

# Adjuvant Therapy for Breast Cancer

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## Introduction

Your doctor has recommended adjuvant therapy for you. This booklet explains adjuvant therapies, how they work, and their possible side effects. It also has a list of resources you may use to help you through this time. If you want more information or have any questions, please speak with a member of your healthcare team.

## Defining Adjuvant Therapy

Adjuvant therapy is treatment given in addition to your surgery. Your treatment could be one or a combination of these:

- Chemotherapy.
- Hormonal therapy.
- Antibody therapy.
- Radiation therapy.

Adjuvant therapy is given to kill any cancer cells that may be left over in the breast or the rest of your body. Our goal is to increase the chance of a cure. Large studies have shown that adjuvant therapy benefits many women with breast cancer. Your doctor will decide which treatments you need. They may be given before or after breast surgery.

The drugs used in adjuvant therapy attack cancer cells in many ways. They may be used alone or in combinations.

- Chemotherapy drugs can kill cells. They do this by stopping the cells' ability to multiply.
- Hormonal therapy is used against cancers that are estrogen or progesterone positive. It blocks natural hormones in the body that might help cancer cells grow.
- Antibody therapies attack growth proteins on cancer cells.
- Radiation therapy targets cancer cells that doctors can't see but remain in the breast after surgery.

## Planning Your Therapy

The treatment plan made for you is based on multiple factors. Your doctor will take a full history, do a physical exam, review your test results, pathology results and x-rays, and then design your treatment plan. Do not try to compare your treatment to someone else's. Not everyone has the same plan. Your doctor will discuss your plan with you in detail. If you need radiation, your doctor will tell you how it fits in with your treatment plan. Always ask your doctor or nurse any questions you have.

Adjuvant chemotherapy can last three to six months. Hormone therapy could last years. Antibody therapy can last for a year. Radiation therapy is generally four to six weeks. Your doctor will tell you what therapy you should consider taking and for how long.

## Side Effects and How To Manage Them

Many chemotherapy drugs work best against cells that divide quickly. These include cancer cells. Some normal cells also divide quickly. Examples are:

- Blood cells.
- Hair roots.
- Nails.
- Cells that line your mouth, throat, stomach, and intestines.

You may have a decrease in blood counts, hair thinning or loss, nail changes, nausea, vomiting and diarrhea while receiving chemotherapy.

Some of these side effects depend on which drug is given. For example, not all drugs cause nausea and vomiting or hair loss.

Hormonal therapies can cause changes in your hormone levels. This can change or stop your periods and cause side effects related to menopause.

Antibody therapies have fewer side effects but can sometimes affect organ function.

We have a separate booklet for radiation therapy to the breast; it includes treatment information and side effects.

More specific possible side effects of chemotherapy, hormonal therapy and antibody therapy are described below. Each section gives you things to do to feel better. Your doctor and nurse will tell you which side effects to expect from your treatment.

### ***Nausea and Vomiting***

Some, but not all, chemotherapy causes nausea and vomiting. These side effects happen for two reasons: the drugs irritate areas of the brain that control nausea or the cells lining the mouth, throat, stomach and intestines. Current anti-nausea medicines are very good at preventing or controlling nausea. If the drug(s) you will take can cause nausea and vomiting, you will receive anti-nausea medicine before each treatment. This is to reduce the chance that you will have nausea. You will also be given a prescription to take home with you. Your nurse will tell you how to take the medicine. Taking it the right way will give it the best chance to work.

Nausea can stop patients from eating. Not eating and drinking will deprive your body of the energy it needs to repair itself from the effects of your therapy. Below are some helpful hints to help you lessen your nausea. Also, you may ask your nurse for the booklet “Eating Well During and After Cancer Treatment.”

