

Welcome

to your cancer drug treatment record. When you're first diagnosed or start a new treatment, the amount of information can feel overwhelming.

This booklet will help you to track your treatment and progress. Ask a relative or friend to help you complete it. And ask one of your nurses if you don't understand any of it. You don't need to read it all at once and some of it won't be relevant to you.

To help your doctors and nurses:

- make a note of any side effects you have during treatment
- write down any medicines you regularly take
- write down any questions that you want to ask
- bring this booklet to your appointments

Your doctor or nurse can use this booklet to:

- track and record details of your treatment

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Please see full table in **section 6** if you are concerned about side effects.

Details about you and your treatment



Types of treatment



There are different types of cancer drugs. You might hear this treatment called systemic anti-cancer treatment (SACT).

The type of treatment you need depends on:

- your type of cancer
- what the cancer cells look like under a microscope
- changes in the genes
- whether the cancer has spread
- your general health

Before you have some types of cancer drugs you might need to have tests on your cancer cells to find out whether the treatment is likely to work. These tests look for changes in certain proteins or genes.

How you have your cancer drugs depends on the type of medicine you are having and your type of cancer.

Chemotherapy

Chemotherapy means using drugs to kill cancer cells. Chemotherapy circulates throughout your body in the bloodstream, so it can treat cancer cells almost anywhere in the body.

Chemotherapy kills cells that are in the process of splitting into 2 new cells. You usually have the drugs as an injection or drip into your bloodstream. But you might have them as a tablet that you swallow or as an injection under your skin. You might have just one drug or a combination of drugs.

Immunotherapy

Immunotherapy works by helping the immune system recognise and attack cancer cells.

There are different types of immunotherapy and they work in slightly different ways. The type you need depends on your type of cancer. You have immunotherapy either as a drip into your bloodstream or as an injection just under your skin.



Other anti-cancer drug treatments

There are other types of drug treatment you might have as part of your treatment.

They include:

Targeted cancer drugs

Targeted cancer drugs work by 'targeting' the differences in cancer cells that help them to survive and grow. There are different types of targeted treatments. The type you need depends on your cancer type as well as the changes in the cell.

Hormone therapy

Hormone therapy blocks or lowers the amount of hormones in the body to stop or slow down the growth of cancer. You have hormone therapy as a tablet that you swallow or as an injection into your muscle or just under your skin.

Name of drug	Type of treatment	Purpose

For more information about different cancer drugs please visit: cancerresearchuk.org/about-cancer OR macmillan.org.uk

How you have treatment

The way you have your cancer drug treatment depends on:

- the type of cancer you have
- where the cancer is in the body
- the particular drug or drugs you're having

The most common ways are:

- directly into the bloodstream as an injection or through a drip (intravenously), often using an infusion pump
- taking them as tablets or capsules – by mouth

Treatment into your bloodstream

One of the most common ways of having cancer drug treatment is directly into your bloodstream. This is either as an injection or through a drip (intravenously), often using an infusion pump. There are several different ways of getting the drugs directly into your bloodstream.

You can have them through:

- a small tube put into a vein in your hand or arm (a cannula)
- a central line put into a vein in your chest through your neck or chest
- a PICC (peripherally inserted central catheter) line put into a vein in your chest through your arm
- a portacath, which is also called a port or totally implantable venous access device (TIVAD)

Your nurse will tell you how to look after your line/tube/device.

NOTES



Taking tablets

For a medicine to work as it should, you need to take the right dose at the right time and take it according to the instructions.

This is the same whether it is anti-cancer medicines or medicines to help with side effects.

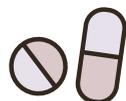
What affects how medicines work?



- Taking them at the correct time helps to make sure you have the right level of drug in your body.
- Finishing the course of treatment.
- What you eat and drink – some work better on a full stomach, others on an empty one and for some you need to avoid certain foods.
- Stomach upsets can affect how much of a drug you absorb.
- Other medicines you are taking.
- How you store your medicine.
- The use by date – if the drug is out of date it might not work as well as it should.

It helps to find out:

- why you're taking the medicines – if you know what they are for and how important it is, it will help you to remember to take them
- how long you need to take them for
- about possible side effects and who to tell if you have any
- what to do if you miss a dose
- how to keep your medicines eg. should you keep them in the fridge or at room temperature



“It's ok to ask for help”

Talk to your doctor, nurse or pharmacist if you have any side effects, if you're unsure how to take your medicines or if you have any questions.

TIP: Use page 11 to show your team which drugs you are taking.

We all forget to take medicines sometimes. Here are some tips to help you remember.

- Write down when you need to take them and any instructions you need to follow.
- Use a pill box – this is especially useful if you have several tablets to take.
- Set an alarm on your mobile or alarm clock for when you need to take the next dose.
- Download a reminder app to your mobile.
- Make a chart – list your drugs and times you need to take them and days of the week. You or your carer could tick them off when you have taken them.
- Plan ahead so you don't run out of medicines – ask for more in plenty of time.



Medicines to reduce side effects

You might have some medicines to reduce the risk of side effects. For example, anti-sickness tablets with some types of chemotherapy and medicines to reduce the risk of constipation.

Take these regularly even if you are feeling well, as they might be helping prevent symptoms or side effects.

Please note:

Before you take paracetamol, check your temperature – it can hide symptoms of infection. If your temperature is 37.5°C or above, or below 36°C, phone your advice line. **See section 6.**



Call your advice line if you forget to take your medicines and you aren't sure what to do.



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A series of horizontal dotted lines for writing notes on page 19.

Treatment records



How to use this section

The aim of the following treatment records is for you to monitor and record any side effects, and to know when to contact your advice line.

Each record is for a cycle or round of treatment. It includes information about the treatment you are having, the tests you need before your next treatment and any special instructions, eg. any medicines you are taking at home. There is also space to record blood test results. The results of blood tests might affect when you have your next treatment.

