



## Chemotherapy

A guide for patients and their carers



## Contents

Introduction . . . . .	3
What is chemotherapy? . . . . .	3
Agreeing to treatment . . . . .	4
How is chemotherapy given? . . . . .	5
Chemotherapy at The Christie – what actually happens? . . . . .	7
Do I have to be admitted to hospital? . . . . .	13
Blood tests and the bone marrow. . . . .	13
Diabetes and cancer . . . . .	15
Flu vaccinations . . . . .	15
Are there any side effects? . . . . .	16
Fertility and contraception . . . . .	23
Chemotherapy and everyday life . . . . .	24
Long term side effects . . . . .	25
Clinical trials . . . . .	25
The clinical research facility (CRF) . . . . .	26
Outpatient prescriptions . . . . .	27
Appointments . . . . .	27
Further information . . . . .	28
Benefits and finance. . . . .	30
Student training . . . . .	31

## Christie website

For more information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centre at Withington, Oldham or Salford.

## Introduction

We hope that you and your family will find this booklet a useful guide to chemotherapy. It will not answer every question about your treatment, nor is it intended as a substitute for discussion with the doctors and nursing staff. We hope that after you have read this booklet, you will find it easier to ask questions and to discuss your treatment and progress with us.

There are more details about your individual treatment on the chemotherapy information sheet which the chemotherapy nurse will give to you.

## What is chemotherapy?

Chemotherapy is a systemic anti-cancer therapy (SACT) which is used to treat cancer. Many types of medicines are used in chemotherapy, all of which attack cancer cells in different ways. For this reason, we often give several drugs in combination to increase the effectiveness of treatment. Chemotherapy can be used alone or with radiotherapy and surgery.

## How does chemotherapy work?

The chemotherapy drugs, which can be given as an injection or as a tablet, circulate in the bloodstream and can affect cancer cells in all parts of the body. Cancer cells are rapidly producing other new cancer cells. Chemotherapy can interfere with the growth of cancers by preventing new cancer cells forming. Side effects from chemotherapy can occur because normal tissues in the body also rapidly produce new cells as a way of repairing themselves. These processes can also be temporarily affected by the chemotherapy. The commonest normal tissues that are affected are the hair roots (causing hair loss), bone marrow (causing low blood counts) and lining of the bowel (causing diarrhoea).

## How often is treatment given?

This depends on the type of treatment you are having. In most cases, each chemotherapy treatment is followed by a rest period of between one and four weeks. This is called a cycle. Depending on your condition and the reason for giving treatment the total duration of chemotherapy varies. Your specialist team will discuss the details of your treatment with you.

## Agreeing to treatment

### Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

### Benefits of treatment

The benefits of treatment will depend on the type of cancer you have and how advanced it is. The aims include:

- curing the cancer. This is when chemotherapy is given to destroy all the cancer cells
- reducing the chances of the cancer coming back, for example after surgery, by destroying any cancer cells that are still in the body but are too small to detect. This is often called adjuvant chemotherapy

- controlling the growth and spread of the tumour so that surgery or radiotherapy is easier to perform. This is often called neo adjuvant chemotherapy.
- controlling the growth and spread of the tumour which may slow down its progress and relieve symptoms. This is often called palliative treatment.

## Are there any alternatives to chemotherapy?

All treatments carry risks as well as benefits and thinking about possible options can help you decide what to do. Your doctor will discuss alternative treatments with you. These may include surgery, radiotherapy, radiotherapy and chemotherapy given together or taking medicines to help with symptoms. It may also be an option to delay chemotherapy until symptoms occur.

## What happens if you decide not to have chemotherapy?

There is a risk that your cancer may continue to grow and your symptoms may get worse. You can discuss what to do next with your doctor.

## How is chemotherapy given?

Chemotherapy can be given in different ways and your doctor will discuss the most appropriate option for you. This might include:

- **By mouth:** as a tablet, capsule or liquid.
- **By injection:** into a vein using a device called a cannula. Treatment can be administered by hand (intravenous bolus) or through a drip (intravenous infusion). Treatment can also be administered as an injection directly under your skin (sub cutaneously) or by injection directly into a muscle (intra muscular). This treatment is usually given by a chemotherapy nurse and is no more painful than any other injection or blood test.

