

Lymphoma Patients and Caregivers Podcast Series II - 2019

1. Planning for the future – What should I be preparing for?

By Dr Noreen Chan, Head & Senior Consultant, Division of Palliative Care, NCIS

Being diagnosed with a serious illness like Lymphoma is a life-changing event. Even after completing treatment and receiving the “all clear” from your doctor, you may feel that the future is much more uncertain. The “what if” questions may start to come ... what if the disease comes back? What if something else happens, something unexpected? What if I am so ill that I cannot speak for myself? Will my family know what to do?

Now these are common and natural reactions, and while they may make you feel uncomfortable, the good news is, you can use this as an opportunity to plan for the future. You may have heard of financial retirement planning, but what about planning for your future care and treatment? The LPA or Lasting Power of Attorney, is a document that you can sign, to nominate one or more persons to manage your affairs in the event that you lose mental capacity, meaning you cannot express your own thoughts and wishes. You can choose whether this person, called the donee, manages either your financial matters, or your personal care and treatment, or both.

However, in any situation which involves treatment which could prevent a serious deterioration in your condition, your donee cannot decide for you. In such a situation, your doctors will work with your donee and other loved ones, to decide on the best way forward.

But even an LPA may not be enough, if your family or your doctors do not know your values and wishes. Only you can decide what is a good and meaningful life, and what is a good and meaningful departure. Making an Advance Care Plan or ACP is a way to discuss and pen down your thoughts and wishes. It may not be easy to talk about these topics, but it is one way to lessen the burden and stress on your family. A completed ACP document can be lodged in the National Electronic Health Record system, so if you are admitted to any public hospital, your ACP will be available for the healthcare teams, to help with decision making.

For more information about the LPA or ACP, please approach your healthcare team. Or you can visit the following websites: For the LPA, go to www.publicguardian.gov.sg; or to learn about ACP in Singapore, visit the Living Matters website, www.livingmatters.sg.

2. 规划未来 – 我应该如何准备?

By Mr Sean Tan, Care Coordinator, Advance Care Planning, NCIS

被诊断出淋巴瘤等严重疾病时，是个改变人生的时刻。即使在治疗康复后，您可能也会觉得未来渺茫，这时“万一”的问题便会开始浮现：万一疾病复发，该怎么办？万一出现别的疾病，或是发生意想不到的事情，该怎么办？万一我已经病得无法表达我的想法和意愿时，该怎么办？我的家人能够知道并且表达我的意愿吗？

其实，这些都是再自然不过的想法。虽然这些想法会让你感到不自在，您却可以把握这个机会开始规划未来。您可能听说过理财退休等规划，但您有听说过该怎么规划您未来的健康护理和治疗吗？

持久授权书(LPA)是个具有法律效力的文件。它允许您委托一名或多名授权人，在您一旦丧失心智能力时，代表您做出财务或事关个人医疗护理的决定。但是，对于那些可以防止您病情严重恶化的治疗，您的授权人并无法为您做出决定。在这种情况下，医生将和您的授权人以及家人一同决定最好的医疗方案。

可是，当您的家人或医生并不知道您的价值观及意愿时，即使是有拟定的 LPA 也是不足的。只有您才可以决定“什么是美好而有意义的生命，以及怎样才是美好而有意义的离开”。拟定一份预先护理计划(ACP)能够帮助您探讨及写下你的想法及意愿。虽然探讨这些话题并不容易，但却能在发生医疗危机时为您的家人减轻心理压力和负担。

签署好的 ACP 将会储存在国家电子健康记录(NEHR)。当您入住任何的公共医院时，医疗人员将可通过 NEHR 去阅取您的 ACP 以帮助决定出最好的医疗方案。

欲知更多有关 LPA 或 ACP 的信息，请向您的医生询问。或者，您也可以浏览 www.publicguardian.gov.sg 查询关于 LPA 的信息；浏览 www.livingmatters.sg 查询关于 ACP 的信息。

3. What does Advance Care Planning have to do with me?

By Dr Noreen Chan, Head & Senior Consultant, Division of Palliative Care, NCIS

Advance Care Planning or ACP is a way of planning for your future care and treatment. By having conversations with your healthcare team and loved ones, you can better understand what is important to you, not only when you are well, but also when you are not well. So if you were ever so ill that you could not speak for yourself, your ACP document could be important in helping the doctors recommend the right treatment for you. ACP could also lessen the burden and stress on your loved ones, as they would not have to make decisions on your behalf.

