

Understanding

Cancer of the Kidney

Caring for people with cancer

Understanding

Cancer of the kidney

This booklet has information on:

- Treatment for kidney cancer
- Side-effects and how to manage them
- Coping with the emotional side of cancer
- Financial and practical matters

Useful numbers

Specialist nurse

Family doctor (GP)

Medical social worker

Surgeon or urologist

Medical oncologist

Emergency number

Hospital records number (MRN)



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Fast facts



Can my cancer be treated?

Page 37

Kidney cancer can be successfully treated for the vast majority of patients. If the cancer is found at an early stage it can often be cured. Your doctor will advise you about your treatment.

Will I be OK?

Page 21

What is likely to happen to you (your prognosis) is hard to predict. It depends on a lot of things – for example, if the cancer has been found early and your general health. Everyone's prognosis is different. Your doctor will advise you on what is likely to happen in your situation.

What kind of treatment might I have? Page 37

Surgery: An operation to remove your whole kidney or the part that contains cancer

Thermal ablation: Using a needle-type instrument, which delivers heat to the tumour to destroy it

Arterial embolisation: Injecting a substance into the main blood vessel to your kidney, to block the cancer's blood supply and slow its growth

Targeted therapies: Tablets to stop the cancer growing

Immunotherapy: Tablets or injections to help your body's immune system to fight cancer

Will I get side-effects?

Page 51

Some treatments can cause side-effects, but they usually go away after you finish treatment. You can read about the different treatments to learn more about any possible side-effects.

There are treatments to help with most side-effects, so tell your doctor if you have any. Don't suffer in silence!

We're here for you

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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 84 for more about our services.



Cancer Nurseline Freephone 1800 200 700

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.

About kidney cancer

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What is cancer?

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

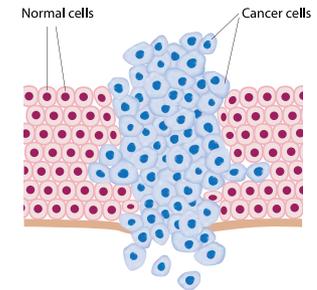
Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).

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

Kidney cancer starts in cells in the kidney.

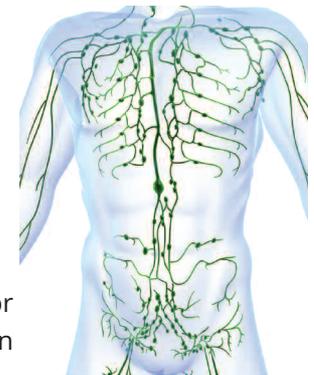
- **Cancers sometimes spread**

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.



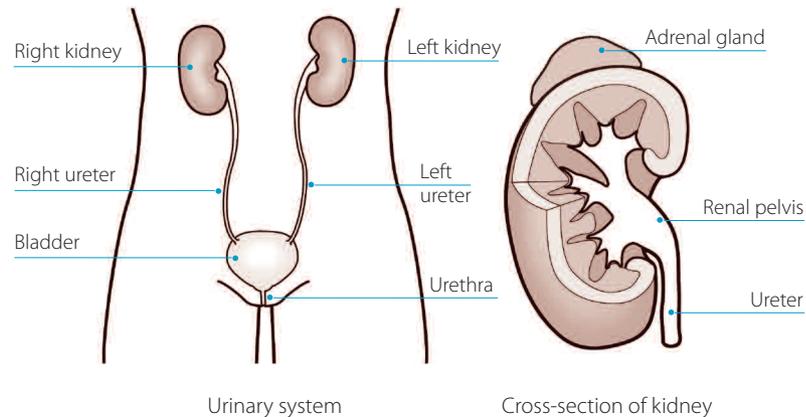
What caused my cancer?

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 kidney 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 kidneys?

The kidneys are small bean-shaped organs about the size of your fist. There are normally two in your body, but you can survive with just one. They are found on either side of your spine, just below your ribcage and around the middle of your back. On top of each kidney sits a gland called the adrenal gland.

The kidneys are full of blood vessels and remove waste products from your blood. This waste is then changed into urine (pee). The urine flows into a hollow space in the middle of each kidney called the renal pelvis. It then passes down into your bladder through a tube called the ureter. From the bladder the urine leaves your body through another tube called the urethra.