#### *Self-care measures:*

- Take your anti-nausea drugs as instructed by your doctor or nurse.
- Eat dry starchy foods (crackers, pretzels) or hard candy to help prevent nausea.
- Eat small frequent meals. Stop eating before you feel too full.
- Drink eight to ten glasses of fluid a day. This will avoid dehydration from vomiting. Sip little bits at a time to avoid more nausea.
- Practice relaxing. Listen to soft music, breath deeply, do yoga, or meditate. Also try to think of pleasant things to distract you.
- Ask your doctor or nurse to refer you to a dietitian for more suggestions.

#### *Things to avoid:*

- Fried, greasy, creamy or rich or spicy foods
- Eating or cooking foods that have a strong odor

#### *Contact your doctor or nurse if you:*

- Are vomiting for 24 hours.
- Have nausea that does not stop even if you take your anti-nausea medicine.
- Are unable to drink or keep anything in your stomach.
- Feel light-headed or dizzy.
- Have heartburn or a “sour stomach.”

### ***Hair loss/thinning (Alopecia)***

Some chemotherapy causes hair loss. If you do lose hair, it is temporary and usually begins about two to four weeks after the first treatment. In some cases all the hair is lost, but hair will begin to grow back after the treatment is ended. Some hormonal therapies can mildly affect your hair as well. Hair loss is affected by:

- The type, dose, and length of time you take the drug(s).
- The amount of hair you have before treatment.
- The amount of chemical processing (e.g., perm, dye) the hair had before treatment.

#### *Self-care measures:*

- Go to a “Look Good...Feel Better” class. Call 212-639-5665 to sign up.
- Use mild shampoos.
- Obtain a list of places to buy a wig. Talk to your doctor or nurse about getting a prescription for the wig. Check with your insurance provider about reimbursement.
- Wear scarves and soft terry cloth turbans if they appeal to you; they are very comfortable and add variety.
- When blow-drying your hair, use a low heat setting.

#### *Things to avoid:*

- Bleaching or perming your hair. You may use vegetable hair coloring.
- Hot curlers

### ***Low white blood cell count (leukopenia)***

A low white blood cell count raises your risk for getting an infection. Low counts can occur 7-14 days after each treatment but may last longer in some cases. A medicine given by injection is sometimes prescribed to raise your white cell count.

#### *Self-care measures:*

- Take your temperature by mouth every four hours if you think you have a fever or are having chills. Call your doctor or nurse if it is above 100.4° F (38° C). This is very important especially 7-14 days after each treatment.
- Ask your nurse or doctor if you may take Tylenol®.
- Always wash your hands after using the toilet and before eating.
- Protect your hands from cuts and burns:
  - Do not cut your cuticles, push them back instead.
  - Wear gloves when you do the dishes, cook or garden.
  - Keep your skin moisturized to avoid skin cracking.
- If you have a cut, wash it with soap and water right away. Watch for signs of infection (redness, swelling, pus). If any develop, call your doctor.

#### *Things to avoid:*

- People who are sick or have been exposed to anything that you can catch, such as chickenpox, strep, tuberculosis (TB), the flu or measles
- Dental work or surgery. Check with your doctor or nurse first.
- The use of tampons
- The use of dental floss
- Rectal thermometers or suppositories
- Live virus vaccines

*Contact your doctor or nurse if you have:*

- Redness, swelling, or pus leaking from a wound.
- An oral temperature of 100.4° F (38° C) or higher.
- Chills with or without fever.
- Before you receive any vaccines.

### ***Low red blood cell count (anemia)***

Anemia is caused when the body does not make enough red blood cells to carry oxygen. This can result in fatigue or shortness of breath. It can occur 7-14 days after each treatment, but is more likely to occur after months of treatment.

*Self-care measures:*

- Eating foods that have iron may lessen the chance of becoming anemic. These include: lean meat, chicken, fish, dried apricots, raisins, beans, and lentils.
- Choose activities that will help you save energy.
- Take iron if your doctor prescribes it.

*Things to avoid:*

- Anything that makes you feel tired
- High altitudes (They may cause extreme dizziness.)