In order to complete an ACP, you need to arrange to have a discussion with a trained facilitator, at the end of which a document will be created, with your thoughts and wishes. If you have a loved one whom you would choose to be your spokesperson, then he or she should ideally be present. It may take more than one session to finish the whole process.

If you are considering ACP, some questions to think about include the following:

- What is your understanding about your current health situation and what the future holds?
- What is important to you, in other words - what do you hope for, what don't you want?
- Who would speak for you if you could not speak for yourself?

These may not be easy questions to answer, so it is better to think about them when we are well, rather than at the last minute when we are very sick. And since our goals and wishes may change over time, we should be having these discussions again and again. Of course, if you change your mind, your ACP can change too.

Whether you are a patient, or a family member, ACP is always relevant. By understanding what gives your life meaning, and documenting your goals and values, you can better ensure that you receive the kind of treatment that is in line with those goals. So do start the conversation about what matters to you, and keep that conversation going.

For more information about ACP, please approach your healthcare team. Or visit the Living Matters website www.livingmatters.sg.

4. 我和预先护理计划

By Mr Winston Lau, Assistant Manager, Operations and Administration, NCIS

预先护理计划（ACP）是一份帮您规划未来健康护理和治疗的文件。通过与您的医生及家人一系列的对话，您将会更清楚地了解到，在您健康或是患有重病的时候，什么对您而言是重要的。而当您走到生命的尽头时，您可能无法为自己发言或做决定。这时候，您所拟定的 ACP 文件将能帮助到您的医疗团队根据您的意愿来决定出最好的医疗方案。有了 ACP 后，您的家人也不必因为需要代表您做出决定而烦恼，因而减轻他们的心理负担和精神压力。

要签署一份 ACP，您必须和 ACP 协调员进行沟通讨论，以记录下您的人生价值观和医疗意愿。如果您选择您的家人为决策代言人，那在与 ACP 协调员讨论时，您家人的参与便能够让他们更了解您的想法与意愿。整个讨论过程可能需要一次或多次对话才能把 ACP 拟定。

如果您正在考虑拟定一份 ACP，以下是一些会在 ACP 讨论过程中所探讨的话题：

- 对于您现在的健康状态，您了解多少？而未来的健康状态又会是如何？
- 对您而言，什么是最重要的？您想要的是什么？而不想要的是什么？
- 在您失去沟通能力时，谁能够代表您发言？

这些话题可能一时之间难于回答，所以更应该在我们还处于健康状态的时候去探讨，而不是等到身患重病的时候才来思考。我们也应该随着已医疗目标以及意愿的改变而进行多次有关 ACP 的对话。如果您更改了想法与决定，您可以重新去修订您的 ACP 文件。

不论您是病人或是家属，预先护理计划适于所有人。在了解到什么让您每天的生活更有意义并把您的医疗目标和人生价值观记录下来之后，您便可以确保以后所受到的治疗和您所定的目标是一致的。所以，现在就开始去沟通讨论什么对您来说是重要的事物，并持续进行这些对话。欲知更多有关 ACP 的详情，请向您的医生询问。或者您也可以浏览 www.livingmatters.sg 查询关于 ACP 的信息。

5. The relationship between patient and caregiver

By Ms Kathleen Cheung, Senior Medical Social Worker, Medical Social Services, SGH

There is strong evidence showing that love and support from others is important to improve a patient's wellbeing. We often look into the support system of a patient and provide psychosocial support not only to patients but their caregivers. A caregiver can be a family member, a domestic helper or even healthcare professionals. For today's discussion, we will focus more on family caregivers.

Why is it important to focus on the caregiver's mental and emotional health?

