

GUIDE TO **Healthmonitor**[®]
Chemotherapy

68 ways to
thrive
during chemo

- Avoid infection
- Manage side effects
- Eat smart to feel your best
- Partner with your care team

YOUR TOP
CHEMO
QUESTIONS—
ANSWERED!

***"Great news!
I'm in remission!"***

Claudia Chavez-Chapa
had faith she'd be
healthy after chemo

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

FREE
take-home
copy

GUIDE TO Chemotherapy

✦ Be sure to visit
Guide2Chemo.com
for more
tools and info.



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Have a question you would like answered by our medical team? Email us at editor@healthmonitor.com

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Make the decision to thrive... *and believe in the power within you!*

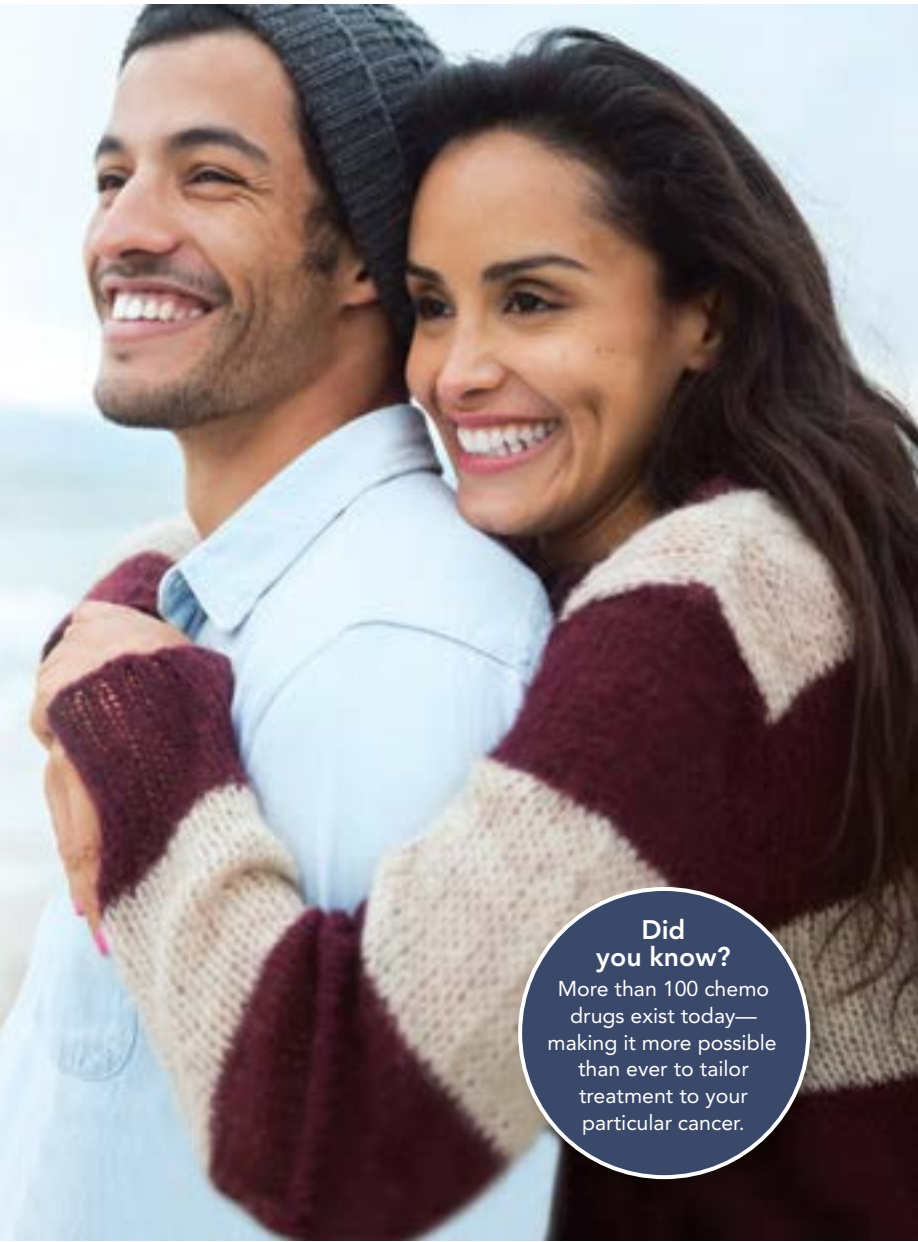
Determination. Fortitude. Perseverance. Calling on your strongest qualities can help you get through chemo—the single best weapon in your fight against cancer—and look to the future with confidence. Just ask Cody P., who has been in remission from non-Hodgkin's lymphoma for three years now. "I had this ritual. Every morning before an infusion, I'd take some time to sit and visualize the medicine going through my body, engulfing the cancer, breaking it down and washing it out of me," says Cody. "Seeing this in my mind energized me. I actually couldn't wait to get to the hospital for my infusion!"

"Chemo was like a vitamin for me," he adds. "I won't deny that it was challenging. But I always kept in mind that it was the thing that could restore my health. It gave me hope. If anything, chemo strengthened me!"

But Cody didn't rely on chemo

alone to heal him. "I felt, to be truly successful, I'd have to do all I could. So I read everything out there about my disease and I asked my doctors lots of questions! I started eating better and, whenever I could, I'd ride my stationary bike or go out for walks. Luckily, I had tremendous support from my healthcare team, my family, friends and coworkers. One buddy, who'd been through cancer himself, told me, *Relax, you have everything you need to beat this thing.*"

Why not take a page out of Cody's book? For starters, gather *your* team. Then read this guide to learn how chemotherapy works and how to feel your best during treatment. Our goal is to give you the knowledge that will help you get the best benefit from your treatments—and make your way to that place where you greet each day with optimism. Where you can say every morning, as Cody once did, "I've got this!" 



**Did
you know?**

More than 100 chemo drugs exist today—making it more possible than ever to tailor treatment to your particular cancer.



Your top chemo questions—

Take a closer look at the powerful therapy that can help put cancer behind you. To make chemo the best possible experience, lean on your care team and support system—your family, friends and fellow survivors!

