This book belongs to:

____

This patient guidebook is a great resource and an important tool to help you as you receive care. Please bring it with you to all of your appointments and treatments.

If found, please return to the clinic front desk.

Welcome to the Carbone Cancer Clinics

Welcome to our Carbone Cancer Clinics. To make your visit here easier, please read below.

Checking in: You begin every visit by checking in at the Registration Desk (1).

Lab draws: If you are scheduled for a lab draw, you are given a pager. Please wait in our Clinic Waiting Room (2). When your pager goes off, go to the Cancer Lab (3).

The Cancer Lab gives you a slip of paper after your labs are drawn. This paper is used to let clinic staff know you are ready to see your doctor. If your doctor is on the main level, please put the slip of paper in the basket at the Registration Desk (1). If your doctor is in the First Floor Cancer Clinic (J3/1), please take the elevator to the first floor and put the slip of paper in the First Floor Cancer Clinic Reception Area (4) basket.

Tests: If you are scheduled for tests like an x-ray, CT scan, MRI, or EKG, go there next (9 or 10). If you have a doctor appointment after your test, please go to the Registration Desk (1) when your test is done to let staff know it is done.

Doctor appointment: If your doctor sees you in the First Floor Cancer Clinic (J3/1), please take the elevator to the first floor. Check in at the First Floor Cancer Clinic Reception Area (4) and wait there. If your doctor is on the main level, please wait in the Clinic Waiting Room (2).

When done: When you are done with your doctor appointment and tests for the day, please go to one of the Schedulers' Desks (5). The scheduler will make your next appointment and give you a summary of the day's visit.

Chemotherapy: If you need a treatment in the Chemotherapy Room, please go to the Chemotherapy Check in Desk (6). Sit in the Chemotherapy Waiting Area (7) until your nurse comes to get you.

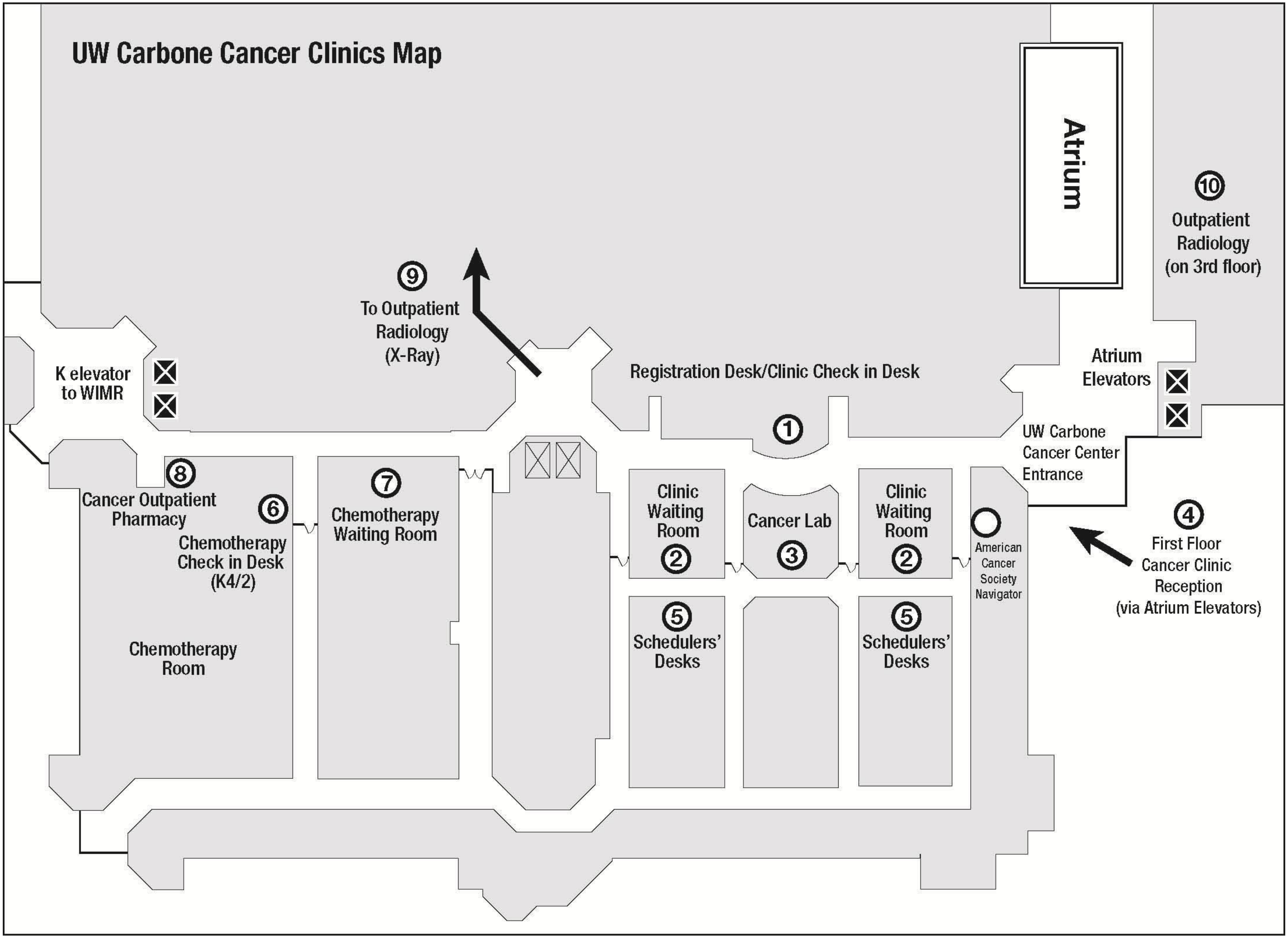
We may need to wait for your doctor to sign chemotherapy orders or for lab results to come back. If you prefer not to sit in the waiting room, please ask for a text pager at the Chemotherapy Check in Desk. With a pager, you can go to other places in the hospital such as the cafeteria, gift shop, or pharmacy while you wait. When your nurse is ready for you, your pager will buzz with a note to return to the Chemotherapy Room.

Your next appointment will be given to you in the Chemotherapy Room or mailed to you.

Prescriptions: If you need prescriptions filled, please pick them up at the Cancer Outpatient Pharmacy (8) before you leave.

Produced by the Department of Nursing. HF#7326

UW Carbone Cancer Clinics Map



Gynecologic Oncology Clinic

Introduction to Chemotherapy Clinic

We schedule patients for chemotherapy on Tuesday and Friday. Our chemo clinic has a "team" that works on Tuesday and a separate "team" that works on Friday. There are two doctors and one Advanced Practice Provider present in each clinic and they rotate coverage. Our goal is to have your chemo given in an effective and timely manner. We try to have you see your doctor, but it is likely you will see different doctors during the course of your treatment.

The team consists of Gynecologic Oncologists and a Medical Oncologist. There are also Fellows and Advanced Practice Providers present in the clinic to help you receive the best care we can provide. We will try to schedule your treatment on the day your doctor is assigned to the team, to increase the chance of you seeing your doctor. Sometimes the specifics of your treatment plan will determine if you will be treated on a Tuesday or a Friday. When you are finished with your chemo you will follow up with your main Gynecologic Oncology doctor.

Tuesday Chemotherapy Clinic	**Friday Chemotherapy Clinic**
Dr. Ellen Hartenbach	Dr. Ahmed Al-Niaimi
Dr. David Kushner	Dr. Howard Bailey
Dr. Laurel Rice	Dr. Lisa Barroilhet
Dr. Stephen Rose	Dr. Sumer Wallace
Dr. Ryan Spencer	

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Welcome

For more than 75 years, UW Health has been meeting health care needs of patients near and far. Our expert team of doctors, nurses, pharmacists, therapists, nutritionists, social workers and many more are among the finest in the world. They use their skills and expert knowledge to promote, maintain, and restore health.

UW Carbone Cancer Center – Cancer Care at Its Best

Established in 1973, the University of Wisconsin Carbone Cancer Center (UWCCC) is the *onl*y comprehensive cancer center in Wisconsin as defined by the National Cancer Institute (NCI). NCI supports research across the country to find the best way to prevent, diagnose, and treat cancer.

A vital part of the UW Medical School and UW Health, the UWCCC unites more than 300 doctors and scientists from across the UW-Madison campus. Together they are searching for ways to prevent this disease and treat it in its many forms.

Your UWCCC team provides care for more than 30,000 people each year. We diagnose, treat, and provide follow up care to people of all ages. Patients have access to a team of specialists whose expertise ranges from bone marrow transplantation to urology.

One of the UWCCC's greatest strengths is our commitment to cancer research. Clinical trials offer you the latest therapies and allow us to advance treatment possibilities for future patients.

Your Care

Within the UW Health system, there are more than 60 clinics. It is likely that much of your cancer care will occur in a clinic setting. Although you may be treated in one of our cancer clinics, there is also a chance that you could be seen in other clinics. (A complete list of the clinics is found on www.uwhealth.org.). If you are seen in more than one clinic, the doctors and staff strive to coordinate your care.

If You Need to be Hospitalized at UW Hospital

In our 505-bed teaching hospital, we see patients with a wide range of concerns. Cancer patients are hospitalized on our Hematology/Oncology unit, a pediatric unit, or on one of the surgical units. No matter where you receive your care, experts will manage your care to ensure the best outcome for you and your family.

National Recognitions:

- ***National Cancer Institute-designated Cancer Center***
- ***National Comprehensive Cancer Network member***
- ***Commission on Cancer Accredited***
- ***A Magnet Hospital for nursing excellence (American Nurses Credentialing Center)***
- ***Consistently ranked in the top 50 best hospitals for cancer care by U.S. News and World Report***

Parking

- **Let us park your car.** Valet parking services at the front entrance are free of charge. Tipping the valet staff is not allowed.

- **If you prefer to park your car**, patients and their families can park in the patient visitor ramp. Follow the signs on Highland Avenue to enter the ramp.

- **When you are here for a clinic visit**, bring your parking ticket in to have it stamped at the Clinics Information Desk. This will allow you to exit the ramp without paying.

- **Patients undergoing radiation treatments** should discuss parking with your radiation therapist on the day of your first treatment.

- **If you are hospitalized,** your family may receive a parking pass that will allow them to park free. This pass is limited to one per family. It can be picked up at the Main Information Desk.

- **RVs can be parked in a nearby lot for free.** Ask or call the staff at the Main Information Desk (608)-263-0315for further details about this option.

Lodging

To learn more about lodging, talk with the Housing Accommodations Coordinator **(608) 263-0315** at the Main Information Desk. Staff can arrange for discounted rates at nearby hotels and/or talk with you about other options. For families of children being treated at UW Health, you may wish to stay at the Ronald McDonald House which is within walking distance.

Tips for Talking With Your Health Care Providers

You and your health care providers are working toward the same goal: your health. Health care providers can advise you and help treat health problems. Your good health depends on you. First, take advantage of clinic and hospital visits to learn how to best care for yourself. Second, become a partner in decisions that affect your health care. To form this partnership, talk with your provider and plan your care together.

✓ **Prepare for your appointment in advance. You may want to jot down what you want to tell your doctor or nurse as well as any questions you may have.**

✓ **You may want to bring someone with you.**

✓ **Be clear and direct when you describe your symptoms.** Here are some things you can be prepared to discuss: how long you've had the problem, what you have done about it, if it has changed, and what makes it better or worse.

