Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

CAR T Cell Therapy: A Guide for Adult Patients & Caregivers

This guide explains chimeric antigen receptor T cell (CAR T cell) therapy. It will help you and your loved ones understand what to expect before, during, and after your CAR T cell therapy.

This guide should not replace talking with your CAR T team. They'll teach you about your treatment and what to expect. You can use this guide to help you remember.

We'll explain some of the challenges you may have during your CAR T cell therapy and recovery. You may not face all of them. Try not to compare yourself to other people who had CAR T cell therapy. Everyone is different.

How to use this guide

There's a lot of information in this guide. Read the whole guide at least once, including the educational resources at the end. You may find it easier to read a few sections at a time, instead of all at once. We encourage you to refer to this guide throughout your treatment.

It's a good idea to highlight or write notes on anything you don't understand or have a question about. There's no such thing as a silly question. Please ask us about anything.



Visit www.msk.org/pe/car-t-guide to view this guide online.

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Communicating with your care team

It's normal to have many kinds of emotions during CAR T cell therapy. It's very important to talk with your CAR T team and your caregiver about how you're feeling physically and emotionally.

Your CAR T team includes social workers, chaplains (spiritual counselors), psychiatrists, doctors, nurses, and members of MSK's Integrative Medicine and Wellness Service. All these healthcare providers are here to support and help you and your caregivers cope with your feelings.

Tell a member of your CAR T team if anything is bothering you, even if it seems small. Don't wait and let things build up. The more information you share with your CAR T team, the more they can help you.

Here are some ways you can communicate with your CAR T team.

Communicating by phone

Who to call	
If you're having symptoms **before** your CAR T infusion	Call your primary oncologist's office (main cancer doctor's office)
If you have questions about the CAR T process or appointments	Call the Cellular Therapy Nurse Coordinator at 646-608-2091
If you're having symptoms **after** your CAR T infusion	Call the Outpatient Cellular Infusion Unit at 646-608-3150

Communicating in person

Talk with any member of your care team. If you're in the hospital (inpatient), it's important to talk with your inpatient team, not the outpatient office. Your inpatient team is the healthcare providers who come to see you in your hospital room.

You should also choose just 1 caregiver to call the nursing station for updates. This person can share the updates with the rest of your friends and

family. Your inpatient team will give you the nursing station phone number if you're admitted to the hospital.

Communicating through MSK MyChart

MSK MyChart (mskmychart.mskcc.org) is MSK's patient portal. Instructions for enrolling in MSK MyChart are printed on the bottom of your appointment printout.

You can use MSK MyChart to check your appointment schedule, ask for a prescription refill, contact a healthcare provider, and find educational information. We suggest reading *Communicating with Your Care Team: When to Call or Use MSK MyChart*. You can ask for a printed copy or visit www.msk.org/pe/communicating-using-mychart to read it online.

About PROMIS

Your CAR T team will use MSK MyChart to check in about how you're feeling physically and mentally over time. They will send you a set of questions, called PROMIS. Your CAR T team will send PROMIS questions to your MSK MyChart account:

- On or near the day you start CAR T treatment.
- On the day of your CAR T cell infusion.
- Every 7 days for the first month after your CAR T cell infusion.
- Every month for the first year after your CAR T cell infusion.
- Every 3 months for the second year after your CAR T cell infusion.

There may be times you report concerning symptoms when you're filling out the PROMIS questions. If so, you'll either see a message asking you to call your care team, or they will call you to help.

Your answers also will help us know in general how people feel after CAR T cell therapy. This information helps us improve our care in the future.

About CAR T cell therapy

CAR T cell therapy is a type of immunotherapy. Immunotherapy is a form of cancer treatment. It boosts your immune system's natural ability to fight cancer. Your immune system attacks cancer cells, much the same way it attacks bacteria or viruses (germs).

What are CAR T cells?

T cells are a type of white blood cell that help your immune system fight infection and diseases. They recognize and attack viruses or abnormal cells in your body.

CAR T cells are T cells that we take from your blood and send to a lab where they're changed so they recognize and kill cancer cells.

What will happen during CAR T cell therapy?

CAR T cell therapy is broken into 6 main steps, or phases.

Phase 1: Tests for insurance approval

You'll have a few medical tests done to make sure CAR T cell therapy is right for you. Your insurance company may also need some test results before it approves your treatment. Your care team will talk with you about which tests you need.

Phase 2: T cell collection

Your T cells will be collected in MSK's Blood Donor Room. The collection will take about 2 to 4 hours. Plan for your appointment to last 4 to 6 hours in total.

Read the section "T cell collection" to learn more.

Phase 3: T cell modification and bridging treatments

After we collect your T cells, we will send them to a lab to be changed into chimeric antigen receptor (CAR) T cells. This will help them recognize and kill cancer cells. This is called T cell modification. It takes 2.5 to 6 weeks, depending on which CAR T you get

You may also get chemotherapy (chemo) or other treatment during this time to help control your cancer before your CAR T cell infusion. This is called bridging treatment.

This is also a good time to finish planning for your CAR T cell therapy. You also must choose your caregiver.

Read the sections "Getting ready for your CAR T cell therapy" and "Your caregiver" to learn more.

Phase 4: Lymphodepleting chemotherapy and CAR T cell infusion

Once your CAR T cells are ready, the lab will send them back to MSK. You'll complete your pretreatment evaluation and pretreatment visit. You'll also get chemo to help get your body ready for your CAR T cell infusion. This is called lymphodepleting (lim-foh-dee-PLEE-ting) chemo. It's different than chemo you may get as a bridging treatment.

Lymphodepletion (LIM-foh dih-PLEE-shun) is the process of lowering your white blood cell numbers with chemo. Having fewer white blood cells will help the CAR T cells work better at finding and killing cancer. It also gives them room to grow.

Most people get lymphodepleting chemo in the Outpatient Cellular Infusion Unit. To learn more about what to expect during appointments in the unit, read the "While you're in the Outpatient Cellular Infusion Unit" section. You can also read *About Your Appointments in MSK's Cellular Infusion Unit*. You can find it at www.msk.org/pe/about-cellular-infusion-unit or ask for a print copy.

Lymphodepleting chemo is most often done about 5 days before your CAR T cell infusion. Your clinical nurse coordinator will give you a schedule. They'll talk with you about what to expect. Your schedule depends on which CAR T you get.

Your appointments usually last between 3 and 5 hours.

CAR T cell infusion

Your CAR T cells will be infused into your bloodstream through your CVC or an IV. You can have visitors during the infusion in compliance with MSK's Visitor Policy.

- **If you're having an inpatient CAR T cell infusion:** You'll be admitted to the hospital. This most often happens the day before your infusion. Your infusion will take place in your hospital room.
- **If you're having an outpatient CAR T cell infusion:** Your infusion will take place at the Cellular Infusion Unit.

Read the section "What to expect during your CAR T infusion" to learn more.

Phase 5: Early recovery

Early recovery lasts about 4 weeks after your infusion. During this time, your CAR T team will see how you're doing and manage your side effects.

- **If you had an inpatient CAR T cell infusion:** You'll stay in the hospital for 7 to 10 days or longer after your infusion. After that, you'll need to stay nearby for outpatient follow-up a few times a week.
- **If you had an outpatient CAR T cell infusion:** You'll have appointments every day for the first 7 to 10 days after your infusion.

Regular follow-up visits

After your hospital stay or daily appointments, you'll keep seeing your CAR T team for about **28 days after your infusion**. Plan to stay near the hospital during this time. Your caregiver should be with you 24/7 during this time.

The number of follow-up visits depends on how you're recovering, but they often look like this:

- **First week of follow-up:** About 3 times a week.
- **Second week of follow-up:** About 2 times a week.
- **Final week:** Once or twice a week.

Your CAR T team will adjust your schedule based on your needs.

Read the section “What to expect after your CAR T cell infusion” to learn more.

Phase 6: Long-term recovery

Long-term recovery lasts for about 90 days or longer after your infusion.

You’ll have appointments every few weeks or months. Your CAR T team will see how you’re doing and manage your side effects. You’ll come back to MSK for these appointments.

Long-term recovery is different for everyone. It depends on your situation and how the cancer reacts to your CAR T cell therapy. Your CAR T team will tell you what to expect.

Read the “What to expect after your CAR T cell infusion” to learn more.

Your CAR T team

A large care team will work together to care for you during each phase of your CAR T cell therapy. You’ll meet many of the healthcare providers on your care team as you go through your CAR T cell therapy. You may not meet others. But everyone on your care team is working to help you.

Here’s a list of your CAR T cell therapy team members and their roles.

A **cellular therapy doctor** will be in charge of your care throughout your treatment. You will have one primary (main) outpatient doctor. Different doctors may care for you while you’re in the hospital, but they will be in contact with your primary cellular therapy doctor as needed.

A **fellow** is a doctor who has finished general training and is getting more training in cancer care.

An **advanced practice provider (APP)** is a healthcare provider who works with your doctor to care for you. They can give medical treatments and prescribe medicine. Sometimes, you may see them instead of your doctor. APPs include **nurse practitioners (NPs)** and **physician assistants (PAs).** An APP will see you at each of your visits to the Outpatient Cellular Therapy Unit.

A **clinical nurse coordinator (CNC)** is a nurse who works with you, your caregiver, and your team of doctors. They will organize and schedule testing, procedures, and consultations with other professionals you need before your infusion. Your clinical nurse coordinator will teach you about your treatment plan.

Nurses will work with you during your outpatient visits and while you're in the hospital. They're registered nurses (RNs) with special training in caring for people getting cellular therapy treatments.

Both the inpatient and outpatient nurses work closely with your care team to manage your symptoms. They can help you with any questions or concerns.

A **nursing assistant (NA)**, **patient care technician (PCT),** or **medical assistant (MA)** works with your nursing team. They will help give you basic care and support, such as helping you shower.

A **hospitalist** is a doctor who sees people only while they're in the hospital. At MSK, there's a hospitalist on duty all night.

A **clinical pharmacist** is a pharmacist who works directly with you, your caregiver, and other members of your care team. They will review your medicines with you and your caregiver and teach you how to take them properly. They'll also tell you about side effects the medicines can cause. Your clinical pharmacists will have special training in caring for people getting cellular therapy.

A **social worker** helps you, your family, and friends manage the stress of going through CAR T cell therapy. Social workers understand the issues people having treatment face. They're here to listen, offer counseling, and refer you or your loved ones to other resources and services. They also play an important role in making sure you're set up for a safe recovery. This includes helping you arrange housing close to the treatment center (if you don't live nearby) and confirming you have a caregiver plan in place — meaning someone who can be with you 24/7.

A **patient financial service (PFS) nurse case manager** works with you and your health insurer to learn about your treatment benefits. They know the insurance challenges people may face during CAR T cell therapy. Each health plan has its own policies and rules. When your insurer needs authorization, your PFS nurse case manager will help.

An **office coordinator** gives administrative support to your attending doctors and the nurses who work with them. You may talk with them to give us information, schedule an appointment, or if you have questions for your CAR T team.

A **medical coordinator (MC)** works in an outpatient area. They track the flow of people in and out of the clinic. They make sure you schedule and complete all the tests, scans, and treatments your care team orders. Medical coordinators also manage your health records and coordinate your future appointments.

A **clinical research coordinator** works with your care team. They'll explain some of the research studies, also called clinical trials, you may be able to join. These studies mostly involve collecting samples or data.

A **patient representative** is the connection between you, your family, and MSK's hospital staff. They're here to protect your rights and help explain hospital policies and procedures. Patient representatives can help you with any concerns about your care. They can help you communicate with your CAR T team.

A **physical therapist (PT)**, **occupational therapist (OT)**, or both may see you while you're in the hospital. The PT will work with you to help you keep up your strength and stamina during your recovery. The OT will work with you to help you keep doing your daily activities.

A **room service associate** explains how room service works, including when it's available and how to use it. They'll make sure you get the right menus and deliver your meals.

A **case manager** may see you while you're in the hospital. They'll help you arrange home care, as needed.

Caregiver requirement for CAR T cell therapy

You must have a clear caregiver plan to get CAR T cell therapy. This is required whether you get treatment in the hospital or at the Outpatient Cellular Therapy Unit. There are no exceptions.

CAR T cell therapy can cause side effects. These side effects can happen quickly, at any time – day or night. That's why you need another adult with you **at all times**. They will watch for symptoms and call your care team right away if something seems wrong.

Caregivers must stay with you **24 hours a day, 7 days a week** until your CAR T team tells you it's no longer needed. You will need a caregiver plan for up to 28 days.

Choosing a caregiver

Choosing your caregiver is an important step in getting ready for your CAR T cell therapy. They will support you before, during, and after your infusion. Caregivers are usually a family member or close friend. Choose someone who is reliable and comfortable reporting symptoms right away. **Your caregiver does not need medical training.**

If you do not have 1 person to be your caregiver, it's OK to have more than 1 person share the role. It's best to limit the number of caregivers to 1 or 2

people. There must always be someone available. Plan ahead so there are no gaps in coverage.

Talk with your social worker if you want to hire a home health aide. They will give you information about these services.

What a caregiver does

Your TIL team will give your caregiver instructions about what they need to do. Your caregiver will be responsible for some of the medical, practical, and emotional support you will need. Here are some of the things they must do.

Medical support

- Look out for symptoms. Tell your outpatient cellular therapy team about any symptoms.
- Read *Outpatient Cellular Therapy Emergency Guide* to learn what to do in case of any emergency. Your care team will give you a copy. You can also find it online at www.msk.org/pe/cellular-therapy-emergency-guide.
    - Call your outpatient cellular therapy team with any concerns, and make sure you get to urgent care if needed.
    - Call for medical help right away in an emergency.
- Take your temperature every 4 hours while you're awake and away from the Outpatient Cellular Infusion Unit.
- Make sure you take your medicine.
- Know how to take care of your central venous catheter (CVC).

Practical support

- Take you to and from your appointments.
- Keep you away from anyone who's sick and help manage visitors.
- Handle food safely to prevent foodborne illness (food poisoning).
- Keep the place you're staying clean.
- Keep family members and friends up to date about your health.

Emotional support

- Pay attention to your moods and feelings.
- Communicate with you and listen to you.
- Understand your needs and your decisions.
- Feel comfortable contacting your care team if they're worried about your emotional state.

The caregiver role for an outpatient CAR T cell infusion is full time, 24 hours a day, 7 days a week. It's tiring, demanding, and stressful. That's even more true if your condition, schedule, or treatment changes.

Your CAR T team will do everything they can to support your caregiver. They can also refer your caregiver to other support services to help them manage their role.



Resources for caregivers

Caregivers can have physical, emotional, spiritual, and financial distress. There are resources and support to help manage the many duties of caring for a person having CAR T cell therapy.

Contact your social worker for support resources and information. MSK's Caregivers Clinic supports caregivers who are having a hard time coping with the demands of being a caregiver. To learn more, visit www.msk.org/caregivers or call 646-888-0200.



Tell your CAR T team right away if your caregiver gets sick or shows any signs of a cold or flu (such as a cough, fever, or sore throat) 1 week before or any time during your CAR T cell therapy.

Notes

Getting ready for your CAR T cell therapy

Initial consult

Your initial (first) consult is your first appointment with your cellular therapy doctor. During this appointment, you'll meet with your cellular therapy doctor and other members of your CAR T team. Your doctor will:

- Talk with you about your health and surgery history.
- Do a physical exam and other medical tests.
- Talk with you about what is the best treatment plan for you.
- Explain what to expect during your CAR T cell therapy and answer your questions.
- Ask you to sign a consent form for CAR T cell therapy. A consent form is a form that says you agree to the treatment and understand the risks.

Meet with a social worker

Your social worker will tell you about MSK's psychological, emotional, and financial support services and assess if you need any psychosocial support. They will help you find a place near MSK to stay during your treatment and follow up, if needed. They'll also talk with you about why you need a caregiver and help you finalize your caregiver plan. You can contact your social worker at any point during your care for support.

T cell collection

Your T cells will be collected in MSK's Blood Donor Room. You can expect the entire appointment to take 4 to 6 hours. Read *About Your T Cell Collection* to learn more. You can find it in the "Educational resources" section of this guide.

