

Understanding

Cancer of the Stomach

Caring for people with cancer

Understanding

Stomach cancer

This booklet has information on:

- Treatment for stomach cancer
- Side-effects and how to manage them
- Coping with the emotional side of cancer
- Practical and financial matters

Useful numbers

Upper GI nurse specialist

Oncology nurse specialist

Surgeon

Medical oncologist

Radiation oncologist

Radiation therapist

Dietitian

Medical social worker

Family doctor (GP)

Emergency

Hospital records number (MRN)



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Fast facts

What kind of treatment will I have? Page 39

Surgery: An operation to remove the cancer.

Chemotherapy: Drugs to slow down and control the growth of cancer.

Targeted therapies: Drugs that target cancer cells in different ways to stop or slow down their growth.

Radiotherapy: Using high-energy rays to kill the cancer cells. Radiotherapy is rarely used for stomach cancer.

Are there side-effects from treatment? Page 67

Any side-effects will depend on your cancer and the type of treatment you have. For example, changes to eating patterns are common after surgery.

You can read about the treatments to learn more about their side-effects and possible complications. For advice on coping with side-effects see page 69. There are eating tips for different problems in the pull-out section in the middle of this booklet.

There are treatments to help with most side-effects, so tell your doctor, nurse or dietitian. Don't suffer in silence!

Will I be OK? Page 25

What is likely to happen to you (your prognosis) is hard to predict. The best thing to do is to ask your consultant about your own situation.

Clinical trials Page 66

Clinical trials are when cancer patients get a new type of treatment to see if it works better than existing treatments. Ask your consultant if there are any trials suitable for you.

We're here for you Page 106

If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

Ways to get in touch

- Call our Cancer Nurseline on 1800 200 700
- Drop in to a Daffodil Centre
- Email us: cancernurseline@irishcancer.ie

See page 106 for more about our services.

Reading this booklet



This booklet is to help you throughout your cancer treatment and afterwards. You will probably find different sections useful at different times, so keep it for reference. If you need more information or don't understand something, ask your doctor or nurse. You can also ask one of our cancer nurses:

- Call our Cancer Nurseline on Freephone 1800 200 700
- Visit a Daffodil Centre
- Email the nurses at cancernurseline@irishcancer.ie

We cannot give advice about the best treatment for you. Talk to your hospital team about your treatment and care — they know your medical history and your individual circumstances.



Cancer Nurseline Freephone 1800 200 700

About stomach cancer

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What is cancer?

- **Cancer is a disease of the body's cells**

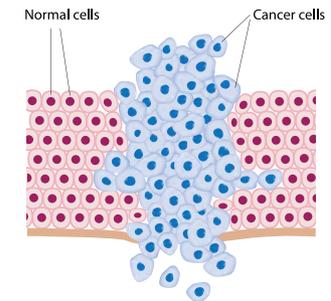
Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).

- **Cancers are named after the organ or cell where the cancer starts**

Stomach cancer starts in cells in the stomach.

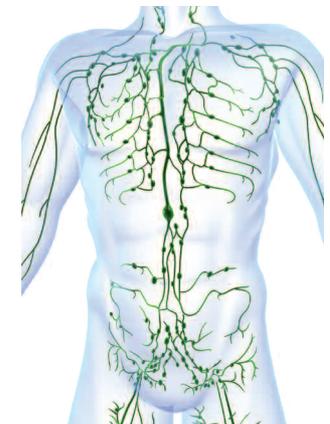
- **Cancers sometimes spread**

If a tumour is cancerous (malignant), a cell or group of cells can be carried by your blood or lymph fluid to another part of your body, where it can form a new tumour. This is called metastasis.



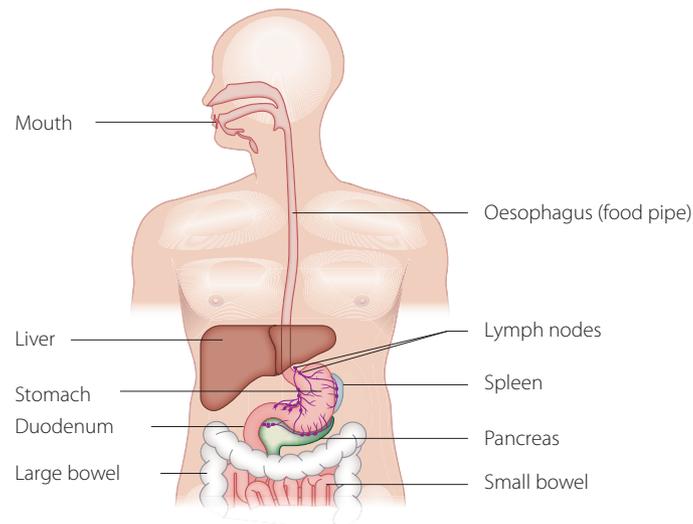
What is the lymphatic system?

- The lymphatic system protects us from infection and disease and removes extra fluid and waste from the body's tissues.
- It is made up of lymph nodes connected by tiny tubes called lymph vessels.
- Lymph nodes are found mainly in the neck, armpit, groin and tummy.
- If cancer cells spread into lymph nodes or cancer starts in the lymph nodes they can become swollen.



What is the stomach?

Your stomach is part of your digestive system. It is a hollow organ like a bag that goes from the end of your oesophagus (food pipe) to the start of your small bowel (small intestine). After food is swallowed, your stomach mixes and churns it with the help of chemicals so that it leaves your stomach in a semi-solid form.



The lining of your stomach wall has four layers: the mucosa, the submucosa, a muscle layer, and an outer layer called the serosa.

In the mucosa, glands make chemicals, such as enzymes and acids, to help break down food. It is in the mucosa that cancer can often occur. Your stomach lining also makes a type of protein called intrinsic factor. This helps to absorb vitamin B12 into your bloodstream. This vitamin is needed for red blood cells to grow and for your nervous system to work properly. Lymph nodes are also found near your stomach.

What is stomach cancer?

Stomach cancer is also known as gastric cancer. When stomach cancer happens, cells in your stomach change to form a tumour. At first the cancer may cause very few symptoms. But as the tumour gets bigger it can affect the digestion of food and lead to symptoms. When the tumour is malignant, cells may break away from it and spread to lymph nodes close to your stomach and to other parts of your body.

What caused my cancer?

We don't know exactly what causes many cancers. However, there are things that can increase your risk of getting cancer. If you want to know more about why cancer happens or to learn about risk factors for stomach cancer, see our website www.cancer.ie or talk to a cancer nurse – call our Cancer Nurseline or visit a Daffodil Centre.



What are the types of stomach cancer?

Adenocarcinoma of the stomach

This is the most common type of stomach cancer. It happens in the gland cells in the stomach lining.

Less common cancers that can affect the stomach

- **Lymphomas**, for example, mucosa associated lymphoid tissue (MALT) lymphomas
- **Soft tissue sarcomas**, for example, gastrointestinal stromal tumours (GISTs)
- **Neuro-endocrine tumours** (NETS)
- **Carcinoid tumours**
- **Gastro oesophageal junction cancer** (GOJ) – This develops where your food pipe (oesophagus) joins the stomach. GOJ can be treated like a stomach or an oesophageal cancer, depending on where the cancer is.

This booklet does not give information on the rarer types of stomach cancer. If you want more information about them, talk to your doctor, visit a Daffodil Centre or call our Cancer Nurseline on 1800 200 700.

How common is stomach cancer?

In Ireland over 500 people are diagnosed with stomach cancer each year. It is more common in men than women and is more common in older people.

Diagnosis and tests

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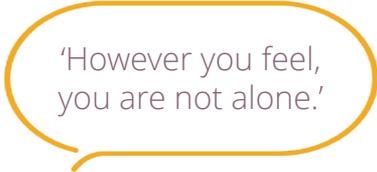
Being diagnosed with stomach cancer

Hearing that you have stomach cancer can be a huge shock. You may be feeling:

- **Upset** and overwhelmed by your emotions
- **Confused** by all the information being given to you
- **Worried** about what will happen next

If you need to talk to someone, or if you want more information or advice:

- Ask to speak to your specialist nurse or a medical social worker at the hospital. They can help you and your family to cope with your feelings and advise you about practical matters
- Talk to one of our cancer nurses in confidence – visit a Daffodil Centre or call our Cancer Nurseline on 1800 200 700
- Email our cancer nurses at cancernurseline@irishcancer.ie
- Speak to an Irish Cancer Society Survivor Support volunteer who has had a cancer diagnosis and really knows what you are going through. Our cancer nurses can put you in touch with a volunteer.
- Talk to other people going through the same thing. Join our online community at www.cancer.ie/community
- Go to your local cancer support centre. For more information, see page 112.



'However you feel,
you are not alone.'

Telling people about your diagnosis



It can be hard to tell other people the news that you have been diagnosed with cancer.

You may want to talk about your diagnosis, or you may prefer not to tell people straight away. Talking can help you to get support from friends and family. On the other hand, you may find it hard to cope with other people's reactions when they hear the news. For example, they may fuss over you or be upset.

Call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre if you would like to talk things over with a cancer nurse. You can also ask for a copy of our booklet *Who Can Ever Understand?* This booklet can help you find ways to talk about your cancer and to ask for the help and support you need.

'A cancer diagnosis can be hard on you – mentally and emotionally. Give yourself time and space to deal with your emotions, and get help if you need it.'

What tests will I have?



- After a diagnosis of stomach cancer you may have a CT scan, laparoscopy, endoscopic ultrasound (EUS) and possibly a PET or MRI scan.
- The tests will tell your medical team more about your cancer and help them to decide on the best treatment for you.
- You may or may not want to ask about your prognosis. This is information about what might happen with your cancer.

After being diagnosed with stomach cancer you may have more tests to find out about your cancer and your general health.

CT scan of thorax, abdomen and pelvis (CTAP)

This is a special type of X-ray that builds up a detailed 3D picture of the tissues inside your body.

During the scan you will lie on a table which passes through a large doughnut-shaped machine. The scan is painless and takes between 10 and 30 minutes. You might be asked to fast (not eat) for a few hours before the test. You may also be given an injection or a special drink to help show up parts of your body on the scan. Before you take the drink, let the radiographer know if you are allergic to iodine or have asthma.



The injection may make you feel hot all over for a few minutes. Preparations for a CT scan can vary. The doctor or nurse in your hospital will tell you what to do. This test is usually done as an outpatient, so you should not need to stay in hospital.

Laparoscopy

This test allows your surgeon to look inside your abdomen. This is the part of your body that lies between your chest and hips. The result of the laparoscopy will help your doctor to decide if it is possible to remove the entire cancer using surgery.

Laparoscopy is usually done under general anaesthetic. For this you will need to stay in hospital. Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre. While you are asleep, your surgeon will make a small cut in your abdomen to place a mini-telescope called a laparoscope inside.

By looking through the laparoscope, your surgeon can see your organs close to your stomach and check the lining of your abdomen for cancer. A small sample of tissue (biopsy) may be taken so it can be examined under a microscope.

During the operation, carbon dioxide gas is passed into your abdomen. This can cause uncomfortable wind or shoulder pain for 3 or 4 days. Walking about or taking sips of peppermint water often eases the pain. You will have 2 or 3 stitches at your wound site. In general these stitches do not need to be removed as they usually dissolve and disappear once your wound heals.