✓ **If you have been treating yourself or if you have changed your prescribed treatment, tell your provider.** The health care team cannot make accurate decisions about your care unless they know how you have been treating your problem.

✓ **Ask questions.** Ask your provider to tell you what your diagnosis is, what caused it, what you should do about it, and when it will improve. Find out if you need to make a follow-up visit.

✓ **Make sure you understand any recommendations.** Repeat what you have heard to make sure you understand what was said. Also, make sure the instructions are right for you. If they aren't, let us know. Your health care provider may be able to alter the plan to better meet your needs.

✓ **Ask for more information if you need it.** If you do not understand something, ask us to explain it. Take notes or ask for a written handout if it would be helpful to you. Find out who to call if you have questions after you return home.

Who should I call? Gynecologic Oncology

EMERGENCIES
- Trouble breathing
- Heavy bleeding, or bleeding you can't stop
- Chest pain
- Fainting or passing out
- Anything else you think might be an emergency

Call 911 or your local ambulance
OR
go to the nearest emergency room.

Cancer and treatment symptoms
- Pain not relieved by medicine
- Fever over 100.4° F
- New or different pain
- Nausea and/or vomiting not relieved by medicine
- Uncontrollable diarrhea
- Mild bleeding
- Unable to eat or drink
- Symptoms getting worse
- If you are unsure whether a symptom is related to your cancer

Questions about your disease and treatment.

Monday – Friday from 8 a.m. to 5 p.m., call **(608) 263-1548** or (800) 323-8942 and ask for the Gynecology Oncology Nurse Triage.

All other times, call **(608) 263-1548** or **(800) 323-8942** and ask to speak to the Gynecologic Oncology Resident on call.

For issues related to **Radiation treatments, or if Radiation Therapy is your main treatment**, call **(608) 263-8500**, 24 hours a day, seven days a week.

Problems not related to your cancer or treatment, and refills of your other medications.

Your local health care provider

Name: ______________________________

Phone: _____________________________

To schedule a clinic visit or let us know you can't make it, call (608) 265-1700, choose option 1.

Resources

Cancer Connect	608-262-5223
Emergency Department	608-262-2398
Physical Therapy Appointments • Rehabilitation Clinic • UW Hospital	 608-263-8412 608-263-8060
Radiation Oncology	608-263-8500
Registration/Insurance	608-261-1600
UW Hospital Information	608-263-8591
UW Carbone Cancer Center Nurse Triage and Scheduling	608-265-1700
UW Carbone Cancer Center Nutrition Appointments	608-265-1700
UW Carbone Cancer Center Pharmacy	608-263-7025
UW Health Billing	608-262-2221
UW Carbone Cancer Center Integrative Health (acupuncture, healing touch or a doctor consultation)	608-265-1700
UW Health Interpreter Services	608-262-9000
UW Health Patient Relations	608-263-8009
UW Health Radiology	608-263-9719
UW Health Smoking Cessation	608-263-0573
UW Hospital Wig Program	608- 265-0090
Wisconsin Tobacco Quit Line	877-270-STOP 877-270-7867

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

About My Cancer Diagnosis

Location:____

Cell Type:____

Grade:____

Stage:____

Goal of Therapy:______________________________________

My Chemotherapy Plan

Name of Chemotherapy Drugs:______________________________

____

Planned Chemotherapy Cycles:_____________________________

Each Chemotherapy Cycle is _______Days

Chemotherapy will be given on day:__________________________

Understanding Gynecologic Cancers

1. **What is a tumor?**
   The body is made up of many types of cells. Normal cells grow and divide to make new cells. This is done in a controlled and orderly manner. Sometimes cells are produced when they are not needed. As a result, a mass of extra tissue called a tumor can form. A tumor may be benign (not cancerous) or malignant (cancerous). Malignant tumors are made up of abnormal cells. These are cells that divide without control or order. Cancer cells can invade and damage nearby tissues. They may spread to other parts of the body. The spread of cancer to other parts of the body is called metastasis.

   Cancers can develop within the female reproductive system. It is most common for cancer to occur in the ovaries, the cervix, the endometrium (lining of the uterus), and the muscle layer of the uterus. Cancers that form in the vagina or vulva are not as common. Cancer can spread to the lymph nodes that surround the original cancer site.

2. **How is cancer diagnosed?**
   - **Physical exams** are performed to check the heart, lungs, abdominal organs, and lymph nodes. This exam also checks your general health.

- **Pelvic exam** is a done to examine the vagina, cervix, uterus, ovaries, fallopian tubes, and rectum. The doctor inserts an instrument called a speculum, into the vagina to open it. This allows her to see the cervix. After the instrument is removed, the doctor puts lubricating jelly on her gloved hand and inserts 1-2 fingers. The doctor uses her other hand to press on top of the abdomen. Doing this allows her to feel the ovaries, fallopian tubes, and uterus between her hand and fingers.

- **Laboratory tests** provide information about your general health. They also tell about the health of organs, such as your liver and kidneys. Some cancers produce proteins that can be measured in the blood.

- **Imaging studies** are tools used to "stage" the tumor. These studies include: x-rays, computed tomography scans (CT), magnetic resonance imaging scans (MRI), and positive emission tomography scans (PET).

- **Biopsies** involve taking a piece of the tumor or fluid from a mass (growth). The sample of tissue or fluid is sent to the lab. It is looked at under the microscope. Biopsy results tell us about the type of cancer cells and the grade of the tumor (how closely the cells look like normal cells). Findings may also reveal the size of the tumor and whether it involves lymph nodes. It can show if the tumor has grown into other tissues and organs. A biopsy may be done by a surgeon or during one of the imaging studies mentioned above.

3. **Is there a name for my cancer?**

The type of cancer you have will be determined by a biopsy. Each type of cancer behaves differently and responds to different treatments.

The cancer you have, or are suspected to have, is:

☐ Ovarian Cancer
☐ Endometrial Cancer
☐ Vulvar Cancer
☐ Gestational Trophoblastic Tumor
☐ Cervical Cancer
☐ Uterine Sarcoma
☐ Vaginal Cancer
☐ Other____________________

4. **How does cancer spread and how long has it been there?**

Cancer spreads in three ways.

- **Locally** from where the cancer first began (primary site) to nearby areas
- **Regionally** through the lymphatic system to lymph nodes
- **Distally** through blood vessels to distant sites in the body

Cancer in the lymph nodes near the primary cancer is called regional metastasis. If the cancer cells travel further and start to grow in other organs it is called distant metastasis.

There is no definite way to know how long your cancer has been there. Some cancers grow more quickly than others. Some types of tumors tend to metastasize earlier than others.

5. **What is a tumor grade?**

Tumor grading looks at how abnormal the cells look under the microscope. Grading also tells how quickly the tumor is likely to grow and spread. Biopsy results tell us if the tumor is low, intermediate, or high grade. The cells of a low grade tumor look almost normal. These types of tumors tend to grow slowly and are less aggressive. Intermediate or high grade tumors can grow and spread more quickly than low grade tumors.

6. **What is staging?**

In order to understand how advanced a cancer is, a stage is assigned to it. Sometimes that is done based on a clinical exam (cervical cancer), and sometimes a cancer is staged after a surgery (endometrial, ovarian, and vulvar cancer). The method of staging is determined by the site where the cancer begins. As a rule more advanced stages of cancer will be harder to cure. In gynecologic oncology, FIGO staging is used. Stage 0 is a pre-cancerous lesion that is not able to spread through the rest of the body.

Cervical Cancer

Stage I: Cancer is confined to the cervix and uterus.

Stage II: Cancer has spread beyond the uterus but remains nearby.

Stage III: Cancer has spread to the sidewall of the pelvis or the lower part of the vagina.

Stage IV: Cancer has invaded the mucosa of the bowel or bladder, or extends out of the pelvis.

Endometrial Cancer

Stage I: Cancer is confined to the uterus.

Stage II: Cancer extends into the cervix.

Stage III: Cancer has spread to the lymph nodes in the pelvis, the vagina, the peritoneal fluid, or the tube or ovary.

Stage IV: Cancer has spread to the bowel or bladder mucosa, or more distant sites.

Ovarian Cancer

Stage I: Cancer is confined to one or both ovaries.

Stage II: Cancer involves one or both ovaries and extends to the pelvis.

Stage III: Cancer is found in one or both ovaries and has spread outside the pelvis, including lymph nodes or omentum.

Stage IV: Cancer is found in distant metastases.

Vulvar Cancer

Stage I: Cancer is confined to the vulva measuring less than 2 cm.

Stage II: Cancer is confined to the vulva measuring more than 2 cm.

Stage III: Cancer has spread to urethra, vagina, anus, or groin nodes on one side only.

Stage IV: Cancer has spread to groin nodes on both sides or distant metastases.

7. What are the treatment options for cancer?

There are three standard treatment options for cancer.

- Surgery (your doctor may wish to use the pictures on the next page to explain your surgery)
- Chemotherapy
- Radiation Therapy

Treatment options and the order in which they are given will depend upon the type and stage of the cancer.

8. When will my treatments end?

If you have a new cancer diagnosis that is first treated with surgery, the number of cycles of chemotherapy you receive afterwards depends on whether there is any visible cancer left at the end of your surgery. If there is no sign of any cancer, your doctor will likely suggest a certain number of cycles of adjuvant chemotherapy. If all the cancer cannot be removed at the time of surgery, you may be treated until all evidence of cancer is gone. Sometimes your doctor will suggest a second surgery after you have received some chemotherapy. In that case, your doctor will suggest more chemotherapy after that second surgery. Once all signs of your cancer are gone, you are considered to be in remission.

If you have recurrent cancer, you will receive chemotherapy until you are in remission, or until there is another reason to stop, such as if the cancer continues to grow, or if you have severe side effects to the chemotherapy.

If you are being treated with radiation therapy, either alone or with other therapies, your radiation doctor will figure out how many treatments you need based on the type and extent of your cancer.

9. What happens when my treatments are over?

The follow-up after your treatment is over depends on the type of cancer. What happens at each visit after treatment varies, but they will likely follow this schedule:

Every 3 months for the first 2 years.
Every 6 months until 5 years after the completion of all therapies.
Annually, after 5 years.

Women with very early cancers may only be seen every 6 months for the first 5 years after treatment.

Your doctor may give you the option of seeing your own local gynecologist for some of your exams, but many of our patients choose to return to the Gynecologic Oncology clinic for all of their follow-up. Either way, it is important that you follow your doctor's advice. We want to keep track of how you do after therapy and watch for a return of your cancer.

Cervical Cancer

You will have a full physical exam including pelvic and rectovaginal exams and Pap smear.

Endometrial Cancer

You will have a full physical exam including pelvic and rectovaginal exams.

Ovarian Cancer, Fallopian Tube Cancer, and Primary Peritoneal Cancer

You will have a full physical exam including pelvic and rectovaginal exams. Most often, a CA-125 blood test is also done at each visit.