You can use the charts to tick and date when you have side effects. You can also make notes about the side effects and what helped. Filling this out will help you and your team manage any side effects you are having.

The section about side effects has tips on managing some side effects. We haven't included tips for every side effect so do ask your team if you have one that we haven't covered.

Traffic light assessment

The traffic light assessment chart helps you check whether you need to contact your advice line if you have side effects. There is a more detailed version at the back of this booklet.

If you have any of the red side effects, you must contact your advice line **IMMEDIATELY** for advice. They may ask you to go into hospital or to dial 999.

If you have 2 amber side effects, it's the same as a red side effect and you should call your advice line immediately.

Green side effects probably mean that the side effect is manageable, and you should tell your team at your next appointment. Call your advice line if it gets worse or you are concerned.

Blood tests

You have blood tests to check that it is safe for you to have treatment. You usually have cancer drugs such as chemotherapy in cycles over several months. A series of cycles is called a course of treatment.

Cancer drugs, particularly chemotherapy, not only kill cancer cells but can also lower the number of blood cells. This makes you at higher risk of infections, bleeding and feeling breathless.

So, you have blood tests before you have each cycle of treatment. This usually includes checking:

- the number of the different blood cells in your blood (FBC)
- that your liver and kidneys are working normally (liver and kidney function tests).

A full blood count (FBC) blood test includes looking at the number of:

- white blood cells that fight infection – you might hear this called your white blood cell count (WBC) – these include a type of white cell called neutrophils
- red blood cells – this is called your red blood cell count (RBC) - these cells carry oxygen around your body
- platelets that clot your blood

If your blood counts are too low, then your next treatment will be delayed. You'll need another blood test about a week later to check if it is safe for you to have treatment.

If the tests to check your liver and kidneys show that there have been changes in how well they're working, your doctor may need to change the dose of your treatment.

Your treatment record

Date

Blood test results:

Name of test	Result

See page 23 for information about blood test results.

Weight

Treatment

Tests before your next treatment

Special instructions/comments (eg. take-home medication)

Some medicines cause unwanted reactions known as side effects. It is very important to report any side effects.

Please see full table in **section 6** if you are concerned about side effects.



Your treatment record

Call your 24 hour advice line immediately or call 999 if told to do so (your advice line number is inside the front cover)

- Chest pain.
- Difficulty breathing.
- Generally unwell.
- Shivery episodes or flu-like symptoms.
- Temperature above 37.5°C.
- Temperature below 36°C.
- Being sick (vomiting).
- Diarrhoea (4 or more loose bowel movements in 24 hours).
- Bleeding or unusual bruising.
- Swollen or painful legs.
- Sore mouth that stops you eating or drinking.

Call your advice line within 24 hours, but call immediately if your symptoms get worse

- Sore mouth but can still eat and drink.
- Itchy or painful skin changes.
- Sore, watery eyes.
- Increase in pain.
- Constipation.
- Feeling sick (nausea).
- Diarrhoea (2 to 4 loose bowel movements in 24 hours).

Be vigilant and if things get worse or continue, contact your 24 advice line

- Tiredness.
- Skin changes that are not itchy or painful.
- Mood changes.
- Difficulty in coping with the treatment.
- Loss of appetite.



Amber + Amber = Red

2 Ambers are the same as a Red

Your treatment record

Record by ticking and writing more detail when you are having these side effects, or any others.

Your side effects

Mild Severe

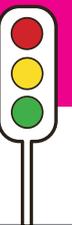
Cycle number

.....

Signs of infection eg. shivery	<input type="checkbox"/>					
Abnormal temperature	<input type="checkbox"/>					
Generally unwell	<input type="checkbox"/>					
Numbness and weakness	<input type="checkbox"/>					
Reduced energy levels	<input type="checkbox"/>					
Bleeding and bruising	<input type="checkbox"/>					
Diarrhoea	<input type="checkbox"/>					
Feeling sick or being sick	<input type="checkbox"/>					
Sore mouth	<input type="checkbox"/>					
Shortness of breath	<input type="checkbox"/>					
Pain	<input type="checkbox"/>					
Skin rash or nail problems	<input type="checkbox"/>					
Constipation	<input type="checkbox"/>					
Loss of appetite	<input type="checkbox"/>					
Sore hands and feet	<input type="checkbox"/>					
Mood (feeling low)	<input type="checkbox"/>					
Eye problems	<input type="checkbox"/>					
Other	<input type="checkbox"/>					

Your treatment record

Notes: Include the date, details of the side effect and what you did. Contact your advice line if any of the side effects are **Amber** or **Red**.



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Blood test results:

Name of test	Result

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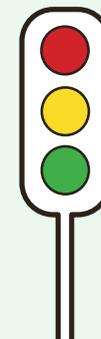
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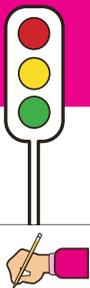
Mild Severe

Cycle number
.....

Signs of infection eg. shivery	<input type="checkbox"/>					
Abnormal temperature	<input type="checkbox"/>					
Generally unwell	<input type="checkbox"/>					
Numbness and weakness	<input type="checkbox"/>					
Reduced energy levels	<input type="checkbox"/>					
Bleeding and bruising	<input type="checkbox"/>					
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Your treatment record

Date

Blood test results:

Name of test	Result

See page 23 for information about blood test results.

Weight

Treatment

Tests before your next treatment

Special instructions/comments (eg. take-home medication)

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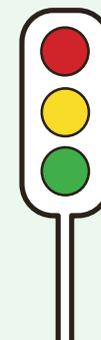
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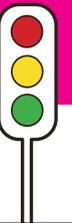
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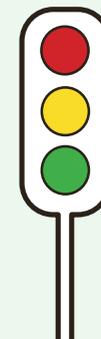
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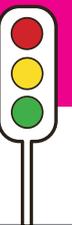
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Side effects and what to look out for



Side effects vary from person to person and depend on the medicines you are taking. Not all cancer drugs cause hair loss or sickness for example.