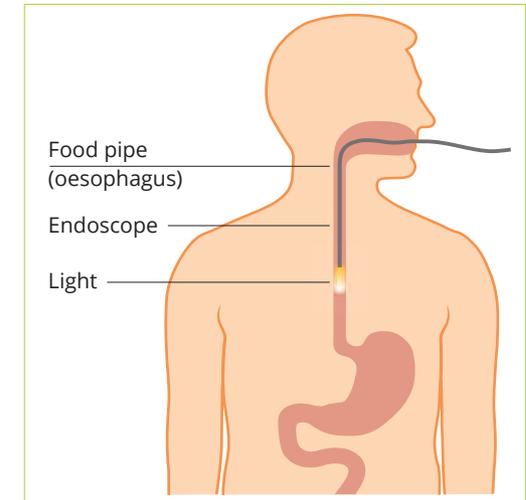
Endoscopic ultrasound (EUS)

This uses an ultrasound probe to look inside your stomach. An EUS can help your doctor to take a close look at the inside of your stomach and check if nearby lymph nodes are enlarged.

Usually an EUS is done under local anaesthetic in the endoscopy department at the hospital. Sometimes you will have a general anaesthetic. If this happens, you may have to stay overnight in hospital.

You will have to fast (not eat) for a few hours before the test. You may have a sedative injection to help you relax. A local anaesthetic will be sprayed onto the back of your throat, while you are lying on your side. Once your throat is numb, your doctor will gently pass a thin, flexible tube (endoscope) through your mouth and into your stomach. The endoscope has a light and an ultrasound probe attached to it. The ultrasound probe uses sound waves to produce a picture of the stomach and nearby organs, so that your doctor can see anything unusual. Samples of tissue (biopsies) can also be taken.

You won't be able to eat or drink for a while after the test, until the local anaesthetic has worn off. You might also be drowsy. You won't be able to drive for 24 hours after having a sedative, so you will need to arrange a lift home.



MRI scan

This is a scan that uses magnetic energy to build up a picture of the tissues inside your body. MRI scans are often used to clarify any irregularity seen on a CT scan.

During the test you will lie inside a tunnel-like machine. Some people are afraid they may feel claustrophobic during the MRI scan. Tell the radiation therapist if you're feeling anxious.

An MRI can also be noisy, but you will be given earplugs to wear during it. You might get an injection before the scan to show up certain parts of your body. During the scan you cannot wear metal jewellery. If you have a medical device in your body, like a pacemaker or metal pin, you may not be suitable for the test. Usually you can go home soon after the scan. You shouldn't need to stay in hospital.

PET scan

A PET scan can show if the cancer has spread to other tissues and organs. PET is more often used with gastro oesophageal junction cancers (see page 12).

A low dose of radioactive sugar is injected into a vein in your arm. An hour after the injection, you will have a scan. The radioactivity can highlight where the cancer cells are. During the scan, you will lie on a table which moves through a scanning ring. Before the scan, you may have to fast (not eat) for a few hours. PET is safe to use and there are no side-effects. PET scans are not done in every hospital, so you may need to go to a special centre for this test.

The tests will help your medical team to decide on the best treatment for you.

Waiting for test results



It usually takes about a week for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

How is stomach cancer staged and graded?



- Staging cancer means finding out its size and if it has spread.
- Grading means looking at the cancer cells to see how they might grow.
- Your prognosis is what your doctor expects to happen with your cancer.

The tests you have after diagnosis help the doctor to give your cancer a stage and a grade.

- **Staging** describes **where the cancer is** in your body – its size and if it has spread
- **Grading** describes **the cancer cells** – what they look like and how they might grow

Knowing the stage and grade of your cancer helps your doctor to decide the best treatment for you.

What are the grades of stomach cancer?

Cancer can be low grade or high grade. It depends on how abnormal the cells look.



Lower grades are slower growing. Higher grades tend to grow more quickly. Different grades may need different treatments.

How is stomach cancer staged?

There are different ways to describe the stages of cancer. The staging system normally used in stomach cancer is called TNM. It describes:

Tumour (T)

How deeply the tumour has grown into your stomach.

Nodes (N)

If there is cancer in your lymph nodes. N0 refers to no lymph nodes affected, N1 is 1-2 lymph nodes affected, N2 is 3-6 nodes affected and N3 means more than 7 lymph nodes affected.

Metastasis (M)

M1 means the cancer has spread to other parts of your body and M0 means it hasn't.

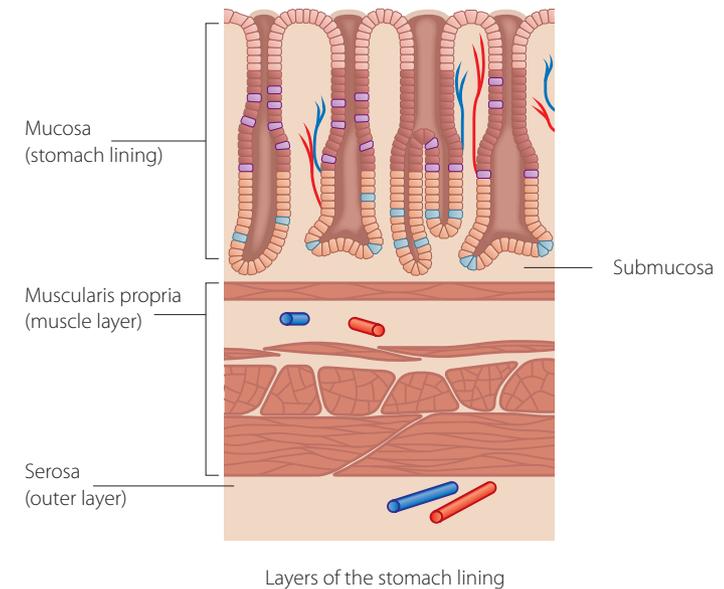
Your doctor often uses this information to give your cancer a number stage. A higher number, such as stage 4, means a more serious cancer. Some stages are further divided into stage A and B.

Staging can be hard to understand, so ask your doctor and nurse for more information if you need it.

Sometimes you may need surgery to find out the exact stage. This means that your treatment plan may only be decided or may change after you have had surgery.

What are the stages of stomach cancer?

There are four stages of stomach cancer – 1 to 4. They tell how far the cancer has spread through the various layers of your stomach lining and how many lymph nodes near or far are affected. Staging also describes whether or not the cancer has spread to other distant organs (metastasis).



Stage 1A

The cancer is in the inner lining of your stomach only.

Stage 1B

The cancer is still in the lining and may be affecting 1-2 nearby lymph nodes **OR** the cancer has grown into the muscle layer but no lymph nodes are affected.

Stage 2A

The cancer is still in the lining of your stomach but 3-6 lymph nodes contain cancer cells **OR** the cancer has spread to the muscle layer of your stomach and 1-2 nearby lymph nodes are affected **OR** the cancer has spread to the outer layer of your stomach (serosa).

Stage 2B

The cancer is still within the lining of the stomach wall but 7 or more lymph nodes contain cancer cells **OR** the cancer has grown into the muscle layer of the stomach and between 3 and 6 lymph nodes are affected **OR** the cancer is in the outer layer (serosa) of the stomach and in 1 or 2 nearby lymph nodes **OR** the cancer has grown through the outer lining of the stomach but no lymph nodes are affected.

Stage 3A

The cancer has spread to the muscle layer and more than 7 nearby lymph nodes are affected **OR** the cancer has grown into the outer lining of the stomach and 3-6 lymph nodes are affected **OR** the cancer has grown right through the stomach wall into nearby tissues and 1-2 lymph nodes are affected.

Stage 3B

The cancer has grown into the outer lining of the stomach and more than 7 and lymph nodes are affected **OR** the cancer has grown through the stomach wall and between 3 and 6 lymph nodes contain cancer **OR** the cancer has grown through the stomach wall into nearby tissues and organs, like the spleen or intestines, and lymph nodes nearby may be affected.

Stage 3C

The cancer has grown right through the stomach wall and more than 7 nearby lymph nodes contain cancer **OR** the cancer has grown right through the stomach wall into nearby lymph nodes, tissues and organs, like the spleen or intestines.

Stage 4

The cancer has spread to other distant organs such as the lungs, liver or bones.

Asking about your prognosis



Your prognosis includes information about how your cancer is likely to progress, including average survival times or life expectancy. Many people with cancer have questions about their prognosis.

It's not always easy for doctors to answer a question about life expectancy. Everyone is different, so what happens to you might be quite different from what the doctor expects.

Should I ask about my prognosis?

If your prognosis is better than expected, you may feel more hopeful about your illness and your future. You may feel more in control by having as much information as possible. Or you may not want to know about your prognosis. You may prefer not to think about the future too much or you may worry how you will cope if you get bad news.

If you decide you want information on your prognosis:

- **Think carefully about how you will cope with the information** before asking for your prognosis.
- **Get information on prognosis from your doctor.** They know your individual circumstances. Your doctor can also support you in understanding the information and answer any questions you have.
- **Ask a friend or family member to go with you** if you would like some support.
- **Be careful with online information.** It may be hard to understand or even incorrect. Also, it might not really apply to your situation or to your particular cancer type. Ask your doctor or specialist nurse for advice and recommended websites.
- **Accept that you will need some time to think about what you have been told.** You may forget some things or there may be things you didn't understand. You may need to talk to your doctor again after you have thought about everything.
- **Get emotional support if you need it.** If you feel upset or anxious about your prognosis you can get support from friends, family or your hospital team. You can also call our Cancer Nurseline on 1800 200 700, visit a Daffodil Centre or email cancernurseline@irishcancer.ie. Our cancer nurses can give you support, information and advice. They can also tell you about free counselling and other services that can help you.

Treating stomach cancer

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How is stomach cancer treated?

- 
- Surgery and chemotherapy are the main treatments for stomach cancer.
 - A team of healthcare professionals will be looking after you (multidisciplinary team).

The type of treatment you have will depend on:

- The size of the tumour
- Where it is located
- If it has spread to the lymph nodes near your stomach
- If it has spread to other parts of your body
- Your age and general health

Types of treatment

Surgery

Surgery is the main treatment for stomach cancer. Different types of surgery can be done, depending on where the cancer is found. If it's not possible to remove the cancer fully, surgery can still be done to relieve symptoms such as pain, vomiting and blockage caused by the tumour. Your surgeon will discuss your treatment options with you and let you know which operation is best for you. See page 41 for more details on surgery.

Chemotherapy

Chemotherapy may be given before surgery to shrink the tumour and after surgery to reduce the chance of the cancer coming back.

Chemotherapy can also be used to treat stomach cancer when surgery is not possible or to treat advanced (metastatic) stomach cancer. Even though it will not cure cancer that has spread, it may help to control symptoms and improve your quality of life. See page 55 for more details on chemotherapy.

Radiotherapy

Radiotherapy can relieve distressing or painful symptoms caused by stomach cancer. Sometimes both radiotherapy and chemotherapy are given after surgery as part of adjuvant therapy.

