

Handbook for Gynecology Oncology Patients Undergoing Cancer Chemotherapy

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Authors

Sue Wingermeier-Pingel RN, MS, CS
Infusion room nursing staff
Shon Dwyer RN, BSN, MBA
Kevin Reynolds M.D.

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Authors

Sue Wingermeier-Pingel RN, MS, CS
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Your Health Care Team

Our goal in the Gynecology Oncology program is to provide care for you while you are undergoing treatment for your cancer. You and your family are a vital part of our team before, during and after your therapy takes place.

Physicians

While undergoing treatment here at the University of Michigan, your medical care will be provided by gynecology/oncology physicians. The University of Michigan is a teaching hospital and our goals include not only providing the best patient care, but also the education of students in health care-related fields. Students, residents and fellows are part of the team and will participate in your care under the guidance and supervision of the staff ("attending") physician.

Nursing Staff

Nursing staff are part of the team in the clinics and at the University Hospital. They are available to talk about treatment and its side effects and to help answer any questions you may have. Please bear in mind that the nurse may not know the specifics of your therapy, and thus treatment issues may be referred back for discussion with your physician. A home care coordinator, who is also a nurse, is often involved in helping you and your family set up home care including nursing visits, home equipment and other needs.

Nurse Practitioner/Clinical Nurse Specialist

A registered nurse with advanced education will work in coordination with your health care team to provide care for you while receiving treatment. Nurse practitioners may diagnose and treat patients under the supervision of physicians.

Clinical Pharmacist

A clinical pharmacist may also participate in the planning of your chemotherapy and any other medication you may receive.

Social Worker

A social worker is a licensed professional available to you and your family to discuss your needs and concerns. They can assist you with finding housing, financial concerns, referrals to community agencies as well as assistance in dealing with the emotional aspects of going through treatment.

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Your Health Care Team, con't.

Dietitian

A dietitian who specializes in cancer is available to work with you to answer and address any nutritional concerns. Our dietitian works one-on-one with the patient and family to provide suggestions for appropriate nutritional intake. These services are free to Cancer Center patients. Call (734) 936-9814 for an appointment. Office Hours are: Mon, Tues & Thurs 8:00am to 4:00pm. Special appointments may be scheduled, if necessary. An inpatient dietitian is also available to you when you are in the hospital.

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Evaluation: Before, During, and After Treatment

Before, during and after treatment, you may undergo various tests. The tests you receive will depend on your disease, the treatment plan and/or your past history. Some tests may be repeated during the treatment process. This is to monitor for changes that may occur. Some of the tests are:

Audiology Tests

To assess your hearing.

Blood Tests

To check your blood counts -- i.e. CBC, liver and kidney functions.

CAT or CT Scan

(Computed Axial Tomography)

An imaging study in which multiple X-rays are taken of a part of the body to produce cross-sectional pictures of internal organs. Except for injection of a dye (needed in some, but not all cases), this is a painless procedure.

ECHO/EKG/MUGA

Each is a different test that determines how your heart is functioning and one or all may be necessary prior to surgery or chemotherapy.

Tumor Marker Blood Tests

A tumor marker is an indicator for the presence of cancer. The marker is either a substance made by a cancer cell or in response to the presence of cancer. It can be measured in the blood and may go down in response to treatment. CA125 is an example. Not all tumors make these substances.

Urinalysis and urine cultures

To check for the presence of a urinary tract infection and to assess your urine. A creatinine clearance may also be done to assess kidney function prior to beginning treatment.

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Emotional Concerns

Coping with the many transitions that one faces when diagnosed with cancer often seems like a monumental task. The diagnosis of cancer or any other life-threatening illness is a personal hardship for both the patient and family. It often presents a threat to the balance of the entire family system. As a result, family members may experience both physical and emotional trauma. Stress may sometimes increase during interactions between loved ones. Remember to be kind to yourself and set reasonable expectations. Living with uncertainty is a major challenge that most face when diagnosed with cancer, but there are areas that you can take control of and master. You might not be able to change a diagnosis, but you certainly can participate in the care you receive. We want to work with you in this process and help you in decision making.

