

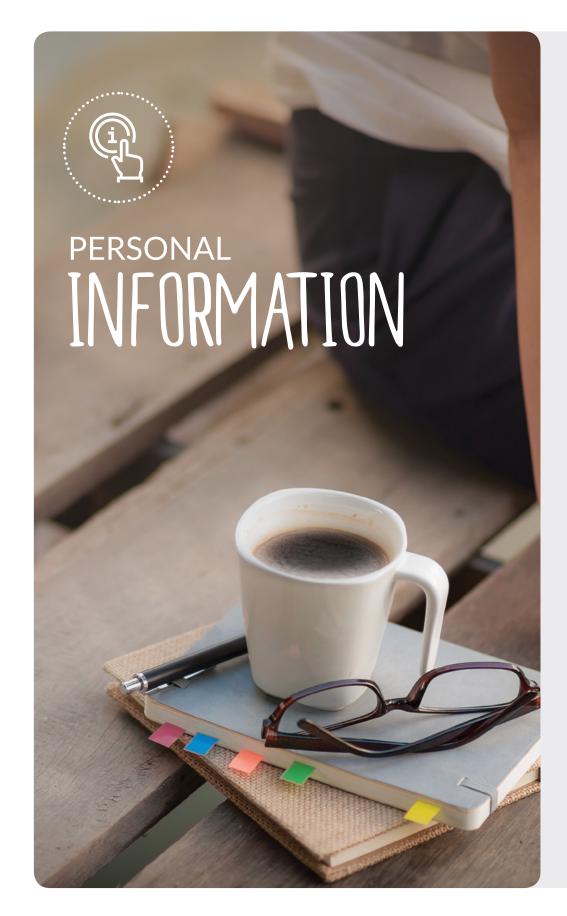
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	Name
	Address
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	IFE WITH LIVER CANCER AGAINS AGAINS
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	This booklet should only be provided to patients who have
and a	been selected for chemosaturation therapy.
Mary All Mary	been selected for chemosaturation therapy. This backlet will help you to understand more about the
	This booklet will help you to understand more about the chemosaturation procedure as well as plan for upcoming treatments. Keep this diary in a safe place and remember to





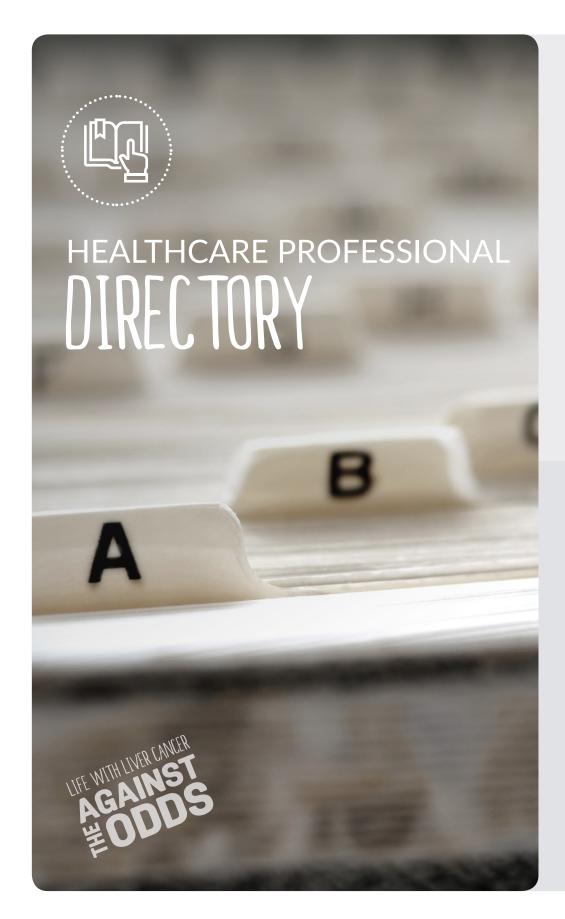
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PEF IN	FORMATION
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Name
Address
Phone
Mobile
Contacts
Doctor
Doctor's email
Notes



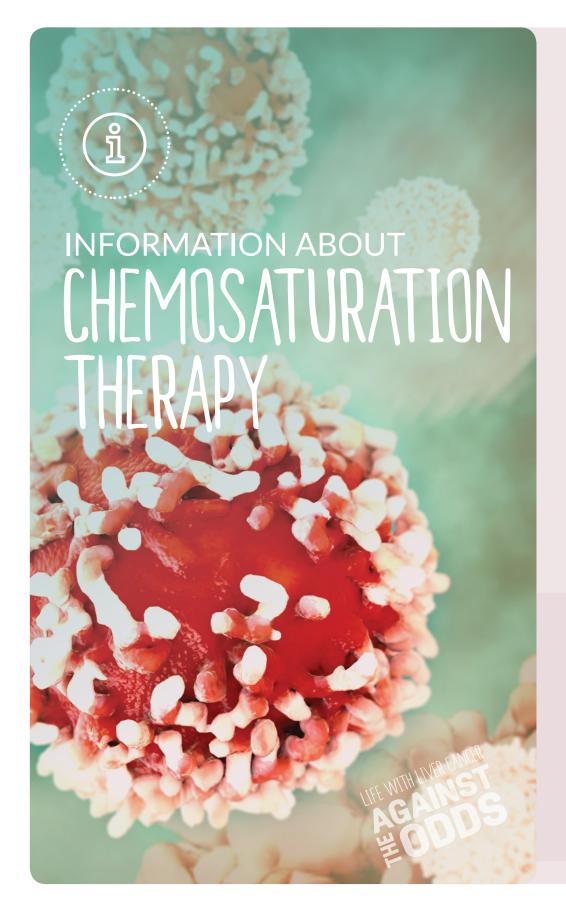


Primary Care
Address
Phone
Mobile
Email
Insurance Provider
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Specialist	Specialist
Address	Address
Phone	Phone
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Specialist	Specialist
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What is chemosaturation therapy?

