

As a new patient at Maryland Oncology Hematology, we want you to feel comfortable, and confident about your care. We have created this booklet to help prepare you and guide you during your cancer journey.

Chemotherapy & Immunotherapy Patient Guide

Let's Get Started

If at any point you have questions regarding the information enclosed in this guide, we encourage you to reach out to a member of your care team.



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Chemotherapy

What is chemotherapy?

Chemotherapy (also called chemo) is a type of cancer treatment that uses drugs to destroy cancer cells.

How does chemotherapy work?

Chemotherapy works by stopping or slowing the growth of cancer cells, which grow and divide quickly. But it can also harm healthy cells that divide quickly, such as those that line your mouth and intestines or cause your hair to grow. Damage to healthy cells may cause side effects. Often, side effects get better or go away after chemotherapy is over.

What does chemotherapy do?

Depending on your type of cancer and how advanced it is, chemotherapy can:

Cure cancer—when chemotherapy destroys cancer cells to the point that your doctor can no longer detect them in your body, and they will not grow back.

Control cancer—when chemotherapy keeps cancer from spreading, slows its growth, or destroys cancer cells that have spread to other parts of your body.

Ease cancer symptoms (also called palliative care)—when chemotherapy shrinks tumors that are causing pain or other problems.

How is chemotherapy used?

Sometimes, chemotherapy is used as the only cancer treatment, but more often, you will get chemotherapy along with surgery, radiation therapy, targeted therapy, or immunotherapy. Chemotherapy can:

- Make a tumor smaller before surgery or radiation therapy. This is called neo-adjuvant chemotherapy.
- Destroy cancer cells that may remain after surgery or radiation therapy. This is called adjuvant chemotherapy.
- Help radiation therapy and immunotherapy work better.
- Destroy cancer cells that have come back (recurrent cancer) or spread to other parts of your body (metastatic cancer).

How does my doctor decide which chemotherapy drugs to use?

We decide treatments based on where you are in your journey, stage, prior therapy and goals of treatment. Our providers use published data to support decisions. There are times where there are more than one option or many options that can be tailored based on your other health care needs. This choice depends on:

- The type of cancer you have. Some types of chemotherapy drugs are used for many types of cancer. Other drugs are used for just one or fewer types of cancer.
- Whether you have had chemotherapy before.
- Whether you have other health problems, such as diabetes or heart disease.



Chemotherapy



How often will I receive chemotherapy?

Treatment schedules for chemotherapy vary widely. Doctors and nurses look at the drugs, how often they are given. A cycle can be measured in weeks. During the cycle you may come to the office for treatments that span a few days DAY 1-5 or weekly DAY 1 and 8 as examples. We bring patients in for labs on certain days and provider visits. They sometimes are not on the same day so that the provider can review the labs prior to treatments. We call this uncoupled visits. How often and how long you get chemotherapy depends on:

- Your type of cancer and how advanced it is
- The goals of treatment (whether chemotherapy is used to cure your cancer, control its growth, or ease the symptoms)
- The type of chemotherapy
- How your body reacts to chemotherapy
- You may receive chemotherapy in cycles. A cycle is a period of chemotherapy treatment followed by a period of rest. For instance, you might receive one week of chemotherapy followed by three weeks of rest. These four weeks make up one cycle. The rest period gives your body a chance to build new healthy cells and recover from side effects.

Can I miss a dose of chemotherapy?

It is not good to skip a chemotherapy treatment. But sometimes your doctor or nurse may change your chemotherapy schedule due to side effects you are having. If your schedule changes, your doctor or nurse will explain what to do and when to start treatment again.

How Will I Feel During Chemotherapy?

Chemotherapy affects people in different ways. How you feel depends on how healthy you are before treatment, your type of cancer, how advanced it is, the kind of chemotherapy you are getting, and the dose. Doctors and nurses cannot know for certain how you will feel during chemotherapy.

Can I work during chemotherapy?

Many people can work during chemotherapy, if they match their schedule to how they feel. Whether or not you can work may depend on what kind of work you do. If your job allows, you may want to see if you can work part-time or work from home on days you do not feel well.