Before your T cell collection

Have a leukapheresis catheter placed, if needed

You'll have an appointment in the Blood Donor Room called a "vein check." We will check if your veins are big enough to collect your T cells from a vein in your arm. If not, you'll get a type of intravenous (IV) catheter called a leukapheresis (LOO-kuh-feh-REE-sis) catheter.

If you need a leukapheresis catheter, it is usually placed the day before your collection. A surgeon will put it into a large vein in your upper chest. Your nurse will tell you what to expect. You will need someone to go home with you because you may feel drowsy after your procedure. Read *About Your Tunneled Catheter* to learn more. You can find it in the "Educational resources" section of this guide.

Eat foods with calcium

During your collection, your blood will go through tubing in a machine. The tubing has a special liquid that keeps your blood from clotting. This liquid can lower the calcium in your blood.

To help prevent low calcium, eat foods high in calcium for 3 days before your appointment. You should also bring a high-calcium snack to eat during your collection.

Foods high in calcium include:

- Milk
- Yogurt
- Cheese
- Canned fish with bones, like sardines or salmon
- Leafy green vegetables, such as kale, collard greens, and bok choy
- Some nuts and seeds

Eating these foods can help keep your calcium level normal during your collection.

During your T cell collection

Your collection will be done while you're on a bed or in a recliner chair. You can watch TV or read during your procedure. You may feel cold during the procedure since your blood loses heat while moving through the machine. We will give you blankets to make you comfortable. It's a good idea to bring layers of clothing to be more comfortable.

Some of your blood will be collected through an IV line or leukapheresis catheter. The blood will flow through a machine that collects the T cells. The rest of your blood will be given back to you through another IV line.

Your donor room nurse will watch for side effects. They will give you medicine as needed. If you feel numbness or tingling in your fingertips or around your mouth, tell your donor room nurse. These are signs your calcium level is low. Your donor room nurse can give you calcium tablets or calcium through your IV to help.

After your T cell collection

If you had an IV line in your arm: Your donor room nurse will take it out. They'll apply a bandage to prevent bleeding. They'll tell you when you can take the bandage off.

If you're still bleeding after you take the bandage off, put gentle, firm pressure on the site for 3 to 5 minutes. Call your doctor if the bleeding does not stop.

If you had a leukapheresis catheter: After your T cell collection, you'll go to the Interventional Radiology department to get your catheter removed.

Most people go back to doing their regular activities the same day of their T cell collection.

Your pretreatment evaluation

We will check your overall physical condition again before your CAR T infusion. This will help us make sure you're ready for treatment. It will also help your CAR T team notice any changes later.

You'll need to make a few trips to MSK to have tests. We often call this the work-up or restaging period.

During the work-up, you must have some, but not always all, of these tests. Even if you have some of them before your T cell collection, you may need them again during your pretreatment evaluation.

- **Blood tests (sometimes called labs).** These are done to check a few things. This includes how well your kidneys and liver work, your blood counts, and if you've been exposed to certain viruses.
- **Electrocardiogram (EKG)** and **echocardiogram (echo).** These are done to give your CAR T team information about your heart.
- **Positron emission tomography (PET) scan.** This is an imaging test that's used to look at some types of cancer. It's also used to look at your organs and how they work in your body.
- **Bone marrow aspiration and biopsy.** A bone marrow aspirate is a small sample of bone marrow. It's usually taken from the back of your hip. The healthcare provider performing the procedure will numb your hip and place a needle into your bone marrow (the soft tissue inside your bones). They'll take out a small amount of bone marrow. The healthcare provider may do a bone marrow biopsy at the same time. This procedure collects a tiny piece of bone marrow to examine. This is done to check how well your bone marrow is making cells. They will also look for any sign of cancer in the marrow.

Your CAR T team will work with you and your caregiver to schedule the tests. Your care team will use the results of the tests to plan your treatment. They'll make sure it's safe to start.

Your care team will explain any other tests you may need.

Your pretreatment appointment

You'll have your pretreatment appointment once your CAR T cells are ready and your CAR T cell infusion is scheduled. Sometimes, the pretreatment appointment is the same day as the pretreatment evaluation.

This pretreatment appointment is usually about 1 to 2 weeks before your scheduled CAR T cell infusion. You must come to this appointment in person. It cannot be a video visit.

During this appointment:

- Your cellular therapy doctor will go over your treatment plan and consent forms with you. You'll sign consent for your CAR T cell infusion and lymphodepleting chemo, if you have not already.
- If they haven't already, your clinical nurse coordinator will give you a calendar with your treatment plan. They'll review the information with you and answer your questions.
- We will ask you to sign a consent form for a blood transfusion. You may need blood or platelet transfusions when your blood counts are low after your treatment. Read *About Your Blood Transfusion* to learn more. You can find it in the "Educational resources" section of this guide.



You must stay healthy before your CAR T treatment. It's very important to call your CAR T cell doctor's office if you have any of these things:

- Signs of an infection, such as:
  - A fever of 100.4 °F (38.0 °C) or higher.
  - A runny nose.
  - A stuffy nose.
  - A cough.
- Nausea (feeling like you're going to throw up).
- Vomiting (throwing up).
- Diarrhea (loose or watery poop).
- A toothache.
- An open wound, such as a wound that's bleeding or not healing.
- Any other new problem, even if it seems small.

Your healthcare provider will decide if we should delay your CAR T cell treatment. It could be dangerous to start while you have an infection, even if it's just a cold. This is because your immune system may not be able to fight the infection.

Having your central venous catheter (CVC) placed

You'll need a CVC during your CAR T cell therapy. A CVC is a catheter (thin, flexible tube) that's put into one of your larger veins. Outside your body, the catheter divides into smaller tubes called lumens.

A CVC lets your CAR T team infuse your cells and draw your blood. It also helps them give you fluids, electrolytes, blood transfusions, chemo, and other medicine. They will not need to stick you with a needle as often. Having a CVC will make your treatment much more comfortable.

There are 2 main types of CVCs:

- A **peripherally inserted central catheter (PICC)** is put into a large vein in your arm. Read *About Your Peripherally Inserted Central Catheter (PICC)* to learn more. You can find it at www.msk.org/pe/about-picc or ask for a printed copy.
- A **tunneled chest catheter** is put into a large vein in your upper chest. Tunneled chest catheters are sometimes called Hickman catheters. Read *About Your Tunneled Catheter* to learn more. You can find it in the "Educational resources" section of this guide.

Your doctor or nurse will tell you which type of CVC you'll have.

CVCs are often taken out 2 to 3 weeks after your CAR T cell therapy when you don't need it anymore. If you have a port, it may come out sooner.

Other things to do before your CAR T cell infusion

After your T cell collection, you'll start getting ready for your CAR T cell infusion. Here's a list of things to do to get ready.

Fill out a Health Care Proxy form. This form is a legal document. It says who will speak for you if you cannot communicate for yourself. This person is called your health care agent. They can be different than your caregiver.

- Read *Advance Care Planning for People With Cancer and Their Loved Ones* to learn more about health care proxies and other advance directives. You can find it at www.msk.org/pe/advance-care-planning or ask for a printed copy.
- Read *How to Be a Health Care Agent* to learn more about being a health care agent. You can find it at www.msk.org/pe/health-care-agent or ask for a printed copy.
- Talk with a member of your care team or a social worker if you have questions about filling out a Health Care Proxy form.

Arrange for disability or a leave of absence from work. If you're working, plan to go on disability or take a leave of absence. The exact length of time is different for everyone. Your care team will talk with you about how long you will need to be away from work. They will also help you complete any forms you need to be away from work.

Arrange for childcare and pet care, if needed. Your social worker can help guide you if you're worried about talking with your children about your CAR T cell therapy.

It's also important to make sure you have a clear caregiver plan for your CAR T cell therapy. Read "Caregiver requirements for CAR T cell therapy" to learn more.

What to expect during your CAR T cell infusion

This section has information about what to expect during your CAR T cell infusion.

If you're having an inpatient CAR T cell infusion: You'll be admitted to the hospital, usually the day before your infusion. Your infusion will take place in your hospital room. Your CAR T team will tell you what time you can expect to get the infusion.

If you're having an outpatient CAR T cell infusion: Your infusion will take place at the Cellular Infusion Unit.

Before your CAR T cell infusion

The day of your CAR T cell infusion, you'll have a general check-up. Your nurse will ask you simple questions to check your neurological (brain) function. You'll also get medicine to help keep you from having a reaction to the infusion.

During your CAR T cell infusion

Your healthcare provider will give you your CAR T cells through your CVC or IV line. The infusion can take 5 to 30 minutes, depending on which CAR T you receive. A staff member will be in the room with you for at least the first 15 minutes of your infusion. They'll probably stay with you for the entire infusion.

After your CAR T cell infusion

We will watch you closely for side effects for a few hours after your infusion.

Most people do not have a side effect on the day of their infusion. If you do have a side effect, it's most likely to be an allergic reaction to the infusion.

About cytokine release syndrome (CRS) and neurological side effects

Cytokine release syndrome (CRS) and neurological changes are the most common side effects of CAR T cell therapy. These side effects can come up hours to days after your infusion. Your care team will be checking for these side effects throughout your care.

CRS is a group of symptoms that happen when T cells attack cancer cells and overwhelm the immune system. Read *About Cytokine Release Syndrome (CRS) and Neurotoxicity Syndrome* to learn more. You can find it at www.msk.org/pe/crs-and-neurotoxicity or ask for a printed copy.

Here are some of the side effects we look for:

CRS symptoms	Neurologic changes
• Fever of 100.4 °F (38 °C) or higher. • Flu-like symptoms, such as muscle aches, headaches, or chills. • Feeling very tired. • Nausea. • Vomiting. • Faster heart rate than usual. • Feeling dizzy or lightheaded.	• Confusion. • Trouble finding words. • Tremors. • Sleeping more than usual. • Feeling very drowsy or responding more slowly than usual. • Seizures (shaking you cannot control). This is rare.

These side effects will go away. Your care team will watch you carefully and manage any side effects. It's very important that you and your caregiver tell your care team if you have any new symptoms.

What to expect in the hospital

This section has information about what to expect if you're admitted to the hospital during any part of your treatment. **Please read this section no matter if you're having an inpatient or outpatient CAR T cell infusion.** Even if your infusion is planned as outpatient, you may still be admitted to the hospital for monitoring or to manage side effects. Reading this section now will help you know what to expect.

There are a few units in the hospital that care for cellular therapy patients. The nurses on each unit have special training in caring for people having CAR T cell therapy. All the units follow the same guidelines.

Your inpatient care team will care for you and watch for side effects throughout your hospital stay. Some side effects need to be watched more closely and may mean you need to move to the Intensive Care Unit (ICU).

Your nurses, patient care technicians, and nursing assistants most often work for 12-hour shifts. The shifts start at 7 a.m. or 7 p.m. When nursing shifts change, your nurse will update the nurse taking over. They'll tell them anything they should know about you and your care during that shift.

The hospital environment

- Keep your hands clean. Read *Hand Hygiene and Preventing Infection* to learn more. You can find it in the "Educational resources" section.
- Your CVC and IV lines will be connected to an electronic pump on an IV pole during most of your hospital stay. Your nurse will not disconnect your lines when you take a shower or walk around. Disconnecting them can raise your risk for a CVC infection. It's important to keep your lines connected during your stay.
- If you're at risk for falling, someone will help you get to the bathroom. Your care team will tell you more about how to keep from falling while

you're in the hospital. Read *Call! Don't Fall!* to learn more. You can find it at www.msk.org/pe/call-dont-fall or ask for a printed copy.

Your hospital room

- Each room has a call bell system that's monitored 24 hours a day, 7 days a week. If you need something, use your call bell. Tell us what you need so we can send the right member of your care team member to help.
- Your room will have Wi-Fi and a TV with cable channels. You can also bring a streaming device to use on your TV. Amazon Fire TV Stick, Roku Streaming Stick, Google TV Streamer, and Apple TV are examples.
- People getting CAR T cell therapy stay in a semi-private (shared) hospital room. Room assignments are based on:
    - Which rooms are available
    - What you and other patients need to avoid infections
    - What you and other patients need to be safe.
- You may need to change your room or floor while you're in the hospital. This will be based on your medical needs, other patients' medical needs, and which hospital rooms are available. We try to avoid changing rooms as much as possible.

Testing and evaluations

Your medical team will see you every day. This includes a doctor and an NP or PA. A clinical pharmacist may also see you.

You will also have these tests and evaluations regularly:

- Your care team will check your vital signs every 4 hours, even at night. This includes your temperature, blood pressure, heart rate, breathing, and pain level.
- Your care team will give you medicine during your stay. **Please do not bring any of your own medicine to the hospital.**

- A member of your care team will weigh you and take a sample of your blood before 6 a.m. each day. The blood test will check to see how your white blood cells, red blood cells, and platelets are recovering.
- We will do other blood tests as needed. These tests check how well your kidneys and liver work and check for infections. We will also check your blood for signs that your body may be having side effects from the CAR T treatment, so we can find and treat any problems early. This information helps your care team assess your overall condition.
- Your care team will measure your urine (pee) throughout the day. It's important that we know how much urine you're making. They will also ask you how much water or liquids you're drinking.
- Your nurse may ask you simple questions to check your neurological (brain) function.

Visitors



Go to www.msk.org/visit to see MSK's most current visitor policy. If you have any questions, talk with the inpatient unit charge nurse or nurse leader.

Along with the instructions in the visitor policy, your visitors must follow the instructions below. This is to keep you and others getting CAR T cell therapy safe.

- You must not have any visitors who:
  - Have symptoms of being sick, such as a cough, rash, fever, or diarrhea.
  - Think they may be getting sick.
  - May have recently been exposed to someone with an infectious (contagious) illness.
- All visitors must always clean their hands before entering your room.
- Visitors and caregivers must use the visitor's restroom in the hallway, not the restroom in your room. This is to keep bacteria from spreading in your room.

- You cannot have fresh, dried, or live flowers or plants in your room. Please tell your family and friends not to bring or send them.
- For adult patients, visitors must be at least 12 years old. Any visitor younger than 18 must be with an adult who can actively supervise them throughout their visit.

Exercise

You'll feel tired after your chemo and CAR T cell infusion. Still, you should try to stay active and get out of bed each day. It's important to be safe, so ask for help when you get up.

We encourage you to walk around the unit. You may need to wear a mask while you're walking around. Your nurse will tell you if you also need to wear gloves, an isolation gown, or both. Do not go to a different floor when you're walking or exercising.

A physical therapist and an occupational therapist may see you in the hospital. They'll check how you're doing and give you therapy if you need it.

Diet

Your CAR T team will plan your diet. You will get a menu and instructions for ordering your meals. A room service associate will bring your meals to you.

Tell a member of your care team if you keep kosher, have diabetes, or follow another special diet. We will prepare your meals properly. A clinical dietitian nutritionist can also help you plan your meals.

Showering

It's best to shower daily. A patient care technician or nursing assistant can help you manage your IV pole and keep you safe while you're showering.

What to expect at the Outpatient Cellular Infusion Unit

During an outpatient CAR T cell infusion, you'll get most or all your care in the Cellular Infusion Unit. You'll visit the unit as often as needed based on how your CAR T treatment is going and if you are having side effects. We'll only admit you to the hospital if you need more care than we can give you as an outpatient.

What to bring to the Outpatient Cellular Infusion Unit

- A list of all prescription and nonprescription medicines you're taking, their dosages, and how often you take them. This should include patches, creams, vitamins, nutritional supplements, herbal products, and over-the-counter medicines. An over-the-counter medicine is one you can buy without a prescription.
- All the prescription medicines you were told to take during your CAR T cell therapy.
- Things to pass the time, such as books, newspapers, an audio player, a laptop, or tablet. Do not forget the charger for your electronic items.
- A notebook to write down information and any questions you or your caregiver have.

While you're in the Outpatient Cellular Infusion Unit

Wear comfortable clothing. Wear clothing that makes it easy to access your CVC. This can be a shirt that opens in the front, a sweatshirt, or a large T-shirt. Do not wear clothing that's hard to take off or put back on.

After you arrive

After you check in, a member of your care team will bring you to a room. They will:

- Check your vital signs and weight.
- Ask you about any symptoms you have.
- Check your blood counts, electrolyte levels, and kidney function (how well your kidneys are working).

Then, you'll wait in your room for your test results to be ready. This can take a few hours. You'll have an entertainment unit with a TV and computer to pass the time. You can also bring food and snacks with you.

