with tight collars, wrists, or waistbands.

Check with your doctor or nurse before:

- Drinking beer, wine, or other types of alcohol
- Having sex
- Taking vitamins, herbs, minerals, dietary supplements, aspirin, or other over-the-counter medicines. Some of these products can change how chemotherapy works.
- Check with your doctor or nurse before taking any vitamins, herbs, minerals, dietary supplements, aspirin, or other over-the-counter medicines. Some of these products can change how chemotherapy works.

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Bleeding

Let your doctor know if you are constipated. He or she may prescribe a stool softener to prevent straining and rectal bleeding when you go to the bathroom.

Your doctor or nurse will check your platelet count often. You may need medication, a platelet transfusion, or a delay in your chemotherapy treatment if your platelet count is too low.

Anemia (Low Red Blood Cell Count)

What it is and why it occurs

Red blood cells carry oxygen throughout your body. Anemia is when you have too few red blood cells to carry the oxygen your body needs. Your heart works harder when your body does not get enough oxygen. This can make it feel like your heart is pounding or beating very fast. Anemia can also make you feel short of breath, weak, dizzy, faint, or very tired. Some types of chemotherapy cause anemia because they make it harder for bone marrow to produce new red blood cells.

Ways to manage

- Get plenty of rest. Try to sleep at least eight hours each night. You might also want to take one or two short naps (one hour or less) during the day.
- Limit your activities. This means doing only the activities that are most important to you. For example, you might go to work but not clean the house. Or you might order take-out food instead of cooking dinner.
- Accept help. When your family or friends offer to help, let them. They can help care for your children, pick up groceries, run errands, drive you to doctor's visits, or do other chores you feel too tired to do.
- Eat a well-balanced diet. Choose a diet that contains all the calories and protein your body needs. Calories will help keep your weight up, and extra protein can help repair tissues that have been harmed by cancer treatment. Talk to your doctor, nurse, or dietitian about the diet that is right for you.
- Stand up slowly. You may feel dizzy if you stand up too fast. When you get up from lying down, sit for a minute before you stand.

Your doctor or nurse will check your blood cell count throughout your chemotherapy. You may need a blood transfusion if your red blood cell count falls too low. Your doctor may also prescribe a medicine to boost (speed up) the growth of red blood cells or suggest that you take iron or other vitamins.



Fatigue

What it is and why it occurs

Fatigue from chemotherapy can range from a mild to extreme feeling of being tired. Many people describe fatigue as feeling weak, weary, worn out, heavy, or slow. Resting does not always help. Many people say they feel fatigue during chemotherapy and even for weeks or months after treatment is over. Fatigue can be caused by the type of chemotherapy, the effort of making frequent visits to the doctor, or feelings such as stress, anxiety, and depression. If you receive radiation therapy along with chemotherapy, your fatigue may be more severe. Fatigue can happen all at once or little by little. Different people feel fatigue in different ways.

Ways to manage

- Try not to do too much. With fatigue, you may not have enough energy to
 do all the things you want to do. Choose the activities you want to do and
 let someone else help with the others. Try quiet activities, such as reading,
 knitting, or learning a new language on tape.
- Sleep at least eight hours each night. This may be more sleep than you needed before chemotherapy. You are likely to sleep better at night when you are active during the day. You may also find it helpful to relax before going to bed. For instance, you might read a book, work on a jigsaw puzzle, listen to music, or do other quiet hobbies.
- Plan a work schedule that works for you. Fatigue may affect the amount
 of energy you have for your job. You may feel well enough to work your
 full schedule, or you may need to work less maybe just a few hours a
 day or a few days each week. If your job allows, you may want to talk
 with your boss about ways to work from home. Or you may want to go on
 medical leave (stop working for a while) while getting chemotherapy.
- Let others help. Ask family members and friends to help when you feel fatigued. Perhaps they can help with household chores or drive you to and from doctor's visits. They might also help by shopping for food and cooking meals for you to eat now or freeze for later.



Fatigue

- Learn from others who have cancer. People who have cancer can help by sharing ways that they manage fatigue. One way to meet others is by joining a support group— either in person or online. Talk with your doctor or nurse to learn more. Keep a diary of how you feel each day. This will help you plan how to best use your time. Share your diary with your nurse. Let your doctor or nurse know if you notice changes in your energy level, whether you have lots of energy or are very tired.
- Talk with your doctor or nurse. Your doctor may prescribe medication that can help decrease fatigue, give you a sense of well-being, and increase your appetite. He or she may also suggest treatment if your fatigue is from anemia.

Nausea and Vomiting

What they are and why they occur

Some types of chemotherapy can cause nausea, vomiting, or both. Nausea is when you feel sick to your stomach, like you are going to throw up. Vomiting is when you throw up. You may also have dry heaves, which is when your body tries to vomit even though your stomach is empty. Nausea and vomiting can occur while you are getting chemotherapy, right after, or many hours or days later. You will most likely feel better on the days you do not get chemotherapy. New drugs can help prevent nausea and vomiting. These are called antiemetic or anti-nausea drugs. You may need to take these drugs one hour before each chemotherapy treatment and for a few days after. How long you take them after chemotherapy will depend on the type of chemotherapy you are getting and how you react to it. If one anti-nausea drug does not work well for you, your doctor can prescribe a different one. You may need to take more than one type of drug to help with nausea. Acupuncture may also help. Talk with your doctor or nurse about treatments to control nausea and vomiting caused by chemotherapy.

Ways to manage

One way to prevent vomiting is to prevent nausea. Try having bland, easy-to-digest foods and drinks that do not upset your stomach. These include plain crackers, toast, and gelatin.

- Plan when it's best for you to eat and drink. Some people feel better when they eat a light meal or snack before chemotherapy. Others feel better when they have chemotherapy on an empty stomach (nothing to eat or drink for two to three hours before treatment). After treatment, wait at least one hour before you eat or drink.
- Eat small meals and snacks. Instead of three large meals each day, you
 might feel better if you eat five or six small meals and snacks. Do not drink
 a lot before or during meals. Also, do not lie down right after you eat.



Nausea and Vomiting

- Have foods and drinks that are warm or cool (not hot or cold). Give hot
 foods and drinks time to cool down or make them colder by adding ice.
 You can warm up cold foods by taking them out of the refrigerator one
 hour before you eat or warming them slightly in a microwave. Drink cola
 or ginger ale that is warm and has lost its fizz.
- Stay away from foods and drinks with strong smells. These include coffee, fish, onions, garlic, and foods that are cooking.
- Try small bites of popsicles or fruit ices. You may also find sucking on ice chips helpful.
- Suck on sugar-free mints or tart candies. Do not use tart candies if you
 have mouth or throat sores.
- Relax before treatment. You may feel less nausea if you relax before each chemotherapy treatment. Meditate, do deep breathing exercises, or imagine scenes or experiences that make you feel peaceful. You can also do quiet hobbies such as reading, listening to music, or knitting.
- When you feel like vomiting, breathe deeply and slowly or get fresh air.
 You might also distract yourself by chatting with friends or family, listening to music, or watching a movie or TV.
- Talk with your doctor or nurse. Your doctor can give you drugs to help
 prevent nausea during and after chemotherapy. Be sure to take these
 drugs as ordered and let your doctor or nurse know if they do not work.
 You might also ask your doctor or nurse about acupuncture, which can
 help relieve nausea and vomiting caused by cancer treatment. Tell your
 doctor or nurse if you vomit for more than one day or right after you drink.

Mouth and Throat Changes

What they are and why they occur

Some types of chemotherapy harm fast-growing cells, such as those that line your mouth, throat, and lips. This can affect your teeth, gums, the lining of your mouth, and the glands that make saliva. Most mouth problems go away a few days after chemotherapy is over.

Mouth and throat problems may include:

- Dry mouth (having little or no saliva)
- Changes in taste and smell (such as when food tastes like metal or chalk, has no taste, or does not taste or smell like it used to)
- · Infections of your gums, teeth, or tongue
- Increased sensitivity to hot or cold foods
- Mouth sores
- Trouble eating when your mouth gets very sore

Ways to manage

- Visit a dentist at least two weeks before starting chemotherapy. It is
 important to have your mouth as healthy as possible. This means getting
 all your dental work done before chemotherapy starts. If you cannot go to
 the dentist before chemotherapy starts, ask your doctor or nurse when it is
 safe to go. Be sure to tell your dentist that you have cancer and about
 your treatment plan.
- Check your mouth and tongue every day. This way, you can see or feel problems (such as mouth sores, white spots, or infections) as soon as they start. Inform your doctor or nurse about these problems right away.
- Keep your mouth moist. You can keep your mouth moist by sipping water throughout the day, sucking on ice chips or sugar-free hard candy, or chewing sugar-free gum. Ask your doctor or nurse about saliva substitutes if your mouth is always dry.



Mouth and Throat Changes

- Clean your mouth, teeth, gums, and tongue.
 - Brush your teeth, gums, and tongue after each meal and at bedtime.
 - Use an extra-soft toothbrush. You can make the bristles even softer by rinsing your toothbrush in hot water before you brush.
 - If brushing is painful, try cleaning your teeth with cotton swabs or Toilettes.
 - Use a fluoride toothpaste or special fluoride gel that your dentist prescribes.
 - Do not use mouthwash that has alcohol. Instead, rinse your mouth three to four times a day with a solution of 1/4 teaspoon baking soda and 1/8 teaspoon salt in 1 cup of warm water. Follow this with a plain water rinse.
 - Gently floss your teeth every day. If your gums bleed or hurt, avoid those areas but floss your other teeth. Ask your doctor or nurse about flossing if your platelet count is low.
 - If you wear dentures, make sure they fit well and keep them clean. Also, limit the length of time that you wear them.