Chemosaturation therapy is a method of treating cancers in the liver.

It is a procedure carried out under general anaesthetic. The concept of chemosaturation therapy is to temporarily isolate the liver from the body's blood circulation and deliver a concentrated dose of an anti-cancer drug directly to the liver, "saturating" the entire organ.

Blood leaving the liver is directed outside of the body to filters that remove most of the anti-cancer drug before returning it to the body. The anti-cancer drug can be given at higher concentration levels than is possible in systemic chemotherapy because the liver is isolated from the rest of the body. By delivering this drug to the entire liver, treatment is administered to potentially both visible tumours and undetected microtumours.

Chemosaturation therapy has been shown to help slow, or reverse the progression of tumours from certain cancers in the liver. Chemosaturation therapy is a repeatable treatment that may help doctors manage cancers in the liver for appropriate patients.

Chemosaturation therapy is a specialist procedure that involves a highly skilled team and is usually carried out by a team of doctors including a Consultant Radiologist, Consultant Anaesthetist and Perfusionist (they are responsible for the filter and ensuring that the correct procedure is carried out when the filtration stage commences). The procedure can take anything from 3-5 hours but is dependent on a number of factors. You should discuss this with your doctor.

How is chemosaturation therapy different from other treatments?

There are several important differences between chemosaturation therapy and other liver cancer treatments:

- With chemosaturation therapy, your doctor can give a high dose of chemotherapy directly to your liver which may help destroy the cancer.
- By delivering this drug to potentially the entire liver, tumours both seen and unseen by your doctor can potentially be treated.
- Because chemosaturation therapy keeps most of the drug from spreading to the rest of your body, you may not have as many side effects.
- Because chemosaturation therapy does not involve major surgery, you may recover faster with chemosaturation therapy.

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What type of cancer is chemosaturation therapy suitable for?

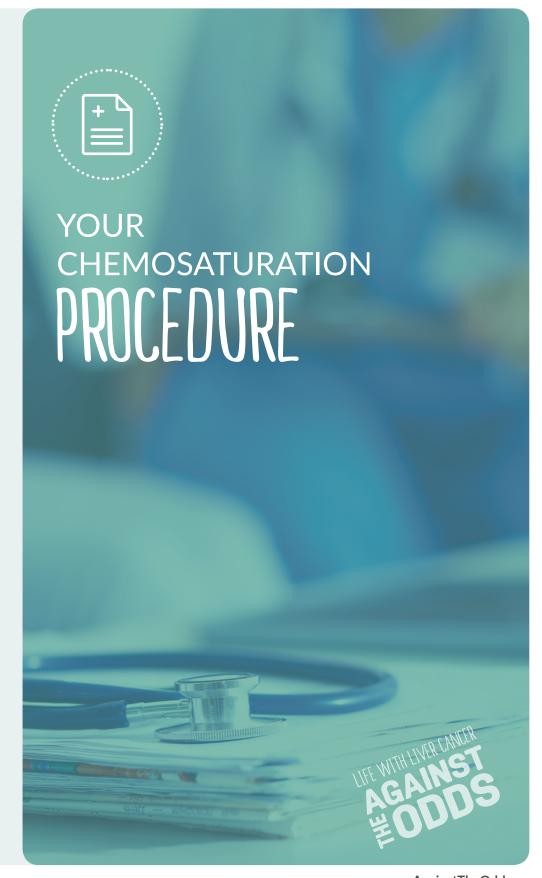
Liver cancers may originate in the liver or spread to the liver from other parts of the body. Because healthy liver function is essential to life, cancerous tumours in the liver can cause serious illness and are often lifethreatening.

Chemosaturation therapy can potentially treat primary liver cancers (cancers that start in your liver) and secondary/metastatic liver cancers (cancer that starts in a different part of your body and then spreads to the liver). Chemosaturation therapy has proven particularly effective in patients with ocular melanoma liver metastases. It is classified as a whole organ based therapy which means it can treat both visible and non-visible tumours in the liver.

For some patients, tumours can be surgically removed. Unfortunately, sometimes because of the number and location of tumours in the liver, surgery is not a viable option for many patients.

For patients who are not candidates for surgery, doctors may recommend systemic drug therapy, focal therapy, or both. Each of these therapeutic approaches has their own benefits and limitations:

- Systemic chemotherapy Anti-cancer drugs are administered to the entire body (either orally or intravenously). In addition to attacking cancerous cells, the drugs will damage some healthy cells, causing significant side effects.
- Tumour focused therapy this family of techniques use heat, intense cold and other methods to destroy cancerous tissue directly. Focal techniques can be used on tumours doctors can see, but may miss microtumours that are often present in a diseased organ.