This is a good time for your caregiver to take a break, take some personal time, or run errands. You'll be safe in your treatment team's care. We highly recommend your caregiver takes this time to relax.

Planning your care

Your CAR T team will plan your care after they get the results from your blood tests. The rest of your visit that day will depend on your test results. Based on your test results:

- Your healthcare provider may give you fluids through your CVC.
- Your healthcare provider may give you an infusion of platelets, red blood cells, or other blood components.
- Your healthcare provider may change some of your medicines.
- Your treatment could be left as is.

You'll stay in the unit until you finish your treatments. After that, your caregiver will take you to where you're staying.

Read *About Your Appointments in MSK's Cellular Infusion Unit* to learn more. You can find it at www.msk.org/pe/about-cellular-immunotherapy-unit or ask for a print copy.

What to do in your home or apartment

Your caregiver will take care of you when you're not in the Cellular Infusion Unit.

We will give you a printed copy of *Outpatient Cellular Therapy Emergency Guide*, or you can find it online at www.msk.org/pe/cellular-therapy-emergency-guide. Keep it out in your home or apartment so you and your caregiver can get it easily.

Carry your outpatient cellular therapy emergency card with you

You'll get an Outpatient Cellular Therapy Emergency Card. **Keep this card with you at all times.** It has important information about who to call and where to go if you have a medical emergency. If you need emergency medical care, show this card to the medical professional helping you.

Keep track of your temperature

From the time you start getting your chemo, you or your caregiver must take your temperature every 4 hours while you're awake. We will give you a thermometer.



If you have a fever of 100.4 °F (38 °C) or higher, your caregiver needs to take you to Urgent Care Center. Follow the instructions in your *Outpatient Cellular Therapy Emergency Guide*.

Call the Cellular Infusion Unit at 646-608-3150 while you're on your way there.

Keep track of how much you drink

Drink 2 liters (64 ounces) of liquids every day. This is about 8 cups. Try to drink small amounts throughout the day. Your caregiver will be asked to keep track of all the liquids you drink.

Move around and exercise

You'll feel tired after your chemo and CAR T cell infusion, but you should still try to stay active. A physical therapist will talk with you and prescribe an exercise program that's right for you.

What to expect after your CAR T cell infusion

The first 4 weeks after your CAR T cell infusion are considered the early recovery phase.

Early recovery after inpatient CAR T cell infusion

If you get your CAR T cells while inpatient, you'll stay in the hospital for 7 to 10 days or longer after your infusion. How long you stay in the hospital depends on whether you have side effects and how severe they are.

If you live more than 1 hour from MSK, you must stay near the hospital after you're discharged.

Your CAR T team will give you discharge instructions before you leave the hospital. Here are some guidelines to follow:

- Call your CAR T team if you have:
  - A fever of 100.4 °F (38.0 °C) or higher
  - Chills
  - Confusion
  - Hallucinations (seeing or hearing things that are not there)
  - Headaches
  - Seizures
  - Dizziness or lightheadedness
  - Trouble breathing
  - Bleeding
  - A faster heart rate than usual
  - Severe nausea, vomiting, or diarrhea
  - Pain
  - **Any other changes in condition**
- Do not drive until your care team says it's OK.
- Carry your wallet card with you at all times. Show it if you go to the emergency room, urgent care, hospital, or when you see a doctor.

- If you go home with your CVC, your nurse will teach you how to care for it at home.
- Avoid family and friends who may be sick.

Early recovery after outpatient CAR T cell infusion

If you had an outpatient CAR T cell infusion, you'll have daily appointments for the first 7 to 10 days after your infusion. Your appointments will be at the Cellular Infusion Unit. During your visits, your CAR T team will check how you're doing and help manage any side effects you're having. You may be admitted to the hospital if needed to manage your side effects.

Starting about 2 weeks after your infusion, you may be able to have appointments less often. This depends on how you're feeling. Side effects are still common during this time, so it's still required to come to all your scheduled appointments.

Between 2 and 4 weeks after your CAR T cell infusion, you may start having your appointments in your doctor's regular clinic instead of the Cellular Therapy Infusion Unit.

Long-term recovery

Long-term recovery is different for everyone. It depends on your situation and how the cancer reacts to your CAR T cells. Your CAR T team will tell you what to expect.

You'll have appointments with your CAR T team about 30 days, 90 days, 6 months, and 1 year after your CAR T cell infusion. During these appointments, you'll have tests to check how you're doing. These tests might include:

- A physical exam.
- Blood tests.
- Imaging scans, such as a PET scan or CT scan.
- Bone marrow aspiration and biopsy.

Your CAR T team will use the results of these tests to plan your care during your recovery.

Your CAR T team will talk with you about going back to seeing your primary oncologist (cancer doctor) during your long-term follow-up. If you do start seeing your primary doctor, please be sure to update your CAR T team on how you're doing.

Some people need to come back to the CAR T team for more care. This may include being seen in the outpatient clinic or being admitted to the hospital.

Around 3 to 6 months after your infusion, you'll have a blood test to check how well your immune system is protected against certain infections. It also helps your CAR T team decide if you need to get any vaccines (shots) again.

Notes

Educational resources

This section lists the educational resources mentioned in this guide and some other resources that may be helpful.

You can find these resources online or you can ask for a printed copy. You can also search for more educational materials on the Patient and Caregiver Education website, www.msk.org/pe

About Cytokine Release Syndrome and Neurotoxicity Syndrome
www.msk.org/pe/crs-and-neurotoxicity

About Your Appointments in MSK's Cellular Infusion Unit
www.msk.org/pe/about-cellular-infusion-unit

About Your Blood Transfusion
www.msk.org/pe/about-blood-transfusion

About Your Peripherally Inserted Central Catheter (PICC)
www.msk.org/pe/about-picc

About Your T Cell Collection
www.msk.org/pe/t-cell-collection

About Your Tunneled Catheter
www.msk.org/pe/about-tunneled-catheter

Advance Care Planning for People With Cancer and Their Loved Ones
www.msk.org/pe/advance-care-planning

Call! Don't Fall!
www.msk.org/pe/call-dont-fall

Communicating With Your Care Team: When to Call or Use MSK MyChart
www.msk.org/pe/communicating-using-mychart

Food Safety During Cancer Treatment
www.msk.org/pe/food-safety

Hand Hygiene and Preventing Infection
www.msk.org/pe/hand-hygiene

How to Be a Health Care Agent
www.msk.org/pe/health-care-agent

Instructions for Interventional Radiology Procedures
www.msk.org/pe/instructions-ir-procedures

Outpatient Cellular Therapy Emergency Guide
www.msk.org/pe/cellular-therapy-emergency-guide

Sex and Your Cancer Treatment
www.msk.org/pe/sex-cancer-treatment

Urgent Medical Care for MSK Patients
www.msk.org/pe/urgent-care-adult

Your Hospital Room During Your Inpatient Cellular Therapy: What To Expect
www.msk.org/pe/hospital-room-inpatient-cellular-therapy

Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your T Cell Collection

This information will help you get ready for your T cell collection at MSK. It explains what to expect before, during, and after your procedure.

T cell collection is a procedure that collects T cells. T cells are a type of white blood cell. They will be sent to a lab to have a new gene added to them. This is called genetic modification. The new gene will help them find and kill cancer cells. To learn more, read *CAR T Cell Therapy: A Guide for Adult Patients & Caregivers* (www.mskcc.org/pe/car-t-guide).

T cell collection

Your T cell collection procedure will be at one of these locations or another approved location:

MSK Schwartz Building Lobby
1250 1st Ave. (between East 67th and East 68th streets)
New York, NY 10065
212-639-7643

Apheresis Unit on the 12th floor
David H. Koch Center for Cancer Care at Memorial Sloan Kettering
530 East 74th Street (between York Avenue and the East River)
New York, NY 10021
646-608-3142

Before your T cell collection

Blood donor room appointment

Most people have their T cells collected using an intravenous (IV) catheter, also called an IV line. This is a thin, flexible tube that's put into a vein in your chest.

At your blood donor room appointment, a nurse will check the veins in your arms to see if they're healthy enough for the procedure. If they're not healthy enough (for example, they're too small), then we will not use IV lines for your collection.

Instead, you will have a leukapheresis (LOO-kuh-feh-REE-sis) catheter placed into a large vein in your upper chest. A leukapheresis catheter is a type of IV catheter.

The catheter will be placed before your procedure and removed a few hours after your procedure. Your care team will give you more information and the resource *About Your Tunneled Catheter* (www.mskcc.org/pe/about-tunneled-catheter).

Eat high-calcium foods

As your T cells are collected, your blood calcium level (the amount of calcium in your blood) may drop. On the day before and the day of your procedure, have food or drinks high in calcium, such as dairy products. You should also bring a high-calcium snack to eat or drink during your procedure. This can help keep the level of calcium in your blood from getting too low during your procedure.

If you are between the ages of 19 and 50, you should aim to have 1,000 mg (milligrams) of calcium every day. After age 50, you should aim to have 1,200 mg of calcium every day.

Calcium per serving	Foods and liquids
300 mg	• 1 cup milk (fat free, low fat, chocolate, and buttermilk). • 1 cup nonfat or low-fat yogurt. • 1 cup soy milk or rice milk with calcium. • 1 cup orange juice with calcium. • 1½ ounces low-fat natural cheese (such as cheddar, mozzarella, or Swiss). • 2 ounces processed cheese (such as American). • 1 cup ready-to-eat pudding. • 1 cup macaroni and cheese.
200 mg	• 3 ounce canned salmon (with soft bones). • 3 ounce sardines (with soft bones) • 1 cup calcium-fortified cereal. • 1 ounce feta cheese.
150 mg	• 1 cup cottage cheese. • ½ cup tofu (made with calcium). • 1 slice calcium-fortified bread.
100 mg	• ½ cup frozen yogurt or ice cream. • ¼ cup almonds. • ½ cup cooked greens (beet greens, turnip greens, kale, collards, spinach). • 1 English muffin. • ½ cup soybeans.
50 mg	• 1 medium orange. • ½ cup cooked broccoli. • ½ cup canned white beans. • 1 medium baked sweet potato.

It's also important to drink enough liquids before your procedure. This will make it easier for your nurse to place the IV lines for your procedure. You can tell if you're drinking enough liquids by checking the color of your urine (pee). If it's pale yellow or lighter, you're drinking enough. If it's darker, you need to drink more.

During your T cell collection

Your procedure will be done while you're on a bed or in a recliner chair. You can watch TV, read, or use your smartphone or tablet during your procedure. A family member or friend may sit with you. If you feel cold, you can ask for blankets to keep you warm.

You will be connected to a machine by your IV line, leukapheresis catheter, or central venous catheter (CVC). The machine will take the T cells out of your blood then return the rest of your blood to your body. At the same time, you will get blood thinner medicine through your IV line or catheter. This will help prevent blood clots.

Your procedure will take about 3 to 5 hours. During this time, your donor room nurse will watch for side effects and give you medicine if you need it. If you get numbness or tingling in your fingertips or around your mouth, tell your donor room nurse. These are signs that your calcium level is low. Your donor room nurse can give you calcium tablets to help with this.

After your T cell collection

If you had IV lines in your arms, your donor room nurse will take them out. They will also put bandages to prevent bleeding. Leave the bandages on for at least 3 hours. Do not leave them on for longer than 5 hours. That can cut off your circulation (blood flow).

If there is bleeding when you remove the bandages, put gentle but firm pressure on the IV sites. Press firmly on the sites with a clean, dry gauze pad, towel, or cloth. Keep pressing for 3 to 5 minutes, applying pressure until the bleeding stops. If the bleeding does not stop, call your healthcare provider.

After your collection, you may have bruising at your IV sites. You may also feel tired. Ask your healthcare provider when you can go back to doing your regular activities. Most people can do so right away.

Use cold washcloths or icepacks to help reduce swelling or bruising at the needle site during the first 24 hours. If discomfort continues after 24 hours,

apply heat, such as a warm washcloth or a heating pad.

If you had a leukapheresis catheter, your donor room nurse will schedule an appointment to remove it soon after your collection.

When to call your healthcare provider

Call your healthcare provider if you have any of the following:

- A fever of 100.4 °F (38 °C) or higher.
- Flu-like symptoms.
- Any redness, bleeding, drainage, swelling, or pain around your catheter site or at the IV sites.
- Numbness or tingling in your lips, hands, or feet.
- A lot of pain on the left side of your body.
- A bad headache or any neurological (nerve) changes, such as:
    - Changes in vision.
    - Changes in short-term or long-term memory.
    - Changes in your ability to move.
    - A hard time speaking.
    - Any other concerning symptoms.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your T Cell Collection - Last updated on March 31, 2026
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Tunneled Catheter

This information explains what a tunneled catheter is and how it's placed. It also has general guidelines for caring for your tunneled catheter at home. A tunneled catheter is a type of central venous catheter (CVC).

About tunneled catheters

A tunneled catheter is a flexible catheter (thin tube) that goes into a vein in your chest. There are many different types of tunneled catheters. Your doctor will decide which type is best for you.

All tunneled catheters are tunneled under your skin and into a large vein near your heart (see Figure 1).

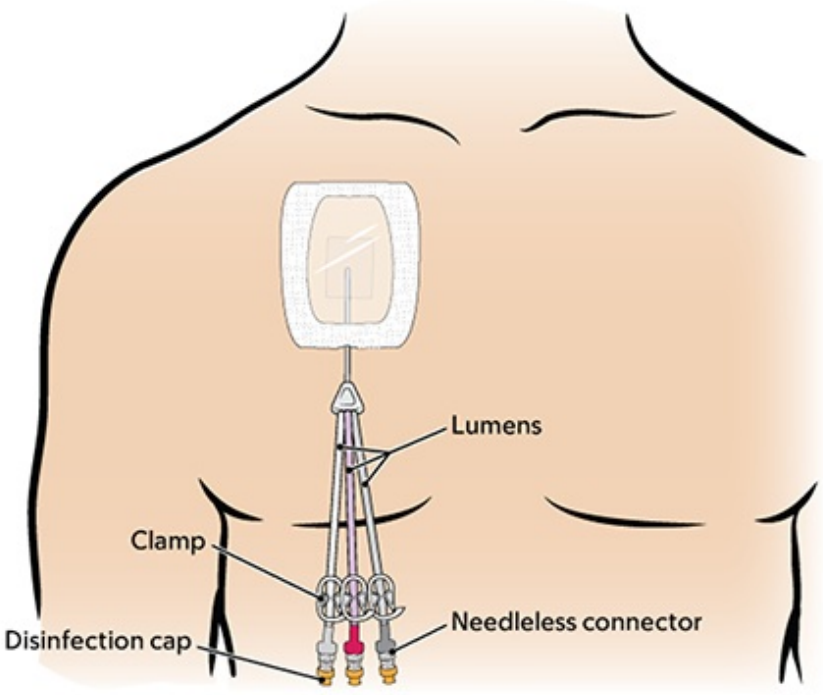


Figure 1. Tunneled catheter

The catheter splits into 1, 2, or 3 lumens (smaller tubes) outside of your body. Each lumen has:

- A clamp.
- A needleless connector (also called a clave).
- A disinfection cap on the end.

Having a tunneled catheter can help you need fewer needle sticks. It can be used to:

- Take blood samples.
- Give fluids.
- Give chemotherapy and other cancer treatments, such as CAR-T and bone marrow transplant.
- Give intravenous (IV) medications and nutrition.
- Give blood transfusions.

A tunneled catheter can stay in your body for weeks, months, or even years. Your doctor will remove it when you do not need it anymore.

You will have a procedure to place your tunneled catheter. Your nurse will tell you how to get ready for your procedure. They will also teach you how to care for your tunneled catheter after your procedure. It can be helpful to have a caregiver, family member, or friend learn with you.

Most people can do normal activities with a tunneled catheter, such as work, school, sexual activity, showering, and mild exercise. Talk with your doctor or nurse about which activities are safe to do before you start them.

Avoid contact sports, such as football and soccer. Avoid submerging your catheter in water, such as swimming in a pool or ocean, while your catheter is in place.

What to do before your procedure

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.



It's very important to take your medicines and supplements the right way in the days before your procedure. If you don't, we may need to reschedule your procedure.