*Contact your doctor or nurse if you have:*

- Dizziness.
- Severe fatigue.
- Shortness of breath.
- Chest pain.

### ***Low platelet count (thrombocytopenia)***

A low platelet count lowers the body's ability to form clots. This side effect is less common than low red or white blood cell counts. It may occur 10-14 days after a treatment, but is more likely after months of treatment.

*Self-care measures:*

- Use a soft tooth brush for your teeth and gums.
- Floss gently. Do not floss if your counts are low.
- Be careful not to cut or bump yourself.
- Watch for any unexplained bruises or red spots on your skin.

*Things to avoid:*

- Sharp objects (e.g., cuticle scissors, straight razors, sharp knives)
- Rectal suppositories or thermometers
- Dental work or surgery
- The use of tampons
- Contact sports or anything that may result in bumping or banging
- Alcoholic drinks (They can affect the body's ability to form clots by affecting how the liver works.)

*Contact your doctor or nurse if you have:*

- Blood in your urine, stool, vomit, or when you cough.
- Unexplained bleeding, from your nose or gums.
- Any bruise that you do not remember getting.
- Changes in your vision.
- Headaches or any signs of a stroke.

### ***Effects to the nerves in the hands or feet (Neuropathy)***

Some chemotherapy drugs can affect the nerves in your hands or feet. You could develop some numbness or tingling in your fingers, toes, or both. This usually goes away after the treatment is completed. However, you can feel some mild changes for a prolonged period of time or forever.

*Tell your doctor or nurse if you have:*

- Problems holding a pencil/pen or closing buttons.
- Uncomfortable tingling in your fingers or toes.
- Trouble walking.

### ***Taste changes***

A metallic taste in the mouth often occurs during treatment. Some foods may taste bland or unpleasant.

*Self-care measures:*

- Chew flavored gum.
- Suck hard candy to lessen the metallic taste. If it occurs while you are receiving chemotherapy, ask your nurse for a candy.
- Do not eat foods that cause an unpleasant taste.
- Ask your doctor or nurse to refer you to a dietitian for more suggestions.

### ***Diarrhea***

Loose or liquid stools are caused by irritation of the lining of the stomach and intestines.

*Self-care measures:*

- Drink eight to ten glasses of fluid daily; this will decrease the chance that you will become dehydrated. Good fluids to drink are: water, Gatorade®, Pedialyte® or fluids containing electrolytes such as Powerade® and other “sports” drinks. Avoid caffeinated drinks.
- Follow a BRAT diet, which is bananas, rice, applesauce, non-caffeinated tea, or white toast.
- Ask your doctor or nurse if you can take Kaopectate® or Imodium A-D®.
- Keep the rectal area clean and dry to help decrease skin irritation.
- For rectal irritation try warm sitz baths. You can also apply a soothing cream such as A&D, Vaseline® or hemorrhoidal cream. Do not use suppositories without checking with your doctor.
- Applying a warm cloth to the abdominal area may soothe cramping.
- Ask your doctor or nurse to refer you to a dietitian for more suggestions.

*Things to avoid:*

- Foods that contain fiber (e.g., bran, fruits, nuts and whole wheat products)
- Foods and drinks that contain caffeine or artificial sweeteners (Examples are coffee, tea, colas, and other soft drinks. They may stimulate the bowel.)

- Dairy products or fresh fruits and vegetables
- Foods that make you gassy, e.g. cabbage, beans
- Stool softeners
- Rectal suppositories

*Contact your doctor or nurse if you have:*

- Three or more loose, watery stools in one day.
- Diarrhea despite two days on the BRAT diet.
- Rectal irritation that is not relieved by the steps above.
- Blood in your stool.

### ***Constipation***

Constipation is having less than your usual number of bowel movements or having hard stools. It is a common side effect of pain and anti-nausea medicines. Some chemotherapy drugs can also cause it.

