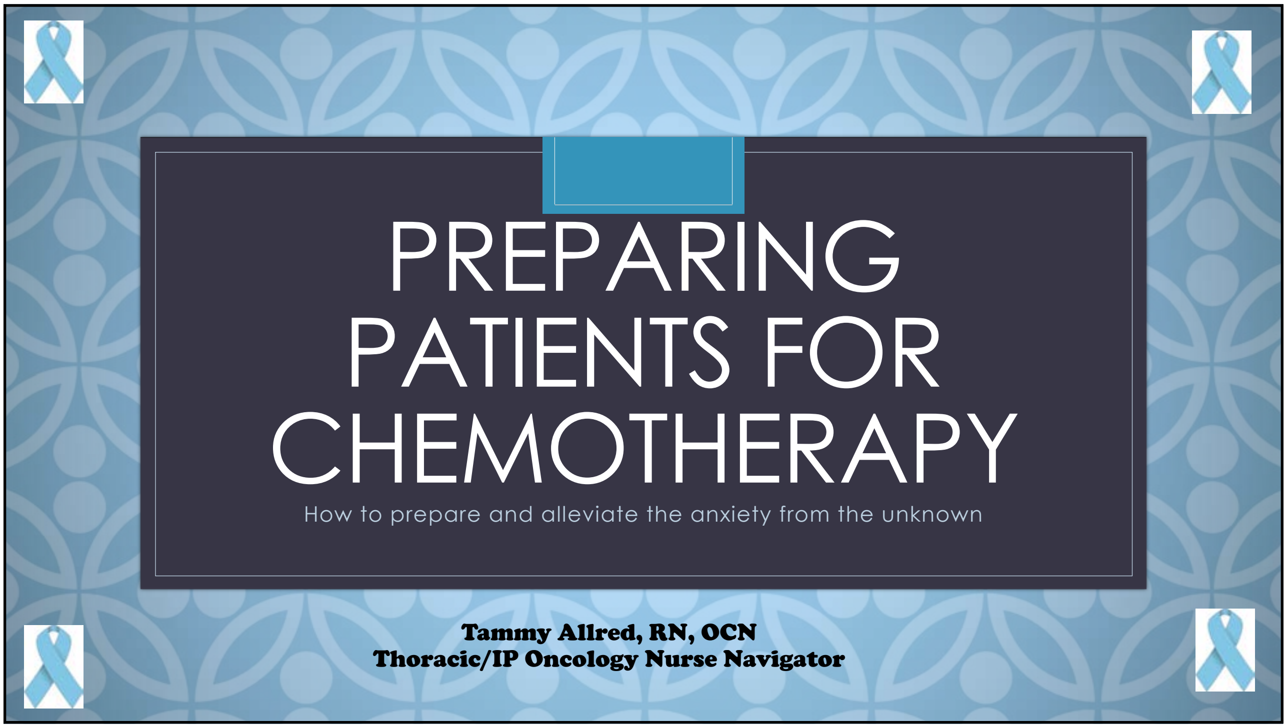
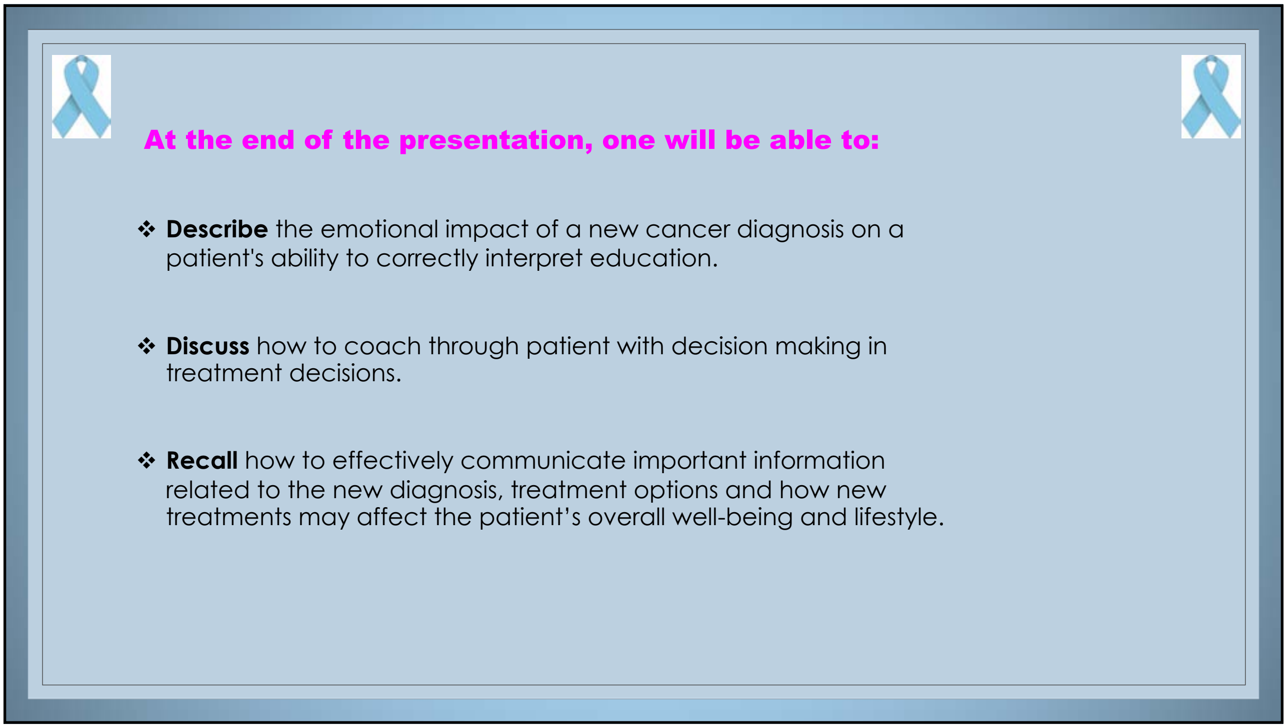