Concerns During Initial Diagnosis and Treatment

Many feelings are normal during the initial period of dealing with a serious illness. One might anticipate losses in both the near and distant future. These include potential loss of relationships, job changes, change in the ability to carry out certain responsibilities in private and professional lives, and many others. It is common to feel overwhelmed with all the information given. It is not unusual to have concerns related to life and death. Suggestions for clarifying information and reducing confusion are:

Write down questions that come to mind and prioritize them so you focus on the most important. Record the answers once received.

Bring a family member or a friend with you to your appointments to help you remember the information.

Take one step at a time, focusing on one issue at a time. Looking down the road into the future can often seem overwhelming, but broken down into smaller pieces it can be easier to handle.

Allow friends and family members to assist you in completing tasks that need to be done, i.e. cutting the lawn, doing laundry, getting groceries. Individuals often want to do something to help but don't know how or what to do.

Give yourself permission to get what you need. For example, if you do or do not want people visiting, make it clear when and how often. If you are not feeling up to the family get together, it is okay to limit time spent at an event or to not go.

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Emotional Concerns, con't.

After Treatment

After treatment is completed, it is common to be uncertain about the future - not knowing what will happen. Many women experience heightened awareness of body sensations and may have fear related to follow-up appointments and exams. Transition back into the role of being well is often difficult, and family and friends may have different expectations than the patient herself. It is important to be frank when communicating your needs to those around you.

Fear of cancer recurrence is also common, but one should remember that each individual's experience is unique both physically and emotionally. Individuals (patients and family members) all cope differently. It is also not uncommon to become uneasy when treatment ends and you are no longer seen by your health care team as frequently. Relationships with providers are important, and you will have resource numbers to call if problems should arise after you finish treatment. Patients may continue seeing or talking with health care professionals after treatment is complete. Social workers support individuals while undergoing treatment and will often continue to do so after active treatment is completed. It is also important to let your physician or nurse know if problems arise or you are having problems beyond what's "normal" for you. At any time, these individuals can make a referral to a social worker or other professional that specializes in helping people who have a history of cancer.

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Inpatient Information 8B Gynecology/Oncology Unit

Resource Phone Numbers on 8B:

(734) 936-4675

(734) 936-4674

This unit, located on the 8th floor of University Hospital is a 32-bed unit that consists of two hallways, each with 16 beds. The hallways are referred to as "courtside" (facing the courtyard) and "riverside" (overlooking the Huron river). Semi-private and private rooms are available.

Meals

Meals are served to you in your room by dietary staff. If you have any special requirements in your diet, please request to see a dietitian. You may also request meal passes to go to the cafeteria. For more information, see the Guide to Guest Service in each room.

Smoking Policy

Smoking is allowed in designated areas ONLY. We ask that you respect those designations for the enjoyment of all and to reduce the triggers for those trying to quit smoking. Designated smoking areas are located at the far east end of the courtyard between University Hospital and the Taubman Center on level 1 and the west side of the Med Inn Building.

Telephone Service

There is no charge for the patient telephones, however long distance calls must be made collect or billed to a credit card. Instructions for dialing outside the hospital are located on all patient phones.

Television

All televisions are automatically turned on upon admission and billing begins then. If you do not want television, please call the service from your room to have the television discontinued. The service phone number is 6-6929 from inside the hospital or 936-6929 from outside.

Visiting Hours & Visitors

The visiting hours are unrestricted. Lodging arrangements in the area are available and can be discussed with the Social Worker. There are minimal limitations on the number of visitors in a private room (within reason), but you are asked to limit visitors in a semi-private to two at one time. Any visitors who have colds, flu or other illnesses are asked to check at the nurse's station on the unit and probably shouldn't visit until they are healthy. Young children may visit if they have not been recently exposed to contagious diseases (such as chickenpox, measles, colds or flu) and are healthy.

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Comprehensive Cancer Center

Resource Phone Numbers

Information: 734-647-8900

Gynecology Oncology Clinic- Level 1: 734-647-8906

Outpatient Infusion Area- Level B1: 734-647-8908

Parking

The Patient and Visitor entrance is located in the Cancer Center circle drive, on the east side of the Cancer Center "North Entrance Parking Structure" (valet parking is available 7am to 6pm, M-F).