Your kidneys also make three important hormones:

- **Erythropoietin** tells your bone marrow to make more red blood cells.
- **Renin** controls your blood pressure.
- **Calcitriol** is a form of vitamin D that helps your bowel to absorb calcium from your food. This keeps your bones healthy.

What is kidney cancer?

Kidney cancer starts when the cells change and grow in an abnormal way. They form a mass or tumour within your kidney. Sometimes more than one tumour can develop. Usually only one kidney is affected. It is rare for cancer to affect both kidneys.

As the cancer grows it can affect how your kidney works. In most cases, the cancer is found before it has spread to other organs.

What are the types of kidney cancer?

Renal cell cancer (RCC)

This is the most common type of kidney cancer in adults. It's also known as renal cell adenocarcinoma. About 9 out of 10 kidney cancers are of this type.

Urothelial kidney cancer

This is a rare type of kidney cancer that affects the renal pelvis, which is the part of your kidney that collects urine before it drains into your bladder. It is also known as transitional cell cancer (TCC). This cancer behaves in a different way to renal cell cancers and usually needs different treatment.

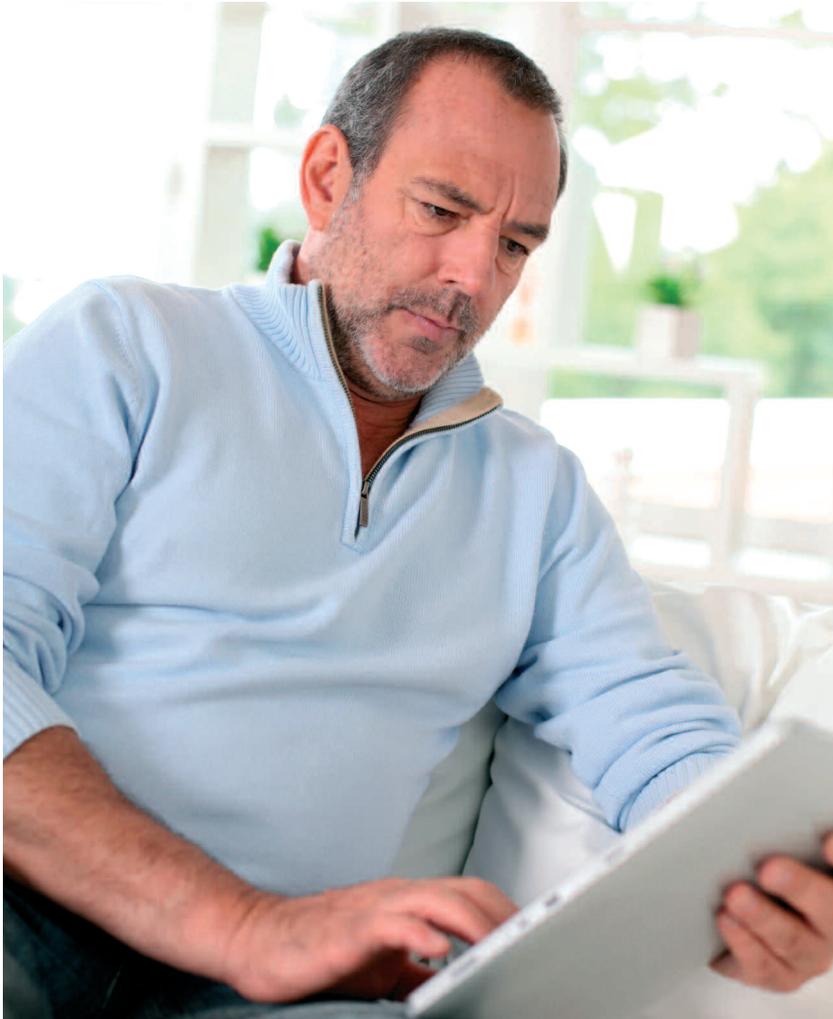
Wilms' tumour

This is the most common type of childhood kidney cancer. It is also known as nephroblastoma and is very rare. It is not like adult kidney cancer and the tests and treatment for it are different.

Other rarer types of kidney cancer can be identified by looking at their cells under a microscope. Your doctor can explain these to you if needed. If you would like more information on any type of kidney cancer, contact our Cancer Nurseline 1800 200 700 or call into a Daffodil Centre.

How common is kidney cancer?

In Ireland about 600 people are diagnosed with kidney cancer each year. It is more common in men than women and becomes more common as you get older. It is rare for people under 40 to get kidney cancer, but a rare type can affect very young children.



