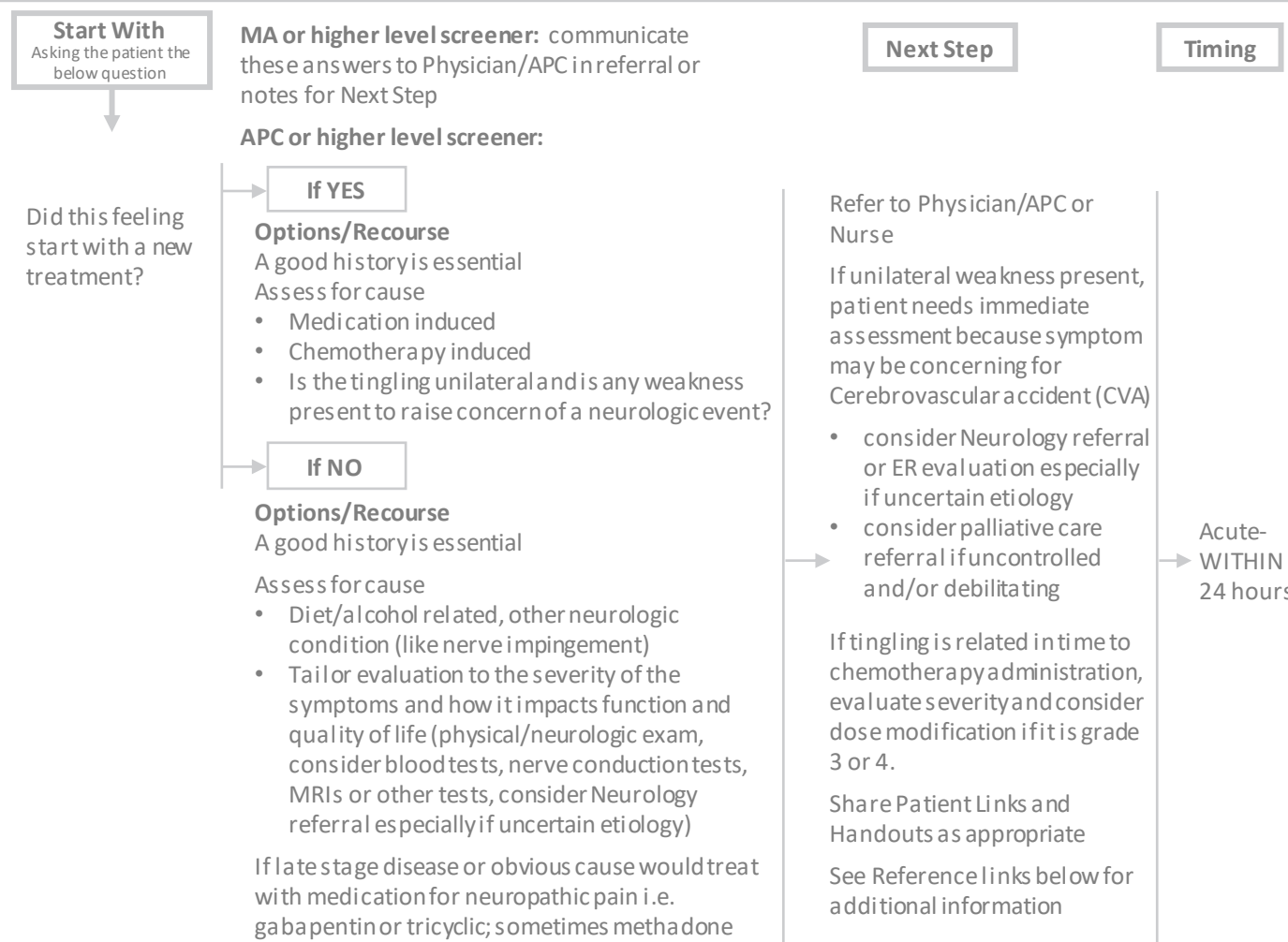


# Clinician Follow Up Reference for Supportive Care

## Physical Concerns –

### “YES” to *Tingling in hands/feet*



## Notes

**Stages I-III:** Focus on cause and removing inciting agents; if tingling is related to chemotherapy, assess the grade and decide on whether dose modification is warranted. In the adjuvant setting, maintaining dose intensity is important. However, if the tingling becomes grade 3 or 4, consider holding chemotherapy, reassessing at next cycle, and dose modification if necessary.

**Stage IV:** Focus on quality of life besides reducing/stopping the inciting agent; treatment is complex and varied – highly consider palliative care or pain specialty referral if not responsive to standard treatments for neuropathy. Consider dietician referral for proper diet and vitamin intake. Also consider Integrative Medicine/physical medicine techniques like acupuncture, electrical stimulators

**Geriatric:** Getting a baseline assessment of neuropathy, tingling in hands and feet, is important in this population. If patient is diabetic, neuropathy can get substantially worse and requires aggressive care. Neuropathy, especially in this population, greatly increases the chance for falling. Patient may require a cane or walker to minimize risk.

## Patient Links and Handouts:

- [American Cancer Society. Peripheral Neuropathy](#)
- [Cancer.Net. Nerve Problems or Neuropathy](#)
- [NIH. Nerve Problems \(Peripheral Neuropathy\) and Cancer Treatment](#)

CSOC Patient Handout can be accessed at:  
<http://cancer-help.me/tingling>

## References:

- [Prevention and Management of Chemotherapy-Induced Peripheral Neuropathy in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline](#)
- [Fast Fact. #197 Chemotherapy induced Peripheral Neuropathy](#)