Dignity Health®
Cancer Institute

My Treatment Guide

Chemotherapy

Hello humankindness®

Dignity Health®
Cancer Institute

About This Resource

This binder includes useful information about your treatment, our programs, and resources available to help you and your family successfully navigate through your cancer treatment and on to survivorship. Please read all of the enclosed materials and bring this binder with you to all of your appointments. This will allow you to have easy access to information throughout your treatment journey.

Hello humankindness®

Dignity Health
Cancer Institute

Welcome to Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center.

If you are reading this, it is because you or someone you care about has received a difficult diagnosis. As specialists in cancer care, we know receiving a cancer diagnosis is never easy. That's why my team and I are committed to supporting you and your loved ones with compassion and comprehensive care throughout your journey.

In 2015, Dignity Health St. Joseph's Hospital and Medical Center began operating a new, award winning, state-of-the-art outpatient cancer center on the Phoenix Biomedical Campus in downtown Phoenix, AZ. It is in this comprehensive cancer care setting that St. Joseph's Hospital and Medical Center and the Dignity Health Medical Group cancer specialists provide compassionate, patient-centered, holistic cancer diagnoses, care and treatment.

Care is delivered by multidisciplinary disease-specific teams who offer diagnostic and treatment services, as well as clinical trial opportunities. We are proud to offer tumor board discussions, which bring our best and brightest disease-site specialists together to create a treatment plan tailored to your unique health and lifestyle needs. The type of treatments you receive will depend on your type of cancer and stage, as well as your individual needs and preferences.

Thank you for the opportunity to care for you during this difficult time. We know that being diagnosed with cancer is emotionally, physically and socially stressful. Know that you are not alone—we will make every effort to listen and extend compassion and kindness at all times. We will also provide you and your loved ones with resources and information to assist with your treatment and recovery journey.

Following the example set by our founders, the Sisters of Mercy and CommonSpirit Health, our vision is for *"a healthier future for all, inspired by faith, driven by innovation and powered by our humanity."*

Cancer is personal to us. We are motivated by you—our patients—the true heroes.

With good wishes for your recovery,

Marcia Gruber-Page, Vice President
Oncology Services
Dignity Health – Cancer Institute at
St. Joseph's Hospital and Medical Center

Hello humankindness®

My Care Team

My Oncologist: ______________________________ Phone: ____________________

My Surgical Oncologist: ______________________________ Phone: ____________________

My Radiation Oncologist: ______________________________ Phone: ____________________

My Nurse Navigator: ______________________________ Phone: ____________________

My Medical Assistant: ______________________________ Phone: ____________________

Additional Providers:

Name: ______________________________ Phone: ____________________

Name: ______________________________ Phone: ____________________

Name: ______________________________ Phone: ____________________

24-hour Call Center at Dignity Health – Cancer Institute

602.406.8222

- Please keep this phone number with you. Save it in your cell phone, post it on your refrigerator, and keep it near your home phone.
- Calls placed outside of our regular business hours will be answered by our answering service. The answering service will be able to connect you to the oncologist that is on call.
- If your call is emergent, please inform the call center/answering service staff so they can get immediate assistance for you.

For life-threatening emergencies, please call 911.

Important Reminders for All Your Appointments

- **Please arrive 15 minutes early for your appointments scheduled at the Dignity Health – Cancer Institute.** This allows time for registration and the clinical intake process, where a clinical staff member will obtain your vital signs and discuss any concerns that you would like to address with your provider.
- If you are unable to make your appointment at its scheduled time, please contact the Cancer Institute immediately to notify us that you cannot keep your appointment.
- If you miss an appointment, it is extremely important that you contact the Cancer Institute to reschedule, as missed appointments can affect the outcome of your treatment.

It is your responsibility to notify the Cancer Institute and to reschedule any missed appointments.

- Please bring your insurance card, a current medication list, and a list of questions or concerns to each appointment.

Your Medical Care Team

The Dignity Health Cancer Institute at St. Joseph's Hospital and Medical Center is committed to treating your cancer with compassion and the most advanced diagnostic and cancer treatment techniques available.

Your Care Team may include:

- **Physicians** who are specialists in your specific type of cancer.
- **Advanced Practice Providers** include nurse practitioners and physician assistants that specialize in cancer care.
- **Nurse Navigators** with knowledge, skills and experience caring for individuals with cancer. These specialized nurses are trained to provide individualized and comprehensive care to help reduce barriers, coordinate diagnostic and treatment efforts, and ensure prompt access to care.
- **Certified Nursing Assistants**
- **Infusion Nurses** certified in the administration of medications and therapies used to treat cancer. The infusion team works with your treatment team to provide ongoing support and education.
- **Radiation Oncologists** and their teams provide comprehensive and robust radiation options such as Gamma Knife, Cyberknife, Brachytherapy, IMRT, and External Beam Therapy. These treatments provide finely targeted radiation to tumors, sparing surrounding healthy tissue.
- **Surgeons** specially trained in caring for patients with cancer.
- **Oncology Pharmacists** partnering with your Care Team to develop an individualized plan of care for your specific cancer type and available for personal consultation.
- **Dietitians** to offer free nutrition education and meet with patients to develop individualized nutrition plans specific to your cancer diagnosis.
- **Speech Therapists** help evaluate and assist patients with speech and swallowing issues related to cancer treatment or diagnosis.
- **Genetic Counselors** provide expertise in genetic counseling, education and genetic testing for hereditary cancer conditions.

Additional team members may include:

- **Interventional Radiology Services** for procedures such as port placements, feeding tubes, paracentesis, thoracentesis, and certain biopsies.
- **Radiologists** provide X-Ray, CT, MRI, nuclear image (PET scans), mammography, and ultrasound. Our radiology department is open 8 a.m. to 4:30 p.m., Monday to Friday.
- **Laboratory Services** available for your convenience. Open 7 a.m. to 5 p.m., Monday to Friday.
- **Physical and Occupational Therapists** develop a treatment plan to improve ability to move, reduce or manage pain, restore function, and prevent disability.
- **Lymphedema Therapists** focus on relieving swelling in the arms and legs by moving lymphatic fluid out of your limbs.
- **Chaplain Services** provide support for patients and families and helps them to identify and use their spiritual resources, regardless of whether an individual is affiliated with a particular faith.

Supportive Care and Survivorship Program

What is Supportive Care and Survivorship?

A cancer survivor is anyone who has been diagnosed with cancer, living with cancer, in remission, or free from cancer. The Supportive Care and Survivorship Program at The Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center provides care to enhance your quality of life at all stages of your disease, through pain and symptom management, as well as maximizing physical functioning.

Our supportive program providers will work with you to provide medications and a treatment plan to manage your pain and other related symptoms you may be experiencing. Your treatment plan may change as necessary, based on your individual needs as you go through your cancer journey.

What symptoms can supportive care help me with?

- Pain
- Nausea/vomiting
- Fatigue
- Weight changes
- Difficulty sleeping
- Shortness of breath
- Anxiety
- Depression
- Constipation/diarrhea
- Loss of appetite
- Weakness/balance
- Neuropathy
- Lymphedema

Our Supportive Care and Survivorship program includes:

- Physicians and nurses
- Social workers to provide counseling, support, education and resources to meet your unique needs for care.
- Physical/occupational therapists to help improve the function, mobility and strength of cancer patients.
- Pastoral care
- Dieticians that offer nutrition education to cancer survivors and their caregivers. Consultations include individualized nutrition plans specific to your cancer diagnosis and follow-up visits.
- Speech Therapists supporting patients throughout treatment to maintain and improve swallowing, communication, and cognitive abilities.

Support Groups

Many people benefit from support groups where they can talk to others who are going through a similar situation. Please contact our Social Worker for more information about available resources at **602.406.8222**.

For more information about the Supportive Care and Survivorship program at Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center, call 602.406.8222.

Types of Cancer Treatment

Some people's treatment for cancer may focus on a specific treatment, but most people will have a combination of treatments, such as surgery followed by chemotherapy and/or radiation therapy. Other treatment options may include immunotherapy, targeted therapy, hormone therapy, and precision medicine.

What is chemotherapy?

Chemotherapy is treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing. Chemotherapy may be given by mouth, injection, infusion, or on the skin, depending on the type and stage of the cancer being treated. It may be given alone or with other treatments, such as surgery, radiation therapy, or biological therapy.

What is biological therapy?

Biological therapy is a type of treatment that uses substances made from living organisms to treat disease. These substances may occur naturally in the body or may be made in the laboratory. Some biological therapies stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. Other biological therapies attack specific cancer cells, which may help keep them from growing or kill them. They may also lessen certain side effects caused by some cancer treatments. Types of biological therapy include immunotherapy (such as vaccines, cytokines, and some antibodies), gene therapy, and some targeted therapies. These are also called biological response modifier therapy, biotherapy, and BRM therapy.

What is immunotherapy?

Immunotherapy is a type of biological therapy that uses substances to stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. Some types of immunotherapy only target certain cells of the immune system. Others affect the immune system in a general way. Learn more online: https://www.cancer.net/navigating-cancer-care/how-cancer-treated/immunotherapy-and-vaccines/side-effects-immunotherapy

What is targeted therapy?

Targeted therapy is a type of treatment that uses drugs or other substances to identify and attack specific types of cancer cells with less harm to normal cells. Some targeted therapies block the action of certain enzymes, proteins, or other molecules involved in the growth and spread of cancer cells. Other types of targeted therapies help the immune system kill cancer cells or deliver toxic substances directly to cancer cells and kill them. Targeted therapy may have fewer side effects than other types of cancer treatment.