Patient Education Resource Center (PERC)

Level B1, Room 361

This room houses a variety of educational materials in many different formats, including pamphlets, videotapes, CD Rom's and Internet access. Feel free to browse. The PERC program coordinator and volunteers are available to answer questions and help guide you to specific resources of interest.

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Possible Treatment Complications and Side Effects

"Putting It All Together"

Complications may be related to one or all of the types of treatment you receive. These include, but are not limited to:

1. Chemotherapy may be an important part of your treatment. Chemotherapy is the use of drugs to kill cancer cells. The kind and number of medications you receive will depend on the type of disease you have. It can be used alone or in combination with other types of treatment.
2. Surgery may be a part of diagnosis, treatment or management of complications.
3. Radiation is a local treatment and may be used alone or in combination with other types of treatments. Your health care team will plan the best treatment for your situation and will work with you in its planning.

Complications and side effects may occur in relation to any of the above treatments. Some things to watch for are described below.

Chemotherapy

Because cancer cells grow and divide rapidly, chemotherapy drugs are given to kill fast-growing cells. But certain normal, healthy cells also are fast growing, and chemotherapy can affect these cells too. For example, it can damage normal, fast growing cells such as those in your mouth, throat, bowels, skin, hair and bone marrow.

Hair loss (Alopecia)

Many chemotherapy drugs may cause hair loss ranging from thinning to complete hair loss. It usually begins about the second or third week after administration of the drug. Body heat is lost through the head, therefore you may feel colder after you lose your hair. You may choose to wear a cap, scarf, wig or turban. If you plan to get a wig please ask your nurse for a prescription and additional information. The prescription may help you in obtaining insurance coverage. Hair loss is usually temporary. Regrowth may take three to five months after the chemotherapy is done.

Loose or watery stools (Diarrhea)

Loose or watery stools can occur with some chemotherapy drugs. It will be important for you to keep track of the number of diarrhea stools. Notify your physician if this lasts for more than 24 hours, or if you are noticing any symptoms of dehydration. Signs of dehydration may include dizziness or feeling lightheaded, especially upon moving to an upright position, dark or concentrated urine, dry mouth or an increase in pulse.

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Possible Treatment Complications and Side Effects, con't.

Mouth Sores (Mucositis or Stomatitis)

Mouth sores can occur with chemotherapy. The sores can develop on the tongue, gums or in the throat. It is important to have good oral hygiene. In addition, you may be instructed to use a salt and soda rinse.

Recipe: 1/2 teaspoon of salt and 1/2 teaspoon of baking soda in a cup of warm water. Rinse and spit four times a day.

Call the doctor if your mouth sores stop you from eating, drinking or if you have difficulty swallowing.

Nausea and Vomiting

Nausea and sometimes vomiting may be experienced with some chemotherapy drugs. It can begin shortly after chemotherapy is given and the duration varies from person to person. You will be given medications to minimize or prevent this side effect. Please call the doctor if you are unable to keep down any fluids. Do not worry if you do not feel like eating solid foods. It is often times helpful to eat small, frequent meals.

Low Blood Counts

Your blood is made up of several important cells that are made in the bone marrow. Some of these include platelets, red cells and white cells. Many chemotherapy drugs affect the bone marrow's production of these cells because they are fast-growing. This is common, but there are symptoms that may occur and should be recognized when your blood counts are low. Your blood counts will be monitored during chemotherapy. If we, or you, need to do something different related to your low blood counts, we will call you to inform you of what would be the best course of action.

The following information is provided to help alert you to these signs and symptoms:

White Blood Cells

Purpose:

Your white blood cells (WBC's) help protect your body by fighting bacteria and other germs that cause infections. Neutrophils, Granulocytes, Poly's, Bands and Stabs are all names for the portion of the total WBC that fight infection.