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In the weeks leading up to your procedure, your doctor will arrange different tests:

Scans of your liver and other parts of your body will help your doctor be sure you are healthy enough for the procedure and will help your doctor get ready for your procedure.

Blood tests will help your doctor be sure you are healthy enough to have the procedure.



The day before your procedure, you will go into hospital. If you take any medicines, please bring them with you.

You will go to your hospital room and get settled in for the night. Your nurse may give you medicines to help you get ready for the procedure.



On the day of your procedure you will be taken to the procedure room. Your doctor will give you general anaesthesia (medicine to put you into a deep sleep). You will not feel anything during the procedure.

When you are asleep, your doctor will place three catheters (small plastic tubes) in your body, two in your groin and one in your neck.

- One catheter will be used to put two small balloons around your liver to "seal off" the blood in your liver from the rest of your body.
- Another catheter will be used to give the anti-cancer drug during your procedure.
- A third catheter, placed in the neck, will be used to return the filtered blood back into the body.



A multi-disciplinary team including an Interventional Radiologist, Perfusionist and Consultant Anaesthetist will deliver your treatment.

Chemosaturation therapy involves 3 key steps:





Your doctor will put a catheter with 2 small balloons around your liver. The balloons will "seal off" the blood in your liver from the rest of your body.



2.) SATURATION

Next, your doctor will give you a powerful anti-cancer drug. The drug will go directly to your liver. The balloons will keep the drug from spreading to other parts of your body.



3.) FILTRATION

After the anti-cancer drug has been delivered to your liver, the chemosaturation filter will remove most of the drug from your blood. This is an important step because it can help reduce side effects after your procedure to a level that you can manage better.



The balloons around your liver and the catheters in your groin will be removed and you will be moved to a recovery room. Your doctor may leave the catheter in your neck after the procedure in case they need to give you more drugs.

Your doctor will be monitoring you closely after the procedure. You may feel tired and you may have an upset stomach but this should not last very long.

How long does the procedure take?

The treatment usually takes about three to five hours, this may include preparation, the procedure itself and post procedural care. Talk to your doctor to find out more information.

When can I go home after the procedure?

Every patient is different, but typically the procedure requires an in-patient stay of 2-4 nights.

What happens after I am discharged from hospital?

Much is happening inside your body and your doctors will need to watch carefully for any known or unknown side effects.

After your procedure, you will have:

- Blood tests while in the hospital and for up to 3 weeks following your procedure.
- · New drugs if you need them to help with your recovery.
- Scans after 6-8 weeks to monitor how your tumour has responded to chemosaturation therapy.

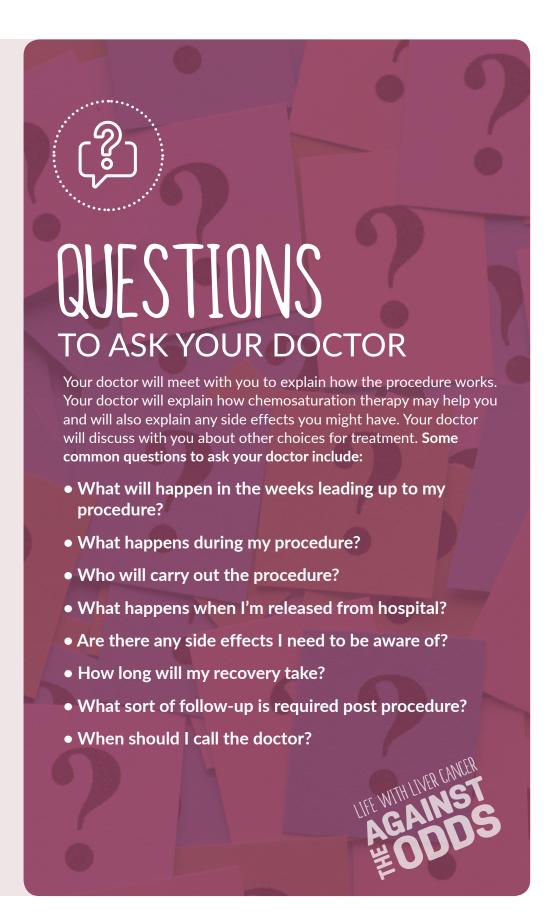
The post procedure follow-up will be dependent on individual and clinical needs.

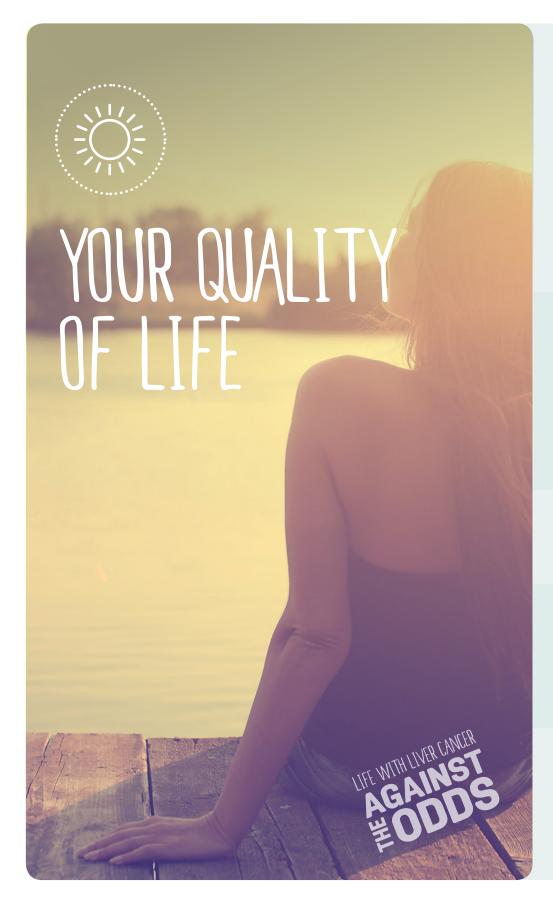
What about going back to work?