What is hormone therapy?

Hormone therapy is treatment that adds, blocks, or removes hormones. For certain conditions (such as diabetes or menopause), hormones are given to adjust low hormone levels. To slow or stop the growth of certain cancers (such as prostate and breast cancer), synthetic hormones or other drugs may be given to block the body's natural hormones. Sometimes surgery is needed to remove the gland that makes a certain hormone. Also called endocrine therapy, hormonal therapy, and hormone treatment. Learn more online: https://www.cancer.gov/about-cancer/treatment/types/hormone-therapy

What is precision medicine?

Precision medicine is a form of medicine that uses information about a person's genes, proteins, and environment to prevent, diagnose, and treat disease. For cancer treatment, precision medicine uses specific information about a person's tumor to help diagnose, plan treatment, find out how well treatment is working, or make a prognosis. Examples of precision medicine include using targeted therapies to treat specific types of cancer cells, such as HER2-positive breast cancer cells, or using tumor marker testing to help diagnose cancer. Precision medicine is sometimes called personalized medicine.

About Chemotherapy

There are many different chemotherapy drugs. Which ones are included in your treatment plan depends mostly on:

- The type of cancer you have and how advanced it is
- Whether you have had chemotherapy before
- Whether you have other health problems, such as diabetes or heart disease

How will my chemotherapy be given?

Chemotherapy can be given in several ways:

- **Oral:** The chemotherapy comes in pills, capsules, or liquids that you swallow. It may be administered alone or in combination with other medications. Education will be provided by your Nurse Navigator on how to use your specific medication, safe storage and handling, your dose schedule, what to do if you miss a dose, and side effects that you should be looking for.
- **Intravenous Infusion (IV):** The chemotherapy goes directly into a vein. This type of chemotherapy is typically given in an infusion center or hospital.
- **Injection:** The chemotherapy is given by a shot in a muscle in your arm, thigh, or hip, or right under the skin in the fatty part of your arm, leg, or belly.
- **Intrathecal:** The chemotherapy is injected into the space between the layers of tissue that cover the brain and spinal cord.
- **Intraperitoneal (IP):** The chemotherapy goes directly into the peritoneal cavity, which is the area in your body that contains organs such as your intestines, stomach, and liver.
- **Intra-arterial (IA):** The chemotherapy is injected directly into the artery that leads to the cancer.
- **Topical:** The chemotherapy comes in a cream that you rub onto your skin.
- **Intravesical:** The chemotherapy is instilled into the bladder through a catheter.

Intravenous Infusion of Chemotherapy

Chemotherapy infusion involves the administration of medication through a needle or catheter. Typically, "chemotherapy infusion" means that a drug is administered through a vein or under the skin.

How is chemotherapy infusion given?

There are several ways that a person can receive a chemotherapy infusion. Some of the ways are listed below:

Catheter or IV (intravenous) Chemotherapy may be given through a thin needle (catheter or IV) that is placed in a vein on your hand or arm. Your nurse will insert the needle in at the start of each treatment and remove it when treatment is over.

PICC (peripherally inserted central catheter) Also called a "PICC line" (pronounced "pick"), is a device used to draw blood and give treatments, including intravenous fluids, drugs, or blood transfusions. A PICC is a thin, flexible tube that is inserted into a vein in the upper arm and guided (threaded) into a large vein above the right side of the heart, called the superior vena cava.

Hickman Line A Hickman line is a central venous catheter most often used for the administration of chemotherapy or other medications, as well as for the withdrawal of blood for analysis.

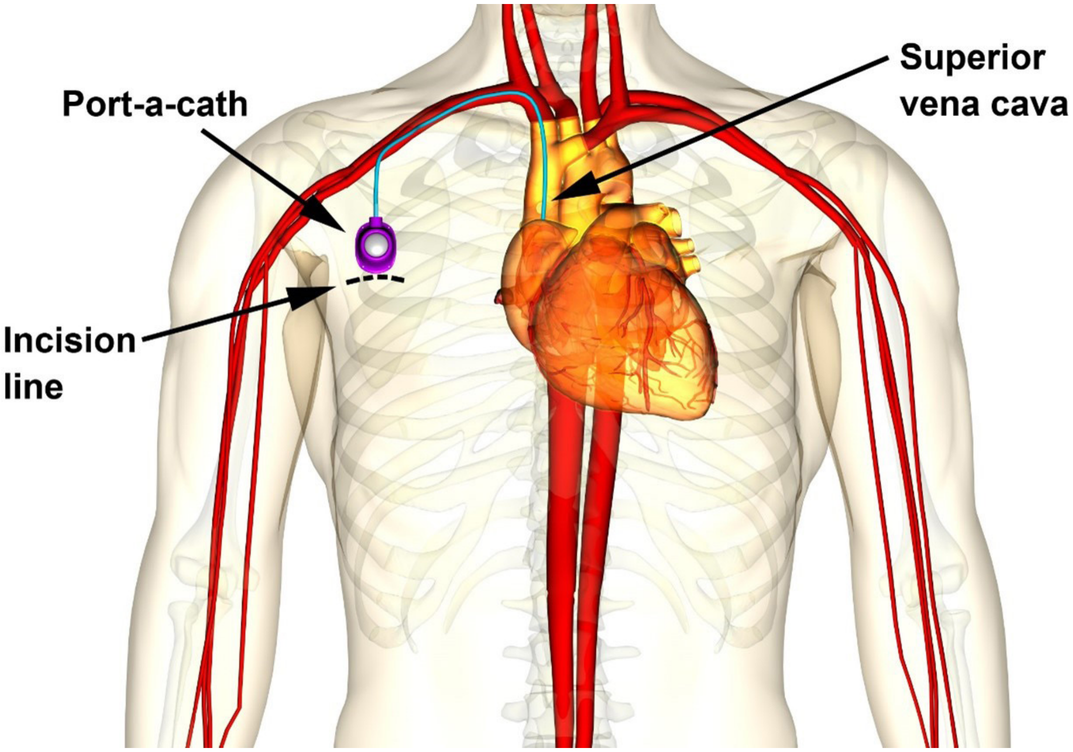
Port (or Port-a-cath) A port is a small, round disc that is placed under your skin during minor surgery. A surgeon or interventional radiologist puts it in place before you begin your course of treatment, and it remains there until you have finished. A catheter connects the port to a large vein, most often in your chest. Your nurse can insert a needle into your port to give you chemotherapy or draw blood. This needle can be left in place for chemotherapy treatments that are given for longer than one day. Be sure to watch for signs of infection around your port. See the section about infection for more information.

Infusion Pump Infusion pumps are attached to catheters or ports. They control how much and how fast chemotherapy goes into a catheter or port, allowing you to receive your chemotherapy outside of the hospital. Pumps can be internal or external. External pumps remain outside your body. Internal pumps are placed under your skin during surgery.

How to Care for Your Implanted Port

An implanted port is a type of central line that is placed under the skin. Central lines are used to provide IV access when treatment or nutrition needs to be given through a person's veins. Implanted ports are used for long-term IV access. An implanted port may be placed because:

- You need IV medicine that would be irritating to the small veins in your hands or arms.
- You need long-term IV medicines, such as antibiotics.
- You need IV nutrition for a long period.
- You need frequent blood draws for lab tests.
- You need dialysis.



Implanted ports are usually placed in the chest area, but they can also be placed in the upper arm, the abdomen, or the leg. An implanted port has two main parts:

- **Reservoir** The reservoir is round and will appear as a small, raised area under your skin. The reservoir is the part where a needle is inserted to give medicines or draw blood.
- **Catheter** The catheter is a thin, flexible tube that extends from the reservoir. The catheter is placed into a large vein. Medicine that is inserted into the reservoir goes into the catheter and then into the vein.

How is my port accessed?

Special steps must be taken to access the port:

- Your health care provider uses a sterile technique to access the port.
- Your health care provider must put on a mask and sterile gloves.
- The skin over your port is cleaned carefully with an antiseptic and allowed to dry.
- The port is gently pinched between sterile gloves, and a needle is inserted into the port.
- Special port needles should be used to access the port. Once the port is accessed, a blood return should be checked. This helps ensure that the port is in the vein and is not clogged.
- If your port needs to remain accessed for a constant infusion, a clear (transparent) bandage will be placed over the needle site. The bandage and needle will need to be changed every week, or as directed by your health care provider.
- Keep the bandage covering the needle clean and dry. Do not get it wet. Follow your health care provider's instructions on how to take a shower or bath while the port is accessed.
- If your port does not need to stay accessed, no bandage is needed over the port.

What is flushing?

Flushing helps keep the port from getting clogged. Follow your health care provider's instructions on how and when to flush the port. Ports are usually flushed with saline solution. The need for flushing will depend on how the port is used. If a constant infusion is running, the port may not need to be flushed.

If the port is used for intermittent medicines or blood draws, the port will need to be flushed:

- After medicines have been given
- After blood has been drawn
- As part of routine maintenance

How long will my port stay implanted?