1 How does chemo work?

Chemotherapy, or chemo, is a systemic therapy in which medications destroy cancer cells throughout the body. Chemo can treat both early-stage cancer and cancer that has metastasized (spread). It may be used alone or in addition to other therapies (e.g., surgery and radiation) to slow or stop the growth and spread of cancer, as well as to ease symptoms by shrinking tumors.

2 How is chemo given?

Most often, chemo medication is administered into a vein, either by infusion or by a catheter inserted into the vein (through a port). It can also be given by

injection, in a cream, or as a liquid, capsule or pills, and delivered into different parts of the body. Some people receive chemo using a pump that controls how fast chemo meds enter the body. Chemo is given in cycles, which are usually one, two, three or four weeks long. (One “cycle” is the treatment followed by a period of rest.) A “course” of chemo is made up of a number of cycles.

Tip: Having infusions? Your oncology nurse will assess your veins to see if you may benefit from having a port implanted (a minor surgical procedure). Ports make inserting the needle easier for the infusion nurse, but do carry a risk for infection.

—answered!

3 What's in my chemo? Most likely, a combination of two or more chemo drugs—although certain cancers are treated with a single drug.

4 How often will I get my chemo? That depends on the type and stage of your cancer and the medications in your regimen. Your chemo could be once a day, once a week, or once every three or four weeks.

5 How long will I be getting chemo? That depends on the type of cancer you have, your treatment goals and how your body responds to the drugs.

What about a clinical trial?

Clinical trials are studies that test the safety and effectiveness of new drugs or combinations of drugs. The goal of most trials is to yield improvements in survival, side effects and convenience over current standard treatments. Before enrolling in a clinical trial, discuss it carefully with your oncologist. Learn more at cancer.gov/clinicaltrials.

6 How long does a chemo session last? A session can last anywhere from a few hours to most of the day.

7 How will I feel? How you feel partially depends on how healthy you are at the start of treatment, the type of cancer you have and how advanced it is, as well as the type and amount of the medications you'll receive. When the goal of treatment is "cure" rather than easing symptoms (palliation), side effects may be more severe. Manage fatigue, the most common side effect of chemo, by resting when you need to.

Ask this! "How can I prevent or diminish side effects?" There are effective medications and other remedies that can ease nausea, diarrhea and constipation. Be proactive!

8 Can I postpone a chemo session? If you skip a treatment, cancer cells may continue to grow, reducing your chances of remission. If it's fatigue that's making you want to skip an infusion, ask your doctor


for help. Also: Infection and a low white blood cell count are major reasons many chemo sessions are postponed. Ask your care team how you can avoid this.

9 Will I lose my hair? Not all chemo drugs cause hair loss, so it depends on your chemo regimen. Ask your care team if you might benefit from an “ice cap,” which cools the scalp and may lessen hair loss.

10 Will I be able to work? Most people continue to work throughout chemo, and some say that makes things feel more “normal” during treatment. If you do choose to work, you may want to modify your work schedule—for example, working

shorter days or taking days off when you feel your most tired.

Did you know? The Family Medical Leave Act (FMLA) guarantees 12 weeks of unpaid leave, without job risk, to public agencies, schools and companies with more than 50 employees.

11 Will I feel better when chemo is over? You will! Some of the most frustrating side effects—including nausea, poor appetite and hair loss—will end a few weeks after your last session. It may take a bit longer to have your energy restored, but exercise and activities like yoga can help with that. Talk to your care team if you have ongoing muscle pain or tingling in your fingers and toes (neuropathy). 

Your chemo care team

During treatment, a number of medical professionals will be involved in your care, including your...

- **Medical oncologist:** determines the medication you need and your schedule
- **Chemo nurse:** schedules and administers your IV infusions
- **Oncology nurse:** works closely with your oncologist
- **Oncology nutritionist:** helps you with your dietary needs during treatment
- **Oncology nurse navigator:** provides emotional support, helps you understand therapies, coordinates scheduling of visits and tests, and suggests resources for financial and insurance assistance
- **Phlebotomist:** draws blood when tests and procedures are needed

The **blood test** that helps keep your chemo on track



When you're on chemo, getting a blood test called a CBC (complete blood count) becomes part of the routine. A CBC is often done on chemo day (or the day before) and then about two weeks later. The reason? The same drugs that fight cancer can also cause levels of your blood cells to dip. Following are the numbers your doctor may want to discuss with you. If need be, he can prescribe medication to boost low counts and help you stay on course.

What is measured	Function	Normal range	If your count is out of range
Hemoglobin	The protein in red blood cells that helps carry oxygen throughout your body	13.8-17.2 grams/deciliter (g/dL) (male); 12.1-15.1 g/dL (female)	A low hemoglobin level may indicate anemia. If so, your body has to work harder to supply oxygen to your tissues, leaving you tired, weak and short of breath.
White blood cells	Help protect your body against infection	4,500 to 10,000 cells/mcL	If levels of neutrophils, a type of white blood cell, are too low, you have neutropenia, a condition that makes you vulnerable to infection.
Platelets	Enable your blood to clot	150,000 to 400,000 platelets/mcL	If your count is low, you may have little purple or red dots on your skin; you may bleed more easily or be unable to stop bleeding if injured.

Source: National Institutes of Health

ALERT! Be sure to have your blood tested per your doctor's orders—and report symptoms such as fatigue, dizziness, chills or sudden onset of new pain ASAP.



Your chemo-day checklist

A little preparation can make your treatment more pleasant.

BREEZE THROUGH CHECK-IN

(on your first day)

- Insurance and hospital registration cards
- List of your medications and your pharmacy phone number
- Names and addresses of your referring physician and primary care doctor

KEEP COMFY

- Shawl or sweater
- Pillow and cozy blanket
- Warm socks
- Cuddly clothing
- Other:



MAKE TIME FLY

- Book or magazines
- Portable CD/DVD player
- Knitting, sewing or other craft project
- Smartphone (charged)
- Handheld game
- Stationery
- Laptop
- Headphones
- Journal or diary



CURB THIRST, HUNGER AND SIDE EFFECTS

- Bag lunch and/or snacks
- Water or a fizzy drink to help curb nausea
- Lip balm for dry lips and hand cream
- Gum, breath mints or hard candy to freshen your mouth



For more tips and tools, go to [Guide2Chemo.com/Tools](https://www.guide2chemo.com/Tools)

Chemo etiquette

- **Don't share your prognosis.** And don't ask others about theirs. Be sensitive to the fact that other people in the infusion suite may be at different phases of treatment and this kind of discussion could be unsettling.
- **Read others' body language.** Infusion rooms can be lively places, where people chat, share tips and bond. But not everyone may be feeling talkative. If someone is immersed in a book or wearing headphones, they may prefer to enjoy quiet time.
TIP: If you want quiet time, wear headphones—even if you have nothing playing!