- **Central lines:** some patients may need a central line (a central venous catheter). This is a fine tube which is passed into a vein in the chest. Central lines are usually put in under local anaesthetic and you may be offered a sedative. The line can be used both to take blood and to give chemotherapy, and so reduces the need for needles.
- **PICC lines:** PICC lines (peripherally inserted central catheters) are another type of central line placed in the arm and inserted under local anaesthetic. PICCs are mainly used for shorter periods of time or if people are not suited to other types of central lines.
- **TIVADs:** A totally implantable vascular access device is a special type of central venous catheter. It is sometimes called a portacath®. A long hollow tube is inserted into one of the large veins in your body. One end of the tube sits in a vein, usually just above the heart, and the other end is attached to the injection port that sits underneath the skin on the chest. TIVADs are usually inserted under local anaesthetic but you may be offered sedation.
- **Infusion pumps:** pumps are used to give an intravenous infusion of medicines over a number of hours or days. They are compact and easy to carry around – usually attached to a belt around the waist.

Some treatments consist of a combination of injections and tablets. In these cases, each cycle usually starts with an injection and is followed by the tablets which are taken at home for a period of up to three weeks.

Sometimes chemotherapy leaks outside the vein. This is called extravasation. With certain medicines this can be quite serious. We will do our best to minimise this, but if you develop pain during the injection, or afterwards around the site of the injection, please let the staff here know immediately.

# Chemotherapy at The Christie – what actually happens?

We treat approximately 150 patients a day on the chemotherapy day services unit at The Christie. There are a variety of different routes patients come through before treatment as detailed below. This process can be confusing, so please do not hesitate to ask a member of staff if you have any questions.

## Two-day treatments

You will have your appointments spread over two days. On the first day you will have your blood taken and, if needed, you will see the doctor. The second appointment will be for your treatment. This will significantly reduce your waiting times as your chemotherapy will be ready for you when you arrive for your treatment. We will also be able to start treatments early in the day, so patients whose treatment takes a long time will finish earlier.

## Main outpatient clinic (department 22)

- If a blood test is required, please check in using the self check-in kiosk in central phlebotomy (department 35) or outpatients (department 22). You will be given directions to the blood room.
- You will be called for your blood test via the information screens in the outpatients waiting area.
- When you have had your blood test, please check in separately for your clinic appointment using the self check-in kiosk in outpatients. You will be called for your appointment via the same screens in the outpatients waiting area.
- Once you have seen the doctor, if you are due to be treated on a separate day you are free to leave.
- When you attend SACT services for treatment, check in using the self check-in kiosk in the Oak Road patient

treatment centre (department 1). You will be called for your treatment via the information screens in the Oak Road and Marks & Spencer waiting areas. If you intend to leave the areas where these screens are visible, please leave your mobile phone number with reception so they can call you when the treating nurse is ready.

### **Systemic anti-cancer therapy (SACT) services (department 1)**

- If you are seeing the doctor before treatment, please check in using the self check-in kiosk in department 1. You will be called for your appointment via the information screens in the Oak Road and Marks & Spencer waiting areas.
- You will see the doctor and agree that your treatment is going ahead. If you are due to have treatment on the same day your treatment will be requested.
- If you have left your mobile number you are free to leave the patient treatment centre. We will call you as soon as the treating nurse is ready for you.
- If you do not have a mobile you can still leave the treatment centre but please return to reception and take a seat at the time of your treatment appointment.

### **Protocol treatment**

- Not all patients need to see the doctor on all cycles of treatment. The visits where you do **not** see the doctor are called 'protocol'.
- Check in using the self check-in kiosk in department 1. If you have a mobile phone with you please give the number to the receptionist.
- You will be called for your blood test via the information screens in the Oak Road and Marks & Spencer waiting areas.

- When you have had your blood test you are free to leave the department if you have left a mobile number. The treating nurse will call you when they are ready for you. If you do not have a mobile with you can still leave the department but please return to reception and take a seat at the time of your treatment appointment.

## General points

There are occasions when your treatment may have to be postponed if your blood results are not within our set ranges. We will tell you about this as soon as we can and arrange another appointment for you – normally a week later.

If there are any delays in the department, these will be displayed on the patient information screens which are located in the Marks & Spencer and Oak Road waiting areas. If you have any queries or questions while you are waiting for treatment please ask at reception to speak to the ground floor manager.