Be careful what you eat when your mouth is sore

- Choose foods that are moist, soft and easy to chew or swallow. These
 include cooked cereals, mashed potatoes, and scrambled eggs.
- Use a blender to puree cooked foods so that they are easier to eat. To help avoid infection, be sure to wash all blender parts before and after using them. If possible, it is best to wash them in a dishwasher.
- Take small bites of food, chew slowly, and sip liquids while you eat.
- Soften food with gravy, sauces, broth, yogurt, or other liquids.
- Eat foods that are cool or at room temperature. You may find that warm and hot foods hurt your mouth or throat.
- Suck on ice chips or popsicles. These can relieve mouth pain.



Mouth and Throat Changes

- Ask your dietitian for ideas of foods that are easy to eat.
- Call your doctor, nurse or dentist if your mouth hurts a lot. Your doctor or dentist may prescribe medicine for pain or to keep your mouth moist. Make sure to give your dentist the phone number of your doctor and nurse.

Ask your dietitian for ideas of foods that are easy to eat

- Call your doctor, nurse or dentist if your mouth hurts a lot. Your doctor or dentist may prescribe medicine for pain or to keep your mouth moist. Make sure to give your dentist the phone number of your doctor and nurse.
- Stay away from things that can hurt, scrape, or burn your mouth, such as:
 - Sharp or crunchy foods, such as crackers and potato or corn chips
 - Spicy foods, such as hot sauce, curry dishes, salsa, and chili
 - Citrus fruits or juices such as orange, lemon, and grapefruit
 - Food and drinks that have a lot of sugar, such as candy or soda
 - Beer, wine, and other types of alcohol
 - Toothpicks or other sharp objects
 - Tobacco products, including cigarettes, pipes, cigars, and chewing tobacco

Ways to learn more:

National Oral Health Information Clearinghouse

A service of the National Institutes of Dental and Craniofacial Research that provides oral health information for special care patients.

- Call: 866-232-4528
- Visit: www.nidcr.nih.gov
- E-mail: nidcrinfo@mail.nih.gov
- Visit: http://www.mmokefree.gov

Provides resources including information on quit lines, a step-by-step cessation guide, and publications to help you or someone you care about quit smoking. Advocate Health Care®

• Call: 877-44U-QUIT (877-448-7848)

Appetite Changes

What they are and why they occur

Chemotherapy can cause appetite changes. You may lose your appetite because of nausea (feeling like you are going to throw up), mouth and throat problems that make it painful to eat, or drugs that cause you to lose your taste for food. The changes can also come from feeling depressed or tired. Appetite loss may last for a day, a few weeks, or even months. It is important to eat well, even when you have no appetite. This means eating and drinking foods that have plenty of protein, vitamins, and calories. Eating well helps your body fight infection and repair tissues that are damaged by chemotherapy. Not eating well can lead to weight loss, weakness, and fatigue. Some cancer treatments cause weight gain or an increase in your appetite. Be sure to ask your doctor, nurse, or dietitian what types of appetite changes you might expect and how to manage them.

Ways to manage

- Eat five or six small meals or snacks each day instead of three big meals.
 Choose foods and drinks that are high in calories and protein.
- Set a daily schedule for eating your meals and snacks. Eat when it is time to eat, rather than when you feel hungry. You may not feel hungry while you are on chemotherapy, but you still need to eat.
- Drink milkshakes, smoothies, juice, meal supplement shakes or soup if you do not feel like eating solid foods. Liquids like these can help provide the protein, vitamins, and calories your body needs.
- Use plastic forks and spoons. Some types of chemo give you a metal taste in your mouth. Eating with plastic can help decrease the metal taste. Cooking in glass pots and pans can also help.
- Increase your appetite by doing something active. For instance, you
 might have more of an appetite if you take a short walk before lunch.
 Also, be careful not to decrease your appetite by drinking too much liquid
 before or during meals.



Appetite Changes

- Change your routine. This may mean eating in a different place, such as the dining room rather than the kitchen. It can also mean eating with other people instead of eating alone. If you eat alone, you may want to listen to the radio or watch TV. You may also want to vary your diet by trying new foods and recipes.
- Talk with your doctor, nurse, or dietitian. He or she may want you to take extra vitamins or nutrition supplements (such as high protein drinks). If you cannot eat for a long time and are losing weight, you may need to take drugs that increase your appetite or receive nutrition through an IV or feeding tube.

Constipation

What it is and why it occurs

Constipation is when bowel movements become less frequent, and stools are hard, dry, and difficult to pass. You may have painful bowel movements and feel bloated or nauseous. You may belch, pass a lot of gas, and have stomach cramps or pressure in the rectum. Drugs such as chemotherapy, pain medicine and some anti-nausea medications given with chemotherapy can cause constipation. It can also happen when people are not active and spend a lot of time sitting or lying down. Constipation can also be due to eating foods that are low in fiber or not drinking enough fluids.

Ways to manage

- Keep a record of your bowel movements. Show this record to your doctor or nurse and talk about what is normal for you. This makes it easier to figure out whether you have constipation.
- Drink at least 8 cups of water or other fluids each day. Many people find that drinking warm or hot fluids, such as coffee and tea, help with constipation. Fruit juices, such as prune juice, may also be helpful.
- Be active every day. You can be active by walking, riding a bike, or doing yoga. If you cannot walk, ask about exercises that you can do in a chair or bed. Talk with your doctor or nurse about ways you can be more active.
- Ask your doctor, nurse, or dietitian about foods that are high in fiber.
 Eating High fiber foods and drinking lots of fluids can help soften your
 stools. Good sources of fiber include whole-grain breads and cereals,
 dried beans and peas, raw vegetables, fresh and dried fruit, nuts, seeds,
 and popcorn.
- Let your doctor or nurse know if you have not had a bowel movement within two days of your normal routine. Your doctor may suggest a fiber supplement, laxative, stool softener, or enema. Do not use these treatments without first checking with your doctor or nurse.



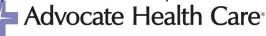
Diarrhea

What it is and why it occurs

Diarrhea is frequent bowel movements that may be soft, loose, or watery. Chemotherapy can cause diarrhea because it harms healthy cells that line your large and small intestines. It may also speed up your bowels. Diarrhea can also be caused by infections or drugs used to treat constipation.

Ways to manage

- Eat five or six small meals & snacks each day instead of three large meals.
- Ask your doctor or nurse about foods that are high in salts such as sodium and potassium. Your body can lose these salts when you have diarrhea, and it is important to replace them. Foods that are high in sodium or potassium include bananas, oranges, peach and apricot nectar, and boiled or mashed potatoes.
- Drink 8 to 12 cups of non-caffeinated clear liquids each day. These include water, clear broth, ginger ale, or sports drinks such as Gatorade® or Propel®. Drink slowly and choose drinks that are at room temperature. Let carbonated drinks lose their fizz before you drink them. Add extra water if drinks make you thirsty or nauseous (feeling like you are going to throw up). Eat low-fiber foods. Foods that are high in fiber can make diarrhea worse. Low-fiber foods include bananas, white rice, white toast, and plain or vanilla yogurt.
- Let your doctor or nurse know if your diarrhea lasts for more than 24 hours or if you have pain and cramping along with diarrhea. Your doctor may prescribe a medicine to control the diarrhea. You may also need IV fluids to replace the water and nutrients you lost. Do not take any medicine for diarrhea without first asking your doctor or nurse.
- Be gentle when you wipe yourself after a bowel movement. Instead of toilet paper, use a baby wipe or squirt of water from a spray bottle to clean yourself after bowel movements. Let your doctor or nurse know if your rectal area is sore or bleeds or if you have hemorrhoids.
- Ask your doctor if you should try a clear liquid diet. This can give your bowels time to rest. Most people stay on this type of diet for 5 days or less.



Diarrhea

Stay away from:

- Drinks that are very hot or very cold
- Beer, wine, and other types of alcohol
- Milk or milk products, such as ice cream, milkshakes, sour cream, and cheese
- Spicy foods, such as hot sauce, salsa, chili, and curry dishes
- Greasy and fried foods, such as French fries and hamburgers
- Foods or drinks with caffeine, such as regular coffee, black tea, cola, and chocolate
- Foods or drinks that cause gas, such as cooked dried beans, cabbage, broccoli, and soymilk and other soy products
- Foods that are high in fiber, such as cooked dried beans, raw fruits and vegetables, nuts, and whole-wheat breads and cereals



Hair Loss

What it is and why it occurs

Hair loss (also called alopecia) is when some or all your hair falls out. This can happen anywhere on your body: Your head, face, arms, legs, underarms, or the pubic area between your legs. Many people are upset by the loss of their hair and find it the most difficult part of chemotherapy. Some types of chemotherapy damage the cells that cause hair growth. Hair loss often starts 2 to 3 weeks after chemotherapy begins. Your scalp may hurt at first. Then you may lose your hair, either a little at a time or in clumps. It takes about 1 week for your hair to fall out. Almost always, your hair will grow back 2 to 3 months after chemotherapy is over. You may notice that your hair starts growing back even while you are getting chemotherapy.

Your hair will be very fine when it starts growing back. Also, your new hair may not look or feel the same as it did before. For instance, your hair may be thin instead of thick, curly instead of straight, and darker or lighter in color.