PREPARING PATIENTS FOR CHEMOTHERAPY

How to prepare and alleviate the anxiety from the unknown

Tammy Allred, RN, OCN
Thoracic/IP Oncology Nurse Navigator



At the end of the presentation, one will be able to:

- **Describe** the emotional impact of a new cancer diagnosis on a patient's ability to correctly interpret education.
- **Discuss** how to coach through patient with decision making in treatment decisions.
- **Recall** how to effectively communicate important information related to the new diagnosis, treatment options and how new treatments may affect the patient's overall well-being and lifestyle.

Prepping and Teaching Patients for Chemotherapy

- ☐ **-** Evaluate how patients learn and their abilities
- ☐ - Coping with Diagnosis
- ☐ - Education and Reinforcement
  - - handouts/Booklets
  - - DVD
- ☐ - Treatment Option Discussions with Providers
- ☐ - treatment plan : types
  - - Chemo
  - - Chemo and radiation
- ☐ – Restage time – “Scanxiety”
- ☐ – Survivorship

Patient Education and How Start the Process

Patient education needs to be comprehensive and easily understood. When starting to provide patient education, one needs to remember that greater than 50% of Americans are health care illiterate. This has nothing to do with their ability to read and write; but their inability to understand health care information and what to do with that information. But before starting you must:

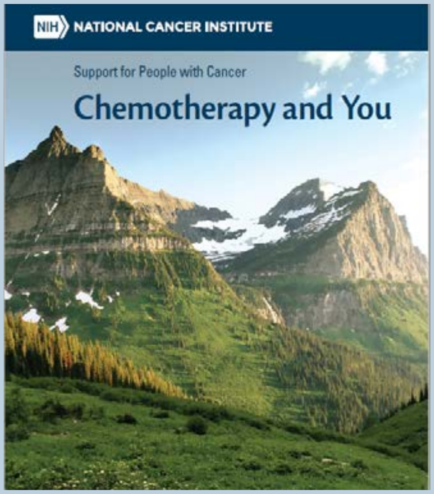
- 1) Assess ability to read and write
- 2) What level of education do they have?
- 3) Can they read and comprehend directions for medications, diet, procedures and treatments?
- 4) What is the best teaching method? Reading, viewing or participating in a demonstration?
- 5) What language does the patient speak?
- 6) Does the patient want basic information or in-depth instruction?
- 7) How well does the patient see and hear?