Questions to ask **before** starting your chemo session

One way to help you feel better during your cancer journey? Staying organized and on top of all the details! These questions can get you started.

Key questions to ask your medical oncologist

1. How long and how often will I need to receive chemo treatments? _____

2. Why is it important to get the full dose of chemotherapy on schedule? _____

3. What can I do to make sure I stay on course?
How important is it to avoid infection? _____

4. How will I know whether my chemo is working? _____



Key questions to ask your chemo nurse

1. Should I eat before my infusion? _____
2. How long will my appointment last? _____
3. Will I be able to drive to and from my appointment? _____
4. Can I bring family members or friends with me to the infusion area? _____

5. What symptoms should I report to my doctor after my infusion? _____



“I smiled
my way
through
chemo!”

Claudia Chavez-Chapa refused to let cancer “take over” her life—even during treatment for stage II ovarian cancer.

Claudia Chavez-Chapa is back in business. Following surgery and then chemo to treat her stage II ovarian cancer, she reports: “I’ve finished chemo and am in remission now, and my energy is back!” In fact, she’s back to fulltime hours working with special needs students as an elementary school aide in San Antonio, TX. Then, after school? You can find Claudia either of two places—the volleyball court or the baseball diamond. “I’m an all-around player in volleyball, but since I’m just starting up with softball again, I’m a catcher right now.” But deeper into the season, who knows?

“Cancer pushed me back just a little bit”

Flash back to last fall, when Claudia Chavez-Chapa learned she had cancer. True to her “go-go” nature, the last thing on her mind was slowing down. “I tried to do everything that I did before I was diagnosed,” says Claudia. So for as long as her energy held up, she cooked meals for her and her husband, visited with family and went out for walks. “I felt: *I’m not going to let cancer stop me.* Because if you make your life only about cancer, that’s when things go downhill. I wanted to stay as active as possible!”

“I stayed strong!”

Claudia hadn’t seen cancer coming—but after investigating stomach problems, she learned she had a mass on her ovaries. She had surgery to remove the tumor and, once her incision had closed, she had a port placed and started chemo.

Throughout treatment, Claudia was determined to “keep smiling and make the best of the situation—I believed I would overcome everything.” That strength, she says, comes from her faith and from the example of her parents, who had always stayed strong during any challenge. “I’d smile at every session,” she recalls. “And I spoke to everyone in the infusion room.”

Toward the end of her treatment, Claudia did find herself a bit more fatigued: She needed to rest more, but she wasn’t brought down. “I was determined to fight and to keep living my life,” she says. “I was fighting for my family—for my nieces and nephews. Cancer just brought us closer together.”

And her parents who were her role models of strength? “They told me I made *them* strong because of everything I was going through!”

Turn the page for Claudia’s tips. ▶

Feel better *during* chemo!



Here are the steps that helped Claudia throughout treatment.

1. Eat a little something.

"I didn't get hungry, but I'd make myself eat. Not a big portion, but something," says Claudia. "I knew if I didn't, I'd get weak, and I wanted to stay strong!"

2. Know your side effects are temporary.

"I took a chemo class, and they warned me about hair loss. But


when I'd brush my hair and see it coming out, I'd cry. My husband said, 'It's only hair—don't worry about it!' Finally, I figured, I'm going through so much already, hair is such a small thing. Plus, it's going to grow back! Now, I like my bald head!"

3. Pray.

Claudia and her family have prayed continually throughout

her treatment. It gave her strength. "In the beginning, I did ask, *Why me?* Then I realized, God gave me this opportunity to help others."

4. Listen to your body.

"I used to be always on the go," says Claudia. "Toward the end of chemo I didn't have the energy. So I'd lie down or take naps and then I was okay." 

Ask Lillie

Words of wisdom from a breast cancer nurse navigator

REGULAR CHECKUPS?

How should I prepare for visits with my oncologist?

One of the main things your oncologist will want to determine is how well you are tolerating chemo. You can help him by taking a few minutes before your exam to jot down any side effects you've had, like nausea, mouth sores and fatigue. If necessary, he can order medications that bring you relief and/or possibly adjust your treatment schedule or dose, so there's no reason for you to suffer in silence.

FINDING HUMOR WHERE YOU LEAST EXPECT IT


I find some things really funny while my friends think I'm just in denial about my cancer. Humor for me is a stress reliever. How can I get others to understand this?

By telling them exactly that. Humor is a great stress reliever, and laughter gets your T-cells pumping. So consider your habit of finding things funny a part of your treatment. What you may be experiencing as a patient is what we call "dark humor." A true example: A woman with

metastatic breast cancer that I know was deliberating whether to go trick-or-treating with her grandchild. In the end, she went and enjoyed herself, remarking that she didn't even need a costume—she went as a jack o' lantern, given the orange tint to her skin from treatment-related jaundice.

HELP FOR FATIGUE

I'm in chemo now. Why am I so tired and what can I do about it?

Tell your doctor. If chemo has caused you to become anemic, your doctor may prescribe medication to stimulate the production of red blood cells to restore your energy. Or he may refer you to a cancer rehab therapist who can help you remain active. Also, let your doctor know if you have pain, emotional stress or are having trouble sleeping. All of these can lead to fatigue, as well. 



Lillie Shockney, RN, BS, MAS, is the administrative director of the Johns Hopkins Breast Center and professor, Johns Hopkins School of Medicine.

Strong chemotherapy can put you at risk for serious infection.



Why go back to the doctor... when you can stay home?

Neulasta® is a prescription medicine used to help reduce the chance of infection due to a low white blood cell count, in people with certain types of cancer (non-myeloid), who receive anti-cancer medicines (chemotherapy) that can cause fever and low white blood cell count.

