The Breast Cancer Patient

A Chemotherapy Nurse's Perspective

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Patients who have been diagnosed with breast cancer are seen by an Oncologist within a few weeks of diagnosis. The Oncologist will review the histology and discuss a proposed treatment plan with the patient. The chemotherapy regimes used to treat breast cancer are usually given on an outpatient basis.

During the initial consultation, the Oncologist will give a detailed outline of the proposed chemotherapy, and explain all of the most common potential side effects associated with the specific regimen. Information on the specific drugs used will be given to the patient along with the chemotherapy backup booklet.

The dosage of cytotoxic drugs is calculated according to the patients' body surface area, so it is important that their height and weight are recorded accurately.

Common chemotherapy regimes used to treat breast cancer at present include: FEC (5 - Fluorouracil, cyclophosphamide, epirubicin). These three drugs are administered via fast running infusion of sodium chloride. The majority of patients usually receive 6 courses of FEC, though the consultant will decide on the number of courses of treatment to be given. The main side effects associated with this group of drugs are: bone marrow suppression with neutropenia; alopecia; nausea and vomiting, mouth ulcers; red urine; fatigue and aching veins. Adriamycin/Cyclophosphamide is also given either alone or in combination with other regimes. The Taxane drugs, paclitaxol/docetaxel are also commonly used to treat breast cancer and are administered as an infusion.

Patients receiving anthracycline/taxane-based drugs will be informed that they may lose their hair during the time of their chemotherapy. We therefore offer a procedure known as 'scalp cooling' to help prevent hair loss. This involves the use of a cooling system that is designed to constrict the blood vessels in the scalp so that the chemotherapy does not affect the hair follicles. The 'helmet' is placed on the patients' head 15 minutes prior to commencing the treatment when the cooling system is - 4.5°C. Once the chemotherapy has been administered, the scalp cooling helmet will remain in place for a further 45 minutes. Patients who have not had their hair coloured often keep the majority of their hair.

Prior to commencing chemotherapy treatment, patients will have a full blood count and Urea and electrolytes taken. This will then be repeated on each day of their treatment. All Consultant Oncologists see their patients between each cycle of chemotherapy in order to monitor any toxicities. Patients who experience a drop in their white cell count will have their chemotherapy delayed. This will avoid any complications such as neutropenia sepsis developing. However, we are now able to cover our patients with growth factors which are aimed at stimulating the white or red cell population. One of the widely used growth factors is called Neulasta and this is given to patients subcutaneously for the 24 hours following the chemotherapy. As some cytotoxic drugs can affect the contractibility of the heart muscle, a routine ECG or an echocardiogram will be performed before the first treatment.

We feel it is important that all patients are shown around the day unit before starting the chemotherapy and are introduced to the oncology nurses who will be looking after them. All contact telephone numbers are given to the patients so that they are aware of who to contact in between their treatment. Patients will be also offered aromatherapy/reflexology either during their treatment or between their visits to the clinic.

On the day of the treatment the oncology nurse will explain the procedure to the patient and will answer any questions about the proposed treatment. The oncology nurse will check all baseline investigations have been performed.

All patients diagnosed with breast cancer and who have had surgery, will be able to have a cannula inserted only into the unaffected side (opposite side to the breast cancer) as this will prevent any lymphoedema developing in the future. For this reason it is possible that, over the course of the treatment, it may become increasingly difficult to insert a cannula into a suitable vein. Therefore the oncology nurse will assess the venous access of the patients and may recommend a more permanent venous access device (portacath, picc line or a Hickman Line). Where possible, the nurse will give the patient the opportunity to decide on the most appropriate device, but, at present, the portacath appears to be the most popular form of venous access device. This is a device that is situated in a main vein (the superior vena cava) under the skin and is inserted under a general anaesthetic. Before accessing the port using a special needle called a gripper, the nurse will give the patient a tube of local anaesthetic cream to help 'numb' the area. This is a very comfortable device and particularly useful in patients with needle phobia and poor venous access.

All patients are given anti-sickness tablets to take home and our Pharmacist supplies the patient with a chart explaining exactly when to take their tablets following their chemotherapy. The oncology nurse will phone the patient to see how they are coping with their treatment. Patients who are planning a holiday in between their treatment are advised to consult their Oncologist and it is recommended that they take an antibiotic in reserve in case they develop a cold/cough which could develop into a chest infection.

Patients will be given contact numbers of other outside agencies to use to help support them through this difficult time.