Diagnosis and tests

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Being diagnosed with kidney cancer

Hearing that you have kidney 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 the cancer (oncology) liaison nurse or the 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 – call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can email the 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're 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 90.



'However you feel,
you are not alone.'

Telling people about your diagnosis



Telling people about your diagnosis can help you to get support from friends and family. But you may feel you don't want to tell people straight away. You may be unsure how to break the news. Or you may worry about how other people will react. For example, they may fuss over you or be upset.

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

What tests will I have?

- Tests you may have include scans, cystoscopy and image-guided biopsy.
- The tests will tell your medical team more about your cancer and help them to decide on the best treatment for you.

The following tests give doctors more information about your cancer. Some tests may also be used to see how well you are responding to treatment.

Cystoscopy

This test might be done if you have blood in your urine. It checks for any signs of bleeding in the lining of your bladder rather than from your kidneys. A small, flexible tube with a light at one end (cystoscope) is passed into the entrance that leads to your bladder.

This lets your doctor see the entire lining of your bladder and urethra. The test takes about 5 minutes and is usually done while you are awake. An anaesthetic gel or spray can help to numb the area. You may be a little sore afterwards when you pass urine for the first time.

Scans

Scans create a picture of the inside of your body. They can show how big a tumour is and if it has spread anywhere else.

MRI scan: A scan that uses magnetic energy to build up a picture of the tissues inside your body.

CT scan: A type of X-ray that gives a detailed 3D picture of the tissues inside your body.

Image-guided biopsy

Biopsy means taking a sample of cells from your kidney. This test is done if your doctor wants more information to help them plan the best treatment for you.

Your doctors will use an ultrasound or CT scan to guide them to the area where the biopsy will be taken. A long thin needle will be put into your kidney and the cells removed. These are then checked for cancer cells under a microscope in the laboratory. Taking a biopsy is not without risk. There is a small chance of infection and bleeding. Your doctor will let you know if you need any other tests.

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 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

Staging and grading kidney cancer

- 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.
- Staging helps your doctor to decide the best treatment for you.
- 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
- **Grading** describes **the cancer cells** – what they look like and how they might grow

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

How is kidney cancer staged?

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

This stands for:

Tumour (T)

How deeply the tumour has grown into your kidney.

Nodes (N)

If there is cancer in your lymph nodes. N0 refers to no lymph nodes affected, one lymph node is N1 or more than one affected is N2.

Metastasis (M)

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

Your doctor often uses this information to give your cancer a number stage – from 1 to 4. In general, the lower the number, the less the cancer has spread.

Stage 1

The cancer is not more than 7cm in size and found only in the kidney (also described as T1a–T1b).

Stage 2

The cancer is more than 7cm but found only in the kidney or only in a renal vein (also described as T2).

Stage 3

The cancer has spread into your adrenal gland or the fat around the kidney or nearby large blood vessels but not beyond the fibrous tissue of the kidney. It may also have spread to a nearby lymph node (also described as T1a–T3b, N1 or T3a–T3c).

Stage 4

The cancer has spread outside the fibrous tissue surrounding the kidney or to distant parts of your body. Near and distant lymph nodes are affected (also described as T4, N0–N1, M0 or any T, N2, M0 or any T, any N, M1).

If kidney cancer spreads, it usually spreads to your bones, lungs, liver or brain. When this happens, it is called secondary or metastatic kidney cancer. Not all kidney cancers spread, especially if diagnosed early.

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

What are the grades of kidney 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.

The most common system used to grade kidney cancer is the Fuhrman Grade. It describes the size and shape of the cancer cells and how much they differ from normal kidney cells. The cancer cells are graded 1 to 4. Grade 1 means the cancer cells look very like normal kidney cells. They grow slowly and are less likely to spread. As you go up the scale the cancer cells start to look more and more abnormal and are more likely to spread quickly. For more about grades, talk to your doctor.

'You can end up a bit confused with all the information and the "doctor speak". Don't be shy about asking questions, and if one person can't help, ask someone else.'

Cancer Nurseline Freephone 1800 200 700

Asking about your prognosis

Your prognosis is information about how your disease is likely to progress, including average survival times for your type of cancer (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, the information may not really apply to your situation or to your particular cancer type. Ask your doctor or nurse specialist for 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.

'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.'

Treating kidney cancer

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How is kidney cancer treated?