When working with new cancer patients about their disease and their treatment, it is important to provide it in writing, or a DVD, for the patient to refer back to once they return home.

https://nursejournal.org/community/tips-to-improve-patient-education/

https://degree.astate.edu/articles/nursing/nurses-role-patient-education.aspx

Free Patient Education Resources



NIH NATIONAL CANCER INSTITUTE

Support for People with Cancer

Chemotherapy and You

https://www.cancer.gov/publications/patient-education/chemo-and-you

PATIENT RESOURCE

FREE

CANCER GUIDE

GUIDING YOUR PATH FORWARD

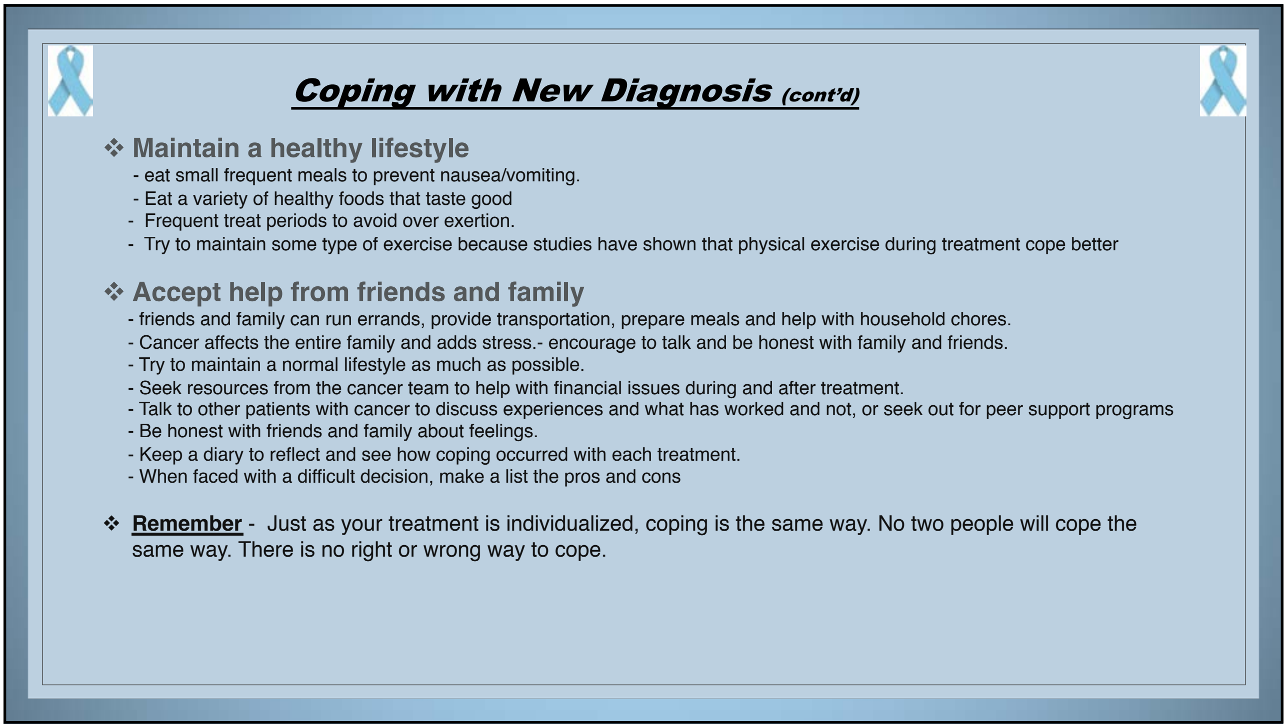
https://www.patientresource.com/

Coping with New Diagnosis

Having cancer is a difficult experience. Once receiving the cancer diagnosis, patients may feel anxious, scared or overwhelmed and may shut down.

Encourage patients to….