You might get only very mild side effects. And you might get just one or a few side effects. It's not possible to say before you have a drug:

- whether you will have a particular side effect
- when the effect will start or stop
- how you will be affected

Side effects depend on many things including:

- which drugs you are taking
- how long you have been taking the drug
- your general health
- the dose (amount of drug)
- the way you take the drug (for example, as a tablet or injection)
- other drugs or cancer treatments that you're taking

Ask your doctor, nurse or pharmacist to write down the names of your drugs so you know what you're taking and possible side effects.

What you need to know

- Many side effects are inconvenient or upsetting, but are not harmful to your health.
- Discuss your side effects with your doctor, nurse or pharmacist – often they can be reduced.
- Phone your cancer hospital and speak to a cancer specialist doctor or nurse urgently if you are worried about a side effect.
- Most side effects don't do any lasting harm and will gradually go away after your treatment finishes.
- If you don't get side effects, it doesn't mean that your treatment isn't working.
- If you have a pre-existing problem that gets worse don't ignore it, contact your advice line.
- There are lots of things that you and your team can do to help you cope with side effects.

There is information on the next few pages about some of the side effects you might experience, when to contact your advice line and tips on coping. We haven't included all side effects. Ask your team for information about possible side effects of your treatment and when you should contact your advice line. You can also get more information from **Cancer Research UK and Macmillan**.

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- Being sick (vomiting).
- Diarrhoea (4 or more loose bowel movements in 24 hours).
- Bleeding or unusual bruising.
- Swollen or painful legs.
- Sore mouth that stops you eating or drinking.

Call your advice line within 24 hours, but call immediately if your symptoms get worse

- Sore mouth but can still eat and drink.
- Itchy or painful skin changes.
- Sore, watery eyes.
- Increase in pain.
- Constipation.
- Feeling sick (nausea).
- Diarrhoea (2 to 4 loose bowel movements in 24 hours).

Be vigilant and if things get worse or continue, contact your 24 advice line

- Tiredness.
- Skin changes that are not itchy or painful.
- Mood changes.
- Difficulty in coping with the treatment.
- Loss of appetite.



Amber + Amber = Red

2 Ambers are the same as a Red

Infections can be a serious problem during some cancer treatments. Even those that seem to be minor infections can quickly become life-threatening.

Contact your advice line immediately if you have any symptoms of infection – you may need antibiotics by injection or through a drip straight away.



By picking infections up early you can prevent problems. This includes sepsis (blood poisoning), which is a complication of infection. It's when the body reacts to an infection and attacks its own organs and tissue. This is more likely with chemotherapy than with targeted treatments and immunotherapy.

Your risk of getting an infection is usually highest when your neutrophils (white blood cells that fight infections) are at their lowest. The exact time can vary so ask your clinical team when you will be at most risk.

Signs of infection

- Feeling generally unwell – not able to get out of bed.
- Change in temperature – 37.5°C or higher OR below 36°C.
- Flu-like symptoms – feeling cold and shivery, headaches, aching muscles.
- Coughing up green phlegm.
- A sore throat.
- Throbbing, painful tooth.
- Pain passing urine, going more often, cloudy or foul-smelling urine.
- Diarrhoea – 4 or more loose, watery bowel movements in 24 hours.
- Skin changes – redness, hotness, swelling or pain.

Can I reduce my risk of infection?

You can't prevent your neutrophil count from dropping. The most important thing you can do to reduce your risk of developing SEPSIS from an infection is to call your advice line straight away.

You can help yourself **before** treatment by:

- having a dental check
- buying a thermometer
- talking to your doctor or nurse about getting the flu vaccine
- telling your family and friends and work colleagues about your risk of SEPSIS

You can help yourself **during** treatment by:

- brushing your teeth with a soft toothbrush at least twice a day and preferably after every meal and at bedtime
- avoiding people who are obviously sick (eg. people with chicken pox, shingles, diarrhoea or fever)
- washing your hands before eating or handling food, after using the toilet and after contact with animals
- using gloves for gardening and anything else where you might cut yourself
- cooking food properly and storing it at the correct temperatures

Don't be afraid to live your life as normal. You do not need to avoid crowded places or stop seeing family and friends unless specifically advised to do so by your clinical team. Infections during chemotherapy are usually caused by bacteria naturally present in your own body.

Call 999 if you have any of these symptoms of SEPSIS:

Slurred speech or confusion
Extreme shivering or muscle pain
Passing no urine (in a day)
Severe breathlessness
It's the worst you've ever felt
Skin that's mottled or discoloured

For more information about sepsis, ask your nurse for a leaflet about it.

Side effects Blood clots ⚠️

People with cancer are at a higher risk of developing blood clots. The medical name for a blood clot is a thromboembolism or a deep vein thrombosis (DVT).

Contact your doctor or nurse immediately if you have any of these:

Symptoms of deep vein thrombosis:

- pain, redness and swelling around the area where the clot is
- the area around the clot may feel warm to touch

Symptoms of a clot in the lung:

- breathlessness
- pain in your chest or upper back – Dial 999 if you have chest pain
- light headedness
- coughing up blood

What is a blood clot?

Blood clots form when blood cells stick together and block vessels. The most common place for them to develop is in the leg. A blood clot can be very serious if it starts to move through your body because it can end up causing a blockage in your heart or lungs, although this is uncommon.