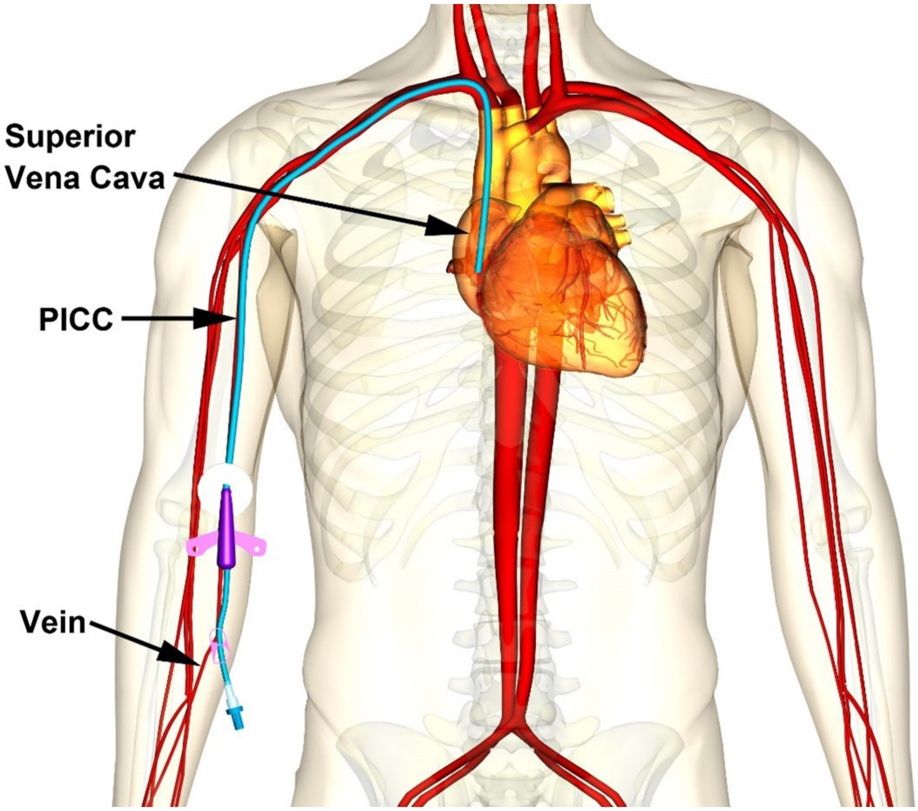
The port can stay in for as long as your health care provider thinks it is needed. When it is time for the port to come out, it will be surgically removed. The procedure is similar to the one performed when the port was put in.

Call your doctor IMMEDIATELY if:

- You notice a bad smell coming from the incision site.
- You have swelling, redness, or drainage at the incision site.
- You have swelling or pain at the port site or the surrounding area.
- You have a fever.

How to Care for Your PICC Line

A peripherally inserted central catheter (PICC) is a long, thin, flexible tube that is inserted into a vein in the upper arm. It is a form of intravenous (IV) access. It is considered to be a “central” line because the tip of the PICC ends in a large vein in your chest. This large vein is called the superior vena cava (SVC). The PICC tip ends in the SVC because there is a lot of blood flow in the SVC. This allows medicines and IV fluids to be quickly distributed throughout the body. The PICC is inserted using a sterile technique by a specially trained nurse or physician. After the PICC is inserted, a chest X-ray exam is done to be sure it is in the correct place.



A PICC may be placed for different reasons, such as:

- To give medicines and liquid nutrition that can only be given through a central line. Examples are:
  - Certain antibiotic treatments
  - Chemotherapy
  - Total parenteral nutrition (TPN)
- To take frequent blood samples
- To give IV fluids and blood products
- If there is difficulty placing a peripheral intravenous (PIV) catheter.

If taken care of properly, a PICC can remain in place for several months. A PICC can also allow a person to go home from the hospital early. Medicine and PICC care can be managed at home by a family member or home health care team.

What problems can happen when I have a PICC?

Problems with a PICC can occasionally occur. These may include the following:

- A blood clot (thrombus) forming in or at the tip of the PICC. This can cause the PICC to become clogged. A clot-dissolving medicine called tissue plasminogen activator (tPA) can be given through the PICC to help break up the clot.
- Inflammation of the vein (phlebitis) in which the PICC is placed. Signs of inflammation may include redness, pain at the insertion site, red streaks, or being able to feel a "cord" in the vein where the PICC is located.
- Infection in the PICC or at the insertion site. Signs of infection may include fever, chills, redness, swelling, or pus drainage from the PICC insertion site.
- PICC movement (malposition). The PICC tip may move from its original position due to excessive physical activity, forceful coughing, sneezing, or vomiting.
- A break or cut in the PICC. It is important to not use scissors near the PICC.
- Nerve or tendon irritation or injury during PICC insertion.

Guidelines and restrictions with your PICC

- You may bend your arm and move it freely. If your PICC is near or at the bend of your elbow, avoid activity with repeated motion at the elbow.
- Rest at home for the remainder of the day following PICC line insertion.
- Avoid lifting heavy objects as instructed by your health care provider.
- Avoid using a crutch with the arm on the same side as your PICC. You may need to use a walker.

How to care for the PICC bandage (dressing)

- Keep your PICC bandage (dressing) clean and dry to prevent infection.
- Ask your health care provider when you may shower.
- Ask your health care provider to teach you how to wrap the PICC when you do take a shower.
- Change the PICC dressing as instructed by your health care provider, every seven days.
- Change your PICC dressing if it becomes loose or wet.

Daily PICC checklist

- Check the PICC insertion site daily for leakage, redness, swelling, or pain.
- Do not take a bath, swim, or use hot tubs when you have a PICC. Cover PICC line with clear plastic wrap and tape to keep it dry while showering.
- Flush the PICC as directed by your health care provider. Let your health care provider know right away if the PICC is difficult to flush or does not flush. Do not use force to flush the PICC.
- Do not use a syringe that is less than 10 mL to flush the PICC.
- Never pull or tug on the PICC.
- Avoid blood pressure checks on the arm with the PICC.
- Keep your PICC identification card with you at all times.
- Do not take the PICC out yourself. Only a trained clinical professional should remove the PICC.

Call your doctor IMMEDIATELY if:

- Your PICC is accidentally pulled all the way out. If this happens, cover the insertion site with a bandage or gauze dressing. Do not throw the PICC away. Your health care provider will need to inspect it.
- Your PICC was tugged or pulled and has partially come out. Do not push the PICC back in.
- There is any type of drainage, redness, or swelling where the PICC enters the skin.
- You cannot flush the PICC, it is difficult to flush, or the PICC leaks around the insertion site when it is flushed.
- You hear a “flushing” sound when the PICC is flushed.
- You have pain, discomfort, or numbness in your arm, shoulder, or jaw on the same side as the PICC.
- You feel your heart “racing” or skipping beats.
- You notice a hole or tear in the PICC.
- You develop chills or a fever.

Getting Ready for Your First Day of Treatment

Being well informed is an important part of your care. The National Cancer Institute has excellent patient education resources on a variety of subjects relating to cancer. We encourage you to read *"Chemotherapy and You"* and *"Eating Hints"* prior to your first treatment. These pamphlets will help you understand what to expect while receiving treatment, and will be an important resource throughout your treatment journey. They can be found on the National Cancer Institute's website at **www.cancer.gov**.

Before you receive your treatment(s):

- Before your very first chemotherapy in the infusion center, a chemotherapy education class will be offered. Also, the infusion nurses will provide education on the medications that will be received in the infusion clinic.
- You will need blood work that will be reviewed by your clinical team. Dignity Health – Cancer Institute at St. Joseph's lab is conveniently located on the second floor of our cancer center where certified phlebotomists are available to draw your blood. **Please note, it is important to have your blood drawn prior to your clinic appointment, so we can review them during your visit. Please refer to your schedule for arrival times.**
- If your lab results are appropriate for treatment and there are no other concerns that would keep you from having your treatment, you will be sent to the infusion center to receive your treatment by specially trained infusion nurses.
- Please pick up the medications your oncologist has prescribed (example: medication to control nausea) prior to your first infusion treatment appointment and bring them with you to the infusion center.
- You will have your weight and height measured in infusion prior to your treatment. Please wear removable shoes and jackets.
- Most people can be sexually active during cancer treatment, but it is important to do so safely. Talk with your doctor about pregnancy, birth control and precautions for sexual activity.
- Plan to be at the cancer center most of the day your first treatment. Please have a driver or arrange transportation.

If you plan to have children after treatment, talk with your doctor or nurse before you start treatment to learn ahead of time about fertility preservation options available.

Questions to ask your Care Team about treatment:

- Where will I go for treatment?
- How is the treatment given?
- How long will each treatment session take?
- How many treatment sessions will I have?
- Should a family member or friend come with me to my treatment sessions?

Infusion Scheduling Information

We believe that your time is valuable, and it is very important for you to know what to expect when your treatments are scheduled in the infusion center.

- When you have your initial infusion therapy appointment, and each time you have a change in your treatment medication, you will have a 30-minute appointment scheduled prior to your infusion time. This will allow time for the infusion nurses to provide important education regarding your treatment medications, their potential side effects and how to manage them.
- For patients having blood drawn from a central line (PICC or Port-a-Cath), appointments will be scheduled 30 minutes before your scheduled appointment.
- Morning appointment times in the infusion center are reserved for treatments that will last five hours or more in length.
- Afternoon appointment times in the infusion center are reserved for lab draw appointments, Port-a-Cath or PICC line flushes, injections, short treatments, and for patients needing hydration.
- Because your time is important, patients arriving early will not be checked in until 15 minutes prior to your scheduled appointment time. This allows patients to be seen as scheduled.
- The Café and Healing Garden located on the first floor and the Meditation Room located on the second floor are wonderful places to visit while waiting for your appointment.
- There is complimentary, non-secured wireless internet available for use of your personal electronic devices.
- If you enjoy reading, puzzles, or crafts, bring them with you. You may find knitting and crocheting as fun ways to pass the time.