Caring for someone can be physically and mentally tiring. Research has shown that caregivers experience much higher levels of stress compared to people who are not caregivers. Some of these caregivers may even be caring for multiple people within the family. For example, a wife who is caring for her husband, who is the patient, may also have to care for her elderly parents and young children. It is therefore important to focus on the caregiver's mental and emotional health as they may neglect themselves in this process.

Many caregivers may feel incompetent when they embark on their caregiver's journey as it is something new to them. There can be a great sense of guilt and helplessness when they hope to provide better care yet they do not know what to do.

Being a caregiver is a 24/7 job. It is physically demanding and oftentimes lonely. Many of them feel isolated as not many people understand the multiple stressors a caregiver goes through. Some

caregivers have to quit their jobs or take no-pay leave, and they are often in a dilemma to balance between providing adequate care and earning enough to support the household. It is often no surprise when you hear caregivers skipping their own medical appointments or turning down dinner invitations, as they prioritise the patient's needs over theirs.

Coping with mental and emotional stress

There can be a lot to manage as a caregiver but you have to focus on yourself too. Self-care is very important but often neglected. Here are some tips for caregivers to cope with mental and emotional stress:

- a) Pay attention to your needs
Try to take a rest or a short break from your usual routine once in a while when you feel too overwhelmed. Maintaining your exercise regime and some connection with others can also help to relieve stress.
- b) Do not turn family and friends away when they offer help
Family and friends may be eager to assist you. Accept it and learn to delegate tasks such as picking your children up from school, buying groceries or even bringing the patient for his/her appointments. If you need a short break, let your family members know how they can take over for a few days. After all, caregiving is hard work and you deserve your "annual leave" too.
- c) Working together as a team
Most importantly, do remember that you are not alone. The patient, healthcare team and other family members and friends are valuable resources. The patient knows his needs best and will be able to guide you on the help he needs. You can always consult the doctor or nurses on the potential side effects and how to manage them or talk to a dietician on what food is good to have or to avoid. Some caregivers even join support groups to gather tips from other caregivers who are in similar situations.

In summary, caregiving can be a long drawn and tedious journey. We need to support and alleviate the stress of a caregiver as much as we can. There are various self-care strategies that a caregiver can explore. Remember, we are here to journey with you.

6. A lymphoma survivor's journey

By Ms Celine, Lymphoma Patient/Survivor

Hi, I'm Celine, I'm 37 years old, and I am a lymphoma survivor, now four years in remission. I was first diagnosed with lymphoma in February 2015, when I was 32 years old. At that time, I was planning to have a new start in Singapore, having just moved back from Beijing. The news hit me really hard, and I had to put all my life plans on hold.

The symptoms I had included two painless swollen lymph nodes in my neck, swollen face, persistent fatigue, shortness of breath, chest pain, itching, and rashes all over my body. Those symptoms lasted for about 6 months, and my mom urged me to go to my family doctor in Malaysia for a check-up. My family doctor ordered an X-Ray and found there was a big white shadow on my chest. White shadows on X-Ray usually represents solid tissues, and it wasn't a good sign. Without hesitation he ordered another CT scan to further investigate my case. The results came back and confirmed there was a 10cm solid tumor sitting in my mediastinum, but further tests and investigations were still needed to confirm the exact diagnosis. After discussed with my family, I decided to fly to Singapore the next day for my treatment.

After more tests in NUH, I was officially diagnosed with stage 2 Primary Mediastinal Large B-Cell Lymphoma. My primary doctor told me I needed to go through six cycles of R-EPOCH chemotherapy, a regime that would last four and a half months. If my first line of treatment did not kill my cancer, I would need to undergo another round of chemotherapy or radiation therapy. My doctor told me that the survival rate for my type of cancer was around 80%, but they also told me that everyone reacts to chemotherapy differently, and no one can confirm that I will be cured after the six cycles of chemotherapy. This news was devastating because I had to put my life on hold for at least six months, and all the uncertainty was killing me. I was so used to living a life where I thought I had full control in all things.