Anticoagulants (blood thinners)

A blood thinner is a medicine that changes how your blood clots. Blood thinners are often prescribed to help prevent a heart attack, stroke, or other problems caused by blood clots.

If you take a blood thinner, ask your healthcare provider what to do before your procedure. They may tell you to stop taking it a certain number of days before your procedure. This will depend on the type of procedure you're having and the reason you're taking a blood thinner.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

• Apixaban (Eliquis®) • Aspirin • Celecoxib (Celebrex®) • Cilostazol (Pletal®) • Clopidogrel (Plavix®) • Dabigatran (Pradaxa®) • Dalteparin (Fragmin®) • Dipyridamole (Persantine®) • Edoxaban (Savaysa®) • Enoxaparin (Lovenox®) • Fondaparinux (Arixtra®) • Heparin injection (shot)	• Meloxicam (Mobic®) • Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®) • Pentoxifylline (Trental®) • Prasugrel (Effient®) • Rivaroxaban (Xarelto®) • Sulfasalazine (Azulfidine®, Sulfazine®) • Ticagrelor (Brilinta®) • Tinzaparin (Innohep®) • Warfarin (Jantoven®, Coumadin®)

Other medicines and supplements can change how your blood clots. Examples include vitamin E, fish oil, and nonsteroidal anti-inflammatory drugs (NSAIDs). Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement). It will help you know which medicines and supplements you may need to avoid before your procedure.

Diabetes medicines

You may be taking insulin or other diabetes medicines. If so, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking the medicine or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

Your care team will check your blood sugar levels during your surgery or procedure.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You must follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they're prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

Diuretics (water pills)

A diuretic is a medicine that helps control fluid buildup in your body. Diuretics are often prescribed to help treat hypertension (high blood pressure) or edema (swelling). They can also be prescribed to help treat certain heart or kidney problems.

You may be taking a diuretic. If so, ask the healthcare provider doing your procedure what to do before your procedure. You may need to stop taking it the day of your procedure.

Here are some examples of diuretics. There are others, so be sure your care team knows all the medicines you take.

• Bumetanide (Bumex®) • Furosemide (Lasix®)	• Hydrochlorothiazide (Microzide®) • Spironolactone (Aldactone®)

Take devices off your skin

You may wear certain devices on your skin. Before your procedure, surgery, or scan, some device makers recommend you take off your:

- Continuous glucose monitor (CGM)
- Insulin pump

Talk with your healthcare provider about scheduling your appointment closer to the date you need to change your device. Make sure to bring an extra device with you to put on after your procedure, surgery, or scan.

You may not be sure how to manage your glucose (blood sugar) while your device is off. If so, before your appointment, talk with the healthcare provider who manages your diabetes care.

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Caring People: 877-227-4649

Agencies in New Jersey

Caring People: 877-227-4649

Tell us if you're sick

If you get sick (including having a fever, cold, sore throat, or flu) before your procedure, call your IR doctor. You can reach them Monday through Friday from 9 a.m. to 5 p.m.

After 5 p.m., during the weekend, and on holidays, call 212-639-2000. Ask for the Interventional Radiology fellow on call.

Note the time of your appointment

A staff member will call you 2 business days before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Thursday before. They'll tell you what time to get to the hospital for your procedure. They will also remind you where to go.

If you don't get a call by noon (12 p.m.) on the business day before your procedure, call 646-677-7001. If you need to cancel your procedure for any reason, call the healthcare provider who scheduled it for you.

What to do the day before your procedure

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your procedure

Instructions for drinking

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
    - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
    - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Things to remember

- Take only the medications your doctor told you to take the morning of your procedure. Take them with a few sips of water.
- Do not put cream (thick moisturizers) or petroleum jelly (Vaseline®) anywhere on your chest.
- Do not wear eye makeup.
- Remove any jewelry, including body piercings.
- Leave all valuables at home if you do not need them.
- If you wear contact lenses, wear your glasses instead, if you can. If you do not have glasses, bring a case for your contacts.

What to bring with you

- Medications for breathing problems, such as inhalers, if you take any.
- Medications for chest pain, if you take any.
- A case for your glasses or contacts.
- Your Health Care Proxy form and other advance directives, if you have completed them.
- Your CPAP or BiPAP machine if you use one. If you cannot bring yours with you, we will give you one to use while you're in the hospital.

What to expect when you arrive

Many staff members will ask you to say and spell your name and date of birth. This is for your safety. People with the same or similar names may be having procedures on the same day.

Meet with a nurse

You'll meet with a nurse before your procedure. Tell them the dose of any medicines you took after midnight (12 a.m.) and the time you took them. Make sure to include prescription and over-the-counter medicine, patches, and creams.

Your nurse may place an intravenous (IV) line in one of your veins, usually in your arm or hand. If your nurse does not place the IV, your anesthesiologist will do it in the procedure room.

A member of your care team will review your medical history with you to prepare you for sedation (seh-DAY-shun). Sedation is when you're calm, relaxed, or sleepy from medicine you will get before your procedure. They will:

- Ask you if you've had any problems with sedation in the past. This includes nausea (feeling like you're going to throw up) or pain.
- Talk with you about your comfort and safety during your procedure.
- Talk with you about the kind of sedation you'll get.
- Answer questions you have about sedation.

Inside the procedure room

A member of your care team will give you an injection (shot) of local anesthesia. This is medicine to numb the area where they will place the catheter into your skin.

Once the areas are numb, your doctor will make small incisions (surgical cuts). They will place the catheter through the incision on your chest and tunnel it under your skin to the incision at the base of your neck. Then, they will thread the catheter into your vein (see Figure 2).

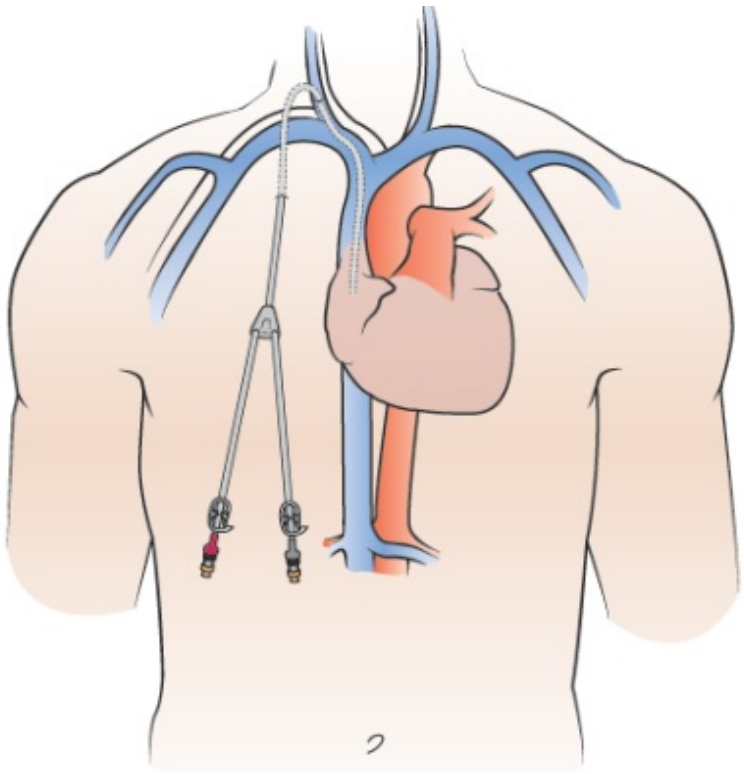


Figure 2. Catheter tunneled under your skin, into a vein

Your doctor will use fluoroscopy (real time X-rays) or ultrasound to help place the catheter. They may also give you an injection of IV contrast. The contrast makes it easier for your doctor to see the area.

Your doctor will use sutures (stitches) to close the incision at the base of your neck. They will put Steri-Strips™ (surgical tape) over the sutures. Then, they will stitch your catheter to your skin at the place where it leaves your body (the exit site). This will keep the catheter in place.

At the end of your procedure, your doctor will put a gauze dressing (bandage) over the incision on your neck. They'll also put a Tegaderm™ dressing over your catheter exit site.

What to do after your procedure

After your procedure, your care team will bring you to the recovery room. You will need to stay in bed until the sedation has worn off. You will then go back to your hospital room or go home with your caregiver.

You may have bleeding, discomfort, or pain at your catheter exit site. It can last for up to 3 days after your catheter is placed. Talk with your healthcare provider about what pain medicine is safe to take.

If you have any bleeding from your exit site, apply pressure and a cold compress to the area. Tell your nurse if you have:

- Bleeding. Your care team may need to change your dressing.
- Pain or discomfort that gets worse.
- Any nausea (feeling like you're going to throw up).
- Any symptoms that concern you.

Do not shower for 24 hours after your procedure.

Your central line discharge kit

Your nurse will give you a discharge kit before your procedure or before you leave the hospital. They will explain how to use the kit.

The discharge kit has:

- 1 toothless clamp
- 1 cannula clamp
- 2 Curos Jet™ strips
- 3 needleless connectors
- 1 package of (10-inch x 12-inch) water guards, such as AquaGuard
- 2 (4-inch x 6 1/8-inch) Tegaderm dressings without CHG
- 2 Nitrile exam gloves
- 10 alcohol Pads
- 1 (4-ounce) package of CHG 4% cleansing soap
- Disinfection caps
- Your doctor's office and emergency telephone numbers

Keep your discharge kit with you at all times. You'll need it if your catheter is leaking, or if your Tegaderm dressing or needleless connector is damaged or comes off.

How to care for your catheter exit site

Always have a Tegaderm dressing over your exit site while your tunneled catheter is in place. The Tegaderm dressing helps prevent infection. Call your healthcare provider if your Tegaderm dressing gets dirty, wet, or peels off. They may need to change your Tegaderm dressing.

Have a nurse change your dressing

Have a nurse change your dressing:

- Within 24 hours (1 day) if you're staying in the hospital after your procedure.
- Within 48 hours (2 days) if you're going home after your procedure and your dressing is gauze and tape. They will replace it with a CHG or non-CHG transparent (clear) dressing.
- Within 7 days if both of these are true:
    - You have a CHG or non-CHG transparent dressing.
    - You can see your insertion site (where the catheter goes into your body).

During these dressing change appointments, the nurse will change your needleless connectors, disinfection caps and flush your catheter. If you cannot come to an MSK site, your nurse will help you make other plans. Call your healthcare provider if you have any questions.

How to care for your neck incision

Two days after your procedure, remove the gauze bandage over the small incision on your neck. You do not need to put a new bandage over the incision.

Leave the Steri-Strips in place until they start to peel off. This can take up to 1 week after your procedure.

How to care for your tunneled catheter at home

Keep the lumens clamped when you are not using your catheter. Keep your catheter secure at all times to keep from pulling it.

Talk with your nurse about the best way to secure your catheter. You can tape the lumens to your skin or tuck them into your bra. Or, you can wrap them in medical tape and pin the tape to your clothing. Take off the pin when changing your clothes to prevent tugging on the catheter.

Do not put tape over the connection site. The connection site is where the needleless connector connects to the lumens.

Check your exit site every day for redness, tenderness or pain, leakage or drainage, swelling, or bleeding. Call your healthcare provider right away if you have any of these signs or symptoms. These are signs you may have an infection.

What to do if your catheter is leaking

1. Clamp your catheter above the leak. Move the white clamp on the catheter so it's above the leak, if you can. If you cannot use the white clamp, use the toothless clamp in your discharge kit (see Figure 3).
2. Wipe the area that's leaking with an alcohol pad.
3. **Call your doctor's office right away.**



Figure 3. A toothless clamp

What to do if your Tegaderm dressing is damaged, loose, or dirty

Call your doctor's office right away. Do not take off the damaged, loose, or dirty dressing. Put a new Tegaderm dressing from the discharge kit over it.

What to do if your Tegaderm dressing is wet

What to do if your Tegaderm dressing is wet

Call your doctor's office right away. Do not take off the wet Tegaderm dressing or put another dressing over it.

What to do if your disinfection cap falls off

Throw away the disinfection cap that fell off. Do not put it back on the lumen.

To put on a new disinfection cap:

1. Clean your hands with soap and water or an alcohol-based hand sanitizer.
2. Get a new disinfection cap from your discharge kit. Remove the cap from the strip.
3. Hold the needleless connector in one hand. With your other hand, gently push and twist the new disinfection cap onto the end of the needleless connector.

What to do if your needleless connector falls off

Throw away the needleless connector that fell off. Do not put it back on the lumen.

To put on a new needleless connector:

1. Gather your supplies. You will need:
    - 1 pair of nonsterile gloves
    - 2 alcohol pads
    - 1 new needleless connector
    - 1 new disinfection cap
2. Clean your hands with soap and water or an alcohol-based hand sanitizer. Put the gloves on.
3. Get your supplies ready.
    - Open 1 of the alcohol pad packets, but leave the alcohol pad inside.
    - Open the needleless connector packet, but leave the needleless

connector inside.

- Pull the tab to take the cover off the disinfection cap, but leave the disinfection cap inside its plastic holder.

4. Open the other alcohol pad packet. Using the alcohol pad inside, pick up the lumen with your nondominant hand (the hand you do not write with). Hold it close to the end (see Figure 4).
5. Pick up the other, open alcohol pad with your dominant hand (the hand you write with). Scrub the open end of the lumen with the alcohol pad for 15 seconds. Throw away the used alcohol pad. Let the lumen dry for 15 seconds. Keep holding it with the alcohol pad in your nondominant hand.
6. Pick up the new needleless connector with your free hand. If it has a cover, take the cover off. You can do this using the knuckles of your other hand. Then, twist the new needleless connector onto the end of the lumen (see Figure 4). Keep holding the lumen with the alcohol pad in your nondominant hand.

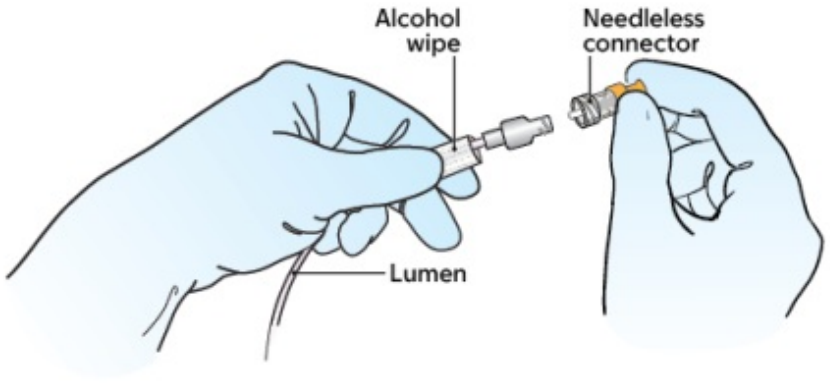


Figure 4. Twisting on the new needleless connector

7. Pick up the plastic holder with the disinfection cap with your free hand. Gently push and twist the disinfection cap onto the end of the needleless connector. Once it's attached, pull off the plastic holder and throw it away.
8. Take your gloves off. Clean your hands.

Call your doctor or nurse after you change the needleless connector.

Guidelines for showering with a tunneled catheter

Keep your skin clean to lower your risk of infection while your tunneled catheter is in place.

Do not submerge your catheter in water, such as in a bathtub, swimming pool or ocean. Watch *Showering While You Have a Central Venous Catheter (CVC)* (www.mskcc.org/pe/shower-cvc) to learn more about showering with a tunneled catheter.

Use a waterproof cover

Use a single-use waterproof cover over your dressing, such as Aquaguard®, to shower while your catheter is in place. Your discharge kit will have waterproof covers. You can also buy them online.

Each time you shower, cover your Tegaderm dressing completely with a new waterproof cover to keep it from getting wet. To put on the waterproof cover:

1. Peel off the top and side strips.
2. Place the top edge above your dressing. Do not let the tape on the waterproof cover touch your Tegaderm dressing. It can lift your dressing when you remove the waterproof cover after showering. Smooth the cover down over your dressing.
3. Peel off the bottom strip. Make sure the bottom edge of the waterproof cover is below your dressing. Make sure the lumens of your catheter are tucked into the waterproof cover and completely covered. Smooth the bottom edge down.

Do not shower for longer than 15 minutes. Use warm water, not hot water. This will help keep the waterproof cover from coming off.

Dry the waterproof cover before you take it off. After your shower, fully dry the connection sites.