Many employers are required by law to change your work schedule to meet your needs during cancer treatment. Talk with your employer about ways to adjust your work during chemotherapy. You can learn more about these laws by talking with a social worker.

How will I know if chemotherapy is working?

Your doctor will give you physical exams and medical tests (such as blood tests and x-rays). He or she will also ask you how you feel. You cannot tell if chemotherapy is working based on its side effects. Some people think that severe side effects mean that chemotherapy is working well, or that no side effects mean that chemotherapy is not working. The truth is that side effects have nothing to do with how well chemotherapy is fighting your cancer.

Chemotherapy



Can I take over-the-counter and prescription drugs while I get chemotherapy?

This depends on the type of chemotherapy you get and the other types of drugs you plan to take. Take only drugs that are approved by your doctor or nurse. Tell your doctor or nurse about all the over-the-counter and prescription drugs you take, including laxatives, allergy medicines, cold medicines, pain relievers, aspirin, and ibuprofen.

One way to let your doctor or nurse know about these drugs is by bringing in all your pill bottles. Your doctor or nurse needs to know:

- The name of each drug
- The reason you take it
- How much you take
- How often you take it

Can I take minerals, dietary supplements, or herbs while I get chemotherapy?

Some of these products can change how chemotherapy works. For this reason, it is important to tell your doctor or nurse about all the vitamins, minerals, dietary supplements, and herbs that you take before you start chemotherapy. During chemotherapy, talk with your doctor before you take any of these products.

How is chemotherapy given?

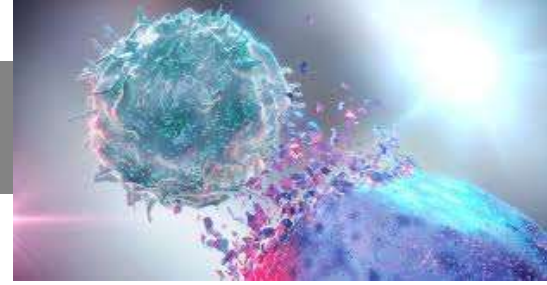
Chemotherapy may be given in many ways.

- **Injection.** The chemotherapy is given by a shot in a muscle in your arm, thigh, or hip, or right under the skin in the fatty part of your arm, leg, or belly.
- **Intravenous (IV).** Chemotherapy is often given through a thin needle that is placed in a vein in your hand or lower arm, or through a specialized device as described below. Your nurse will put the needle in at the start of each treatment and remove it when treatment is over. Let your doctor or nurse know right away if you feel pain or burning while you are getting IV chemotherapy.

IV chemotherapy can be given through catheters or ports.

- **Catheters.** A catheter is a soft, thin tube. A surgeon places one end of the catheter in a large vein, often in your chest area. The other end of the catheter stays outside your body. Most catheters stay in place until all your chemotherapy treatments are done. Catheters can also be used for drugs other than chemotherapy and to draw blood.
- **Ports.** A port is a small, round disc made of plastic or metal that is placed under your skin. A catheter connects the port to a large vein, most often in your chest. Your nurse can insert a needle into your port to give you chemotherapy or draw blood. This needle can be left in place for chemotherapy treatments that are given for more than 1 day.
- **Oral.** The chemotherapy comes in pills, capsules, or liquids that you swallow.

Immunotherapy/Biosimilars



What is Immunotherapy?

Immunotherapy is a type of cancer treatment that helps your immune system fight cancer. The immune system helps your body fight infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system. There are several types of immunotherapies; immune checkpoint inhibitors, T-cell transfer therapy, monoclonal antibodies, treatment vaccines, and immune system modulators.

How does Immunotherapy work against cancer?

As part of its normal function, the immune system detects and destroys abnormal cells and most likely prevents or curbs the growth of many cancers. Immunotherapy helps the immune system to better act against cancer.

How often do you get immunotherapy treatment?

How often and how long you receive immunotherapy depends on:

- your type of cancer and how advanced it is
- the type of immunotherapy you get
- how your body reacts to treatment
- how your cancer reacts to treatment

Immunotherapy is given in schedules or cycles according to published protocols. A cycle is a period of treatment followed by a period of rest. The rest period gives your body a chance to recover, respond to immunotherapy, and build new healthy cells.