First Day of Treatment

To help make your first day of treatment as comfortable as possible, we have a few recommendations:

- **Take your regularly prescribed medications** unless otherwise instructed by your oncologist.
- **Bring the medications your oncologist prescribed** to control side effects with you to the infusion center (example: nausea medication.) The infusion nurse will review instructions of the proper use of these medications with you.
- **Wear comfortable clothing and shoes**
  - For those patients that have a Port-a-Cath or central line placed in their upper chest, it is very helpful for you to **wear a V-neck or front buttoned shirt** to allow easy access for your treatment.
  - For those patients that will be having an IV started or have a PICC line, we recommend that you **wear short sleeves or sleeves that may be rolled up easily**.
- We recommend that you **have someone drive you to and from your first treatment appointment**.
- Some people find that it helps their nausea to **eat a small snack before treatment**. If you do become sick to your stomach during your treatment, you may want to avoid eating or drinking right before or after treatment.
- Coffee, juice, soda and water are available from our nourishment room in the infusion center. If your treatment extends into the lunch hour, a boxed lunch will be provided for patients.
- To maintain a calm and quiet environment for our patients, **visitors are limited to one person** at a time per patient, in the infusion therapy treatment area.
- For their safety, children under the age of 12 are not allowed in the Infusion Therapy treatment area. If you have children, you may want to **consider arranging for childcare for the full day**. This will allow you to be able to focus on your treatment and any questions or concerns that may arise during your time in the infusion center.

While Receiving Treatment

When receiving treatment at the infusion center, you may receive anti-nausea medication in your IV about 30 minutes before your treatment. If you become nauseated during treatment, please contact your infusion nurse to be evaluated.

A “hypersensitivity” reaction may happen in seconds or minutes after the start of your infusion, or at any point during your treatment, and can happen even though you did not have a reaction with previous treatments.

Contact an infusion nurse IMMEDIATELY if you are experiencing any of the following:

- Rash or itching
- Swelling of face/lips
- Feel flushed
- Pain in your stomach, back or chest
- Shortness of breath
- Difficulty swallowing
- Dizziness or lightheaded
- Headache/double vision
- Just don’t feel right

“Extravasation” is the leakage of blood, lymph, or other fluid, such as an anticancer drug, from a blood vessel or tube into the tissue around it. **Contact an infusion nurse IMMEDIATELY if you have any stinging, pain, redness, or swelling around the infusion site**.

After Treatment

In some cases patients can experience delayed reactions after you get home from treatment. If you develop severe symptoms or symptoms that become a medical emergency, call 9-1-1 for immediate assistance.

Call 602.406.8222 IMMEDIATELY (DAY OR NIGHT) if you develop any of the following:

- Fever of 100.4 °F (38 °C) (indicates possible infection)
- Chills with or without fever (indicate possible infection)
- Shortness of breath, chest pain or discomfort, jaw pain, pain or tingling in your arms (call 9-1-1 if severe)
- Any unusual bleeding or bruising
- Any swelling or pain around infusion site
- Vomiting for more than 24 hours after your treatment that is not relieved by anti-nausea medication
- Severe diarrhea, meaning multiple watery bowel movements within 24 hours or three or more watery stools daily, for more than three days
- Swelling, redness and/or pain in one arm or leg, and not the other

Call 602.406.8222 THE NEXT DAY if you develop the following (if the next day is a weekend or holiday you will be connected to the oncology provider on call):

- Sore mouth or throat
- Constipation for more than two days that has not been relieved by bowel care medications recommended or prescribed by your doctor
- Nausea that is not controlled by your prescribed anti-nausea medication
- Numbness or tingling in your hands or feet
- Any changes in your skin, especially rash or potential allergic skin reactions
- Any other changes in your health that may concern you

24-hour Call Center at Dignity Health – Cancer Institute at St. Joseph's: 602.406.8222

Side Effects from Treatment

Side effects are problems caused by cancer treatment. Not everyone gets every side effect; which side effects you have will depend on the type and dose of your treatment and whether you have other health problems. It is important for you to know the side effects that may affect you and how to manage them. Your nurse navigator will discuss the common side effects that you can expect for your specific treatment and what to look for.

Some common side effects from chemotherapy include:

- Fatigue
- Nausea
- Vomiting
- Decreased blood cell counts
- Hair loss
- Mouth sores
- Changes in taste
- Depression
- Pain

Additional patient education materials on managing other possible side effects can be found on National Cancer Institute's (NCI) website at **www.cancer.gov**, and in NCI's "Chemotherapy and You" booklet. For those patients that don't have access to a computer, please speak to your nurse navigator for assistance.

Questions to ask about side effects:

- What are the possible side effects of the treatment?
- What side effects may happen during or between my treatment sessions?
- Are there any side effects that I should call you about right away?
- Are there any lasting effects of the treatment?
- Will this treatment affect my ability to have children?
- How can I prevent or manage side effects?

Questions to Ask Your Doctor about Medications

Be sure to thoroughly review your medication list with your Care Team. You may want to ask some of the following questions:

- What is each of my medications for?
- What are the side effects of the medications I will be taking?
- Which side effects should I call about? Whom should I call?
- What should I do if I miss a dose of my medication?
- Which drugs should I take with food?
- Which drugs should I take on an empty stomach? How soon can I eat after taking them?
- When should I take each of my medications? (Some drugs should be taken 12 hours apart.)
- Does it matter what time of day I take my once-a-day medications?
- What vaccines should I get every year (flu, hepatitis, tetanus, etc.)?
- Which over-the-counter medications should I avoid (ibuprofen, Tylenol, Motrin, etc)

Talk to your health care provider before taking any supplements, herbal remedies, vitamins, or over-the-counter medications.

If you are having difficulty taking any of your medications, contact a member of your Care Team.

Questions to Ask Your Health Care Provider When You Have Completed Treatment

When you have finished your cancer treatment, you will talk with your health care provider about next steps and follow-up care. You may want to ask them some of the following questions:

- How long will it take for me to get better and feel more like myself?
- What kind of care should I expect after my treatment?
- What long-term health issues can I expect as a result of my cancer and its treatment?
- What is the chance that my cancer will return?
- What symptoms should I tell you about?
- What can I do to be as healthy as possible?
- Which doctor(s) should I see for my follow-up care? How often?
- What tests do I need after treatment is over? How often will I have these tests?
- What records do I need to keep about my treatment?
- Can you suggest a support group that might help me?

Oral Cancer Drugs

Oral cancer drugs are medication taken by mouth to treat cancer. They can be a tablet, liquid or capsule. Below are special precautions to stay safe when you are handling oral cancer medications:

- Do not let the medication come in contact with household surfaces like countertops or tables. If they do, clean the surface thoroughly afterwards.
- Wash your hands before and after handling the pills.
- If your caregiver is helping with your oral chemotherapy medications, they should wear gloves. Caregivers should wash hands before and after placing gloves.
- Oral cancer medications should not be crushed, split, broken or chewed.
- Pill containers for cancer drugs should never be reused.
- Keep all drugs out of the reach of children and pets.
- Pregnant caregivers should not handle oral cancer drugs.
- Do not let your chemotherapy drugs come into contact with your other medications. Keep your chemotherapy medication separate from other medications.
- Keep the medications in a cool, dry place away from heat, sunlight, or moisture.
- Keeping your medications in their original containers will limit contamination and ensure that you always have the information about the name of the medication, dose and addition instructions.
- Empty pill bottles from cancer drugs should not be recycled and should not be used to store other pills or items.
- Gloves and other items that come in contact with cancer medications or bodily fluids can be thrown away in the household trash. Before the waste is put into the trash, double bag it.
- Never throw cancer drugs in the trash or down the drain and don’t flush then down the toilet.
- Check with your local health department to find out where you can safely dispose of any unused cancer drugs.

Sex After Cancer Treatment

Changes in your sex life

It’s common for people to have problems with sex because of cancer and its treatment. When your treatment is over, you may feel like having sex again, but it may take some time. Sexual problems can last longer than the other side effects of cancer treatment. It’s important to seek help in learning how to adapt to these changes.

Until then, you and your partner may need to find new ways to show that you care about each other. This can include touching, holding, hugging and cuddling.

Treatment-related problems

Sexual problems are often caused by changes to your body caused by chemotherapy, radiation, surgery or certain medicines. Sometimes emotional issues such as anxiety, depression, worry and stress may cause also contribute. Depending on the kind of cancer you had, you may have short-term or long-term problems with sex after treatment.

Common concerns include:

- **Worries about intimacy after treatment.** Some may struggle with their body image after treatment. Even thinking about being seen without clothes may be stressful. People may worry that having sex will hurt or that they won’t be able to perform. They may feel less attractive. Pain, loss of interest, depression or cancer medicine can also affect sex drive.
- **Not being able to have sex as you did before.** Some cancer treatments cause changes in sex organs that also change your sex life.
- **Losing the ability to have children.** Some cancer treatment can cause infertility, making it impossible for cancer survivors to have children. Depending on the type of treatment, age, and length of time since treatment, you may still be able to have children.
- **Male issues.** Erectile dysfunction can occur in some men after treatment for prostate cancer, cancer of the penis, or cancer of the testes. Some treatments may interfere with the ability to achieve or maintain an erection, weaken orgasm or make it dry. Less common problems include being unable to ejaculate or ejaculation going backward into the bladder.
- **Female issues.** After cancer treatment some women find it difficult, even painful, to have sex. While some cancer treatment can cause these problems, there may be no clear cause. Some women also have pain or numbness in their genital area. When women stop getting their periods, they can get hot flashes, dryness or tightness in the vagina, and/or other problems that can affect their desire to have sex.