- request accurate and reliable information about their cancer diagnosis. Encourage patients to avoid Google or searching on line. Only use reliable resources while on line.
- Write a list of questions for the care team. Some questions may be:
  - What kind of cancer do I have and where is it? Has it spread?
  - Am I curable?
  - What are the possible side effects I may expect?
  - What are my treatment options?
  - What tests or procedures will I need?
  - When should I call the MD?
- Keep the lines of communication open
  - Encourage patients to maintain honest, two-way communication with your loved ones/ friends, doctors and others after your cancer diagnosis. Be close to family/friends and encourage to be honest with emotions, so that they may gain strength from each other.
- Prepare for possible physical changes
  - Encourage patients to ask questions about side effects that can be expected.
  - Medications may cause hair loss, nail changes, skin changes, etc., so help prepare with coping. Encourage to try on wigs with others and try to may match the current hair style; learn to tie scarf; apply make up to replace lost lashes or eye brows. "Look Good Feel Better" is a program with American Cancer Society Cancer Support Members may be more helpful in this area and can provide tips that have helped them and others.
  - Ask how treatment will impact your daily activities. If fatigue or work load is great, request FMLA to protect your job if you will be out frequently for treatment. .



Coping with New Diagnosis ***(cont'd)***

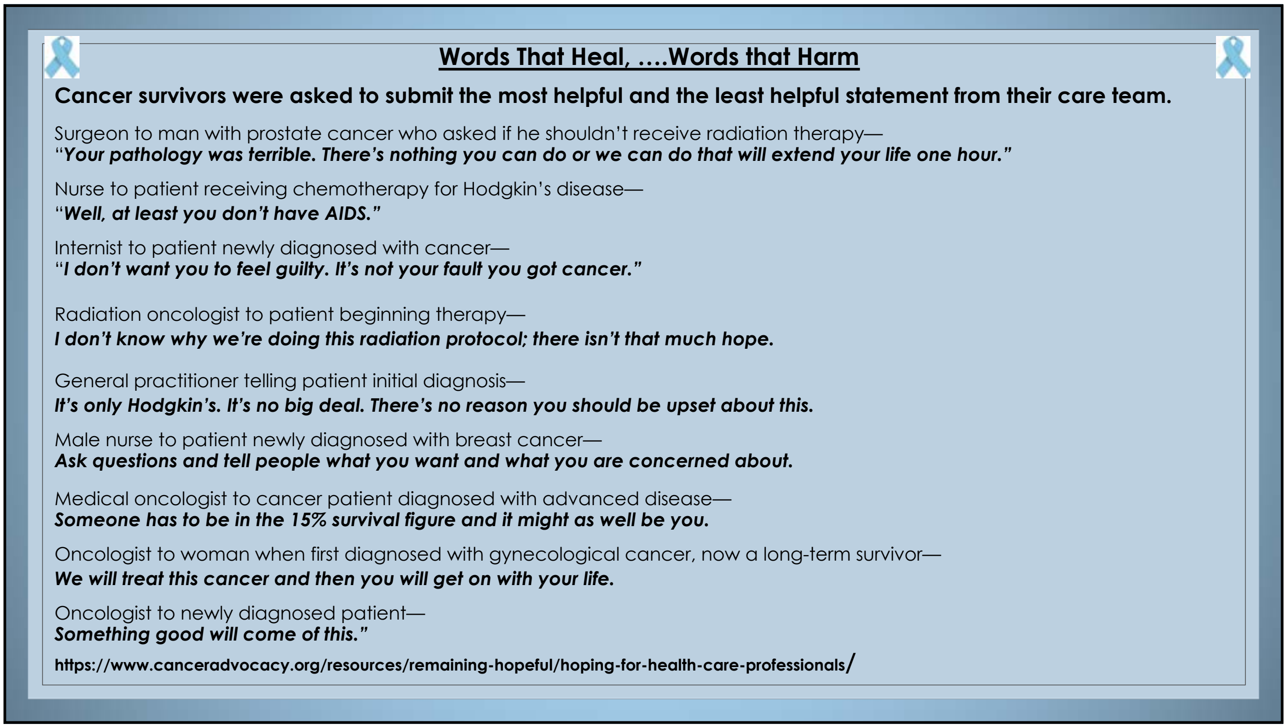
❖ **Maintain a healthy lifestyle**

- eat small frequent meals to prevent nausea/vomiting.
- Eat a variety of healthy foods that taste good
- Frequent treat periods to avoid over exertion.
- Try to maintain some type of exercise because studies have shown that physical exercise during treatment cope better