How can you tell if the immunotherapy is working?

You will see your doctor often. He or she will give you physical exams and ask you how you feel. You will have medical tests, such as blood tests and different types of scans. These tests will measure the size of your tumor and look for changes in your blood work.

Biosimilars

A biosimilar is a biological medication highly like the original immunotherapy (reference) product. Biosimilars have no clinically meaningful differences from the reference product. You can expect the same safety and effectiveness from the biosimilar over the course of treatment as you would the reference product. Biosimilars are made from the same types of sources and are just as safe and effective as their reference products. MOH uses biosimilars when appropriate. For more information go to <https://www.fda.gov/drugs/biosimilars/patient-materials>. See next page for more information.

WHAT IS A BIOSIMILAR?

> A biosimilar is a biological product

FDA-approved biosimilars have been compared to an FDA-approved biologic, known as the reference product.

Reference and biosimilar products are:



Large and generally complex molecules



Produced from living organisms



Carefully monitored to ensure consistent quality

> A biosimilar is highly similar to a reference product

For approval, the structure and function of an approved biosimilar were compared to a reference product, looking at key characteristics such as:



Purity



Molecular structure



Bioactivity

The data from these comparisons must show that the biosimilar is highly similar to the reference product.

> A biosimilar has no clinically meaningful differences from a reference product

Studies were performed to show that biosimilars have no clinically meaningful differences in safety, purity, or potency (safety and effectiveness) compared to the reference product:



Pharmacokinetic and, if needed, pharmacodynamic studies



Immunogenicity assessment



Additional clinical studies as needed

Studies may be done independently or combined.

> A biosimilar is approved by FDA after rigorous evaluation and testing by the applicant

Prescribers and patients should have no concerns about using these medications instead of reference products because biosimilars:



Meet FDA's rigorous standards for approval



Are manufactured in FDA-licensed facilities



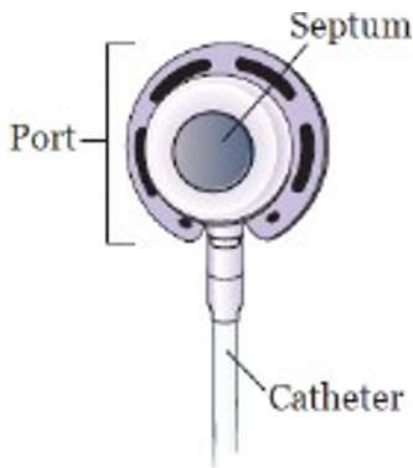
Are tracked as part of post-market surveillance to ensure continued safety

About Mediports



What is a Mediport?

An implanted port is a flexible tube or catheter placed into a large vein in your chest for easier IV access. A port allows your nurse to deliver medications, fluids, and draw blood samples, without having to stick your arm veins directly with a needle.



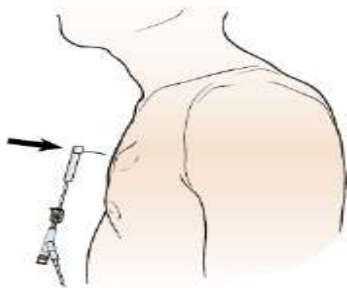
Information about your Mediport

The port sits under your skin and has a raised center, or access point. You will be able to feel it as a slightly raised bump through your skin. This will not need any special care once healed.

Submerging in water and all normal daily activities are safe once healed.

Interventional Radiology (IR) or a surgeon will implant the port.

- This is a quick procedure with two small incisions. You will be lightly sedated for the procedure.
- No intubation required. You will need a driver.
- You will go home with Dermabond (a clear purple glue) on your incision. Sutures under the skin absorb and do not need to be removed..
- Site will be tender for 24-48 hours. Take over-the-counter (OTC) medication like Tylenol if needed. Your port can be used right away.



To access the port a nurse will insert a needle through the raised access point on your port which will remain in place until your infusion is completed.