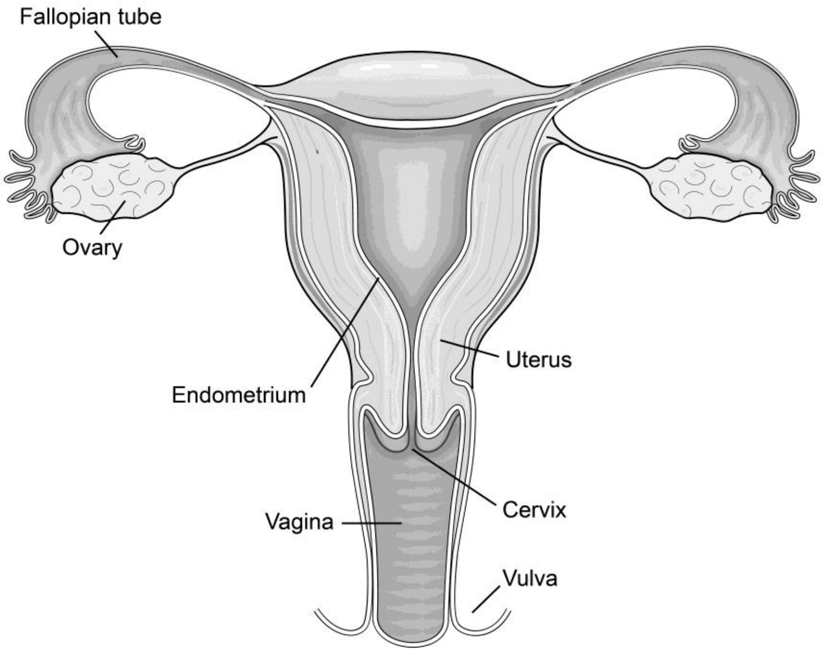
Vulvar Cancer

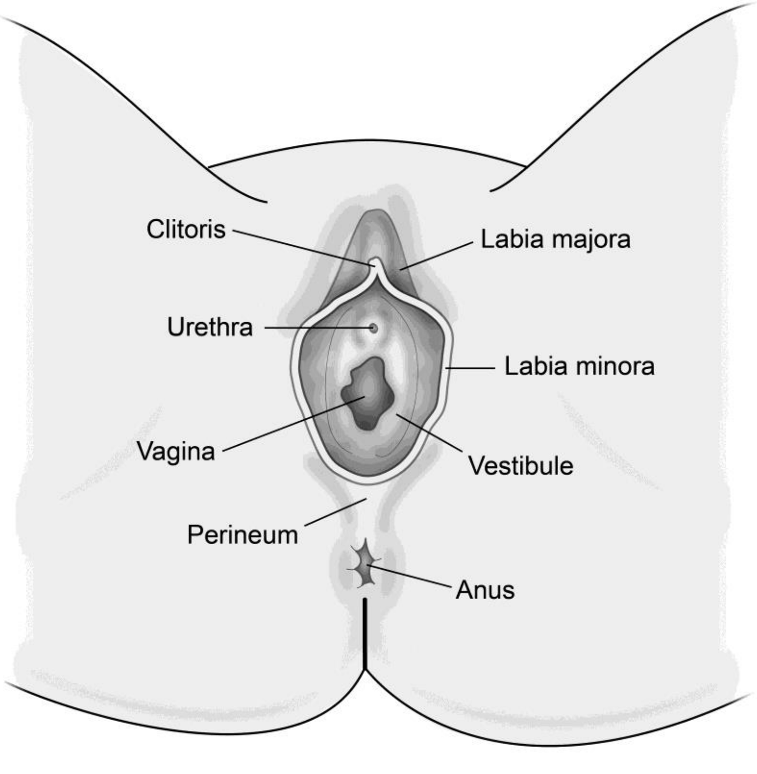
You will have a full physical exam as well as visual and physical inspection of the vulva and groin areas. You may also have a pap smear.

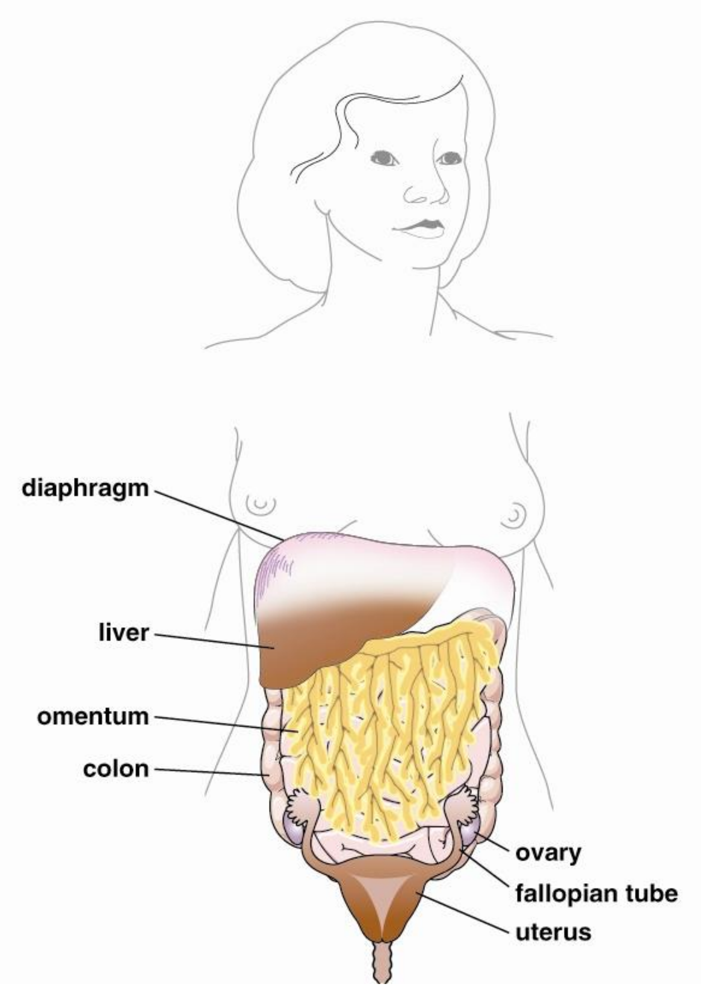
Imaging

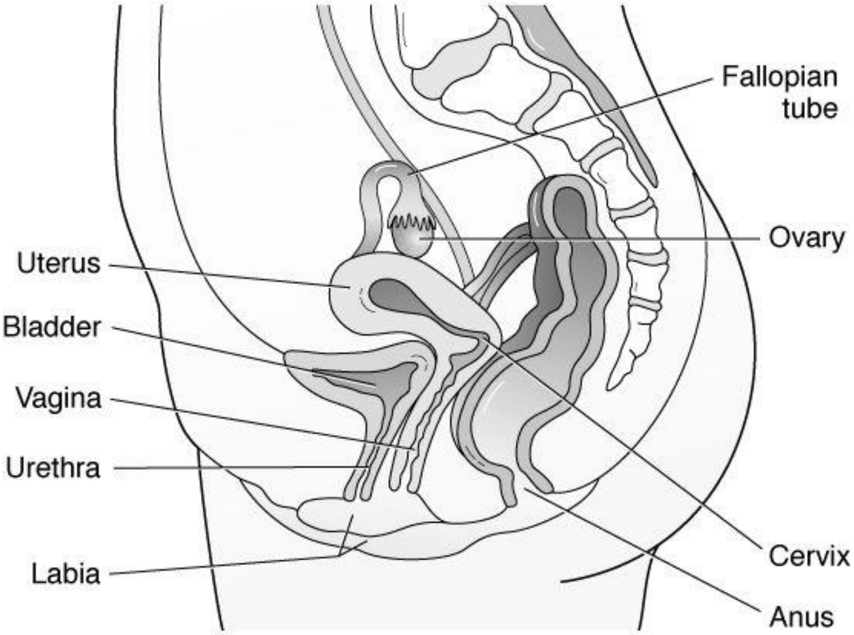
X-rays, ultrasounds, MRIs, and CT are not done routinely. Your doctor may want to use them in some cases, but for most people they will only be done if new symptoms develop, there are worrisome findings on exam, or if the CA-125 tumor marker becomes elevated in a woman who has had ovarian cancer.

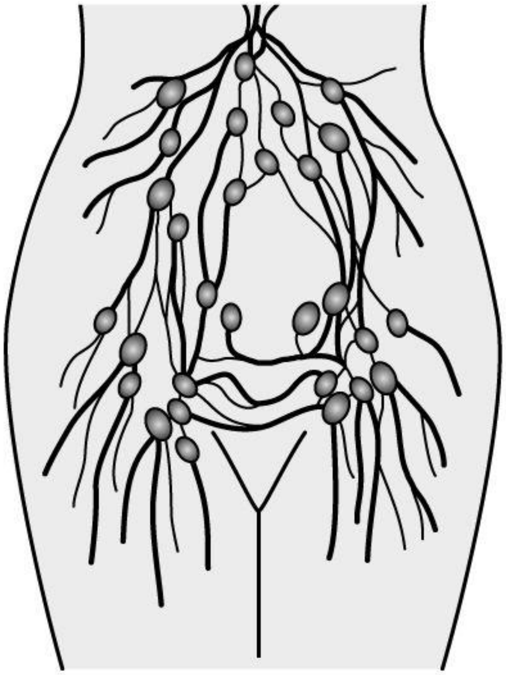
It is very important to follow the appointment schedule your doctor gives you. If your cancer should come back, you have a better chance of a good outcome if it's detected and treated as early as possible.


Fallopian tube
Ovary
Uterus
Endometrium
Cervix
Vagina
Vulva


Clitoris
Labia majora
Urethra
Labia minora
Vagina
Vestibule
Perineum
Anus


diaphragm
liver
omentum
colon
ovary
fallopian tube
uterus


Fallopian tube
Ovary
Uterus
Bladder
Vagina
Urethra
Labia
Cervix
Anus



Hazardous Drug Safety for the Home Caregiver

This handout will tell you how to stay safe while caring for someone who is being treated with a hazardous drug.

Hazardous drugs can produce cancer, harm an embryo or fetus, damage or mutate DNA, or cause other health hazards. They could cause skin rashes, allergic reactions, mouth and nasal sores, nausea, vomiting, eye irritation, headaches, flu-like symptoms, and hair loss.

While medicines help the person getting the treatment, there are risks for caregivers. You could be exposed while touching the drug or touching urine, vomit, stool, or other body fluids.

How do I protect myself?
Family members and caregivers should take extra care to prevent exposure. You should wear gloves when:

- Touching hazardous drugs.
- Handling body fluids (tears, breast milk, urine, vomit, or stool).
- Helping use the toilet. Close the toilet lid before flushing.
- Touching soiled linens. Hold the linens away from your body. Put it in a washing machine or plastic bag as soon as you can. Wash alone in hot water with detergent through two full wash cycles.
- Cleaning body fluids off surfaces or carpet. Use paper towels to wash the spots with soap and water. Rinse well.

Wash your hands with soap and water after taking off your gloves. All waste can go into the normal trash at home.

Why do hospital staff take more precautions?
Hospital staff are at higher risk because they are exposed to many hazardous drugs. Long term exposure can lead to serious and long-term effects. Staff may gown, double glove, and at times, wear face shields or masks. They will also dispose of the waste in special plastic bags.

Where should I store hazardous drugs at home?
As with other medicines, keep all hazardous drugs away from children and pets. Avoid storing or handling these medicines where food is prepared or eaten. Keep it in its original, labeled container. If you need to store it in the fridge, keep it in a plastic bag away from open food.

How should I break or crush a hazardous drug in pill form?
Before you break or crush a pill, talk to your pharmacist to make sure it is safe. If it is okay to break a pill, put on gloves. Use a pill splicer inside a small plastic bag. The pill splicer should be stored in the sealed plastic bag. Put on gloves. If you have a mask or protective eyewear, wear it. Then, place the pill in a small plastic bag and seal it. Crush the pill with the back of a spoon. Pour it into a small pill cup. Wash the area with soap and water.