When I was sick, there was no Lymphoma Support Group in Singapore. I felt very lonely and isolated most of the time because none of my family members and friends could relate, and understand, what I was going through. I also couldn't find any patients or survivors in Singapore who went through the same type of cancer journey as me. My self-esteem was really low at that time because I felt that I was abnormal: I couldn't do things that I used to do, I couldn't hang out with friends, I couldn't go to work, and I couldn't even go out without my mask on. I am from a family where we don't really share feelings and thoughts with each other, therefore it was extremely hard for me to show my vulnerability to others. It was hard to tell other people that I am not ok, and hard to reach out to people and tell them that I need help. I cried a lot, and I felt very anxious most of the time. Most of all, the uncertainties surrounding the cancer treatment was really killing me.

Fortunately, I found this "Non-Hodgkin's Lymphoma Primary Mediastinal Large B Cell Lymphoma" support group on Facebook, and also the NPC support group in Singapore. These support groups were a safe place for me to talk openly and honestly about my vulnerability, my feelings, and my challenges. I started to post my questions and talked to lymphoma patients and survivors on the Facebook group. We shared our challenges, coping skills and sense of adjustment, and it helped me to develop a clearer understanding of what to expect from my cancer journey. Besides that, I also started to join support group activities. I met survivors who were in remission for more than twenty years. That gave me a lot of hope, and it made me believe that I could still go back to a normal life after my cancer treatment, and that maybe my life after cancer would be even better than before. Although their cancer types and treatments were different from mine, the emotions and most of the side effects of the chemotherapy were the same, and I could feel a sense of belonging and connection with them. By hearing their stories, they helped me gain a sense of empowerment and control over my cancer treatment.

In July 2015, NUH established a national Lymphoma Support Group, and I started to get involved in their activities in April 2016. I was a speaker at one of the lymphoma talks, and also a facilitator for one of the lymphoma sharing sessions. I met a lot of other lymphoma patients, survivors, and caregivers through the activities organised. We share our stories and support each other within the group. We have regular talks that are organised twice a year, as well as ad-hoc gatherings – including picnics at the botanic garden and even a durian session at Holland Village – that we organise ourselves from time to time. Currently, we have 62 participants in our whatsapp group, and 44 members on our Facebook page. As I really benefitted a lot from the support group when I was sick, I hope that the Lymphoma Support Group will be able to support and help more patients, survivors and caregivers who are now going through the same cancer journey as I did. The cancer journey is tough, but you are not alone.

7. The importance of mental health for lymphoma patients

by Ms Kathleen Cheung, Senior Medical Social Worker, Medical Social Services, SGH

Most lymphoma patients look forward to completing treatment with the hope that life will be back to normal again. However, from a 2010 National Health Interview Survey, the results showed that cancer survivors may be more susceptible to psychological distress. This could be due to many reasons such as fear of a relapse, difficulty in adjusting back to former roles, coping with long term side effects of treatment and even perceived withdrawal of social support from family, friends and health-care team.

It is therefore important to recognise signs of depression and talk to someone before it leads to a mental health condition. Depressive symptoms include having insomnia, loss of appetite, lack of energy in engaging in activities, crying uncontrollably at times, and these symptoms persist for more than two weeks.

Managing distressing thoughts and emotions

Psycho-social distress can exist on a continuum, ranging from normal adjustment issues to having a mental health diagnosis, i.e. major depressive disorder. Adjustment to cancer is an ongoing process in which a patient tries to manage his or her distress, solve specific cancer-related problems such as side effects of chemotherapy, and gain control over cancer-related life events.

For today's discussion, we will focus on the lower end of the continuum, whereby distress is caused by normal adjustment issues, such as cancer-related anxiety. Firstly, patients have to recognise the signs of distress. If the patient is feeling very irritable, angry, too sad to go through daily tasks, overwhelmed by panic and other intense emotions, he or she is likely distressed. It will be good to talk to the medical team if there are any recent or past events that may add on to your distress. These events include sickness or death of a loved one, memories of past events that came back in the form of nightmares or panic attacks, a history of depression, past suicide attempts, etc.