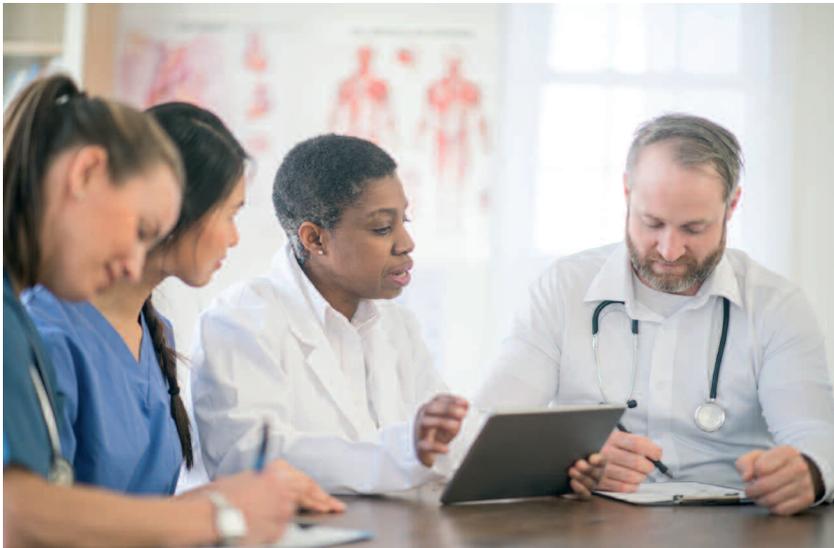
Sometimes with gastro-oesophageal cancer (GOJ), radiotherapy and chemotherapy may be given to shrink the tumour before surgery. See page 60 for more about radiotherapy.

Targeted therapies

Targeted therapies work with your body. They can help your body to fight cancer, slow its growth or control side-effects from other cancer treatments. Your medical oncologist will tell you if there any therapies available that will be of benefit to you. See page 63 for more information.

Specialist cancer centres

Stomach cancer is treated in specialist cancer centres in Ireland. The staff at these centres have great expertise in managing patients with stomach cancer. As a result, you may be transferred to another hospital from the one where you received your diagnosis.



Deciding on treatment

Multidisciplinary team

A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. For example, a surgeon, medical oncologist, radiation oncologist, pathologist, radiologist and specialist nurses. They will meet to discuss your test results and your suggested treatment plan.

Understanding your treatment

Your doctor and nurse will explain your treatment options. Ask as many questions as you like. You could write down any questions you have in advance, so you don't forget what you wanted to ask. If you do forget to ask a question or would like more explanations, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre and talk to one of our cancer nurses.

Time to think

It may feel as if everything is happening too fast. You may feel under pressure to make a decision. Ask your specialist nurse if you have any questions. You can ask for more time to decide about the treatment, if you're unsure when it is first explained to you.

Second opinion

You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment

You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse a particular treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

Who will be involved in my care?

Some of the following may be involved in your care at the hospital. Usually, a team of specialists (multi-disciplinary team) will decide your treatment.

- **Gastroenterologist** A doctor who specialises in treating diseases of the digestive system.
- **Surgeon** A doctor who specialises in surgery and who can remove a tumour from your body.
- **Clinical nurse specialist /oncology liaison nurse** A specially trained nurse who works in a cancer care unit. She or he can give you and your family information and reassurance from diagnosis and throughout treatment and may help to organise care for you after you leave hospital.
- **Medical oncologist** A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
- **Radiation oncologist** A doctor who specialises in treating cancer patients using radiotherapy.
- **Radiation therapist** A specialist in giving radiotherapy and advice to cancer patients.
- **Dietitian** An expert on food and nutrition. They are trained to give advice on eating and artificial feeding during your illness and use diet to help your symptoms.
- **Medical social worker** A person specially trained to help you and your family with all your social issues and practical needs. They are skilled in giving counselling and emotional support to children and families at times of loss and change. They can also give advice on benefits, entitlements and services available to you when you go home.
- **Psychologist** A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.

- **Physiotherapist** A therapist who treats injury or illness with exercises and other physical treatments.
- **Occupational therapist (OT)** A therapist who specialises in helping people who are ill or disabled learn to manage their daily activities.
- **Counsellor** A person trained to give you emotional support and advice when you find it difficult to come to terms with your illness.
- **Palliative care team** This team is specially trained in managing pain and other symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the 'homecare team' or the 'hospice homecare team'. A specialist palliative care service is available in most general hospitals.

Giving consent for treatment

Before you start any treatment, you should be asked to sign a consent form saying that you understand what the treatment is for and that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Possible side-effects from treatment
- Any other treatments that may be available

If you are confused about the information given to you, let your doctor or nurse know straight away. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan.

Individual treatment

You may notice that other people with stomach cancer are not getting the same treatment as you. Their cancer may not be the same type or at the same stage as yours. Everyone's treatment needs will be different. Don't be afraid to ask your doctor about your treatment.

Waiting for treatment to start

Planning cancer treatment takes time. Most people want to start treatment right away. You may worry that the cancer will spread during this time.

Cancer treatment should start soon after diagnosis. But for most cancers, waiting for scans or treatment for a few weeks does not usually affect how well the treatment works.

If you are worried, talk to your doctor. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

You might like to make some lifestyle changes while you're waiting for treatment. This can help you prepare for your treatment and feel more in control.

How can I help myself?

It can be very difficult to cope with a cancer diagnosis and all the changes that this can bring. Your healthcare team can offer you different types of support, but there are also things you can do yourself to prepare for treatment and feel better.

Eat well

Eating as well as possible can help you during your treatment. It can help you to:

- Maintain a healthy weight
- Cope better with the side-effects of treatment
- Recover better



Ask to see the dietitian at the hospital. They can give you advice about the best diet for you.

You could also read our booklet *Diet and Cancer*. To get a copy call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also read or download the booklet on our website

www.cancer.ie

Be active

Being active has many benefits. It can help to:

- Reduce tiredness and some treatment side-effects
- Reduce anxiety and depression
- Improve your mood and quality of life
- Strengthen your muscles, joints and bones
- Reduce the risk of other health issues



Talk to your doctor or nurse before starting or increasing the amount of exercise you take. They can advise you on the type and amount of exercise that is safe for you.

'Treatment can be hard on you, so take care of yourself.'

Quit smoking

If you are coping with a cancer diagnosis, you may find it stressful to quit smoking. However, research tells us that:

- Non-smokers have fewer or less severe side-effects during cancer treatment
- Smoking can reduce how well chemotherapy or radiotherapy works
- Not smoking can help you to heal better after surgery



If you would like advice or support on quitting, call the HSE Quit Team on CallSave 1800 201 203 or Freetext QUIT to 50100. Some hospitals have smoking cessation officers who can help and support you.

Other ways to help yourself

Get information about your cancer and treatment

Understanding cancer and its treatment and knowing what to expect can help to relieve anxiety and stress for some people. If it makes you anxious, you could ask a friend to do the research for you and tell you anything important.

Involve your family and close friends

Don't keep your worries or any physical problems secret from the people closest to you. Ask someone close to you to come with you when you are visiting the doctor and when treatments will be discussed. Your friends and family will be affected by your diagnosis too, so try to talk openly and find ways to support each other.

Use your support network

Don't be shy about asking for help. Family and friends may not know the best way to help you, so tell them what you need. For example, lifts to the hospital, practical help at home, child-minding or just some company or support. Telling people what you need and how they can help means you will get the right amount of support to suit you.

Try relaxation and stress management techniques

Therapies like meditation or yoga can help you to cope with stress. Some cancer support centres provide groups to help you learn these techniques.

Accept change in your life

Accept that you may not be able to carry on exactly as before. Give yourself time to adjust to your new routine.

Know that there will be ups and downs

Sometimes people feel they have to be brave or positive all the time, but it's normal to have bad days. Get help if you are finding it hard to cope.

Try to cope day by day

Try not to think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.



Types of treatment

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Surgery



- Surgery aims to remove all or part of a tumour.
- Surgery can often cure early stage stomach cancer.
- Most people are ready to go home 7–10 days after surgery.
- Surgery can also be used to relieve symptoms.

Surgery is the main treatment for stomach cancer. Surgery to remove all or part of your stomach is called gastrectomy. This is normally done to remove the tumour and try to cure the cancer.

- **Partial gastrectomy** means part of your stomach is removed.
- **Total gastrectomy** means the whole stomach is removed.
- **Bypass surgery** is surgery to relieve symptoms when the tumour is stopping your food from moving through your digestive system. This is palliative surgery, which means surgery to improve your symptoms rather than to cure the cancer.

The type of surgery you have will depend on:

- The type of tumour
- Where in your stomach the tumour is found
- The size of the tumour
- If the cancer has spread to other parts of your body
- Your general health

When deciding on the type of surgery, your surgeon will explain your options. Sometimes your surgeon may only find out the location and size of the tumour during surgery. As a result, he or she may not be able to do the operation that was planned beforehand. If this happens, your treatment plan may change. Your doctors may recommend a different type of surgery or another treatment.

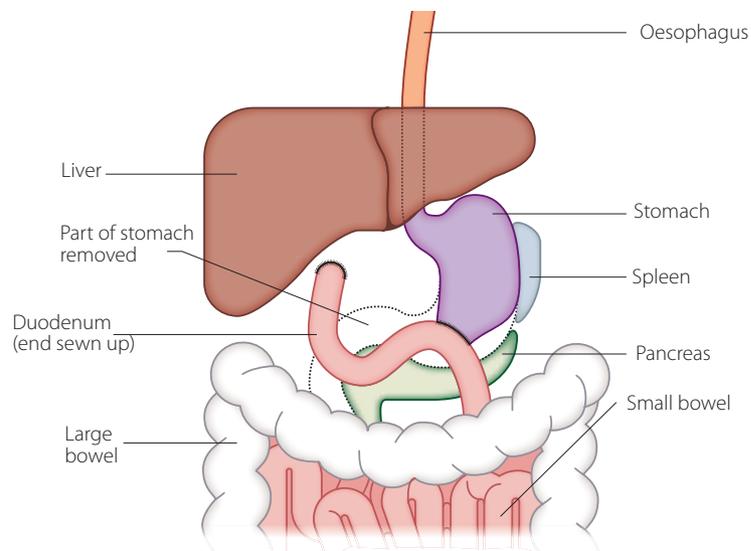
Partial gastrectomy

If the cancer is found in only a small part of your stomach, the entire cancer and that part of your stomach can be removed. This is known as a partial gastrectomy. After the operation, your stomach will be much smaller.

There are 2 types of partial gastrectomy:

- **Proximal gastrectomy:** Removing of the upper part of the stomach
- **Distal gastrectomy:** Removing the lower part of the stomach

The best operations for you depends on the location and size of your tumour within your stomach. Your surgeon will talk to you about this.