Use an antiseptic skin cleanser, such as Hibiclens ®

While your tunneled catheter is in place, keep your skin clean to lower your risk of infection. Wash with an antiseptic skin cleanser, such as Hibiclens, every day.

Hibiclens is a skin cleanser that kills germs for up to 24 hours after you use it. It has a strong antiseptic (liquid used to kill germs and bacteria) called 4% chlorhexidine gluconate (CHG) solution. Showering with 4% CHG solution will help lower your risk of infection.

CHG solution comes in liquid form or as wipes. You can buy it from any local pharmacy or online. You will be sent home with a small bottle of Hibiclens when you're discharged from the hospital.

Read *How to Shower Using 4% Chlorhexidine Gluconate (CHG) Solution Antiseptic Skin Cleanser* (www.mskcc.org/pe/chg-solution) to learn more.

Instructions for using liquid Hibiclens (4% CHG solution)

1. Wash your hair with your usual shampoo and conditioner. Rinse your head well.
2. Wash your face and genital (groin) area with your usual soap. Rinse your body well with warm water.
3. Open the 4% CHG solution bottle. Pour some into your hand or a clean washcloth.
4. Move away from the shower stream. Rub the 4% CHG solution gently over your body from your neck to your feet. Do not put it on your face or genital area.
5. Move back into the shower stream to rinse off the 4% CHG solution. Use warm water.
6. Dry yourself off with a clean towel.

Do not put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

Things to remember when using Hibiclens

- Do not use regular soap, lotion, cream, powder, or deodorant without talking with your nurse first. If you're in the hospital, your nurse might give you a lotion you can use after using Hibiclens.
- Do not use Hibiclens on your head, face, ears, eyes, mouth, genital area, or on deep wounds. If you have a wound and are not sure if you should use Hibiclens on it, ask your doctor or nurse.
- Do not use Hibiclens if you're allergic to chlorhexidine.
- If your skin gets irritated or you have an allergic reaction when using Hibiclens, stop using it. Call your doctor.

When to call your healthcare provider

Call your healthcare provider right away if:

- You have a fever of 100.4 °F (38 °C) or higher or chills.
- You have bleeding at your exit site. Your care team may need to change your dressing.
- You have pain or discomfort that gets worse.
- Your catheter breaks or leaks. Your care team may need to change your dressing and check your catheter site.
- Your Tegaderm dressing gets damaged, loose, dirty, or wet. Your care team will need to change your dressing and check your catheter site.
- You have redness, tenderness or pain, leakage or drainage, swelling, or bleeding around your catheter exit site.
- Your needleless connector falls off.
- You have any questions or concerns about your catheter.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your Tunneled Catheter - Last updated on August 31, 2026
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Instructions for Interventional Radiology Procedures

This information will help you get ready for your interventional radiology procedure at MSK.

Your healthcare provider has referred you for a procedure called a(n) _____.

What to do before your procedure

Ask about your medicines

You may need to stop taking some of your usual medicines before your procedure. Or, you may need to take a different dose (amount) than usual. Talk with your healthcare provider about how to take your medicines before your procedure. Do not change how you take your medicines without talking with a healthcare provider.

This section lists some examples of medicines, but there are many others. **Make sure your care team knows all the prescription medicines, over-the-counter medicines, and dietary supplements you take.** A prescription medicine is one you can only get with a prescription from a healthcare provider. An over-the-counter medicine is one you can buy without a prescription.



It's very important to take your medicines and supplements the right way in the days before your procedure. If you don't, we may need to reschedule your procedure.

Anticoagulants (blood thinners)

A blood thinner is a medicine that changes how your blood clots. Blood thinners are often prescribed to help prevent a heart attack, stroke, or other problems caused by blood clots.

If you take a blood thinner, ask your healthcare provider what to do before your procedure. They may tell you to stop taking it a certain number of days before your procedure. This will depend on the type of procedure you're having and the reason you're taking a blood thinner.

Here are some examples of blood thinners. There are others, so be sure your care team knows all the medicines you take. **Do not stop taking your blood thinner without talking with a member of your care team.**

- Apixaban (Eliquis®)
- Aspirin
- Celecoxib (Celebrex®)
- Cilostazol (Pletal®)
- Clopidogrel (Plavix®)
- Dabigatran (Pradaxa®)
- Dalteparin (Fragmin®)
- Dipyridamole (Persantine®)
- Edoxaban (Savaysa®)
- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin injection (shot)
- Meloxicam (Mobic®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®)
- Pentoxifylline (Trental®)
- Prasugrel (Effient®)
- Rivaroxaban (Xarelto®)
- Sulfasalazine (Azulfidine®, Sulfazine®)
- Ticagrelor (Brilinta®)
- Tinzaparin (Innohep®)
- Warfarin (Jantoven®, Coumadin®)

Other medicines and supplements can change how your blood clots. Examples include vitamin E, fish oil, and nonsteroidal anti-inflammatory drugs (NSAIDs). Read *How To Check if a Medicine or Supplement Has Aspirin, Other NSAIDs, Vitamin E, or Fish Oil* (www.mskcc.org/pe/check-med-supplement). It will help you know which medicines and supplements you may need to avoid before your procedure.

Diabetes medicines

You may be taking insulin or other diabetes medicines. If so, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking the medicine or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

Your care team will check your blood sugar levels during your surgery or procedure.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You must follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Follow a clear liquid diet the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they're prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

Diuretics (water pills)

A diuretic is a medicine that helps control fluid buildup in your body. Diuretics are often prescribed to help treat hypertension (high blood pressure) or edema (swelling). They can also be prescribed to help treat certain heart or kidney problems.

You may be taking a diuretic. If so, ask the healthcare provider doing your procedure what to do before your procedure. You may need to stop taking it the day of your procedure.

Here are some examples of diuretics. There are others, so be sure your care team knows all the medicines you take.

• Bumetanide (Bumex®) • Furosemide (Lasix®)	• Hydrochlorothiazide (Microzide®) • Spironolactone (Aldactone®)

Manage your on-skin devices

Tell your healthcare provider if you use an on-skin device, such as a continuous glucose monitor (CGM) or insulin pump. They will give you specific instructions on how to manage these devices during your procedure. They may have you schedule your appointment closer to when you need to change your sensor or insulin infusion set.

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 888-735-8913

Agencies in New Jersey

Caring People: 877-227-4649

Caring People: 877-227-4649

Tell us if you're sick

If you get sick (including having a fever, cold, sore throat, or flu) before your procedure, call your IR doctor. You can reach them Monday through Friday from 9 a.m. to 5 p.m.

After 5 p.m., during the weekend, and on holidays, call 212-639-2000. Ask for the Interventional Radiology fellow on call.

Note the time of your appointment

A staff member will call you 2 business days before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Thursday before. They'll tell you what time to get to the hospital for your procedure. They will also remind you where to go.

If you don't get a call by noon (12 p.m.) on the business day before your procedure, call 646-677-7001. If you need to cancel your procedure for any reason, call the healthcare provider who scheduled it for you.

What to do the day before your procedure

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their

instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your procedure

Instructions for drinking

> **Important:** If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Things to remember

- Take only the medications your healthcare provider told you to take the morning of your procedure. Take them with a few sips of water.
- Don't apply cream or petroleum jelly (Vaseline®). You can use deodorant and light moisturizers.
- Don't wear eye makeup.
- Remove any jewelry, including body piercings.
- Leave all valuables, such as credit cards and jewelry, at home.
- If you wear contact lenses, wear your glasses instead, if possible. If you don't have glasses, bring a case for your contacts.

What to bring with you

- A list of the medications you take at home.
- Medications for breathing problems (such as inhalers), medications for chest pain, or both.
- A case for your glasses or contacts.
- Your Health Care Proxy form and other advance directives, if you completed them.
- If you use a CPAP or BiPAP machine to sleep at night, bring your machine with you, if possible. If you can't bring your machine with you, we'll give you one to use while you're in the hospital.

What to expect when you arrive

You'll be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having a procedure on the same day.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Instructions for Interventional Radiology Procedures - Last updated on December 19, 2024
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PATIENT & CAREGIVER EDUCATION

About Your PET-CT with FDG Tracer

This information will help you get ready for your positron emission tomography (PET) computed tomography (CT) scan with FDG tracer at MSK.

About your PET-CT with FDG tracer

A PET-CT scan is an imaging procedure that is used to:

- Find cancer cells.
- Plan your treatment.
- See how your treatment is working.

You'll have a CT scan with a low dose of radiation at the same time as your PET scan. CT scans take a fast series of X-ray pictures. They're combined with your PET scan to create pictures of your soft tissues and bones.



You may also be scheduled for a diagnostic CT at the same time as your PET-CT. A diagnostic CT lets your healthcare provider learn more about your tissues, bones, and blood vessels. Ask your healthcare provider for the resource *Computed Tomography (CT) Scan* (www.mskcc.org/pe/ct-scan) to help you get ready.

Tracer

You'll get a radioactive medicine called a tracer before your PET-CT. The tracer is attached to a substance your cells and tissues use. Cancer cells do not use the substance the same way as healthy cells. The radioactive part of the tracer lets your healthcare provider see how your cells use the substance. This helps them find cancer cells.

The tracer doesn't stay in your body long. It leaves your body mainly through your urine.

You will get the tracer through an intravenous (IV) line we place in your arm or hand. If you have a central venous catheter (CVC), we will only use it for the tracer if we cannot place an IV for any reason. This is because the PET-CT images are clearer if you get the tracer through an IV.

Your PET-CT will use FDG as the tracer.

Oral contrast

You will get oral contrast to drink before your scan. You'll be asked if you're allergic to iodinated contrast when you check in for your appointment. You'll get one of the following oral contrast solutions:

- Iodinated contrast (contrast with iodine)
- Diluted barium sweetened with saccharin

Both types of contrast work the same way and are used for the same purpose. Both are safe if you have diabetes.

You'll need to start drinking the oral contrast 45 to 60 minutes before your PET-CT. This will give the contrast solution time to move through your body.

Reactions to oral contrast

Side effects of oral contrast may include:

- Diarrhea (loose or watery bowel movements) if you got iodinated contrast.
- Constipation (having fewer bowel movements than usual) if you got barium contrast).
- Feeling warm.
- Having a metallic taste in your mouth.
- Upset stomach or vomiting (throwing up).
- Headaches.

Getting ready for your PET-CT with FDG tracer

Breastfeeding and pregnancy

Tell your healthcare provider if you're pregnant or breastfeeding. This will help them plan your care.

Diabetes care

If you have diabetes, talk to your doctor who ordered your test. They will tell you how to manage your medicine before your PET-CT.

Take devices off your skin

You may wear certain devices on your skin. Before your procedure, surgery, or scan, some device makers recommend you take off your:

- Continuous glucose monitor (CGM)
- Insulin pump

Talk with your healthcare provider about scheduling your appointment closer to the date you need to change your device. Make sure to bring an extra device with you to put on after your procedure, surgery, or scan.

You may not be sure how to manage your glucose (blood sugar) while your device is off. If so, before your appointment, talk with the healthcare provider who manages your diabetes care.

Remove jewelry

Jewelry can make the images from your scan harder to read. Certain metals can also heat up and cause burns during your scan. Tell a member of your care team if you cannot remove your jewelry before the day of your scan.

What to do the day before your PET-CT with FDG tracer

Avoid doing some activities the day before

For 24 hours before your scan, avoid activity that uses a lot of energy or makes you repeat motions. This includes running, jogging, or cycling. These activities can lower the quality of the images from your PET-CT.

Stay warm

It's important to stay warm the day before and the day of your scan. When you get cold, it affects a special type of fat. Staying warm will keep the fat from making it harder for your radiologist to get clear images from your PET-CT. A radiologist is a doctor with special training in using imaging to diagnose and treat disease.

Follow these instructions:

- Avoid areas where you may become too cold.
- Keep your hands and feet warm at all times.
- In the winter, dress extra warmly. Wear hats, scarves, gloves, and extra layers.
- In the summer, avoid turning on your air conditioner very high.
- Bring a sweater with you to your appointment.

If you're getting anesthesia (A-nes-THEE-zhuh), read the "For people getting anesthesia" section at the end of this resource. Anesthesia is medicine to numb you or make you sleep.

What to do the day of your PET-CT with FDG tracer

Avoid activity that uses a lot of energy or makes you repeat motions until after your scan.

If you are not getting anesthesia, follow the instructions below. You may not be able to have your PET-CT if you do not follow these instructions before your procedure.

For 6 hours before you arrive for your scan:

- Do not eat anything.
- Do not chew gum or suck on hard candy, mints, or cough drops.
- You may drink only water.
- Take only the medicine your doctor told you to take the morning of your procedure. Take them with water only.

If you are getting anesthesia, read the "For people getting anesthesia" section at the end of this resource.

What to expect when you arrive

Many staff members will ask you to say and spell your name and birth date. This is for your safety. People with the same or similar names may be having a procedure on the same day. Once you're in the department, you'll fill out a brief questionnaire.

Your care team will prick your finger or draw blood from your arm to measure your blood glucose (sugar). It is measured in milligrams per deciliter (mg/dL). Your blood sugar level needs to be between 70 mg/dL and 199 mg/dL.

If your blood sugar level is 200 mg/dL or above, you may need to get insulin. Your scan may need to be rescheduled if your blood sugar level is above 200 mg/dL or below 70 mg/dL.

Your care team will inject the tracer into your vein. You'll wait about 60 minutes (1 hour) for your body to absorb the tracer. The amount of time depends on which area of your body will be scanned. You will also get contrast to drink at this time.

Try to relax and limit your movement during this time. You can sleep, read, listen to music, or watch videos while you're waiting. Ask for a blanket if you feel

cold.

If you're having a brain PET-CT, it's important to limit brain activity before your scan. Your nurse may tell you not to read or listen to music while you're waiting for your scan.

Your care team will ask you to urinate (pee) just before your scan.

During your PET-CT with FDG tracer

When it's time for your scan, your technologist will bring you to the scanning room. They will help you onto the scanning table.

The machine looks like a large doughnut with a hole in the middle (see figure 1). This is the scanning ring (scanner). The scanner is about 3 feet (1 meter) deep.

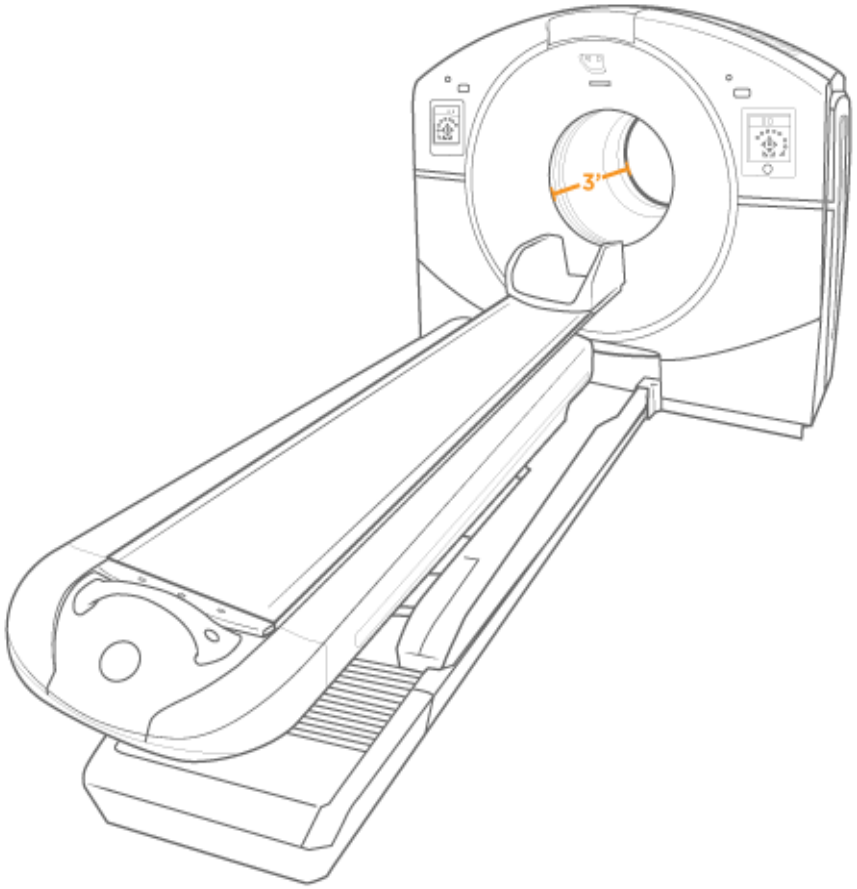


Figure 1. PET-CT machine

Once you're on the scanning table, the table will move slowly through the scanning ring. You must lie very still until your scan is done. This can take 15 to

45 minutes, depending on the type of scan you're having.