Ask for help

Even though you may feel awkward, let a member of your health care team know if you are having problems with intimacy or sex. There may be treatments or other ways you and your loved one can give each other pleasure. If your provider can’t talk with you about sexual problems ask for the name of someone who can. Some people also find it helpful to talk with other couples.

At Home After Treatment

After treatment, you may feel tired or experience other side effects. The tips below may be useful to help manage some of the side affects you may experience:

Save your energy and ask for help. Choose the activities that are most important to you and do them when you have the most energy. When people offer to help, let them do so. They can take you to the doctor, make meals, or do other things you are too tired to do.

Balance rest with activity. Take short naps during the day. Keep in mind that too much sleep during the day can make it difficult to sleep at night. Ask for help with important tasks such as making meals or driving.

Drink plenty of liquids. Drinking plenty of liquids is important, especially if you have less of an appetite. Losing fluid can lead to dehydration, a dangerous condition. You may become weak or dizzy and have dark yellow urine if you are not drinking enough liquids. Try to sip on water, fruit juices, ginger ale, tea, and/or sports drinks throughout the day. Limit your intake of caffeinated beverages.

Choose healthy and high-nutrient foods. Eat a little, even if you are not hungry. It may help to have five or six small meals throughout the day instead of three large meals. Most people need to eat a variety of nutrient-dense foods that are high in protein and calories.

Be active. You may feel better if you take short walks or exercise a little every day. Being active can actually increase your appetite, decrease your fatigue and give you more energy.

Take an anti-nausea medicine. Talk with your doctor or nurse to learn when to take your medicine. Most people need to take an anti-nausea medicine even on days when they feel well. Tell your doctor or nurse if the medicine doesn't help. There are different kinds of medications for nausea and one may work better than another for you.

Avoid certain foods. Don't eat greasy, fried, sweet, or spicy foods if you feel sick after eating them. If the smell of cooking food bothers you, ask others to prepare your meals. Try cold foods that do not have strong smells, or let food cool down before you eat it. Switch to plastic silverware if you are experiencing metallic taste.

Oral Care. Brush your teeth after each meal and before bed, using a soft tooth brush. Clean your teeth well and check your mouth for sores or other signs of an infection each day. Check with your oncologist or nurse navigator before you have any dental work done (including teeth cleaning) while you is receiving treatment.

Wash your hands often and well. Use soap and warm water to wash your hands well, especially before eating. Have people around you wash their hands well too.

Stay extra clean. If you have a catheter, keep the area around it clean and dry. Shower or bathe daily.

Avoid germs. Stay away from people who are sick or have a cold. Avoid crowds and consider wearing a mask in crowded areas. Avoid being around people who have just had a live vaccine, such as one for chicken pox, polio, or measles. Have someone else empty the kitty litter or clean the fish tank.

Check your temperature twice a day, or as often as your doctor or nurse navigator tells you to. You may find it best to use a digital thermometer. Call your doctor or nurse navigator if your temperature is 100.4 °F or higher.

Avoid constipation. Increase your fiber intake by including whole grain breads and cereals, fruits and vegetables in your diet. Discuss what medications you should take with your Care Team. Always check with your nurse navigator or oncologist before using enemas or suppositories.

Prevent pregnancy. It is important to prevent pregnancy during treatment and for some time after treatment. Your doctor or nurse navigator can help you decide which method of birth control is best for you and your partner.

Sexual activity. Ask your doctor or nurse navigator if it is okay for you to be sexually active during your treatment period. Most patients can be sexually active, but you will want to confirm this with your Care Team.

Use a condom. Chemotherapy may be present in the body fluids of a patient receiving treatment. Because of this, it is important to use a condom during sexual activity to protect your partner.

Protect your skin from the sun. Limit your time in the sun. Use SPF 30 sunscreen and cover your skin (wear a hat, long sleeves). While on treatment you may sunburn very easily or develop a rash because of sun sensitivity.

Talk to your doctor about your medications. Talk to your doctor about your medications. Talk to your doctor before taking any supplements, herbal remedies, vitamins, or over-the-counter medications. Some medications known as NSAIDS (such as aspirin or ibuprofen) can increase risk of bleeding.

Infections

Call 602.406.8222 IMMEDIATELY (DAY OR NIGHT) if you have signs of infection. Infections during cancer treatment can be life threatening and require urgent medical attention.

Infections can begin anywhere in the body, may spread throughout the body, and can cause one or more of these signs:

- Fever of 100.4 °F (38 °C) or higher and/or chills
- Cough, sore throat or nasal congestion
- Shortness of breath
- Diarrhea and/or vomiting
- Abdominal pain
- Ear pain, headache or sinus pain, or a stiff or sore neck
- Changes in skin or mental status
- Sores or white coating in your mouth or on your tongue
- Swelling or redness, especially where a catheter enters your body
- Urine that is bloody or cloudy, or pain when you urinate

Medications for Fever

Be sure to talk with your oncologist or nurse navigator before taking medicine—even aspirin, acetaminophen (such as Tylenol®), or ibuprofen (such as Advil®) for a fever. These medicines can lower a fever but may also mask or hide signs of a more serious problem.

Infection Prevention

Cancer patients treated with chemotherapy are more likely to get infections. Follow these simple recommendations to help prevent infection:

- Washing your hands is the number one way to prevent infection. Wash your hands often and ask others around you to do the same.
- Check your temperature twice daily and report any fever above 100.4 °F (38 °C).
- Call your doctor right away if you notice any symptoms of infection, such as fever, cough, sore throat, nasal congestion, redness or swelling in any area, diarrhea, painful urination, or vomiting.
- Avoid crowded places and people who are sick, including children who have chicken pox or measles, or adults who have shingles.
- Talk to your doctor about getting a flu shot or other vaccinations
- Prevent constipation by using the bowel regimen as instructed by your health care provider. DO NOT use enemas unless it is approved by your health care provider.
- DO NOT use suppositories unless instructed by your health care provider.
- Take a bath or shower every day (unless told otherwise), pat your skin dry.
- Use an unscented lotion to try to keep your skin from getting dry or cracking.
- Brush your teeth with a soft toothbrush after meals and at bedtime.
- Do NOT share food, drink cups, utensils or other personal items such as toothbrushes.
- Cook meat and eggs all the way through to kill any germs.
- Carefully wash raw fruits and vegetables.
- Protect your skin from direct contact with pet bodily waste (urine or feces).
- Wash your hands immediately after touching an animal or its waste, even when wearing gloves (It is best if others take care of animal waste).
- Use gloves and mask for gardening.

Washing your hands prevents infection.

Blood Counts

You may hear your Care Team use the term "counts" or "blood counts." They are referring to the number of different cells you have in your blood, including your white blood cells (infection fighting cells), red blood cells (oxygen carrying cells), and platelets (cells that clot the blood).

Your provider checks your blood counts with a blood test called a Complete Blood Count (CBC). A CBC is monitored at different times before and during your cancer treatments. If any of these laboratory tests are abnormal, it may affect your treatment schedule.

Neutropenia

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 a neutrophil. When your neutrophil count is low, it is called neutropenia, and increases the risk for you to develop infection.

Neutropenic Precautions

If your neutrophil count becomes very low, you will be notified by your oncologist or Nurse Navigator and it will be important to follow these neutropenic precautions:

- **Check your temperature twice daily and contact your oncologist day or night if you develop a fever above 100.4 °F (38 °C), and/or if you develop shaking chills with or without fever.**
- Thoroughly wash all sides of your hands for 20 seconds, especially prior to preparation of food and eating. You may use waterless cleaner if you do not have soap or water.
- Stay away from large crowds of people until your neutrophil count has fully recovered.
- Use a soft toothbrush to brush your teeth after eating and at bedtime.
- Use an electric razor instead of a blade razor to decrease risk of cutting yourself.
- Take daily warm showers and pat your skin dry (rubbing can increase dryness).
- Avoid people who are ill, including children with chicken pox or measles or adults who have shingles.
- If you need dental work done be sure to check with your doctor first and let your dentist know that you are receiving treatment.
- Do not have manicures or pedicures.
- Avoid the use of hot tubs/Jacuzzis. Do not swim in lakes, rivers or streams. You may swim in chlorinated swimming pools.
- Prevent constipation by following the bowel regimen recommended by your oncologist. DO NOT use enemas unless it is approved by your oncologist.
- Intercourse should be avoided if your neutrophil count is very low. Be sure to discuss this with your doctor.

Neutropenic Fever

If you develop a fever 100.4 or above when your neutrophil count is low, it is called neutropenic fever and can be life threatening. **Call your Care Team IMMEDIATELY (DAY OR NIGHT) at 602.406.8222 if you develop a fever.**

Anemia

Some types of chemotherapy cause anemia because they make it harder for bone marrow to produce new red blood cells. 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. Call your oncologist or nurse navigator if you notice any of these symptoms. If your red blood cell count is low, you may require a blood transfusion.