- Surgery is the main treatment for kidney cancer.
- If surgery is not an option for you, you may have surveillance or other treatments like thermal ablation, radiotherapy or drug treatments.
- A team of healthcare professionals will be looking after you (multidisciplinary team).

The type of treatment you receive will depend on:

- The size of the tumour
- Where the cancer is in your body
- The type of cancer
- If it has spread or not
- Your age and general state of health

Surgery

Surgery is the main treatment for kidney cancer. The aim of the surgery is to remove the tumour. Early stage kidney cancer is often cured by surgery alone. You will have part or all of your kidney removed. This type of surgery is called a nephrectomy. The surgery may be done through smaller cuts (keyhole surgery) or through one larger opening (open surgery). See page 39 for more about surgery.

Surveillance

Some small abnormal areas in the kidney may be monitored by seeing if they change on CT scan. This usually applies to very small masses (lumps) or if you have other medical conditions that mean it is better for you to avoid surgery. Often these small masses (called small renal masses) need no treatment and cause you no symptoms or harm. Your doctors will talk to you about surveillance if they think it is the best option for you.

Your doctor will discuss your treatment options with you.

Thermal ablation

This treatment uses heat to destroy the cancer cells. It can be used if you have small kidney tumours and cannot have surgery or choose not to have surgery. It is sometimes used to help symptoms from advanced kidney cancers too. See page 44 for more.

Embolisation

This treatment can be used to block the flow of blood to kidney cancer. Rarely it can be used if you are not suitable for surgery. It may also be used to help control bleeding in more advanced cancer. Sometimes it is used before surgery. See page 42.

Radiotherapy

Using high-energy rays to kill cancer cells. See page 45.

Targeted therapies and other drugs

These are drugs that can destroy cancer cells or stop them from growing. The main targeted drugs for kidney cancer work by stopping the cancer from making new blood vessels. See page 45.

How is advanced (metastatic) kidney cancer treated?

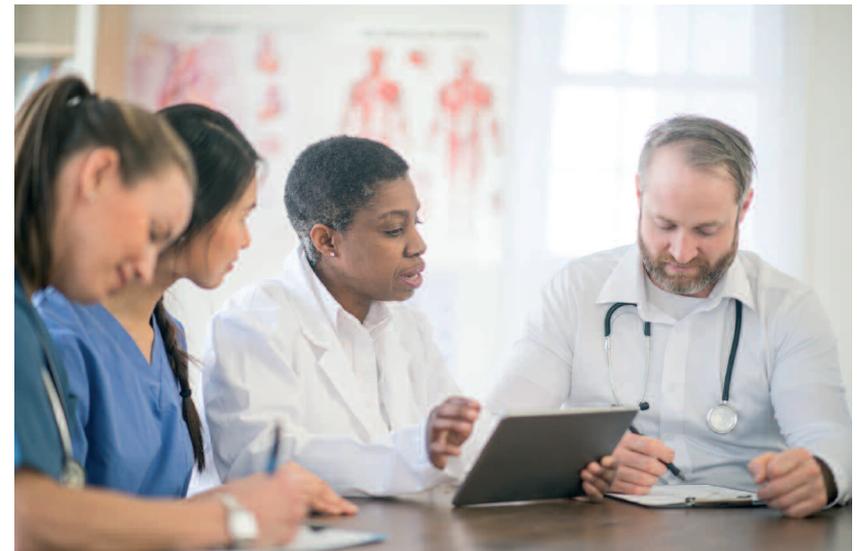


Metastatic cancer is when the cancer has spread to other parts of your body. Your cancer may have spread when it is first diagnosed. Or it may have come back sometime after you were first treated. See page 50 for more.

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 urologist, specialist nurse, radiologist and oncologist (cancer doctor). The team will meet to discuss your test results and decide your treatment plan.



Understanding treatment

Your doctor and nurse will explain your treatment options to you. Sometimes, depending on the stage of your cancer, you may have fewer treatment choices.

Ask as many questions as you need to. You could use the fill-in page at the back of this booklet for your questions and answers. If you forget to ask a question or would like more explanations, ask your specialist nurse. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to 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. You can always ask for more time to decide about your treatment, if you're unsure when it is first explained to you.

Second opinion

You might 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're fully aware of the benefits and risks.

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, 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 kidney 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. Do not be afraid to ask your doctor about your own 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. For more information, see page 31.

Specialist cancer centres

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

Who will be involved in my care?