If you're also scheduled for a diagnostic CT scan, you'll get a contrast infusion through your IV or CVC. An infusion is when medicine is slowly put into your bloodstream. This will happen after your technologist takes the first series of pictures.

To learn more, read .*Computed Tomography (CT) Scan* (www.mskcc.org/pe/ct-scan)

What to do after your PET-CT with FDG tracer

You can leave as soon as your scan is done, unless you have other tests or procedures scheduled. You'll get a card stating you had a test with a radioactive tracer and your test date. Keep this card with you because some security equipment can find radioactivity until it leaves your body. This should take less than a day.

Remember to stay hydrated after your scan. Drink water and other liquids throughout the rest of the day to help remove the tracer from your body. You can go back to your normal diet right away, unless you're given other instructions.

It is safe to be around people who are older than 18 years old. You can spend time near others, kiss, hug, hold, and touch them.

For 1 hour after your scan:

- Do not hold (have skin-to-skin contact with) a pregnant person or anyone younger than 18 years old.
- Do not sleep in the same bed with a pregnant person or anyone younger than 18 years old.

Instructions for people who are breastfeeding

Stop breastfeeding for 4 hours after your scan. You can still express (pump) milk during that time.

You can then either:

- Throw away the pumped milk.
- Store the pumped milk for 4 hours. After that, it's safe to give to the baby.

During this time, you can feed the baby with formula or milk that was expressed before the scan.

Getting your results

A radiologist will read your scan and send your results to your doctor. If your PET-CT was done to find cancer cells, your doctor should have your results in 2 business days. Ask your doctor how they will share your results with you. If your PET-CT was done to plan your treatment, your doctor will use the images to plan your care.

When to call your care team

Watch the insertion site (where the IV went into your body) for 48 hours (2 days) after your scan. Call your care team if you notice any changes in the area, such as:

- Pain or a burning feeling
- Redness or other skin color changes
- Swelling
- Broken skin
- Blisters or liquid draining
- Numbness, tingling, or other changes in sensation (feeling)
- Warm or hot skin

You do not need to do this if you got the tracer through your CVC.

Contact information

If you have any questions or concerns, call the Molecular Imaging and Therapy Service (MITS, or the Nuclear Medicine service) at 212-639-6652. You can reach a staff member Monday through Friday from 9 a.m. to 5 p.m. After 5 p.m., during the weekend, and on holidays, call 212-639-2000.

For people getting anesthesia

Follow these instructions if you are getting anesthesia during your PET-CT.

What to do the day before your PET-CT

Arrange for someone to take you home

You must have a responsible care partner take you home after your procedure. A responsible care partner is someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York	Agencies in New Jersey
VNS Health: 888-735-8913	Caring People: 877-227-4649
Caring People: 877-227-4649	

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

What to do the day of your PET-CT
Instructions for drinking

Important: If you take a GLP-1 medicine for weight loss, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 6 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and creamers.
  - Do not add honey.
  - Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in these drinks. It will be easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

6 hours before your arrival time, do not drink anything except water.

It's helpful to stay hydrated before surgery, so drink if you are thirsty. Do not drink more than you need. You will get intravenous (IV) fluids during your surgery.



Stop drinking 2 hours before your arrival time. This includes water.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your PET-CT with FDG Tracer - Last updated on March 26, 2026
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Outpatient Cellular Therapy Emergency Guide

Instructions:

For major emergencies (life-threatening):	MSK's Urgent Care Center (UCC) Address:
1. **Call 911.** Do not transport the patient without Emergency Medical Services (EMS) support. 2. EMS may take you to the nearest hospital for care right away. **This is appropriate** and expected—your safety comes first, and our team can coordinate care with that hospital as needed.	• Between 6 a.m. and midnight, enter at 425 E. 67th St. (between 1st and York avenues). • All other times, enter at 1275 York Ave. (between East 67th and East 68th streets). Ask for directions at the security desk.
For minor emergencies (not life-threatening):	
1. Take the patient to MSK's Urgent Care Center (UCC). 2. When you arrive, tell a UCC staff member that the patient is a cellular therapy patient.	

For non-emergencies:	Call Cellular Therapy at 646-608-3150 (available 24/7).
Cellular therapy oncologist:	
Date of cellular therapy infusion:	

Memorial Sloan Kettering Cancer Center

	Major Emergencies: Call 911	**Minor Emergencies:** Go to MSK's UCC	**Non-Emergencies:** Call Cellular Therapy at 646-608-3150	
Alertness	• Will not wake up • Suddenly cannot move arms or legs • Seizure (uncontrolled shaking or stiffening of body)	• Sudden change in vision	• Dizziness • Tremors or shakiness • Change in mood • Change in energy level • Cannot sleep • New confusion or more confusion than usual	• Trouble finding words • Change in level of alertness • Numbness or tingling • Cannot get around • Trouble swallowing
Bleeding		• Bleeding that will not stop	• Vomiting (throwing up) blood • Nosebleed that will not stop • Bloody urine (pee) • Stool (poop) that is black and tarry (sticky)	• Using 1 or more feminine pads every hour • Petechiae (small red or purple spots on the skin) • New bleeding or more bleeding than usual
Blood sugar		• Blood sugar is less than 50 • Blood sugar is more than 400 • Hard to wake up	• Blood sugar is between 50 and 400	
Breathing	• Not breathing • Trouble breathing • Choking		• Wheezing (whistling or squeaking sound when breathing) • Gets winded (short of breath) more easily with very little activity	• New cough or cough that will not go away • Coughing up blood or green or yellow mucus • Trouble breathing when lying down
Central venous catheter (CVC)		• Line open to air and short of breath. **Clamp the line right away.** • Line broken or leaking • Line fell out	• Cannot flush catheter • Drainage from insertion site • Pain at insertion site • Swelling, redness, or tenderness at insertion site • Swelling of face or neck	
Diarrhea (loose or watery poop)		• Uncontrolled, constant diarrhea	• Starts having diarrhea and abdominal (belly) cramping • Whole pills passed in stool (poop)	
Fall	• Change in consciousness after fall	• Hit head during fall	• Did not hit head during fall • Fall at home • No change in consciousness after fall	

	Major Emergencies: Call 911	**Minor Emergencies:** Go to MSK's UCC	**Non-Emergencies:** Call Cellular Therapy at 646-608-3150
Fatigue (feeling more tired or weak than usual)	• Will not wake up		• Dizziness • Too tired to get out of bed or walk to the bathroom
Fever or chills		• Fever of 100.4 °F (38 °C) or higher, when taking temperature by mouth • Shaking chills (temperature may be normal)	• Cold symptoms (runny nose, watery eyes, sneezing, coughing)
Mouth pain (mucositis)	• Not breathing • Trouble breathing		• Bright red blood inside mouth • Trouble swallowing • White patches or sores on gums, on lips, or inside mouth • Pain that does not get better after taking pain medication
Nausea or vomiting (feeling like you're going to throw up or throwing up)		• Very bad stomach pain • Blood or "coffee grounds" material in vomit (throw up) • Uncontrolled, constant nausea and vomiting	• Cannot take medications without vomiting • Nausea does not stop after taking anti-nausea medications
Pain	• Very bad chest pain • Very bad squeezing or pressure in chest	• Sudden headache that is very painful	• New or uncontrolled pain • Pounding heart • Heart "flip-flop" feeling • Burning in chest or stomach • Pain or burning during urination (peeing) or bowel movements (pooping) • Pain at central venous catheter (CVC) insertion site • Pain when medications or fluids are being put through CVC
Rash			• New rash • Rash with pain, itching, or both
Swelling	• Trouble breathing	• Swelling in throat	• Swelling in legs, arms, or hands • Sudden swelling with or without pain
Urination (peeing)			• Bloody urine (pee) • Pain or burning while urinating (peeing) • Cannot urinate (pee) for more than 8 hours

Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Urgent Medical Care for MSK Patients

If you're an MSK patient, we have urgent care services to help when you're not feeling well. Our urgent care services can also help if you have a health problem related to cancer or its treatment.

How To Get Urgent Care at MSK

Call your care team if you have new symptoms or your symptoms are getting worse. If you're not sure how to reach your care team, call 212-639-2000. You can call any time, day or night. We'll help you get the care you need and guide you to the right urgent care services.

If you think you're having a heart attack, stroke, or another life-threatening emergency, always call 911 or go to the closest emergency room.

We're here for you anytime, anywhere.

During cancer treatment, there may be times when you just don't feel like yourself.

Cancer and its treatment can affect many parts of your life. You may have new physical symptoms, or symptoms that got worse. You may have emotional concerns or practical needs.

Your care team is here to support you and connect you with resources throughout your care. We're here for you **24 hours a day, 7 days a week.**

How To Get Urgent Care at MSK

Call your care team if you have new symptoms or if your symptoms are getting worse. You can call any time, day or night. We'll help you get the care you need and guide you to the right urgent care services. Your health and safety are important to us.

Call right away. If you have any concerns or symptoms, call us as soon as you can. Calling your care team early helps us figure out what's going on and plan the next steps. We can help you before problems get worse. If you're not sure if you should call, call your care team.

Who Helps You at MSK When You Need Urgent Care

We have teams of nurses and doctors with special training in the urgent needs of people with cancer. They have access to your medical records, and they know about your treatment plan. They'll notify your primary (main) MSK care team. Your primary care team will have access to everything that happens if you come for urgent care.

Read more below about where you can get urgent care if you're an MSK patient.

Urgent Care Center in New York City

The Urgent Care Center (UCC) is for MSK patients who have urgent medical issues related to cancer or cancer treatments. At the UCC, you can get many tests and treatments, such as blood transfusions and intravenous (IV) medicines. IV medicine is medicine that's put into your vein.

When to go to the UCC: Call your MSK care team first. They'll tell you if you need to go to the UCC or somewhere else.

Do not eat or drink anything until a UCC healthcare provider tells you it's OK. Eating or drinking before your visit may delay or prevent certain tests

Where the UCC is located: The UCC is in Memorial Hospital (MSK's main

hospital). The UCC entrance is at 425 East 67th Street, New York, NY 10065.

UCC hours: The UCC is open 24 hours a day, 7 days a week. You do not need an appointment to come to the UCC.

What to expect in the UCC

1. Check in at the front desk and have a seat in the waiting area.
2. You must wear a mask in the UCC.
3. A UCC team member will assess your symptoms. They may take blood samples for blood tests.
4. You'll go back to the waiting area until an exam room is ready.
5. A UCC doctor or advance care provider (APP) will then see you.

Wait times in the UCC depend on:

- The reason you came to the UCC.
- The number of other people getting care in the UCC.
- How long it takes for your test results to be ready and then reviewed by the UCC team.

We care for everyone as safely and fast as we can. People with more urgent medical needs will be seen first. That means someone who got to the UCC after you may be seen before you.

After your UCC visit

A UCC healthcare provider will talk with you about the best plan for you. It's based on your medical history, physical exam, and test results. After your UCC visit, you may:

- Be discharged home with instructions.
- Instructed to follow up with your primary care team.
- Be transferred to the Clinical Decision Unit (CDU). This is MSK's observation unit for short-term treatment.

- Be admitted to MSK's hospital.
- Be transferred to another hospital.

The UCC will notify your MSK doctor about your UCC visit. We recommend following up with your primary care team after your UCC visit.

Urgent Medical Care Outside New York City: Symptom Care Clinics

Our Symptom Care Clinics (SCCs) are special treatment centers for MSK patients. An SCC is for medical problems and services related to cancer or cancer treatments. At an SCC, you can have many tests and treatments, including imaging scans and intravenous (IV) medicines. IV medicine is medicine that's put into your vein.

Where SCCs are located

Memorial Sloan Kettering Westchester
500 Westchester Avenue West Harrison, NY 10604

Memorial Sloan Kettering Nassau
1101 Hempstead Turnpike Uniondale, NY 11553

Memorial Sloan Kettering Monmouth
480 Red Hill Road Middletown, NJ 07748

Memorial Sloan Kettering Commack Nonna's Garden Foundation Center
650 Commack Road Commack, NY 11725

Memorial Sloan Kettering Bergen
225 Summit Avenue Montvale, NJ 07645

Memorial Sloan Kettering Basking Ridge
136 Mountain View Boulevard Basking Ridge, NJ 07920

When to go to an SCC: Call your MSK care team first. They'll tell you if you should go to a SCC or somewhere else.

SCC hours: Monday through Friday

You must have an appointment. If your care team recommends an SCC visit, they'll have SCC staff contact you to schedule your appointment. We often have same-day appointments available.

All SCCs are open Monday through Friday from 8 a.m. to 7 p.m.

Saturday

The Monmouth and Westchester SCCs are open for appointments and accept walk-in patients. Even on Saturdays, we recommend calling your MSK care team before you come to the SCC.

- The Monmouth SCC is open Saturdays from 8 a.m. to 5 p.m.
- The Westchester SCC is open Saturdays from 8 a.m. to 7 p.m.
- All other SCCs are closed on Saturdays.

What to expect in the SCC

- After check-in, a nurse will bring you to an exam room and ask about your symptoms.
- You may have blood tests, imaging scans, or other tests.
- Your care team may include doctors, nurse practitioners (NPs), physician assistants (PAs), registered nurses (RNs), and a medical assistant.

You must wear a mask in the SCC. See MSK's Visitor Policy for the latest masking guidelines.

After your SCC visit

An SCC healthcare provider will talk with you about the best plan for you. It's based on your medical history, physical exam, and test results. After your SCC visit, you may:

- Be discharged home with instructions.

- Instructed to follow up with your primary care team.
- Be transferred to a local hospital.
- Be transferred to MSK's Urgent Care Center (UCC) in Manhattan.

The SCC will notify your MSK doctor about your SCC visit. We recommend following up with your primary care team after your SCC visit.

After-Hours Telephone Triage (AHTT)

The AHTT is a call center for MSK patients who have urgent symptoms related to their cancer care.

The AHTT care team will answer your call when doctor's offices are closed. They'll answer:

- Monday through Friday from 5 p.m. to 9 a.m.
- Saturday, Sunday, and holidays: 24 hours a day.

How to call the AHTT: Call your MSK healthcare provider. If you do not know the number, you can be connected through the MSK operator at 212-639-2000.

What happens when you call:

1. A care coordinator will answer your call and collect your information.
2. An MSK healthcare provider will call you back to assess your symptoms. We respond to calls based on how urgent your need is, and you may have to wait a while.
3. Based on your symptoms, the MSK healthcare provider may:
    - Tell you how to manage your symptoms at home.
    - Make an appointment for you at the Symptom Care Clinic (SCC) closest to your home.
    - Direct you to the Urgent Care Center (UCC) in Manhattan.
    - Direct you to the nearest emergency department or Shared Care Supported Hospital.

They'll notify your MSK oncologist after your call is complete.

Urgent Medical Care Closer to Home: MSK Shared Care Supported Hospitals

What is Shared Care?

MSK's Shared Care program lets you get coordinated care from MSK at a hospital closer to your home.

There's a list of our Shared Care supported hospitals below. When you're treated at one of these hospitals, the hospital's team will care for you. But MSK's Shared Care team will coordinate your care. They'll work with both your local hospital's providers and your primary MSK team, and keep everyone updated.

When to go to a Shared Care hospital: Call your MSK care team first. They'll tell you if you need to go to a Shared Care supported hospital or somewhere else.

What to expect: A Shared Care nurse will contact you between 8 a.m. and 8 p.m. They'll answer any questions you or your caregivers may have. They help keep your local care team and your MSK care team connected during your hospital stay.