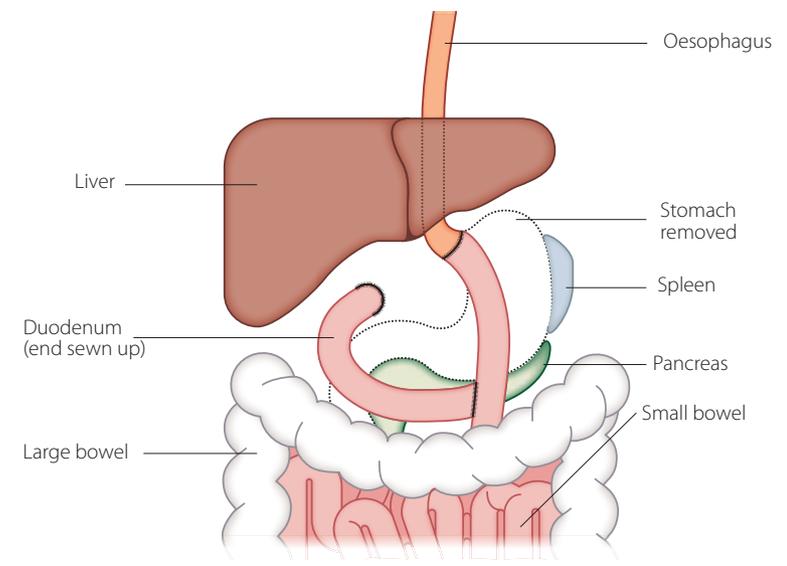


Example of partial gastrectomy

Total gastrectomy

For cancer that affects a large part of your stomach, a total gastrectomy may be done. This means removing your entire stomach and the lower part of your oesophagus and sometimes your spleen. Your oesophagus is then joined to your small intestine (bowel).

In most cases, lymph nodes found near your stomach are removed during the operation. This reduces the risk of the cancer coming back in the future. Other organs in the area of your stomach may be removed at the same time, like the lower part of your oesophagus (oesophagogastrectomy) or the upper part of your small bowel. This depends on the stage of the cancer.



Total gastrectomy

Laparoscopic (keyhole) surgery

It may be possible for your surgeon to remove your stomach using keyhole surgery. This is specialised surgery and is not available in all hospitals. It is also called laparoscopic surgery.

Bypass surgery

Sometimes the tumour may block food passing from your stomach to your bowel. If this happens, your surgeon might do bypass surgery. He or she joins the part of your stomach above the blockage directly to the first part of your small bowel. The food can then move through your digestive system to your bowel. This will not cure the cancer but will relieve symptoms such as nausea and vomiting. This is called palliative treatment.

Getting ready for surgery

Your surgical team and specialist nurse will tell you about your surgery. It is natural to feel very anxious about having surgery. Talk to your doctor or nurse if you are feeling anxious. If there is anything that you do not understand, ask again. Your doctor or nurse will be happy to answer your questions. They will tell you what you can expect after the operation and help you find ways to cope. You can also call our Cancer Nurseline on 1800 200 700.

Tests before surgery

Stomach surgery is a big operation. You will need some extra tests to make sure you are strong enough for surgery. These extra tests may include blood tests and an ECG heart test. Sometimes an ECHO (heart ultrasound) and PFT (lung/breathing) tests will be needed, depending on your age and general health.

Smoking

If you are a smoker, giving up before your operation will improve the quality of your breathing and reduce the risk of a chest infection after surgery. See page 37 for more.

Your diet

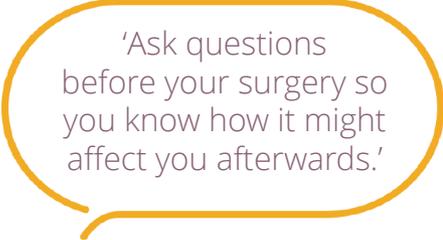
Most people with stomach cancer have weight loss, so you will need to be seen by a dietitian. The dietitian will give you advice about what to eat to avoid more weight loss and keep your strength up. The dietitian can also advise you about any nutritional supplements you might need.

If you still find it hard to tolerate your food, the dietitian can support and help you with this. Sometimes if you have severe weight loss and still find it hard to eat, you may need tube feeding for a short while before your operation, especially if you're having a course of chemotherapy before surgery.

A close relative or friend may find it helpful to meet the dietitian as well so they can learn what foods are best for you and how to prepare them when you are at home.

Before surgery

You will not be allowed to eat or drink for a few hours before surgery. You may get an anti-clotting injection like heparin, and elastic stockings may be put on your legs to prevent blood clots. Before you go to theatre, you may be given medication that will make you feel more relaxed and sleepy.



'Ask questions before your surgery so you know how it might affect you afterwards.'

After surgery

You may stay in an intensive care or high dependency unit (HDU) where the staff will keep you under close observation for a day or two, or you may go straight to the ward.

Drips, drains and tubes

When you wake up, you will have some tubes attached to your body. Don't be alarmed as they are normal after an operation like this.

- You will have a drip in a vein in your arm. You will be given fluids through this until you can drink again.
- A thin plastic tube may be up your nose. This is called a nasogastric tube and leads down into your stomach. By removing the fluid in your stomach through this tube, your nurses can keep your stomach empty. This will stop you from feeling sick and let your wound heal. It is usually removed after 48 hours.
- One or more thin tubes called drains may be coming out of your tummy (abdomen) near your wound. These help to drain blood, bile and fluid from the operation site to let your wound heal.
- A thin tube called a catheter may be put into your bladder to drain any urine. It is usually removed after 48 hours.



Pain

You may have some pain after the operation, especially when you cough or move. Your nurse can give you medicine to control the pain and prevent you feeling or getting sick, if you need it. You may have an epidural tube in your back to relieve pain after the surgery. If you have a patient controlled analgesia pump (PCA), your nurse will show you how to use it. Always ask for help if you have any pain or feel sick.

Eating and drinking

To allow your wound time to heal, you will not be able to eat and drink until your surgical team tells you they're happy for you to do so. If you have a total gastrectomy, a feeding tube may be put in through your tummy (abdomen) and give you nutrition until you can eat again. Tube feeding can start the first day after surgery and continue for as long as you are not eating (fasting). You can also be fed into a vein with total parenteral nutrition (TPN). These two ways of feeding can give you all the calories and energy that your body needs until you are ready to eat and drink by mouth again.

When your surgeon feels that you are ready, you will start out having some fluids by mouth and then you will begin slowly eating again by taking small amounts of a soft diet.

Gradually the amounts of food that you can eat will be increased. You may feel full even after eating small amounts. Your dietitian will advise you on ways to work around this.

If you cannot take enough food by mouth, tube feeding can be continued for as long as needed. Tube feeding can also be managed easily at home. Your nurse will show you how to use the tube and how to keep it clean.

It's normal to lose some weight in the first few weeks after your operation. In fact, few people return to the weight they were before their operation.

Weight loss should slow down once you begin eating well again, so try not to worry. Contact your medical team if you have any concerns about your weight.

Before you go home the dietitian will give you advice on the best foods to eat and how to prepare them. See the centre of this booklet for useful snacks and meals to prepare, for example, if you're advised to eat a soft diet or to increase your calories. You can also read our booklet *Diet and Cancer*. Call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a free copy. You can also download it from our website www.cancer.ie

Getting up and about

A physiotherapist will visit you regularly after surgery. These visits are to help you with breathing and leg exercises. Even when you are in bed you will be encouraged to move your legs and do deep breathing exercises at least once an hour. On the day after surgery the physio or nurse will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you get better.

It may take a few weeks before you can get back to normal physical activity. Your surgical team will advise you about this. You will not be able to drive until you're pain free and don't need to take strong pain killers any more. Your surgeon and cancer nurse will discuss this with you.

Pathology report

During your surgery samples of tissue will be taken. The samples will be tested by a doctor called a pathologist to give more information about the cancer. The pathology report will show how effective the treatment has been and help your doctors to decide if you need further treatment. Your doctor will probably talk to you about your test results and future plans for monitoring / treating you at your first follow-up appointment at the outpatient clinic, once you have had a chance to recover from your surgery.

Going home

Most people are ready to go home 7-10 days after surgery. Before you go home, you will be given a date to come back for a check-up about 2-4 weeks later. You may also have to attend the hospital regularly so that your wound can be checked. If you have a feeding tube your nurse will show you and a relative or friend how to use it and keep it clean. Sometimes the feeding tube is left in place even though you are no longer being fed through the tube. If this happens in your case, the feeding tube will have to be flushed through regularly to prevent blockage of the tube. Your nurse will show you what to do. Sometimes the feeding tube suppliers provide training at home on how to use the equipment.

Once your surgeon and dietitian are happy with how you are eating and drinking and your weight, your feeding tube can be removed, usually at your outpatient clinic visit.



Help at home

If you live alone or have problems getting around the house, talk to your nurse or the medical social worker on your ward as soon as you are admitted to the hospital. The medical social worker can organise community services you may need. For example, organising a public health nurse to visit you and give you support at home with dressing any wounds or checking your feeding tube, if you have one. The medical social worker can also advise you about social welfare benefits or entitlements you can apply for.



Healthcare team

You will be given contact numbers so that you can reach your doctor, nurse or hospital at any time. Contact a member of the team as soon as possible if you:

- Have a problem with the feeding tube
- Have diarrhoea for more than 24 hours
- Have a temperature of 38°C (100.4°F) or higher
- Feel unwell

If you have any worry or symptom that is causing you concern before your check-up date, contact your nurse specialist or hospital ward for advice. Remember it will take about 3 months to recover from your operation and about a year to get back to your normal routine.

Side-effects of surgery

The following are possible side-effects of surgery:

- Changes in diet
- Iron deficiency anaemia
- Diarrhoea
- Dumping syndrome

Changes in diet

It is normal to have changes to the way you eat, especially the amount of food that you can eat. You may also lose your appetite. Getting used to these changes can be a slow process, but there are some things that you can do to make things easier.

Feeling full and uncomfortable after eating only small amounts

Because part or all of your stomach is removed, you may feel full and uncomfortable after eating only small amounts. The dietitian will give you advice on how to work around your lack of appetite and feelings of fullness and discomfort after eating. For example, you may find it helpful to eat little and often rather than trying to eat normal sized portions at mealtimes. Try to eat six small meals or snacks a day.



By choosing the right foods to eat and adding nutritional supplements as advised by your dietitian, you will get the most from your diet. Eating well will help to make sure that your strength and energy levels improve.

Weight loss

Weight loss may continue after you are discharged from hospital. Some weight loss is normal at first, but if you continue to lose weight, let your doctor or dietitian know as soon as possible. You may need more dietary advice, other nutritional supplements or tube feeding.

Finding a pattern of eating and drinking that suits you may take time. It can help to keep a food diary if you are having problems. Write down what you eat and when. Also write down any symptoms you get and when they occur. After a few days, you may be able to notice which foods cause which symptoms. It is important to remember that being able to eat well will happen gradually. See page 71 for more about eating changes.

If you have any queries about eating and drinking, talk to your dietitian or specialist nurse. You can also call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre for advice and for our free booklet *Diet and Cancer*.

Diarrhoea

Passing watery bowel motions more than twice a day is known as diarrhoea. Depending on the type of surgery you have had, you may get diarrhoea 1–2 hours after eating. You could also have cramping and/or abdominal (tummy) pain. Usually the diarrhoea is due to nerve damage during your surgery and not because of the food you are eating. For this reason, it is important that you do not change your diet without medical advice. Let your doctor know if you have diarrhoea for more than 24 hours. There is medicine that can control this side-effect.

