

# Chemotherapy

## What to expect



# Medical Information Guide

## Chemotherapy

This guide provides information for Medibank Private members and their families about chemotherapy.

It is important that you are well prepared for your healthcare experience, and know what to expect at key stages prior to, during and following this treatment.

It is also important that you discuss your particular circumstances in detail with the healthcare professionals who will be treating and caring for you. You should be confident in the treatment choices you make with your healthcare team and ensure that they are aware of your individual needs.

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As a member of Medibank Private, your entitlement to Benefits will depend on your type (hospital and/or extras) and level of cover and is subject to our Fund Rules and Policies. Premium rates, Benefits and the Fund Rules and Policies are subject to change from time to time. A copy of our Fund Rules is available at our Retail Centres or at [medibank.com.au](http://medibank.com.au)

Call us on 13 23 31 before you go to hospital to find out what you're covered for, any likely additional costs you may have to pay as well as for any other advice you may need.

The information provided in this guide is current at the time of issue, July 2008.

## What is cancer?

Cancer is a disease of the body's cells, the body's basic building blocks. While cells differ in shape and function, they all have the ability to reproduce themselves by cell division. Our bodies constantly make new cells, enabling us to grow, replace worn out cells and heal cells damaged by injury.

In normal tissue, cells grow and multiply in an orderly way. However, sometimes cells grow in an uncontrolled manner, and may develop into a lump known as a tumour. Benign tumours are non cancerous and can be large, however they stay self contained and do not spread to other parts of the body.

Malignant tumours, or cancers, are not self contained. They can invade neighbouring tissues and organs, and may spread to other parts of the body through the lymphatic system (which removes bacteria and other harmful wastes from the body) and blood stream, forming new growths known as secondaries or metastases.

Treatment of cancer depends on a range of factors including:

- type of cancer
- where it began
- if it has spread

Your age, general health and the type of treatment you wish to have are also important considerations.

Most cancers are treated by surgery, chemotherapy or radiotherapy. Immunotherapy and hormone therapy may be used in some cases. Many cancers are managed by more than one type of treatment.

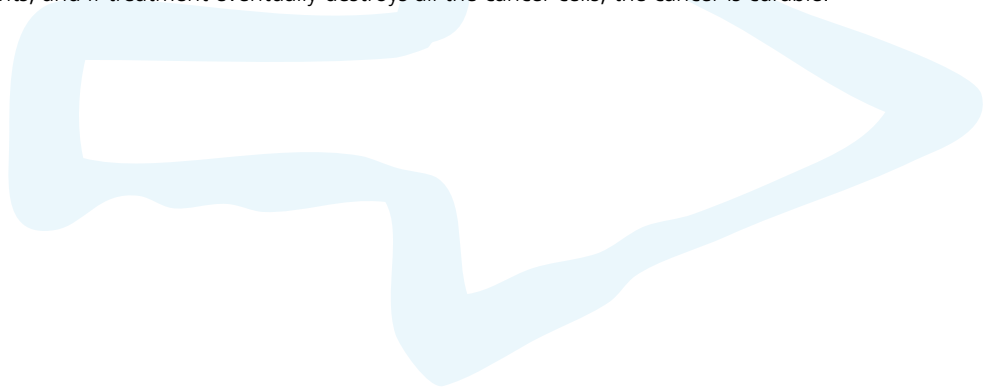
## What is chemotherapy?

Chemotherapy is the use of drugs to treat cancer by killing or slowing the growth of cancer cells. These drugs are called cytotoxics (*cyto* meaning cell, *toxic* meaning injure or kill). There are many different chemotherapy drugs, some derived from natural, and some from man made sources. In some cases only one drug is used, however more often drugs are used in combination. For example, a typical chemotherapy schedule to treat breast cancer involves three different chemotherapy drugs.

In chemotherapy, the drugs you are given travel through the bloodstream and will reach cancer cells in most parts of your body. The drugs kill or injure the rapidly dividing cancer cells.

Because chemotherapy drugs are not cancer specific, some normal cells are also affected, including hair cells, blood cells and cells lining the mouth. However, in general the effect on normal cells is temporary, and they recover quickly.

Cancer cells are slower to recover and have greater difficulty repairing than normal cells. By the time of your next treatment, normal cells have recovered but the cancer cells have not. Thus, more cancer cells are destroyed with successive treatments, and if treatment eventually destroys all the cancer cells, the cancer is curable.



## Why have chemotherapy?

The aim of chemotherapy is to cure cancer or improve a person's future by controlling the cancer's growth. Specific treatment goals in using chemotherapy are:

- **Cure.** The aim of the treatment is to destroy all cancer cells. When treatment results in no clinically detectable remaining disease, the cancer is said to be in remission. The longer remission lasts, the more likely a cure has been achieved. For many cancers, after five to ten years in remission, the cancer can be said to be cured, and the chance of it coming back is unlikely.
- **Control.** When the extent of cancer is too large to achieve a cure, chemotherapy can be used to control cancer growth for an extended period of time.
- **Palliation.** Palliative chemotherapy aims to relieve symptoms. It is particularly important for people with advanced cancer who are unable to be cured but who wish to live comfortably and without undue pain.

In conjunction with surgery, chemotherapy is used to increase the effectiveness by destroying any possible remaining cancer cells. Chemotherapy may also be given as a combined treatment at the same time as radiotherapy to improve local effects.

## Referral to a specialist

Chemotherapy is a specialised treatment usually undertaken by a medical oncologist. Your GP can recommend and refer you to a suitable specialist.