Where do I dispose of any unused hazardous drugs?
You should dispose of unused medicines in a **MedDrop**. To find your local **MedDrop,** ask your local pharmacist or check online. You will need to put the pill bottles in a plastic bag and drop them in the drop box.

Note: Do not dispose of any supplies used for injections or infusions in the drop box. This includes needles and syringes.

What should I do if I get hazardous drugs on my skin or eyes?

Wash any skin that touched a hazardous drug or body waste at once with soap and water. Rinse and pat dry. If the drug splashes in your eye, keep the eye open and rinse it right away with fast running lukewarm tap water for 15 minutes. Call the regional **Poison Control Center 1-800-222-1222.**

Facts about Surgery for Cancer

For people with certain types of cancer, or whose cancer is found early, surgery may be the best choice for treatment. Some people only have surgery. Others have chemotherapy or radiation therapy before or after their surgery.

Often, people are afraid of surgery. Your team of doctors, nurses, social workers, and others can answer questions and counsel you to help you make the choices that are right for you.

If your doctor suggests surgery for your cancer, and you decide to have it, a team of experts will work with you before and after your surgery to make sure you are comfortable.

Does everyone with cancer have surgery?
No. There are many things that determine if surgery should be done. This includes the stage of your cancer and your overall health. Your doctors will be able to tell you whether or not surgery is an option for you.

Why should I have surgery, if it is recommended to me?
For some people, the goal of surgery is to remove cancer from their body. While no one can guarantee cancer will never come back, surgery may help meet that goal.

In other cases, surgery may be an effective way to relieve cancer symptoms.

Is there a lot of pain with surgery?
After surgery, pain medicines are used to reduce pain. Often, people are able to be out of bed walking the same or the next day. Your doctors and nurses are experts in taking care of pain and helping you to be comfortable.

What if I can’t have surgery or the cancer comes back?
Surgery is only one of the treatment options for cancer patients. Chemotherapy and radiation therapy are other options. Many people are eligible for clinical trials as well.

I have many more questions before I will be ready for surgery.
We know, and we are here to help. Your healthcare team will take the time to answer your questions. Before you have surgery, you will meet with a patient education specialist who will make sure you have all the information you need.

Use the blank pages in section 12 of your Guidebook to write down your questions, and bring them with you to your appointments.

Facts about Chemotherapy for Cancer

Chemotherapy is the treatment of cancer with one or more medicines. Unlike surgery or radiation therapy that treats cancer in a specific site, chemotherapy is a **systemic treatment** that travels throughout the body.

Though chemotherapy may be given alone, it is often used along with surgery and/or radiation.

- **Neoadjuvant** chemotherapy (with or without radiation) is sometimes given before surgery or radiation to shrink the tumor. This makes it easier to remove or allows for a less extensive surgery.
- **Adjuvant** chemotherapy is given after surgery to destroy any cancer cells left behind.
- Chemotherapy can be used as a **radiosensitizer** making radiation treatments more effective.
- Chemotherapy can be used (with or without surgery or radiation) if the cancer recurs or spreads to other parts of the body.

Why do I need chemotherapy?
It is given to:

- slow the growth of cancer
- control symptoms caused by cancer
- prevent cancer from coming back
- cure **some** cancers

Your **medical oncologist** is an expert who will plan your treatments. The plan is based on:

- the kind of cancer you have
- where the cancer is
- the side effects the cancer and/or treatments have on your body
- your general health

How will I get my chemotherapy?
It can be given in many ways. Some of the most common ways are:

- as a pill – by mouth
- into a vein or **central catheter** – intravenous (IV)
- as a shot (injection) under the skin (sub Q) or into a muscle (IM)
- into an artery directly to the tumor

What about side effects?
The idea of getting chemotherapy can be a scary thing. You may hear stories about the side effects from well-meaning friends and relatives. Research has allowed us to improve the way we give chemotherapy and manage side effects making it more effective and easier to tolerate.

Many side effects of chemo occur because of the effect the drugs have on the normal fast growing cells in the body. The specific side effects you might expect from your treatment will be discussed with you when the treatment plan is made.

You are the most important member of your health care team. If you have side effects or concerns, be sure to let your doctors and nurses know.

Facts about Radiation Therapy

Radiation therapy is the use of high energy rays to treat cancer in a specific site. Radiation therapy may be used alone. It may also be used with surgery and/or chemotherapy.

How does radiation work?
Radiation kills cancer and normal cells in the area being treated. Treatments are planned to deliver as much radiation as possible to tumor cells. Normal cells near the cancer are able to repair damage caused by radiation. Radiation works to stop tumors from growing. In some parts of the body, after cancer cells die, the dead cells may be absorbed by your body which can result in shrinkage of the tumor. Other areas are not able to absorb those cells, or the process may be quite slow so there may be no shrinkage of the tumor.

Types of radiation therapy
External beam radiation is the general term used to describe the delivery of radiation. There are many ways radiation can be delivered and many techniques that can be used to treat the tumor and reduce damage to normal tissue.

Other types of radiation

- **IMRT (**intensity-modulated radiotherapy **and FSRT (**fractionated stereotactic radiotherapy) **and VMAT (**volumetric modulated arc therapy) are ways to target cancer while causing less damage to normal tissues.

- **Stereotactic radiosurgery-** is used to treat some tumors, usually in the brain. It is a very precise form of radiation. It can also be called Gamma Knife or Cyber Knife.

- **Tomotherapy** is a type of machine that delivers radiation in a spiral pattern to treat certain cancers. It is a combined treatment machine and CT scanner. The CT confirms the precise size, shape, and location of the tumor before the treatment is given.

- TrueBeam is a type of machine that delivers radiation to treat cancers. It is a combined treatment machine and CT scanner. The CT confirms the precise size, shape, and location of the tumor before the treatment is given.

- **Brachytherapy** places a radiation source in or near the tumor. The radiation can be given with seeds, rods or catheters depending on the location of the tumor

- **Stereotactic Body Radiation** (SBRT) uses a mold for positioning and allows radiation to be precisely targeted to tumors.

- **Gated RapidArc-** a technique that monitors the patients breathing and allows for tumors to be treated that may move with breathing.

Will I need these treatments?
jody@bgsinc.comYour doctors will talk with you about your treatment options. If radiation therapy is needed, they will explain the type of treatment that is best for you and discuss any side effects.

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Facts about Clinical Trials and Treatment

Clinical trials or research studies, test new treatments, procedures and devices in people. Some trials address quality of life issues. Others are designed to find better ways to give treatments like radiotherapy and chemotherapy. Some test new drugs. In all of these cases, the goal of clinical trials is to improve care.

Clinical trials with medicines might test how well a new drug works or how combinations of older drugs can be better. Radiotherapy trials study new techniques and devices. Clinical trials may also compare a standard therapy with a new one to determine which is best.

If a clinical trial is an option for you, and you want to know more, your doctor and a study coordinator will discuss the details of the trial. Participation in a clinical trial is voluntary. You may choose not to participate. If you decide to take part, you may withdraw at any time. Your decision will not affect the quality of your care.

Clinical trials go through stages, or phases, of testing.

- Phase I trials look at how best to give a new treatment safely.

- Phase II trials test the effectiveness and side effects of new treatments.

- Phase III trials compare the new treatments studied in phase I and phase II with standard therapy.

What are the benefits of a clinical trial?

- You will receive high quality care. Even if you do not receive the new drug or have the new technique, you will receive the best standard treatment.
- By looking at the pros and cons of your treatment options, you are taking an active part in decisions that will affect your life.
- You may be one of the first to benefit from a new treatment or procedure.
- You have the chance to help others and improve care.

What are the risks of clinical trials?

- **New treatments may not always better, or as good as standard care.**
- As with standard care, even if a new treatment helps some people, it might not help you.
- There might be unexpected side effects.

Health insurance may not cover some of the costs of a clinical trial. The study coordinator will be able to tell you what charges are paid for by the study and what can be billed to your insurance.

Resources

- If you would like more information please visit:
  - www.uwhealth.org/cancertrials
  - www.clinicaltrials.gov

Tests and Procedures

Tests and procedures are performed before, during, and after cancer treatment. This section provides you with a place to file handouts about how to prepare for a test or procedure. You may also wish to use this section to keep track of test results. However you wish to use it is up to you.

Chemotherapy

Surgery

Radiotherapy

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

University of Wisconsin Carbone Cancer Center (UWCCC) Nutrition Appointments

Inpatient nutrition therapy: If you are in the hospital and would like to speak to a registered dietician before you go home, let your medical team know and they can order a nutrition consult for you.

Outpatient nutrition therapy: To make a clinic appointment with a registered dietician call **(608) 265-1700**

Food Safety for the Immunocompromised Patient

When your immune system is weak you are at greater risk of getting sick from foods with bacteria, viruses, and mold. This food safety guide will help you avoid foodborne illnesses.

Below is a guide as to how long you may need to follow these guidelines:

- **Allogeneic stem cell transplant**: follow this guide during pre-transplant chemotherapy (chemo) and until you are no longer taking drugs that suppress your immune system.
- **Autologous stem cell transplant**: follow this guide during pre-transplant chemo and for the first 3 months after transplant.
- If you are immunocompromised but did not have a stem cell transplant, follow this guide until you are no longer immunocompromised.

Types of Food	High Risk Foods to Avoid
Meats, Poultry and Seafood	• Raw, dehydrated, or undercooked meat, poultry, fish or shellfish • Smoked fish kept in the fridge
Milk	• Unpasteurized (raw) milk • **Kefir and yogurt are safe to eat, even with live cultures**
Eggs	• Foods with raw or undercooked eggs like homemade Caesar salad dressing, homemade raw cookie dough, and homemade eggnog
Fruits/Vegetables	• Unwashed fruits and vegetables • Fresh produce that cannot be cleaned well like strawberries, blueberries, grapes, blackberries and raspberries • Non-pasteurized fruit and vegetable juice • Raw sprouts (alfalfa, bean or other sprouts) • Fresh mushrooms • **Packaged, frozen fruits and vegetables are safe to eat**
Cheese	• Soft cheeses made from unpasteurized (raw) milk like brie, camembert, blue-veined, and queso fresco • **These cheeses are safe to eat if cooked**
Hot Dogs and Deli Meats	• Hot dogs, deli meats, and luncheon meats that have not been reheated to steaming hot or 165°F
Other	• Unpasteurized pâtés or meat spreads • Raw honey
Drinks/Water	• Sun tea • Kombucha • Well water • Water from lakes, rivers, streams, or springs • **All bottled water is safe to drink**

General Food Safety Guidelines

- Wash hands, utensils and work surfaces often.
- Separate raw meats, poultry, seafood and eggs from other foods in your shopping cart, grocery bag, and fridge.
- Thaw meat, fish, and poultry in the fridge or microwave – not on the counter.
- Cook foods to the right temperature. Refer to the table below.
- Chill raw meat/poultry and cooked leftovers within 2 hours. Your fridge should be kept at 40°F or below.
- Avoid foods from delis, buffets, salad bars, and bulk food bins. Avoid free food samples in stores.
- Do not buy opened or damaged products, expired foods, or cans that are rusted, bulging or dented.
- Select fruits and vegetables that look and smell fresh and do not have bruises, damaged skins, or mold.
- Wash all raw fruits and vegetables before peeling or cutting. To clean, run under cool water or soak in a basin of water for 1-2 minutes and drain. Do not use soaps, bleach or detergents on produce.