You may need to set aside the whole day for tests and treatment. If you have a long infusion or if there are delays for any other reason, you may not finish your treatment until well into the evening. This could result in an overnight stay in the hospital, although every effort will be made to complete your treatment as an outpatient.

If there is a delay or when your treatment is ready we may call you. Please be aware the hospital telephone number will show up on your mobile phone as 'withheld' or 'unknown'.

If you need to pick up take home medications, please be aware that the pharmacy department will only start to process your prescription when you attend pharmacy. To avoid any delays it is best to attend pharmacy as early as possible so that your medications can be prepared.

## Visitors

Only one visitor per patient is allowed on the unit at one time. Children under 12 are not permitted on the treatment unit for safety reasons.

## Chemotherapy closer to home

We have local centres to treat patients closer to their homes in Bury, New Mills, Salford, Tameside, Winsford and Oldham. The aim is to provide this service at many more locations across Greater Manchester. There is also a mobile chemotherapy unit which visits Bolton, Chadderton, Rochdale and Stretford. The nurses who treat at these centres are Christie chemotherapy nurses and you will remain under the care of your Christie consultant. We also have a Christie at home service that provides specialist treatment and assessment in peoples homes. These services are not available for all treatments but if you are interested please ask your medical team or contact the chemotherapy outreach team on **0161 918 7671**.

## Very important

Please keep your appointment for chemotherapy even if you feel unwell that day. When you get to The Christie, you will be able to see a doctor and get advice. The doctor may decide to defer your chemotherapy.

## If you are due to have inpatient chemotherapy

- Patients who are having treatments lasting over 9 hours will be treated on a ward.
- Book in at the clinic or at the admissions and transfer suite (department 25).
- You will have a blood test. The sample is sent to the laboratory for analysis. Samples are processed immediately, but the time taken for results to be available will vary depending on the number of other

samples being analysed. We want to be sure that your blood tests are satisfactory. If they are not then your chemotherapy may have to be deferred, and we will give you another appointment.

- Altogether, it can take 1–2 hours before the results are ready and your chemotherapy can be ordered or given. We can take your mobile number and contact you as soon as your blood results are ready, so you can go to the restaurant, outpatient tea bar or conservatory.
- You will see your doctor or nurse. If he or she decides you can have your treatment that day, you will be allocated a bed on a ward. There will be a wait depending on how many patients are being admitted and discharged that day.
- If you have to wait for a bed over the lunchtime period, we will provide refreshments.
- You now have to wait for your chemotherapy to be delivered to the ward. Again this will vary depending on how many other people are being treated that day.

As you can see there are several steps involved in preparing and giving chemotherapy. It is not a quick process. We understand that the long waits can be tiring and frustrating. In the rare event of no beds being available, we will keep you informed and try to get you admitted the following day.

### **Behind the scenes**

Chemotherapy uses cytotoxic (anti-cancer) drugs to destroy cancer cells. This treatment requires several checks during preparation.

- First of all, your prescription is carefully checked in pharmacy.
- Pharmacy then sends the prescription through to Baxter Healthcare which is a pharmaceutical company contracted to make chemotherapy for The Christie.

- The details of your prescription are double-checked. The chemotherapy is carefully made in a sterile area before the Baxter pharmacist makes a final check.
- The chemotherapy is delivered to the treatment area and a final check is done by nursing staff.

We hope this information has helped you to understand why at times you might have to wait for your treatment to start. It is a complicated procedure which can take time. It may seem that little is happening, but there is a lot of vital preparation going on behind the scenes.

### **Reasons why you may have to wait...**

- If your treatment is altered on the day.
- If you have to wait for the results of tests before your treatment can start.
- For certain very expensive drugs, we operate an 'on-hold' system. This means that The Christie pharmacy holds details of your prescription in advance of your visit, but it is not made up until the doctor or nurse confirms that the results of your blood tests are satisfactory. In this way, we try to avoid wasting expensive drugs which cannot be recycled or used for another patient. Other drugs are 'on-hold' because they do not keep long and would be wasted if not used quickly. Once a drug is taken 'off-hold' it will take 2–3 hours to be made up.
- Some teams of doctors are very busy with many patients needing treatment and/or consultations. We cannot tell how long each consultation will be. The length of time depends on each patient's needs.
- Some chemotherapy needs a 'pre-med' of drugs, taken up to 1 hour before starting the infusion. This is usually done to prevent a serious reaction to the chemotherapy.