You and your doctor will talk about when you may feel able to return to your normal activities, including work.

After your procedure, you will be in contact with your doctor and your care team often. Do not be afraid to let your doctor or nurse know if something does not feel right.

Detailed information regarding the side effects associated with chemosaturation therapy can be found on page 56.





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Learning to cope with your cancer diagnosis can take time and there is no doubt this diagnosis changes life for you and for the people around you. The symptoms and side effects of the disease and its treatment may cause certain physical and emotional changes.

It is important not only to document the physical side effects from your chemosaturation therapy but also how it has affected, if at all, your quality of life. Quality of life refers to your general well-being and can be measured across 5 key areas.



- 1. Mobility (your ability to walk)
- 2. Self-care (your ability to wash and dress)
- **3.** Usual activities (your ability to carry out daily tasks such as work, study, housework etc.)
- **4.** Pain/discomfort (how much pain or discomfort you have)
- **5.** Anxiety/depression (how anxious or depressed you are)

To help you keep track of your quality of life during your chemosaturation therapy, we recommend that you document how you feel throughout the course of your treatment. A quality of life tracker can be found on page 89, we recommend that you complete the diary at the following time points:



- 1 day prior to your chemosaturation therapy
- 2 days post chemosaturation therapy
- 7 days post chemosaturation therapy
- 14 days post chemosaturation therapy
- 28 days post chemosaturation therapy

It may be useful to discuss this with your doctor. A member of the chemosaturation therapy treatment team can help you complete this if you wish.





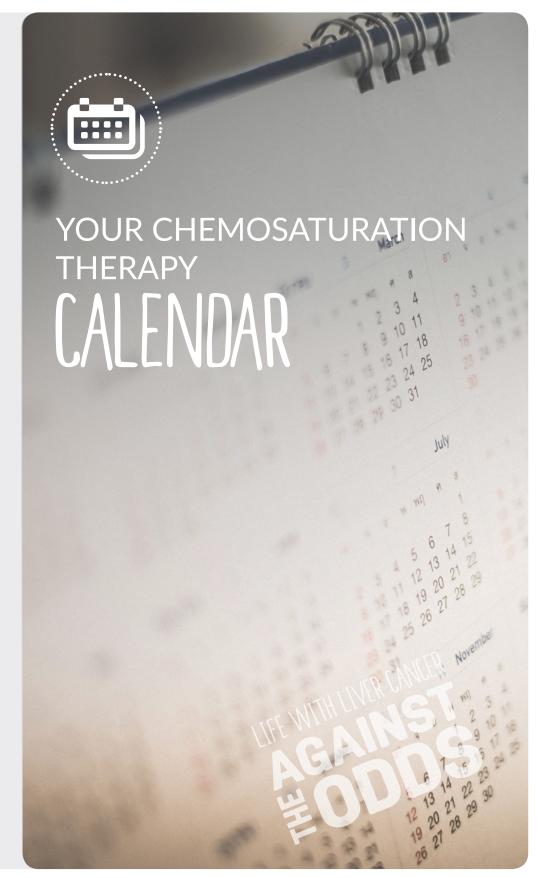


Appointment	Date	.Time	Appointment	Date	.Time
	Location			Location	
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	Location			Location	
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	Location			Location	
Appointment	Date	.Time	Appointment	Date	.Time
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Appointment	Date	.Time	Appointment	Date	.Time
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YOUR CHEMOSATURATION THERAPY SCHEDULE

Appointment	Date	Time
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Appointment	Date	Time
	Location	
Appointment	Date	Time
	Location	
Appointment	Date	Time
	Location	
Appointment	Date	Time
	Location	
Appointment	Date	Time
	Location	
Appointment	Date	Time
	Location	

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Month January

Once a patient is deemed suitable for chemosaturation therapy at the multi-disciplinary team meeting, a treatment pathway might look like the example provided below.