Water Safety

- Avoid well water. No matter how often well water is tested, you can't be sure it will stay safe.
- Tap water is water from your faucet. If the water source is a city water supply or a municipal well it is clean and safe in most cases. If you have questions about the safety of your water, check with your local health department and water utility.
- Bottled water is best. Choose water that has one of these statements on the label: reverse osmosis, distillation/distilled or filtered through an absolute 1 micron or smaller filter.

USDA Recommended Safe Minimum Internal Temperatures				
Beef, Pork, Veal, Lamb, Steaks, Roasts, Chops	Fish	Ground Beef, Veal, Lamb	Egg Dishes	Whole, Pieces, and Ground Turkey, Chicken, Duck
145°F with a 3 minute rest time	145°F	160°F	160°F	165°F

Teach Back

What is the most important thing you learned from this handout?

What changes will you make in your diet/lifestyle, based on what you learned today?

If you have more questions please contact UW Health at one of the phone number listed below. You can also visit our website at www.uwhealth.org/nutrition.

Nutrition clinics for UW Hospital and Clinics (UWHC) and American Family Children's Hospital (AFCH) can be reached at: **(608) 890-5500.** Nutrition clinics for UW Medical Foundation (UWMF) can be reached at: **(608) 287-2770.**

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

The Spanish version of this *Health Facts for You* is #476s.

United States Department of Agriculture
Food Safety and Inspection Service

Food Safety Information


USDA Photo

Basics for Handling Food Safely

Safe steps in food handling, cooking, and storage are essential to prevent foodborne illness. You can't see, smell, or taste harmful bacteria that may cause illness. In every step of food preparation, follow the four steps of the Food Safe Families campaign to keep food safe:

- Clean - Wash hands and surfaces often.
- Separate - Don't cross-contaminate.
- Cook - Cook to the right temperature.
- Chill - Refrigerate promptly.

Shopping

- Purchase refrigerated or frozen items after selecting your non-perishables.
- Never choose meat or poultry in packaging that is torn or leaking.
- Do not buy food past "Sell-By," "Use-By," or other expiration dates.

Storage

- Always refrigerate perishable food within 2 hours--1 hour when the temperature is above 90 °F (32.2 ºC).
- Check the temperature of your refrigerator and freezer with an appliance thermometer. The refrigerator should be at 40 °F (4.4 ºC) or below and the freezer at 0 °F (-17.7 ºC) or below.
- Cook or freeze fresh poultry, fish, ground meats, and variety meats within 2 days; other beef, veal, lamb, or pork, within 3 to 5 days.
- Perishable food such as meat and poultry should be wrapped securely to maintain quality and to prevent meat juices from getting onto other food.
- To maintain quality when freezing meat and poultry in its original package, wrap the package again with foil or plastic wrap that is recommended for the freezer.
- Canned foods are safe indefinitely as long as they are not exposed to freezing temperatures, or temperatures above 90 °F. (32.2 ºC) If the cans look ok, they are safe to use. Discard cans that are dented, rusted, or swollen. High-acid canned food (tomatoes, fruits) will keep their best quality for 12 to 18 months; low-acid canned food (meats, vegetables) for 2 to 5 years.

Preparation

- Always wash hands before and after handling food.
- Don't cross-contaminate. Keep raw meat, poultry, fish, and their juices away from other food. After cutting raw meats, wash hands, cutting board, knife, and counter tops with hot, soapy water.
- Marinate meat and poultry in a covered dish in the refrigerator.
- Sanitize cutting boards by using a solution of 1 teaspoon chlorine bleach in 1 quart of water.

Thawing

- **Refrigerator**: The refrigerator allows slow, safe thawing. Make sure thawing meat and poultry juices do not drip onto other food.
- **Cold Water**: For faster thawing, place food in a leak-proof plastic bag. Submerge in cold tap water. Change the water every 30 minutes. Cook immediately after thawing.
- **Microwave**: Cook meat and poultry immediately after microwave thawing.

Cooking

- Cook all raw beef, pork, lamb and veal steaks, chops, and roasts to a minimum internal temperature of 145 °F (62.8 ºC) as measured with a food thermometer before removing meat from the heat source. For safety and quality, allow meat to rest for at least three minutes before carving or consuming. For reasons of personal preference, consumers may choose to cook meat to higher temperatures.
- **Ground meat**: Cook all raw ground beef, pork, lamb, and veal to an internal temperature of 160 °F (71.1 ºC) as measured with a food thermometer.
- **Poultry:** Cook all poultry to an internal temperature of 165 °F (73.9 °C) as measured with a food thermometer.

The Food Safety and Inspection Service (FSIS) is the public health agency in the U.S. Department of Agriculture responsible for ensuring that the nation's commercial supply of meat, poultry, and egg products is safe, wholesome, and correctly labeled and packaged.

USDA Meat & Poultry Hotline
1-888-MPHotline
(1-888-674-6854)

Serving

- Hot food should be held at 140 °F (60 °C) or warmer.
- Cold food should be held at 40 °F (4.4 ºC) or colder.
- When serving food at a buffet, keep food hot with chafing dishes, slow cookers, and warming trays. Keep food cold by nesting dishes in bowls of ice or use small serving trays and replace them often.
- Perishable food should not be left out more than 2 hours at room temperature--1 hour when the temperature is above 90 °F (32.2 ºC).

Leftovers

- Discard any food left out at room temperature for more than 2 hours--1 hour if the temperature was above 90 °F (32.2 ºC).
- Place food into shallow containers and immediately put in the refrigerator or freezer for rapid cooling.
- Use cooked leftovers within 4 days.
- Reheat leftovers to 165 °F (73.9 °C).

Refreezing

Meat and poultry defrosted in the refrigerator may be refrozen before or after cooking. If thawed by other methods, cook before refreezing.

COLD STORAGE CHART

These short, but safe, time limits will help keep refrigerated food from spoiling or becoming dangerous to eat. Because freezing keeps food safe indefinitely, recommended storage times are for quality only.

Product	Refrigerator 40 °F (4.4 ºC)	Freezer 0 °F(-17.7 ºC)
EGGS		
Fresh, in shell	**3 to 5 weeks**	**Do not freeze**
Raw yolks & whites	**2 to 4 days**	**1 year**
Hard cooked	**1 week**	**Does not freeze well**
LIQUID PASTEURIZED EGGS, EGG SUBSTITUTES		
opened	**3 days**	**Does not freeze well**
unopened	**10 days**	**1 year**
Mayonnaise Commercial, refrigerate after opening	**2 months**	**Do not freeze**
FROZEN DINNERS & ENTREES		
Keep frozen until ready to heat	**—**	**3 to 4 months**
DELI & VACUUM-PACKED PRODUCTS		
Store-prepared (or homemade) egg, chicken, ham, tuna, & macaroni salads	**3 to 5 days**	**Does not freeze well**
HOT DOGS & LUNCHEON MEATS		
Hot dogs		
opened package	**1 week**	**1 to 2 months**
unopened package	**2 weeks**	**1 to 2 months**

Product	Refrigerator 40 °F (4.4 ºC)	Freezer 0 °F(-17.7 ºC)
Luncheon meat		
opened package	**3 to 5 days**	**1 to 2 months**
unopened package	**2 weeks**	**1 to 2 months**
BACON & SAUSAGE		
Bacon	**7 days**	**1 month**
Sausage, raw — from chicken, turkey, pork, beef	**1 to 2 days**	**1 to 2 months**
Smoked breakfast links, patties	**7 days**	**1 to 2 months**
Hard sausage — pepperoni, jerky sticks	**2 to 3 weeks**	**1 to 2 months**
SUMMER SAUSAGE labeled “Keep Refrigerated”		
Opened	**3 weeks**	**1 to 2 months**
Unopened	**3 months**	**1 to 2 months**
HAM, CORNED BEEF		
Corned beef, in pouch with pickling juices	**5 to 7 days**	**Drained, 1 month**
Ham, canned labeled “Keep Refrigerated		
Opened	**3 to 5 days**	**1 to 2 months**
Unopened	**6 to 9 months**	**Do not freeze**

Product	Refrigerator 40 °F (4.4 °C)	Freezer 0 °F (-17.7 °C)
HAM, FULLY COOKED		
Vacuum sealed at plant, undated, unopened	2 weeks	1 to 2 months
vacuum sealed at plant, dated, unopened	"Use-By" date on package	
Whole Half Slices	7 days 3 to 5 days 3 to 4 days	
HAMBURGER, GROUND & STEW MEAT		
Hamburger & stew meat	1 to 2 days	3 to 4 months
Ground turkey, veal, pork, lamb, & mixtures of them		
FRESH BEEF, VEAL, LAMB, PORK		
Steaks	3 to 5 days	6 to 12 months
Chops	3 to 5 days	4 to 6 months
Roasts	3 to 5 days	4 to 12 months
Variety meats — tongue, liver, heart, kidneys, chitterlings	1 to 2 days	3 to 4 months
Pre-stuffed, uncooked pork chops, lamb chops, or chicken breasts stuffed with dressing	1 day	Does not freeze well
SOUPS & STEWS		
Vegetable or meat added Cooked meat & meat casseroles	3 to 4 days	2 to 3 months

Product	Refrigerator 40 °F (4.4 °C)	Freezer 0 °F (-17.7 °C)
COOKED MEAT LEFTOVERS		
Gravy & meat broth	3 to 4 days	2 to 3 months
	3 to 4 days	
FRESH POULTRY		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, pieces	1 to 2 days	9 months
Giblets	1 to 2 days	3 to 4 months
COOKED POULTRY LEFTOVERS		
Fried chicken	3 to 4 days	4 months
Cooked poultry casseroles	3 to 4 days	4 to 6 months
Pieces, plain	3 to 4 days	4 months
Pieces covered with broth, gravy	3 to 4 days	6 months
Chicken nuggets, patties	3 to 4 days	1 to 3 months
OTHER COOKED LEFTOVERS		
Pizza, cooked	3 to 4 days	1 to 2 months
Stuffing, cooked	3 to 4 days	1 month

Food Safety Questions?

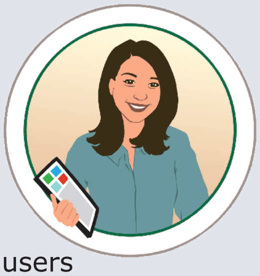
Call the USDA Meat & Poultry Hotline

If you have a question about meat, poultry, or egg products, call the USDA Meat and Poultry Hotline toll free at **1-888-MPHotline (1-888-674-6854)** The hotline is open year-round Monday through Friday from 10 a.m. to 4 p.m. ET (English or Spanish). Recorded food safety messages are available 24 hours a day. Check out the FSIS Web site at **www.fsis.usda.gov**.

Send E-mail questions to **MPHotline.fsis@usda.gov**.

AskKaren.gov

FSIS' automated response system can provide food safety information 24/7 and a live chat during Hotline hours.



Mobile phone users
m.askkaren.gov
PregunteleaKaren.gov

Revised August 2013

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. ***Hope.***

Facts about Physical Activity for Cancer Patients

For most people with cancer, regular activity is helpful. It can make you feel better both physically and emotionally.

What are some of the benefits of an active lifestyle?

- Improved quality of life
- Increased sense of control and well being
- Decreased fatigue
- Increased energy and endurance
- Increased ability to perform normal activities of daily living
- Less dependence on others
- Increased muscle strength and flexibility
- Reduced risk of blood clots
- Increased ability for social contacts and recreation

Other long-term benefits

- Reduced risk of heart disease
- Prevention of osteoporosis

What type of physical activities or exercises can I do?