## Do I have to be admitted to hospital?

Depending on the type of treatment, you may be able to go home on the same day as you are given chemotherapy. If you are having a short treatment of chemotherapy you can expect to be treated as a day case. For your first treatment, if you travel to hospital by car, it is a good idea for a relative or friend to drive you home again after treatment as you might feel unwell. At other times, if you feel able, you can continue to drive as normal.

Some people need to stay in hospital for a few days. For some inpatients chemotherapy takes up only a small part of the day and you do not have to stay in bed.

## Blood tests and the bone marrow

Once treatment has started we take a blood sample at each visit to hospital. We need to check that your blood count is normal before you have the next cycle of chemotherapy. Blood count means the number of red blood cells, white blood cells and special cells called platelets in the blood. All these blood cells are made in the bone marrow.

Chemotherapy can affect the bone marrow, causing a temporary fall in the number of these cells. Sometimes, treatment has to be delayed by 1 or 2 weeks if your blood count has not returned to normal following the last cycle of treatment. If this happens, the delay does not reduce the effectiveness of your chemotherapy.

- Red blood cells give the blood its colour and carry oxygen from the lungs to all parts of the body; a reduction in the number of these cells is called anaemia. This can cause tiredness, breathlessness and dizziness. A mild form of anaemia may result from chemotherapy, but this usually improves without any treatment. Sometimes, a blood transfusion is necessary.

- White blood cells help to fight infection. When their numbers fall, the body's resistance to infection is lowered. The white blood cell count usually recovers without any treatment but the doctor may prescribe injections to aid recovery of the white cells.
- Platelets are the cells needed to help your blood to clot. If the number of platelets falls, you may notice that your gums bleed when brushing your teeth. Nose bleeds can also occur and your skin may bruise more easily than normal. Sometimes a platelet transfusion is necessary but the platelet count usually improves without any treatment.

### Other tests

Quite often we may need to check the function of other organs before starting chemotherapy. Depending on the results of these tests, treatments may sometimes have to be modified.

- **Kidneys:** Sometimes extra tests are needed to check your kidney function. This is sometimes carried out using a special kidney scan.
- **Heart:** Certain chemotherapy medicines can affect the heart. The doctor will ask if you have any heart problems such as high blood pressure or angina. You may need some additional tests such as a heart scan (MUGA or echocardiogram) or a tracing of your heart (ECG – electrocardiogram).
- **Liver:** We will monitor how your liver is working from blood tests.

## Diabetes and cancer

If you have diabetes it is important to tell your doctors and nurses at The Christie.

Some medicines used for the treatment of cancer can alter blood sugar levels. Steroids, for example, may cause blood sugar levels to become high. So you may find that while you are having treatment your blood sugar levels are not as well-controlled as usual.

If you are an inpatient, it is important to tell the ward staff that you are diabetic, so they can offer you a suitable diet from the hospital menu.

If you experience difficulties in controlling your blood sugar levels when you are discharged, contact your own diabetes specialist nurse or GP for advice on the management of your diabetes.

If you are having any difficulties with eating, please ask for a copy of 'Eating well with diabetes when you have a poor appetite'.

## Flu vaccinations

*Is it all right for me to have a flu jab during the time I'm having chemotherapy?*

It's safe to have a flu jab, but depending on the sort of chemotherapy you have had, it may not give quite as much protection against an infection as usual. Some patients may need two vaccinations. However, if you're thinking of having any other vaccinations, do check with your Christie doctor first, because some vaccines should be avoided.

## Are there any side effects?

Chemotherapy affects some normal cells and when it does, side effects can occur. This section describes the common side effects you may have in the days and weeks after treatment and some of the things you can do to help.

The side effects you have will depend on the particular medicine or combination of medicines you receive. Your doctor or nurse will discuss your proposed treatment with you and give you an information sheet which will describe the treatment and discuss the likely side effects. Your doctor or nurse will tell you what to expect. Some people do not get any side effects but if they do happen, please tell the doctor or chemotherapy nurse, so that help can be given.