Some of the following health professionals may be involved in your care. Usually, a team of cancer care doctors (multidisciplinary team) will decide your treatment.

Surgeon A doctor who specialises in surgery and who can remove a tumour from your body.

Medical oncologist A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Oncology liaison nurse /Clinical nurse specialist A specially trained nurse who works in a cancer care unit. She or he gives information and reassurance to you and your family from diagnosis and throughout your treatment.

Medical social worker A person trained to help you and your family with all your social issues and practical needs. They can give counselling and emotional support. They can also give advice on social welfare benefits, financial matters and practical supports and services available to you from the time of your diagnosis, right through to returning to work.

Palliative care team This team is specially trained in managing pain and other symptoms. They can also 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.

Physiotherapist A therapist who treats injury or illness with exercises and other physical treatments.

Dietitian An expert on food and nutrition. They are trained to give advice on diet during illness and use diet to help symptoms.

Psycho-oncology team These are specialists in psychological care and support for cancer patients. Usually the team includes psychiatrists, clinical psychologists and nurses.

Psychologist A specialist who can talk to you and your family about emotional and personal matters and can help you to make decisions.

Counsellor A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.

GP (family doctor) Your GP can be a great support to you. You can talk to your GP about your planned treatment, your medication and any side-effects you have. You can also contact your GP about any worries you have or if you're finding it hard to cope.

Community health services These include family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. Your local health centre or the medical social worker in the hospital can advise you about these services.

How can I help myself?



- Making healthy lifestyle changes may help you to cope better with treatment.
- Getting support, talking about your diagnosis and learning how to manage your feelings can make things easier for you.

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 well when you have cancer can help you feel better. It can help to:

- Make you feel stronger and help you to maintain a healthy weight
- Cope better with the side-effects of treatment
- Reduce the risk of infection
- Help your recovery



Ask to see the dietitian at the hospital. They can give you advice about the best diet for you. You can also read our booklet *Diet and Cancer*. To get a copy call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. Or download the booklet on our website www.cancer.ie

Cancer Nurseline Freephone 1800 200 700

Be active

Being active 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. Be careful not to overdo it at the beginning, but build up gradually.

Email: cancernurseline@irishcancer.ie

Quit smoking

You may find it stressful to quit smoking. However, research tells us that:

- Smoking can reduce how well chemotherapy or radiotherapy work
- Non-smokers have fewer or less serious side-effects during cancer treatment
- Quitting can help you to recover faster
- Not smoking reduces the risk of cancer and other illnesses in the future



If you would like advice or support on quitting, call the HSE Quit Team on CallSave 1800 201 203 or Freetext QUIT to 50100. You can also ask if there's a smoking cessation officer at the hospital.

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

You may find it easier to cope with your illness if you don't think about the future too much. Concentrate on the present and getting through each day of tests or treatment.

'It's OK to be gentle with yourself. It can be hard if you've been active all your life, but give yourself that time.'



Types of treatment

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Surgery

- 
- Surgery can often cure early stage kidney cancer.
 - You may have all or part of your kidney removed.
 - Keyhole surgery is possible in many cases.
 - If you're not suitable for surgery, you may have thermal ablation or arterial embolisation.

Surgery is the most common treatment for kidney cancer. The aim is to remove the cancer and the tissue close to it. Your surgeon will decide whether you need to have all or part of the kidney removed. He or she will look at:

- The size of the cancer
- Which part of the kidney the cancer is in
- Any other health problems you may have.

Types of surgery

Partial nephrectomy

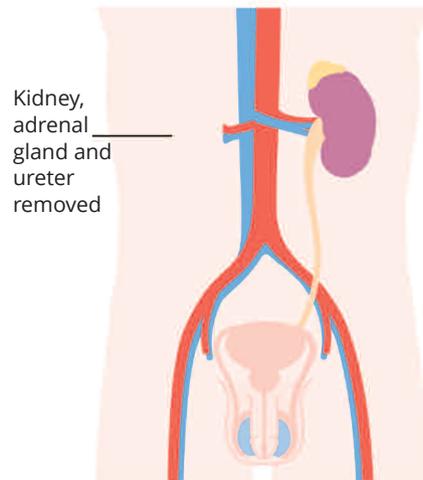
The part of the kidney containing the cancer is removed along with some tissue around it, leaving as much normal kidney tissue as is possible. This kind of surgery is done if the cancer is small and is contained within the kidney. It is also known as kidney-sparing surgery.

