

Haematological cancers: information for the public

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Published: 25 May 2016

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Intensive chemotherapy for blood cancer

NICE has written advice about care for people who are 16 and older and need to have intensive chemotherapy for blood cancer. The advice is for health professionals (such as specialist doctors, nurses and GPs), but there is some important information that anyone who needs this treatment should know about. Your family and carers may also find this information useful.

Why is this information important for you?

NICE aims for people to get the best care no matter who they are or where they live. This NICE advice says where you should have your chemotherapy and who should be involved in your care. It doesn't describe different chemotherapy treatments – see [finding out more](#) for how to get more information.

About blood cancer

Blood cancer (also called haematological cancer) means cancer of the blood cells or lymphatic system – an important part of your immune system. There are many different kinds of blood cancer but the main ones are called leukaemia, lymphoma and myeloma.

Blood cancer is usually treated with chemotherapy, which uses drugs to kill cancer cells. Intensive chemotherapy means having high doses of chemotherapy. The chemotherapy will usually be given over several days, and you'll then have a break of at least 7 days to recover before starting chemotherapy again. The aim of this treatment is to remove most or all of the cancer cells from your body. When this happens it is called being 'in remission'.

The chemotherapy drugs also reduce the number of white blood cells (cells that fight infections) in your body for a short time. This is a condition called neutropenia. People with neutropenia have weakened immune systems and are more likely to get infections.

The care you should expect

NICE says that if your treatment is likely to give you severe neutropenia for a week or more you will need special care to protect you from infection. This means having your chemotherapy in a specialist haematology centre that you can get to without going through other departments. If your care team thinks you could pick up infections from other people in the ward, you might be looked after in your own room and have your own bathroom (called being 'in isolation'). This room should be designed for people with weakened immune systems, and you should be able to stay in it until your blood cells come back to normal levels.

Who should look after you

You should be looked after by a specialist team at the hospital haematology centre throughout your treatment. The team should keep in touch with your GP and any other professionals who need to know what's happening with your care. One nurse specialist in the team should be your main contact and should support you during your illness. They should give you all the information you need and make sure you see any people from other support teams that you need to.

Consultant doctors specialising in haematology should be available 24 hours a day, and

other cancer specialists (called oncologists) may give advice or care as well if you need it.

Having treatment as an outpatient

You might be able to have your treatment as an outpatient. This means instead of staying in hospital for several weeks, you will have chemotherapy in hospital during the day and stay nearby (for example in an apartment or hotel paid for by the hospital) or at home overnight (this is sometimes called 'ambulatory care').

If you have ambulatory care, your chemotherapy should happen in a special outpatient area where you can be kept as safe as possible from infection. There will be rules you will need to follow if you have ambulatory care, such as making sure you can get to hospital quickly if you start to get unwell.

If you are interested in having treatment as an outpatient your care team should explain what's involved and give you some written information. It may be suitable for you if:

- the hospital staff can find somewhere nearby for you to stay – this could be an apartment or hotel paid for by the hospital, or you may be able to go home if you live locally
- you have no other medical conditions that could cause problems
- you have family or carers who can stay with you
- you understand what has been agreed in your treatment plan and how to keep yourself safe
- you and your family or carers know what to do if you start to feel unwell or have an emergency
- you know how to contact your care team at all times
- you have a plan for how to get to hospital if you need treatment.

You should be given the number for a 24-hour advice line to call if you need help. This line should be run by specially trained haematology professionals.

How laboratories are organised

NICE has also written advice on how to organise the laboratories that run tests to diagnose blood cancer. These are in the [version of the advice for healthcare professionals](#).

Finding out more

Questions you could ask

- What type of blood cancer do I have? Can you give me more information?
- Can you tell me more about chemotherapy?
- Are there any other treatment options I could try?
- Can I have my treatment as an outpatient?
- How can I tell if I'm starting to get an infection?
- What should I do if I start to feel unwell? Who should I contact?
- Are there any local support groups I can contact?

More advice and support

- Blood Cancer UK, 0808 2080 888
www.bloodcancer.org.uk
- Cancer Research UK, 0808 800 4040
www.cancerresearchuk.org
- Leukaemia Care, 08088 010 444
www.leukaemiacare.org.uk
- Lymphoma Association, 0808 808 5555
www.lymphomas.org.uk
- Macmillan Cancer Support, 0808 808 00 00
www.macmillan.org.uk

- Myeloma UK, 0800 980 3332
www.myeloma.org.uk

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

You can see the advice NICE has produced on diagnosing and treating specific types of blood cancer by visiting our web page on [blood and bone marrow cancers](#).

You may also like to read the NICE advice on:

- [patient experience in adult NHS services](#), which sets out what adults should be able to expect when they use the NHS
- [medicines adherence](#), which sets out how adults should be involved in decisions about what medicines to take.

What are NICE guidelines?

NICE gives advice to staff working in health and social care about how to look after people with different conditions and needs. Our guidelines are based on the best research available.

ISBN: 978-1-4731-1868-3

Accreditation