Rarely, there is a chance that the side effects could be life-threatening. If you would like any further information, please discuss this with your doctor.

### Infection

Most chemotherapy medicines reduce the body's resistance to infection. Because of this, a minor illness can quickly develop into something more serious needing hospital treatment. Symptoms of an infection include a sore throat, cough, fever or shivering. We recommend that you use a digital thermometer so you can check your temperature if you think you have an infection or if you feel unwell. You can buy one from your local chemist.

If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above, or below 36°C contact The Christie Hotline immediately on **0161 446 3658**. Your chemotherapy nurse will give you full details of contact numbers during your first visit.

## How you can help yourself to avoid infection

Most infections come from bacteria (germs) that we normally carry on our skin or in our bowel. They are harmless when the body's ability to fight infection is normal. It is only when resistance is low that they can cause an infection.

MRSA stands for Meticillin Resistant Staphylococcus Aureus. It is a variety of a common germ called staphylococcus aureus which is found in the nose and throat of about a third of the population. People who carry this germ are said to be colonised with it. The germ causes no harm unless it spreads to a wound or gets into your body through another break in the skin, when it may cause an infection. It can be passed to other patients causing them to be colonised or occasionally infected. The resistant form of MRSA can be quite difficult to treat.

Clostridium difficile is a bacterium (germ) that can cause infections in the bowel. The symptoms include abdominal pain, diarrhoea and sometimes fever. The bacterium is normally kept under control by other bacteria that live in the gut; however, some medications alter the conditions within the gut allowing Clostridium difficile to multiply. It then produces toxins that cause diarrhoea and can lead to severe inflammation of the bowel.

## There are some things you can do to reduce the chance of infection:

### General

- Maintain good personal hygiene.
- While you are at the hospital please wash your hands carefully. There is alcohol hand rub by each bed. It is quicker and easier to use than soap when your hands are not actually soiled but might be carrying 'hidden' bugs.

- Please wash your hands with soap and water after using the toilet or if you have any diarrhoea.
- Stay away from people who have a disease you can catch, such as a cold, the flu, measles, or chickenpox (if you have not had chickenpox yourself and you come into contact with someone with chickenpox or shingles, get in touch with The Christie as action may need to be taken).
- Be careful not to cut or nick yourself when using scissors, needles or knives.
- Use a soft toothbrush that won't hurt your gums.
- Don't squeeze or scratch pimples.
- Clean cuts and scrapes right away with warm water, soap and an antiseptic.
- Wear protective gloves when gardening or cleaning up after animals.
- Do not have any vaccinations without checking with your doctor (for info about flu vaccinations see page 14).

### Dietary

- Good food hygiene is important. Remember to wash your hands before handling any foods, and again after handling any raw foods. Don't handle food if you are ill with stomach problems such as diarrhoea or vomiting.
- Ensure all knives and utensils are clean before preparing food, and cleaned again between use with raw and cooked foods.
- Food should be stored safely in the fridge. Keep uncooked foods separate from ready-to-eat food. Store raw meat in a sealable container or on the lower shelf so it can't drip onto other foods.
- Raw meat such as beef, pork and chicken needs to be cooked thoroughly. Cook until it is piping hot in the middle to ensure any food poisoning bacteria are killed.

- Avoid take-aways and don't re-heat ready-to-eat meals. Make sure all food is cooked thoroughly and is piping hot before serving.
- Avoid all shellfish.
- Please check that produce such as cheese and yogurt are pasteurised. Avoid unpasteurised cheeses (such as Brie and Camembert) and pâté as these may contain food poisoning bacteria.
- Probiotic drinks such as Actimel, Yakult or supermarket own brands should not be drunk while you are having chemotherapy. It is also advisable to avoid bio-yogurts.
- Avoid raw eggs. Use eggs with the British Lion stamp.
- Cooked egg dishes should be served immediately and eaten piping hot.

## **Nausea and vomiting**

Some chemotherapy causes nausea (feeling sick) and/or vomiting. If this is likely with your treatment, you will be given an anti-sickness injection and tablets or medicines to take home. You may notice mild nausea but if you experience persistent nausea or vomiting, contact your GP or The Christie Hotline for further advice. Otherwise, please tell your hospital doctor or chemotherapy nurse how you got on at your next visit. There are several anti-sickness treatments available, and if the first one you are given has not worked, we can usually find one that does work for you.