The position of the cancer in the kidney is important in deciding if you are suitable for a partial nephrectomy or not. This operation can be done through keyhole surgery or open surgery. Ask your surgeon for more information.

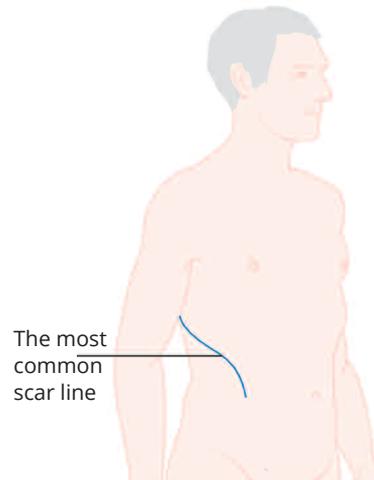
Radical nephrectomy

The whole kidney and surrounding fatty tissue are removed. Sometimes the surgeon may remove the adrenal gland and nearby lymph nodes as well. Your surgeon will discuss this with you before surgery.

The surgery usually involves a cut (incision) made between your lower ribs on the side where the cancer is found. You can live a completely normal life with just one kidney. You will not need to make changes to your diet or lifestyle.



After radical nephrectomy
Pictures courtesy of Cancer Research
UK/Wikimedia Common

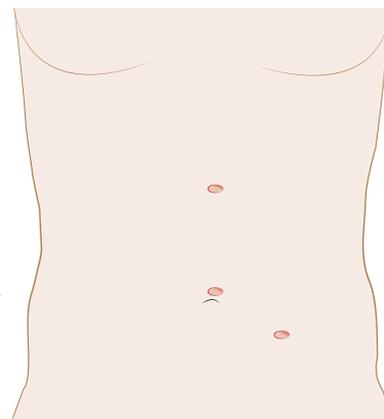


A common scar line after
surgery to remove the kidney

Keyhole surgery

For many patients it is possible to remove the kidney or part of the kidney using keyhole surgery.

With keyhole surgery, your surgeon uses a laparoscope, which is a thin tube with a camera at the tip. All you need are small cuts in your skin rather than the large cut you have with open surgery. Your surgeon can use special instruments to remove all or part of the kidney.



Keyhole (laparoscopic)
nephrectomy cuts

The main benefits of keyhole surgery compared to open surgery are:

- A shorter stay in hospital
- Faster recovery
- Less pain afterwards

Keyhole surgery is specialised, so you may be referred to a different surgeon for this treatment. You can also ask to be referred to a suitable keyhole surgeon.

Before surgery

Tests

You will need some extra tests to make sure you are fit for surgery. These tests may include a heart test (ECG) and more blood tests. An anaesthetist may examine you to make sure you are fit for surgery.

Exercises

A physiotherapist or nurse will show you how to do special breathing and leg exercises. These will help to prevent you getting a chest infection or blood clot after your operation.

Marking your skin

Your doctor will mark your skin to make sure the correct kidney will be removed.

Fasting

You will not be able to eat anything for a number of hours before your operation. Your doctor or nurse will advise you about this.

Preventing clots

Depending on your surgeon or the hospital, you may get an injection of an anti-clotting drug before surgery. For example, heparin. You may also get a course of it afterwards. This is to prevent a clot forming in your legs after surgery, as you will be less mobile for a few days.

Arterial embolisation



Occasionally your surgeon will want you to have a procedure before surgery to reduce the blood supply to the kidney. This is known as arterial embolisation. This procedure is done under local anaesthetic in the X-ray department. You will be given some medicine to make you sleepy.

A small cut is first made in your groin and a narrow tube put into the main blood vessel that flows to your kidney. Small pieces of a special gelatin sponge are then injected through the tube into the blood vessel. The sponges block the blood flow to your kidney or to the part of the kidney that contains the cancer.

After the surgery

When you wake up, you may notice a number of tubes attached to your body. They may look alarming but are quite normal after an operation like this.

Wound

A thin tube from your wound will drain any excessive fluid like blood and so help your wound to heal.

Catheter

You will have a small tube (catheter) draining urine from your bladder into a bag.

Fluids

You will have a drip going into a vein to give you fluids. It is removed once you can eat and drink normally.