Ways to manage Before hair loss:

- Talk with your doctor or nurse. He or she will know if you are likely to have hair loss.
- Cut your hair short or shave your head. You might feel more in control of hair loss if you first cut your hair or shave your head. This often makes hair loss easier to manage. If you shave your head, use an electric shaver instead of a razor.
- The best time to choose your wig is before chemotherapy starts. This way, you can match the wig to the color and style of your hair. You might also take it to your hairdresser who can style the wig to look like your own hair. Make sure to choose a wig that feels comfortable and does not hurt your scalp.
- Ask if your insurance company will pay for a wig. If it will not, you can
 deduct the cost of your wig as a medical expense on your income tax.
 Some groups also have free "wig banks". Your doctor, nurse, or social
 worker will know if there is a wig bank near you.



Hair Loss

Be gentle when you wash your hair. Use a mild shampoo, such as a baby shampoo.

Dry your hair by patting (not rubbing) it with a soft towel.

- Do not use items that can hurt your scalp. These include:
 - Straightening or curling irons
 - Hairsprays
 - Hair Dyes
 - Brush rollers or curlers
 - Electric hair dryers
 - Hair bands or clips
 - Products to perm or relax your hair

After hair loss:

- Protect your scalp. Your scalp may hurt during and after hair loss. Protect it by wearing a hat, turban, or scarf when you are outside. Try to avoid places that are very hot or very cold. This includes tanning beds and outside in the sun or cold air. And always apply sunscreen or sunblock to protect your scalp.
- Stay warm. You may feel colder once you lose your hair. Wear a hat, turban, scarf, or wig to help you stay warm.
- Sleep on a satin pillowcase. Satin creates less friction than cotton when you sleep on it. Therefore, you may find satin pillowcases more comfortable.



Pain

What it is and why it occurs

Some types of chemotherapy cause painful side effects. These include burning, numbness, and tingling or shooting pains in your hands and feet. Mouth sores, headaches, muscle pains, and stomach pains can also occur. Pain can be caused by the cancer itself or by chemotherapy. Doctors and nurses have ways to decrease or relieve your pain.

Ways to manage

- Talk about your pain with a doctor, nurse, or pharmacist. Be specific and describe:
 - Where you feel pain. Is it in one part of your body or all over?
 - What the pain feels like? Is it sharp, dull, or throbbing? Does it come and go, or is it steady?
 - How strong the pain is. Describe it on a scale of 0 to 10.
 - How long the pain lasts. Does it last for a few minutes, an hour, or longer?
 - What makes the pain better or worse? For instance, does an ice pack help? Or does the pain get worse if you move a certain way?
 - Which medicines you take for pain. Do they help? How long do they last?
 How much do you take? How often?
 - Let your family and friends know about your pain. They need to know about your pain so they can help you.

Practice pain control

- Take your pain medicine on a regular schedule (by the clock) even when you are not in pain. This is very important when you have pain most of the time.
- Do not skip doses of your pain medicine. Pain is harder to control and manage if you wait until you are in a lot of pain before taking medicine.
- Try deep breathing, yoga, or other ways to relax. This can help reduce muscle tension, anxiety, and pain.



Pain

Ask to meet with a pain or palliative care specialist. This can be an oncologist, anesthesiologist, neurologist, neurosurgeon, nurse, or pharmacist who will talk with you about ways to control your pain.

Let your doctor, nurse, or pain specialist know if your pain changes. Your pain can change over the course of your treatment. When this happens, your pain medications may need to be changed. You are responsible for the safety of your prescribed pain medications. Pain medications should be kept in a locked or safe place. Do not share medications and do not take more than the recommended dose without calling your provider first. NCI's book, Pain Control: Support for People with Cancer, provides more tips about how to control pain from cancer and its treatment. You can download free copies from the website of the National Cancer Institute (www.cancer.gov).

Skin and Nail Changes

What they are and why they occur

Some types of chemotherapy can damage the fast-growing cells in your skin and nails. While these changes may be painful and annoying, most are minor and do not require treatment. Hyperpigmented (darker) or Vitiligo (lighter) skin changes from anti-cancer treatment are usually temporary. Many of these changes will get better once you have finished treatment. Some changes may be permanent. However, major skin changes need to be treated right away because they can cause lifelong damage.

Minor skin changes may include:

- Itching, dryness, redness, rashes, and peeling
- Darker veins. Your veins may look darker when you get chemotherapy through an IV.
- Sensitivity to the sun (when you burn very quickly). This can happen even to people who have very dark skin color.
- Nail problems. This is when your nails become dark, turn yellow, or become brittle and cracked. Sometimes your nails will loosen and fall off, but new nails will grow back in.

Major skin changes can be caused by:

- Radiation recall. Some chemotherapy causes skin in the area where you
 had radiation therapy to turn red (ranging from very light to bright red).
 Your skin may blister, peel, or be very painful.
- Chemotherapy leaking from your IV. You need to let your doctor or nurse know right away if you have burning or pain when you get IV chemotherapy.
- Allergic reactions to chemotherapy. Some skin changes mean that you are allergic to the chemotherapy. Let your doctor or nurse know right away if you have sudden and severe itching, rashes, or hives, along with wheezing or other trouble breathing.



Skin and Nail Changes

Ways to manage

Itching, dryness, redness, rashes, and peeling

- Apply cornstarch, as you would dusting powder.
- Take quick showers or sponge baths instead of long, hot baths.
- Pat (do not rub) yourself dry after bathing.
- Wash with a mild, moisturizing soap.
- Put on cream or lotion while your skin is still damp after washing. Tell your doctor or nurse if this does not help.
- Do not use perfume, cologne, or aftershave lotion that has alcohol.
- Take a colloidal oatmeal bath (special powder you add to bath water) when your whole-body itches.
- Keep your face clean and dry.
- Ask your doctor or nurse if you can use medicated creams or soaps and which ones to use.

Sensitivity to the sun

- Avoid direct sunlight. This means not being in the sun from 10 a.m. until 4 p.m. (the time when the sun is strongest).
- Use sunscreen lotion with an SPF (skin protection factor) of 15 or higher. Or use ointments that block the sun's rays, such as those with zinc oxide.
- Keep your lips moist with a lip balm that has an SPF of 15 or higher.
- Wear light-colored pants, long-sleeve cotton shirts, and hats with wide brims.
- Do not use tanning beds.

Nail problems

- Wear gloves when washing dishes, working in the garden, or cleaning the house.
- Use products to make your nails stronger. (Stop using these products if they hurt your nails or skin.)



Skin and Nail Changes

Sensitivity to the sun (cont.)

- Let your doctor or nurse know if your cuticles are red and painful.
- Radiation recall
- Protect the area of your skin that received radiation therapy from the sun.
- Do not use tanning beds.
- Place a cool, wet cloth where your skin hurts.
- Wear clothes that are made of cotton or other soft fabrics. This includes your underwear (bras, underpants, and t-shirts).
- Let your doctor or nurse know if you think you have radiation recall.

Urinary, Kidney and Bladder Changes

What they are and why they occur

Some types of chemotherapy damage cells in the kidneys and bladder.

Problems may include:

- Burning or pain when you begin to urinate or after you empty your bladder
- Frequent, more urgent need to urinate
- Not being able to urinate
- Not able to control the flow of urine from the bladder (incontinence)
- Blood in the urine
- Fever
- Chills
- Urine that is orange, red, green, or dark yellow or has a strong medicine odor
- Some kidney and bladder problems will go away after you finish chemotherapy

Ways to manage

- Your doctor or nurse will take urine and blood samples to check how well your bladder and kidneys are working.
- Drink plenty of fluids. Fluids will help flush the chemotherapy out of your bladder and kidneys.
- Limit drinks that contain caffeine (such as black tea, coffee, and some cola products).
- Talk with your doctor or nurse if you have any of the problems listed above.



Flu-like Symptoms

Some types of chemotherapy can make you feel like you have the flu. This is more likely to happen if you get chemotherapy along with biological therapy.

Flu-like symptoms may include:

- Muscle and joint aches
- Fever
- Headache
- Chills
- Fatigue
- Appetite loss
- Nausea

These symptoms may last from one to three days. An infection or the cancer itself can also cause them. Let your doctor or nurse know if you have any of these symptoms.

Fluid retention

Fluid retention is a buildup of fluid caused by chemotherapy, hormone changes caused by treatment, or your cancer. It can cause your face, hands, feet, or stomach to feel swollen and puffy. Sometimes fluid builds up around your lungs and heart, causing coughing, shortness of breath, or an irregular heartbeat. Fluid can also build up in the lower part of your belly, which can cause bloating.

You and your doctor or nurse can help manage fluid retention by:

- Weighing yourself at the same time each day, using the same scale. Let your doctor or nurse know if you gain weight quickly.
- Avoiding table salt or salty foods.
- Limiting the amount and type of liquids you drink.
- If you retain a lot of fluid, your doctor may prescribe medicine to get rid of the extra fluid.



Patient Resources



What is Cancer

What is Cancer?

Cancer is a general term for many diseases, all of which are characterized by uncontrolled growth and spread of abnormal cells. These abnormal (cancer) cells do not act or behave as normal cells do. Normal cells grow and multiply to replace old or dead cells; cancer cells multiply uncontrollably. They keep reproducing regardless of the need for new cells.

Because of this reproduction, cancer cells form malignant tumors. These tumors can invade other tissues and organs and may destroy normal cells. Cancer may grow slowly or rapidly.

