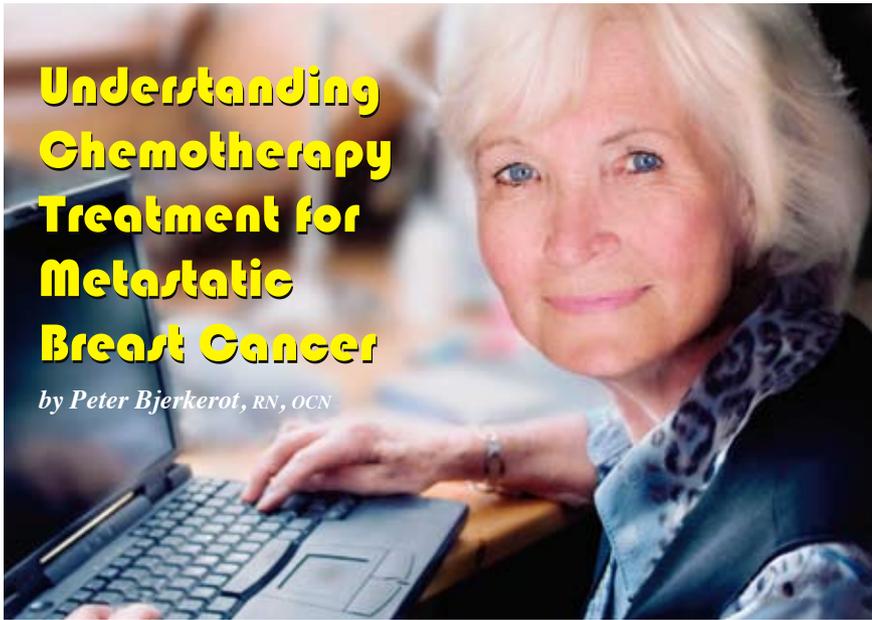


Coping® magazine does not endorse or recommend any particular treatment protocol for readers, and this article does not necessarily include information on all available treatments. Articles are written to enlighten and motivate readers to discuss the issues with their physicians. Coping believes readers should determine the best treatment protocol based on physicians' recommendations and their own needs, assessments and desires.

Understanding Chemotherapy Treatment for Metastatic Breast Cancer

by Peter Bjerkerot, RN, OCN



Having a good relationship with your healthcare team is almost as essential as your relationships with your loved ones. Communicate with your healthcare team. You should feel involved in your treatment decisions and actively participate in your care.

According to a recent survey, only 50 percent of women with metastatic breast cancer believe they are extremely or very involved in the decision regarding which chemotherapy regimen they are treated with. Sixty-one percent want to be more involved. Developing an interactive relationship with your doctor and other members of the healthcare team is very important in the quality of your life while fighting to recover from your cancer.

Questions to Ask Your Doctor

- ✓ Which chemotherapy would you recommend for me and why?
- ✓ Are there other treatment options I should consider?
- ✓ How many treatments will I receive?
- ✓ How long will each treatment take?
- ✓ What types of side effects should I know about?
- ✓ What are the signs of a serious side effect, and when should I call you?

If you are currently on chemotherapy, talk to your healthcare team about your chemotherapy experience. Ask questions about which chemotherapy may be right for you and how it will meet

Ask questions about which chemotherapy may be right for you and how it will meet your needs.

your needs. Find out if there are any particular side effects you can expect and what to do if you get them.

Chemotherapy is an important treatment for breast cancer, especially for women with metastatic breast cancer. There are several types of chemotherapy drugs used to treat breast cancer:

✓ **Alkylating Agents** (such as cyclophosphamide and carboplatin) One of the first anti-cancer therapies, this class of drugs destroys cancer cells by interfering with their genetic makeup, thereby stopping the cells from dividing and growing. These drugs can also make it difficult for cancer cells to repair themselves.

✓ **Antimetabolites** (such as 5-fluorouracil and capecitabine) This group of drugs is a chemical with a similar structure to a substance (a metabolite) required for normal biochemical reactions in your cells, yet different enough to interfere with the normal functions of cells, including cell division. It falsely acts as a cell nutrient needed by cancer cells to grow. When taken in by a can-

cer cell, antimetabolites “starve” the cell and cause it to die.

✓ **Anthracyclines** (such as doxorubicin) Also known as anti-tumor antibiotics, these are not the same as antibiotics used to treat bacterial infections. Rather, these drugs interfere with the cancer cell’s DNA, preventing the cell from growing and dividing.

✓ **Anti-Microtubular Agents** (such as paclitaxel and docetaxel) Also known as mitotic inhibitors, this class of drugs (including taxanes, vinca alkaloids, and epothilones) stops cancer cells from growing and dividing by interfering with certain cell structures and thereby killing the cancer cells. They can slow tumor growth and even temporarily stop tumor growth altogether.

Not all chemotherapies are the same. Each type of chemotherapy works differently and affects each person differently. That’s why it’s important to become an active par-

ticipant in the discussion about your treatment. Ask questions, learn about



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other treatment options, and be open to new therapies.

It’s important to have a clear understanding of the risks, benefits, and side effects of your chemotherapy

treatment options so you know what to expect, when to expect it, and when something is wrong.

Editor’s Note: Peter Bjerkerot is a registered nurse and an oncology certified nurse. He is also active in the American Nurses Association and the Georgia Nursing Association, among other professional organizations. He can be contacted by e-mail at peter.bjerkerot@boyrn.com.

Action! For more information on chemotherapy, visit www.cancer.org or www.getchemofacts.com. ■