In a key study of 928 patients, when given once every chemo cycle, Neulasta® reduced the risk of infection from 17% to 1% — a 94% decrease.

Important Safety Information

- ▶ Do not take Neulasta® if you have had a serious allergic reaction to pegfilgrastim or filgrastim.

Tell your healthcare provider if you have:

- ▶ Sickle cell disorder; severe skin reactions to acrylic adhesives;

are allergic to latex. The needle cap on the prefilled syringe contains dry natural rubber (derived from latex); have any other medical problems; are or are planning to become pregnant, or to breastfeed; and about all the medicines you take (prescription and over-the-counter medicines, vitamins, and herbal supplements).

Serious side effects of Neulasta® include:

- ▶ Spleen rupture (which can cause death); a serious lung problem called acute respiratory distress syndrome (ARDS); serious allergic reactions; sickle cell crises (which can cause death); kidney injury (glomerulonephritis), increased white blood cell count (leukocytosis), capillary leak syndrome, or inflammation of the aorta (aortitis).

Call your healthcare provider or seek emergency care right away if you have:

- ▶ Pain in the left upper stomach area or left shoulder tip area (symptoms of an enlarged or ruptured spleen); with or without fever, shortness of

With Neulasta® Onpro®, over 450K patients* had the chance to spend the day after chemo in the comfort of home.†

- ▶ Neulasta® Onpro® is the #1 prescribed long-acting white blood cell booster** to fight infection risk following strong chemo.
- ▶ It's applied to your skin the same day as chemo – so you don't have to go back to the doctor for a shot.†



Ask your doctor about Neulasta® Onpro®

Eligible commercially insured patients may pay \$5 or less per dose.†

breath, trouble breathing, or a fast rate of breathing (symptoms of ARDS);

- ▶ A rash over your whole body, shortness of breath, wheezing, dizziness, swelling around your mouth or eyes, fast heart rate and sweating (symptoms of an allergic reaction); puffiness in your face or ankles, blood in your urine or dark colored urine or you notice you urinate less than usual (symptoms of kidney injury);
- ▶ Swelling or puffiness and are urinating less often, trouble breathing, swelling of your stomach area (abdomen) and feeling of fullness, dizziness or feeling faint, or a general feeling of tiredness (symptoms of capillary leak syndrome), or fever, abdominal pain, feeling tired, and back pain (symptoms of aortitis).
- ▶ The most common side effect of Neulasta® is pain in the bones and in your arms and legs. These are not all the possible side effects of Neulasta®. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of Neulasta®.

Call your healthcare provider for medical advice about side effects. You may report negative side effects to FDA at 1-800-FDA-1088.

Please see brief summary of Important Product Information on the following page.

- * Total Onpro® unit demand for the period through December 2017 was calculated using Amgen's integrated data
- § Designed to deliver Neulasta® dose over 45 minutes, approximately 27 hours after activation.
- ** Based on Neulasta® Onpro® prescriptions from 1/1/17 to 12/31/17 vs. Neulasta® prefilled syringe prescriptions
- † If, for any reason, you believe you did not receive your full dose of Neulasta® or that your On-body Injector is not working correctly, immediately contact your healthcare provider. In the event of a missed or partial dose, you may need to return to the doctor's office. An incomplete dose can increase the risk of infection.
- ‡ Restrictions and coverage maximums apply. Covers costs for Neulasta® or Neulasta® Onpro® only. Please see NeulastaFirstStep.com for important eligibility requirements and limitations.

BRIEF SUMMARY OF PATIENT PACKAGE INSERT

Neulasta® (pegfilgrastim)

This brief summary of the Patient Information for the on-body injector for Neulasta® provides information and instructions for people who will be receiving Neulasta® or their caregivers. This brief summary does not tell you everything about Neulasta®. This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I need to know about receiving Neulasta® with the on-body injector for Neulasta®?

- See the Instructions for Use for the on-body injector for Neulasta® for detailed information about the on-body injector for Neulasta® and important information about your dose delivery that has been written by your healthcare provider.
 - Know the time that delivery of your dose of Neulasta® is expected to start.
 - Avoid traveling, driving, or operating heavy machinery during hour 26 through hour 29 after the on-body injector for Neulasta® is applied. Avoid activities and places that may interfere with monitoring during the 45-minute period that Neulasta® is expected to be delivered by the on-body injector for Neulasta®, and for 1 hour after delivery.
- A caregiver should be with you the first time that you receive Neulasta® with the on-body injector for Neulasta®.
- If placed on the back of the arm, a caregiver must be available to monitor the status of the on-body injector.
- If you have an allergic reaction during the delivery of Neulasta®, remove the on-body injector for Neulasta® by grabbing the edge of the adhesive pad and peeling off the on-body injector for Neulasta®. Get emergency medical help right away.
- You should only receive a dose of Neulasta® on the day your healthcare provider tells you.
- You should not receive your dose of Neulasta® any sooner than 24 hours after you finish receiving your chemotherapy. The on-body injector for Neulasta® is programmed to deliver your dose about 27 hours after your healthcare provider places the on-body injector for Neulasta® on your skin.
- Do not expose the on-body injector for Neulasta® to the following because the on-body injector for Neulasta® may be damaged and you could be injured: diagnostic imaging (e.g., CT Scan), MRI, Ultrasound, X-ray, radiation treatment, or oxygen rich environments, such as hyperbaric chambers.
- Avoid airport X-ray scans. Request a manual pat down instead. Use care during a manual pat down to help prevent the on-body injector for Neulasta® from being accidentally removed.
- Keep the on-body injector for Neulasta® at least 4 inches away from electrical equipment such as cell phones, cordless telephones, microwaves, and other common appliances. If the on-body injector for Neulasta® is too close to electrical equipment, it may not work correctly and can lead to a missed or incomplete dose of Neulasta®.
- The on-body injector is for adult patients only.
- If your on-body injector is not working properly, you may miss your dose or you may not receive your full dose of Neulasta®. If you miss your dose or do not receive your full dose of Neulasta®, you may have an increased risk of developing fever or infection.
- Call your healthcare provider right away, as you may need a replacement dose, if any of the following occur:
 - On-body injector for Neulasta® comes off before or during a dose delivery.
 - Do not re-apply it.
 - On-body injector for Neulasta® is leaking.
 - Adhesive on your on-body injector for Neulasta® becomes noticeably wet (saturated) with fluid, or there is dripping. This may mean that Neulasta® is leaking out of your on-body injector for Neulasta®. If this happens you may only receive some of your dose of Neulasta®, or you may not receive a dose at all.
 - On-body injector for Neulasta® status light is flashing red.