Eventually many tumors grow into nearby organs or tissue or spread to other parts of the body. This spread is called metastasis. Metastasis usually occurs through the bloodstream or lymph vessels. Benign tumors are made up of cells that are not cancerous; they usually do not grow and spread in the same way as malignant tumors. They are usually not dangerous.

There are more than 100 types of cancer. The names of various kinds of cancer refer to the type of body tissue from which the cancer cell developed. For instance, adenocarcinoma is a kind of cancer that involves mucus-secreting cells/glands, such as in the lung or breast. Sarcoma refers to a cancer that involves connective tissues such as bone or cartilage.

Cancer develops when a cell becomes abnormal. What causes the cell to become abnormal is often not clear. Many factors have been found to be cancer-producing. They include the use of tobacco products, exposure to some chemicals, and excessive exposure to sunlight. Cancer is not contagious; you cannot catch it from another person.



General Information

Tips for Patients Newly Diagnosed with Cancer

When people first hear the news that they have "cancer," a variety of emotions and reactions occur. Many people report that they felt shocked. Most also found it hard to hear everything that was being said to them about their treatment options. It is very common for patients to sit through a doctor visit and feel so overwhelmed that later you will recall very little of what was told to you.

Here are some suggestions that you may find helpful

- Bring a friend, spouse, or family member with you to your doctor visits. Two sets of ears will help remember more information.
- Bring this booklet to every office visit to jot down notes and add other information given to you, like your test results and treatment plans.
- Bring a list of questions with you to your office visits.
- If you do not understand any part of your care or words that are used –
 please ask.

All questions are good questions.

What to Expect During a Typical Appointment

You will check in at the front desk where the Patient Service Representative will verify your identity and apply a wristband on your wrist.

Before you see the provider, a team member will:

- Review your medications
- Access your implanted Mediport or check your PICC line
- Draw your blood to be tested if labs were ordered
- · Measure your height and weight
- Measure your blood pressure, heart and respiration rate; and temperature
- Ask how you're feeling and advise your doctor



General Information

Your doctor will:

- Give you an examination
- Review your blood test results
- Determine if you'll be treated today
- Enter your medication order
- Tell nurse and pharmacist you are ready for treatment

How should I plan for chemotherapy treatments?

There are steps you can take before treatment begins to help you cope.

Prepare for side effects

Your team will work with you to plan for side effects common to your specific treatment. These may include nausea and vomiting, fatigue, and other side effects. This can include recommendations about eating well and getting regular exercise. Relieving physical and emotional side effects is an important part of your overall cancer treatment. This type of care is called palliative care or supportive care. Talk with your health care team about the side effects you experience and ways to manage and treat them. Learn more about the side effects of chemotherapy.

Make a caregiving plan

People receiving chemotherapy may need extra help during treatment with transportation, household chores, and other tasks. Family and friends can provide valuable support during this time, called caregiving. Ask your team what type of caregiving at home you may need during and after treatment.

Get help with finances

Cancer treatment can be costly. Before chemotherapy starts, talk with your team about the financial considerations of your treatment, including specific insurance coverage. You may want to contact organizations that can provide financial support. This could be important if your health insurance does not cover the whole cost of treatment.

Advocate Health Care®

General Information

Get help at work

As you learn about your treatment schedule and side effects, you may be concerned about how this could affect your work schedule. Talk with your employer about possible adjustments to your work schedule or other arrangements during treatment and your recovery.

What happens during chemotherapy treatment?

There are different ways you can receive chemotherapy. The most common way that chemotherapy drugs are given is through a needle into a vein. This is called intravenous or IV chemotherapy. Chemotherapy can also be taken as a pill, capsule, or liquid by mouth, as an injection or shot, or as a cream that is put directly on your skin.

During your first IV chemotherapy appointment, you should bring a friend or family member. They can support you and help you remember information. Sometimes you will be given medication before your chemotherapy treatment that can make you tired, so you may need someone who can drive you home. You may also bring items that make your treatment time easier. For instance, considering bringing your phone, a tablet, books, or a blanket.

Before your treatment starts, you will:

- Have a blood sample taken
- Meet with your oncologist so they can check your health and blood test results
- · Meet the nurse or other health professionals who will give your treatment
- Have your blood pressure, pulse, breathing, and temperature taken before starting treatment
- Have your height and weight measured to find the right dose of chemotherapy



General Information

May have an IV tube, also called a catheter, put in your arm. Some people
receive chemotherapy through a port. Instead of putting the IV directly into
your arm, the catheter will go into a round metal or plastic disk. With a port,
your nurse does not need to find a vein to put the IV in for each treatment. If
you need a port, you will need a minor surgery before your first
chemotherapy appointment to put the port in.

The length of your treatment session will depend on many factors. Some chemotherapy treatments take minutes or hours. Others are given over several days or weeks. This is called continuous infusion chemotherapy. You do not need to stay at the hospital or clinic for continuous infusion. Instead, drugs are delivered through a small pump you wear or carry. To get the full benefit of chemotherapy, it is important to follow the schedule of treatments recommended by your doctor and manage other medicines you're taking.

What happens before chemotherapy?

Each chemotherapy treatment plan is created to meet a patient's unique needs. But before treatment starts, you can expect to take these general steps.

Meet with your oncologist

The doctor will look over your medical records and do a physical exam. You will also have tests done to help plan treatment. Your exact treatment depends on the type, size, and location of the cancer. Your doctor will also consider your age, your general health, and other factors, such as previous cancer treatments.

Learn about your chemotherapy treatment schedule

Your health care team will explain when and how often you need chemotherapy. Most chemotherapy treatments are given in repeating cycles. The length of a cycle depends on the drug(s) you receive. Most cycles range from 2 to 6 weeks. The number of treatment doses scheduled within each cycle also depends on the prescribed chemotherapy.



General Information

For example, each cycle may contain only 1 dose on the first day. Or a cycle may contain more than 1 dose given each week or each day. Often, your doctor will check if the treatment is working after you finish 2 cycles. Most people have several cycles of chemotherapy. Sometimes, chemotherapy treatment is ongoing as a maintenance therapy.

Give permission for chemotherapy

Your doctor will talk with you about the possible risks and benefits of chemotherapy. This discussion will include potential short-term side effects and late effects of the chemotherapy. This is a great time for you to ask questions and share any concerns. Once you decide to move forward, your health care team will ask you to sign an informed consent form.

Signing this form means:

- Your team gave you information on your treatment options.
- You choose to have chemotherapy.
- You give permission for health care professionals to deliver the treatment.
- You understand that the treatment is not guaranteed to give the intended results and there are possible risks, like side effects, that may happen due to the treatment.

Clinical Trials

What is a clinical trial?

Clinical trials are research studies in which people help doctors find ways to improve health and cancer care. Each study tries to answer scientific questions and to find better ways to prevent, diagnose or treat cancer.

Why are there clinical trials?

A clinical trial is one of the final stages of a long and careful cancer research process. Studies are done with cancer patients to find out whether promising approaches to cancer prevention, diagnosis and treatment are safe and effective. Treatment trials test new treatments, like a new cancer drug, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy.

Should I take part in a clinical trial?

Only you can make the decision about whether to participate in a clinical trial. Before you make your decision, you should learn as much as possible about your disease and the trials that are available to you. Then, discuss this information and how you feel about it with your doctor and/or nurse, family members and friends to help you determine what is right for you. Don't hesitate to ask any questions until you have all the information you need. Informed consent continues as long as you are in the study. You can change your mind and leave the study at any time.

Well-Being

Your Feelings During Chemotherapy

At some point during chemotherapy, you may feel:

- Anxious
- Helpless
- Lonely
- Frustrated
- Afraid
- Angry
- Depressed

It is normal to have a wide range of feelings while going through chemotherapy. After all, living with cancer and getting treatment can be stressful. You may also feel fatigue, which can make it harder to cope with your feelings.

- Relax. Find some quiet time and think of yourself in a favorite place. Breathe slowly or listen to soothing music. This may help you feel calmer and less stressed.
- Exercise. Many people find that light exercise helps them feel better. There
 are many ways for you to exercise, such as walking, riding a bike, and doing
 yoga. Talk with your doctor or nurse about ways you can exercise.
- Talk with others. Talk about your feelings with someone you trust. Choose someone who can focus on you, such as a close friend, family member, chaplain, nurse, or social worker. You may also find it helpful to talk with someone else who is getting chemotherapy.

Well-Being

Join a support group

Cancer support groups provide support for people with cancer. These groups allow you to meet others with the same problems. You will have a chance to talk about your feelings and listen to other people talk about theirs. You can find out how others cope with cancer, chemotherapy, and side effects. Your doctor, nurse, or AAH team member may know about support groups near where you live. Some support groups also meet online (over the Internet), which can be helpful if you cannot travel.

Ways to learn more

To learn more about coping with your feelings and relationships during cancer treatment, read Taking Time: Support for People with Cancer, a book from the National Cancer Institute. You can get a free copy at www.cancer.gov/publications or 800-4-CANCER (800-422-6237).

What is Distress?

It is our desire to provide you with cancer care that is as comprehensive and personalized as possible. We have learned that identifying and responding to distress helps our patients and their loved ones better navigate their treatment and maintain a good quality of life.

Distress is a word that has many meanings. For cancer patients, it is used to describe unpleasant feelings or emotions that may cause problems for you, your family members and loved ones.

Saying that you are distressed can mean that you feel sad, hopeless, powerless, afraid, guilty, anxious, discouraged, depressed or uncertain. Each person's experience with cancer is different, and there is no "standard" or typical response.