Tips for preventing DVT

- Take short walks as often as possible to keep the blood moving.
- Do simple leg exercises like bending and straightening your toes every hour if you can't move around much.
- Drink plenty of water.
- Report any symptoms to your doctor or nurse, or call your advice line straight away.
- If you have a central line (including PICC lines), ask your nurse to check it regularly. If you have a PICC line, watch out for a swollen arm.

Treatment

Most clots can be successfully treated. Drugs that help thin your blood called anticoagulants are the main treatment. You have these as an injection just under the skin or as a tablet.

Side effects Diarrhoea

Bowel habits vary. Tell your doctor or nurse as soon as possible if you have changes in your bowel habits that might be due to your treatment.



Some cancer drugs can cause severe diarrhoea and tummy (abdominal) pain. This can be life-threatening. Contact your advice line if you have had 4 loose, watery stools in 24 hours or you have abdominal pain.

What can help with diarrhoea?



Eat less fibre
(avoid raw fruit, juice, cereals and vegetables)



Drink plenty of liquid to replace the fluid lost from diarrhoea



Take anti diarrhoea medicines that your doctor prescribes



Contact your doctor if you have 4 episodes or more in a day

Side effects Constipation

Some anti-cancer drugs, anti-sickness drugs and painkillers can cause constipation.

Tell your doctor or nurse, or call your advice line if you are constipated for more than 3 days. Constipation is easier to sort out if it's treated early.

What can help with constipation?



Prune juice and hot drinks can help to make your bowels work



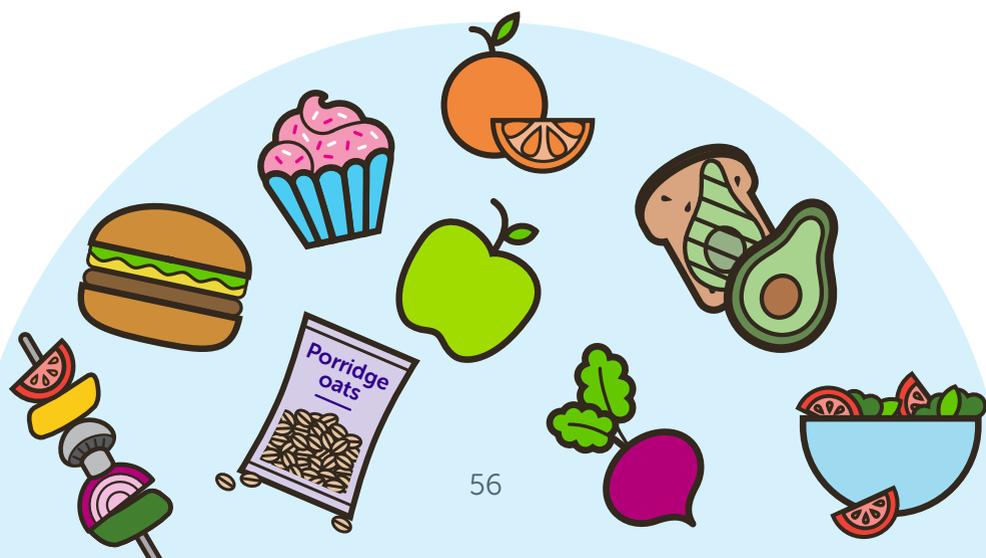
Drink plenty of fluids



Eat more fibre, raw fruit, cereals, fluids and vegetables



Take mild laxatives that your doctor prescribes



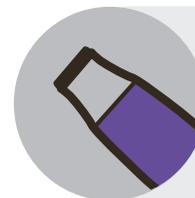
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Side effects Mouth care

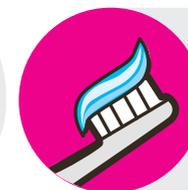
Some drugs can cause a sore mouth and throat. By looking after your mouth and sticking to a routine you can reduce the risk of a sore mouth, infections and not being able to eat.

TIPS

- Check your mouth every day for changes.
- Brush your teeth with a soft toothbrush at least twice a day and preferably after every meal and at bedtime.
- Talk to your doctor about flossing.
- Avoid mouthwashes that contain alcohol.
- Eat soft, moist foods and avoid food and drinks that irritate your mouth including alcohol.
- Chew sugar-free gum or suck sweets.
- Drink plenty of fluids.
- Use a saliva substitute.
- Use lip balm to keep your lips moist.
- Use a salt-water mouthwash – mix one teaspoon of salt in one glass of tepid water (don't swallow it).



Drink plenty of fluids



Brush your teeth at least twice a day

Tell your doctor or nurse if your mouth becomes very sore, dry or you have ulcers. Early treatment can stop it getting worse.

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Cancer treatment can cause changes to your skin. This includes rashes, irritation, blistering, pain, redness and sensitivity to sunlight.

TIPS

- Check with your doctor whether you need to do anything to protect your skin.
- Tell your doctor if you have any rashes or itching.
- Moisturising with unperfumed lotion may help.
- Don't use cream on areas being treated with radiotherapy without checking with your doctor first.
- Wear a high factor sun block if you are going out in the sun and wear a hat if you have lost any hair.
- Use nail oils or moisturising creams if your nails are flaking.



Some skin rashes need specific treatment, contact your advice line if you are concerned about a rash.

TIPS

Loss of appetite

- Eat several small meals and snacks throughout the day rather than 3 big ones.
- Ask your doctor to recommend high calorie drinks that you can sip between treatments if you are losing weight.
- Don't give yourself a hard time if you don't feel like eating in the 2 or 3 days after your treatment, as you can make up for lost calories in between treatments.
- It's very important to drink plenty, even if you can't eat.
- Don't fill your stomach with a large amount of liquid before eating.
- Try to eat high calorie foods to keep your weight up.