Iron deficiency anaemia

You may get anaemia and vitamin deficiencies due to your operation. The anaemia is caused by a lack of iron or vitamin B12 (folate) in your body. Once all or even part of your stomach is removed, your body is not able to absorb iron and vitamin B12 from food so well. It's best to go to your GP to get your blood tested every 6 months, including vitamin B12 and iron levels. Your doctor can prescribe iron tablets and vitamin B12 injections if you need them pending your blood results. You may need to take other vitamin or mineral supplements as well. These and foods rich in iron and other vitamins will help to make sure that you are getting all the nutrients you need.

Tips & Hints – eating well



- Find a comfortable position for eating. Standing up, sitting up or slightly reclining can help food go down better.
- Eat foods rich in calcium, such as milk and other dairy foods, green leafy vegetables, soya beans, tofu, soya drinks with added calcium, nuts, bread and anything made with fortified flour, fish like sardines
- Eat foods rich in vitamin D, such as red meat, oily fish, eggs, liver, and fortified foods, such as most fat spreads and some breakfast cereals.
- Eat foods rich in iron, such as red meat, liver, beans, nuts, dried fruit such as dried apricots, wholegrains – such as brown rice wholemeal bread, fortified breakfast cereals and most dark-green leafy vegetables.

Dumping syndrome

Dumping syndrome is a very rare side-effect of stomach surgery. It is known as early dumping syndrome or late dumping syndrome.

Early dumping syndrome happens soon after you have eaten. After a meal, usually high in sugar or starch, your stomach may move food into your bowel very fast. The sudden high concentration of food in your bowel draws fluid from nearby organs and tissues. It can lead to a drop in your blood pressure and an increased heart beat 30 minutes to 1 hour after eating. If this happens, you will feel faint, dizzy and weak.

Late dumping syndrome happens some time after you have eaten. It is due to a sudden rise in your blood sugar when the food passes into your small bowel and the sugar is absorbed. It leads to a sudden rush of the hormone insulin, which causes your blood sugar to drop. You may feel faint, cold and sweaty. It is often worse if you missed the meal before the one you last ate.

You can help to reduce the early and late symptoms of dumping syndrome by avoiding too much fluid at mealtimes and eating small, frequent high-protein foods. These are foods like meat, fish, cheese, eggs, beans and lentils. It also helps to cut down on sugary foods like sweets, chocolate and sugary drinks. Do make sure that you do not skip meals either.

For most people, dumping syndrome settles after a while, but do let your doctor or dietitian know if it continues to be a problem. They will be able to give you more advice.

Chemotherapy



- Chemotherapy uses drugs to kill cancer cells.
- Possible side-effects include sore mouth, taste changes, loss of appetite, nausea and vomiting, diarrhoea, infection, fatigue, hair loss, and numbness or tingling in hands or feet.
- Side-effects normally get better after treatment ends.

Chemotherapy is a treatment that uses drugs to kill cancer cells. The doctor who specialises in chemotherapy is called a medical oncologist.

When is chemotherapy given?

- **Before surgery or radiotherapy** to shrink an early-stage cancer and make the tumour easier to remove or treat. This is called neo-adjuvant treatment.
- **At the same time as radiotherapy** to make the treatment work better (chemoradiotherapy). This is more common when treating gastroesophageal junction cancers.
- **After surgery** to reduce the risk of the cancer coming back. This is called adjuvant treatment.
- **To treat advanced (metastatic) cancer.** Chemotherapy will not cure metastatic cancer but it can help to shrink the cancer and keep it under control. This is known as palliative treatment.

How is chemotherapy given?

Chemotherapy may be given directly into a vein as an injection and/or through an intravenous infusion (by drip or pump). It may also be given in tablet form. You may have a central venous access device fitted. This is a thin tube (line) which goes directly into a vein and stays in place until your treatment is over. This saves you having repeated injections. There are different types of central venous access devices, such as ports, Hickman lines and PICC lines. Your medical oncologist and oncology nurse specialist will discuss which device is most suitable for you.

Usually your treatment will be given in the chemotherapy day care unit. If you are continuing your chemotherapy at home you will go home with a chemotherapy pump that will attach to the central venous access device. Your nurse will show you how to look after it at home.

How often will I have chemotherapy?

Chemotherapy is often given in cycles with a rest period between treatments. For example, you might have a few days of treatment every week for 3 weeks and then a week off. The rest period allows your body time to recover from the side-effects of treatment.

The number of cycles, how often you will have a treatment session, i.e. weekly or fortnightly, and the rest period between each cycle depends on the type of chemotherapy you're having.

What kinds of drugs are used?

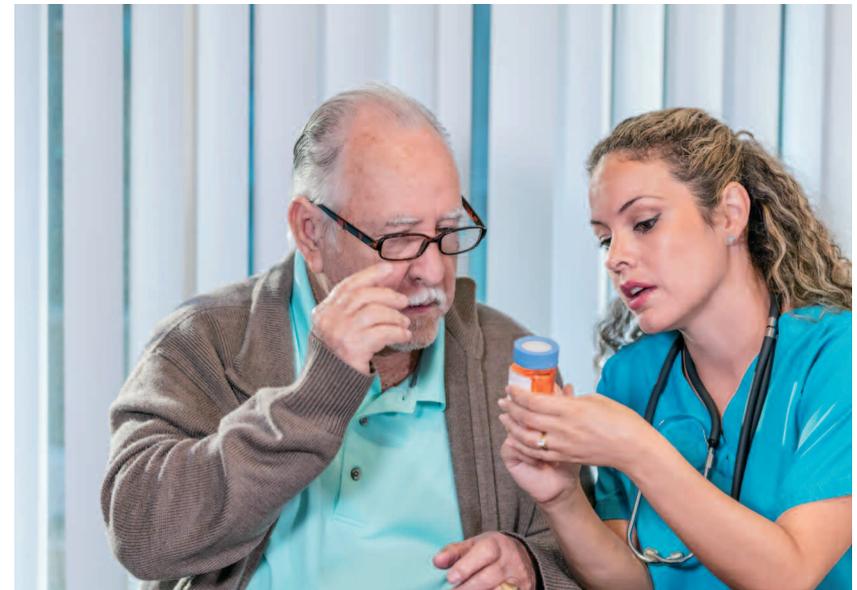
There are several chemotherapy drugs used to treat stomach cancer. Your doctor or nurse will discuss your treatment with you. Chemotherapy drugs can be used on their own or in combination with each other.

Understanding your drug treatment



It's important that you understand the drugs you have been given. Don't be afraid to ask your doctor or specialist nurse for more information about your drug treatment and any possible side-effects. They may be able to give you a printed sheet to take home with you.

If you have any questions or need any more information, you can speak to our cancer nurses by calling our Cancer Nurseline on 1800 200 700.



NUTRITIOUS SNACKS

- 🍷 Cereals – hot or cold
- 🍷 Beans on toast
- 🍷 Cheese and crackers
- 🍷 Custards
- 🍷 Hot chocolate (make with milk)
- 🍷 Milk puddings
- 🍷 Milkshakes
- 🍷 Creamy soups
- 🍷 Yoghurt or fromage frais
- 🍷 Smoothies
- 🍷 Mousses



- 🍷 Sandwiches
- 🍷 Nuts
- 🍷 Omelettes
- 🍷 Quiche



- 🍷 Muffins or scones
- 🍷 Scrambled eggs
- 🍷 Baked potatoes with beans, cheese, tuna
- 🍷 Dips made with cheese or yoghurt



What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person and depend on the drugs used and the amount of chemotherapy given.

Most side-effects can be helped by medication. Usually the side-effects go away when the treatment ends or soon after.

Side-effects may include:

Infection

Chemotherapy drugs make you more likely to get infections. You will be asked to watch out for signs of infection at all times. These signs include feeling shivery and unwell, having a high or low temperature, having a cough, or pain passing urine.

Fatigue

Fatigue is where you feel tired and weak and rest does not seem to help. For more information see page 73.

Mouth and throat problems

Chemotherapy can cause problems like a sore or dry mouth, ulcers, gum infections and taste changes. Your medical team will advise you on how to avoid mouth problems.

Bleeding and bruising

Chemotherapy can stop your bone marrow from making enough platelets. Platelets help your blood to clot and stop bleeding. With fewer platelets you may bleed or bruise very easily. You will have regular blood tests to count the number of platelets in your blood. Tell your doctor if you have any bruising or bleeding that you can't explain, such as nosebleeds or bleeding gums.

Nausea and vomiting

Chemotherapy can cause nausea (feeling sick) and vomiting (being sick). There are treatments that work well to prevent nausea and vomiting.

Constipation and diarrhoea

Chemotherapy can cause constipation (not having a bowel movement often enough) and diarrhoea (frequent loose or watery bowel movements).

LIQUIDS



CLEAR LIQUIDS



- Water
- Fruit juices without fruit pieces
- Clear broth
- Consommé
- Ice pops
- Honey
- Clear fizzy drinks like flat lemonade drinks
- Sports drinks
- Strained vegetable broth



FULL LIQUIDS

- Milk
- Fruit juices
- Fruit nectars
- Fresh or frozen yoghurt
- Milkshakes
- Fruit purée
- Smooth ice cream
- Liquidised soup
- Tomato juice
- Vegetable juice
- Build-up drinks
- Soft custard
- Drinking chocolate



SOFT DIET

- Omelette or scrambled egg
- Baked egg custard
- Egg mayonnaise
- Creamed soups
- French toast
- Baked beans with grated cheese
- Tinned spaghetti with grated cheese
- Macaroni cheese
- Cauliflower with cheese
- Casseroles or stews
- Shepherd's pie or cottage pie
- Bolognese sauce
- Lasagne
- Savoury mince



- Pasta with creamy tomato sauce
- Soft poached or flaked fish in sauce
- Salmon mousse
- Fish and potato in a creamy sauce
- Mashed carrots with honey and cream
- Vegetables mashed with butter and melted cheese
- Chicken in cream sauce
- Quiche
- Jacket potato with butter, grated cheese or cream cheese
- Dips like hummus, pesto, guacamole, cream cheese

HOW TO INCREASE CALORIES



- Add butter or margarine to soups, mashed and baked potatoes, sauces, cooked vegetables, rice.
- Add whipped cream to desserts, puddings and fruit. Add it unsweetened to mashed potatoes and puréed vegetables.
- Add milk or cream to soups, sauces, puddings, custards, cereals. Use cream instead of milk in recipes.
- Add cheese to casseroles, potatoes, vegetables, omelettes, sandwiches. Melt where possible.
- Add chopped hard-boiled eggs to salads, vegetables, casseroles.
- Sauté or fry foods if you can tolerate them.
- Add sauces or gravies to your food.



HOW TO INCREASE PROTEIN

- Eat more hard and soft cheeses. Add them to food where possible.
- Use milk instead of water as a drink and in cooking when possible. Use full fat milk.
- Take build-up drinks.
- Add ice cream or yoghurt to drinks, fruit and cereals.
- Add eggs to your food whenever possible. Avoid raw eggs.
- Add nuts, seeds and wheat germ to your food. Add to casseroles, salads, breads, biscuits.
- Add chopped meat or fish to vegetables, salads, casseroles, soups, baked potatoes.
- Eat more beans and peas. Add to soups and casseroles.