Monday	Tuesday	Wednesday
26	(-) 4 WEEKS TO TREATMENT 27 - Blood Tests - MRI Liver - MRI Brain	28
2	3	4
9	PRE-OPERATIVE ASSESSMENT 10 1-2 WEEKS PRIOR TO TREATMENT* - ECG - BLOOD TESTS - ANGIOGRAM	11
16	17	18
Some Medications 23 May be stopped Prior to your procedure Remember to fill in Your Quality of Life Tracker	PRE-PROCEDURE PATIENT 24 CONSENT CHEMOSATURATION THERAPY RECEIVED	POST CHEMOSATURATION 25 RECOVERY: - BLOOD TESTS MAY ALSO BE CARRIED OUT - AN INJECTION MAY BE ADMINISTERED TO BOOST YOUR IMMUNE SYSTEM

Thursday	Friday	Saturday	Sunday
29	30	31	1
5	6	7	8
12	13	1 4	15
19	20	21	22
REMEMBER TO FILL IN 26 YOUR QUALITY OF LIFE TRACKER	YOU MAY BE DISCHARGED 27 FROM HOSPITAL PENDING RECOVERY STATUS. PATIENT WILL BE MONITORED ON AN OUTPATIENT BASIS AFTER HOSPITAL DISCHARGE	28	29

^{*} Pre-operative work up may include embolisation, oesophago-gastroduodenoscopy (OGD), endoscopy and biopsy. Pre-operative may also include anaesthetic assessment. Tests may vary depending on hospital & individual clinical needs. You may be instructed to change or stop some or all of your medications leading up to the treatment date.





Once a patient is deemed suitable for chemosaturation therapy at the multi-disciplinary team meeting, a treatment pathway might look like the example provided below.

Monday	Tuesday	Wednesday
30	* ONCE A WEEK FOR 2-3 WEEKS THE PATIENT'S BLOODS MAY BE MONITORED REMEMBER TO FILL IN YOUR QUALITY OF LIFE TRACKER	1
6	WEEKLY MONITORING FOR 7 BLOODS AND POST FOLLOW-UP ASSESSMENT REMEMBER TO FILL IN YOUR QUALITY OF LIFE TRACKER	8
13	WEEKLY MONITORING FOR BLOODS AND POST FOLLOW UP ASSESSMENT	15
20	REMEMBER TO FILL 21 IN YOUR QUALITY OF LIFE TRACKER	22
27	28	1

^{*} Tests may vary depending on hospital & individual clinical needs.

Thursday	Friday	Saturday	Sunday
2	3	4	5
9	10	11	12
16	17	1 8	19
23	24	25	26
2	3	4	5

⁶⁻⁸ weeks post treatment CT/MRI imaging is usually carried out to assess the success of chemosaturation therapy and plan for additional treatments, if necessary.



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday		Thursday	Friday	Saturday	Sunday



Monday	Tuesday		Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday		Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday		Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Monday	Tuesday		Thursday	Friday	Saturday	Sunday





As with any cancer therapy, treatment with chemosaturation therapy is associated with side effects. During chemosaturation therapy you will also undergo a general anaesthesia, which may result in you feeling drowsy and nauseous, with a headache and sore throat. These side effects usually pass relatively quickly.

Your doctor can take the necessary steps to manage any unwanted side effects. In order to help your doctor you should document and report the following side effects. Please use the side effects tracker on page 58 to document these side effects.



You need to call your doctor or support nurse **IMMEDIATELY** if you have any of these problems:

- Sudden onset of pain in your calves or breathlessness
- Fever higher than 101°F, or 38.5°C, or shaking chills whether you have a fever or not
- Blood in your urine (pink or red)
- Blood (bright red, black, or coffee-ground appearance) or pus in stools
- Any other unexplained bleeding or bruising; for example, from gums or nose, or a cough
- Inability to eat or drink for 6–12 hours due to severe nausea and/or vomiting
- New onset of pain with urination
- Redness, swelling, drainage or pain with any vein or central line site.

You need to **CALL WITHIN 24 HOURS** if you have any of these problems:

- Diarrhea/loose bowel movements more than 5 times daily
- Cough that brings up yellow and/or green sputum
- Burning or pain when you urinate
- Nausea unable to eat or drink for more than 8 hours
 or vomiting uncontrolled by prescribed medications

IMMEDIATELY if you have any of the



- Sore throat, new mouth or lip sores
- New abdominal pain or cramping

Taking care of yourself at home

- Wash your hands frequently
- Avoid crowded areas, persons with colds, fever, or a cough, and children exposed to contagious illness or recently vaccinated
- Urinate after sexual activity
- Take extra care when mobilising or get assistance when standing
- Take extra care with your wound site and report any bleeding
- When taking a hot shower or bath you may feel faint, so take extra care or ask for help



FIRST:

Call your local medical oncologist or primary care physician. Be sure to keep your chemosaturation therapy team informed also.

SECOND:

If you are unable to reach your local medical oncologist or primary care physician, contact a member of the chemosaturation therapy treatment team at the hospital in which you received treatment.

THIRD:

When the crisis has been resolved, notify your assigned nurse at the chemosaturation therapy treatment centre so that they are aware of any symptoms or side effects





EFFECTS TRACKER

In addition to treating cancers in the liver, chemosaturation therapy can sometimes produce unwanted reactions which are called side effects. Side effects can sometimes be treated with the help of another medication. It is important that you document these and discuss these side effects with your doctor.

Use the template on the following pages to track and monitor these side effects and remember to take your diary with you to your next doctor's appointment.

you have experienced.