What is Neulasta®?

Neulasta® is a prescription medicine used to help reduce the chance of infection due to a low white blood cell count, in people with certain types of cancer (non-melanoid), who receive anti-cancer medicines (chemotherapy) that can cause fever and low blood cell count.

Do not take Neulasta® if you have had a serious allergic reaction to pegfilgrastim or to filgrastim.

Before you receive Neulasta®, tell your healthcare provider about all of your medical conditions, including if you:

- have a sickle trait or sickle cell disorder

- have had severe skin reactions to acrylic adhesives
- are allergic to latex. The needle cap on the prefilled syringe contains dry natural rubber (derived from latex).
- have kidney problems
- have any other medical problems
- are pregnant or plan to become pregnant. It is not known if Neulasta® may harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if Neulasta® passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive Neulasta®?

See the Instructions for Use for detailed information about how you will receive a dose of Neulasta® with the on-body injector for Neulasta®, and how to remove and dispose of the on-body injector for Neulasta®.

What are the possible serious side effects of Neulasta®?

Neulasta® may cause serious side effects, including:

- **Spleen rupture.** Your spleen may become enlarged or may rupture during treatment with Neulasta®. A ruptured spleen can cause death. Call your healthcare provider right away if you have pain in your left upper stomach area or left shoulder.
- **A serious lung problem called Acute Respiratory Distress Syndrome (ARDS).** Call your healthcare provider or get emergency medical help right away if you have: fever, shortness of breath with or without a fever, trouble breathing, or a fast rate of breathing.
- **Serious allergic reactions.** Neulasta® can cause serious allergic reactions. These reactions can cause a rash over your whole body, shortness of breath, wheezing, dizziness, swelling around your mouth or eyes, fast heart rate and sweating.

If you have an allergic reaction during the delivery of Neulasta®, remove the on-body injector for Neulasta® by grabbing the edge of the adhesive pad and peeling off the on-body injector for Neulasta®. Get emergency medical help right away.

- **Sickle cell crises.** You may have a serious sickle cell crisis, which could lead to death, if you have a sickle cell disorder and receive Neulasta®.
- **Kidney injury (glomerulonephritis).** Neulasta® can cause kidney injury. Call your healthcare provider right away if you develop any of the following symptoms: swelling of your face or ankles, blood in your urine or dark colored urine, or you urinate less than usual.
- **Increased white blood cell count (leukocytosis).** Your healthcare provider will check your blood during treatment with Neulasta®.
- **Capillary Leak Syndrome.** Neulasta® can cause fluid to leak from blood vessels into your body's tissues. This condition is called "Capillary Leak Syndrome" (CLS). CLS can quickly cause you to have symptoms that may become life-threatening. Get emergency medical help right away if you develop any of the following symptoms:
 - swelling or puffiness and are urinating less often than usual
 - trouble breathing
 - swelling of your stomach-area (abdomen) and feeling of fullness
 - dizziness or feeling faint
 - a general feeling of tiredness
- **Inflammation of the aorta (aortitis).** Inflammation of the aorta (the large blood vessel which transports blood from the heart to the body) has been reported in patients who received Neulasta®. Symptoms may include fever, abdominal pain, feeling tired, and back pain. Call your healthcare provider if you experience these symptoms.

The most common side effect of Neulasta® is pain in your bones, and in your arms, and legs.

These are not all the possible side effects of Neulasta®. For more information, ask your healthcare provider or pharmacist.

What are the ingredients in Neulasta®?

Active ingredient: pegfilgrastim

Inactive ingredients: acetate, polysorbate 20, sodium and sorbitol in Water for Injection

AMGEN

Manufactured by:
Amgen Inc.
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Thousand Oaks, California 91320-1799
www.neulasta.com
1-800-77-AMGEN (1-800-772-6436)

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Outsmarting the *other* side effects of chemo

Don't let these side effects of chemo catch you by surprise. Here's what to know to stay well—and stay on track.

Depression

Simply having cancer can make you feel down, but some chemotherapy medications can also increase your risk of depression.

- **Report:** Persistent sadness or hopelessness, suicidal thoughts.
- **What your doctor can do:** Prescribe medication that can lift your low mood and/or refer you to a counselor for help.
- **What you can do:** Reach out to others for support, rest when you need to, eat well and exercise when you feel up to it.

Peripheral neuropathy

Some chemo drugs can damage nerves in hands and feet, which is known as peripheral neuropathy.

- **Report:** Numbness, tingling or “pins and needles” sensation in your hands and feet, loss of balance.
- **What your doctor can do:** Prescribe a pain reliever or adjust your chemo medications.
- **What you can do:** Avoid extreme temperatures and protect hands and feet.

Chemo brain

Some patients say they feel like they're in a fog, forget things or struggle to express themselves. (The condition usually disappears after treatment ends but can persist if *both* radiation to the brain and chemo are given.)

- **Report:** Symptoms that interfere with your life, such as memory lapses. (They may also be due to stress, sleep problems and other therapies.)
- **What your doctor can do:** Refer you to a doctor who can test your brain function or to a therapist who can offer coping strategies.
- **What you can do:** Get more sleep, try brain-boosting activities, exercise and don't multitask. 🧠

Infection ALERT!


Undergoing chemo can save your life. However, it also raises your risk of infection—the No. 1 reason why people have to interrupt chemo. Here's how to stay healthy.



When you receive chemo, your body is not always able to fight off infections the way it normally would. That's because the therapy can lower your number of neutrophils (infection-fighting white blood cells) to dangerous levels, a condition known as neutropenia. "Only a small percentage of people develop this problem, but there isn't a way to know in advance who will fall into that group," says Lillie Shockney, RN, BS, MAS, administrative director of the Johns Hopkins Breast Center and Cancer Survivorship Programs. When neutropenia occurs and can't

be corrected, your doctor may delay your next treatment or order a dosage reduction. "That's worrisome because studies demonstrating the benefits of chemo are based on taking it on schedule and at its full strength," says Shockney. And if you develop an infection, "You may need to be hospitalized for a few days—so preventing or reversing neutropenia is critical."