*Self-care measures:*

- Drink eight to ten glasses of fluid daily.
- Increase your fiber intake slowly to prevent gas. Fiber is found in fruits, vegetables, cereals and grains (e.g., bran, oats, whole wheat bread, brown rice, beans).
- Exercise if you can. Walking is excellent. Keep active; this helps the intestines to be active.
- Ask your doctor or nurse if you can take medicines such as Colace<sup>®</sup> or Senokot<sup>®</sup>.
- Ask your nurse for the constipation fact card.
- Ask your doctor or nurse to refer you to a dietitian for more suggestions.

*Things to avoid:*

- Suppository laxatives
- Enemas

*Contact your doctor or nurse if you:*

- Have not had a bowel movement or passed gas for more than three days.
- Have hard stools or difficulty moving your bowels for more than three days.

### ***Mouth sores (stomatitis)***

Painful areas or sores in the mouth or throat are temporary.

*Self-care measures:*

Rinse your mouth four times a day. Dissolve 1 or 2 teaspoons of baking soda or salt in 1 quart of water or use another solution your doctor will prescribe. Do not swallow the solution.

- Gargle with the solution in the morning, after each meal, and at bedtime. Gargle also after vomiting.
- Keep your lips moist with lip balm or ointments to prevent drying.
- If you have dentures, remove them during mouth rinses and before bedtime.
- Eat soft foods.
- Ask your nurse or doctor to refer you to a dietitian if you are unable to eat.
- Tell your doctor or nurse if you get cold sores frequently.

### *Things to avoid:*

- Commercial mouthwashes that may have alcohol or hydrogen peroxide (These can make the sores worse.)
- Acidic, salty, coarse, sharp or spicy foods
- Foods that are hot to touch

### *Contact your doctor or nurse:*

- If mouth sores occur.
- If you have pain when eating or swallowing.
- If you cannot get enough liquids down to keep yourself hydrated.

### ***Allergic reaction***

Some drugs can cause an allergic reaction while the drug is being given, but this is rare. You will be given medicines to prevent this if needed. You will also be closely monitored by the nurse during your treatment. Your doctor and nurse will tell you if any of the medicines you are getting can cause a reaction.

### ***Pain***

Getting chemotherapy is not painful. However, some chemotherapy drugs or the medicines given to prevent low blood counts can cause aches between treatments. Some hormonal therapies can cause achy joints. Tell your doctor or nurse if you have pain. They can adjust your medicine or prescribe medicine to make you more comfortable.

### ***Skin changes***

Some patients have skin changes from chemotherapy. You may have darkening of your skin, nails, tongue and the veins in which you have received the drugs. After your treatment is done, these changes usually fade, but not always completely. General skin changes include:

- Dryness.
- Itchiness.
- Cracking.
- Sensitivity to sunlight.
- Rash.

### *Self-care measures:*

- Apply body lotion and hand creams, especially while skin is still moist.
- Use a sunscreen with an SPF of 30 or more.
- Wear broad-brimmed hats.
- Wear long-sleeved clothes.
- Wear light-colored clothes; these are more likely to reflect the sun.

### *Things to avoid:*

- Long, hot baths or showers
- Being in direct sunlight

### *Contact your doctor or nurse if:*

- Your skin is peeling or blistering.
- You have a rash.

## ***Maintaining your weight***

Some patients gain weight during treatment; others lose weight. Weight gain can be due to fatigue, which decreases your activity level and causes you to burn fewer calories. Some patients feel less nausea when they eat a lot of carbohydrates. Others overeat because they are afraid that weight loss means they are sick. Many patients increase their caloric intake by drinking more juices and high-sugar drinks. In some women the metabolism changes if they start menopause during or after the treatment.

Certain medicines and their side effects may result in weight loss. Mouth sores may make it hard to maintain good eating habits. Nausea may decrease appetite.