EMLA cream is a numbing, lidocaine lotion that may be prescribed by your provider. Apply a dollop to the port site and cover with a small piece of plastic wrap prior to leaving home or 30 minutes before infusion.

The port will not interfere with any type of imaging. It is compatible with MRI, CT, and radiation therapy. Ports should not set off metal detectors.

Ports can remain in place for years. When you no longer need it, a simple procedure by IR can remove it.

Ports need to be flushed by a nurse every 4-6 weeks

when not being used so the catheter doesn't become blocked.

We do not utilize ports for lab draws on non-treatment days. This is to preserve your port.

Infusion Treatment

Before your Infusion Treatment

Everyone reacts to treatment differently. Until you know how your body will respond, consider the following:

Visitors

- Bring someone with you to drive you home or to ride with you on the bus. We encourage patients to have a family member join them for appointments.
- Children in the Cancer Center - To protect your loved ones, we request that no one under the age of 15 come with you to your treatment appointment.

Food/Fluids

- Eat a light breakfast and/or lunch the day of your treatment, but avoid fatty or highly seasoned foods, particularly before your first treatment. This may help you better tolerate your treatment.
- Drink plenty of fluids the day prior to treatment to ensure you're well hydrated.
- We encourage you to bring snacks, drinks and/or lunch with you as needed, but we do have a few snacks available if needed.

Medications

- Take all medications as you normally would.
- Bring any medications with you that you may have questions about to discuss with your doctor or nurse. Bring any pain medications you may need during your treatment with you and notify the nurse if you are taking medications while in the clinic, especially narcotics.
- Always update your medication list with all changes. It is important that we keep an accurate medication list for you and know the last date when your medications were reviewed.
- For some treatments, you may be asked to take medications at home prior to coming in for your treatment. It is very important to follow the directions of when to take them indicated by your provider.

Before you leave for your treatment

- Prepare a bag to take with you to your treatment which may include things like a book, tablet, laptop, blanket, snacks, etc.

What to Expect in the Infusion Room

- A special needle will be placed in the vein of your arm or in your port. While it may be uncomfortable initially, neither of these procedures should cause you excessive pain.
- Your nurse or tech will draw blood based on the provider's orders. These specimens will be tested to be sure it is safe to administer your treatment. If the test results are abnormal, your provider may decide to postpone your treatment to a later date, modify dose, and/or you may require some additional treatment to correct the problem.
- While waiting for your blood test results, the nurse will review the medication protocol prescribed. Medication to prevent nausea, constipation, diarrhea, and/or pain may be included in the protocol.
- Our pharmacy technicians will mix your medication once your lab values have been reviewed. Please be aware, the preparation time for medications vary and some take longer than others. When infusing, our specialty-trained nurses will monitor you closely for any adverse reactions. If you have any unusual or new symptoms, please report them to a nurse immediately.
- During the infusion, you will be seated in a recliner. You may eat, drink, read or participate in other sedentary activities. Your medication will be administered using an infusion pump. If you have to go to the bathroom during your treatment, you may simply unplug the pump and it will automatically switch to battery power. Upon your return to your chair, plug the pump back in and it will automatically convert to electric once again. If you need assistance, please ask one of our staff members.



Infusion Treatment

Things to Do during Treatment

Cell Phones

- You may use your cell phone while in the infusion area.
- Please be considerate of those around you and refrain from using speakerphone.
- Facetime calls are discouraged to maintain the privacy of all patients.
- Bring headphones to use with your cell phone if needed.

Entertainment

- You may bring a laptop computer, ipad, or other small electronic device to listen to music or watch video (headphones or ear buds are highly encouraged) during your treatment. It is very important we maintain a calm environment for all those around you receiving treatment.
- We have electrical outlets available by most treatment chairs for your use.
- WiFi is available.

Eating and Drinking

- You may eat during the treatment. We have some snacks available such as breakfast bars, crackers, cookies, and pretzels. We also have drinks available such as juice, soda, tea and coffee.
- If you are here for an extended amount of time, you are welcome to bring a lunch.