TO STAY SAFE...

- 1. Know your risk.** People over age 65 are more likely to develop neutropenia and infection. A white blood cell booster is often given on the first chemo cycle to these individuals; younger people may receive the booster on a later cycle if neutropenia develops.
- 2. Keep it in check.** Ask your oncologist what you can do to avoid infection and remain on track with your chemo.
- 3. Be alert for the signs of infection.** Refer to the opposite page for signs that warrant an immediate call to your doctor. 

FEVER? Act quickly!
It's a medical emergency
if it's 100.5°F or higher!

1. Call your doctor right away.
2. If you can't reach your doctor, go to the ER. Tell them you're on chemo and have a fever.

Are you at risk for infection?

Check the boxes that apply to you and share this page with your healthcare team.

- | | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I have had chemo and/or chemo-induced neutropenia in the past. | <input type="checkbox"/> I have chronic obstructive pulmonary disease (COPD). | <input type="checkbox"/> Blood tests have shown low albumin levels. |
| <input type="checkbox"/> I have had or am having radiation therapy for my bones. | <input type="checkbox"/> I have heart disease. | <input type="checkbox"/> I have liver disease. |
| <input type="checkbox"/> I have diabetes. | <input type="checkbox"/> I have low blood pressure. | <input type="checkbox"/> I have kidney disease. |
| <input type="checkbox"/> I am older than 65. | <input type="checkbox"/> I have anemia. | <input type="checkbox"/> I have a condition that compromises my immune system (such as HIV). |
| <input type="checkbox"/> I haven't seen a dentist in years (and may have an infection brewing). | <input type="checkbox"/> I have an open wound or infection. | |

Watch for these signs

Use this daily checklist to spot signs of infection. **Call your doctor immediately** if you experience any of the following:

- | | | |
|------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Fever of 100.5°F or higher | <input type="checkbox"/> Rash or redness | <input type="checkbox"/> Sinus pain or pressure |
| <input type="checkbox"/> Chills or shaking | <input type="checkbox"/> Painful urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Unusual sweating | <input type="checkbox"/> Bloody or cloudy urine | <input type="checkbox"/> Stiff neck |
| <input type="checkbox"/> Cough or bringing up sputum | <input type="checkbox"/> Diarrhea with fever | <input type="checkbox"/> Redness or swelling around a port |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Earache | |

IMPORTANT: Do not take aspirin, acetaminophen, ibuprofen or other drugs for fever without telling your healthcare provider.

■ Write the number to call in an emergency here: _____

Keep your chemo

BEFORE CHEMO BEGINS

- ❑ **Get regular care and screenings.** That includes any dental work or health exams you need.
- ❑ **Fill all prescriptions** your doctor has given you (e.g., anti-nausea meds). Ask your doctor or chemo nurse when you need to start taking them.
- ❑ **Consider having a port implanted.** But tell your doctor if you have any metal in your body (e.g., dental implants or joint replacements). Infection around the port could travel to the implant.
- ❑ **Take steps to avoid pregnancy** (if you are of childbearing age).
- ❑ **Do family planning** if you'd like to have children after treatment. Ask your doctor if there are steps you need to take.
- ❑ **Check on your health insurance.**

BEFORE EACH SESSION

- ❑ **Take steroids now,** if your doctor has prescribed them. Steroids help prevent allergic reactions.
- ❑ **Get hydrated!** The chemo nurse will find your veins more easily.
- ❑ **Eat your usual meals,** unless your doctor tells you otherwise. Avoid spicy, fried or acidic food.
- ❑ **Get the help you need for today's infusion.** Delegate dinner prep or pickup. Ask others for help with errands.
- ❑ **Dress in loose, comfortable clothing** that permits easy access to your arms or chest (if you have a port).
- ❑ **Pack a chemo bag.** See p. 10 for ideas.
- ❑ **Take a deep breath!** Or meditate or do yoga (if your doctor says it's okay) to calm any pre-chemo anxiety.

DURING EACH SESSION

- ❑ **Ask for anything you need.** Request a snack if you're hungry, a blanket if you're cold or a magazine if you're bored.
- ❑ **Ask what side effects you should report** during your infusion, such as pain or swelling at the IV site.
- ❑ **Visualize your chemo working!** Envision the chemo drugs searching and destroying cancer cells. Studies show visualization may help relieve anxiety, boost your spirits and even rev up your immune system temporarily. It could help you walk out of your session feeling more in control.



on track

Staying on schedule can help you get the most out of your treatment—and little things can help! Read on for tips to help you before, during and after chemo.

BEFORE YOU LEAVE

- ❑ **Get post-infusion medication instructions.** Find out when to take anti-nausea meds, for example.
- ❑ **Ask if you'll need a shot to boost your infection-fighting white blood cells.** Your doctor has to prescribe it. Ask when you may be at your highest risk for infection and what you can do to avoid it.
- ❑ **Find out about side effects you should watch for**—and what you should call your doctor about. Mouth sores, severe nausea, “flushing” and fever are common reasons to call your doctor.
- ❑ **Double-check the date and time of your next appointment.** Then mark it on your calendar.

BEFORE YOUR NEXT VISIT

- ❑ **Wash your hands frequently to avoid infection;** consider using antibacterial soap. Also, stay away from sick people when your white blood cell counts are low, between seven and 12 days after your infusion. Wash raw produce and cook eggs and meat thoroughly.
- ❑ **Watch for signs of infection,** including redness or swelling around the infusion site, and call your doctor immediately should they arise. (See pp. 20-21 for more information.)
- ❑ **Take care of your skin.** Chemo can cause it to dry out. Use lotion and lip balm.
- ❑ **Keep a log.** Record symptoms and discuss them with your care team. Take your log along when traveling.



Everyday ways to thrive during chemo

Diana, Blake and Tiah share what helped them stay strong during chemo. Ask your healthcare team if their strategies can help you, too!

“Do what you can to feel your best”

DIANA SLOAN

Since her diagnosis with colorectal cancer in 2012, Diana has been on “some kind of chemo since 2013.” She lives with her husband, Heath, and her children, Maria, Gabriella and Brianna, in Virginia.