There are some tips to cope with distress:

- a. Ask yourself what are your past coping skills that have been helpful. Could the same skills be applied to your current situation?
- b. Focus on one small step at a time. Do not overwhelm yourself.
- c. Talk to someone who gives you comfort. It can be your family, friends or even a health-care professional. Medical Social Workers are available at each restructured hospital and polyclinics to provide psycho-social support for patients.
- d. Do not blame yourself for getting cancer.
- e. Do not feel guilty if you cannot feel positive all the time. It is normal when your emotions fluctuate depending on the events that happen.
- f. Continue to be active. If you are hospitalised, you can ask for a physiotherapist's review to teach you simple exercises that you can continue to practice. You can start slowly and come up with your own exercise regime.

8. Practising mindfulness and relaxation techniques

by Ms Kathleen Cheung, Senior Medical Social Worker, Medical Social Services, SGH

Another way to cope with distress is to practise mindfulness and relaxation techniques. Mindfulness is about slowing down and focusing on the here and now. Practising mindfulness includes breathing methods, guided imagery, and other practices to relax your mind and body. There are various mindfulness-based interventions in oncology settings overseas that have helped patients address their distress and anxieties.

Here are a few ways you can try practising:

a) Practice self-reflection

When you start to notice your own negative emotions developing, pause for a moment. Ask yourself what is going on in your thoughts for a brief moment. Instead of chasing for the cause and effect of these thoughts, remind yourself these are just thoughts and thoughts come and go. Take another 5 deep breaths and move on. Do something nice for yourself, such as going for a movie with friends and eating a good meal. You may want to journal down your thoughts and emotions at the end of the day. You will notice that moods can change, thoughts can also change from moment to moment, and you have the power to stay on positive thoughts about the pleasant activities you had.

b) Connect with your body's relaxation response

A common term for this mindfulness practice is called the Body Scan. Lie comfortably on your back or find a comfortable and quiet place to sit. Close your eyes and breathe gently and naturally through your nose. Observe your body's tensions from head to toe. Starting from the feet, take a few moments to notice the tensions around your feet and toes. Relax these muscles with kind intention, before moving the attention up the body, through the legs, hips, abdomen, back, arms, shoulders and head. This exercise can last for 5 to 20 minutes. When you are done, sit quietly for several minutes and continue to notice your breathing. Open your eyes slowly when you are ready.

c) Practise deep breathing

Find a quiet and comfortable spot to sit or lie down. Relax your face, jaw and neck muscles. Gently place one hand on your belly button and another hand on your chest. As you breathe in, allow your belly, lungs and chest to expand. As you breathe out, gently let out all the air from your belly, lungs and chest. Gently notice the rise and fall of your chest and abdomen, which corresponds with your breathing rhythms. Try not to control the breaths. When you have thoughts, it is normal. With kindness to yourself, gently nudge your mind back to the breathing. You may notice the flow of the air at the nostrils to the lungs, the temperature of the air, notice how the air comes into contact with your nose and lungs, before it exits the body. Between the in-and-out breaths, and the out-and-in breaths, you may want to notice which gaps between the breaths take longer for you. Take your time and focus on your steady breathing for about 5 to 20 minutes.

There are many apps and videos available online for guided mindfulness practice, for people who face difficulty in quieting down their minds.

In summary, it is important for patients to recognise the signs of distress and know how to seek help when needed. You are not alone in this journey. Learning how to cope with distress is essential and hopefully, the tips and techniques shared today will be helpful for many of you.

9. I/O in oncology – Fad or here to stay

by Dr Esmeralda Teo, Consultant, Department of Haematology, SGH

Novel therapies like immunotherapy, targeted therapy and cellular therapy are revolutionising our fight against cancer. Today we will highlight a few agents that are relevant to some refractory haematological malignancies:

PD-1 inhibitors have shown remarkable benefit in lymphomas, especially classical Hodgkin's lymphoma, other lymphomas, melanomas, lung and bladder cancers.

Tumours are able to suppress the immune system by activating certain checkpoints. PD-1 inhibitors are monoclonal antibodies that bind to these checkpoints, and therefore re-activate the immune system to stop the tumour from progressing. There has been great enthusiasm for them, as they work to diminish or stabilise some cancers that have failed a few lines of treatment. We are currently using them for the treatment of refractory lymphomas.