### *Self-care measures:*

- Eat a well-balanced diet.
- Drink water or unsweetened beverages.
- Stay active and do gentle exercise.
- Ask your doctor or nurse to refer you to a dietitian for more suggestions.

## ***Cardiac effects***

Some chemotherapy drugs or antibody therapies can affect the way your heart functions. Fast heart beats or fatigue can occur.

### *Tell your doctor or nurse if you have:*

- Fast or irregular heartbeats.
- Trouble breathing when you exert yourself.
- Chest pains.

## ***Fatigue***

If you feel tired or fatigued, please tell your doctor or nurse. There are many possible causes of fatigue. Your nurse will give you the booklet, “Handling Fatigue During and After Cancer Treatment” and review ways to manage your fatigue.

### *Self-care measures:*

- Eat a well-balanced diet.
- Do activities and exercise when you have the energy.
- Make time for yourself to rest.
- Ask others to help you with your chores.

## ***Cognitive changes***

Some patients complain that they cannot think as clearly or quickly after treatment. These symptoms can be due to various factors. Fatigue, mood changes, stress, anxiety, normal aging, hormonal changes, and anesthesia can affect our thinking for some period of time. We are learning more about the impact adjuvant therapy can have on thinking. Studies are ongoing to understand why problems with thinking occur, to see how long they last and to understand who develops them.

Patients have complained that they:

- Find it difficult to concentrate or focus.
- Find it difficult to do more than one thing at one time.
- Have trouble remembering things.

We cannot predict who might have any of these problems, but many women report that they resolve over time. Research studies are under way to learn more about this side effect.

### ***Changes in sexuality***

Sexuality means:

- How we feel about ourselves.
- How our body looks to ourselves and others.
- How able we are to be sexual and intimate.
- Our ability to get pregnant and have children.

Chemotherapy and hormonal therapy can change any or all of these.

### ***Sexual feelings***

- Surgery to treat breast cancer may require removing part or all of the breast. Reconstruction of the breast can be done to replace the breast shape. Although the surgical effects can be covered by clothing or a prosthesis, side effects of chemotherapy, such as hair loss, may change your looks in ways that cannot be covered as easily. All of these changes may affect how you feel about yourself and how you think others view you.
- Sometimes friends and lovers withdraw from cancer patients. This might be because they worry about causing pain or discomfort during sex. You may think this withdrawal means that your partner does not find you desirable. Rather, your partner may be concerned about your comfort or may not know how to deal with your cancer.
- Talking with your partner is the most important way to learn what you both are feeling. Sharing your thoughts may help you handle them better.
- Ask your healthcare team for information and support so that you can continue to develop and share intimacy with those you love.

Read the booklet, “Sexuality & Cancer: For the Woman Who Has Cancer and Her Partner.” It is free from the American Cancer Society. Call 1-800-ACS-2345.

### ***Menstrual irregularities or menopause***

- Your periods may change (to heavy or light), become irregular or stop. They may or may not return to your normal pattern or at all after the treatment is finished.
- Even if your periods stop, you must still use a barrier method of birth control such as the condom or diaphragm. You could still be ovulating and get pregnant.
- Ask your doctor when you can stop using birth control.
- Chemotherapy can cause early menopause. Periods are more likely to stop if you are in your 40’s or older.
- Hormonal changes may cause mood swings.

### ***Hot flashes***

You may have hot flashes or sweats that may interfere with your daily routine or your sleep.

*Self-care measures:*

- Check with your doctor before taking any herbs. Do not use herbal remedies such as oil of evening primrose, cohosh or red clover. They can work like estrogen which might stimulate breast tumors.
- Wear comfortable clothing.

- Ask your doctor or nurse how to manage or treat menopausal symptoms.
- Avoid hot foods and beverages, spicy food, caffeine and alcohol.

### ***Vaginal dryness/painful intercourse***

Many women have vaginal dryness after menopause. This can make intercourse painful. It can also lead to urinary tract infections.