Taste changes

- Avoid foods that taste strange to you.
- Choose foods that have strong flavours if all your food tastes the same.
- Add flavourings such as gravies. Bottled sauces can help to add flavours to a meal.
- Try stronger versions of your favourite foods such as strongly flavoured cheese.
- Avoid your favourite foods and drinks so you are less likely to go off them for good.
- Use plastic cutlery if food tastes metallic.
- Avoid very cold or very hot foods.
- Keep your mouth clean and brush your teeth well.
- Tart foods have a strong taste. Consider citrus fruits such as lemons and oranges – this could be in yoghurts, sorbets or other foods (avoid them if you have a sore mouth).

Side effects Feeling sick (nausea and vomiting)

There are many different types of cancer drugs. Some of them might make you feel sick. If a drug can cause sickness, it doesn't mean it will make you sick. Everyone reacts differently. It's not possible to tell in advance who will feel or be sick or how it will affect you.

How you react can depend on:

- the drug or combination of drugs you are taking
- the dose
- how you react to the drug
- how you have reacted to drug treatment in the past

What can help with nausea and vomiting?



Avoid fried foods, fatty foods or foods with a **strong smell**



Eat cold or slightly warm food if the smell of cooked or cooking food makes you feel sick



Drink plenty to stop you from becoming dehydrated, but avoid filling your stomach with a large amount of liquid before eating



Eat several small meals and snacks each day and chew your food well

Side effects Feeling sick (nausea and vomiting)



Other ways to help nausea

- Set alarms to remind you to take your anti-sickness tablets.
- Avoid eating or preparing food when you feel sick.
- Relaxation techniques help control sickness for some people.

When to call your doctor, nurse or advice line:

- If you can't drink because you are vomiting.
- You are being sick a lot or if it goes on for more than one or two days.
- You suddenly start being sick for no apparent reason – for example, some time after you last had chemotherapy.



Fizzy drinks help some people with nausea



Ice lollies sometimes help relieve the feeling of nausea – orange lollies can be particularly good



Bananas can help restore the amount of potassium in your blood, which can drop if you have diarrhoea and vomiting



Ginger can help – try it as crystallised stem ginger, ginger tea or ginger ale

Side effects Fatigue

Tiredness or fatigue is a common side effect of cancer and its treatment. Fatigue means tiredness with a lack of energy. For people with cancer this can be severe and last a long time.

TIPS

- Do some gentle physical activity each day such as a short walk.
- Keep to a regular sleep routine, going to bed and getting up at the same time every day.
- If you need to nap, try to sleep for around 30 minutes.
- Get support from other people. Knowing others are there to help can be a real energy booster.
- Don't push yourself too hard. Rest when you begin to feel tired.
- Eat a well balanced diet to try to keep your energy levels up.
- Avoid alcohol and caffeine.
- Learn to manage fatigue. Get help with shopping and housework and don't try to do it all yourself.
- Maintaining your normal life as much as possible is really helpful during treatment. Use the symptom record section of this booklet to help you keep track of your good and not so good days. This might help you to plan for work or special events with friends or taking a holiday.



Tell your doctor or nurse if you have fatigue. They might be able to suggest things that can help.

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Side effects Hair loss or thinning

Not all cancer drugs cause hair loss. Some may cause thinning, others cause loss of all the hair on your body. Your consent form and information sheets will tell you if your treatment is likely to cause hair loss.

General tips for hair loss or thinning

- Use gentle hair products such as baby shampoos.
- Don't use perms or hair colours on thinning hair – colours may not take well and perms can damage the hair.
- Use a soft baby brush and comb thinning hair gently.
- Avoid using hair dryers, curling tongs and curlers on thinning hair and pat your hair dry.
- If your scalp flakes or itches this means it's dry – use oil or moisturiser, not anti-dandruff shampoo.
- Protect your scalp by covering your head in the sun.
- Ask about a wig before you start treatment.
- Ask about using a cold cap to reduce/prevent hair loss.

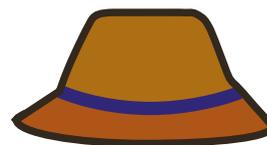


Tips when your hair starts to fall out

- Cut your hair into a shorter style if it's long.
- Wear a hair net at night so you don't wake up to hair on your pillow.
- Some people shave their hair off before it all falls out.

Covering your head

Your hair will grow back once your treatment finishes. This may take several months and your hair is likely to be softer. You should have a good head of hair within 4 to 6 months.



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Side effects Fluid leaking into surrounding tissue

Cancer drugs that you have into the bloodstream can sometimes leak into the surrounding tissue while you're having treatment. This is called extravasation and it can damage the tissue around the vein.

Signs and symptoms include:

- stinging
- pain
- redness
- swelling around your vein

Later symptoms can include:

- severe pain
- change in colour of your hand or arm
- pins and needles or a change in sensation in your hand or arm
- blistering or ulceration of your skin

Tell your nurse straight away if you have any of these symptoms.

NOTES, INCLUDING **TIPS** FOR SIDE EFFECTS SPECIFIC TO YOUR TREATMENT



Glossary, FAQs and appointments



Frequently asked questions

Will my treatment affect my fertility?

Some drugs might stop you being able to have a child (infertile). For some, the effect on fertility is temporary and for others it is permanent. Not all treatments affect fertility.

We know that some types of chemotherapy drugs can affect fertility, but less is known about the effect of hormone therapies, immunotherapy or targeted treatments on fertility. Men might be able to store sperm before starting treatment. Some women might be able to store eggs or embryos before treatment. **Talk to your doctor before starting treatment if you think you may want to have a baby in the future.**

Do I need to use contraception?

Yes, it's very important to avoid pregnancy during treatment, whether it's the man or woman having the treatment. It's possible for a woman having treatment to get pregnant, or for a female partner of a man having treatment to get pregnant.

The drugs could harm the developing baby, so always use reliable contraception if there's any chance that you or your partner could become pregnant. How long you should continue using contraception depends on the treatment you're having. Check with the team caring for you. If you think you or your partner might be pregnant tell your doctor straight away.