Normal Values

Total WBC: (4.0 - 10.0K/mm³ or 4,000 - 10,000/mm³)

Neutrophils: (1.4-7.5K/mm³ or 1400-7500/mm³)

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Symptoms of Infection:

1. Fever of 100.5 degrees F. or greater, shaking /and or chills
 2. Cough, sore throat
 3. Sweating not related to exercise
 4. Urinary frequency, urgency, burning or odor
 5. Diarrhea
 6. Fatigue or flu-like symptoms
- *Report any of the above symptoms to your doctor or nurse as soon as possible.

Precautions:

1. White blood cells are the cells most affected during chemotherapy-putting you at risk of getting an infection. Please use good judgment to try to avoid infection, such as:
2. Avoid physical contact with people who have a contagious infection such as the flu or a cold
3. Practice good personal hygiene, especially frequent hand washing
4. Go to a movie on Tuesday when the crowds are smaller versus on a Saturday
5. Do not share drinking glasses
6. Carry out mouth care as directed

Platelets

Purpose:

Platelets help your blood clot so that too much bleeding is prevented.

Normal Value:

(150-450k/mm³ or 150,000 - 450,000/mm³)

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Symptoms of bleeding related to low platelets:

1. Nose bleed that does not stop after 20 minutes
2. Easy bruising
3. Prolonged bleeding from a cut
4. Black or bloody stools
5. Pink, red or brown urine.
6. Pin-point sized red or purple spots on your skin (called petechiae)
7. Bleeding from the gums that does not stop
8. Bleeding in the whites of the eyes
9. Bloody sputum (spit)
10. Severe headache that comes on quickly and does not go away
11. Excessive or abnormal vaginal bleeding
*Report any of the above symptoms to your doctor or nurse as soon as possible.

Precautions:

1. Avoid injury and limit strenuous activity
2. Apply pressure and ice to sites of bleeding
3. Do not use sharp objects such as needles, razor, etc when your platelet count is low
4. Do not use aspirin or any aspirin-containing products such as PeptoBismol while on chemotherapy unless instructed to do so by your doctor. (It is a good idea to look at the ingredients of over-the-counter medications. Many contain aspirin or aspirin-like products).
5. Avoid constipation as straining can cause injury

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Red Blood Cells

Purpose:

Red blood cells carry oxygen to all of the organs in your body. Hematocrit and Hemoglobin are the blood tests that measure the ability of your red blood cells to carry oxygen.

Normal values:

Hemoglobin (Hgb): 12.0-16.0g/dl

Hematocrit (Hct): 35.0-48.0g/dl

(Values for men generally run a little higher)

Symptoms of low values or Anemia:

Mild Anemia:

1. Shortness of breath on exertion
2. Weakness and/or fatigue

Severe Anemia:

1. Shortness of breath that interferes with normal activities of living, such as walking short distances
2. Palpitations of the heart
3. Profound weakness and/or fatigue
4. Pale color of the skin
5. Dizziness
6. Headache or ringing in the ears

*Report any of the above symptoms to your doctor or nurse as soon as possible.

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Management of Anemia:

1. Take frequent rest periods
2. Eat high carbohydrate, high protein well-balanced diet
3. Avoid strenuous activities
4. You may be asked to have blood counts drawn in your hometown or to come to the clinic to be evaluated
5. At times you may require a red blood cell transfusion
6. Notify your doctor or nurse regarding these symptoms

Chemotherapy affects other organs of the body such as the kidneys, heart etc. Although severe side effects are infrequent, it is impossible to predict in advance who will experience these side effects and who will not. You will be given information relating to the chemotherapy drugs that you will be receiving and which side effects might be expected. It is always important to communicate these side effects to your doctor or nurse.

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Handbook for Gynecology Oncology Patients Undergoing Cancer Chemotherapy

When to Call Your Doctor

Everyone is different and may have slightly different complications following treatment. In order to help you, we need you to be aware of what is abnormal or unusual for you. Be alert for anything that is different, and report it to your health care team.

You Should Call Your Doctor or Nurse if:

You are feeling confused, dizzy, overly tired or weak

You notice yellowing of your eyes or skin

You have redness, pain or sores in your mouth

Your heartbeat feels unusual or irregular

You have been unable to eat or drink in the past 24 hours

You have been nauseated or vomiting for more than 24 hours

Your bowels do not move for 2-3 days

You have diarrhea (loose, watery stool) for more than 24 hours

You have blood in your urine or in your stools (either bright red or black bowel movements) Please note that Iron supplements may turn your stools very dark in color.