#### *Self-care measures:*

- Use lubricants that are water-based. Try Astroglide®, K-Y® Jelly, or Replens®.
- Make foreplay longer. This may increase your arousal.
- Assure your partner that vaginal dryness is a side effect of chemotherapy, not a lack of your desire.
- Try different positions. Some may be better than others.
- Ask for a referral to a specialist.

### ***Pregnancy***

Do not get pregnant while you are receiving chemotherapy or hormonal therapy. These treatments can cause birth defects. You might still be at risk of getting pregnant for some time after your periods stop so continue to use birth control until your doctor tells you that you can stop.

- Do not use oral birth control. They have estrogen and progesterone. These may stimulate tumor growth.
- Use barrier methods of birth control (e.g., condom, diaphragm, or both).
- Do not rely on the rhythm method. It is unreliable.

### ***Infertility/inability to get pregnant***

Chemotherapy or hormonal therapy can cause infertility. It is not always permanent, but often is. Discuss this with your doctor before you start treatment. Ask for the booklet: Fertility and Cancer Treatment – Information for Women.

## **Your Emotions During Chemotherapy and Hormonal Therapy**

You may feel emotional changes during treatment. How much you are affected is individual. Your roles at home or work may be affected. Share your concerns with your doctors and nurses. They can tell you more about emotional changes you might have. They may also refer you to other resources if needed.

- It is common to feel sad, lonely or angry.
- You may feel tired a lot. Try to rest when you feel tired.
- Your mood can go up and down.
- Talk to those close to you about your feelings and the changes you are going through. Open communication will help you to understand each other better. Friends and family can support and comfort you.
- Do not hesitate to ask for help. Accept when others offer you support.

A member of the Department of Psychiatry and Behavioral Sciences can help you with:

- Difficulty relating to others.
- Depression, irritability or difficulty sleeping.

- Anxiety and panic attacks.
- Learning relaxation techniques.

A social worker can assist you with:

- Referrals to community services and resources.
- Emotional concerns such as depression and anxiety.
- Finding support groups or family counseling. (Many patients find support groups helpful. Support groups for women on adjuvant therapy are held weekly in the Breast Center patient library.)

Some patients find soft music or relaxation tapes helpful. Cassette tapes are available in the boutique and in most bookstores.

## **Resources and Services at MSKCC**

We have many ways to support and help our patients understand and cope with their diagnosis and treatment. Our goal is to assist you in the best way possible and ease some of your concerns. In this way you can be an active participant during your care.

### ***Patient Education Library***

Our library has books and videos on breast health topics. Library materials are for use on-site. Staff can assist you in making copies if there is information you want to take home. Many pamphlets are also available for you to keep.

The library has computers with access to the Internet. If you choose to surf the web, be selective about outside sites you visit. Ask your doctor or nurse about new information. Not all information may be helpful or accurate. The resource list at the end of this booklet can provide useful places to begin a search.

### ***Boutique***

You will find many items at the boutique. Come browse and talk with the staff about your needs. The boutique has an experienced fitter for prostheses or breast forms. The boutique carries:

- Breast prostheses.
- Specialty bras.
- Bathing suits.
- A wide variety of hats, turbans, and hairpieces.
- Self-help books and tapes.
- Jewelry.
- Make-up.

The boutique will begin selling wigs in the Fall of 2010. To learn more, call 646-888-5330.

### ***Genetic Counseling***

Genetic counseling can help you find out if there is a risk of breast cancer in your family. Counselors can teach you and your family members about the inherited risk/s of breast cancer. Your doctor may refer you to these services or you can ask about them.

### ***Nutritional Counseling***

A dietitian can help you learn how to meet your nutritional needs. The dietitian can:

- Review your diet and lifestyle.
- Answer questions about
  - Vitamins.
  - Minerals.
  - Supplements.
  - Herbs.
- Help you manage any changes in taste, appetite or bowel function during treatment.
- Help you understand how to manage your weight.