The amount of activity varies from person-to-person and may change during and after your cancer treatments. In general, you should start slowly and progress slowly.

Cancer treatment can affect endurance and muscle function, and increase your need for hydration and rest. Athletes and others who already exercise may find that they need to modify their exercise program during their treatment for cancer.

Consult your doctor before you begin any exercise program to make sure your plan is appropriate and safe for you. Your doctor may suggest Physical Therapy to plan a specific exercise program.

How do my blood counts effect my activity level?

Patients with **low platelet counts** (20,000 per cubic mm or less) should avoid heavy resistance work and activities that traumatize the joints. Low intensity exercise (range of motion, light strengthening with low weights (less than 5 pounds), and walking) can be tolerated, if cleared by your doctor.

Patients with **low red blood cell (RBC)** counts can have increased fatigue. Resting heart rate may be higher, and you may need to adjust the level of intensity of your exercise program accordingly. Please discuss appropriate exercise intensity with your physician. Wearing a heartrate monitor may be helpful. Your doctor may recommend that you meet with a physical therapist to develop an appropriate exercise program.

Managing Symptoms and Self Care

We are interested in helping you manage symptoms and side effects that may occur as a result of cancer or cancer treatment. This section of your Guidebook includes information on managing some common symptoms you may have. If you are having a symptom or side effect not mentioned here, please ask your doctor or nurse for ideas on how to manage it.

In addition to physical symptoms, you may feel stressed, anxious, or depressed. You may have changes in relationships or your job situation. We have cancer psychologists, social workers, spiritual care providers, and support groups to help you manage these concerns. To learn more about these services, refer to the sections titled *Managing Symptoms and Self-care; Sexuality* and *Support Resources*.

Managing your symptoms is an important part of your care. We encourage you to try techniques that have worked for you in the past. Also, we encourage you to tell us about your symptoms, side effects, and other concerns so we can help you through them.

Your Oncology Care Team

Health Facts for You

UWHealth

Neutropenia (Adult)

What is neutropenia?

Neutrophils are a type of white blood cell that help the body fight infection. They are a type of white blood cell and are made in your bone marrow. Neutropenia means you have a low number of these cells, so it is harder for your body to fight infection.

What causes it?

Neutropenia can be caused by many things, sometimes the cause is unknown. Common causes are:

- Chemotherapy
- Radiation treatments to areas of the body that produce blood cells, such as your bones.
- Some cancers
- Autoimmune disorders
- Viral infections
- Certain medicines

Testing for Neutropenia

Neutrophils are measured in a simple blood test called a “complete blood count with differential” or “CBC with diff.”.

The test results will give the neutrophil count (ANC). This will tell you how many neutrophils you have. A normal ANC is 1,700 - 7,500 cells/mm^3. When your ANC is less than 1500 cells/mm^3 you are neutropenic, and at a greater risk for infection.

If you have autoimmune neutropenia, your doctor may order an antibody blood test. In some cases, a bone marrow test may be needed to determine the cause.

Treatment

The treatment depends on what caused you to get neutropenia. If it was caused by a medicine you took, your doctor might have you stop taking the medicine or switch medicine. Sometimes neutropenia is treated with drugs that help your bone marrow make neutrophils. These drugs are called granulocyte-colony stimulating factors (G-CSF).

If you are getting chemotherapy, a side effect can be neutropenia. We expect this to occur in about 7-14 days after treatment. Your doctor may have you take G-CSF or allow your bone marrow to recover and start making white blood cells again.

How to Avoid Infection

When you are neutropenic, it is very important to protect yourself from infection.

Hand Washing

Hand washing is the best way to stop the spread of infections. The hands can have many germs on them and can get into the mouth or nose easily. Wash your hands with a liquid anti-bacterial soap and water. People who will be in contact with you should wash their hands often. Refer to HFFY#5236 “The Power to Stop Infection Is in Everyone’s Hands”

When to Wash

- Before eating, drinking, and taking medicine
- After using the bathroom
- Before touching food
- Before and after any type of physical care such as brushing your teeth
- Before and after touching the eyes, nose, or mouth
- After touching things that may be dirty
- After contact with pets

How to Wash

1. Wet hands under a stream of warm water.
2. Using liquid anti-bacterial soap, scrub for at least 15 to 30 seconds.
3. Scrub under your nails daily and whenever they become dirty.
4. Rinse well under a stream of warm water.
5. Use a paper towel to turn off the faucet.
6. Dry your hands.

Keep anti-bacterial wipes/gel in your car, purse, or pocket for times when you may not have soap and water.

Visitors and Crowds

Stay away from people who are coughing, sneezing, or sniffling. People with colds, flu, or other symptoms should not visit you.

Avoid large crowds. Think of a crowd as more than 8 people in an average sized room (living room or family room). If you are out and strangers are within 3 feet of you, you are in a crowd.

Food Safety

Food safety is important for people with cancer because treatment can weaken the immune system. **You must be careful when handling, cooking, and eating foods to avoid getting a foodborne illness.**

- Wash hands, utensils, counters, and tables with hot soapy water before and after preparing food.
- Wash raw fruits and vegetables.
- Avoid unpasteurized dairy products.
- Cook meat and eggs until well done.
- Avoid salad bars and buffets when eating out.

If you are a bone marrow transplant patient, see HFFY #476 “Food Safety for the Immunocompromised Patient.”

Mouth Care

- Use a very soft toothbrush. Keep it clean by rinsing with warm water. Store in a dry area.
- Brush your teeth gently after meals and before bed.
- After brushing, rinse your mouth for 1 to 2 minutes with a mixture of a half-teaspoon of salt or baking soda in 8 ounces of water.
- Do not use mouthwash that contains alcohol as it can irritate and dry your mouth.
- Gently floss your teeth once each day unless you have been told not to. Do not floss if it causes pain or bleeding.
- If you wear dentures, clean every day. Brush and then soak them in new denture cleaner for a few minutes. Rinse them well. If your dentures don’t fit contact your dentist.

Check with your doctor or nurse before having any dental work done. Some dental work can increase the risk of infection. Tell your dentist about your neutropenia before your visit.

Sexual Activity

You may need to avoid sex when you are neutropenic. Talk to your doctor or nurse about when you can resume sex. Some contact with your partner may be safe.

- Avoid sex and kissing people who have colds, flu, or cold sores.
- Use a water-soluble lubricant (such as K-Y Jelly, Replens) during sex to avoid vaginal trauma due to dryness.
- Avoid anal sex.
- A condom should be used for vaginal and oral sex.
- If your partner may have a sexually transmitted infection (STI) a condom may not be enough barrier during

and after treatment. That means no sex until the STI is treated and resolved.
- Avoid more than one sex partner.
- Do not use an IUD for birth control.
- Report any signs of infection, such as discharge, itching, odor, bleeding, or pain.

Prevent Infection

- Shower daily. Be sure to wash under your arms, groin, and rectal areas.
- Keep your skin dry and clean.
- Avoid cleaning birdcages, fish tanks, and cat litter boxes.
- Limit exposure to soil or dirt.
- Do not smoke and avoid people who do smoke.
- Do not put anything in your rectum before checking with your doctor.
- Do not get manicures or pedicures at salons or spas.
- During severe neutropenia you may need to wear a mask (see below).

Treatment of Infection

Oral or IV antibiotics may be given. Depends on the infection, but you may need to go in the hospital so we can closely watch you.

When to Call

Call your doctor right away if you have any of these signs:

- You have a temperature of 100.8°F (Take your temp in the morning and every night.)
- Shaking chills
- Chest congestion or cold symptoms
- Sore throat
- Sores in mouth
- Sinus pain
- Problems with urination, such as burning or urgency
- Loose bowel movements
- Inflamed hemorrhoids
- Changes in mental status
- Vaginal discharge or irritation
- Pimples or boils on the skin (may appear without pus, because white blood cells are needed to make pus)
- If you have a venous access device (Hickman, PICC, Groshong, or Port) report any swelling, redness, pain at catheter site or along tunnel area, or drainage from exit site

Your Mask

If you need a mask, your nurse will help fit your mask and give you a small supply to use. You can buy more masks from your local drug store.

In the hospital you need to wear your mask when you are out of your room. When outside the hospital you should always have your mask on in public places. You should also have your mask on if you are less than 100 days post-transplant.

How to Wear the Mask

- The upper and lower edges of the mask are snug to your face.
- The elastic bands are placed so that one is on the base of the skull and the other is near the top of your head.
- The nosepiece must be pinched down to snugly fit the bridge of your nose.
- There should not be gaps between the mask and your face.
- Masks may be reused. Store them in a clean dry place. Change your mask if it is moist, won't keep its shape or you have worn longer than 8 hours.

Anemia

When your red blood cell count is low, you have anemia. Red blood cells are made in the bone marrow. They carry oxygen throughout the body. When there are fewer red blood cells, the body tissues may not get enough oxygen. Anemia can be measured by a blood test.

Normal Values

- **Men**
  - Hematocrit (Hct): 40-52%
  - Hemoglobin (Hgb): 13.6-17.2
- **Women**
  - Hematocrit (Hct): 34-46%
  - Hemoglobin (Hgb): 11.6-15.6

Causes

Common causes include:

- Low iron levels
- Low levels of folate or vitamin B12
- Cancer
- Medicines, such as chemotherapy
- Radiation
- Blood loss
- Chronic kidney disease
- Sickle cell disease
- Thalassemia

Symptoms

- Fatigue
- Shortness of breath
- Trouble breathing when walking, climbing stairs or talking
- Pale skin
- Ringing in the ears
- Light-headedness
- Pounding or fast heart rate
- Chest pain
- Blood in your stool
- Dark brown or red vomit

Treatment

Treatment depends on the cause of your anemia. Your provider may have you take iron supplements, vitamins, hormones or growth factors. Your provider will also decide if you need a blood transfusion.

How to Manage Your Anemia

- Plan frequent, short rest periods
- Change positions slowly:
  - Lying to sitting
  - Sitting to standing
- Stand awhile before walking
- Dress warmly
- Eat a well-balanced diet and drink lots of fluids (8-10 8oz glasses) unless your provider gives you other instructions
- Talk with your providers and nurses about an exercise plan to deal with fatigue
- Ask for Health Fact #4384, Cancer-Related Fatigue

When to Call

Call if you have any of the listed symptoms.

Who to Call

Call: ____________________________

Hours: __________________________

UWHealth **Health Facts** *for you*

Preventing and Treating Constipation in Gyn/Onc Patients

Your constipation may be caused by:

- Recent surgery
- Chemotherapy
- Opioids

Prevention

- Drink plenty of non-caffeinated fluids.
- Stay active.
- While on opioids, take a stool softener (docusate sodium/colace) 100 mg twice daily and MiraLAX® 17 gm once daily. You can buy these over-the-counter.

Treatment

If you have no bowel movement within 48 hours after going home, follow the guidelines in this handout. Your treatment option depends on if you have had surgery on your bowels.

Have you had surgery on your bowels in the last month?

I don’t know if I had surgery on my bowels.

- Call to review your records.

Yes, I have had surgery on my bowels in the last month.

- Increase MiraLAX® to twice daily dosing **or** take 2-4 tablespoons of Milk of Magnesia. Call if you do not have a bowel movement within 4-6 hours of taking milk of magnesia **or** within 12 hours of increasing MiraLAX®.