As well as advice from your GP, you may wish to know more about the treatment and what you can expect from your specialist. The following website provides further information about chemotherapy: **[www.cancer.org.au](http://www.cancer.org.au)**

Cost of treatment may also be an important consideration when selecting a specialist. A list of medical oncologists who have participated in Medibank Private's GapCover Scheme in the past can be found on our website **[medibank.com.au](http://medibank.com.au)**

Note: Specialists can choose to participate in GapCover on a **case-by-case** basis.

More information about GapCover can also be found on our website or in our '*Going to Hospital*' booklet.

## What should I discuss with my doctor or specialist?

- discuss the treatment options for your condition and why chemotherapy is being recommended
- what are the possible outcomes for each of the options you have discussed
- what is the likelihood of each of these outcomes occurring
- why your doctor has recommended a particular specialist in your case
- what experience does the specialist have, for example number of chemotherapy treatments given and outcomes for patients, including complication rates
- possible side effects, risks and outcomes associated with the treatment
- when any pathology results will be known
- typical recovery time after treatment
- arrangements for getting home and after care following treatment
- possible further treatment

Ideally, you should make sure that you fully understand the chemotherapy treatment that is going to be given. Your specialist should explain in detail how the treatment will proceed, and what preparation you should make. Your doctor may provide you with written material to read at home.

Your Medibank Private 'Going to Hospital' booklet contains further questions that you may wish to ask your doctor, including information on obtaining informed financial consent.

## Where is it done?

Where you receive your chemotherapy will depend on the drugs you are prescribed and the way they are given. You may have your chemotherapy during day visits to a hospital or clinic without needing to stay overnight. At other times you may need to stay overnight or for a couple of days. Some people are able to have their chemotherapy at home.

## How long does treatment take?

How often and for how long treatment is given will vary with individual circumstances and aims of treatment, but you may have chemotherapy daily, weekly or monthly for several months to a year.

## Who is involved?

Healthcare professionals who care for you while you are having chemotherapy may include:

- your medical oncologist who prescribes and coordinates the course of chemotherapy
- a radiation oncologist to prescribe and coordinate radiotherapy (for those cancers where both chemotherapy and radiotherapy are given)
- registrar, a doctor training to be a medical oncologist
- pathologists may be involved for various tests
- specialised nurses will give the course of treatment and support and assist you throughout
- dietician to recommend an appropriate eating plan to follow while you are in treatment and recovery
- social worker, physiotherapist and occupational therapist to link you to support services and help you to resume normal activities
- psychologist and psychiatrist who may work with you and your family to manage the stress of diagnosis and treatment.

## How to prepare

Your specialist should provide detailed advice on the preparation required in your particular case, but in general:

- you should obtain medical advice about taking prescribed and over the counter medications throughout your chemotherapy treatment, including rest periods between courses.

## What happens on arrival at the clinic or hospital?

When you arrive at the clinic or hospital, you will be admitted. Necessary paperwork will need to be completed.

Prior to the chemotherapy your specialist will ask you to sign a consent form, indicating that you give him or her permission to give the treatment and that you understand all potential risks and complications.

## What to expect during a course of chemotherapy

The way your chemotherapy is given will depend on the drugs used and the type of cancer you have. Chemotherapy should not be painful.

**Intravenous** administration (through a vein) is the most common method of delivering chemotherapy. Devices which may be used include:

- cannula: a small plastic tube inserted into a vein in your arm or hand.
- central line (central venous access device): a thin plastic tube inserted into a vein near the heart. A central line avoids the discomfort of regular injections and can also be used for blood testing. A central line can remain in place throughout your treatment and is easily removed when treatment is finished.
- PICC (peripherally inserted central catheter): a thin plastic tube is put in your arm.
- port-a-cath: a thin plastic tube is put into a vein with an opening (port) just under the skin on your chest or arm.

People having intravenous chemotherapy at home use a portable pump, usually attached to a central line. The pump is programmed to give the prescribed amount of chemotherapy over a specified period.

A line causes no pain or discomfort if properly placed and cared for. Your nurse should show you how to keep a line clean to prevent infection or blockage.

Other methods of giving chemotherapy include:

- tablets
- injection into a muscle
- injection under the skin
- applied to the skin as a cream
- injected into the fluid around the spine, an artery, the chest cavity, or directly into the tumour or an organ.

## What happens after a course of chemotherapy?

Rest periods between courses of chemotherapy allow normal cells to recover. The rest period can range from one to several weeks depending on the type of drug or drugs used. The number of courses given will depend on the type and aims of your treatment.

Your specialist will use several methods to measure how well your chemotherapy is working. You will have regular blood tests, and may also have physical examinations, scans, x-rays and other tests throughout your treatment.

Your specialist should also give you specific instructions about any side effects you may experience following a course of chemotherapy, and any symptoms for which further assistance should be sought.

Side effects vary greatly from person to person and from drug to drug. While they usually start during the first few weeks of treatment, in most cases they can be managed and often go away in time. Common side effects can include:

- tiredness and lacking energy
- feeling sick or vomiting
- constipation or diarrhoea
- mouth sores
- hair loss and scalp problems
- skin problems
- nerve and muscle effects
- hearing changes
- effects on blood and immune systems
- fertility problems

Importantly, your progress is monitored through the tests ordered by your specialist. The presence or absence of side effects has nothing to do with success of the treatment.

As well as specific medical advice, your healthcare team should support you to resume normal activities between courses of chemotherapy, including advice about food hygiene and diet, care of clothing and bedding and other aspects of day to day living.



#### Phone

13 23 31

#### Email

[ask\\_us@medibank.com.au](mailto:ask_us@medibank.com.au)

#### Visit Us

[medibank.com.au](http://medibank.com.au)

#### Write To Us

Medibank Private GPO Box 9999, in your capital city

#### Contact Us

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The information contained in this guide is current at the time of issue, July 2008, and supersedes all previously published material.  
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