Well-Being

Because you are unique, you may experience none, some or all these feelings. During treatment for your cancer, we will occasionally ask you to fill out the "distress thermometer." This important tool asks you to choose a number from 0 to 10, with 0 meaning no distress and 10 meaning the most distress. Not only does the distress thermometer tell your cancer care team about your emotional health, but it also gives you a chance to talk about and help us to work out problems with you during your visit.

Coping with Depression

You're a partner in your treatment

The best course of treatment for your depression is one in which you become a partner with your therapist and doctor. Stay informed. Ask questions. Make sure you understand your treatment plan. While you are being treated, you can play a big part in taking control of your depression. Here are some ways to do this:

Seek support

Do you have a friend or relative who has been depressed in the past? He or she will most likely understand what you are going through and may help you recognize your "depressed thinking." You can then start to focus more on positive thoughts and "say no" to the negative ones. Many support groups are available in the community. Talk with your therapist if you are interested in a group.

Challenge your thoughts

It may be time to challenge some thoughts. You may find that you jump to negative thoughts too quickly. Do you worry a great deal about things you cannot control? Do you blame yourself for things that go wrong in life? When something does go well, do you tend to think it was just an accident, or that you don't deserve it? With time and practice, you can learn to replace your negative thoughts with positive ones. Talk with your therapist about how to begin changing your thought patterns.



Well-Being

Exercise

Being inactive may help "feed" your low mood. Think about starting a simple activity program, such as walking at a brisk pace three times a week. Start with five- or ten-minute walks and slowly work your way up to 30 minutes.

As you recover from your depression, you may notice that you enjoy these walks more each week. As you walk, focus on the world around you rather than on worries or problems. Take in the sights and sounds and smells in detail. Always check with your doctor before starting a new exercise program.

Avoid extremes in diet and drink

Keep a healthy approach to eating and drinking. Giving in to every craving is not healthy for anyone; it could lead to abuse of food or drink. A sensible goal for most people is to neither gain nor lose weight when recovering from depression.

Stay active

Depression can take the pleasure out of hobbies and social outings. But as best you can, try to keep up with most of your activities. Focus on those things you enjoy. Try to push away any negative thoughts that come to mind during the activity. Remind yourself that this activity is part of your healthy life. You need it to help regain your balance and enjoy your life again.

Continue your treatment

As you feel better, be sure to keep up with your treatment plan. Talk with your health care provider about concerns that come up. It will take time to make permanent changes in your behavior patterns. Remember that some medications have an "activating" effect—a return of energy and good mood after just a few weeks. This is not a true measure that depression is gone. There may still be issues you need to explore in therapy. But these sessions may be more successful now that your mood and energy level are better.



Well-Being

We're here for you

Even after you are finished with treatment and you feel good, an issue or concern might come up that you need help with. In that case, a "tune-up" session may be in order. Depression, like any other illness, can happen again, even after treatment. If you notice your symptoms coming back, or if you feel yourself "sinking," don't ignore it.

Call your health care provider or therapist to talk about what you feel. If treatment worked for you before, it can work again.

For further help:

Contact your physician's office for a referral or visit AdvocateAurorahealth.org for additional information.



Resources and Support Services

Support Services and Resources

After receiving a cancer diagnosis, it will bring different questions, concerns and mixed feelings. AAH Oncology Team Members are available to keep you informed and support you during your cancer journey. Your clinical and support team works closely with you to provide information about resources and support programs to help answer some of your questions and acknowledge your feelings.

Support is available upon receiving your diagnosis, during treatment and after treatment has ended.

Some examples include information and support regarding:

- Transportation services
- Support programs for patient and families
- Counseling services
- Community resources available to help with daily activities
- Employment rights and work benefits
- Financial assistance for medication expenses
- Insurance options
- Advanced care planning



Resources and Support Services

A Silver Lining Foundation

877-924-1126 (Toll Free) 312-345-1322 • (info@asilverliningfoundation.org) Created to fund screening mammograms, the Buy A Mom A Mammogram (BAMAM®) expanded over the years to include diagnostic testing in response to community need.

ALAS-WINGS

312-883-2527 • https://alas-wings.org

Dedicated to empowering Hispanic/Latina women about breast cancer awareness through comprehensive education, support for all women faced with breast cancer diagnosis, and survivorship

American Cancer Society

800-ACS-2345 • www.cancer.org

Offers numerous resources, including printed materials, counseling for patients and their families.

American Kidney Fund

800-638-8299 • www.kidneyfund.org

Provides financial assistance to people who have kidney cancer as well as other kidney diseases. The Fund also helps patients find appropriate doctors and medical services.

American Liver Foundation

800-GO-LIVER • www.liverfoundation.org

A national, non-profit health agency that provides support and medical referrals for people with liver cancer and other liver diseases.

American Lung Association

800-LUNG-USA • www.lungusa.org

Offers smoking cessation groups, literature on lung disease, and promotes lung health.

Advocate Health Care

Resources and Support Services

American Urological Association Foundation

866-RING-AUA • www.auanet.org

An organization providing information and support for people dealing with prostate cancer

American Brain Tumor Association

800-86-ABTA • www.abta.org

Provides publications about brain tumors, support groups, as well as referral information. Helps to fund brain cancer research.

Cancer and Careers

https://www.cancerandcareers.org

Empowering & Educating People With Cancer To Succeed On The Job. Expert Info & Resources

Cancer Care, Inc.

800-813-HOPE • www.cancercare.org

Provides one-to-one counseling, workshops, and referrals to support services in locations across the country. Also provides online and teleconference educational programs and support groups.

Cancer Information Service

800-4-CANCER • www.nci.nih.gov

A nationwide service providing fast access to the latest cancer information for patients, family members, and health-care professionals. The Information Service is a program of the National Cancer Institute.

Cancer Support Community

888-793-9355 • www.cancersupportcommunity.org

Dedicated to providing support, education, and hope to people affected by cancer.



Resources and Support Services

Cancer Wellness Center

847-509-9595 • www.cancerwellness.org

Provides free education, wellness services and psychosocial support to those impacted by cancer and their loved ones.

Colon Cancer Alliance

877-422-2030 • www.ccalliance.org

Deeply committed to peer support in the form of a "buddies" program

Corporate Angel Network

866-328-1313 • www.corpangelnetwork.org

Provides free transportation (using corporate jets) to or from a hospital or treatment center for people with cancer and family members. Travelers must be ambulatory and self-sufficient.

Cure for Lymphoma Foundation

800-CFL-6848 • www.cfl.org

Provides support, including aid for patients, as well as education programs, including teleconferences and a newsletter.

fertileHOPE

866-965-7205 •www.fertilehope.org

A LIVESTRONG initiative dedicated to providing reproductive information, support, and hope to cancer patients and survivors whose medical treatments present the risk of infertility.

Gilda's Club

917-305-1200 • www.gildasclub.org

Offers emotional and social support as a supplement to medical care.

Coordinates a network of groups, lectures, workshops, and social events in a non-residential, homelike setting.



Resources and Support Services

Hereditary Cancer Institute

800-648-8133 • www.medicine.creighton.edu Studies family-linked cancers. Provides counseling, information on clinical trials, and cancer and genetics. Offers advice on genetic testing.

Hospice Link (Hospice Education Institute)

800-331-1620 • www.hospiceworld.org

Maintains a computerized database of hospice programs throughout the United States.

Imeran Angels

1-866-IMERAN (463-7626)

Provides personalized connections that enable one-=on -one support among cancer fighters, survivors, caregivers and previvors

International Association of Laryngectomees

866-425-3678 • www.larynxlink.com

The Association assists people who have lost their voice as a result of cancer. It publishes educational materials and sponsors meetings.

International Cancer Alliance

301-656-3461 • www.icare.org

Dedicated to providing cancer information to patients and physicians. Has programs designed to bring patients in contact with top physicians from all over the world.

Kidney Cancer Association

800-850-9132 • www.kidneycancer.org

Provides information to patients and physicians, and sponsors research on kidney cancer. The association also acts as an advocate on behalf of patients.



Resources and Support Services

Kids Konnected

800-899-2866 • www.kidskonnected.org

An organization serving children of parents with cancer. Maintains a 24-hour hotline that children can call with questions and concerns about their parent's illness.

Lance Armstrong Foundation

866-235-7205 • www.livestrong.org

LIVESTRONG™ SurvivorCare aids all cancer survivors, including the person diagnosed, caregiver, family, and friends through education, qualified referrals and counseling services.

Leukemia and Lymphoma Society

800-955-4572 • www.leukemia-lymphoma.org

Among services offers financial assistance, transportation to treatment centers, and blood transfusions. Also offers free booklets and fact sheets on leukemia.

LivingWell Cancer Resource Center

630-933-7860 • Info@livingwellcrc.org

Provides programs and services at no cost that encourage, empower, and support patients with cancer and their families and caregivers. Services include counseling,, stress management, nutrition, education, fitness, and yoga.

Lung Cancer Alliance

800-298-2436 • www.lungcanceralliance.org

An organization dedicated to helping patients and family members deal with lung cancer. Lung Cancer Alliance offers a toll-free number and a quarterly newsletter.



Resources and Support Services

Lymphoma Research Foundation of America, Inc.

800-500-9976 • www.lymphoma.org

Funds research, provides numerous resources, including a nationwide "buddy" program, support groups, newsletter, and clinical trials information.

Multiple Myeloma Research Foundation

203-229-0464 • www.multiplemyeloma.org

Funds research, offers services and information on treatment and management of multiple myeloma to patients and their family members.