Loss of appetite

If you don't feel like eating during treatment, ask to see a dietitian at the hospital. It's important to try to eat as well as you can to keep your strength up.

Anaemia

Chemotherapy can cause the bone marrow to make fewer red blood cells. Having fewer red blood cells is called anaemia. Anaemia can make you feel tired and breathless. Regular blood tests to measure your red cell count will be done during treatment.

Hair loss (alopecia)

Some chemotherapy drugs can cause hair loss from all over your body. How much hair falls out depends on the drug given, the dose and your own reaction to it. Hair will grow back after you stop chemotherapy.

Skin and nail changes

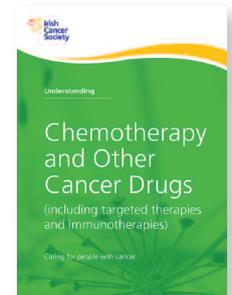
Skin may become dry, flaky and itchy. Nails may become dark, yellow or brittle.

Peripheral neuropathy

Some drugs can affect your nerve endings. They may cause numbness or a tingling or burning sensation in your hands and feet. This is known as peripheral neuropathy.

Other side-effects

If you notice side-effects or you feel unwell, tell your doctor or nurse straight away. He or she will tell you what to do. For more information on chemotherapy and possible side-effects, read our booklet *Understanding chemotherapy and other cancer drugs*, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.



Radiotherapy

- Radiotherapy uses high-energy rays to kill cancer cells.
- Radiotherapy is usually used to help with the symptoms of advanced (metastatic) stomach cancer.
- Any side-effects affect the area being treated. They include feeling sick, fatigue and skin reactions.
- Side-effects normally go soon after treatment ends, but some can be long-lasting.

Why is radiotherapy given?

Radiotherapy uses high-energy rays to kill cancer cells. The aim of radiotherapy is to destroy the cancer cells with as little damage as possible to normal cells.

Radiotherapy may be given

- **Before surgery** to shrink the cancer, making it easier to remove. This is called neo-adjuvant treatment.
- **After surgery**, often with chemotherapy, to destroy small amounts of the cancer that may be left. This is called adjuvant treatment.
- **To relieve symptoms**. Small doses of radiotherapy can also be used to control and relieve symptoms you may have, such as pain or bleeding. This is called palliative radiotherapy.

Planning your treatment

Radiotherapy must be carefully planned so that the highest dose is given to the tumour area and as little as possible to the nearby cells.

You will have a CT scan to pinpoint the area to be treated. The treatment field or area will then be marked carefully on your skin, usually using tiny tattoo dots. The dose of radiation will be decided and tightly controlled for your treatment. CT planning can last for up to 30 minutes.

Getting your treatment

During treatment you will first be positioned carefully on a treatment table. Then the beams of radiation will be aimed at the cancer from a machine called a linear accelerator. It will move around you so that you receive the precise treatment at different angles.

The treatment normally takes several minutes and is painless. Usually you will have radiotherapy treatment on weekdays, travelling to the radiotherapy unit each day, with a rest at weekends.

How much radiotherapy do I need?

The course can be several treatments over a number of days or weeks or between 1 and 10 doses for treatment to relieve your symptoms.

Your doctor will let you know how many sessions or treatments you need. It depends on the reason for your treatment.

External radiotherapy does not make you radioactive. It's completely safe for you to mix with family and friends, including pregnant women and children.



Where is radiotherapy given?

Radiotherapy is normally given in special cancer treatment centres, so you may have to attend a different hospital from where you had surgery or chemotherapy.

Side-effects of radiotherapy

Any side-effects from radiotherapy tend to affect the part of your body being treated. Most side-effects are temporary and are rarely severe.

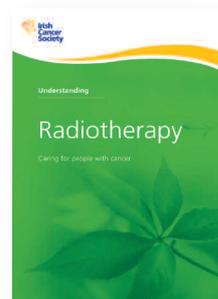
When the stomach is being treated, the most common side-effects are:

- Feeling or getting sick
- Losing body hair or skin irritation in the area being treated
- Fatigue (tiredness)

Most side-effects develop during or shortly after your treatment and get better within a few weeks. Late side-effects may develop some time after treatment. Some side-effects are long-term or may even be permanent.

If you feel unwell or have any other side-effects or symptom – during or at any time after treatment – tell your doctor, nurse or radiation therapist.

For more information on radiotherapy and possible side-effects, read our booklet ***Understanding Radiotherapy***, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.



Targeted therapies

- Targeted therapies are drugs that target certain parts of the cancer cells that make them different from other cells.
- They can help to control cancer that has spread.
- Side-effects depend on the drugs being used and vary from person to person.

Targeted therapies are drugs that target certain parts of cancer cells that make them different from other cells.

Different drugs work in different ways. Targeted therapies can work to:

- Block or turn off chemical signals that tell cancer cells to divide and grow
- Change proteins in the cancer cells so the cells die
- Stop making new blood vessels to feed the cancer cells
- Carry toxins to the cancer cells to kill them

An example of a targeted therapy that can be used to try to slow the growth of advanced stomach cancer is trastuzumab (Herceptin®). It works by blocking a protein called HER2 that helps the cancer to grow. Trastuzumab only works for people with a stomach cancer that has the HER2 protein. It's often given alongside chemotherapy. Trastuzumab is usually given through a drip into your bloodstream. Targeted therapy drugs can also be given by injection or as tablets.

New targeted therapies



New targeted therapies are being developed all the time and existing therapies are being used in new ways. You may also be given a targeted therapy as part of a clinical trial (see page 66). Ask your medical oncologist if there are any targeted therapies available to treat your cancer or if there are any trials that are suitable for you.

Side-effects of targeted therapies

Side-effects depend on the drugs being used and vary from person to person. Common side-effects include flu-like symptoms such as fever and chills, weakness, nausea, vomiting, cough, diarrhoea and headache. These are often worst just after the first dose.

Your doctor and nurse will explain your treatment to you in more detail and tell you about any likely side-effects. Always tell your doctor or nurse if you don't feel well or if you are having any symptoms that are troubling you.

For more information on targeted therapies and their side-effects, or a copy of the booklet *Understanding Chemotherapy and other cancer drugs*, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Tell your doctor or nurse how you're feeling and they will be able to help you.'

Treatment for cancer that has spread (metastatic cancer)

If the cancer spreads to another part of your body, it is called metastatic or secondary cancer. Your cancer may be in more than one part of your body when it is first diagnosed.

If your cancer has spread it can still be treated. Treatment is usually to try to control the cancer rather than to cure it. There is a range of treatment options for most advanced cancers, and new treatments are being developed all the time.

Often metastatic cancer is treated with chemotherapy or targeted therapies. There may also be treatments that you can have as part of a clinical trial (see page 66).

You can also have treatment to help with any symptoms. You may be referred to the palliative care team, who are experts in managing the symptoms of metastatic cancer.

Palliative care



Palliative care helps you to manage your symptoms and improve your quality of life. Palliative care includes end-of-life care, but your doctor may also recommend palliative care to relieve symptoms earlier in your illness.

The palliative care team can include specially trained doctors, nurses, social workers, physiotherapists, occupational therapists, complementary therapists, chaplains and counsellors. Palliative care can be arranged by your family doctor (GP), public health nurse or by the hospital. Palliative care is a free service for all patients. You don't need medical insurance.

Clinical trials

Patients with cancer are sometimes asked to take part in a clinical trial. This means that instead of the standard treatment you get a new trial drug. Or you may be given existing treatments used in different ways. For example, giving a different dose of a drug or using two treatments together.

Drugs that are used in a clinical trial have been carefully tested before they're given to patients. Because the drugs are still part of a trial, you will be very closely monitored and may have extra tests and appointments.

Trials often investigate very specific features of a particular cancer or treatment, so you may not be suitable for a trial, even if it is researching your particular cancer. Your doctor can advise you about this.

More information

It's best to talk to your doctor if you're interested in taking part in a clinical trial. For more information, you can read our factsheet *Cancer and Clinical Trials*. It's available to read or download on our website, www.cancer.ie. You can also get a free copy by calling our Cancer Nurseline on 1800 200 700 or by dropping into a Daffodil Centre.

You can see a list of current cancer trials at www.cancertrials.ie.

Thanks to recent advances in research and treatments, many people are living longer and with a better quality of life.

Managing side-effects and symptoms

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How can my symptoms be relieved?

The most common symptoms of stomach cancer are pain, problems with eating and fatigue. If you any have symptoms that are troubling you, let your doctor or nurse know. There are things that can be done to help make life easier for you.

Tell your doctor if you have symptoms that are troubling you.

Pain

For some people with stomach cancer, pain is one of the main symptoms that makes them go to their doctor in the first place. Pain can be caused by the spread of the cancer to other parts of your body. The pain may be constant or only there now and then.



Your doctor will try to find out what is causing your pain. Surgery, radiotherapy and chemotherapy can all help to ease the pain. There are also a lot of good painkillers (analgesia) available today. Your doctor will decide which painkiller is best suited to the type of pain you have. If the medication does not help the pain, tell your doctor or nurse. You may need to try other painkillers before you find one that suits you best.

There are other ways to treat pain such as nerve blocks and epidural injections. If you need more information about these, ask your doctor or nurse.

What you can do

- If you are in pain tell your doctor or nurse about it straight away. Be honest about the level of pain that you are in. There is no need to suffer in silence or play down the amount of pain that you have. Taking care of pain is important.
- Try to describe the pain as clearly as you can. Is it a dull pain? A sharp sudden pain, a pain that is always there or one that comes over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may be helpful to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse – it may help to explain your problem.
- If you only have pain from time to time, take the painkillers when you need them. But if the pain is there most or all of the time take your painkillers regularly. By doing this, you will help to keep your pain under control.
- Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up. Discuss this with your doctor or nurse. You can get extra medication to help with 'breakthrough pain'.
- Some painkillers have side-effects, especially the opioid-based ones. These side-effects may include constipation, feeling sick (nausea) and drowsiness. If you have constipation, it's a good idea

to take a laxative every day. This and drinking plenty of fluids such as water and fruit juice between meals will help keep your bowel habits regular. Your doctor or nurse will give you a different laxative if your bowels have not opened for 2 or 3 days.

- If you are feeling sick (nausea), your doctor may give you anti-sickness tablets. Take them as instructed. This nausea often improves as you get used to your medication. Drowsiness may happen with some painkillers. But it usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

Eating changes

Some people with stomach cancer find it hard to eat well because of the cancer and the side-effects of treatment. Foods may taste different. Even if you can only manage to eat small amounts, you should try to eat food that is high in protein and calories. Eating well will help you to feel better and have more energy. A good nourishing diet may also prevent further weight loss and help you to recover more quickly from the effects of treatment. If you have problems eating, talk to your dietitian. He or she will advise you on an eating plan most suitable for you.