There are a few of these PD-1 inhibitors in the market, which have shown to be quite tolerable to patients, but some do experience side effects, so they have to be monitored closely in the beginning. As they are new drugs, they are expensive currently, and have to be taken long term. PD-1 inhibitors are still in trials to assess their effectiveness in combination with other chemotherapy agents for other haematological malignancies like myeloma, acute myeloid leukaemia, and myelodysplastic syndrome.

Malignancies have found a way to increase their survival by switching off anti-death signals. BCL-2 inhibitors are chemical agents designed to bind to these signals, forcing the cancer cell to die. Since these anti-death signals are in many haematological malignancies, there has been an upsurge of its usage in refractory acute myeloid leukaemia, myelodysplastic syndrome, mantle cell lymphoma and chronic lymphocytic leukaemia. There are ongoing trials to investigate its effectiveness in myeloma. In our experience so far, the use of this small molecule inhibitor has increased patients' overall survival and control of disease.

Lastly, we are now able to genetically modify our own T cells to target and kill cancer cells. The patient's own T cells are harvested via apheresis, and then genetically engineered in the lab to recognise cancer cells more specifically, by adding a receptor called chimeric antigen receptor (CAR) on its surface. The newly modified T cells are then multiplied by the millions in the lab, which takes a few weeks. The patient would require conditioning chemotherapy to allow them to accept the new T cells. This requires a few weeks of hospitalisation. Subsequently, the CAR T cells are infused back into the patient and then we monitor the patients in the hospital until their immune system is up and running.

There are some side effects that require us to closely monitor the patient after the infusion of CAR T cells, like a hyper-active immune response or neurological complications, therefore the patient may need to be warded for 2 to 3 months. The technology to create these CAR T cells is now available in Singapore, and we are currently creating protocols and trials to initiate its use for refractory non-Hodgkin's lymphoma and refractory acute lymphoblastic leukaemia.

In summary, this is a new era of immunotherapy and cellular therapy, with more new drugs in the pipeline. We hope that we will be able to offer more options to stabilise patients with refractory disease.

10. TCM as supplementary care

Dr Stephen Loh, Senior Physician, Chinese Medicine Clinic, NTU

By and large, Traditional Chinese medicine (TCM) refers to herbal or any other natural products prescribed by a trained licensed Chinese medicine physician conforming strictly to the fundamental theories and prescription rules of TCM. Beyond that, any complementary medication, including Chinese patent medicine (OTC), herbal product, natural product or other alternative medicine NOT being advised or prescribed by a licensed TCM physician are consumed at your own risk. Therefore, we suggest that you exercise caution during your cancer treatment by: 1) getting the consent of your Oncologist 2) informing your Oncologist the Chinese medicine that you are on and 3) take only those prescribed or recommended by your TCM physician.

There are a few noteworthy points of TCM:

TCM has multi-target characteristics and is effective in reducing side-effects that may occur during treatment, such as heatiness, appetite loss, constipation, bloating, pain, shortness of breath, fatigue etc. While certain herbs may contain anti-carcinogen properties, they are much weaker in potencies compared to western drugs. Integrative use of both TCM and western medicine can help reduce side-effects, boost immunity and enhance treatment effects.

However, there are downsides to certain herbal ingredients that users need to be aware of:

Firstly, there are ingredients in complementary medicine which may interfere with the drugs treating your lymphoma. Some ingredients, while reducing side effects such as fatigue and breathlessness during treatment, may also reduce effectiveness of the treatment. For example, both American and Chinese Ginseng may cause lower blood sugar levels when taken with Rituximab, a drug that is usually given to more than 50% of lymphoma patients.

Cordyceps, a well-known and costly herbal medicine, will interfere with steroids such as dexamethasone and prednisolone, as well as certain chemotherapy drugs such as cyclophosphamide, which is commonly used against lymphoma. If you are taking these drugs, cordyceps might reduce the efficacy of your lymphoma treatment.

Secondly, some of the complementary medications may be harmful, especially when taken in high doses and/or over prolonged periods. Liver or renal toxicity in these ingredients may cause damage to your organs and jeopardise your health. For example, some plants containing Aristolochic Acid have been proven to cause kidney failure, and possibly lead to cancer of the kidney, liver, stomach, and lungs. These plants include but are not limited to Guan Mu Tong, Guang Fang Ji, Ma Dou Ling and Tian Xian Teng which have diuretic properties, while relieving chronic cough and pain. These plants/ingredients may be found in some Chinese patented drugs, though strict registration, labelling and tracking by HSA is required, their presence in patent medicine and commercial products may not always be clearly indicated.