National Alliance of Breast Cancer Organizations (NABCO)

888-806-2226 • www.nabco.org

Services include physician referrals, advocacy related to job discrimination, professional education, and a speaker's bureau.

National Brain Tumor Foundation

800-934-CURE • www.braintumor.org

Provides patients and families with information they need to cope with their illness. Sponsors seminars and support groups and helps to fund research for more effective treatment.

National Cancer Institute

800-4-CANCER • www.cancer.gov

Provides nationwide telephone service for cancer patients, their families, friends, and health-care providers. Printed and web-based materials on treatment options, clinical trials and research news.

National Coalition for Cancer Survivorship

877-622-7937 • www.canceradvocacy.org

A leading national advocacy organization working on behalf of patients with all types of cancer and those who care for them.



Resources and Support Services

National Comprehensive Cancer Network (NCCN)

888-909-NCCN • www.nccn.org

A referral service, which seeks to facilitate informed decision making for patients and

families. Callers requesting general information will be provided with links to institutions or specific cancer clinics.

National Hospice and Palliative Care Organization

800-658-8898 • www.nhpco.org

Association of groups that provide hospice care. Information about the hospice concept is also available.

National Lymphedema Network

800-541-3259 • www.lymphnet.org

Provides referral service to lymphedema treatment centers and health care professionals. Sends out a quarterly newsletter with information about medical developments, support groups, and pen pals.

National Marrow Donor Program

800-MARROW-2 • www.marrow.org

The program maintains a registry of bone marrow donors, provides information on how to become a donor and helps organize donor-recruitment drives.

National Oral Health Information Clearinghouse

866-232-4528 • www.nidcr.nih.gov

A service of the National Institute of Dental and Craniofacial Research that provides oral health information for special care patients.

National Ovarian Cancer Coalition

888-OVARIAN • www.ovarian.org

An organization of ovarian cancer survivors that seeks increased recognition of the disease by government, media, health officials, and the medical community.

We are AdvocateAuroraHealth

Resources and Support Services

National Patient Air Transportation Hotline

800-296-1217 • www.npath.org

Makes referrals, provides special patient discounts on commercial air transportation services based on evaluation of patient's need.

National Prostate Cancer Coalition

888-245-9455 • www.fi ahtprostatecancer.org

A national grassroots advocacy group that raises funds for research and works with patients, survivors, families, doctors, and researchers.

Oncolink: Abramson Cancer Center of the University of Pennsylvania

www.oncolink.com

A comprehensive website dedicated to helping cancer patients, families, and healthcare professionals get accurate cancer-related information.

Patient Advocate Foundation

800-532-5274 • www.patientadvocate.org

Seeks to educate patients about managed-care issues that may affect insurance coverage. Aids patients in treatment who need legal help negotiating with creditors. Also offers legal aid referrals.

Phrma Publications

202-835-3400 • www.phrma.org

A directory of prescription-drug patient-assistance programs. The website lists programs that provide physicians with drugs for patients who cannot afford to pay for them.

Susan G. Komen Breast Cancer Foundation

800-IM-AWARE • www.komen.org

Dedicated to eradicating breast cancer as a life-threatening disease, the Komen Foundation offers the latest breast health information and support from others with the disease.

Advocate Health Care

Resources and Support Services

The Cancer Support Center

708-798-9171/708-478-3529 • www.cancersupportcenter.org
Offers FREE in-person (Homewood, IL and Mokena, IL), phone, email, and virtual programing for anyone impacted by cancer from those with cancer, caregiver, friend, or someone who lost a loved one to cancer. Programs for children, teens, and adults; offered by highly trained, committed professionals; including body image, counseling & stress management, fitness & physical wellness, education & networking, and nutrition.

The Skin Cancer Foundation

800-SKIN-490 • <u>www.skincancer.org</u> News about skin cancer.

The Testicular Cancer Resource Center

www.acor.org

A website devoted to raising public awareness and educating patients about diagnosis and treatment options.

The Weishar Foundation

www.weish4ever.org

Provides direct financial assistance to families with adolescents or young adults battling cancer

Triage Cancer - Phone 424-258-7064 https://triagecancer.org.

is a national, nonprofit organization that provides free education on the legal and practical issues that may impact individuals diagnosed with cancer and their caregivers, through events, materials and resources

Us Too International, Inc.

800-808-7866 • www.ustoo.com

A network providing support and services to prostate cancer survivors.



Resources and Support Services

Wellness House

630-323-5150 • information@wellnesshouse.org; informacion@wellnesshouse.org Provides a whole-person approach to healing offered at no cost. They offer a variety of programs and services including exercise classes, nutrition seminars, support groups and more that complement the treatment from your doctors and specialists

Well Spouse Foundation

800-838-0879 • www.wellspouse.org

A network of support groups and families that provide emotional support to husbands, wives, and children of the chronically ill and/or disabled.

Y-Me National Breast Cancer Organization

800-221-2141 (English) 800-896-9505 (Spanish) • www.y-me.org Provides professional counseling with two 24-hour/7 day-a-week toll-free hotlines – one for English speakers and one for Spanish speakers.

The Wellness Community

888-793-WELL • www.wellness-community.org

Provides free support services including support groups, educational workshops, and stress management sessions in a homelike environment.



Managing Your Medications

Your clinical team may change how you are taking your current medicines, or they might start a new medication. They may also recommend over-the – counter treatments to help relieve symptoms you may be experiencing.

Everyone on your team brings their own special set of skills to your care. The physicians and pharmacists on your team are highly trained medication experts. We hope that by teaching you to use your medications to control side effects and by following up to see how your treatment is affecting you, we can help you get the best results possible from your medications. We also want to ensure that all the medications you are taking can be used together safely.

Behind the scenes, your pharmacy team is working hard to see that your medication is prepared in a safe and timely manner. AAH has oncology pharmacists and pharmacy technicians that are an important part of your healthcare team. Your pharmacist will work closely with your oncologist and clinical team to ensure that you receive the correct medication at the appropriate dose for you.

Specially trained pharmacy technicians will carefully prepare your medications, which are double checked by the pharmacist for added safety.

If, you have questions about any of the medications you are taking (at any point during your treatment), please contact your oncologist.

Specialty Pharmacy

Advocate Aurora Health Specialty Pharmacy

AAH Specialty Pharmacy provides efficient, comprehensive care for people who need specialty medications for complex health conditions. This care includes far more than just filling prescriptions. You have access to medication counseling, insurance help and more. Your pharmacist also works closely with your doctor to understand your whole health history, helping you avoid drug interactions.

Managing complex, chronic medical conditions can be stressful and timeconsuming. Aurora's specialty pharmacy services let you focus on your health while we take care of the details. We offer:

- Help with prescription insurance benefits: Medications for complex conditions
 are often costly. We act as your advocate, taking the stress out of medication
 coverage. We explain your benefits, help you file your claims and assist with
 medication authorization. As a result, you get your medication at the lowest
 possible cost.
- Coordination: You may be working with multiple doctors to manage your condition. We coordinate with each one to avoid potential drug interactions and ensure proper dosages. You have the peace of mind knowing that each medication has been reviewed both by your care team and by our expert pharmacists and technicians.
- **Education:** Your specialty medications come with educational materials that explain how your prescriptions help treat your specific condition. Since you may be taking multiple medications, your pharmacists are always available to discuss side effects, interactions and dosages. We're careful to make sure you and your loved ones understand all the details of your medication plan.
- **Medication delivery:** Aurora Specialty Pharmacy mails your specialty medications right to your front door. We'll even watch for when you need a refill to make sure you get your next shipment in plenty of time.

Visit www.aurora.org/pharmacy for more information or call 844-820-5600.



Nutrition

Nutrition guidelines during cancer treatment

Here are some general nutrition recommendations for people receiving cancer treatment:

Maintain a healthy weight.

For many people, this means avoiding weight loss by getting enough calories every day. For people who are obese, this may mean losing weight. Ask your health care team if you should try to lose weight during treatment. It may be better to wait until after treatment so that you have all the nutrition you need to stay strong. If you do try to lose weight during treatment, it should be moderate, meaning only about a pound a week.

Get essential nutrients.

These include protein, complex carbohydrates, heart healthy fats, vitamins, minerals and water.

• Be as active as you can.

For example, take a daily walk. If you sit or sleep too much, you may lose muscle mass and increase your body fat, even if you are not gaining weight.

· Ways to get essential nutrients and manage a healthy weight

Nutrition counseling may help people with cancer get essential nutrients, such as protein, vitamins, and minerals. It can also help them maintain a healthy body weight. For nutrition counseling, it is important to visit a qualified professional. This means a registered dietitian (RD). Ask your health care team to help you find one of these professionals. You can also find a dietitian through the Academy of Nutrition and Dietetics.

Dietitians and other nutrition experts can help you create a diet that meets your specific nutritional needs. Their recommendations may include:

- Supplemental vitamins and/or minerals
- Liquid nutritional supplements and snacks to help reach your goal
- Feeding tubes or nutrition support appropriate for your body



Nutrition

Side effects and nutrition

Cancer treatment often causes side effects, such as diarrhea, nausea, mouth sores, and taste changes. These side effects may make it difficult to eat or drink.

Follow these tips to help you get the nutrition you need:

If water tastes unpleasant to you, take in more liquid through foods and other drinks. For example, eat soup or watermelon and drink tea, milk, or milk substitutes. A sports drink is another option. There are sugar-free ones available for people watching their blood glucose. You can also flavor your water by adding a little bit of fruit juice, lemon wedge or other fruit slices.