Here are some steps you can take if you have fatigue caused by anemia:

- Save your energy and ask for help. Choose the most important things to do each day. When people offer to help, let them do so. They can take you to the doctor, make meals, or do other things you are too tired to do.
- Balance rest with activity. Take short naps during the day, but keep in mind that too much bed rest can make you feel weak. You may feel better if you take short walks or exercise a little every day.
- Eat and drink well. Talk with your doctor, nurse, or a registered dietitian to learn what foods and drinks are best for you. You may need to eat foods that are high in protein or iron.

Thrombocytopenia

Some cancer treatments, such as chemotherapy and targeted therapy, can increase your risk of bleeding and bruising. These treatments can lower the number of platelets in the blood. Platelets are the cells that help your blood to clot and stop bleeding. When your platelet count is low, you may bruise or bleed a lot or very easily and have tiny purple or red spots on your skin. This condition is called thrombocytopenia. It is important to tell your doctor or nurse if you notice any of these changes.

If your platelet levels are low, you may require a platelet transfusion.

Call your doctor or nurse if you have more serious problems, such as:

- Bleeding that doesn’t stop after a few minutes
- Bleeding from your mouth, nose, or when you vomit
- Bleeding from your vagina when you are not having your period (menstruation)
- Urine that is red or pink
- Stools that are black or bloody
- Bleeding during your period that is heavier or lasts longer than normal
- Head or vision changes such as bad headaches or changes in how well you see
- Feel confused or very sleepy

Steps to take if you are at increased risk of bleeding and bruising:

- Avoid certain medicines. Many over-the-counter medicines contain aspirin or ibuprofen, which can increase your risk of bleeding. When in doubt, be sure to check the label. Get a list of medicines and products from your Care Team that you should avoid taking. You may also be advised to limit or avoid alcohol if your platelet count is low.
- Take extra care to prevent bleeding. Brush your teeth gently, with a very soft toothbrush. Wear shoes, even when you are inside. Be extra careful when using sharp objects. Use an electric shaver, not a razor. Use lotion and a lip balm to prevent dry, chapped skin and lips. Tell your doctor or nurse if you are constipated or notice bleeding from your rectum.
- Care for bleeding or bruising. If you start to bleed, press down firmly on the area with a clean cloth. Keep pressing until the bleeding stops. If you bruise, put ice on the area.

Dental, Mouth, and Throat Problems

Cancer treatments may cause dental, mouth and throat problems. Radiation therapy to the head and neck may harm the salivary glands and tissues in your mouth and/or make it hard to chew and swallow safely. Some types of chemotherapy and biological therapy can also harm cells in your mouth, throat, and lips. Drugs used to treat cancer and certain bone problems may also cause oral complications. Visit a dentist at least two weeks before you start treatment. Get all of your dental work done before you start chemotherapy, if at all possible. Get a copy of the report from your dentist and give it to a member of your Care Team.

Mouth and throat problems may include:

- Changes in taste (dysgeusia) or smell
- Dry mouth
- Infections and mouth sores
- Pain or swelling in your mouth (oral mucositis)
- Sensitivity to hot or cold foods
- Swallowing problems (dysphagia)
- Tooth decay (cavities)

Mouth problems are more serious if they interfere with eating and drinking, because they can lead to dehydration and/or malnutrition. It's important to call a member of your Care Team if you have pain in your mouth, lips, or throat that makes it difficult to eat, drink, or sleep; or if you have a fever of 100.4 degrees or higher.

Ways to prevent mouth and dental problems

- Get a dental check-up before starting treatment
- Check and clean your mouth daily. Check your mouth every day for sores or white spots. Tell a member of your Care Team as soon as you notice any changes, such as pain or sensitivity.
- Rinse your mouth throughout the day with a solution of warm water, baking soda, and salt. If you are at risk of bleeding, ask if you should floss.

Ways to manage

- For a sore mouth or throat:
  - Choose foods that are soft, wet and easy to swallow
  - Soften dry foods with gravy, sauce or other liquids
  - Use a blender to make milkshakes or blend your food to make it easier to swallow
  - Ask about pain medication
  - Avoid foods and drinks that can irritate your mouth, such as foods that are crunchy, salty, spicy, or sugary
  - Avoid alcohol
  - Do not smoke or use tobacco products

- For a dry mouth:
  - Drink plenty of liquids, because a dry mouth can increase the risk of tooth decay and mouth infections
  - Keep water handy and sip it often to keep your mouth wet
  - Suck on ice chips or sugar-free hard candy, have frozen desserts, or chew sugar-free gum
  - Use lip balm
  - Ask about saliva substitutes that can coat, protect, and moisten your mouth and throat
- For changes to your sense of taste:

  Foods may seem to have not taste, may not taste the way they used to, or may not have much taste at all. Radiation therapy may cause a change in sweet, sour, bitter, and salty tastes. Chemotherapy drugs may cause an unpleasant chemical or metallic taste in your mouth. If you have taste changes, it may help to try different foods to find ones that taste best to you. Trying cold foods may also help. Here are some more tips to consider:

  - If food tastes bland, marinate foods to improve their flavor or add spices to foods. If red meat tastes strange, switch to other high-protein foods such as chicken, eggs, fish, peanut butter, turkey, beans, or dairy products.
  - If foods taste salty, bitter, or acidic, try sweetening them. If foods taste metallic, switch to plastic utensils and non-metal cooking dishes.
  - If you have a bad taste in your mouth, try sugar-free lemon drops, gum or mints.

Cancer Emotions

Because we know that you may be experiencing some of these feelings, your Care Team will screen you for depression and/or distress. When you are screened, be sure to answer honestly so your Care Team can provide you with the resources you need.

Dealing with the different side effects and life changes of cancer treatment can be hard on you emotionally as well as physically. Just as cancer affects your physical health, it can bring up a wide range of feelings you're not used to dealing with. It can also make many feelings seem more intense. They may change daily, hourly, or even minute to minute. This is true whether you are currently in treatment, done with treatment, or a friend or family member of a person receiving treatment. These feelings are all normal.

Overwhelmed

When you first learn that you have cancer, you may feel as if your life is out of control. This could be because:

- You wonder if you are going live.
- Your normal routine is disrupted by doctor visits and treatment.
- People use medical terms that you don't understand.
- You feel like you can't do the things you enjoy.
- You feel helpless and lonely.

Even if you feel out of control, there are ways you can take charge. Try to learn as much as you can about your cancer. Ask your doctor questions and don't be afraid to say when you don't understand. Also, many people feel better if they stay busy.

Denial

When you were first diagnosed, you may have had trouble believing or accepting the fact that you have cancer. This is called denial. It can be helpful because it can give you time to adjust to your diagnosis. It can also give you time to feel hopeful and better about the future. Sometimes, denial is a serious problem. If it lasts too long, it can keep you from getting the treatment you need. The good news is that most people work through denial. Usually by the time treatment begins, most people accept the fact that they have cancer and move forward. This is true for those with cancer as well as the people they love and care about.

Anger

People with cancer often feel angry. It's normal to ask, "why me?" and be angry at the cancer. You may also feel anger or resentment towards your health care providers, your healthy friends and your loved ones. And if you are religious, you may even feel angry with God. Anger often comes from feelings that are hard to show, such as fear, panic, frustration, anxiety or helplessness. If you feel angry, you don't have to pretend that everything is OK. Anger can be helpful in that it may motivate you to take action. Talk with your family and friends about your anger or ask your health care provider to refer you to a counselor.

Fear and worry

It's scary to hear that you have cancer. You may be afraid or worried about:

- Being in pain, either from the cancer or the treatment
- Feeling sick or looking different as a result of your treatment
- Taking care of your family
- Paying your bills
- Keeping your job
- Dying

Some fears about cancer are based on stories, rumors, or wrong information. To cope with fears and worries, it often helps to be informed. Most people feel better when they learn the facts. They feel less afraid and know what to expect. Learn about your cancer and understand what you can do to be an active partner in your care. Some studies even suggest that people who are well-informed about their illness and treatment are more likely to follow their treatment plans and recover from cancer more quickly than those who are not.

Hope

Once people accept that they have cancer, they often feel a sense of hope. There are many reasons to feel hopeful. Millions of people who have had cancer are alive today. Your chances of living with cancer and living beyond it are better now than they have ever been before. People with cancer can lead active lives, even during treatment. Some health care providers think that hope may help your body deal with cancer. Scientists are studying whether a hopeful outlook and positive attitude help people feel better.

Stress and anxiety

Both during and after treatment, it's normal to have stress over all the life changes you are going through. Anxiety means you have extra worry, can't relax, and feel tense. You may notice that:

- Your heart beats faster.
- You have headaches or muscle pains.
- You don't feel like eating, or you eat more.
- You feel sick to your stomach or have diarrhea.
- You feel shaky, weak, or dizzy.
- You have a tight feeling in your throat and chest.
- You sleep too much or too little.
- You find it hard to concentrate.

If you have any of these feelings, talk to your health care provider. If you are worried about your stress, ask your health care provider to suggest a counselor for you to talk to. You could also take classes that teach ways to deal with stress.

Sadness and depression

Many people with cancer feel sad. They feel a sense of loss of their health and the life they had before they learned they had the disease. Even when you are done with treatment, you may still feel sad. This is a normal response to any serious illness. It may take time to work through and accept all the changes that are taking place.

When you are sad, you may have very little energy, feel tired, or not want to eat. For some, these feeling go away or lessen over time. For others, these emotions can become stronger, the painful feelings don't get any better, and they get in the way of daily life. This may be a medical condition called depression. For some, cancer treatment may have added to this problem by changing the way the brain works. Depression can be treated. Below are common signs of depression. If you have any of the following signs for more than two weeks, talk to your health care provider about treatment. Be aware that some of these symptoms could be due to physical problems, so it is important to talk about them with your doctor.