During the first 24 hours after treatment it is best to avoid heavy meals. Try light snacks instead and drink freely. It is best to avoid alcohol at this time.

A loss of appetite for 24 hours or so after chemotherapy is quite common. Advice about this and about other problems with eating is available in The Christie booklet 'Eating – help yourself'. Please ask the nursing staff if you would like a copy.

## Loss of hair

Some medicines can cause hair thinning or even complete hair loss. You may also lose your body hair including eyebrows and pubic hair. Hair usually begins to fall out 10 to 14 days after treatment starts. This is normally only temporary and your hair will grow back when your treatment has finished. Very rarely hair loss can be permanent. Some people start to get their hair back before chemotherapy is over.

Your scalp may begin to feel tingly or painful. This is normal when the hair begins to fall out. Take simple painkillers such as paracetamol if needed. If the skin on your scalp becomes dry and itchy, using a plain moisturising cream can help.

You are entitled to a wig if your treatment causes you hair loss. It is a good idea to get your wig before you lose a lot of hair, so we can match it with your natural colour. You can see a specialist wig fitter at The Christie before your treatment begins. You can obtain your free wig voucher from the information centre at The Christie at Withington. The information centres at Oldham and Salford also issue wig vouchers. Please ask staff for a copy of the leaflet 'The Wig Fitting Service'.

The Maggie's Centre runs a Talking Heads hair loss support workshop for anyone who is anticipating or experiencing hair loss (both men and women). These sessions cover the practicalities of hair loss as well as offering support with its emotional impact. Contact Maggie's on **0161 641 4848** or email [manchester@maggiescentres.org](mailto:manchester@maggiescentres.org)

## Care in the sun

It is important to take special care in the sun. Some chemotherapy can make your skin more sensitive to the sun. Try to avoid too much exposure to the sun and sit in the shade when possible. Wear loose clothing and use a high

factor sun cream. If you have lost your hair, remember to protect your head, ears and the back of your neck from the sun by wearing a hat.

## **Constipation and diarrhoea**

Some chemotherapy can cause temporary diarrhoea or constipation. Please let your Christie doctor or nurse know if this occurs. You can be given medicine to help with this. Constipation can sometimes become a serious problem, so get it treated early. Changing your diet may also help. Please ask for a copy of 'Eating: help yourself', which gives helpful tips on how to cope with these problems.

## **Veins**

When chemotherapy is injected intravenously, the veins can sometimes become hardened and sore or darker in colour. The veins will usually return to normal gradually. We can continue your treatment using other veins or a central line.

## **Sore mouth**

To maintain a healthy mouth, clean your teeth twice a day using a medium small head toothbrush and fluoride toothpaste. Rinse your mouth thoroughly with water after cleaning.

Use a saline mouthwash to maintain a clean mouth. Make with a pint of cooled boiled water and a teaspoon of salt, use throughout the day to rinse the mouth.

We may recommend an antibacterial mouthwash four times a day. This can be prescribed by your GP or Christie doctor. Do not use commercial mouthwashes which tend to be harsh as they can dry and irritate the tissues.

If you develop a sore mouth, use the mouthwash four times a day as long as you are able to tolerate it. You can dilute

the mouthwash with water. If your mouth becomes too sore, use water rinses instead as often as you find helpful – at least every two to four hours. Some people find sucking ice helpful. Avoid hot liquids and spicy foods, and drink plenty.

If the soreness fails to clear up quickly, this may be a sign of infection and you should contact your Christie doctor or nurse, or the chemotherapy treatment centre for advice.

## **Fatigue**

With some chemotherapy you may feel very tired. If you do, take more rest and try to get help with the housework. You may also want to take some time off work. If you need practical help at home, please ask the staff to refer you to a social worker. However, it is beneficial to take gentle exercise as well as taking rest. There is a Christie booklet demonstrating exercises. See page 28.

## **Other side effects**

These only occur with certain medicines and include:

- tingling or numbness in the tips of the fingers and toes
- alteration in taste
- hearing loss, ringing or buzzing in the ears
- jaw pain
- muscle aches and fever
- watery eyes
- dry, red and sore skin on hands and feet.