How will treatment affect my sex life?

Cancer and its treatments can affect how you feel about your body and your sex life. Many people are able to carry on their normal sex life during their treatment. Others find that they have side effects that affect it.

How much it is affected depends on where your cancer is and the treatment you're having. Side effects that can affect it include tiredness, feeling sick and hormone changes. There are ways to manage any side effects.

Talking about sex can be difficult and many people find it embarrassing. Remember there is support available so do talk to the team caring for you for advice about where to get help.

Frequently asked questions

I have diabetes, will it affect my treatment?

If you have diabetes, your blood sugar may need closer monitoring while you are having treatment. There are a number of reasons for this including loss of appetite, or feeling sick because of your treatment. Ask about anti-sickness drugs if you feel sick.

Also, you may have steroids as part of your treatment eg. as anti-sickness or to reduce allergic reactions. These may cause an increase in your blood sugars. This might mean you need to increase your diabetic medication temporarily. **Talk to your nurse or doctor about your diabetes and what you need to do while you are having treatment.** Your diabetes nurse will also be able to help you manage your blood sugars.

Diabetes can also affect your body's ability to fight infection, making you at a slightly higher risk of having an infection. Contact your advice line immediately if you have any signs of infection. See pages 52 and 53 for information about what to look out for.

Is there anything I shouldn't eat or drink?

It depends on your treatment. With some treatments you may have to avoid certain foods. Ask your team about whether there is anything you should avoid.

Should I have vaccinations/immunisations?

Vaccinations stop you getting some infections. When you're having treatment you might not be able to have some vaccinations. This includes live vaccines such as rubella, mumps, measles, BCG, yellow fever and shingles vaccine (Zostavax).

Check with your team before you have any vaccinations if you are unsure. This includes vaccinations before you go on holiday.

Can I carry on with my normal social life?

With a bit of planning your social life can still go ahead. It just depends on how you feel. You may just find you need to plan ahead a bit more. So if you're going out in the evening you might need to rest during the day, or if you're eating out, taking anti-sickness tablets before you go might help.

Adjuvant treatment:

This is when you have treatments in addition to the main treatment, eg. chemotherapy after surgery to try to prevent the cancer coming back.

Anaemia:

This is a drop in the number of red blood cells, causing tiredness and breathlessness.

Antiemetics:

These are anti-sickness medicines to prevent you feeling or being sick (nausea and vomiting).

Bone marrow:

Bone marrow is the spongy substance in the centre of the bones where red and white blood cells and platelets are made.

Central line:

This is a long plastic tube that goes into a large vein near your heart. There are different types. You can have treatment through them and have blood samples taken from them.

Chemoradiotherapy:

This is when you have chemotherapy and radiotherapy together. You may have chemotherapy through a pump during part of your course of radiotherapy. Or you may have one treatment sandwiched between the other, for example chemotherapy then radiotherapy, then more chemotherapy. Also called chemoradiation.

Clinical trial:

A carefully designed research study to investigate a new test, treatment or medical procedure in people. Trials may look at whether a treatment is safe, its side effects, or how well a treatment or procedure works. Some trials look at how well treatments control symptoms or whether they improve patients' quality of life.

Combination chemotherapy:

This is treatment with more than one chemotherapy drug at a time.

Cycle:

You have most cancer drug treatments as a course. Each course is made up of a number of cycles. The cycle is repeated on a regular schedule with periods of rest in between. For example, you might have treatment for one week and then have 3 weeks of rest. This is one treatment cycle.

Echocardiogram:

An echocardiogram is also called an ECHO. It is a test of the strength of your heart using sound. It is painless and only takes about half an hour.

Full blood count (FBC):

This is a blood test to measure the number of red cells, white cells and platelets in your blood.

Haematologist:

This is a doctor who specialises in treating blood disorders, including leukaemias, lymphomas and myeloma.

Immunotherapy:

This is treatment that stimulates the body's immune system to fight cancer. Immunotherapies are a standard treatment for some types of cancer and are in trials for other types.

Late effects:

These are side effects of treatment that develop a few months or years after treatment finishes. Or they might be ones that carry on and don't get better.

Lymph nodes/glands:

Lymph nodes form a network of glands throughout the body – particularly in the armpits, neck and groin. They drain away waste fluid, waste products and damaged cells, and contain cells that fight infection.

Nausea:

This is a feeling of sickness that may lead to the urge to vomit.

Neoadjuvant:

This is when you have cancer drugs before surgery or radiotherapy to try to shrink a cancer and make the surgery or radiotherapy more successful.

Neutropenia:

This is a drop in the number of a type of white blood cell called neutrophils. This makes you at higher risk of infection. This can happen between 7 and 10 days after chemotherapy. The number of neutrophils gradually improves over the following few days or weeks.

Metastases/metastatic cancer:

Metastatic cancer is cancer that has spread from where it started to other parts of the body.

Multi-disciplinary team (MDT):

An MDT is a team made up of various health professionals who work together to discuss your case and how best to manage your treatment and care.

Oncologist:

This is a doctor who specialises in treating cancer.

Palliative treatment:

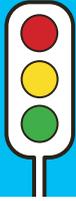
This is treatment to control symptoms such as pain and sickness, rather than to cure a disease.

Peripheral neuropathy:

This is damage to the nerves of the peripheral nervous system. It can cause pain, numbness, changes in sensation and tingling. It most commonly affects the hands and feet, but can affect any nerves outside the brain and spinal cord.

Side effects table in detail





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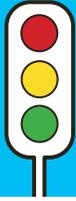
Advice line number



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Please look at the list below and consider if you have any new or worsening problems.