What you can do

- Starting with a soft diet, you can progress to more solid food after surgery, as long as there are no large lumps and you chew the food well. By chewing the food well you will exercise the join between your bowel and the remainder of your stomach and help keep it open as it heals. You may feel afraid of eating solid foods at first but this fear will lessen as you get used to a normal diet. It may take 2 or 3 months before your appetite returns to normal. During this time try to eat foods that will build you up and make you feel stronger.
- When you eat, acids flow into your stomach to help digest the food and this can lead to uncomfortable acid indigestion because of the new position of your stomach. You will probably also find that you feel full very quickly because your stomach will be smaller if part of it has been removed. To help prevent these problems, eat little and often rather than trying to take large meals. It is also a good idea to eat slowly.
- If you have had radiotherapy you will probably need a softer diet. Avoid foods that are hard to swallow, such as raw fruit and vegetables, tough meat and crusty bread. You may find swallowing painful during and after radiotherapy. Discuss this with your doctor. He or she will give you medication that you can take before eating that will help. See the centre of this booklet for useful snacks and meals to eat.

If you have problems eating,
talk to your dietitian.

How can I cope with fatigue?



- Fatigue means feeling extremely tired.
- There are things that can improve fatigue, depending on what's causing it.

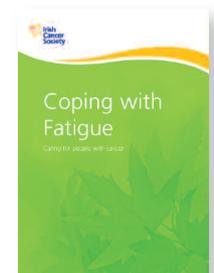
It's common to feel fatigue when you have cancer. This extreme tiredness can be caused by many things, including

- The cancer itself
- Tests and treatments for cancer
- Not eating well
- Low levels of red blood cells (due to the cancer or its treatment)
- Dealing with difficult emotions and feeling anxious or depressed
- Not sleeping well
- Symptoms like pain, breathlessness or fluid retention

Usually fatigue improves once treatment is over, but it can carry on for some people. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.

Finding out what is causing your fatigue makes it easier to treat. For example, if you have a low red blood cell count a transfusion can make you feel better. If you are not eating well a dietitian may be able to give you some advice to help you.

Our booklet *Coping with Fatigue* has more advice. Call our Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre for a free copy. It's also on our website www.cancer.ie



Hints and tips: Fatigue



- Try to do some exercise – ask your doctor for advice about the best exercise for you.
- Build rest periods into your day and save your energy for doing the things that are most important to you.
- Ask for help at work or at home, especially with cooking, housework or childcare.
- Try to eat well and drink plenty of fluids.
- Try to avoid stress. Talk to friends and family about any worries you have and take time to enjoy yourself.
- If you are not sleeping well, try relaxation techniques and avoid stimulants like caffeine and alcohol before bedtime.

Will treatment affect my sex life?

Cancer can affect how you feel about sex and your relationships. Coming to terms with the fact that you have cancer can take quite a while. It can be hard to relax as well when you have a lot of worries on your mind. You may also be feeling tired from the effects of treatment and lose interest in sex as a result.

There's no right or wrong way to feel about your sexuality and sex life. Even if you don't feel like having sex, you can still enjoy a close and loving relationship with your partner. You can enjoy other forms of closeness, such as touching, caressing and holding each other.

You may find that talking about your feelings eases any worries you have. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. He or she may refer you for specialist relationships counselling or sex therapy. This can help you and your partner deal with a change in your sexual relationship and find ways of being close again.

There is no set time for you to be ready to have sex again. It varies from person to person. Your doctor will advise if you can have sex while on radiotherapy. But you may find it will be some weeks before you will feel well enough to have sex again after surgery.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this.



Contraception

If you are having sex and you are fertile, you should use a reliable method of contraception during and for some time after treatment. For example, there is a risk of miscarriage or birth defects in children conceived during or just after chemotherapy and some targeted therapies.

Many specialists recommend that you wait for up to 2 years after treatment before trying to start a family or having more children. This time gives your body a chance to recover from the effects of the cancer and its treatment.

Ask your doctor's advice about contraception or if you are thinking about having children after treatment.

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. Your doctor and nurse are well used to talking about these matters, so there's no need to feel embarrassed. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can discuss any worries you might have with a cancer nurse in confidence. Or email the nurses at cancernurseline@irishcancer.ie

Will treatment affect my fertility?

Sometimes your fertility can be affected by chemotherapy or radiotherapy. You may not be able to have children in the future.

Discuss any worries you have about infertility with your doctor before treatment starts. They will be able to tell you if there are any options open to you. For example, it may be possible to freeze your eggs or sperm before treatment starts. Your doctor can refer you to a specialist fertility clinic if this is an option for you.

Dealing with infertility may not be easy, depending on your age and if you have already had children. It can bring feelings of sadness, anger and loss of identity. It can help to talk through your concerns with someone who is a good listener or with a professional counsellor. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for information and support from a cancer nurse.

Cancer and complementary therapies

Complementary therapies are treatments and activities that you can have along with your standard medical treatment to try and feel better. For example, massage, counselling and acupuncture.

Complementary therapies can't treat or cure cancer, but some people say that complementary therapies help them to feel more relaxed and better able to cope with their cancer and the side-effects of treatment.

It's very important to talk to your doctor if you're thinking of using complementary therapies. Some can interfere with your treatment or be harmful to you, even if you have used them safely before your cancer diagnosis.



Integrative care



Integrative care means combining (integrating) your standard cancer treatment with complementary therapies to try to feel as well as possible and to cope better with your cancer.

What's the difference between complementary and alternative therapies?

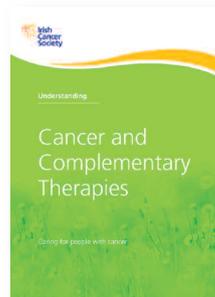
Complementary therapies are used **together with** standard medical treatment.

Alternative therapies are used **instead of** standard medical care.

Modern medical treatments are very effective at curing cancer and keeping it under control. An unproven alternative could harm your health, or you might miss out on a treatment that could really help you.

More information

To find out more about complementary therapies, you can talk to one of our cancer nurses — call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also ask for a free copy of our booklet ***Understanding cancer and complementary therapies***, or download it from our website www.cancer.ie



After treatment

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What follow-up will I need?

After your cancer treatment has ended you will still need to go back to the hospital for regular check-ups. This is called follow-up. The follow-up may involve having a physical exam, blood tests and scans.

You will see your consultant more regularly in first few months after your surgery and then around every 3 to 6 months, depending on your progress. These check-ups will become less frequent over time.



If you have had other treatments, your follow-up may be slightly different. Your nurse specialist, oncology liaison nurse or consultant will give you details about your specific follow-up plan once your cancer treatment has ended.

Tell your doctor or nurse how you have been since your last appointment. Remember to tell them about:

- Any new symptoms, aches or pains you have
- If you're finding it hard to cope

Sometimes it helps to write down what you want to say before you see the doctor. That way you won't forget what you wanted to say.

It's important to go to your follow-up appointments. They give your doctor the chance to:

- Help with any side-effects that you may have
- Check for signs of new side-effects that may develop after you have finished treatment
- Check for signs of recurrence (the cancer coming back)

It is better to be aware of any changes as early as possible so that suitable treatment can be given.

If you are between check-ups and have a symptom or problem that is worrying you, call your specialist nurse for advice or to arrange an earlier outpatient appointment if necessary.

If you become suddenly unwell and can't contact your specialist nurse or hospital team, go to your GP or the accident and emergency department at the hospital.

What if the cancer comes back?

If cancer does come back, it can often be treated again. Your cancer doctor will advise you on what your treatment options are.

Cancer Nurseline Freephone 1800 200 700

Life after cancer

It can take some time to adjust to life after cancer treatment. It isn't unusual to feel quite low and lost after your treatment has ended, especially in the first few months.



Feelings you may have include:

- **Fear of cancer coming back** and worrying about every small symptom
- **Loneliness** without the company and support of your medical team and fellow patients
- **Stress** at having to deal with things that may have been on hold during your treatment, such as your finances, going back to work and family issues.
- **Isolation or guilt** if your family and friends expect you to get back to normal before you are ready
- **Anxiety and self-doubt** about sexual and romantic relationships
- **Anger** at what has happened and the effect on you and your loved ones
- **Depression or sadness**

There is more about how to cope with these feelings and adjusting to life after cancer on our website www.cancer.ie/coping/life-after-cancer-treatment

You can also call our Cancer Nurseline or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 91 for other ways to get support.

Healthy lifestyle changes

Many people want to make positive changes to their lives after their treatment has ended.



Having a healthy lifestyle is important as it can help you to:

- Feel better
- Heal and recover faster
- Keep up your energy and strength

A healthy lifestyle includes:

- Exercising
- Eating healthy foods
- Staying at a healthy weight
- Not smoking
- Avoiding alcohol
- Protecting yourself from the sun

If you want more information or advice, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also go to our website www.cancer.ie for tips and publications on healthy living.

'The physical and emotional effects of cancer can affect you months or years after diagnosis. Don't be afraid to seek medical help or go back to counselling or support services if you feel you need them.'

Planning ahead

Many people find it puts their mind at rest to have medical plans in place and sort out legal and practical matters, even though they still hope to live for a long time. Planning ahead is useful for everyone, whether they have an illness or not.

Planning ahead might include:

- **Thinking about how you feel about different types of medical treatment**, including if you want to stop treatment at any stage or carry on for as long as possible.
- **Writing an advance care directive**. This is where you can write down your wishes about your medical care. Doctors can use this if you are not well enough to say what you want.
- **Picking someone to make medical decisions for you** if you are not well enough.
- **Making a will**.
- **Talking about what you want** to your family, friends, carers and healthcare providers.

Who can help me plan?

Think Ahead is a planning booklet with easy-to-read forms to fill in to record your personal, medical, financial and legal information and preferences. It's available from the Irish Hospice Foundation at www.hospicefoundation.ie

Coping and emotions

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How can I cope with my feelings?



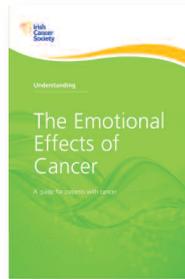
Some people say that trying to cope with their thoughts and feelings is the hardest part of having cancer.

You may find it hard to come to terms with your diagnosis, you may blame yourself, resent other people who are healthy or feel very anxious or depressed.

Emotions like sadness, fear, grief, hopelessness and anger can happen at different times, sometimes months or years after treatment.

'Talking about cancer made it less awful and helped ease my fears. I learned to cope and understand myself better.'

A helpful booklet that discusses in detail how you may be feeling is called *Understanding the Emotional Effects of Cancer*. Call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a free copy.



Anxiety and depression

If you feel that anxiety or low moods are getting the better of you or you're finding it hard to cope, it's important to get help. Try to talk with someone you know who is a good listener, join a support group or tell your GP. Medical social workers can also offer support to you and your family.

Your doctor may also suggest medication to help with anxiety or depression. Often a short course of antidepressants or anti-anxiety medication can work well. Professional counselling can also be very helpful.

It's not a sign of failure to ask for help or to feel unable to cope on your own.

Counselling

If you're feeling very distressed or finding it hard to cope, a trained counsellor who is not involved in your situation can help you to express your feelings, worries and fears and make sense of them. Counselling can also give you emotional support, help you to make decisions and learn ways to cope better.