Food and Fluids

- It is extremely important to maintain healthy eating and drinking habits to help your body manage treatments, feel better and stay stronger while undergoing chemotherapy.
- Drink at least eight, 8 oz. cups of liquid (64 oz.) unless otherwise directed. These liquids should be non-caffeinated and non-alcoholic.
- Eating adequate calories and protein will keep your body from becoming depleted and help you keep your strength.
- Notify your provider or nurse of any weight loss or gain, changes with appetite or any nutrition-related side effects. For questions or a more individualized plan, please ask to see our Registered Dietitian.

Celebrate

- We invite you to acknowledge and honor your strength by ringing a bell or striking a gong which represents your personal milestone for how far you have come.



Safety



Handwashing

Remember to always use frequent handwashing to prevent infections.

Illness

Your resistance to infection is lowered during chemotherapy. Please remember to keep your distance from anyone who is ill and wear a mask.

Caregivers

Please remember that chemotherapy is excreted in body fluids, so when caring for a chemo recipient's urine, stool, vomit, etc., gloves should be worn, and good handwashing is important.

Conception

It is very dangerous to father a child or conceive a child while on chemotherapy and for 12 months following your last dose. Please be sure adequate birth control is used. Sperm banking can be considered for male patients, and other options may be available for women. Any questions or concerns about this should be discussed with your provider.

Medication Disposal

If you have unused medications, the DEA offers free prescription disposal. Visit <https://www.dea.gov/takebackday> to find a collection site location and date. Please do NOT flush medications down the toilet or put them in the garbage.

Home Safety After Chemotherapy Treatments

After receiving chemotherapy, you and your caregivers need to take special care to prevent contact with your body fluids. These fluids include urine, stools, sweat, mucus, blood, vomit, and those from sex. Below are some home safety measures that you and your caregivers should follow, such as:

- Closing the lid and flushing twice after using the toilet.
- Sitting on the toilet to urinate if you are male.
- Cleaning splashes from the toilet with bleach wipes.
- Using gloves when handling body fluids and washing your hands after removing the gloves.
- Wearing disposable pads or diapers if incontinence is an issue and wearing gloves when handling.
- Washing separately linens that are soiled with body fluids.
- Using condoms during sex for at least 48 hours after treatment.

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

Side Effects of Treatment



Blood

Chemotherapy may decrease three main parts of the blood:

- WBC (white blood cells) – these are part of your immune system and how your body fights infection. Low WBCs are known as neutropenia. We will monitor your absolute Neutrophil count or ANC. Routine precautions to help prevent infection should start immediately after chemotherapy and include:
 - Good handwashing after touching people, money, papers, magazines, etc., before and after food preparation and before eating.
 - Avoiding people with colds or other illnesses.
 - Taking good care of your skin and cleaning cuts right away.
 - Talk to your doctor prior to getting a flu shot or other vaccine.
 - Being careful around animals, including exotic animals. Avoid cuts and scratches as well as exposure to animal stool and urine.
- RBC (red blood cells) – These are cells that carry oxygen. Low RBCs are known as anemia. We will monitor your hemoglobin (Hgb) and hematocrit (Hct).
 - Symptoms of anemia: may feel fatigued, short of breath or have decreased stamina.
 - To help manage symptoms of anemia, get plenty of rest, limit your activities to what is most important to you, and eat a well-balanced diet.
- Platelets – These help make your blood clot. Low platelets are known as thrombocytopenia.
 - Signs of low platelets: May see increased bruising, petechiae (pinpoint red spots), persistent nosebleeds, bleeding gums, or blood in your urine or stool.
- Signs and Symptoms: may see increased bruising, petechiae (pinpoint red spots), persistent nosebleeds, or blood in your urine or stool.

Constipation

- Some chemotherapy drugs, pain medicine, and anti-nausea medications can cause bowel movements to become less frequent. Signs and symptoms include feelings of being bloated and nauseous, stomach cramps, belching, and passing lots of gas.
- Drinking at least 8 cups of liquids per day will help prevent constipation (water, juices, coffee, tea).
- If using pain medicine, your doctor may recommend using a laxative. Please contact our triage line for more information and to discuss your situation.
- If constipation develops for 24 hours or longer, your doctor may recommend you take additional medications. Please contact our triage line for more information.
- If constipation continues, contact your doctor.