- If food tastes bland, try seasoning it with flavorful spices. For example, try using lemon, garlic, cayenne, dill, and rosemary. If your mouth is sore, you may need to choose non-acidic and non-spicy foods until it heals.
- Eat 6 small meals throughout the day instead of 3 large meals. Make sure you reach your calorie goal with these smaller meals.
- If meat is no longer appealing, get protein from other foods. For example, try
 fish, eggs, cheese, beans, nuts, nut butters, tofu, or high-protein smoothies or
 shakes. Cold meats may taste better than hot ones.
- If you have a metallic taste in your mouth, suck on mints, chew gum, or try fresh citrus fruits. Use plastic utensils and cook in nonmetal pots and pans. Also, try brushing your teeth or rinsing your mouth before eating.
- If you have mouth sores or a gum infection, use a blender or food processor
 to make the texture of vegetables and meats smooth. For added
 smoothness and more calories, add butter, mild sauces, gravy, or cream. Try
 juicing or making smoothies because the extra moisture can help soothe a
 sore mouth.

Advocate Health Care

Nutrition

Some side effects are often treated with medication. If your side effects are affecting your hydration and nutrition, talk with your health care team. For additional resources contact the American Cancer Society for their booklet Nutrition During Cancer Treatment.

Cancer Rehabilitation

Cancer Rehabilitation

The National Cancer Comprehensive Network (NCCN) tells us that most people being treated for cancer will have one or more physical side effects during or after their cancer treatment. Therapy and exercise during and after cancer treatment can help to lessen or even prevent many side effects.

Therapeutic exercise and rehabilitation during and after cancer care will help to lessen side effects and decrease the chance of side effects coming back. Therapeutic exercise has also been shown to:

- Lower anxiety
- Decrease depression
- Improve your mood
- Improve your blood counts
- · Lower fatigue and pain

If you have any of the side effects listed above, call any of your doctors for a referral to cancer therapy. Your therapy will be based on your side effects and may include physical therapy, occupational therapy, speech therapy or audiology (treatment of hearing problems).

Regain Your Life

You would never expect to finish a triathlon, climb a mountain or enjoy a round of golf without the proper training. Let us "train" you to take on cancer. AAH's rehabilitation specialists – physical, occupational and speech therapists, and audiologists – will work with you to regain the life you love. Whether it's returning to your job, hosting a holiday get-together or attending a ball game, tell us what matters to you, and we'll help you achieve it.

Cancer Rehabilitation

Get Started

The American Cancer Society and National Comprehensive Cancer Network confirm that exercise during chemotherapy and radiation treatments provides critical benefits to patients, helping them to live better and longer. Don't wait! Ask your doctor or nurse for a referral for therapy.

The good news

Cancer rehabilitation can provide healing benefits throughout the course of and following treatment, even years later. And you can bring a family member or friend to therapy with you.

- Rehabilitation can help you get strong and stay strong.
- Don't put your life on hold or give up the things you enjoy.
- Research shows that cancer rehabilitation can relieve, eliminate or even prevent many treatment side effects.
- Be a champion of your life.

Feel Better

Cancer rehabilitation can help improve:

- Fatigue
- Pain
- · Loss of strength and mobility
- Difficulty walking
- Scarring
- Balance
- Swelling/lymphedema
- Bowel/bladder incontinence
- · Difficulty speaking or swallowing
- Pelvic pain
- Sexual health
- Loss of hearing



Cancer Rehabilitation

Our cancer rehabilitation specialists are conveniently located throughout Illinois. To confirm the availability of specific services at a clinic, call 1-844-3-ADVOCATE or https://www.advocatehealth.com

Palliative Care

Palliative Care

How Palliative Care can enhance the quantity and quality of your life. At Advocate Aurora Health, we recognize that when you are living with serious illness, coping with treatment may become harder over time and your quality of life comes into question. Whether inpatient, outpatient or at home, palliative care provides you with expert symptom management, as well as spiritual and emotional support for both you and your loved ones.

What is palliative care?

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing you with relief from the symptoms, pain and stress of a serious illness - whatever the diagnosis. Palliative care is provided by a team of doctors, nurses and other experts including acupuncturists and massage therapists. They work with your doctors to provide an extra layer of support. It helps you and your family enjoy the best quality of life possible.

Is palliative care the same as hospice?

No. People in hospice (end-of-life care) always receive palliative care; however, you don't have to be in hospice or at the end of life. Palliative care is available at any age and at any stage in a serious illness. It can be provided at the same time as other treatments that are meant to control your illness.

When do I need palliative care?

Many people living with illnesses such as cancer, heart disease, lung disease, kidney failure, Alzheimer's disease, AIDS, etc., have physical symptoms and emotional distress related to their diseases. Sometimes, these symptoms are related to the medical treatments they are receiving.



Palliative Care

Palliative care may be appropriate if you or your loved one:

- Have pain or other symptoms (e.g., nausea, shortness of breath, anxiety or depression) due to any serious illness
- Experience physical or emotional pain that is not under control
- Need help understanding the situation and options, determining the next steps and coordinating care
- Require frequent trips to the hospital or emergency room for the same condition

How can palliative care help?

Palliative care experts work closely with your health care team to:

- Relieve your pain and other distressing symptoms, such as nausea or shortness of breath
- Improve communication with your doctors and family members
- Provide you with emotional and spiritual support
- Ensure medical care is more in line with your wishes
- Anticipate future problems and needs
- Assist smooth transitions between hospital and other services, such as home care or nursing facilities

To provide the best care, your palliative care team may suggest a family conference to review your medical situation, discuss treatment options and clarify your goals.

How do I get palliative care?

Your primary care provider or cancer doctor may discuss palliative care and suggest a referral. Our palliative care experts see inpatients and outpatients. To learn more about palliative care services at Advocate Aurora Health Care, please contact your oncology provider.



Nurse Navigation

Consult with an Oncology Nurse Navigator if you want:

These specially trained, oncology certified nurses are here to:

- Provide one-on-one assistance through every step of the cancer journey
- Provide education and guidance on your specific cancer and treatment options
- Coordinate and streamline your care
- Assess your needs to identify physical, emotional, spiritual, psychosocial and financial concerns
- Connect you and your loved ones to valuable resources
- · Facilitate access to clinical trials and second opinions upon request

Precision Medicine

What is Precision Medicine?

Precision medicine (also known as personalized medicine) is an approach to treating cancer that is customized to the individual patient.

Why do we use it?

Every patient's cancer is driven by a specific pattern of DNA mutations and other changes, known as a "tumor profile". By understanding a unique "tumor profile", we can determine which treatment or clinical trial options will be most effective.

How is it done?

A "tumor profile" is uncovered through a series of steps:

- Order: The provider's team will place an order in the electronic medical record to start the process. The Oncology Precision Medicine team will then facilitate ordering the test from the company.
- Sample: A sample of the tumor is needed to perform testing. Tissue or blood samples may be used. The Oncology Precision Medicine team will work with pathology and/or the provider team to send the most appropriate specimen for testing.
- Analysis: The tumor sample is sent to one of many testing companies. Once it is received, the company will analyze the sample to determine a patient's "tumor profile".
- Report: After analysis is complete, the testing company will send a report with the results to the Oncology Precision Medicine team. These results will then be posted in the electronic medical record.

What do the results mean?

Each report is discussed by our Oncology Precision Medicine team during our Molecular Tumor Board. During this meeting we determine if there are treatments or clinical trials that would be appropriate for an individual patient based on their "tumor profile" results. These recommendations are recorded in the electronic medical record.



Genetic Counseling

Cancer Genetic Counseling and Testing

The Cancer Genetic Counseling Program provides information and counseling regarding genetic risk for cancer and genetic testing options to individuals who have or had cancer or have a family history of cancer. Genetic counselors provide a personalized risk assessment based on your family and personal history of cancer.

About 5 to 10 percent of all cancers are hereditary. At Advocate Aurora Health, we offer comprehensive risk assessments and genetic testing to identify high-risk patients and provide personalized care plans, if needed.

Should I Consider Genetic Counseling?

There are a variety of reasons where genetic counseling is strongly recommended, including:

- Earlier than usual age of onset of cancer (<50 years of age)
- More than one type of cancer in the same individual
- · Several family members with cancer
- Bilateral cancer in paired organs (breasts, eyes, kidneys)
- Ashkenazi Jewish ancestry with breast, ovarian, colon or pancreatic cancer
- A rare cancer such as fallopian tube cancer or male breast cancer
- · More than one childhood cancer like sarcoma or leukemia
- Family member with a known gene mutation like BRCA or cancer predisposition syndrome, such as Lynch, familial adenomatous polyposis, hereditary breast/ovarian cancer, multiple endocrine neoplasia or Li Fraumeni syndrome.



Genetic Counseling

What to Expect During your appointment, you and your genetics provider will:

- Review the medical history of both you and your family
- Assess your personal risk for cancer
- Identify family members who may have an increased risk for cancer
- Review information about the genetics of cancer predisposition
- Discuss appropriate screening tests and medical evaluations
- Discuss genetic testing, including the risks, benefits and limitations
- Arrange genetic testing if appropriate
- Discuss laws that protect against genetic discrimination by health insurers and employers
- Identify useful resources, including support groups and research studies
- Refer to other appropriate specialists

Benefits of Genetic Testing

Individuals who go through genetic testing could see an improvement in their health and quality of life because it may:

- Identify a cause of cancer
- Identify family members, such as children or siblings, who have an increased risk of cancer and may benefit from screening
- Find no increased risk of cancer
- Help develop an individualized cancer screening schedule
- Aid in decision-making about risk-reducing surgery
- Alter cancer treatment



Survivorship

Survivorship

Our goal is to help you stay as healthy as possible and to make sure that your needs as a cancer survivor are being met. A "cancer survivor" is anyone who has been diagnosed with cancer, from the time of diagnosis through the rest of their life. Cancer also affects family members, friends and caregivers. Sometimes they are called "co-survivors."