Call 646-888-4880 or 646-888-4881 to make an appointment.

### ***Psychiatrist/Psychologists***

Psychiatrists and psychologists can assist you and your family with some of the emotional issues that result from cancer. They can also help you if you are having trouble making decisions. To meet with one of them, speak to your nurse or doctor or call 646-888-0100.

### ***Social Worker***

The social workers offer group support. Patients can also be seen privately. Some topics are:

- How to adjust to illness.
- How to talk with family members and young children.
- How to handle issues about work.

The social worker can also assist with transportation and home care and refer you to community services. If you or a member of your family wants to meet our social worker, tell your nurse or doctor or call 646-888-5271 or 646-888-5203.

### ***Art therapy***

The art therapy group meets weekly in the Patient Library. It offers patients and families a chance to relax and be creative. For more information, call 646-888-5397.

## **Frequently Asked Questions**

### ***Does someone need to come with me each time I have chemotherapy?***

During your treatments you may receive medicines that can make you very drowsy. If so, it would not be safe for you to drive a car or travel alone. It may be more convenient for a friend or family member to pick you up at the end of your treatment. After your first treatment, you will have a better idea of how you feel and what works best for you. You can also ask your doctor or nurse whether you are likely to feel drowsy.

### ***What can I eat before and after chemotherapy? Are there any foods to avoid?***

It is best to eat small regular meals before treatment to prevent a heavy and full feeling. Food safety is important during treatment. Avoid raw or undercooked meat, fish and poultry and unpasteurized products. Ask your nurse if

you should review the Low Microbial Diet and Food safety Guidelines booklet. Drink plenty of non-caffeinated fluids before and after the treatment to stay well hydrated.

***Must I still take my anti-nausea drug even if I do not feel nauseated?***

Nausea and vomiting can occur on the same day or even be as late as the second or third day afterward. If you are getting a drug that could cause nausea, your doctor will prescribe medicine to lessen or prevent it. Always take your anti-nausea medicine as your nurse tells you. Some medicine works best if you take it before you become nauseated. If you are still nauseated while taking the medicine as prescribed, call your doctor or nurse.

***I wasn't able to receive my chemotherapy when it was scheduled. Why did this happen?***

Chemotherapy works on both cancer cells and normal cells. Your chemotherapy is scheduled so that your body has rest time between treatments. This allows normal cells to be replaced. Your body may need more time to reverse the effects of therapy, e.g., to allow mouth sores to heal or blood counts to rise to normal. The doctor decides if your chemotherapy should be postponed.

***My chemotherapy treatment was delayed because my ANC was low. What is an ANC?***

An ANC is an absolute neutrophil count. A neutrophil is a white blood cell that helps fight bacteria. The count is expected to fall 7-14 days after chemotherapy. If your ANC is low, your doctor may delay your treatment until it is back to normal.

***Can I do something to increase my blood counts?***

Time will allow for your blood counts to recover. Sometimes your doctor may prescribe medicine to maintain or raise your white blood cell count. These are usually shots given between treatments. Sometimes treatment will be delayed to allow time for your blood counts to recover. There is no evidence that vitamins or a special diet will speed the recovery of your blood counts. However, if you are iron deficient you may be more prone to anemia and might be advised to take iron supplements.

***I have chills or a temperature above 100.4° F (38° C), but the doctor's office is closed. How can I reach a doctor?***

You can always reach a doctor. During evenings, weekends, or holidays, call the hospital operator at (212) 639-7900. Ask for the doctor covering your doctor.

***I have not lost my hair yet and my counts have not dropped. Does this mean that the chemotherapy is not working?***

Whether or not you have side effects such as hair loss, lowered blood counts, or nausea does not mean that the chemotherapy is not working. Patients on different therapies have different side effects to varying degrees. Some drugs do not cause these side effects. The degree of the side effects you have is not an index of the effectiveness of the treatment. Your doctor and nurse will monitor your progress and response to the chemotherapy.