Emotional signs:

- Feelings of sadness that won't go away
- Feeling emotionally numb
- Feeling nervous or shaky
- Having a sense of guilt or feeling unworthy
- Feeling helpless or hopeless, as if life has no meaning
- Feeling short-tempered, moody
- Having a hard time concentrating, feeling scatterbrained
- Crying for long periods of time or many times each day
- Focusing on worries and problems
- No interest in the hobbies and activities you used to enjoy
- Finding it hard to enjoy everyday things, such as food or being with family and friends
- Thinking about hurting yourself
- Thoughts about killing yourself

Body changes:

- Unintended weight gain or loss not due to illness or treatment
- Racing heart, dry mouth, increased perspiration, upset stomach, diarrhea
- Changes in energy level
- Sleep problems, such as not being able to sleep, having nightmares, or sleeping too much
- Fatigue that doesn't go away
- Headaches, other aches and pains

If your health care provider thinks that you suffer from depression, they may give you medication to help you feel less tense. They also may refer you to an expert. Don't feel that you should have to control these feelings on your own. Getting the help you need is important for your life and your health.

Guilt

If you feel guilty, know that many people with cancer feel this way. You may blame yourself for upsetting the people you love, or worry that you are a burden in some way. You may envy other people's good health and be ashamed of this feeling. You might even blame yourself for lifestyle choices that you think could have led to your cancer. These feelings are all very common. Let your health care provider know if you would like to talk with a counselor or go to a support group.

Loneliness

People with cancer often feel lonely or distant from others. It's normal to feel alone after treatment. You may miss the support you got from your Care Team. Many people have a sense that their safety net has been pulled away, and they get less attention. It's common to still feel cut off from certain friends or family members. Some of them may think that now that treatment is over, you will be back to normal soon, even though this may not be true. Others may want to help but don't know how. Look for emotional support in different ways. It could help you talk to other people who have cancer or to join a support group. Or, you may feel better talking only to a close friend or family member, counselor, or a member of your faith or spiritual community. Do what feels right for you.

Gratitude

Some people see their cancer as a "wake-up call." They realize the importance of enjoying the little things in life. They go places they have never been. They finish projects they had started but put aside. They spend more time with friends and family. They mend broken relationships. It may be hard at first, but you can find joy in your life if you have cancer. Pay attention to the things you do each day that make you smile. They can be as simple as drinking a good cup of coffee or talking to a friend.

Ways to cope with your emotions

- Express your feelings
- Look for the positive
- Don't blame yourself for your cancer
- Don't try to be upbeat if you are not
- Choose for yourself when to talk about your cancer
- Find ways to help yourself relax
- Be as active as you can
- Look for things you enjoy
- Look at what you can control
- Contact a social worker

Advance Directives

Under Arizona law, every adult has the right to make decisions concerning medical treatment. The law allows for your rights and personal wishes to be respected even if you are too sick to make decision.

Advance Directives are legally-recognized means for communicating your health care wishes. Arizona law recognizes three kinds of Advance Directives:

- Living Will
- Health Care Power of Attorney
- A pre-hospital medical care directive

An attorney is not needed to complete these documents, though you may choose to retain an attorney's assistance. It is advised to consult with your health care provider as you consider completing an Advance Directive. Decisions should be discussed and shared with your physician and family.

What is a Living Will?

A Living Will is a legal document that states you do not want life prolonging medical care in the event you become terminally ill and unable to make decisions.

If you are suffering from a terminal medical condition or illness with no reasonable probability of recovery, Arizona law permits you to direct that life prolonging procedures be withheld or withdrawn in the final stages of that condition or illness.

One person needs to act as witness when you sign your Living Will. Neither your health care professional nor family members can witness. You may have it notarized but it is not a required in Arizona. If you live in another state that requires this action, you may want to do so.

What is a Health Care Power of Attorney?

A Health Care Power of Attorney (POA) is a legal document that specifically allows you to name another person (at least 18 years old) to make medical decisions of your behalf when you are unable to make decisions for yourself. The person you choose to make your health care decisions is called your "agent." Your agent cannot be your health care provider.

What is a pre-hospital medical care directive?

A pre-hospital medical care directive is a directive refusing cardiopulmonary resuscitation (CPR), a type of lifesaving emergency care if, outside a hospital or in a hospital emergency room, you have a heart attack, or can't breathe. To make one, you must complete a special orange from. These directives, used separately or together, can help you say "yes" to treatment you want and "no" to treatment you don't want.

What happens if you become unable to make or communicate your health care decisions?

If you plan ahead, you can still have some control over your health care decisions, even if you are later unable to communicate. One way to do this is to make an advance or health care directive that names someone to make these decisions for you or controls these decisions. It's beneficial for that person to know your preferences on medical treatment. If you have not named someone in a health care directive, your doctors must seek a surrogate, or a person authorized by law to make these decisions.

How to complete an Advance Directive

If you have questions, concerns, or wish to complete an Advance Directive, please ask for a packet of information. The packet contains forms and directions. For further assistance, you may discuss the document with your Care Team. For assistance completing the form, ask to set up an appointment with the Social Worker. A copy of your Advance Directive is kept with your medical records. Please bring a current copy of your Advance Directive each time you are admitted to the hospital. The clinical staff must confirm that the Advance Directive on file is the latest version, and thus represents your current health care wishes.

Clinical Trials

At Dignity Health – Cancer Institute at St. Joseph's, our studies may use new drugs, or already approved drugs that are now being used in a new way or for a different type of cancer. We also have studies about new procedures, like new scans or blood tests, radiation delivered in a new way or dose; or other procedures that we call 'novel' treatments for cancer.

What are clinical trials?

A clinical trial is a research study that involves people. Clinical trials are important as they aim to find and treat cancers and other conditions in more effective ways.

Before a new drug or treatment can be made available for use, it must first be proven safe and effective with a certain number of people. Volunteers are closely supervised by their health care team and the clinical research staff to ensure their safety. Many treatments used today are the result of what has been learned from past clinical trials.

A cancer clinical trial is designed to show how a certain anti-cancer approach attacks the cancer or how it affects people who receive it. In these trials, volunteers receive high-quality cancer care and will be among the first to benefit if a new approach is successful. Before deciding to take part in a study, patients are encouraged to talk with their medical team to learn more about their treatment options. Doctors and staff are available to answer questions about study activities and possible risks and benefits.

Keeping patients safe while they are taking part in a cancer clinical trial is Dignity Health – Cancer Institute at St. Joseph's research team's chief goal. We work very closely with you to make sure any study treatment you receive is safe and that any side effects are managed quickly. And we are not the only ones looking out for your safety, all trials must be approved by a human subjects review board who is charged with protecting your rights as a 'subject' in research. The Board monitors the progress of a trial at least yearly and wants to know about any safety concerns.

How does a clinical trial work?

In a clinical trial, researchers study groups of people who are receiving different types of treatment or procedures. Each volunteer is usually assigned to a specific study group. Volunteers in one study group may receive an experimental (new or not yet proven) treatment or drug. Volunteers in another group may receive a standard treatment. Sometimes a harmless product called a placebo is used with a standard treatment. This is done to see how effective or useful the new treatment is. In some studies, you, and sometimes your medical team, may not know your group assignment. This "blinded" approach allows researcher to observe and evaluate the outcomes for a treatment without bias. Even though a volunteer may be assigned to one group as opposed to another, all patients receive the same level of medical care.

Who can take part in a clinical trial?

When deciding if someone can qualify for a trial, researchers consider a number of factors to determine if a person is eligible to take part. Patients may be asked questions about their age, disease type, medical history, and current medical condition. Precise criteria for study entry help to create uniform study groups and make sure researchers can answer the questions they plan to study.

What questions should I ask before choosing to take part?

Before joining a trial, here are some questions you may want to think about:

- What is the main purpose of the trial?
- What treatments will be used and how?
- How long will the trial last?
- How will patient safety be watched?
- Are there other treatments that can be given besides the one being tested in the trial?
- Who is paying (sponsor) for the trial?
- Do I have to pay for any of the study-related tests?
- What happens if I get hurt during the trial?
- Can I stop being in a study at any time without penalty?
- Can I continue with this treatment even after the trial ends?

What are some of the possible benefits of joining a trial?

- Access to new drugs, tests, or procedures that may not yet be available to the public or that may lead to new ways of doing standard treatment.
- Highly focused and monitored medical care and attention.
- Helping others through your part in medical research.

What are some of the possible risks of joining a trial?

- The new treatment may not be more effective than standard treatment.
- Researchers may not know about unexpected side effects.
- The new treatment may require more trips to the study site or more treatments.

How can I find out more?

Clinical trials are often available for different types and stages of cancer. Choosing to join a clinical trial is an important decision that affects you and your life. If you are interested in clinical trials you should talk to your doctor, other members of your health care team, or staff from the Dignity Health – Cancer Institute Clinical Trials Office. They can tell you what trials are available at the Cancer Institute or where to find more information on trials related to your specific type of cancer.

Clinical trial resources

At the Dignity Health – Cancer Institute at St. Joseph’s Hospital and Medical Center, we have access to many national cancer trials through the National Cancer Institute’s Community Oncology Research Program (NCORP) as well as pharmaceutical trials. This allows us to bring the latest treatments and technology to our patients with different types of cancers, offering groundbreaking options for improved patient outcomes. At Dignity Health – Cancer Institute at St. Joseph’s, our specialists in precision medicine lead trials that are not offered elsewhere in our state.