No, I have not had surgery in the last month.

- Use a Dulcolax® suppository. You should have a bowel movement within 4-6 hours. Call if you do not have a bowel movement within 4-6 hours.

When to Call

- If you are constipated and have nausea and vomiting.
- If you are constipated and unsure if you had surgery on your bowels in the last month.
- If the treatments listed in this handout have not worked.

Who to Call

Gyn/Onc RN Triage Line/After Hours Line
608-263-1548

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

UWHealth Health Facts *for you*

Cancer-Related Fatigue

What is cancer-related fatigue?
Cancer-related fatigue is a common feeling for cancer patients. It is not the same as the fatigue caused by the demands of daily living. It can keep you from enjoying life and your daily routine. Patients have described it as:

- Feeling tired
- Feeling tired
- Feeling exhausted
- Feeling worn out
- Heaviness in their body
- Feeling slow
- Having trouble concentrating
- Feeling irritable
- Feeling moody
- Feeling sad

What causes cancer-related fatigue?
The exact cause is unknown. Some of things that might lead to feeling fatigued are:

- The cancer itself
- Medicines, such as chemotherapy
- Radiation
- Low blood counts
- Poor nutrition
- Sleep problems
- Depression, fear, worry or anxiety
- Lack of activity

How can I manage my cancer-related fatigue?
Talk to your provider about your fatigue. They can help you find ways to make you feel better.

Eat and drink. Eating and drinking enough will also help you feel less fatigued. We know that your disease and treatment may make it hard to eat and drink enough. Try eating many small meals and taking sips of fluids throughout the day rather than eating a few larger meals each day. Ask your provider if you can talk to a dietician. They can suggest ways to help you get enough to eat and drink enough.

Be active. We know that exercise can help you feel less tired and improve your sleep. It can also improve your mood. Try going for a short walk. Plan to be active when you have the most energy.

Don't do too much. You may not have enough energy to do everything you want to do in a day. While you have energy, do the things you want to do and ask someone to help you with the others (such as, cleaning, grocery shopping, cooking meals). Know your limits and don't be too hard on yourself.

Rest and relax. Save energy and only do the things that need to do. If you feel tired and want to take a nap, you should limit your nap to 10-15 minutes. Longer naps can make it hard to sleep at night. Relaxation methods may allow your body to rest while helping to decrease your stress. Try meditation, prayer, guided imagery or visualization to relax.

Sleep at night. Some people have trouble sleeping. Have good sleep habits. Go to bed at the same time each night, limit caffeine, be active during the day, use your bed only for sleeping and limit naps.

Find support. Cognitive therapy, relaxation, counseling, support groups, social groups, keeping a journal, hypnosis, and biofeedback may help you manage your fatigue. Talk with your provider if you want to learn more.

Take medicines. Medicines may help ease fatigue. This may not be an option for all. Your provider will let you know if there is a medicine that may help you.

References

1. National Comprehensive Cancer Network (2020). *Patient and Caregiver Resources: Fatigue.* Retrieved from https://www.nccn.org/patients/resources/life_with_cancer/managing_symptoms/fatigue.aspx
2. National Cancer Institute (2018). *Support for People with Cancer: Chemotherapy and You.*

Pain Management

There are many causes and kinds of pain. Pain can be caused by injury, illness, sickness, disease, or surgery. You and your health care team work together to treat your pain. Ask questions to find out how to relieve your pain. This Health Fact has some common questions and answers.

What questions should I ask my health care team?

- What pain medicine should I take?
- Can you explain the doses and times that the medicine needs to be taken?
- How often should I take the medicine? What should I do if I miss a dose?
- How long will I need to take the pain medicine?
- Can I take the pain medicine with food?
- Can I take the pain medicine with my other medicines?
- Should I avoid drinking alcohol while taking the pain medicine?
- What are the side effects of the pain medicine?
- What should I do if the medicine makes you sick to my stomach?
- What can I do if the pain medicine is not working?
- What else can I do to help treat my pain?

Talking About Pain

Why does my health care team need to ask about my pain?
This is because pain changes over time or your pain medicine may not be working. Your team should ask about your pain often.

What should I tell my health care team about my pain?
Tell them that you have pain, even if they don’t ask. Your team may ask you to describe how bad your pain is on a scale of 0 (zero) to 10, with 10 being the worst pain. They may use other pain scales that use words. They may use scales with colors, faces or pictures for children. Tell them where and when it hurts. Tell them if you can't sleep or do things like getting dressed or climbing stairs because of pain. The more they know about your pain the better they can treat it. The words below can be used to describe your pain.

- Aching
- Bloating
- Burning
- Cramping
- Comes and goes
- Constant
- Cutting
- Dull
- Numbing
- Pressing
- Pressure
- Pulling
- Radiating
- Searing
- Sharp
- Shooting
- Soreness
- Stabbing
- Throbbing
- Tightness

What if my pain gets worse?
Tell your health care team. Tell them how bad your pain is or if you’re in pain most of the time. Tell them if your pain medicine is not helping.

Should I include pain medicine on my list of medicines or medication card?
Yes! Even pain medicine that you will take for a short time should be listed with all of your other medicines. List all of your pain medicines, those ordered by your team and those you buy over-the-counter on your own.

Managing Your Pain

How can I treat my pain?
There are many ways to manage your pain. There are medicines and other ways to treat pain without taking medicine. You and your health care team will find a plan that works for you.

What are some common pain medicines?
Some pain medicines are acetaminophen, aspirin, and opioids. Opioids include morphine, oxycodone, and hydromorphone. Many of these medicines come in pills, liquids, suppositories, and skin patches. Some pain may be treated with medicines that are not usually thought of as pain relievers. For example, antidepressants.

What are the side effects of pain medicines?
It depends on the medicine. Side effects can include constipation, nausea, vomiting, itching, and sleepiness.

Constipation can be a major side effect of opioid pain medicines. It can include hard stools or not having a bowel movement more than every 2-3 days. Talk to your health care team about how to prevent or treat constipation. You should have a bowel movement every day or every other day.

What can I do if I have side effects or a bad reaction?
Call your doctor or nurse as soon as you can. Find out what can be done to treat the side effect. Ask if there is another pain medicine that may work better for you.

What if I'm afraid to take a pain medicine?
You may have had a bad side effect or bad reaction to a pain medicine in the past. Or you may be taking a lot of other medicines. Talk to your team about your fears.

Will I become addicted to pain medicine?
This is a common concern of patients. Addiction is unlikely. This is especially true if the patient has never been addicted. Talk to your team about your fears.

Will my pain medicine stop working if I take it for a long time?
This is called "tolerance." It means that after a while your body gets used to the medicine and you need to make a change to get pain relief. The condition causing your pain could also be getting worse or you may have a new type of pain. You may need more medicine or a different kind of medicine to control your pain. Tell your doctor or nurse about your fears.

Can I crush pills if I can't swallow them?
Check with your health care team or pharmacist. Some medicines can be crushed and some cannot. For example, time-release medicines should not be crushed. Ask your doctor or nurse if the medicine comes in a liquid or can be given another way.

Are there other ways to relieve pain?
That will depend on the cause of your pain and how much pain you have. Sometimes pain can be relieved in other ways.

Other treatments for pain are:

- Acupuncture, which uses small needles to block pain
- Taking your mind off the pain with movies, games and conversation
- Electrical nerve stimulation, which uses small jolts of electricity to block pain
- Physical therapy
- Exercise
- Hypnosis
- Massage
- Relaxation
- Heat or cold

Sexuality after Cancer Diagnosis

Adapted with permission from "Taking Time," an NCI publication

Some couples grow stronger when they face cancer together. They look at their lives in a new way. Problems that once seemed big don't feel that way now. Other couples facing cancer have more trouble.

Your Sex Life May Change

Sometimes people with cancer and their partners or spouses have trouble showing their love for each other. For instance, one man said that his wife wouldn't kiss him any more because she was afraid that she would catch cancer. In truth, people cannot give each other cancer.

People can also have problems with sex because of cancer and its treatment. For instance, you may not like how you look and not want to have sex. If this happens, talk with your spouse or partner.

Your spouse or partner may be afraid to have sex with you. He or she may be afraid of hurting you or having sex when you are not feeling well. Let your partner know if you want to have sex or would rather just hug, kiss, and cuddle.

Sometimes, cancer and its treatment cause other problems with sex.

- Fatigue can make you so tired that you don't want to have sex.
- Surgery can make certain positions painful.
- Some men may have trouble having an erection.
- Some treatments cause women to have vaginal dryness.
- Orgasm is sometimes hard to achieve.

Remember that you are special for who you are, not how you look. Your sense of humor, intellect, sweetness, common sense, special talents, loyalty, and many other qualities make you special. Sex is one of many ways to express love and respect.

Even though it may be awkward, discussing your concerns about your sex life with your health care provider can help. Medicines may help. There may be different ways of providing pleasure to your partner. Some people are helped by talking with other couples about how to stay close while dealing with cancer.

Gynecologic Oncology Sexuality Resources

This handout is a recommended list of resources for gynecologic oncology patients and their families. It is meant to help those with questions or concerns with sexuality. It is not uncommon for women to have difficulties, short or long term, after treatment for their gynecologic cancer. Patients are encouraged to speak with their doctor, physician assistant or nurse about any sexuality issues. Please be advised that this is not a complete list of resources. It is a list we have found helpful for many of our patients. These resources have been reviewed by our staff.

Books:
Sexuality and Fertility after Cancer by Leslie R. Stover, PhD Cleveland Clinic Foundation, 1997
For Women Only: A Revolutionary Guide to Overcoming Sexual Dysfunction and Reclaiming Your Sex Life by Jennifer Berman, MD and Laura Berman, PhD, 2001
Our Bodies, Our Selves by Boston Women's Health Book Collective, 1998
I'm Not in the Mood: What Every Woman Should Know about Improving Her Libido, by Judith Reichman, 1999

Websites:

Women's Cancer Network: www.wcn.org

Gynecologic Cancer Support: www.eyesontheprize.org

Our Bodies, Our Selves: www.ourbodiesourselves.org

The American Association of Sex Educators, counselors, and Therapists (AASECT): www.aasect.org

Information on Female Sexual Dysfunction: www.fsdinfo.org

A Woman's Touch: www.a-womans-touch.com

American Cancer Society: www.cancer.org

Early Menopause: www.earlymenopause.com

Cancerbacup-Helping People Live with Cancer:
www.cancerbacup.org.uk/Resourcessupport/Copingwithcancer/Sexuality

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Cancer Support Services

Counseling and Support
Having cancer may be emotionally and spiritually trying. We offer services to help you cope with cancer and cancer treatment.

During your care, you and your family may find one or more of these services helpful. Social workers, cancer psychologists, and spiritual care staff are available for counseling and emotional support. Also, each offers unique services.

Social Workers provide many resources. They can assist you with:

- Advance medical directives
- Community resources
- Financial concerns such as insurance, disability, and medical assistance
- Transportation and lodging
- Short and long-term care placements
- Hospice and Home Health Care

Cancer Psychologists help with coping and stress management skills.

- Treatment for depression and anxiety
- Relaxation and mindfulness training
- Individual, family, and group therapy

The Spiritual Care Services staff recognizes that care of the spirit is an important part of health and wellness.

- Spiritual comfort
- Faith-based support and guidance
- Prayer and worship services
- Communion, anointing, baptism, and confession

Any staff member can help you contact these services.

