



Loperamide can be used to treat a patient's chemotherapy-induced diarrhea only if abdominal pain, bloody stool, or fever is not present.

If the patient is exhibiting signs of infectious diarrhea (abdominal pain, bloody stool, fever), the patient should be referred to the hospital emergency department.



Non-specific NSAIDs (e.g. ibuprofen, naproxen, diclofenac) should not be recommended to patients undergoing chemotherapy.

When acetaminophen (the first line OTC pain reliever for chemotherapy patients) is combined with NSAIDs, it may increase the risk of bleeding. If an NSAID must be used, a COX-2 specific NSAID (e.g. celecoxib) is safer.



Studies have shown that dietary phytoestrogens do not increase the risk of breast cancer recurrence and progression.

Although phytoestrogens (found in soy and soy-products) are similar in structure to the natural estrogen in the body, phytoestrogens can be safely recommended to women with breast cancer.



Patients who are taking procarbazine or lomustine should not consume alcohol.

Proper fluid intake should be encouraged since dehydration can potentially increase the risk of things like nephrotoxicity with some forms of chemotherapy.



A barrier method (e.g. condom) is recommended during sexual intercourse for a week following chemotherapy for female patients.

Women receiving chemotherapy may secrete chemo in the vaginal fluid, so a barrier method is recommended for a week after using chemotherapy regardless of childbearing age.

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Wu AH et al. Tamoxifen, Soy, and Lifestyle Factors in Asian American Women With Breast Cancer. *J Clin Oncol* 2007;25(21):3024-3030.

Shu XO et al. Soy Food Intake and Breast Cancer Survival. *JAMA* 2009;302(22):2437-2443.

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