Fever	MILD	Temperature of < 38°	Date
	MODERATE	Temperature of ≥ 38° or chills	Date
	SEVERE	Temperature of ≥ 38° with chills	Date
	MILD	A little tired but carrying out normal activity	Date 29/01/17,02/02/17
Fatigue	MODERATE	Rest less than half of each day	Date
	SEVERE	Rest more than half of each day; unable to leave bed	Date
	MILD	Decreased appetite eating ½ of meals	Date
Nausea	MODERATE	Eating less than ½ of meals	Date
	SEVERE	Unable to eat anything	Date
	MILD	1 episode of sickness in 24 hours	Date
Vomiting	MODERATE	2-5 episodes of sickness in 24 hours	Date
	SEVERE	6 episodes or more of sickness in 24 hours	Date
	MILD	Bowels opened almost as normal	Date
Constipation	MODERATE	Bowels opening but much less than normal	Date
	SEVERE	Bowels not opened for >2 days; feeling bloated; in pain	Date
		recining bioaceu, in paili	

Date of last chemosaturation therapy treatment 24 January 2017

:	: :		Date
	MILD	Less than two days	Date
Diarrhoea	MODERATE	More than two days	Date
	SEVERE	Intolerable	Date
р.	MILD	1-3; relieved by medicine	Date 31/01/17,03/02/17
Pain (scale 1 = no pain, 10 = severe pain)	MODERATE	4-6; unrelieved by medicine	Date
To Severe parity	SEVERE	7-10; keeps you awake	Date
	MILD	No change	Date
Hair loss	MODERATE	Minimal loss	Date
	SEVERE	Patchy loss	Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date



	MILD	Temperature of < 38°	Date
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	SEVERE	Temperature of ≥ 38° with chills	Date
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Date of last chemosaturation therapy treatment

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	SEVERE	Intolerable	Date
	MILD	1-3; relieved by medicine	Date
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	SEVERE	Patchy loss	Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date

Please document all other medications that you are currently taking below:



	MILD	Temperature of < 38°	Date
Fever	MODERATE	Temperature of ≥ 38° or chills	Date
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63

Date of last chemosaturation therapy treatment

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	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date

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	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date

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Other	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
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	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date
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	MODERATE		Date
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Fever	MODERATE	Temperature of ≥ 38° or chills	Date
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	MILD	A little tired but carrying out normal activity	Date
Fatigue	MODERATE	Rest less than half of each day	Date
	SEVERE	Rest more than half of each day; unable to leave bed	Date
	MILD	Decreased appetite eating ½ of meals	Date
Nausea	MODERATE	Eating less than ½ of meals	Date
	SEVERE	Unable to eat anything	Date
	MILD	1 episode of sickness in 24 hours	Date
Vomiting	MODERATE	2-5 episodes of sickness in 24 hours	Date
	SEVERE	6 episodes or more of sickness in 24 hours	Date
	MILD	Bowels opened almost as normal	Date
Constipation	MODERATE	Bowels opening but much less than normal	Date
	SEVERE	Bowels not opened for >2 days; feeling bloated; in pain	Date

Date of last chemosaturation therapy treatment

	MILD	Less than two days	Date
Diarrhoea	MODERATE	More than two days	Date
	SEVERE	Intolerable	Date
	MILD	1-3; relieved by medicine	Date
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	MILD		Date
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	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date



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Date of last chemosaturation therapy treatment

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	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date
Other	MILD		Date
	MODERATE		Date
	SEVERE		Date

Please document all other medications that you are currently taking below:



			Date
	MILD	Temperature of < 38°	Dute
Fever	MODERATE	Temperature of ≥ 38° or chills	Date
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Date of last chemosaturation therapy treatment

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	MILD		Date
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	SEVERE		Date
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	SEVERE		Date
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Please document all other	medications t	:hat you are o	currently taking I	pelow:



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	SEVERE		Date
	MILD		Date
Other	MODERATE		Date
	SEVERE		Date



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Date of last chemosaturation therapy treatment 24 January 2017

It is important not only to document the physical side effects from your chemosaturation therapy but also how it has affected, if at all, your quality of life. Quality of life refers to your general well-being and can be measured across 5 areas; mobility, self-care, usual activities, pain and anxiety/depression.

Use the quality of life tracker before and during your chemosaturation therapy to document how you feel throughout the course of your treatment. You should fill this in 1 day prior to your chemosaturation therapy and following chemosaturation therapy on day 2, day 7, day 14 and day 28.

Place a tick in one box in each group, indicating which statement best describes your health state on that day.



QUALITY OF LIFE MEASURE	1 DAY PRIOR	2 DAYS POST	7 DAYS POST	14 DAYS POST	28 DAYS POST
Mobility					
I have no problems in walking about	/		/	/	'
I have some problems in walking about		/			
I am confined to bed					
Self-Care					
l have no problems with self-care				'	'
I have some problems washing or dressing myself					
l am unable to wash or dress myself		/	/		
Usual Activities (e.g. work, study, housework, family or leisure activities)					
I have no problems with performing my usual activities	•		/	/	•
I have some problems with performing my usual activities myself					
l am unable to perform my usual activities					
Pain/Discomfort					
I have no pain or discomfort					/
I have moderate pain or discomfort	/		V	/	
l have extreme pain or discomfort		/			
Anxiety/Depression					
I am not anxious or depressed	/	/	/	/	V
l am moderately anxious or depressed					
l am extremely anxious or depressed					

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Date of last chemosaturation therapy treatment.....