Want to know if a clinical trial may be an option for you?

Please call us at **602.406.8222** or email us at **Research-CancerInstitute@dignityhealth.org** to learn more.

Additional Resources

We have a website that links to several resources that you may also find helpful:
www.dignityhealthazcancer.org/clinical-trials

Understanding Outpatient and Physician Billing

Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center is dedicated to providing patients and their families with the most advanced and top-quality care. Likewise, our Patient Registration, Facility Billing, and Professional Billing teams are committed to providing a caring and responsive service to our patients. This information is provided to help you better understand our billing process and your financial responsibility for services provided her at Dignity Health – Cancer Institute. Please keep this guide handy during your treatment and understand that we have Financial Counselors available for you to contact at **602.406.8222**.

Two separate billing departments

When you visit the Cancer Institute, the care you receive may consist of a visit to your physician, a diagnostic test, an outpatient procedure, or other forms of treatment. Even though you may receive only one type of treatment that day, for many services you may receive two bills: one from the facility and one from the physician.

For example, if you have an MRI taken, you will receive a bill for the facility costs involved in performing the MRI and a bill for the radiologist's interpretation of the image. This is because we bill separately for our patient facility and physician charges.

Outpatient facility charges are for the use of the facility and the outpatient clinic services provided by the nurses, social workers, nutritionists, and other members of your Care Team who are not physicians; in addition to any tests (labs, radiology) you may have while at the Cancer Institute. These charges will either be presented to you in the form of an estimate at the time of registration or on a bill sent to you from our Patient Accounts Department.

Physician charges are for the doctor's time, expertise, and your examination and/or consultation. These charges will appear on a bill sent to you by our Physician Billing Department.

Insurance coverage

Health insurance is a major concern for cancer patients and their families. Each health insurance policy is different; we encourage you to take the time to understand your health insurance policy. Our Financial Counseling Team is here to help with any in-network and out-of-network coverage questions.

The Cancer Institute will handle insurance-required pre-authorization on your behalf for the majority of services provided at our facility, however, there may be rare instances when we require your assistance.

Patient responsibility

Patients are responsible for any balance not paid by their insurance carrier. These charges, also called out of pocket expenses, may include facility co-pays, co-insurance, deductibles, and charges that are not covered or that have been denied by your insurance carrier.

For patients with out-of-network benefits, each insurance carrier has an established payment rate for each test, procedure, or other medical service. This rate is called reasonable and customary.

The Cancer Institute's charges may be different from an insurer's rates due to the complexity of the treatment provided to our patients. Patients are responsible for paying any difference between the facility's charges and the carrier's rates.

We endeavor to provide each patient with up-front estimates of treatment costs prior to their visit with us and encourage payment at the time of service with our registration team.

If you do not have health insurance or are worried that your health insurance may not cover your Cancer Institute bills in full, we may be able to help. Please contact a Financial Counselor to discuss your concerns; we will work with you to find alternative payment options. In addition, for those who qualify, Dignity Health – Cancer Institute does offer financial help to patients through our Financial Assistance Program.

How your payment is applied

In general, we apply patient payments to the oldest charges first. However, we can apply your payments to a specific service date or, in the case of health care provider bills, to a specific health care provider. If you would like us to apply your payment to a specific date or provider, please include instructions along with your payment. Please do not write instructions on your check.

If you receive a payment directly from your insurance carrier, please submit the payment along with a copy of the insurance carrier's Explanation of Benefits, which you should have received with the payment.

Contact us

Patient Accounts Department – Facility Bills: **1.877.877.8345**
Physician/Provider Business Services – Provider Bills: **1.602.406.3860**

Additional Services

Contacting us

We encourage you to call your provider if you are not feeling well, have any concerns, or need advice – anytime of the day or night. Emergency calls received outside of normal business hours will be answered by the switchboard and forwarded to the on-call oncology provider.

Phone: 602.406.8222
Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center
24 hours a day, 7 days a week
Business Hours: Monday to Friday, 8 a.m. to 4:30 p.m.

Billing services

Financial Services and Counselors are available to assist patients in understanding and planning for the costs associated with the health care services they may need. Our Financial Counselors review and discuss insurance coverage and out-of-pocket estimates. We offer a range of billing and payment plan options and work closely with Patient Advocates for any patients who may qualify for Government Assistance or our Patient Assistance Programs.

Physician/Provider Billing: 602.406.3860 / Facility Billing: 877.877.8345

Retail Pharmacy

Our Retail Pharmacy is located on the second floor of the Cancer Institute. A full-time pharmacist is available to assist you with questions about your therapy and medications. Most special-order products are available within 24 hours. We accept most insurance plans.

Phone: 602.406.8222 / Business Hours: Monday to Friday, 9 a.m. to 4 p.m.

Cancer Center Café

Our grab and go café offers beverages, sandwiches, and other snack items. Patients and caregivers can enjoy lunch in the adjacent healing garden.

Business Hours: Monday to Friday, 7 a.m. to 1:30 p.m.

Access Your Patient Records Online

The Dignity Health Online Patient Center provides a convenient, secure, electronic way to access your Cancer Institute records and clinical results, and to communicate with your Care Team. All you need is Internet access and an email address. You can:

- View lab, imaging and pathology results.
- See a list of your procedures and diagnosis.
- View upcoming appointments and add them to your calendar.
- Send a secure message to reschedule or cancel an appointment.
- Send a secure message to a member of your health care team.
- Read a summary of your visit.

If you need assistance after enrolling, the **Dignity Health Online Patient Center Customer Support is available 24 hours a day, 7 days a week by telephone, toll-free 877.621.8014**.

Patient Resources

- The Dignity Health – Cancer Institute at St. Joseph's Hospital and Medical Center – **www.dignityhealthazcancer.org**
- American Cancer Society (ACS) – **www.cancer.org**
- CancerCare, Inc. – **www.cancercare.org**
- Centers for Disease Control and Prevention (CDC) – **www.cdc.gov/cancer**
- Chemotherapy and Medication Information – **www.chemocare.com**
- Fertility Resources – **www.livestrong.org/we-can-help/livestrong-fertility**
- National Cancer Institute (NCI) – **www.cancer.gov** and **www.cancer.gov/espanol**
- National Comprehensive Cancer Network (NCCN) Guidelines for Patients – **www.nccn.org/patients/guidelines/cancers.aspx**

Smoking Cessation

- ASHline (Arizona Smokers Helpline) – **www.ashline.org** or **800.556.6222**
- American Lung Association Freedom from Smoking Line – **www.ffsonline.org**
- BecomeAnEx – **www.becomeanex.org**

Words to Know

Adjuvant therapy: Additional cancer treatment given after the primary treatment to lower the risk that the cancer will come back. Adjuvant therapy may include chemotherapy, radiation therapy, hormone therapy, targeted therapy, or biological therapy.

Anemia: A problem in which the number of red blood cells is below normal.

Anti-nausea: A drug that prevents or controls nausea and vomiting, also called anti-emetic.

Biological therapy: Treatment to stimulate or restore the ability of the immune system to fight cancer, infections, and other diseases. Treatment is also used to lessen certain side effects that may be caused by some cancer treatments.

Blood cell count: The number of red blood cells, white blood cells, and platelets in a sample of blood. This is also called a complete blood count (CBC).

Catheter: A flexible tube through which fluids enter or leave the body.

Chemotherapy: Treatment with drugs that kill cancer cells.

Constipation: When bowel movements become less frequent and stools are hard, dry, and difficult to pass.

Diarrhea: Frequent bowel movements that may be soft, loose, or watery.

Fatigue: A problem of extreme tiredness and inability to function due to lack of energy.

Immunotherapy: A type of biological therapy that uses substances to stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. Some types of immunotherapy only target certain cells of the immune system. Others affect the immune system in a general way.

Infertility: For women, it means you may not be able to get pregnant. For men, it means you may not be able to get a woman pregnant.

Infusion pump: A device that is used to deliver a precise amount of drug at a specific rate.

Intravenous: Within a blood vessel, also called an IV.

Metastatic: The spread of cancer from one part of the body to another.

Nausea: When you have an upset stomach or queasy feeling and feel like you are going to throw up.

Neoadjuvant therapy: Treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery. Examples of neoadjuvant therapy include chemotherapy, radiation therapy, and hormone therapy. It is a type of induction therapy.

Neutropenia: An abnormal decrease in the number of neutrophils, a type of white blood cells.

Neutrophil: A type of white blood cell.

Palliative care: Care given to improve the quality of life of patients who have a serious or life-threatening disease.

Platelet: A type of blood cell that helps prevent bleeding by causing blood clots to form.

Port: An implanted device through which blood may be drawn and drugs may be given without repeated needle sticks.

Radiation therapy: The use of high-energy radiation to kill cancer cells and shrink tumors.

Recurrent: Cancer that returns after not being detected for a period of time.

Red blood cells: Cells that carry oxygen to all parts of the body. Also called an RBC.

Side effect: A problem that occurs when treatment affects healthy tissue or organs.

Thrombocytopenia: A decrease in the number of platelets in the blood that may result in easy bruising and excessive bleeding from wounds or bleeding in mucous membranes and other tissues.

Vomiting: When you throw up.

White blood cells: Cells that help the body fight infection and other disease. Also called a WBC.

Dignity Health®
Cancer Institute