Read more about our Care Closer to Home program:

Care Closer to Home: Cancer Medicine: What to Do If You Are Worried About Symptoms (www.mskcc.org/pe/care-closer-to-home-cancer-medicine)

Care Closer to Home: Radiation Therapy: What to Do If You Are Worried About Symptoms (www.mskcc.org/pe/care-closer-to-home-radiation)

Care Closer to Home: After Surgery: What to Do If You Have Concerns (www.mskcc.org/pe/care-closer-to-home-surgery)

Shared Care Supported Hospitals:

New Jersey

Bergen County

Hackensack University Medical Center
30 Prospect Avenue
Hackensack, NJ 07601

Holy Name Medical Center*
718 Teaneck Road
Teaneck, NJ 07666

The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652

Union County

Overlook Medical Center*
99 Beauvoir Avenue
Summit, NJ 07901

Monmouth County

Riverview Medical Center*
1 Riverview Plaza
Red Bank, NJ 07701

*An MSK care team member is on-site at this hospital for limited hours.

New York

Westchester County and Hudson Valley

White Plains Hospital
41 East Post Road
White Plains, NY 10601

New York City

The Brooklyn Hospital Center
121 DeKalb Avenue
Brooklyn, NY 11201

Long Island Jewish Forest Hills (Northwell)
102-01 66th Road
Queens, NY 11375

Montefiore Medical Center (Einstein Campus)
1521 Jarrett Place
Bronx, NY 10461

Mount Sinai Brooklyn
3201 Kings Highway
Brooklyn, NY 11234

Long Island (Nassau County)

Long Island Jewish Medical Center (Northwell)
270-05 76th Avenue
New Hyde Park, NY 11040

Mercy Hospital (Catholic Health)
1000 North Village Avenue
Rockville Centre, NY 11570

North Shore University Hospital (Northwell)
300 Community Drive
Manhasset, NY 11030

NYU Langone Hospital-Long Island
259 1st Street
Mineola, NY 11501

St. Francis Hospital (Catholic Health)
100 Port Washington Boulevard
Roslyn, NY 11576

Long Island (Suffolk County)

Good Samaritan University Hospital (Catholic Health)
1000 Montauk Highway
West Islip, NY 11795

Huntington Hospital (Northwell)
270 Park Avenue
Huntington, NY 11743

Mather Hospital (Northwell)
75 North Country Road
Port Jefferson, NY 11777

NYU Langone Hospital-Suffolk
101 Hospital Road
Patchogue, NY 11772

Peconic Bay Medical Center (Northwell)
1 Heroes Way
Riverhead, NY 11901

South Shore University Hospital (Northwell)
301 East Main Street
Bay Shore, NY 11706

St. Catherine of Siena Hospital (Catholic Health)
50 NY-25A
Smithtown, NY 11787

St. Charles Hospital (Catholic Health)
200 Belle Terre Road
Port Jefferson, NY 11777

Stony Brook Southampton Hospital
240 Meeting House Lane
Southampton, NY 11968

Stony Brook University Hospital
101 Nicolls Road
Stony Brook, NY 11794

Non-Urgent Questions and Requests

For topics that are not urgent, please contact your healthcare provider's office Monday through Friday, 9 a.m. to 5 p.m.

You also can send your care team a message through MSK MyChart. We do our best to respond to all MSK MyChart portal messages within 2 business days.

Do not send your care team a message about symptoms through MSK MyChart.

Examples of topics that are not urgent include:

- Appointments and referrals
- Home care services
- Insurance questions
- Prescription refills that are not urgent

If you need medical care right away, call 911 or go to your local emergency room.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Urgent Medical Care for MSK Patients - Last updated on July 24, 2026
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Your Hospital Room During Your Inpatient Cellular Therapy: What To Expect

You're scheduled to be admitted to the hospital for cellular therapy. You're getting this information because we want to make sure you know what to expect during your hospital stay.

About your room assignment

- Most people admitted to the hospital for cellular therapy stay in a shared hospital room.
- You do not need a private room to get cellular therapy.
- Room assignments are based on:
  - Which rooms are available
  - What you and other patients need to avoid infections
  - What you and other patients need to be safe in your room

What you can expect

- You may need to switch rooms during your hospital stay. This will be based on your medical needs, other patients' medical needs, and which hospital rooms are available.
- You will get the same high-level, specialized care no matter if you're in a shared or private room.
- Your care team is always here to address any concerns you have during your stay.

What to do if you have questions or concerns

If you have questions about this policy, talk with your care team before you're admitted to the hospital.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Your Hospital Room During Your Inpatient Cellular Therapy: What To Expect - Last updated on November 24, 2025
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Hand Hygiene and Preventing Infection

This information explains how to clean your hands with soap and water or an alcohol-based hand sanitizer.

Why is hand hygiene important?

When germs get into your body, they can cause infection. Everyone is at risk for infection while in the hospital. Hand hygiene is the best way to prevent the spread of germs and infections. It only takes 20 seconds of washing your hands or using an alcohol-based hand sanitizer (such as Purell®) to kill germs. Take action by cleaning your hands and asking your visitors to clean their hands.

When should I clean my hands with soap and water?

Clean your hands:

- After using the toilet, urinal, or bedside commode.
- If your hands look dirty.
- Before you eat or prepare food.
- If you have an infection with the germ *Clostridium difficile* (*C. diff*) or norovirus.
- After vomiting (throwing up) or coughing up phlegm (mucus).

What's the right way to clean my hands with soap and water?

1. Wet your hands with warm water. Use liquid soap, if you can. Use enough soap to cover both your hands.
2. Rub your hands together. Rub the soap over the top of your hands, between your fingers, and in the area around and under your fingernails.
3. Keep rubbing your hands for at least 20 seconds.
4. Rinse your hands well under warm running water.
5. Dry your hands with a paper towel.
6. Use a dry paper towel to turn off the faucet and to open the bathroom door, if needed.



Please visit www.mskcc.org/videos/how-wash-your-hands-properly to watch this video.

When should I clean my hands with an alcohol-based hand sanitizer?

Clean your hands with an alcohol-based hand sanitizer:

- If you don't have soap and water.
- When you leave your hospital room.
- When you go back into your hospital room.
- Before eating.

If you cannot get out of bed, you can use an individually packaged hand wipe.

What's the right way to clean my hands with an alcohol-based hand sanitizer?

1. Use enough sanitizer to cover both of your hands.
2. Rub your hands together. Rub the sanitizer over the top of your hands, between your fingers, and in the area around and under your fingernails.
3. Keep rubbing your hands together until they're dry. It should take at least 20 seconds of rubbing before they feel dry.

Do not rinse your hands with water or dry them with a towel after using an alcohol-based hand sanitizer.

Where can I learn more about hand hygiene?

Talk with a member of your care team if you have questions. You can also visit the U.S. Centers for Disease Control and Prevention (CDC) "About Handwashing" webpage, www.cdc.gov/clean-hands.

When to call your care team

Call your care team if you have any of these:

- A fever of 100.4 °F (38 °C) or higher.
- A temperature of 96.8 °F (36 °C) or lower.
- New or worsening chills or sweating.
- New or worsening redness around a wound.
- New or increased drainage from a wound.
- New or worsening shortness of breath or trouble breathing.
- A heartbeat that is faster than usual.
- New or worsening cough.
- New or worsening pain.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Hand Hygiene and Preventing Infection - Last updated on September 11, 2026
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About Your Blood Transfusion

This information explains what to expect before, during, and after your blood transfusion. A blood transfusion is when blood or blood cells are put into your body. You may need a blood transfusion because of how your cancer or cancer treatment affects your blood.

Some people may not want a blood transfusion for religious or other reasons. It's always your right to refuse a treatment. Your healthcare provider will only recommend a blood transfusion if they think it's needed. You can lose lots of blood during some types of surgery. If this blood isn't replaced, you can die.

About blood

Blood is made up of plasma, red blood cells, platelets, and white blood cells.

- **Plasma** is the liquid part of blood. It holds your blood cells. You may need a plasma transfusion if your blood isn't clotting well.
- **Red blood cells** carry oxygen to all parts of your body. You may need a transfusion of red blood cells if you have a low red blood cell count (anemia). This can help you feel better.
- **Platelets** help form clots and stop bleeding. You may need a platelet transfusion if you have a low platelet count (thrombocytopenia). This can help stop bleeding or keep you from bleeding too much during a surgery or procedure.
- **White blood cells** fight infection. White blood cell transfusions are rare and are only done in very specific situations.

About donated blood

There are no blood substitutes currently available. The blood or blood cells you get during your transfusion are usually donated by another person.

Sometimes, you can donate your own blood so it can be stored and given back to you if needed. This is called an autologous (aw-TAH-luh-gus) donation. To learn more, read *Being Your Own Blood Donor* (www.mskcc.org/pe/being-your-own-blood-donor).

After it's donated, blood is tested to see what type it is. It's also tested for things such as:

- Syphilis.
- Hepatitis B and C.
- HIV.
- A virus linked to a very rare form of leukemia.
- West Nile virus.
- *Trypanosoma cruzi* (a parasite that causes Chagas disease).
- Zika virus.
- Bacteria (platelets only).

If the tests show any of these, the blood is thrown away.

Directed donations

A directed donation is when someone donates blood or blood cells specifically for you. Directed donations are tested in the same way as other donations. If the blood tests positive for any of the things listed above, we'll notify the donor privately.

Directed red blood cell donations are held for you for 25 days. Directed platelet donations are held for you for 4 days. After that, the donation may be given to someone else. It will also be given to someone else if the donor's blood type isn't a match for yours.

Before your blood transfusion

Before your transfusion, we'll check your blood type with a test called a type and screen. The blood bank may take 2 to 4 hours to process the test. It may take longer if you have unexpected results. Your healthcare provider will use the results of your type and screen to make sure the blood or blood cells you get during your transfusion are safe for you.

Your healthcare provider will also talk with you about risks associated with having a blood transfusion. There's a very small chance of having an allergic reaction during or after your transfusion. The most common reactions are a fever of 100.4 °F (38 °C), chills, or hives. These can be treated with medication. Transfusion reactions are rarely life-threatening.

During your blood transfusion

When everything is ready, the nurse will access one of your veins.

- If you have a central venous catheter (CVC), such as a tunneled chest catheter or peripherally inserted central catheter (PICC line), the nurse will likely use it for your transfusion.
- If you have an implanted port (sometimes called a mediport), the nurse will use it for your transfusion. This will be the same type of needle stick you have for chemotherapy.
- If you don't have an implanted port or CVC, the nurse will put an intravenous (IV) line into one of your veins.

After they access your vein, the nurse will start the transfusion. The transfusion won't hurt.

A transfusion of one unit of red blood cells usually takes 90 minutes to 4 hours. A transfusion of one unit of platelets takes about 30 to 90 minutes. Your nurse will monitor you carefully during your entire transfusion.

After your blood transfusion

If you got your blood transfusion through a vein in your arm you may have some bruising or irritation in the area where the needle was.

Blood transfusions can cause an allergic reaction up to 2 days after the transfusion. Call your healthcare provider if you have any of the reactions below.

When to call your healthcare provider

Call your healthcare provider if you have:

- A fever of 100.4 °F (38 °C) or higher.
- Chills.
- Redness and warmth in your face.
- Hives, rash, or itching.
- Bad bruising or irritation at area IV was.
- Trouble breathing or shortness of breath.
- Lower back pain.
- Nausea (feeling like you’re going to throw up) or vomiting (throwing up).
- Weakness or fainting.
- Dark-colored urine (pee).

If you have chest pain, call 911 right away.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

About Your Blood Transfusion - Last updated on December 26, 2023
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Food Safety During Cancer Treatment

This information explains what foodborne illness (food poisoning) is. It also explains how to handle food safely to help prevent foodborne illness.

What is foodborne illness?

Foodborne illness is caused by germs that get into the food you eat. Germs such as bacteria, viruses, or parasites can attach to food and grow. You cannot always see, smell, or taste these germs.

Who is at risk to get foodborne illness?

Foodborne illness can happen to anyone, but some people are more likely to get it than others. People are at higher risk if their immune system is weakened by cancer and cancer treatment.

Some people may need to take extra steps to avoid foodborne illness. This includes people who had a stem cell transplant. Your care team will tell you if this applies to you.

What are the symptoms of foodborne illness?

Symptoms of foodborne illness include:

- Vomiting (throwing up)
- Diarrhea (loose or watery poop)
- Pain in your abdomen (belly)
- Flu-like symptoms, such as:

- A fever above 101.3 °F (38.5 °C)
- A headache
- Body aches
- Chills

Symptoms often happen within 1 to 3 days after eating the contaminated food. They can also happen within 20 minutes or up to 6 weeks later.

Contact your healthcare provider right away if you have any symptoms of foodborne illness.

How can I prevent foodborne illness?

It's important to handle food safely to lower your risk. Foodborne illness can be serious or even deadly.

To help keep yourself safe, follow these 4 simple steps: **clean**, **separate**, **cook**, and **chill**.

Clean your hands and surfaces often

- Wash your hands with warm water and soap for at least 20 seconds:
  - Before and after handling food.
  - After using the bathroom, changing diapers, handling garbage, or touching pets.
- Wash cutting boards, dishes, forks, spoons, knives, and countertops with hot soapy water after preparing each food item.
- Use clean glass, plastic, or wooden cutting boards.
- Use paper towels to clean kitchen surfaces, if you can. Germs can grow on wet or dirty cloth towels and sponges.
  - If you use cloth towels, wash them often using hot water.

    - If you use a sponge, squeeze out all the water after each use. Replace it every 2 weeks.
- Use an antibacterial cleaning spray to clean surfaces. Look for sprays that have bleach or ammonia, such as Lysol® or Clorox®.
- Rinse all fruits, vegetables, and other produce under running water. This includes produce with skins and peels you don't eat, such as bananas and avocados. Scrub firm produce (such as melons, oranges, and lemons) to clean them. If you use a produce brush, clean it every 2 to 3 days. You can put it in your dishwasher or wash it with hot, soapy water.
- Avoid produce that has bruises or blemishes.
- Clean the lids of canned goods before you open them.



Separate raw meats from other foods

- Put raw meats, poultry, and seafood into individual bags in your shopping cart and grocery bags. This will keep any liquids that leak from getting onto other foods.
- Do not store raw meats, poultry, or seafood in your refrigerator above produce or other foods you do not cook before eating.
- Use one cutting board for produce. Use a different cutting board for raw meats, poultry, and seafood.
- Do not use any plate that held raw meat, poultry, seafood, or eggs without washing it first. Wash the plate with hot, soapy water before you use it again.
- Do not reuse marinades used on raw meats, poultry, or seafood unless you heat them to a boil first.



Cook foods to the right temperature

- The best way to tell if food is cooked enough to be safe is to check the internal temperature. That's the temperature of the middle of the food. Food color and texture are not always reliable ways to tell if foods are fully cooked.
- Use a food thermometer to check the internal temperature of meat, poultry, seafood, and egg products as they cook. You must cook these foods to a certain temperature to kill any harmful germs. This is called the safe minimum internal temperature (see Table 1).
- Cook eggs until the yolk and white are firm. Choose recipes that only use eggs that are cooked or heated thoroughly.
- When cooking in a microwave oven:
  - Cover, stir, and turn the food to make sure it's cooked evenly. If the microwave doesn't have a turntable, pause it and turn the food yourself once or twice while it's cooking.
  - Always wait about 10 minutes after the food is done before checking the food's internal temperature with a food thermometer. This lets the food finish cooking.
- When reheating sauces, soups, or gravy, heat them to a boil.
- Eat reheated leftovers within 1 hour.
- Do not reheat leftovers more than once. If you don't finish the food you reheated, throw it away. Do not put it back in the refrigerator.

How do I know when cooked food is safe to eat?

Measure the internal temperature of your food as it's cooking. Different foods must reach a certain internal temperature before they are safe to eat.

Use a food thermometer to measure the internal temperature of your food as it's cooking. Push the thermometer into the center of the food. The numbers on the thermometer will go up slowly. Hold the thermometer in place until the numbers stop going up.

The table below shows the minimum (lowest) internal temperatures for a food to be safe to eat. The temperature on the thermometer should be the same or higher than the temperature in the table. If the temperature is lower than the temperature in the table, keep cooking the food. Once the food reaches the temperature in the table, it's fully cooked and safe to eat.