❖ **Accept help from friends and family**

- friends and family can run errands, provide transportation, prepare meals and help with household chores.
- Cancer affects the entire family and adds stress.- encourage to talk and be honest with family and friends.
- Try to maintain a normal lifestyle as much as possible.
- Seek resources from the cancer team to help with financial issues during and after treatment.
- Talk to other patients with cancer to discuss experiences and what has worked and not, or seek out for peer support programs
- Be honest with friends and family about feelings.
- Keep a diary to reflect and see how coping occurred with each treatment.
- When faced with a difficult decision, make a list the pros and cons

❖ **Remember** - Just as your treatment is individualized, coping is the same way. No two people will cope the same way. There is no right or wrong way to cope.



Words That Heal, ...Words that Harm

Cancer survivors were asked to submit the most helpful and the least helpful statement from their care team.

Surgeon to man with prostate cancer who asked if he shouldn't receive radiation therapy—
"***Your pathology was terrible. There's nothing you can do or we can do that will extend your life one hour."***

Nurse to patient receiving chemotherapy for Hodgkin's disease—
"***Well, at least you don't have AIDS."***

Internist to patient newly diagnosed with cancer—
"***I don't want you to feel guilty. It's not your fault you got cancer."***

Radiation oncologist to patient beginning therapy—
I don't know why we're doing this radiation protocol; there isn't that much hope.

General practitioner telling patient initial diagnosis—
It's only Hodgkin's. It's no big deal. There's no reason you should be upset about this.

Male nurse to patient newly diagnosed with breast cancer—
Ask questions and tell people what you want and what you are concerned about.

Medical oncologist to cancer patient diagnosed with advanced disease—
Someone has to be in the 15% survival figure and it might as well be you.

Oncologist to woman when first diagnosed with gynecological cancer, now a long-term survivor—
We will treat this cancer and then you will get on with your life.

Oncologist to newly diagnosed patient—
Something good will come of this."

https://www.canceradvocacy.org/resources/remaining-hopeful/hoping-for-health-care-professionals/

MYTHS ABOUT CANCER AND CHEMOTHERAPY

Some myths that may have been heard may be….

MYTH: Cancer is contagious. **FACT:** Cancer is not contagious. However, some cancers are caused by viruses and bacteria that can be spread from person to person.

MYTH: If you have a family history of cancer, you will get it too. **FACT**: Although having a family history of cancer increases your risk of developing the disease, it is not a complete prediction of your future health. Certain Inherited cancer genes that put you at high risk for cancer, your doctor may recommend surgery or medications to reduce the chance that cancer will develop.

MYTH: Cancer thrives on sugar. **FACT:** There is no conclusive evidence that proves eating sugar will make cancer grow and spread more quickly. Eating sugar won't speed up the growth of cancer, just as cutting out sugar completely won't slow down its growth.

MYTH: Cancer treatment is usually worse than the disease. **FACT**: Although cancer treatments, such as chemotherapy and radiation therapy, can cause harsh side effects, advances have resulted in drugs and radiation treatments that are tolerated easier than in the past. Managing side effects, also called palliative care, remains an important part of cancer care. Palliative care can help a person feel more comfortable at any stage of illness.

https://www.cancer.net/sites/cancer.net/files/asco_answers_myths_facts_about_cancer.pdf