***What can I take for a headache?***

You may take Tylenol® or Extra Strength Tylenol® for a headache. If you feel that you have a fever or chills, check your temperature before you take the Tylenol®. Otherwise, the Tylenol may lower your temperature and hide a fever, which is usually the first sign of infection. Call your doctor or nurse if you have chills or a temperature greater than 100.4° F (38° C). Ask your doctor or nurse if you may take products containing aspirin or ibuprofen, since they may increase the chance for bleeding when some chemotherapy drugs are given. Your nurse can give you a list of products to avoid.

### ***I've been having problems urinating. Is this normal?***

Some chemotherapy drugs can irritate the bladder. Side effects can be urgency, burning or blood in the urine. These may be signs of an infection or irritation. Call your doctor if you have any of these symptoms because your doctor may want a urine specimen. You may need to be treated for an infection. Make sure that you drink eight to ten glasses of fluid a day and empty your bladder frequently.

### ***Can I still take my other prescribed medicines?***

In most cases, yes. Tell your doctor the names of all the medicines, herbs, or supplements you take. These include the ones you need a prescription for and the ones you buy over-the-counter. Some medicines, herbs, or supplements change the way the chemotherapy works. Do not start any new medicines before checking with your doctor.

### ***May I take vitamins or mineral supplements?***

Avoid most vitamin, mineral, herbal or other dietary supplements. They might interfere with your treatment or affect your cancer. They might also increase the side effects of your treatment. Talk to your doctor or dietitian about any vitamin, mineral, herbal or other dietary supplements you are taking or may be interested in taking.

### ***May I drink alcohol?***

Many drugs are processed by the liver. So is alcohol, which can:

- Limit the liver's ability to process the chemotherapy, causing more side effects.
- Interact with some drugs and lower their effectiveness.
- Cause the body to lose too much water.
- Interact with some anti-nausea medicines.
- Cause too much drowsiness.

For these reasons, we ask patients not to drink alcohol during chemotherapy. If you feel you must drink, please speak with your doctor or nurse.

### ***Can I have dental work?***

Do not have any procedure that can cause bleeding. If your blood counts are low, you are at a higher risk for a serious infection. Check with your doctor before you schedule any dental work, including cleanings or surgery.

### ***Can I color or perm my hair?***

We advise you not to color or perm your hair. Chemicals are abrasive to the hair follicles, speeding up the rate of hair loss during chemotherapy. If you must dye your hair, use a vegetable-based dye.

### ***Is a wig covered by insurance?***

Cancer patients who lose their hair may have insurance coverage for a wig. In this case, the wig is called a "hair prosthesis" and your doctor must write a prescription for it. Check with your insurance company for details.

### ***Can I travel while I get chemotherapy?***

Traveling is usually permitted, but it depends on your treatment and where you are going. Before you make any plans, discuss them with your doctor. Your doctor will advise you on precautions to take depending on where you are going. Seven to 14 days after receiving chemotherapy, your blood counts may drop. This puts you at risk for infection and your doctor may advise you not to travel during this time. Consider getting travel insurance in case you have to cancel your trip.

***When will I be able to return to work?***

Most patients can continue to work during chemotherapy. This, of course, varies according to the type of work and the level of fatigue you experience. Speak with your doctor or nurse.

**Survivorship**

After about five years, your care may be transferred to a Survivorship Nurse Practitioner (SNP). The SNP is a member of the MSK Breast Cancer team and works closely with your doctor. As your needs decrease, your follow up care may be transferred from MSK to your local physician. The timing for this depends on your particular breast cancer and your treatment. It usually occurs about ten years after treatment.

**Important Numbers**

Doctor \_\_\_\_\_

Telephone \_\_\_\_\_

Nurse \_\_\_\_\_

Telephone \_\_\_\_\_