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Palliative Care Service at UWHC Cancer Clinics

Q: What is Palliative Care?
A: Palliative care eases suffering and promotes quality of life for patients and families facing a life-threatening illness or disease.

Q: How can the UW Palliative Care Service help me and my family?
A: The palliative care team works with your doctors and nurses to help meet your special goals of care. This care can help relieve the symptoms of disease or treatment, including pain, nausea, fatigue, shortness of breath, constipation, depression, and anxiety. The team provides emotional and spiritual support, guidance with difficult decisions, and health information.

Q: Who are the UW Palliative Care Team Members?
A: One or more of our team members may help you. Our team members include but are not limited to doctors, advanced practiced providers, nurses, pharmacists, social workers and chaplains. We try our best to help you meet your goals while enjoying your life.

Q: If I use the UW Palliative Care Service, will my regular doctor stop seeing me?
A: No. The Palliative Care Team always works with your current doctors and nurses to make sure your treatment goals are being met.

Q: How is Palliative Care different from Hospice?
A: Palliative care begins early in the course of a disease. Our focus is on the impact of the diagnosis and treatment. The UW Palliative Care Team is available to those who receive cancer care in the clinic or hospital. Hospice provides care to those living with a terminal illness. Hospice care is given in the home, nursing home, or in-patient hospice unit. Our Palliative Care Team works closely with Hospice and provides information and referrals.

Q: How do I get help from the UW Palliative Care Service?
A: If you want to see a palliative care provider in the clinic, call **608-265-1700** and request to schedule an appointment. If you are in the hospital you can request a palliative care consult by letting your provider or nurse know.

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Honoring a Patient’s Advance Directives at UW Health

What is advance care planning?
We’d like you to think about your healthcare wishes in advance. Advance care planning helps you think about and name what is vital to you. You, your loved ones and your care team will have a better sense of your healthcare wishes. Advance care planning will help you prepare your advance directives.

What are advance directives?
These are legal forms that allow adult patients to state their healthcare wishes. These papers let others know about your wishes. The papers can help guide your medical care in the event you cannot make your own decisions in the future. There are two kinds of these forms – the Power of Attorney for Healthcare (POA) and the living will.

The POA allows you to name the person(s) you want to make healthcare decisions for you. This is helpful in case you are not able to state your wishes, whether short-term or at the end of life.

The living will (statement to doctors) allows you to state your care wishes, if you have a terminal illness or you are in a vegetative state (permanent coma). Though the Living Will is a sound statement of your wishes, it should not be used alone.

If you wish to complete these forms while in the hospital, please ask your nurse or social worker for help.

Can advance directives be changed?
Your healthcare wishes may change with life events. It is important to reflect on what’s vital to you and make updates as your life changes. We can help you complete a new form if you want to make changes.

Who makes medical decisions when a patient can no longer do so?
Patients who have a POA for healthcare will have a healthcare agent. Most often, this is a family member or close friend. When doctors rule patients can no longer make their own medical choices, the healthcare agents will be asked to do so.

What if I don’t have an advance directive?
In this case, doctors may turn to adult family members to make choices. Being a family member does not make someone a healthcare agent. Your best legal option is to complete an advance directive to name healthcare agents who act as your voice. Sometimes family members don't agree about what should happen. When this occurs, a guardian may need to be chosen by a judge. This takes both time and money.

What are UW Health’s policies on end-of-life matters?
UW Health honors patients’ advance directives to the extent that’s legal.

Adult patients who can make their own decisions have a right to refuse or stop all forms of treatment. This includes treatment that will prolong life, such as dialysis, breathing machines (ventilators), feeding tubes, and CPR.

At UW Health we do all we can to promote health. If your heart stops beating or you stop breathing, we will attempt CPR unless you and your doctor have chosen not to. If you make that choice, your doctor will write a Do Not Resuscitate Order (DNR). If you do not want CPR, please be sure to talk with the doctor caring for you to request that an order be written each time you are in the hospital.

If you have a DNR order and are planning to have surgery, please talk with your doctor about the status of your DNR Order.

Some patients may ask their doctors to write an Out of Hospital DNR Order. Patients who have this type of DNR Order wear a special wristband when they are not in the hospital. The wristband lets emergency staff know of the patient's DNR wishes. State law says these orders are valid only in Wisconsin.

If a patient has an emergency in one of our clinics, the patient will likely be taken to our Emergency Room. Here, patients can receive or refuse treatment to prolong life and will receive comfort. All patients wearing an Out of Hospital DNR wristband will receive comfort measures only during transport.

The Ethics Committee can help patients, families, and members of the health care team talk about ethical issues that may arise. To talk about these issues, contact the Ethics doctor on-call through the paging system.

Questions?
Please talk with your social worker or UW Health Patient Resources at **(608) 821-4819** or **(800) 552-4255.** You can find out more online at uwhealth.org/ACP.

Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Research. Treatment. Education. *Hope.*

Glossary of Terms – Gynecologic Cancers

ascites – abnormal fluid build up in the abdomen.

abdomen – the space in the middle of the body containing the liver, stomach, spleen, pancreas, and intestines.

adjuvant therapy – treatment given after the primary treatment to increase the chance of cure (for example giving chemotherapy after surgery).

anemia – a low number of red blood cells that may contribute to fatigue.

advance directive – legal form that allows adult patients to write down their health care wishes. A Living Will and a Power of Attorney for Health Care are both examples of advance directives.

benign – not cancer, not malignant.

biopsy – a sample of tissues, cells or fluids removed from the body for examination under a microscope.

CA-125 – a protein made by some ovarian tumors that can be detected with a blood test.

carcinoma in situ – cancerous cells found only in the top layer of cells in the tissue or organ.

central catheter – a tube placed in a large vein used to draw blood or give intravenous fluids and chemotherapy.

cervix – the lower, narrow end of the uterus that forms a passageway between the uterus and the vagina.

chemotherapy – the treatment of cancer with medications.

clinical trial – tests new treatments, procedures and devices; may also be called a research study or protocol.

clitoris – the small female sexual organ at the top of the vaginal labia.

colposcopy – a procedure using a scope with a bright light and magnifying lens to view the cervix.

conization – also known as a cone biopsy, a procedure to remove a cone-shaped piece of tissue from the cervix.

CT scan – computed tomography scan, also known as CAT scan; an x-ray that takes detailed pictures of the body.

cycle – one part of a full course of chemotherapy. For example, chemotherapy may be given every 3 weeks for a total of 6 cycles. Sometimes, may doses of chemotherapy are given during a single cycle.

debulking – surgically removing as much visible tumor as possible.

endocervical curettage – use of a small spoon shaped instrument to scrape a sample of tissue from the cervical canal.

endometriosis – a non-cancerous condition where uterine tissue grows outside of the uterus.

endometrium – the lining of the uterus.

fibroids – non-cancerous masses that grow from the muscle layer of the uterus.

FIGO staging system – the method developed by the International Federation of Gynecology and Obstetrics used to determine the extent of cancer.

growth factor – medication given to increase the number of blood cells.

gynecologic oncologist – a doctor who specializes in caring for patients with gynecologic cancers using both surgery and chemotherapy.

hysterectomy – surgical removal of the uterus.

interval debulking –debulking surgery done after some of the chemotherapy has already been given. Further chemotherapy is given after the surgery is done.

intracavitary radiation – thin tubes or implants containing radioactive seeds inserted into the vagina in order to deliver radiation directly to the tissue.

intraperitoneal – into the space within the abdomen.

intravenous (IV) catheter – a tube placed into a vein to draw blood, or administer intravenous medications.

laparoscopy – a surgical procedure to insert a thin, lighted tube into the abdomen to view and remove tissue samples.

LEEP – a procedure using an electric wire loop to slice off a thin piece of tissue.

Living Will – a written statement of your care wishes if you have a terminal illness. For most people, a Power of Attorney for Health Care is more flexible than a Living Will.

lymph node – Lymph is a thin fluid found in the body. Lymph nodes are small, bean-shaped structures that filter lymph and store white blood cells that help to fight infections. Lymph nodes can also collect cancer cells that travel through the lymph to other parts of the body.

malignant – containing cancer (cancerous).

mass – a lump or bump of abnormal cells; may also be called a nodule or tumor.

medical oncologist – a doctor who treats cancer with chemotherapy.

menopause – when menstruation, or periods, permanently stop.

metastasis – the spread of cancer from its primary site (starting point) to other parts of the body.

- **local metastasis** – spread to nearby areas.
- **regional metastasis** – spread of cancer to lymph nodes.
- **distant metastasis** – spread of cancer to distant organs.

mucosa – the thin layer of cells that lines the vagina as well as the entire digestive system from the mouth to the anus.

myomentum – the outer, muscular layer of the uterus.

neoadjuvant therapy – chemotherapy and/or radiation treatments given before surgery to shrink the tumor. This makes it easier to remove or allows for a less extensive surgery.

neutropenia – a low number of white blood cells that is associated with an increased risk of infection.

nodule – a lump of abnormal cells; may be used in place of the words tumor or mass.

omentum – the fold in the peritoneum that covers the stomach and other organs in the abdomen.

oncology – the treatment of cancer.

opioid analgesics – narcotic pain medicines.

ovary –the female reproductive organ in the pelvis that forms eggs; there is one ovary on each side of the uterus.

Pap test – a test to look for cancerous changes in a piece of tissue scrapped from the cervix.

pelvis – the lower part of the abdomen that contains the female reproductive organs; located between the two hip bones.

peritoneum – the tissue that lines the inside of the abdomen.

PET scan – positive emission tomography scan; a whole body scan that detects the presence of cancer cells and records metabolic activity.

Power of Attorney for Health Care – a written statement that allows you to name a person to make health care decisions for you if you become unable to do so.

primary cancer – the site where the cancer started.

protocol – the plan for a clinical trial (research study).

punch biopsy – use of a hollow, sharp device to pinch off small samples of tissue

radiation oncologist – a doctor who treats cancer with radiation.

radiosensitizer – chemotherapy used with radiation therapy to make the radiation treatments more effective.

radiation therapy/radiotherapy – the treatment of cancer with high energy rays.

recurrence – when cancer comes back after treatment.

remission – no evidence of cancer.

research study – a clinical trial or protocol that tests new treatments, procedures or devices.

salpingo-oophrectomy – a surgical procedure to remove the fallopian tubes and ovaries.

sarcoma – cancer of the muscle, as in uterine sarcoma.

staging – description of the cancer based on its size, cell type, the aggressiveness of the tumor, and the extent it has spread in the body.

standard of care – the current, best, medically proven treatment.

study coordinator – the person responsible for coordinating tests and treatments, and collecting data if you are on a clinical trial.

thrombocytopenia – a low number of platelets that may cause an increased risk for bleeding.

tumor – an abnormal group of cells which may be benign or malignant.

tumor marker – a protein secreted by tumors that can be detected in the blood; the blood test is used as one indication of tumor shrinkage or growth.

ultrasound – a device inserted into the vagina or held against the abdomen that uses sound waves to create a picture of internal organs and tissues; can be used to look for abnormal masses.

urethra – the tube that carries urine from the bladder to the outside of the body.

uterus – a hollow organ in a woman's pelvis where a baby grows and develops.

vagina – the passageway from the cervix to the outside of the body.

vaginal labia – the folds of tissue between the clitoris and the vagina.

vulva – the external female genital organs that includes the clitoris, the vaginal lips, and the opening to the vagina.