You have any vaginal bleeding or discharge that is unusual for you

You have a nose bleed that does not stop after 20 minutes

You have pain that is not controlled by your current medication

You notice any changes in your IV catheter, including a change in the appearance of the line, redness, drainage, swelling or pain. If you are unable to flush external catheter ports, or the catheter becomes dislodged or leaks

You have an oral temperature of 100.5 degrees Fahrenheit (38.1 degrees C) or higher (DO NOT take Tylenol or aspirin until you speak with your doctor or nurse)

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Authors

Sue Wingermeier-Pingel RN, MS, CS
Infusion room nursing staff
Shon Dwyer RN, BSN, MBA
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When to Call Your Doctor, con't.

You have signs and symptoms of an infection. These include shaking and/or chills, a burning feeling when urinating, a cough, sore throat, a general feeling of tiredness or "flu-like" symptoms, or fever.

You may also call if you have any other questions or concerns that are not listed above.

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Frequently asked questions by Gynecology Patients

Q: Will my hair fall out and when does that occur?

A: The degree of alopecia or hair loss is highly variable. Chemotherapy induced hair loss may become apparent over a 2-3 week period. After discontinuing chemotherapy agents that cause hair loss, initial regrowth may be seen in 4-6 weeks.

Q: If my blood counts drop what would be done?

A: Depending on your symptoms and your physician's direction, you may receive medications to increase your white or red blood cell. Other medications such as antibiotics may also be prescribed.

Q: Will I be able to maintain the same level of activity? Can I go out in shopping? Can I go to church?

A: Response to chemotherapy varies from individual to individual. You may be fatigued after your course of chemotherapy. Pay attention to the clues your body gives you and rest as needed, maintaining activity as able. It is a good idea to discuss your feelings of fatigue with your doctor or nurse. Fatigue can be related to many things such as low blood counts, normal everyday activity, etc. Your doctor or nurse can help you sort out the cause of your fatigue and how to treat it.

Q: Should my diet be any different before chemotherapy?

A: Some people find that it may be helpful to eat foods that are more easily tolerated such as bland foods, soups and tea, and not eating highly spicy or fatty foods.

Q: Can I drive?

A: It is not a good idea to drive if you are taking pain medications or medications for nausea that would impair your ability to react quickly in driving situations, or you would not be able to turn around quickly because of abdominal surgery. Ask your physician when the best time is to begin driving again.

Q: Can I work during chemotherapy?

A: Depending on the type of job and activities involved, many people undergoing chemotherapy often work at their regular job.

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Glossary

Alopecia

Partial or complete loss of hair. This may result from radiation to the head, or from certain chemotherapy drugs.

Anemia

A condition when there is a decrease in the number of red blood cells or in hemoglobin.

Antiemetics

Drugs given to prevent or minimize nausea and vomiting.

Ascites

An abnormal fluid collection in the abdomen from cancer or other causes.

Biopsy

The surgical removal of a small portion of tissue for diagnosis.

Blood cells

Cells that make up blood are formed in the bone marrow. These include:

Red blood cells - (Erythrocytes; RBC) carry oxygen throughout the body (measured by the hematocrit or HCT).

White blood cells - cells that help the body defend against foreign substances. Neutrophils are the most important type.

Platelets - cells necessary to help form a clot and stop bleeding.

Brachytherapy

The use of a radioactive "seed" implanted directly into a tumor. This allows a very high, localized dose of radiation to be given to a tumor, while limiting significant radiation exposure to other tissues.

Chemotherapy

The treatment of cancer by drugs designed to kill cancer cells or stop them from growing. For more information see Chemotherapy and You booklet.

Clinical trials

The process by which new cancer treatments are tested in humans. Clinical trials are conducted after preliminary testing has shown that a new treatment might be effective.

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Glossary, con't.

Cone Biopsy

The removal of a cone-shaped piece of tissue from around the opening of the cervix.