MYTHS ABOUT CANCER AND CHEMOTHERAPY

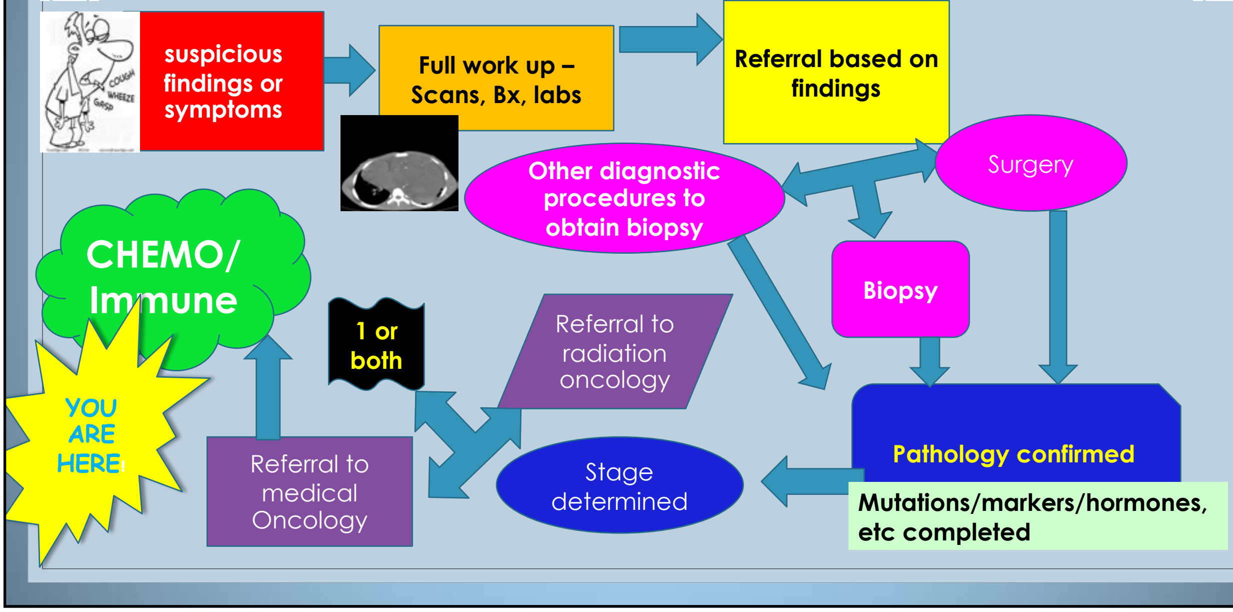
MYTH: Drug companies, the government, and the medical establishment are hiding a cure for cancer. **FACT:** No one is withholding a cure for cancer. The fact is, there will not be a single cure for cancer. Hundreds of types of cancer exist, and they respond differently to various types of treatment. This is why clinical trials continue to be essential for making progress in preventing, diagnosing, and treating cancer.

Myth: If I had cancer I would know because cancer causes pain. **FACT**: This is also the same for warning signs. Many people assume they are completely healthy because they do not feel anything, but there are some cancers that can sneak up undetected so it's important to maintain regular checkups with healthcare professional and to keep on top of any cancer screening tests.

MYTH: When a person has surgery or a biopsy, and the air hits the tumor/cells, it will spread and go all over the body. **FACT:** The only time cancer will be worse after surgery is if the surgeon opens up the body and finds that it has spread further than what they had originally thought.

https://www.cancer.net/sites/cancer.net/files/asco_answers_myths_facts_about_cancer.pdf

Process for diagnosis and staging before chemotherapy



suspicious findings or symptoms

Full work up – Scans, Bx, labs

Referral based on findings

Surgery

Other diagnostic procedures to obtain biopsy

Biopsy

Pathology confirmed

Mutations/markers/hormones, etc completed

Stage determined

Referral to radiation oncology

1 or both

Referral to medical Oncology

CHEMO/ Immune

YOU ARE HERE

Types of Chemotherapy

Primary chemotherapy – chemo used as sole anti-cancer treatment

Adjuvant chemotherapy – treatment given after surgery to attack the microscopic cells that may left behind.

Neoadjuvant chemotherapy – treatment is given before surgery to shrink tumor and increase chance of successful resection

Concurrent chemotherapy – treatment is given simultaneous to radiation to increase sensitivity of cancer cells to radiation.