We want to help you manage all aspects of your life after cancer. We believe that survivorship is about living the best quality of life possible. To assist you in achieving that goal, we have the resources to help you deal with the questions, concerns or problems that you might experience after diagnosis and treatment.

As difficult as a diagnosis of cancer is, it can also be a time of growth and change. It can lead to a new outlook on life. Many cancer survivors find the motivation to make positive changes in their lives. In addition, many survivors become advocates for others diagnosed with cancer.

At the completion of your cancer treatment, your team will provide you with a detailed, written record of your cancer care called a "Survivor Care Plan." Your individual plan will include a description of your cancer stage and grade, a treatment summary that gives you the names of any medicines you were given and the dates of treatment, including radiation and surgery, and contact information for follow-up care. It will also give you information about the recommended schedule for follow-up appointments and tests and all the important things that you need to know to be as healthy as possible. This information will be shared with your other health care providers and will help give a clear picture of your experience and future needs.



Survivorship

Follow-up care

Cancer survivorship begins when an individual is first diagnosed with cancer and continues after treatment is complete. During treatment individuals may experience feelings of loss of control.

Follow-up with the physician after treatment and knowing how to find resources often helps to gain back a feeling of control.

After treatment you need to know the following:

- When to see the oncologist
- Whether you need to see a specialist
- When testing will need to be done
- What symptoms to report
- How long recovery might take

Some survivors choose to develop a wellness plan at this time. Things that might be included in the plan are basic to every individual. These are physical, emotional, spiritual and social needs which often overlap. The resources in this binder will help you to find what you need. Your health care providers may also be of help in directing you toward resources.

Getting questions answered

In order to receive the most from a follow-up visit, come prepared. Write down questions before the visit. It is often helpful to have a notebook or journal. Remember, time is limited so ask the most important questions first. If possible, bring a friend or family member who will provide another pair of eyes and ears. Make sure you understand what the physician has said. Do not be afraid to ask the physician to explain answers in terms you understand. If you don't get all your questions answered, ask to schedule another appointment.



Advance Directives

Advance Directives

Letting Others Know Your Health Care Wishes

The Main Points . . .

An Advance Directive

- It is a legal form
- Speaks for you when you are not able to express your wishes
- Ensures your wishes are carried out
- Can be made free of cost
- Can be changed or canceled any time

The Power of Attorney for Health Care

- Is the form we recommend
- Is the most detailed kind of Advance Directive
- Allows you to appoint someone to speak for you when you are not able to do so
- Allows you to make many choices about future care

Need help or have questions?

- Ask your doctor or nurse for more information
- You have the right to choose what kind of care you want. At Advocate
 Aurora Health Care, we will listen to and follow your wishes. But what if you
 became unable to decide for yourself? Who would speak for you? Would
 they know what you want and don't want? Please think about taking steps
 now to make sure your wishes are known.



Advance Directives

Write down your wishes in an Advance Directive

One way to make your wishes known is to write them down in an Advance Directive. This is a legal form that tells your choices about the health care you would or would not want if you became unable to decide for yourself. An Advance Directive helps you and your family. An Advance Directive speaks for you when you are unable to do so. It serves as a guide for your health care team. It also relieves your family of trying to guess what you would want.

Plan now for the future

If you are 18 years of age or older, please think about having an Advance Directive. It's a good idea to fill one out while your health is good, and you can think clearly about your choices. Talk about your wishes with your loved ones and health care provider. You will also want to review your Advance Directive as changes occur in your health or life.

Without an Advance Directive, others decide for you

If you cannot speak for yourself and have no Advance Directive, your health care provider will ask your family or close friends to help decide on your care. If they are unsure or do not agree about your care, they may ask the court to appoint a guardian who will decide for you. This guardian may not be the person you would have chosen.

Advance Directives

Two kinds of Advance Directives

1. Power of Attorney for Health Care

This is a form in which you appoint another person as your "health care agent." Your agent is your legal decision-maker. He or she will work with your health care provider to make sure your wishes are carried out, if you are not able to do so. This form goes into effect only when two doctors, or a doctor and a psychologist, agree in writing that you are no longer able to understand your health care choices or express your wishes. The Power of Attorney for Health Care is more detailed than a Living Will. More choices can be made about future care, such as whether you would want to:

- · Be placed on life support machines
- · Go to a long-term care home
- Receive nutrients or fluids through a tube in your vein, nose or stomach
- · Stop any measures keeping you alive

2. Living Will

This form describes what type of care you would want—or not want—to prolong your life. It would be used if you had a terminal illness or were in a persistent vegetative state. (Two doctors must agree to this in writing). The Living Will does not give anyone else the right to make health care decisions on your behalf. In some cases, if no one has been named to speak for the patient, the courts become involved in these decisions.

Power of Attorney

Choose between Power of Attorney for Health Care and Living Will

You do not need both. We recommend the Power of Attorney for Health Care because it names your health care agent who can speak for you. It also allows you to express more of your values and wishes. If you do have both forms, the Power of Attorney for Health Care would be the one that goes into effect for you.

You can change or cancel an Advance Directive

Advance Directives can be changed or canceled at any time. You can make changes by writing a new form. You can cancel by destroying the form. Be sure to tell your health care provider in either case.

Keep the form in a safe place

Keep your Power of Attorney or Living Will in a safe place. Let your family or others close to you know where they can find it if needed. If you travel, take a copy with you. Ask your doctor or nurse for a wallet card to carry with you at all times.

Give a copy to:

- Your health care provider (you'll want to discuss the form and make sure he
 or she agrees to honor your wishes)
- Your health care agent(s) named in your Power of Attorney for Health Care
- Your family or others close to you
- · Your lawyer if you have one
- The clinic or hospital where you go for care (for your medical record)

An Advance Directive is free

An Advance Directive can be made free of cost. You can get help and needed forms by calling your physician's office.



Financial Information and Resources

Does my health insurance pay for chemotherapy? Talk with your health insurance company about what costs it will pay for.

Questions to ask include:

- What will my insurance pay for?
- Do I need to call my insurance company before each treatment for it to be covered? Or does my doctor's office need to call?
- What do I have to pay for?
- Can I see any doctor I want, or do I need to choose from a list of preferred providers?
- Do I need a written referral to see a specialist?
- Is there a co-pay (money I have to pay) each time I have an appointment?
- Is there a deductible (certain amount I need to pay) before my insurance pays?
- Where should I get my prescription drugs?
- Does my insurance pay for all my tests and treatments, whether I am an inpatient or outpatient?

How can I best work with my insurance plan?

- Read your insurance policy before treatment starts to find out what your plan will and will not pay for.
- Keep records of all your treatment costs and insurance claims.
- Send your insurance company all the paperwork it asks for. This may include receipts from doctors' visits, prescriptions, and lab work. Be sure to also keep copies for your own records.
- As needed, ask for help with the insurance paperwork. You can ask a friend, family member, social worker, or local group such as a senior center.
- If your insurance does not pay for something you think it should, find out why
 the plan refused to pay. Then talk with your doctor or nurse about what to do
 next. He or she may suggest ways to appeal the decision or other actions to
 take.

 Advocate Health Care*

Financial Information and Resources

Insurance and Financial Issues

Insurance issues can be a major concern for many patients with a diagnosis of cancer.

Here are a few tips for making this a more minor concern:

- Get a copy of your insurance policy and find out exactly what your coverage includes.
- Keep careful records of all covered expenses and claims.
- File claims for all covered costs.
- Get help in filing claims, especially if you question something. Ask to speak
 with the hospital's financial navigators or financial counselors.
- When you question denial of a claim, call to question it. There should be a grievance procedure.

For more help, call:

- Cancer.net 888-651-3038 https://www.cancer.net/navigating-cancer-care/financialconsiderations
- The National Cancer Institute, 800-4-CANCER
- Your financial advocate or financial navigator
- Your clinic social worker

How much does chemotherapy cost?

It is hard to say how much chemotherapy will cost. It depends on:

- The types and doses of chemotherapy used
- How long and how often chemotherapy is given
- Whether you get chemotherapy at home, in a clinic or office, or during a hospital stay
- The part of the country where you live



Financial Information and Resources

Returning to Work

Patients have many concerns about getting back to work. The most commonly asked questions are:

- Will I be able to return to work?
- Can I get the time off I need for ongoing treatments?
- Will I be able to work as hard as I have in the past?
- Will my diagnosis affect advancement of my career?

Be reassured, most people return to work with great support of employers and coworkers. A few do run into some resistance or conflict. This usually stems from incorrect information that many people who have not had a personal experience with cancer have. Talk with your doctor or nurse about how to handle these issues. Open communication between you and your employer is a good place to start.

If your job does appear to be affected by your diagnosis of cancer, you need to understand your rights. The American Disabilities Act bans discrimination by both public and private employers against qualified workers who have disabilities or history of disabilities. While the American Disabilities Act does not specifically include cancer survivors, there have been successful rulings made in favor of cancer survivors because of it.

For more information, contact:

The Equal Employment Opportunities Commission at 800-669-4000 The American Cancer Society at 800-ACS-2345 The National Coalition for Cancer Survivorship at 877-622-7937 The National Cancer Institute at 800-4-CANCER