Diarrhea

- If you have more than 4 loose, soft, watery bowel movements above your normal daily bowel movements, you are experiencing diarrhea. It can be caused by chemotherapy drugs, infections, or drugs used to treat constipation.
- Eat 5 or 6 small meals and snacks each day instead of 3 large meals.
- Drink 8-12 cups of clear liquids each day. These include water, clear soup broths, ginger ale, and sports drinks such as Gatorade® or Propel®. This will help keep you hydrated.

Side Effects of Treatment



Diarrhea continued...

- Ask your doctor or nurse about foods high in salts as your body loses sodium and potassium when you have diarrhea.
- Your doctor may recommend Loperamide (Imodium®); however, please contact your doctor for direction as some treatment regimens do not allow you to take this medication.
- If diarrhea continues for another 24 hours, contact your doctor immediately.

Eyesight Changes

- Some chemotherapy can bother your eyes and make wearing contact lenses painful. Ask your doctor or nurse if you can wear contact lenses while getting chemotherapy.
- Some chemotherapy may cause dry eyes and clog your tear ducts, causing blurry vision. If you have excessive tearing, you can use lubricating eye drops or warm compresses.
- Do not get new glasses while you are on chemotherapy.

Fatigue

- Can range from mild to extreme and can last for weeks to months after chemotherapy.
- Proper nutrition, limiting daytime naps to less than one hour, set sleeping habits, and being active (walking, jogging, or swimming) is encouraged.
- Tell your doctor about any pain, emotional distress, or new medications you have started.

Hair Loss

- You may lose all your hair, or your hair may just thin, usually in 2-3 weeks after starting chemotherapy. You may lose your hair a little at a time or in clumps. You may lose all body hair, eyelashes, and eyebrows as well. Your scalp may feel sore a day or two before your hair falls out. Your hair will grow back 2 to 3 months after chemotherapy.
- Talk to your doctor or nurse. He or she will know if you are likely to have hair loss.
- If interested in obtaining a wig, do so prior to beginning chemotherapy.
- MOH offers scalp cooling options that may assist with reducing hair loss. Please ask your nurse or provider for more information.

Mouth Sores

- Basic oral care is essential for preventing mouth sores.
- Brush your teeth with a soft-bristled toothbrush multiple times a day. Avoid toothpastes with the active ingredient sodium lauryl sulfate (Biotene® and Rembrandt® are good brands to use). Flossing (if able), and mouth rinses should be used as well. Avoid mouthwashes with alcohol.
- Rinse your mouth with warm salt water or baking soda rinses 3 to 4 times a day (after meals works well). Add ¼ teaspoon of baking soda or 1/8 teaspoon salt to 1 cup of warm water. Swish for 20-30 seconds and spit it out. Rinse with plain water after.
- If mouth sores develop, your doctor may prescribe medications to treat pain and discomfort. Please contact our triage line for more information to discuss your situation.

Side Effects of Treatment



Nausea and Vomiting

- We will give you pills or IV medications to prevent nausea and vomiting on your day of therapy if your chemotherapy drug causes nausea and vomiting.
- Take anti-nausea pills as prescribed. Take at first sign of nausea and do not wait until vomiting starts. After taking, wait 30-40 minutes before eating to give the medication a chance to get into your system.
- We will give you pills or IV medications to prevent nausea and vomiting on your day of therapy if your chemotherapy drug causes nausea and vomiting.
- Bland, easy to digest foods such as crackers and toast are good to eat if you experience nausea and vomiting. Eat 5 to 6 small meals and snacks instead of 3 large meals daily. Have food and drinks that are warm and cool (instead of hot and cold).