Sequential chemotherapy – treatment is given before or after radiation.

https://www.cancer.gov/publications/dictionaries/cancer-terms

Other types of treatments

Oral chemotherapy – Treatment with drugs given by mouth to kill cancer cells or stop them from dividing. (when taking at home be sure that there is safe handling and pills are kept away from others.)

Hormonal chemotherapy- Hormone therapy is a treatment that uses medicines to block or lower the amount of hormones in the body to *slow* down or stop the growth of cancer. Synthetic hormones or other drugs may be given to block the body's natural hormones. This may also be called endocrine therapy, hormone therapy, and hormone treatment.

Monoclonal antibodies – are made in the lab and can be used as a targeted therapy to block an abnormal protein in a cancer cell. They can also be used as an immunotherapy. Some monoclonal antibodies attach to specific proteins on cancer cells that then flags the cells so the immune system can find and destroy those cells.

Immunotherapy – *also* called biologic therapy, is a type of *cancer* treatment that boosts the body's natural defenses to fight *cancer*. It uses substances made by the body or in a laboratory to improve or restore immune system function. *Immunotherapy* may work by: Stopping or slowing the growth of *cancer* cells.

https://www.cancer.gov/publications/dictionaries/cancer-terms

Components of a Treatment Plan May include:

- Specific tissue diagnosis and stage, including relevant biomarkers
- Initial treatment plan and proposed duration-
  - Make list of questions prior to meeting MD and be sure to review all questions
  - MD will discuss and offer treatment options
- Review side effects during treatment and their management;
  - review all side effects and ways to prevent and manage them
  - reinforce that not all side effects will occur for everyone
  - review ways to manage with medications
  - who to call/what to do when if side effects or issues arise
  - Pharmacist to review meds and discuss all medications and sequence during infusion.
- Review any potential long-term risks of treatment
  - Fertility issues
  - risks of leukemia or myeloproliferative disease (effects on bone marrow)
- Psychosocial and supportive needs – transportation and support system
- Vocational, disability, or financial concerns
  - patient may need FMLA to protect job
  - Patient may have advanced disease, unable to continue to work and need FMLA.
  - Patient may have limited needs or income
- Tour infusion area and see what the area will be like
- Lay Navigator or other patient to talk to patient and family to reinforce treatment plan
- Provide with written material that has been reviewed and allow to ask questions again. Provide with contact information to patient and family for questions that may arise after the visit.

Home Safety after Chemotherapy Treatments

After receiving chemotherapy, you and your caregivers need to take special care to prevent contact with your body fluids. These fluids include: urine, stools, sweat, mucus, blood, vomit, and those from sex.

The oncology team needs to discuss home safety measures that you and your caregivers should follow:

✓ - Closing the lid on the toilet and flush twice after using the toilet.
✓ - Sitting on the toilet to urinate, if you are male.
✓ - Washing your hands with soap and water after using the restroom.
✓ - Cleaning splashes from the toilet with bleach wipes.
✓ - Using gloves when handling body fluids and washing your hands after removing the gloves.
✓ - Wearing disposable pads or diapers if incontinence is an issue and wearing gloves when handling.
✓ - Washing linens soiled with body fluids separately.
✓ - Using condoms during sex.
✓ - Handling of medications that may be part of the treatment plan (ie, Neulasta Onbody) and how to dispose.
✓ - Securing controlled substance and all medications to keep away from others.

The length of time that you and your caregivers need to follow these guidelines might differ depending on the policy where you receive treatment and the drugs that you receive. Your doctor or nurse will tell you how long you and your caregivers need to practice these safety measures.

Ways to Manage Oncology Treatments

Get plenty of rest. Try to sleep at least 8 hours each night. Patients may want to take 1 to 2 short naps(no more than 1 hour) during the day. Avoid taking long naps that may disturb your night time sleep. If you are on medications that can disturb sleep, take the meds earlier in the day.

Limit your activities. This means doing only the activities that are most important to you. For example, you might go to work but not clean the house. Or you might order take-out food instead of cooking dinner.

Accept help. When your family or friends offer to help, let them. They can help care for your children, pick up groceries, run errands, drive you to doctor’s visits, or do other chores you feel too tired to do.