	CALL YOUR ADVICE LINE IMMEDIATELY OR CALL 999 IF TOLD TO DO SO	CALL YOUR ADVICE LINE WITHIN 24 HOURS BUT CALL IMMEDIATELY IF YOUR SYMPTOMS GET WORSE	BE VIGILANT AND IF THINGS GET WORSE OR CONTINUE CONTACT YOUR ADVICE LINE
<p>CHEST PAIN: Chest pain of any type must be treated as an emergency.</p>	<ul style="list-style-type: none"> • I have chest pain <p>Seek urgent advice and call 999</p>		<ul style="list-style-type: none"> • I do not have any new chest pain.
<p>ABNORMAL TEMPERATURE: Is your temperature above 37.5°C or below 36°C.</p>	<ul style="list-style-type: none"> • I have a low temperature = below 36°C • I have a high temperature = 37.5°C or above 		<ul style="list-style-type: none"> • I have a normal temperature.
<p>GENERALLY UNWELL: Are you feeling generally unwell? For example, flu-like symptoms, shivers, chills (even if you have a normal temperature).</p>	<ul style="list-style-type: none"> • I feel generally unwell. 		<ul style="list-style-type: none"> • I am feeling generally well.
<p>INFECTION: Do you have any signs of an infection, such as a sore throat, a cough or shortness of breath, discomfort or burning when you pass urine or a rash, swelling or redness? Do you feel generally unwell? Have you had any shivering, chills or shaking episodes?</p>	<ul style="list-style-type: none"> • I am generally unwell with some signs of infection. 	<ul style="list-style-type: none"> • I am well, with some signs of infection and am worried about the possibility of an infection. 	<ul style="list-style-type: none"> • I do not have any signs of infection.
<p>ACTIVITY LEVELS/TIREDNESS: Has there been a recent or sudden change in activity or energy levels?</p>	<ul style="list-style-type: none"> • I have noticed a significant change in my activity levels and have to spend an increasing time in bed during the day. • I have a significant loss of ability to do some activities. 	<ul style="list-style-type: none"> • I have some tiredness and it is affecting my activity levels, but I am able to look after myself and do not need to spend time in bed during the day. 	<ul style="list-style-type: none"> • I do not have any changes in my activity levels or levels of tiredness.
<p>NUMBNESS/PINS AND NEEDLES, WEAKNESS IN LIMBS: When did the problem start? Is it continuous? Is it getting worse? Is it affecting activity/function? Any constipation or urinary incontinence?</p>	<ul style="list-style-type: none"> • I have mild, moderate or severe numbness, OR pins and needles often or for long periods. • I have mild or moderate or severe weakness. • I have new, worsening weakness with some difficulty in doing usual tasks. • I have new incontinence of bowels or bladder. 	<ul style="list-style-type: none"> • I have mild numbness OR pins and needles occasionally. • I have no loss of function or increasing or changing weakness. 	<p>I do not have:</p> <ul style="list-style-type: none"> • new or changing numbness OR pins and needles • weakness or incontinence or any change in my activity levels



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Advice line number



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BLEEDING OR BRUISING:

Is this a new problem or an old problem getting worse?

DIARRHOEA: You need to measure any increase in your normal bowel movements. Do you have any abdominal pain or discomfort? Is there any blood or mucus in the diarrhoea?

FEELING SICK OR BEING SICK:

Are you feeling or being sick despite taking your anti-sickness tablets? Are you eating and drinking normally? Are you passing normal amounts of urine?

SORE MOUTH: Do you have any ulcers or cold sores? Is your mouth generally sore? Are there any signs of infection?

SHORTNESS OF BREATH: If this is an existing condition we want to know if it is getting worse.

PAIN: Is it a new problem? Where is it? How long has it been there? Have you taken any painkillers?

SKIN RASH: Is the rash widespread or in one small area? Is it itchy? Are there any signs of infection, such as pus or bleeding?

CALL YOUR ADVICE LINE IMMEDIATELY OR CALL 999 IF TOLD TO DO SO

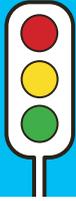
- I have uncontrollable bleeding – **telephone 999**.
- I have a reddish or purplish rash or bruising increasing in size or in more than one area.
- I have one or more of the following:
 - I have had over 4 extra episodes in the last 24 hours.
 - I have become incontinent.
 - I have diarrhoea with blood and/or mucus in it.
- I have one or more of the following:
 - I am not really able to eat or drink.
 - I have had 6-10 episodes of sickness in 24 hours.
 - I am passing much less urine than normal.
- I have one or more of the following:
 - I have painful redness, swelling or ulcers.
 - I have difficulty with eating and drinking.
 - I am passing much less urine than normal.
- I have new or worsening shortness of breath during normal levels of activity (walking) or at rest.
- I have severe pain.
- My pain or painkillers are interfering with my normal life.
- I have severe discomfort/pain/itching that is affecting my normal lifestyle.
- I have a rash that is bleeding, bruising or weeping.

CALL YOUR ADVICE LINE WITHIN 24 HOURS BUT CALL IMMEDIATELY IF YOUR SYMPTOMS GET WORSE

- I have one or more of the following:
 - A small amount of bleeding with no injury, but it is easily controlled.
 - I have a small area of bruising or a reddish or purplish rash in one small area.
- I have an increase of diarrhoea between 2 to 4 extra episodes in the last 24 hours.
- I have increasing or changing abdominal pain.
- I have one or more of the following:
 - I can eat and drink but much less than normal.
 - I have had 2-5 episodes of sickness in 24 hours.
 - I am passing less urine than normal.
- I have one or more of the following:
 - Painful redness, swelling or ulcers.
 - I can eat and drink but much less than normal.
 - I am passing less urine than normal.
- I have new or worsening shortness of breath on exertion (for example climbing stairs).
- I have moderate pain.
- My pain or painkillers are interfering with some of my functions, but not my normal life.
- I have a new or worsening rash with or without itching or pain.