Nutrition

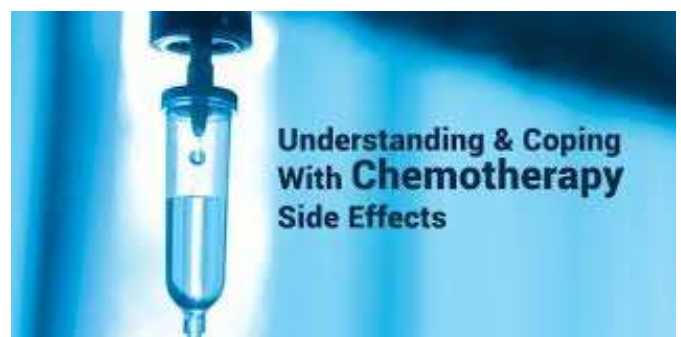
- No fried, greasy or spicy foods the day before, the day of, or the day after chemotherapy.
- No alcohol on the day of chemotherapy.
- Protein helps heal, so try eating protein (meats, beans, peanut butter). Eat high protein cereals, and to supplement your protein intake consider adding high-protein nutritional drinks such as Carnation Instant Breakfast®, Boost Plus®, Ensure Plus® or Glucerna® (for diabetics).
- MOH partners with Abbott Nutrition to offer free access for patients to call a registered dietitian at any time to receive advice on managing side effects via nutrition, how to get more protein, etc. . Please call Abbott Nutrition to start your complimentary conversation about your diet at 800-858-8386 and enter code 323 Monday-Friday, 9am to 5pm EST.

Sexual Changes

- Some types of chemotherapy can cause different sexual changes in men and women.
- In women, chemotherapy may damage the ovaries, which can cause changes in hormone levels. Hormone changes can lead to problems like vaginal dryness and early menopause.
- In men, chemotherapy can cause changes in hormone levels, decreased blood supply to the penis, or damage to the nerves that control the penis, all of which may lead to impotence.
- Talk to your doctor or nurse about whether you can have sex during chemotherapy, birth control options, and medications that help with sexual problems.

Taste

- Food may not taste good.
- You may try hard lemon candies or a lemon or lime slice in water.
- If you get a metallic taste when you eat, try using plastic silverware or cooking food in glassware.



How & When to Contact Us



It is vitally important that you contact your cancer care team with any questions, concerns, or new or unrelieved symptoms so we may provide you with information, recommendations, instructions, and any treatment you may need to manage the symptoms. There is a provider available to you both during and after regular clinic hours.

Please contact us if you experience:

- Temperature > 100.4 F
- Shaking Chills
- Irregular or Rapid Heartbeat
- Constipation or Diarrhea
- Nausea or vomiting that persists for > 48 hours after treatment or that is not controlled with medication
- Painful or frequent urination or blood in your urine
- Black or Red stool
- Soreness, redness, swelling, or pus at your port or central IV site
- Pain in a new place or that is not relieved by your pain medication
- New or unrelieved headache
- Any other new symptoms or concerns or questions you have

If you are experiencing any of the following symptoms call 911 or go to the nearest emergency department:

- Chest pain
- Severe onset of shortness of breath
- Uncontrolled bleeding
- Loss of consciousness
- Inability to communicate or move extremities

We may be reached at the following number:

Family Members

Family Members Calling for Information

If you have any family members or friends who may call us requesting information about you and your treatment, please be sure to complete an “Authorization to Use or Disclose Information” form, listing them as authorized individuals. This form can be obtained from our administrative assistants at the front office or in your patient Welcome Packet.”

We request that you select one family member to act on your behalf and the rest of your family can contact that person.

Our staff can not share your information without documented authorization.



HIPAA

General Community Resources



American Cancer Society (ACS) cancer.org

1-800-227-2345

ACS offers support, information and financial assistance to individuals who have cancer and their loved ones. The ACS also supports research, provides printed materials, and conducts educational programs.