Type of food	Safe minimum internal temperature
Beef, pork, veal, and lamb (steaks, roasts, and chops)	145 °F (63 °C) with a 3-minute rest time
Beef, pork, veal, and lamb (ground)	160 °F (71 °C)
Poultry, such as chicken, turkey, and duck	165 °F (74 °C)
Egg dishes and sauces	160 °F (71 °C) or until the yolk and white are firm
Fish and shellfish	145 °F (63 °C) and flesh is opaque (not see-through)
Leftovers and casseroles	165 °F (74 °C)

Table 1. Safe minimum internal temperature of foods

Chill foods right away

- Make sure the refrigerator is 40 °F (4 °C) or lower inside.
- Make sure the freezer is 0 °F (-18 °C) or lower inside.
- Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables (foods that can go bad). Do this within 2 hours of cooking or buying them. If the temperature outside is above 90 °F (32 °C), refrigerate or freeze them within 1 hour.
- When it's hot out, keep perishables cold when you bring them home after shopping. Use an insulated bag or a cooler with ice or frozen gel packs.
- Defrost food in the refrigerator, cold water, or a microwave. If you use cold water or a microwave, cook the food right away once it's defrosted. Never defrost food at room temperature, such as on the countertop.
- When you marinate food, always marinate it in the refrigerator.
- Split up large amounts of leftovers into shallow containers before refrigerating them. This helps them cool more quickly.
- Eat leftovers within 2 days.

Common questions

How can I store my groceries safely?

- Keep perishable foods cold if you need to make a stop after grocery shopping. Use an insulated bag or cooler with ice or frozen gel packs to keep them cold.
- Put eggs and milk on a shelf inside the refrigerator. Do not store them in the refrigerator door. Food stays cooler inside the refrigerator than on the door.
- If you use a grocery delivery service:
  - Make sure all refrigerated and frozen items are at a safe temperature when they're delivered.
  - Put these items into the refrigerator or freezer right away.

How can I make safe choices while grocery shopping?

- Check containers for an expiration date. Do not buy the item if the date has passed.
- Do not buy canned, jarred, or boxed foods with dents, swelling, or a broken seal.
- Do not buy foods from self-service bulk containers or bins. This includes nuts, grains, or other items that you portion into containers yourself.
- Pick up cold and frozen foods, such as milk and frozen vegetables, at the end of your shopping trip. This helps limit the time they will be outside of a refrigerator or freezer.

Is it safe to eat at restaurants?

It's safe for most people to eat at restaurants. Follow these guidelines to lower your risk of foodborne illness:

- Choose the restaurant carefully. You can see a restaurant's recent health inspection score by visiting your local Department of Health (DOH) website.

- Order food that's properly cooked. Send back any meat, poultry, fish, or eggs that are undercooked. Food that's steaming hot is usually safer than room temperature and cold foods (such as sandwiches and salads).
- Refrigerate any leftovers within 2 hours of eating out. Reheat them until they're steaming hot (165 °F) and eat them within 2 days.
- Avoid foods that may have raw, unpasteurized eggs. This includes Caesar salad dressing, fresh mayonnaise or aioli, and hollandaise sauce.

Some restaurant foods are riskier than others. These include:

- Foods from buffets and salad bars.
- Food that isn't cooked to order, such as fast food and foods stored under heat lamps.
- Containers used by many people, such as condiments and milk at a cafe.
- Any food handled by employees without gloves or utensils.

Take-out food, delivery food, and food from food trucks can also be riskier. These foods may not be kept hot or cold enough during transit.

If you had a stem cell transplant, you may need to avoid eating at restaurants for about 3 months. Talk with your healthcare provider about when it's safe for you to eat at restaurants.

Is it safe for me to take dietary supplements?

How dietary products are made and stored is not regulated in the United States. This means they can be a health risk (infection or foodborne illness). Dietary supplements can also keep some medications from working as well as they should.

Talk with your MSK healthcare provider before taking any supplements, probiotics, homeopathic remedies, or herbal products. This includes as St. John's wort and traditional Chinese medicines, such as herbs, roots, or seeds.

How do I know if my drinking water is safe?

Tap water from most big cities (such as New York City) is safe to drink. If you're not sure if the tap water in your area is safe, check with your local health department.

Never drink water from lakes, rivers, streams, or springs.

If you use well water that's not tested for bacteria, boil it before you drink it. To do this:

- Bring the water to a rolling boil (large, fast-moving bubbles) for 15 to 20 minutes.
- Store the water in the refrigerator and use it within 48 hours (2 days).
- After 2 days, pour any leftover water down the drain. Do not drink it.

You can also use bottled water instead of well water.

Visit www.epa.gov/privatewells/potential-well-water-contaminants-and-their-impacts for more information about well water.

What foods I should avoid eating?

Some foods are more likely to cause a foodborne illness than others. It's best to avoid:

- Raw or undercooked meat, poultry, seafood (including sushi), eggs, and meat substitutes, such as tempeh and tofu.
- Unpasteurized (raw) milk, cheese, other dairy products, and honey.
- Unwashed fresh fruits and vegetables.
- Raw or uncooked sprouts, such as alfalfa and bean sprouts.
- Cold or uncooked deli meats (cold cuts) and hot dogs. Cooked meats on other foods, such as pepperoni on pizza, are safe to eat.

Infections can also happen when sickness spreads through foods. Visit www.cdc.gov/foodborne-outbreaks to find news about current cases in the

U.S.

A clinical dietitian nutritionist can help you make safe food choices by understanding risks of eating certain foods. Talk with them about the risks of eating the foods in listed in the table below.

Food group	Talk with a clinical dietitian nutritionist about the risks of eating these food items
Milk and dairy	• Milk, cheese, and other dairy products that are not in a refrigerator. • Cheese sliced at a deli counter. These cheeses may be sliced near deli meats. Choose sealed, pre-packaged cheese instead. • Unrefrigerated desserts or pastries with cream fillings or frosting. Choose packaged, shelf-stable products instead. • Soft-serve ice cream, soft-serve yogurt, and ice cream scooped at a restaurant.
Meat, poultry, seafood, and eggs	• Meat sliced at a deli counter. Choose sealed, pre-packaged deli meat instead. • Raw or partially cooked fish and shellfish. This includes caviar, sashimi, sushi, ceviche, and cold smoked seafood, such as lox. • Clams, mussels, and oysters in the shell. • Refrigerated pâtés and meat spreads.
Fruits and vegetables	• Produce that is bruised, dented, or has other markings on it. • Salads and produce from a deli or salad bar. • Pre-cut fruits and vegetables. • Vegetarian sushi, unless you make your own at home. Vegetarian sushi made at a store or restaurant may be prepared near raw fish.
Drinks	• Unpasteurized eggnog, apple cider, or other fruit or vegetable juices. • Fresh-squeezed fruit or vegetable juices, unless you make your own at home. • Unpasteurized beer and wine, such as microbrewery beers and those that aren't shelf-stable. Talk with your doctor before having any alcohol. • Fountain soda and other fountain drinks. • Water from a water fountain or other shared container.
Nuts and grains	• Unroasted nuts in the shell.

Other	• Herbal and nutritional supplements, including probiotic supplements to improve gut health. These usually come in capsule, gummy, powdered, or pill form. • Shared containers used by many people, such as condiments and milk at a coffee shop. • Any unpackaged, communal, or shared food items. This includes free samples or shared non-perishable pantry foods in your home.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

Food Safety During Cancer Treatment - Last updated on August 31, 2026
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Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Sex and Your Cancer Treatment

This information explains how your cancer treatment may affect your sex life.

About sex and your cancer treatment

How your cancer treatment affects your sex life depends on the type of cancer you have, the type of treatment you're getting, and your personal situation. You may experience side effects from cancer treatment that may make it harder for you to have sex, such as trouble getting or keeping an erection (getting hard for sex) or vaginal dryness or tightness.

You may also have changes to your body or physical side effects from your cancer treatment that may affect your ability or desire to have sex, such as surgical scars, drainage tubes, hair loss, weakness, pain, or fatigue (feeling more tired than usual). These changes may affect how you feel about yourself or how you relate to your partner(s).

Your cancer treatment may also affect you emotionally and make you feel stressed, anxious, or depressed. This can affect your interest in sex and lessen your enjoyment and pleasure in sexual activities. Read *Sexual Health and Intimacy* (www.mskcc.org/pe/sexual-health-intimacy) to learn more about maintaining intimacy during cancer treatment.

Whether you're experiencing physical or emotional changes, you're not alone. MSK has experts dedicated to supporting you and your sexual health during your cancer care. There are medicines they can prescribe you to help with erections and help you manage erectile dysfunction (trouble getting or keeping an erection). They can also recommend vaginal moisturizers, lubricants, and dilators that can be helpful. To learn more, read the resources *Improving Your Vulvovaginal Health* (www.mskcc.org/pe/improving-vulvovaginal-health) and

How To Use a Vaginal Dilator (www.mskcc.org/pe/vaginal-dilator).

Talk with your care team for more information about MSK's sexual health programs or call to make an appointment:

- For the Female Sexual Medicine and Women's Health Program, call 646-888-5076.
- For the Male Sexual and Reproductive Medicine Program, call 646-888-6024.

Having sex during your cancer treatment

Certain chemotherapy and immunotherapy medicines can be found in your bodily fluids (such as vaginal fluids, semen, and saliva). How much and for how long it stays in your body depends on you and your treatment. While studies show that some medicines can be absorbed by other people if they come in contact with your bodily fluids, we don't know whether or not this could be harmful to your partner.

We recommend using a barrier device (condom or dental dam) during treatment and for a week after each treatment during oral, vaginal, or anal sex. This is to prevent your partner from being exposed to any medicine that may be in your bodily fluids.

If your partner is pregnant during your treatment, we don't know if the medicine in your bodily fluids could harm the fetus. Studies on animals show this is possible so we recommend using a barrier device each time you have sex. Talk to your care team for more information.

It's important to talk with your care team about how your cancer treatment may affect your sex life. They may not discuss this with you unless you bring up your questions and concerns. While you may feel uncomfortable, remember that most people in cancer treatment have similar questions. Your healthcare provider may be able to suggest ways to help improve any problems you're having.

To help guide that conversation, you can ask the following questions:

- Will my treatment affect my sex life? If so, how?
- How long will these effects last? Are they short-term, long-term, or permanent?
- What can I do to manage these effects? Are there any treatments or medicines I can take to help?
- How can I make sure my partner is safe during my cancer treatment?
- How will my treatment affect my fertility? When will it be safe for me to try to get pregnant?
- Where can I get more information?

Preventing pregnancy

It's important to prevent pregnancy while you're getting cancer treatment and for at least 1 year after your treatment is complete. If you or your partner becomes pregnant with an egg or sperm that has been damaged by radiation, chemotherapy, or other medicine, there may be an increased risk for miscarriage (when a pregnancy ends on its own) or birth defects.

Being pregnant can also affect the tests and treatments you're able to have during your cancer treatment so it's best to avoid pregnancy until your healthcare provider tells you it's safe to get pregnant.

If you or your partner can become pregnant, use birth control (contraception) throughout your cancer treatment. Don't rely on "pulling out" (taking your penis out of your partner's vagina) before ejaculating (when semen comes out of the penis after orgasm) or on avoiding sex during fertile times of the menstrual cycle. These methods aren't effective in preventing pregnancy.

It's important to pick a birth control method that's effective and fits your lifestyle. Hormonal birth control options include the birth control pill, patch, or vaginal ring, an implant placed under the skin of your arm, and hormonal intrauterine devices (IUDs). There is also a nonhormonal copper IUD. Talk to your healthcare provider about the different options and visit one the websites listed at the end of this resource for more information.

Fertility

If having a biological child is important to you, it's best to talk to your healthcare provider about your fertility options before treatment. You can also ask your healthcare provider for a referral to MSK's fertility program. To learn more, visit www.mskcc.org/cancer-care/treatments/symptom-management/sexual-health-fertility/fertility

If you plan to have children after treatment, ask your healthcare provider when it will be safe for you to start trying. Some cancer treatments, such as pelvic radiation and certain chemotherapy medicines, may affect your fertility (your ability to have a biological child). If you have questions about this, ask your healthcare provider.

Here's a list of resources to learn more:

- *Sperm Banking* (www.mskcc.org/pe/sperm-banking)
- *Fertility Preservation Before Cancer Treatment: Options for People Born with Ovaries and a Uterus* (www.mskcc.org/pe/fertility-starting-treatment)
- *Fertility Evaluation and Fertility Preservation After Cancer Treatment: Options for People Born with Ovaries and a Uterus* (www.mskcc.org/pe/fertility-completed-treatment)
- *Building Your Family After Cancer Treatment: For People Born With Testicles* (www.mskcc.org/pe/building-family-born-testicles)
- *Building Your Family After Cancer Treatment: For People Born With Ovaries and a Uterus* (www.mskcc.org/pe/building-family-ovaries-uterus)

Preventing infection

It's important to prevent getting an infection during and after your cancer treatment. Some cancer treatments may weaken your immune system and make it harder for your body to fight off infections. There are also certain cancer treatments that can cause low blood cell counts for long periods of time which may increase your risk of infection. Your healthcare provider will tell you if this is a concern for you.

To prevent infection, follow these guidelines when having sex:

- Urinate (pee) after vaginal, oral, or anal sex.
- If you have sex with more than 1 person, it's important to protect yourself from getting a sexually transmitted infection (STI), such as HIV. Use a condom or dental dam each time you have vaginal, oral, or anal sex throughout your treatment.
- If you use sex toys, wash them with hot soapy water every time you use them. Avoid sharing sex toys, especially if you have sex with more than 1 person.
- Some cancer treatments may weaken your immune system and make you more likely to get yeast infections. This is also more likely if you're taking steroids or antibiotics.
    - Symptoms of a yeast infection includes vaginal discharge and itching or itching and irritation under the foreskin of the penis. If you have these symptoms, avoid sex and contact your healthcare provider.
- Some cancer treatments may lower your blood cell counts for long periods of time, which may increase your risk of infection. If this is a concern for you, your healthcare provider may recommend that you use a condom or dental dam during sex or avoid sex that involves penetration (inserting a body part or object into the body, such as during vaginal, oral, or anal sex) until your counts recover.

Preventing infection after your stem cell transplant

You're at highest risk of infection within the first year after your transplant. Until your healthcare provider tells you that your immune system has recovered:

- Use a latex condom or dental dam each time you have vaginal, oral, or anal sex.
- Use a condom or dental dam any time your partner's saliva, vaginal secretions, or semen could enter your mouth.
- Don't do any sexual activity that could expose your mouth to feces (poop).
- Avoid sex that involves penetration (anal or vaginal sex) while your blood

counts are low (a platelet count less than 50,000). This also includes inserting fingers, vibrators, or other sex toys into your vagina or anus.

- Avoid sex if you think you or your partner may have a genital infection.

Hugging, cuddling, gentle touching, and kissing skin are other ways you can be intimate with your partner during this time. To learn more, read *Sexual Health and Intimacy* (www.mskcc.org/pe/sexual-health-intimacy).

Resources

MSK's Female Sexual Medicine and Women's Health Program
www.msk.org/cancer-care/diagnosis-treatment/symptom-management/sexual-health-fertility/health/female-medicine
646-888-5076
This program helps you manage issues related to your cancer care and sexual health. Call for more information or to make an appointment.

MSK's Male Sexual and Reproductive Medicine Program
www.msk.org/cancer-care/diagnosis-treatment/symptom-management/sexual-health-fertility/health/male-medicine
646-888-6024
This program helps you manage issues related to your cancer care and sexual health, including erectile dysfunction. Call for more information or to make an appointment.

MSK's Fertility Program
www.msk.org/cancer-care/diagnosis-treatment/symptom-management/sexual-health-fertility/fertility
This program helps you manage issues related to fertility and your cancer treatment. Ask your healthcare provider for a referral to talk with a fertility nurse specialist.

American Cancer Society
www.cancer.org
www.cancer.org/cancer/side-effects/sexual-side-effects
800-ACS-2345 (800-227-2345)

The ACS offers a variety of information about cancer and sexual health. Call to request printed material.

American Congress of Obstetricians and Gynecologists
www.acog.org/patients
This organization education resources about pregnancy, birth control, and sexual health.

New York City Department of Health and Mental Hygiene
www1.nyc.gov/nyc-resources/service/1428/condom-information
They have information on getting and using male and female condoms.

Planned Parenthood
www.plannedparenthood.org
Planned Parenthood has information about sexual health.

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/reproductivehealth/contraception
www.cdc.gov/std
The CDC has information about birth control, STIs, and other sexual health topics.

Bedsider
www.bedsider.org
Bedsider has information and education about birth control.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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