BE VIGILANT AND IF THINGS GET WORSE OR CONTINUE CONTACT YOUR ADVICE LINE

- I do not have any bleeding or bruising.
- I only have slight bleeding or bruising following injury.
- I have had only one extra episode in the last 24 hours and have not passed any blood or mucus.
- I have no increasing or changing abdominal pain.
- I am able to eat and drink normally.
- I have had 1 episode of sickness in 24 hours.
- I am passing normal amounts of urine.
- I have painless ulcers, redness or mild soreness, but can eat and drink normally.
- I am passing normal amounts of urine.
- I have no new or changing shortness of breath.
- I have mild pain that is not interfering with my normal life.
- I have no new rash.



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Please look at the list below and consider if you have any new or worsening problems.

	CALL YOUR ADVICE LINE IMMEDIATELY OR CALL 999 IF TOLD TO DO SO	CALL YOUR ADVICE LINE WITHIN 24 HOURS BUT CALL IMMEDIATELY IF YOUR SYMPTOMS GET WORSE	BE VIGILANT AND IF THINGS GET WORSE OR CONTINUE CONTACT YOUR ADVICE LINE
CONSTIPATION: Consider your usual bowel movements.	<ul style="list-style-type: none"> • I have had no bowel movements in the last 72 hours. 	<ul style="list-style-type: none"> • I have had no bowel movements in the last 48 hours. 	<ul style="list-style-type: none"> • I have had no bowel movement in last 24 hours.
LOSS OF APPETITE: Any other factors, for example diarrhoea, being sick or feeling sick, sore mouth or throat?	<ul style="list-style-type: none"> • I have lost my appetite and I am not really able to eat or drink. 	<ul style="list-style-type: none"> • I have lost my appetite. • I can eat and drink, but much less than normal. 	<ul style="list-style-type: none"> • I feel as if I have lost my appetite but can eat and drink normally.
EYE PROBLEMS: Are you having difficulty in seeing properly? Do you have pain in or around your eye/s? Is your eye sticky?	<p>I have one or more of the following:</p> <ul style="list-style-type: none"> • I have new or worsening problems with my vision. • I have new or worsening pain in or around my eyes. 	<ul style="list-style-type: none"> • I have some mild symptoms but no change in my vision. 	<ul style="list-style-type: none"> • I have no new problems.
SORE HANDS AND FEET: Is your skin peeling? Do you have ulcers or blisters?		<ul style="list-style-type: none"> • I have painful hands and/or feet. • I have redness, swelling, numbness or tingling of my hands and/or feet. • I have skin peeling, ulceration or blistering of my hands and/or feet. 	<ul style="list-style-type: none"> • I have mild numbness and /or tingling. • I have some slight redness, but no pain.
CHANGE IN BEHAVIOUR: Is this a new symptom or one that is getting worse? Is it constant?	<ul style="list-style-type: none"> • I am disorientated and/or confused and it is affecting my ability to function and my activity level. • I am not as alert as usual. 	<ul style="list-style-type: none"> • I have mild disorientation but it is not interfering with my activity or function. • I am not quite as alert as usual. 	<ul style="list-style-type: none"> • I don't have any new symptoms.
URINARY PROBLEMS: Do you have any of the following: pain, burning or discomfort when you pass urine, change in the colour of your urine, any incontinence, urgency or frequency, or blood in your urine? Are you passing a normal amount of urine? Are you drinking normally? Are you thirsty?	<p>I have one or more of the following:</p> <ul style="list-style-type: none"> • New or worsening blood in my urine. • Severe or worsening pain, or burning when passing urine. • New incontinence of urine. • Passing much less urine than usual. 	<p>I have one or more of the following:</p> <ul style="list-style-type: none"> • Frequency, urgency, pain, burning. • I am passing less urine than usual. • I am passing more urine than usual and I am more thirsty than usual. 	<ul style="list-style-type: none"> • I don't have any new symptoms.

About this information

About this information: The content in this Cancer Treatment Record Booklet ("Booklet") is provided for general information and to help you retain a log of your treatment record together with information of possible side effects. It is not intended to amount to advice on which you should rely. If you have any concerns regarding your health, please see your medical provider at the earliest opportunity.

Although we make reasonable efforts to update the information in the Booklet, we make no representations, warranties or guarantees that the content of the Booklet is accurate, complete or up-to-date.

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This Booklet has been written and designed by Cancer Research UK's Patient Information Web Team, in collaboration with members of the UK Chemotherapy Board. This includes members of The Royal College of Radiologists, Royal College of Physicians, British Oncology Pharmacy Association, UK Oncology Nursing Society, Association of Cancer Physicians and the The Royal College of Pathologists. And special thanks to Dr Ron Daniels and the UK Sepsis Trust for the information about sepsis.

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Sources: We have used a number of sources to write this information. If you would like information about them please contact Patientinformation@cancer.org.uk

Useful numbers & helplines

Cancer Research UK nurses helpline:
0808 800 4040 Monday-Friday 9am-5pm
Website: cancerresearchuk.org



Macmillan Cancer Support:
0808 808 00 00 Monday-Friday 8am-8pm
Website: macmillan.org.uk



Marie Curie:
0800 716 146 Monday-Friday 9am-8pm
Saturday 11am-5pm
Website: mariecurie.org.uk



Maggies Centres:
0300 123 1801 Monday-Friday 9am-5pm
Website: maggiescentres.org



The UK Sepsis Trust:
0808 800 0029 Monday-Friday 9am-4pm
Website: sepsistrust.org



CITIZENS ADVICE: for information about benefits, money and work.
Website: citizensadvice.org.uk



NOTES



A series of horizontal dotted lines spanning the width of the page, providing a guide for writing notes.