American Society of Clinical Oncology (ASCO) asco.org

1-888-282-2552

ASCO has more than 40,000 pages of information, including: cancer resource on the Internet, finding an oncologist, and up-to-date information about cancer policy issues.

bethematch.org

1-888-999-6743

Be The Match Program is funded by the federal government to improve the effectiveness of the search for bone marrow donors. It keeps a registry of potential bone marrow donors and provides free information on bone marrow transplantation. It also provides advocacy aid by helping individuals and loved ones with information on insurance and other financial matters, identifying groups and resources for housing and transportation needs, and offering free educational materials.

breastcancer.org

1-610-642-6550

Breastcancer.org's mission is to help people make sense of the complex medical and personal information about breast health and breast cancer, so they can make the best decisions for their lives.

cancercare.org

1-800-813-4673

CancerCare offers support, information, financial assistance, and practical help to individuals who have cancer and their loved ones. Facilitates numerous telephone and web-based support groups.

cancerandcareers.org

Cancer and Careers provides employment-related education, support and resources for individuals who have cancer.

cancerhopenetwork.org

1-800-552-4366

The Cancer Hope Network provides individual support to individuals who have cancer and their loved ones by matching them with trained volunteers who have undergone and recovered from a similar cancer experience.

Cancer Legal Resource Center (CLRC)

1-866-843-2572

CLRC provides information on cancer-related legal issues for individuals who have cancer, their loved ones, and others impacted by the disease.

cancer.net

1-888-651-3038

Contains oncologist approved cancer information from the American Society of Clinical Oncology.

General Community Resources



cancerreallysucks.com

Cancer Really Sucks is a website designed by teenagers, for teenagers who have a loved one facing cancer.

chemocare.com

Chemocare website provides the latest information about chemotherapy.

Leukemia and Lymphoma Society (lls.org)

1-800-955-4572

LLS offer support, information and financial assistance to individuals with blood cancers and their loved ones. The LLS also supports research, provides printed materials, and conducts educational programs.

livestrong.org

1-855-220-7777

The Live Strong Foundation helps individuals with cancer and their loved ones live strong through advocacy, education, public health and research, as well as the LIVESTRONG Resource for Cancer Survivors.

National Bone Marrow Transplant Link (nbmtlink.org)

1-800-546-5268

The National Bone Marrow Transplant Link operates a 24-hour, toll-free number and provides peer support regarding bone marrow transplant (BMT) or stem cell transplant.

National Cancer institute (NCI) cancer.gov

1-800-422-6237

NCI provides up-to-date, comprehensive cancer information from the U.S. government's principal agency for cancer research.

National Center for Complementary & Alternative Medicine (NCCAM) nccam.nih.gov

1-888-644-6226

NCCAM provides the latest news, research, events, and clinical trials in complementary medicine from the U.S. government.

National Coalition for Cancer Survivorship (NCCS) canceradvocacy.org

1-877-622-7937

NCCS provides information and resources on cancer support, advocacy and quality-of-life issues to individuals with cancer and their loved ones.

National Hospice and Palliative Care Organization (NHPCO) nhpco.org

1-800-658-8898

NHPCO provides education to individuals and their loved ones on hospice and palliative care, as well as information on grief and improved advocacy.

Patient Advocate Foundation (patientadvocate.org)

1-800-532-5274

The PAF provides education, legal counseling, and referrals to individuals with cancer concerning managed care, insurance, financial issues, job discrimination, and debt crisis matters.

General Community Resources

stupidcancer.org

Online support community for young adults who have cancer. It has an extensive compilation of resources including links to forums, books, coping literature and other young adult cancer organizations.

[The Cancer Support Community – cancersupportcommunity.org](http://cancersupportcommunity.org)

1-888-793-9355

The Cancer Support Community provides psychological and social support for individuals with cancer and their loved ones through various affiliate centers and web-based support.

[The Ulman Cancer Fund for Young Adults – Ulmanfund.org](http://ulmanfund.org)

1-888-393-3863

The Ulman Cancer Fund for Young Adults is to enhance lives by supporting, educating and connecting young adults, and their loved ones, affected by cancer.

Adapted from CURE, 2011 edition of Cancer Resource Guide 1/14

Patient, Caregiver & Hair Loss Resources

Additional local resources are available for patients and caregivers as well as dealing with hair loss. Please ask your nurse for our list of local resources in your community.

coldcapitalfund.org

The Cold Capital Fund mission is to provide financial assistance to DC, Maryland, and Virginia chemotherapy patients trying to prevent hair loss through scalp cooling (also known as cold caps).

hairtostay.org

Help cancer patients understand What Scalp Cooling Can Do And The Options Open To You.