Keep a good attitude

“You have to remind yourself this is temporary,” says Diana. “Chemo can weigh heavily on you. I tell myself, *Okay, I’ll start to feel better in a day or two. Focus on: I know the good days are coming!*”

Speak truthfully to your children

Diana and her husband decided that they shouldn’t hide things from their children. “I told them: ‘There are things in my body that don’t belong there. And the medicine that I have to take to get rid of those things will make me pretty sick, but I’ll feel better after a few days.’ During chemo, I encouraged them to relax and snuggle with me—I didn’t want to be closed off from them—but told them I’d be tired and needed them to ask someone else to play with them.”

Experiment with your support meds

“Sometimes you’re going to have to try different meds to find out what



works best,” says Diana, who has tried a number of different anti-nausea and anti-diarrheal drugs over the years. “I found one med could work well on one type of chemo, but not on another. Be honest with your doctor—they don’t want you to suffer needlessly.”

Focus on nutrition (and hydration)

“On meds that suppress your appetite, you have to work harder to eat and stay hydrated. I set alarms to remind myself to eat and drink. Little snacks help keep your energy up. I pick things that are easy to digest. Potatoes have been my go-to. I do baked or mashed and skin on, because that’s where the nutrients are.”

Pay attention to side effects

“Trying to tough it out can be dangerous,” says Diana, who ignored a pain in her side for a day before it became so intense, she went to the doctor. “It turned out I had a pulmonary embolism. I was admitted and put on a blood thinner. I’d been doing chemo for a month—blood clots can be a side effect.”

Tell people what you need

“So many people want to help you and will do anything they can to make life easier for you. Tell them what you need! People *will* show up for you.”



PHOTO BY AJ WEBER PHOTOGRAPHY

“Master your chemo days”

BLAKE LYNCH

Blake was diagnosed with testicular cancer after graduating law school in July 2015. He lives in Pittsburgh, PA

Read!

“I refused to dwell on the disease, even while in a hospital bed,” says Blake, who found reading a great distraction. “The first week in the hospital, I read about 30 books [Yes, 30!]*—*cultural studies, novels, Stephen King, a lot of nonfiction, true crime, philosophy. Even my oncologist brought me books—he’d laugh and say there was clearly nothing wrong with my *brain*.”

Turn the page for more tips. ▶





Create an anthem

“Hard rock is not a bad thing to listen to during chemo—anything loud and headstrong and bold or brash,” says Blake, who made AC/DC’s *Rock or Bust* his “personal anthem.” “Music was really important,” he says. “When I had to inject a steroid, David Bowie’s *Station to Station* was part of the ritual.”

Mask nauseating smells

“Certain smells would trigger vomiting,” says Blake. “So before an infusion, I’d coat my nose with Vicks VapoRub. I’d also douse a handkerchief in perfume and put it in a baggie that I took with me to infusions. When necessary, I held it to my nose.”

Lean on your loved ones

“My father was my rock. He was the one who figured out the game plan for everything,” says Blake. “He came with me to doctor appointments and chemo infusions. He was there when it started and ended. I leaned on him a lot.”

“Have faith in your healing”

TIAH TOMLIN

Tiah finished treatment for triple negative breast cancer in 2016. She hosts a support group for Atlanta-area breast cancer survivors, both in person and on Facebook.

Lean on your faith

When Tiah learned she had breast cancer, she went into her bathroom and cried. “It was as if the Lord began speaking to me: *Get up and fight*. I surrendered. My faith is my healing power.”

Envision yourself healed

“No matter what the reports said or how I felt, I had to see myself healed,” says Tiah, who prayed regularly and visualized herself healthy. “It was important to see myself on the other side [of cancer].”

Text your support

“Every Wednesday throughout my entire treatment period, my father would send out a support text which went to me and to family members, church members and friends,” says Tiah. “It would be a word of encouragement or a piece of scripture. And people would



respond and love up on me from a distance. I was just grateful!”

“Get help for constipation”

Tiah experienced such severe constipation that it forced her to see her doctor. “They gave me fluids and had me take a lot of magnesium citrate to move things along. I also found it helpful to massage my abdomen with oils, and to eat and juice a lot of fruits and vegetables.”



Soothe yourself

“I’d sit in a hot tub for hours,” says Tiah, who found that a warm soak eased the neuropathy in her hands and feet. “I’d let the water out and

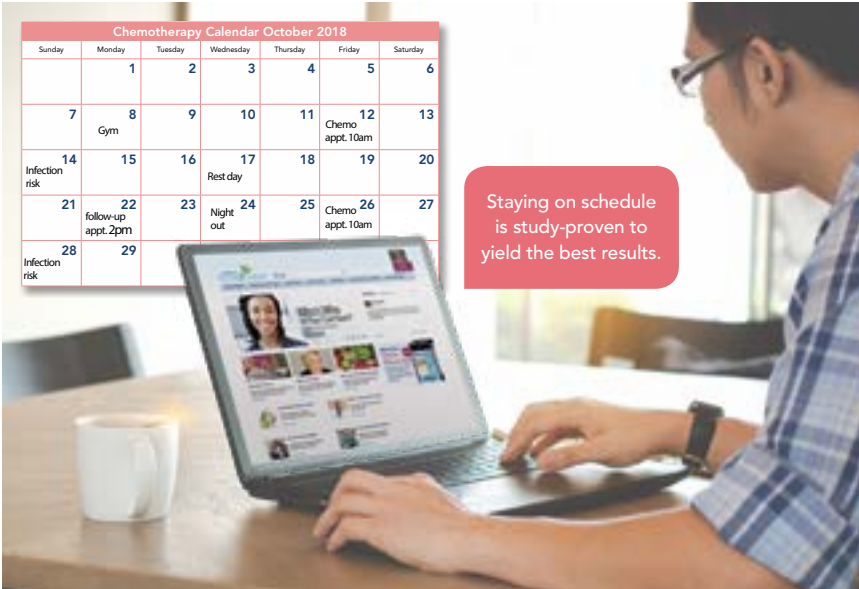
then run some more. I’d use lavender oil and Epsom salts, but it was the hot water that helped with the pain. I also bought the kind of foot massager chiropractors use and paraffin wax to put my hands and feet in to give me relief.”