Colony Stimulating Factor

A substance that stimulates the growth of bone marrow cells. Treatment with colony-stimulating factors (CSF) can help the blood-forming tissue recover from the effects of chemotherapy and radiation therapy. These include Granulocytes colony-stimulating factors (G-CSF, Neupogen is the trade name) and Epoetin alpha, (Epoen, EPO, Procrit are trade names).

Complete Blood Count - (CBC)

A blood test that determines the number of red blood cells, white blood cells and platelets in the blood.

Debulking

A surgical procedure that removes a significant part or most of a tumor. This may make future radiation or chemotherapy more effective.

Effusion

A collection of fluid inside a body cavity, such as around the lungs, (pleural), intestines (peritoneal) or heart (pericardial).

Electrolytes

Certain chemicals including sodium, potassium, chloride and bicarbonate found in the tissues and blood. They are often measured to monitor toxicities, effects of treatment, etc.

Emesis

Vomiting.

Enteral feeding

Administration of liquid food (nutrients) through a tube inserted into the stomach or intestine.

Epidural

The space just outside the spinal cord. Catheters may be inserted into this space to deliver anesthetics or morphine for pain control.

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Estrogen

The female sex hormone produced by the ovaries. Estrogen controls the development of physical sexual characteristics, menstruation and pregnancy. Synthetic forms are used in oral contraceptives, estrogen replacement therapy, and other various therapies.

Extravasation

Leakage into the surrounding tissues of intravenous fluids or drugs -- i.e. cancer chemotherapy drugs -- from the vein being used for the infusion or injection. Extravasation may damage tissues.

Frozen section

A procedure done by the pathologist during an operation to give the surgeon an immediate answer as to whether a tissue is benign (non-cancerous) or malignant (cancerous).

Grade of Tumor

A way of describing tumors by their appearance under the microscope. Low-grade tumors are slow to grow and spread, while high-grade tumors grow and spread rapidly.

Granulocyte

The most common type of white blood cell. Its function is to kill bacteria. This cell is also called a neutrophil, poly, PMN.

Guicac test

A test to see if there is hidden blood in the stool.

Hematocrit

A way of measuring the red blood cell content of the blood. A low hematocrit is a sign of anemia.

Hematuria

Blood in the urine. This may be seen easily by the naked eye (gross hematuria) or it can be hidden (microscopic hematuria).

Hemoglobin

A way of measuring the oxygen carrying ability of the blood.

Immunosuppression

The state of having decreased immunity and thus being less able to fight off infection.

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Glossary, con't

Intravenous (IV)

Within or through a vein.

Ileostomy

An artificial opening in the skin of the abdomen, leading to the small bowel.

Malaise

The feeling of tiredness, lack of drive.

Metastasis

The spread of cancer from one part of the body to another. Cells that spread are like those of the original cancer. For example: Ovarian cancer cells may spread (metastasize) to the lymph nodes and cause the growth of a new tumor. When this happens, the disease is called metastatic ovarian cancer. It is important to note that the cancer is still considered to be ovarian in origin because the tumor is made of abnormal ovarian cells.

Mucositis

Inflammation and soreness of mucous membranes such as tissue lining the mouth or throat. This is sometimes a side effect of chemotherapy or radiation.

Nadir

The lowest point at which the blood counts drop after chemotherapy.

Nephrotoxic

Medications or drugs that are toxic to the kidneys.

Neuropathy

This is a side effect, often of chemotherapy drugs, that causes numbness and/or tingling.

Oophorectomy

The surgical removal of one or both ovaries.

Paracentesis

A procedure done by a physician in which fluid is taken out of the abdomen by a very thin catheter.

Petechiae

Small red spots under the skin caused by a low platelet count.

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Protocol

A formalized outline or plan such as a description of what treatments a patient will receive and exactly when each should be given.

Residual Disease or Residual Tumor

Cancer left behind after surgery or other treatment.

Stomatitis

Inflammation and soreness of the mouth. This is sometimes a side effect of chemotherapy or radiation.

Transfusions

The infusion of any blood cell product. Example: red blood cells, platelets.

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