If any of these effects are likely with your treatment you will be told beforehand. Some of these may be described on the chemotherapy leaflet. As with the other side effects of chemotherapy, they are usually temporary.

## Feelings and emotions

Sometimes during chemotherapy you may begin to feel anxious and on edge, or low and fed-up. This often improves as treatment progresses, but if you continue to feel like this, please let your doctor or chemotherapy nurse know as they can usually do something to help. There are counsellors on the staff here. If you think counselling sessions at The Christie would help you, ask your doctor or nurse to refer you. You can also contact a social worker. Local cancer centres often offer counselling. You can find the address and telephone number of a centre near you in The Christie booklet 'Where to get help', or visit the cancer information centre.

## Fertility and contraception

### Women

Menstrual periods often become irregular or stop during chemotherapy, but some women do remain fertile. It is very important, however, that you do not become pregnant whilst receiving chemotherapy because of the risk of damage to the baby. So it is essential to use a barrier method of contraception. Once the treatment is over, your periods may not return to normal because chemotherapy can cause infertility. If you have any worries or questions about this, please ask the doctor or chemotherapy nurse. Please tell your doctor if you are using contraception in case there is a need to change it.

### Men

Some types of chemotherapy cause infertility. If this is likely, your doctor will discuss the possibility of sperm banking before starting treatment. You may remain fertile during the early stages of treatment, but it is important that you do not father children whilst receiving chemotherapy because of the risk of damage to the baby. So, it is essential to use a barrier

method of contraception. If you have any worries or questions about this, please ask the doctor or chemotherapy nurse.

**It is safest to wear a condom during intercourse to prevent a pregnancy and reduce the risks of infection.**

## Chemotherapy and everyday life

**Holidays:** Before booking a holiday, please discuss this with your doctor as it may be better to wait until treatment is over. It is often possible to fit holidays in between cycles of chemotherapy, although it is not advisable to go abroad. As chemotherapy goes on working in the body for some time after treatment, it is best to wait for at least a month after your last treatment before going abroad.

Macmillan Cancer Support has up-to-date information about **travel insurance** for people being treated for cancer. Contact Macmillan Cancer Support on **0808 808 00 00** or call in at the cancer information centre for an information leaflet.

**Activities:** Some people having chemotherapy are able to lead a normal life, carrying on their social life and continuing to work. Be guided by how you feel, but be sure to rest when you become tired.

**Other tablets and medicines:** Please make sure that the doctor knows about any tablets or medicines you are taking for other conditions, including any that you buy from the chemist. These can usually be continued unchanged during chemotherapy – but do check. We will send your family doctor full details of the treatment prescribed in hospital.

**Alcohol:** As a general rule, you may continue to drink a moderate amount of alcohol but it is probably best avoided for the first 48 hours after chemotherapy. Certain medicines

can react badly with alcohol and if your treatment includes these we will tell you before starting.

### **Herbal remedies and health supplements**

Some commonly taken supplements and herbal remedies can interfere with cancer treatments. Please tell your doctor about any supplements you may be taking, for example: vitamins, garlic capsules, cod liver oil, Echinacea and St John's Wort. Your doctor may ask you to stop taking these while you are having chemotherapy.

### **Long term side effects**

Some side effects may become evident only after a long time. However, your doctor can take action to avoid these for most patients, so the potential benefit you receive from treatment should outweigh the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some medicines there is also a small risk of an increased chance of developing another cancer. Sometimes the use of steroids and/or hormone treatment for breast and prostate cancer, and the use of specific chemotherapy drugs can affect the strength of bones causing thin bones (osteoporosis) and an increased risk of fractures. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

### **Clinical trials**

Research into new ways of treating all types of cancer is going on all the time. As no current cancer treatment is completely effective, cancer doctors are continually looking for new ways to treat the disease. These are called clinical trials, and are the only reliable way of testing a new treatment. Often several hospitals in the country take part in these trials.

Before any trial is allowed to take place it must have been approved by an ethics committee. Your doctor must have your written informed consent before entering you into any clinical trial. Informed consent means that you know what the trial is about, you understand why it is being conducted, and you appreciate exactly how you will be involved.

In a randomised controlled clinical trial, some patients will receive the currently available treatment while others receive the new treatment, which may or may not prove to be better. A treatment is better either because it is more effective against the tumour or because it is equally effective and has fewer side effects.