Connect with others in treatment

“As I went through my own journey, I’d talk to people—from ladies sitting in the chair beside me in chemo to support group members at the community center,” says Tiah. “I saw what the connection did for me.” So she started a group on Facebook for African American women also in treatment. The group now meets in person once a month. 📍

DISCOVER Guide2Chemo.com

Chemotherapy Calendar October 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8 Gym	9	10	11	12 Chemo appt. 10am	13
14 Infection risk	15	16	17 Rest day	18	19	20
21	22 follow-up appt. 2pm	23	24 Night out	25	26 Chemo appt. 10am	27
28 Infection risk	29					



Staying on schedule
is study-proven to
yield the best results.

Just a click away, you'll find...

- A personalized chemo calendar. More than an appointment reminder, your chemo calendar will guide you to what you should (and shouldn't) do between chemo sessions.
- Expert tips for reducing the risk of infection—the No. 1 reason patients go off schedule.
- Practical ways to get relief from chemo side effects.
- Strategies for communicating well with your healthcare team.
- Resources for everything from wigs to insurance assistance.

“Cancer changed us!”

“Find the blessings”

“Cancer, for me, as hard as it is, has been a blessing. It has changed who I am as a human being forever. It’s altered my life in ways I can’t even speak of....it tears you down and builds you, and tears you down and builds you.”

—**Actress Shannen Doherty**, who received chemotherapy after she was diagnosed with breast cancer in 2015



“Claim your new mission”

“Cancer gave me a new reason to want to live. And it gave me a new mission as a human being about the relationships that I would develop with other people.”

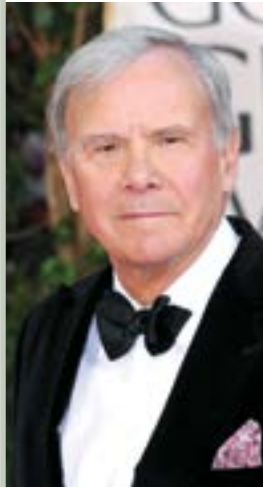
—**Tom Brokaw**,
Special Correspondent, NBC News; former anchor and managing editor, NBC Nightly News



“Know you can do this”

“I want to let people know it is absolutely possible to get through something like this. I want people to know they are not alone.”

—**Actress Brittany Daniel**, who received chemotherapy after her diagnosis with non-Hodgkin’s lymphoma in 2011



Conquer yo nutrition

PROBLEM

“I’m nauseated.”

SOLUTION

• **Graze on low-fat foods**

Eat small frequent meals, and pick lower-fat foods that digest well, advises Tiffany Barrett, RD, of the Winship Cancer Institute at Emory University. “Plain chicken breast works.”

Also: Avoid letting your stomach get too empty, or too full, says Barrett. “If you get too empty, your stomach creates more acid. If you get too full, you won’t be able to digest it as well!”

• **Wake up nauseated?**

“Eat toast or crackers, and wait a bit until you can handle more,” says Barrett.

» **TIP!** “Don’t lie down after you eat,” says Barrett. “A light stroll helps with digestion.”

WEB EXTRA!

Find out five nutrients you need during chemo at Guide2Chemo.com/Nutrients

ur hurdles



Chemotherapy kills cancer cells, but it can kill your appetite, too. Yet nutritious foods help boost your immune system and keep you strong. So think of a balanced diet as another part of your treatment plan, and take a cue from oncology nutritionists on overcoming these common challenges:

PROBLEM

“I have diarrhea.”

SOLUTION

- **Try the BRAT diet!** “Some medications, such as chemotherapy drugs and antibiotics, can cause diarrhea,” says Natalie Ledesma, RD, at the University of California at San Francisco Helen Diller Family Comprehensive Cancer Center. “But the BRAT diet—bananas, rice, applesauce and toast—can help. Also, drink plenty of liquids to replace the fluid you’re losing,” says Ledesma, who also advises steering clear of gas-producing foods such as broccoli, onions and beans. “Now is not the time to eat raw vegetables, particularly raw leafy greens, nor the skins, seeds and stringy fibers of unpeeled fruit.”

PROBLEM

“My mouth is sore.”

SOLUTION

- **Avoid foods that are acidic, salty, spicy or scratchy.** Skip citrus, pickles, tomatoes, crackers, toast and cereal.
- **Choose bland, soft and easy to swallow.** “Mouth sores tend to occur within a week of your first treatment,” says Julie Lanford, RD, wellness director for Cancer Services Inc. (cancerdietitian.com). “Choose non-irritating foods, like soups, smoothies, potatoes and eggs.”



» SORE MOUTH?

Mix until dissolved: 1 tsp baking soda and $\frac{3}{4}$ tsp salt in 1 qt. water. Swish and spit.

PROBLEM

“My mouth is dry.”

SOLUTION

- **Drink up!** “Some chemo medications can damage your salivary glands,” says Lanford. To the rescue: fluids! Drink 8 to 10 cups each day and rinse your mouth before bedtime. “Water is best, but if you need the calories, have watered-down juice,” says Lanford. Other options: Moisten your food with sauce, oil or gravy.



- **Dodge dry mouth!** “At bedtime, swish with some olive oil or let a pat of butter soften in your mouth—then spit,” says Lanford. “It will coat your mouth so it doesn’t dry out.”

The help you need *now!*

Visit Guide2Chemo.com/Resources to access these helpful organizations—your source for services, classes, travel and more!

American Cancer Society

The American Cancer Society's mission is to save lives, celebrate lives and lead the fight for a world without cancer. While most people know us for our research, we do so much more. We attack cancer from every angle. We promote healthy lifestyles to help you prevent cancer. We research cancer and its causes to find more answers and better treatments. We fight for lifesaving policy changes. We provide everything from emotional support to the latest cancer information for those who have been touched by cancer. And we do it all 24 hours a day, 7 days a week. Call us 800.227.2345 or visit: www.cancer.org



- **National Coalition for Cancer Survivorship**
www.canceradvocacy.org
- **Living Beyond Breast Cancer**
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- **Cancer Care**
www.cancercare.org
- **Partnership for Prescription Assistance**
www.pparx.org
- **Look Good Feel Better**
lookgoodfeelbetter.org