QUALITY OF LIFE MEASURE	1 DAY PRIOR	2 DAYS POST	7 DAYS POST	14 DAYS POST	28 DAYS POST
Mobility					
I have no problems in walking about					
I have some problems in walking about					
I am confined to bed					
Self-Care					
I have no problems with self-care					
I have some problems washing or dressing myself					
l am unable to wash or dress myself					
Usual Activities (e.g. work, study, housework, family or leisure activities)					
I have no problems with performing my usual activities I have some problems with					
performing my usual activities myself					
l am unable to perform my usual activities					
Pain/Discomfort					
I have no pain or discomfort					
l have moderate pain or discomfort					
l have extreme pain or discomfort					
Anxiety/Depression					
I am not anxious or depressed					
l am moderately anxious or depressed					
l am extremely anxious or depressed					



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Date of last chemosaturation therapy treatment

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QUALITY OF LIFE 1 DAY MEASURE PRIOF	7 DAYS POST	14 DAYS POST	28 DAYS POST
Mobility			
I have no problems in walking about			
I have some problems in walking about			
I am confined to bed			
Self-Care			
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I have some problems washing or dressing myself			
I am unable to wash or dress myself			
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I have some problems with performing my usual activities myself			
l am unable to perform my usual activities			
Pain/Discomfort			
I have no pain or discomfort			
l have moderate pain or discomfort			
l have extreme pain or discomfort			
Anxiety/Depression			
I am not anxious or depressed			
I am moderately anxious or depressed			
I am extremely anxious or depressed			

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Use the quality of life tracker before and during your chemosaturation therapy to document how you feel throughout the course of your treatment. You should fill this in 1 day prior to your chemosaturation therapy and following chemosaturation therapy on day 2, day 7, day 14 and day 28.

Place a tick in one box in each group, indicating which statement best describes your health state on that day.

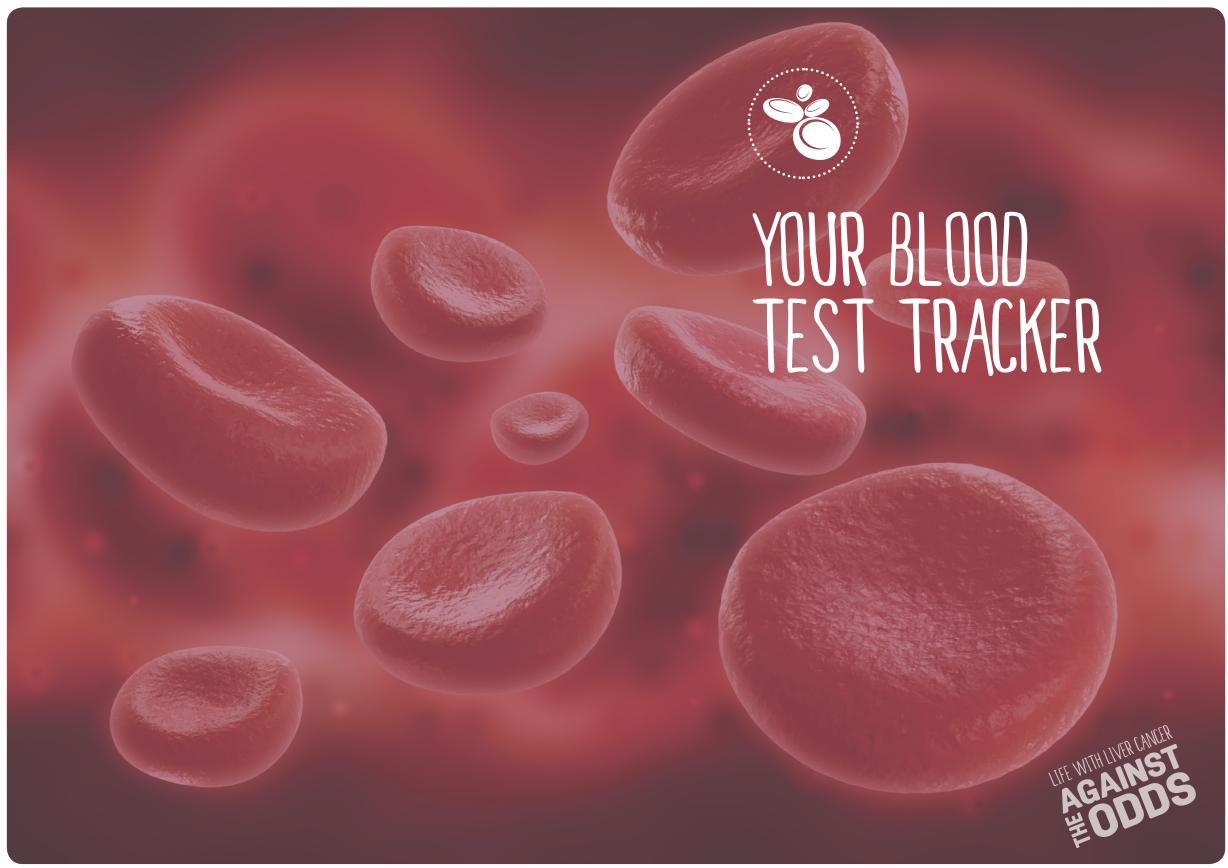


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Date of last chemosaturation therapy treatment.....