Eat a well-balanced diet. Choose a diet that contains all the calories and protein your body needs. Calories will help keep your weight up, and extra protein can help repair tissues that have been harmed by cancer treatment. Encourage a Dietary consult to help guide to the appropriate dietary intake.

Stay well hydrated. Try to drink at least ½ of your body weight in ounces (example 100lb person needs to drink at least 50 ounces.) While on chemo, need to drink at least 10-20% over that level.

Stand up slowly. You may feel dizzy if you stand up too fast. When you get up from lying down, sit for a minute before you stand, then stand still for a few minutes to balance yourself.

“**Scanxiety** (n) “scan zi et ee”: Anxiety and worry that accompanies the period of time before undergoing or receiving the results of a medical examination (such as MRI or CT scan).”

Ways to minimize and cope with the sometimes-overwhelming emotions you feel :

Acknowledge your Feelings

Don’t try to ignore the way you feel, as this can actually increase your anxiety. Instead, recognize and even understand your scanxiety. This first step empowers you to take action, move forward and manage your emotions, helping you find peace and feel more in control of your own life.

Talk about it to those close to you

Venting your fears and frustrations to people close to you can be a wonderful way to release stress and gain support. However, if you have those in your life who tend to exacerbate your worries/concerns, avoid sharing with them.

Practice Mindful Living

Look for ways to “live in the moment”. Inhale deeply, noting the mingled fragrance of fresh earth. Feel the sunshine on your face and breathe in the fresh sweet air. Relish in the here and now.

Distract Yourself

Find ways to take your mind off the upcoming scan as much as possible. Read a book that takes you in, or bing watch a TV series that completely takes you in. Turn up your favorite music and dance like no one is watching. Hang out with that one friend who has a gift for making you laugh. Use imagery to go to your favorite place and leave behind the worry to come back to much later.

.

Scanxiety

Ask Questions

The unknown is the greatest cause of increased anxiety. If you are unclear about anything, like what to expect during the scan, when to get the results, how you will get the results, and what they may mean or lead to,… Ask your healthcare team. Don’t be afraid to ask your nurse or your doctor. Understanding and preparing allows you knowledge to know how to plan and be prepared and give you a peace of mind.

Plan for the Worst Outcome…

Knowing what could possibly be the results of your scan, planning for the worst case scenario can improve your sense of control. This does not mean giving up or expecting bad news, but cancer can make you powerless. Preparing a plan for “just in case”, will help you maintain control over the situation.

…But Visualize the Best

Your mind is more powerful than you know Visualization and guided imagery have been shown to improve your mood, control symptoms/side effects and boost your immune system. Picture your team giving you great news from the scan. Feel the relief and elation from hearing those results and taking a deep breath. Seeing this relief in your mind’s eye can give you the encouragement you need to overcome your scanxiety.

RESOURCES

https://www.cancer.gov/publications/patient-education/chemo-and-you
Free Patient Education Booklets and online information

https://www.patientresource.com/
Free Patient Education Material – chemo, disease, treatments, support

https://www.cancer.org/health-care-professionals/patient-education-materials-for-professionals.html
American Cancer Society

https://www.cancer.net/patient-education-resources
the patient information website of the American Society of Clinical Oncology (ASCO). ASCO's patient education content is reviewed and approved by an ASCO Editorial Board of more than 150 oncologists and other physicians, physician assistants, oncology nurses, social workers, and patient advocates.

https://www.cancercare.org/tagged/chemotherapy
Cancer supportive resources – chemotherapy education material

http://cancergrace.org/fight
Interactive website and cancer education

http://chemocare.com/
Information about chemotherapy

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https://www.journalofclinical pathways.com/news/patient –engagement-cancer-care-decision-making-cancercare-and-patient–values-initiative

What Cancer Cannot Do

Cancer is so limited…
It cannot cripple love.
It cannot shatter hope.
It cannot corrode faith.
It cannot eat away peace.
It cannot destroy confidence.
It cannot kill friendship.
It cannot shut out memories.
It cannot silence courage.
It cannot reduce eternal life.
It cannot quench the spirit.

Author unknown