Thirdly, if you intend to take the complementary medications without professional advice during your lymphoma treatment, you may possibly be ingesting ingredients that are not suited to your condition, while missing out on those which you need. You may end up wasting money and delaying the much needed appropriate treatment.

In summary, integrative methods can effectively help patients manage side effects and maintain the quality of life during treatment, prepping your body's condition to withstand the full course of chemotherapy. Please inform your Haematologist or Oncologist who is taking care of your lymphoma if you are taking or planning to take Traditional Chinese Medicine during your treatment. We encourage you to have open discussions with your Haematologist or Oncologist and TCM physician about the integrative role of western and TCM medicine during your lymphoma treatment, to ensure you get the best and safest care possible.

11. 我能在治疗期间服用中药吗？

Dr Stephen Loh, Senior Physician, Chinese Medicine Clinic, NTU

问：我能在治疗期间服用中药吗？ - 卢征涛 高级医师 南洋理工大学，生物医学院，中医诊所

答：

严格意义上，中医药是通过具备资质的合格中医师，按照中医基础理论，以辨证论治的方式切合患者体质和病情，开出含有动物、植物、矿物、或其他天然物成分的中药配方。在这个定义以外的中草药，中成药或其他含天然物的保健品，均不属于中医药，服用者只能自身承担风险与后果。因此，这里建议患者注意以下 3 点：1) 得到您肿瘤主治医生的同意 2) 告知您的肿瘤主治医生所服用的中药种类 3) 只服用合格中医师建议或开出的处方药。

关于中药使用，以下几点值得关注：

作为自然药物，中药具有多靶向特性，并能够有效减轻其他药物的副作用，如发热、食欲不振、便秘、胀风、疼痛、气短、倦怠乏力等。某些草本植物虽然具有抗癌作用，但却远远达不到西药抗癌药物的强度。中西医结合运用则能有效减轻西药副作用、增强机体免疫功能，以及协同加强治病疗效。

但是，对于中草药，患者必须注意以下几点：

首先，某些中草药可能会对治疗中的西药产生干扰作用。例如针对气短乏力的补气中药人参（包括美国花旗参、中国生晒参），与单克隆抗体治疗药物利妥昔单抗共同用药时，可能导致低血糖。据统计，约一半的淋巴瘤患者会使用利妥昔单抗。

另一种常用于治疗淋巴瘤的化疗药环磷酰胺以及控制淋巴瘤的激素地塞米松和泼尼松龙，也会受到常见中药冬虫夏草的干扰，导致西药降低疗效。

第二，某些中药具有肝肾毒性，大剂量或长期使用容易造成肝肾或其他脏器不可逆损伤而危害健康。例如含有马兜铃酸的植物会造成肾脏衰竭，或导致肝、肾、胃和肺产生癌变。举例其中几味，如关木通、广防己、马兜铃、天仙藤等具有利尿消肿、治疗慢性咳嗽和止痛效果的中药，他们可能出现在某些中成药产品中。尽管新加坡卫生科学局 HSA 严格要求所有出现在新加坡市面的中成药必须经过合格注册、清楚标签、流通追查，但含有这些成分的中成药和商业产品不一定会清楚列明具体成分。

第三，如果患者在淋巴瘤治疗过程中未经过专业指导而自行盲目使用中药，可能会使用到不适合病情的中药，同时也耽误了控制某些症状的时机。结果是既浪费了金钱，也延误了治疗。

总而言之，中西医结合治疗可以有效帮助患者减少副作用并提高生活质量，让身体有足够能力承受和完成全程的化学治疗。在治疗淋巴瘤期间，如果您打算或正在服用中药，请通知您的肿瘤专科医生。我们鼓励您跟您的肿瘤医生和中医师公开坦诚的交流，并讨论中西医结合方案对您的帮助，以确保您能得到最佳最安全的医疗照顾。