QUALITY OF LIFE 1 DAY		:	
QUALITY OF LIFE 1 DAY MEASURE PRIOF	7 DAYS POST	14 DAYS POST	28 DAYS POST
Mobility			
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I am confined to bed			
Self-Care			
I have no problems with self-care			
I have some problems washing or dressing myself			
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I have some problems with performing my usual activities myself			
l am unable to perform my usual activities			
Pain/Discomfort			
I have no pain or discomfort			
l have moderate pain or discomfort			
l have extreme pain or discomfort			
Anxiety/Depression			
I am not anxious or depressed			
I am moderately anxious or depressed			
I am extremely anxious or depressed			

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YOUR BLOOD TEST TRACKER



Date of last chemosaturation therapy treatment 24 January 2017

Throughout your chemosaturation therapy journey you will be required to have some blood tests. These blood tests are necessary as they will enable your doctor to see how your body is recovering from pre- to posttreatment. Blood tests also serve as an important marker to assess your general state of health, check for infections as well as to check how your organs are functioning.

Some of the routine blood tests carried out may include haemoglobin, platelets, white cell count, neutrophils, International Normalized Ratio (INR), alanine aminotransferase (ALT), bilirubin and LDH (Lactate dehydrogenase, also called lactic acid dehydrogenase) – more information on all of these tests can be found in the glossary section on page 117. Your doctor may also recommend some further tests, if so these can be documented on page 111. You may want to record your own blood tests results: if so you can use the tracker below.

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
PARAMETERS	29/01/17	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
Haemoglobin	14.0											
Platelets	243											
White cell count	5.10											
Absolute neutrophil count (ANC)	2											
International Normalized Ratio (INR)	2.5											
Alanine aminotransferase (ALT)	65.0											
Bilirubin	12											
LDH	180											



Date of last chemosaturation therapy treatment

	Date	Date	Date	Date	Date							
PARAMETERS	/ / VALUE		/ / VALUE	/ / VALUE	/ / VALUE							
Haemoglobin												
Platelets												
White cell count												
Absolute neutrophil count (ANC)												
International Normalized Ratio (INR)												
Alanine aminotransferase (ALT)												
Bilirubin												
LDH												



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Date of last chemosaturation therapy treatment

	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
PARAMETERS	/ /	/ /	/ / VALUE	/ /	/ /	/ /	/ /	/ / VALUE	/ /	/ /	/ /	/ / VALUE
	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
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Date of last chemosaturation therapy treatment...

	Date											
PARAMETERS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	VALUE											
TERE E												
OD TESTS												
COTHER BLO												
ZIT												

112



Date of last chemosaturation therapy treatment...

	Date											
PARAMETERS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	VALUE	VALUI										

114



Date of last chemosaturation therapy treatment

	Date											
PARAMETERS	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	VALUE	VALUI										



Angiogram

An angiogram is an X-ray test that uses a special dye and camera (fluoroscopy) to take pictures of the blood flow in an artery (such as the aorta) or a vein (such as the vena cava).

Embolisation

Embolisation is a way of blocking abnormal blood vessels. Various substances can be used to block the blood vessel, including medical glue, medical putty, tiny metal coils or plastic beads.

Liver biopsy

A liver biopsy is a procedure in which a small needle is inserted into the liver to collect a tissue sample. This is usually performed as an outpatient procedure or during surgery. The tissue is then analysed in a laboratory to help doctors diagnose a variety of disorders and diseases in the liver.

Neutropenia

This is an abnormally low level of neutrophils. Neutrophils are a common type of white blood cell important to fighting off infections — particularly those caused by bacteria.

Oesophago-gastroduodenoscopy (OGD)

Sometimes known more simply as a gastroscopy or endoscopy. This is an examination of your oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.

BLOOD TEST INFORMATION:

Haemoglobin

Haemoglobin is a protein in red blood cells that transports oxygen throughout the body. A haemoglobin test is used to determine how much haemoglobin is in the blood and is often used to check for anaemia.

Platelets

A platelet count is a test to measure how many platelets you have in your blood. Platelets are parts of the blood that help the blood clot. They are smaller than red or white blood cells.

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White cell count

White blood cell count is a blood test to measure the number of white blood cells (WBCs) in the blood. WBCs help fight infections. They are also called leukocytes.

Absolute neutrophil count (ANC)

The ANC (absolute neutrophil count) blood test is a measurement of a specific type of white blood cell that can be found in your blood. Neutrophils are one of the most important infection-fighting mechanisms that the body has.

International Normalized Ratio (INR)

The international normalized ratio (INR) is calculated from a PT result and is used to monitor how well the blood-thinning medication is working to prevent blood clots.

ALT

The ALT test checks the level of alanine aminotransferase in the blood to see if the liver is healthy.

Bilirubin

Bilirubin is a yellow pigment that is in everyone's blood and stool. Sometimes the liver cannot process the bilirubin in the body because of excess bilirubin, an obstruction, or an inflamed liver. When your body has too much bilirubin, your skin and the whites of your eyes will start to appear yellow. This condition is called jaundice.

LDH (Lactate dehydrogenase also called lactic acid dehydrogenase) LDH is an enzyme found in almost all body tissues. It plays an important role in cellular respiration, the process by which glucose (sugar) from food is converted into usable energy for our cells.