Free one-to-one counselling is available at some local cancer support centres. To find out more about counselling call our Cancer Nurseline on Freephone 1800 200 700 or visit a Daffodil Centre. Or email the nurses at cancernurseline@irishcancer.ie

A list of counsellors funded by the Irish Cancer Society is available at www.cancer.ie

Ways to get emotional support



Find out about cancer support services in your area:

Most provide a range of helpful services like counselling, complementary therapies, exercise programmes and other activities. They can also give you practical advice and support. See page 112 for more about cancer support services.

Join a support or educational group: You may find it very reassuring to talk to other people who are in a similar situation and facing the same challenges. Many cancer support centres have activities and groups where you can meet other people affected by cancer.

Ask about psycho-oncology services at the hospital:

Hospital psycho-oncology services give cancer patients emotional and psychological support to help them cope. Your doctor, specialist nurse or medical social worker can refer you to psycho-oncology support services.

Survivor Support: Survivor Support is the Irish Cancer Society's one-to-one support programme. You can be put in contact with a trained volunteer who has dealt with a cancer diagnosis. Volunteers give support, practical information and reassurance. Call 1800 200 700 for more information or visit a Daffodil Centre.

Get online support: Special websites called online communities let you write questions, share stories, and give and receive advice and support. Visit www.cancer.ie/community to join the Irish Cancer Society online community.



Talk things through: It can be a great weight off your mind to share your feelings and worries. You could talk to a friend or family member if you feel comfortable doing so. You could also speak to the medical social worker at the hospital or to one of our cancer nurses.

'The emotional support I got made a huge difference to me.'

Seek spiritual support: For some people spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation may help you to focus on what has value and meaning in your life.

If you need more information or help with finding support, call our Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre.



Positive feelings



In time, some people say they can find positive things in their cancer experience. They say that cancer brought them closer to the people around them or made them appreciate what's important in life. Or it opened up new experiences and relationships.

'I am very happy and content ... even though I have to live with this.'

Getting support, such as counselling, may help you to come to terms with your diagnosis and feel more positive.

You and your family



Every family deals with cancer in its own way. You may feel that you don't want your illness to upset family life, feel guilty that you can't join in as much as before, or that you're letting down your partner

or children. You may also worry about the emotional impact your illness will have on your loved ones. Our booklet *Who Can Ever Understand?* can help to you find ways to talk about your cancer and to ask for the help and support you need.

Changing relationships

You may feel that people are treating you differently. Some may seem distant or not contact you as much because they are afraid of doing or saying the wrong thing. Others may not understand that you feel too unwell to go out. Try to talk openly to your friends and family if there are any misunderstandings or problems. Tell them how you feel. If you find it hard, ask another family member or friend to talk to them.

Further information and support

If you or your family members need more support or advice, speak to the medical social worker at the hospital or get in touch with one of our cancer nurses. Call us on 1800 200 700 or visit a Daffodil Centre. The nurses can also support you if you have children and aren't sure what to say to them. You could also read our booklet *Talking to Children about Cancer*, which has practical advice about how to talk to children of different ages.



Supporting someone with cancer

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Supporting someone with cancer



Finding out someone you love has cancer and trying to care for them can be difficult. You might be unsure about how best to support them, practically or emotionally. You might also be struggling with your own feelings and responsibilities.

Here are some things that can help to make life a little easier:

Learn about cancer

Try to go to hospital visits and also read any information from the hospital so you can understand your loved one's illness and treatment, how it might affect them physically and emotionally, and how you can best support them. Visit our website www.cancer.ie or call our Cancer Nurseline for free copies of our publications.

Share worries

If you are feeling anxious or overwhelmed, share your worries with someone else. Call our Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre if you want to chat to a cancer nurse in confidence.

Be kind to yourself

Your health and happiness matter too. Make some time for yourself, stay in touch with your friends and don't be afraid to let other people help out with the caring.

Try counselling

You might find it helpful to talk to a counsellor. Free one-to-one counselling is available to friends and family members at our affiliated cancer support centres. Talk to your GP or see page 90.

Find out about support for carers

Find out about groups and organisations especially for carers of people with cancer. Many local cancer support centres have services for carers too.

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to say. You may find it difficult to talk about their cancer. Or you may be afraid of saying the wrong thing. Often what people with cancer want most is someone to listen to them.

If you want advice on how to support a friend or loved one with cancer, call our Cancer Nurseline on 1800 200 700. Ask for a copy of our booklet ***Lost for Words – How to talk to someone with cancer***. The booklet gives advice on talking to someone with cancer. It also has tips to help you to feel more confident about supporting your friend or relative. You can also pick up a copy of the booklet at any Daffodil Centre, or download it at www.cancer.ie



Support for you



Our cancer nurses are there to support you. Call our Cancer Nurseline on 1800 200 700, visit a Daffodil Centre or email cancernurseline@irishcancer.ie for confidential support, advice and information.

Our booklet, ***Caring for Someone with Cancer*** has lots of information on:

- Getting organised
- Managing and giving medications
- Giving personal care
- Practical and money matters
- Relationships with other people
- Looking after yourself
- Life after caring

Free copies are available from our Daffodil Centres and our Cancer Nurseline, or download it from our website www.cancer.ie





Support resources

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Irish Cancer Society services 106

Local cancer support services 112

Coping with the financial impact of cancer

- 
- If you have cancer you may not be able to work for a time. You may also have extra expenses.
 - You may have to pay for some of your cancer treatment.
 - You might be entitled to certain social welfare payments.
 - There are services to help you if you're finding it hard to manage.

A diagnosis of cancer often means that you will have extra expenses, like car parking during hospital visits, medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with cancer if you're worried about money.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Medical aids and equipment (appliances), like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication. If you are over 70, you can get a free GP visit card.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you don't have a medical card you will have to pay some of the cost of your care and medication.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting treatment to check you're covered.

Benefits and allowances



There are benefits that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- **The medical social worker** in the hospital you are attending
- **Citizens Information** – Tel: 0761 074 000
- **Department of Employment Affairs and Social Protection** – Tel: 1890 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to photocopy completed forms before posting them.

If you have money problems

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential. Call the MABS Helpline 0761 07 2000 for information.

If you are finding it hard to cope financially, contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 109 for more details of our Volunteer Driver Service and the Travel2Care fund.

You can also call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

More information

Go to www.cancer.ie/publications and check out our booklet, *Managing the Financial Impact of Cancer*. This explains:

- **Medical costs and help available**
- **Benefits and allowances that you or your family may qualify for**
- **Travel services**
- **Ways to cope with the cost of cancer**

The booklet also has lots of other information to help you manage the cost of cancer. For example, disability and mobility supports, help for people in financial difficulty, help for carers and living at home and nursing home supports.



Irish Cancer Society services

Our Cancer Support Department provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support services
- Night nursing
- Publications and website information

Cancer Nurseline Freephone 1800 200 700

Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday–Friday, 9am to 5pm. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at www.cancer.ie

For the deaf community, our Cancer Nurseline is using the Sign Language Interpreting Service (SLIS) using IRIS. Contact IRIS by text 087 980 6996 or email: remote@slis.ie



Daffodil Centres

Visit our Daffodil Centres, located in 13 hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.



Who can use the Daffodil Centres?

Daffodil Centres are open to everyone – you don't need an appointment. Just call in if you want to talk or need information on any aspect of cancer including:

- Cancer treatments and side-effects
- End-of-life services
- Chemotherapy group education sessions
- Lifestyle and cancer prevention
- Emotional support
- Local cancer support groups and centres
- Practical entitlements and services
- Living with and beyond cancer

You can email daffodilcentreinfo@irishcancer.ie or visit www.cancer.ie to find your local Daffodil Centre.

Survivor Support

Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.



Support in your area

We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support, including counselling. See page 112 for more information.

Patient travel and financial support services



We provide practical and financial support for patients in need, travelling to and from their cancer appointments. There are two services available through the Society:

- **Travel2Care** is a limited fund, made available by the National Cancer Control Programme, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence or their approved satellite centres.
- **Irish Cancer Society Volunteer Driver Service** is for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments in our partner hospitals.

To access either of these services please contact your hospital healthcare professional.

Irish Cancer Society Night Nursing



We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.

Publications and website information

We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer, and financial concerns. Visit our website www.cancer.ie or call our Cancer Nurseline for free copies of our publications.



If you would like more information on any of our services, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients and their families, during and after treatment, many of which are free. For example:

- **Professional counselling** (the Irish Cancer Society funds up to 8 sessions of free one-to-one counselling in many affiliated support services)
- **Support groups**, often led by professionals like social workers, counsellors, psychologists, or cancer nurses
- **Special exercise programmes**, like the Irish Cancer Society's Strides for Life walking group programme
- **Stress management and relaxation techniques**, such as mindfulness and meditation
- **Complementary therapies** like massage, reflexology and acupuncture
- **Specialist services** such as prosthesis or wig fitting and manual lymph drainage
- **Mind and body sessions**, for example, yoga and tai chi
- **Expressive therapies** such as creative writing and art
- **Free Irish Cancer Society publications** and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Cancer Nurseline on Freephone 1800 200 700 to find your nearest cancer support centre. Or see our online directory at <http://www.cancer.ie/support/support-in-your-area/directory>

What does that word mean?

Abdomen	The part of your body that lies between your chest and hips.
Adenocarcinoma	The most common type of stomach cancer. It is found in the gland cells in the lining of the stomach.
Adjuvant treatment	Treatment for cancer given soon after surgery.
Alopecia	Loss of hair. No hair where you normally have hair.
Anti-emetic	A tablet, injection or suppository to stop you feeling sick or vomiting.
Benign	Not cancer. A tumour that does not spread.
Cell	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Gastroenterologist	A doctor who specialises in treating diseases of the digestive system.
Malignant	Cancer. A tumour that can spread.
Metastasis	The spread of cancer from one part of your body to other tissues and organs.
Nutrients	Proteins, carbohydrates, fats, vitamins and minerals found in food and needed for you to grow and stay healthy.
Oncology	The study of cancer.
Staging	Tests that measure the size and extent of cancer.
Total parenteral nutrition	Giving nutrition directly into a vein through a drip.
Tube feeding	Giving nutrition through a feeding tube that is passed into your stomach or intestine.

Questions to ask your doctor

Here is a list of questions that you might like to ask. Never be shy about asking questions. It is always better to ask than to worry.

What tests will I need?

Will I have to stay in hospital for the tests?

How long will I have to wait for the test results?

At what stage is my cancer?

What type of treatment do I need?

What type of surgery do I need? Why is this one better for me?

What are the expected benefits of treatment?

How successful is this treatment for my cancer?

How long will treatment last?

What are the risks and possible side-effects of treatment?

How long will it take me to get over the effects of treatment?

Did I have to eat special foods?

Who do I contact if I have a problem when I go home?

What support services are available to help me cope with my cancer?

Acknowledgments

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

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- *National Cancer Strategy 2017-2026*, National Cancer Control Programme
- *Cancer in Ireland 1994-2016 with estimates for 2016-2018*: Annual report of the National Cancer Registry (2018)
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Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team!

Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Survivor Support programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it's like to organise or take part in a fundraising event

Raise money

All our services are funded by the public's generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Contact our Cancer Nurseline on Freephone 1800 200 700 if you want to get involved!

Did you like this booklet?

We would love to hear your comments or suggestions.
Please email reviewers@irishcancer.ie

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