So that the treatments may be accurately compared, the type of treatment a patient receives might be chosen at random (usually by a computer) and not by the doctor treating the patients. This is because it has been shown that if a doctor chooses the treatment, or offers a choice to the patients he or she may unintentionally bias the result of the trial.

Even after agreeing to take part in a trial, you can still withdraw at any stage if you change your mind. Your decision will not affect your doctor's attitude towards you in any way. If you choose not to take part or if you withdraw from a trial, you will then receive the currently available treatment rather than a new one.

(We acknowledge the help of Macmillan Cancer Support for this information on clinical trials).

## The clinical research facility (CRF)

The clinical research facility in the Oak Road patient treatment centre is where early phase (phase I and II) clinical trial treatments are given. Treatments for later phase clinical trials are given on the chemotherapy unit. Macmillan Cancer Support produces a booklet that explains what clinical trials are and what the different phases mean.

When you attend an outpatient's appointment you may be asked to take part in a clinical trial and then asked to come to the unit. Or you may be given an appointment to attend a clinical trials clinic in the Oak Road patient treatment centre and offered the opportunity to take part in a clinical trial. Some trial treatments are also given in chemotherapy day services.

## Outpatient prescriptions

Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy and benefits advisers at The Christie and your GP.

## Appointments

Your chemotherapy is often made in advance of your arrival, and this helps to reduce your waiting time. If you let us know of any appointment changes, we can prevent unnecessary wastage of medicines. Your co-operation is very much appreciated.

**It is very important to keep your appointment for treatment wherever possible. If you do need to change or cancel your next appointment date, please contact your scheduler – the name and telephone number is on your appointment card. If you are unable to contact your scheduler, please phone 0161 918 7606, 7608 or 7610.**

If you change your address or change your family doctor please tell the receptionist where you are having chemotherapy or contact the hospital on **0161 446 3346** or **3347**.

## Further information

### Macmillan Cancer Support

This is a national charity which runs a cancer information service. If you have questions about cancer or need support, you can use the Freephone number: **0808 808 00 00** (Monday to Friday, 9am–8pm). Textphone **0808 808 2121**. Specially trained cancer nurses can give you information on all aspects of cancer and its treatment. Interpreters are also available.

They publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Macmillan Cancer Support booklets include:

- Specific cancers, for example, breast, bone, ovary and colon & rectum.
- Cancer treatments such as 'Understanding chemotherapy' and 'Understanding radiotherapy'
- Booklets on living with cancer – some are listed below:
  - Talking about your cancer
  - Coping with fatigue
  - Talking to children when an adult has cancer
  - Coping with hair loss
  - Cancer and complementary therapies.
  - Bone health

The cancer information centres also have a full range of Macmillan booklets.

## Christie information

The Christie produces a range of patient information booklets. Some of these are listed below. The booklets are free to patients attending The Christie. If you would like a copy of a booklet, please ask the ward staff. If you are an outpatient please ask your clinic nurse, doctor or chemotherapy nurse.

### ■ **The Christie Hotline card and leaflet**

Explain when and how to make contact with The Christie if you feel unwell or have any concerns about side effects.

### ■ **Eating – help yourself**

A booklet which gives advice on coping with eating problems when you don't feel well, and when you are receiving treatment.

### ■ **Where to get help: services for people with cancer**

Lists sources of help for financial, social and emotional problems. Also lists the main cancer support groups.

### ■ **Care of your central venous catheter, Care of your Peripherally Inserted Central Catheter, TIVADs**

Guides on how to use and care for infusors or pumps, central venous catheters, TIVADs and peripherally inserted central catheters.

### ■ **Be Active, Stay Active: a guide for exercising during and after treatment for cancer**

A booklet with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise.

## Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16–64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres.org**  
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 0000** or **www.macmillan.org.uk**

## Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way. We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)

Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline: 0161 446 3658**

Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check  
before making a special journey.

### The Christie NHS Foundation Trust

Wilmslow Road  
Manchester M20 4BX

**0161 446 3000**

**[www.christie.nhs.uk](http://www.christie.nhs.uk)**



The Christie Patient Information Service  
June 2019 – Review June 2022

CHR/015/01.03.04 Version 18