Pain

You may have some pain afterwards, especially when you cough or move. Your nurse can give you pain relief if you need it. There are various ways to relieve pain. There may be a thin epidural tube in your back to help relieve any pain. Or you may be given a patient controlled analgesic (PCA) pump. This sends pain medication into your blood when you press a button. Your nurse will show you how to use it. Always ask for help if you have any pain.

Feeling sick

After your surgery you won't eat for a while. You will start getting sips of fluid and if you're feeling ok, the nurse will give you light food. Some people can feel sick after the operation. Some pain medication can also make you feel sick. The nurses can give you medication to stop you feeling sick or getting sick.

Getting up and about

How quickly you get up and about after the operation will depend on whether you have keyhole or open surgery. You will be asked to move your legs in bed and do deep breathing exercises regularly. On the day after surgery, your nurses or physiotherapist will help you out of bed and take you for a short walk. As you get better, these walks will become longer and you can go on your own.

Risks of surgery

Not everyone develops problems after surgery for kidney cancer but some do. Some of the possible risks include:

- Bleeding during or after surgery
- Wound/chest infection
- Unwanted air in your chest cavity (pneumothorax)

If any of these complications develop, they can be treated by your surgeon. Let your medical team know if you feel unwell, notice any bleeding or redness around the wound, have any swelling or develop any other symptoms.

Going home

If you live alone or have problems getting around the house, talk to the medical social worker or nurse on your ward once you are admitted. That way, they can organise the community services you may need after you leave hospital. On the day you go home, you will be given a date to come back for a check-up, usually in about 6 weeks' time.

If you have a worry or symptom that is causing you concern before your check-up date, contact your doctor, cancer nurse specialist or hospital ward for advice.

See page 61 for more about follow-up.

Alternatives to surgery

If surgery is not possible or recommended for you, your doctor may discuss one of the treatments below.

Thermal ablation

This treatment uses heat to destroy the cancer cells. It can be used if you have small kidney tumours and you cannot have surgery. This procedure takes about 20 minutes and is often done in the X-ray department. A needle-type instrument is placed in the kidney tumour through your skin. A CT scan guides your doctor to put the needle in place. Once the needle is in place, a machine generates heat, which kills the cancer cells. You may have some discomfort for a few days afterwards. You will be given painkillers for this. You may also feel tired.

This treatment is easier on the body than surgery, but there is a slightly higher risk that some cancer cells may remain after treatment, so it would only be recommended if surgery isn't an option for you.

Arterial embolisation

A treatment called arterial embolisation may be used to block the blood supply to the part of the kidney with cancer if you cannot have surgery. This is not a cure for kidney cancer, but it can help to stop it growing bigger. See page 42 for details on how arterial embolisation is done.

Stereotactic radiotherapy

Radiotherapy uses high-energy rays to kill cancer cells. Stereotactic radiotherapy uses smaller, more precise radiation beams than standard radiotherapy. These beams are targeted at your tumour from several different angles, which combine to give a high dose of radiation. It may be used for small tumours that are not suitable for surgery.

Drug treatments

- 
- Targeted therapies are drugs that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth.
 - Immunotherapy drugs boost your body's immune system to fight cancer.
 - Side-effects depend on the drugs being used and vary from person to person.

Your doctor may recommend targeted therapy or immunotherapy drugs for you:

- If the cancer has spread
- If the kidney cancer returns after surgery.

What are the types of targeted therapies?

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

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

What drugs are used for kidney cancer?

Cancer growth inhibitors known as tyrosine kinase inhibitors (TKIs) are often used for kidney cancer. Examples of these are: Sunitinib (Sutent®), axitinib (Inlyta®), pazopanib (Votrient®) and sorafenib (Nexavar®).

How are the drugs given?

TKIs are usually taken as tablets. Some targeted therapies are given into a vein through a drip. With some drugs you will take the tablets every day for a few weeks and then have a break for a week or two. This is called a treatment cycle.

You will have regular scans to check how well the treatment is working to control the cancer.

If a drug stops working, other drugs may be used. For example:

- **Angiogenesis inhibitors** such as bevacizumab (Avastin®), everolimus (Afinitor®) or temsirolimus (Torisel®).
- **Immunotherapy drugs** such as Interleukin or Interferon.



New developments

New drugs are being developed all the time and existing therapies are being used in new ways. You may also be given a drug as part of a clinical trial (see page 49). Ask your doctor if there are any targeted or immunotherapies available to treat your cancer or if there are any trials that are suitable for you.

What are the side-effects?

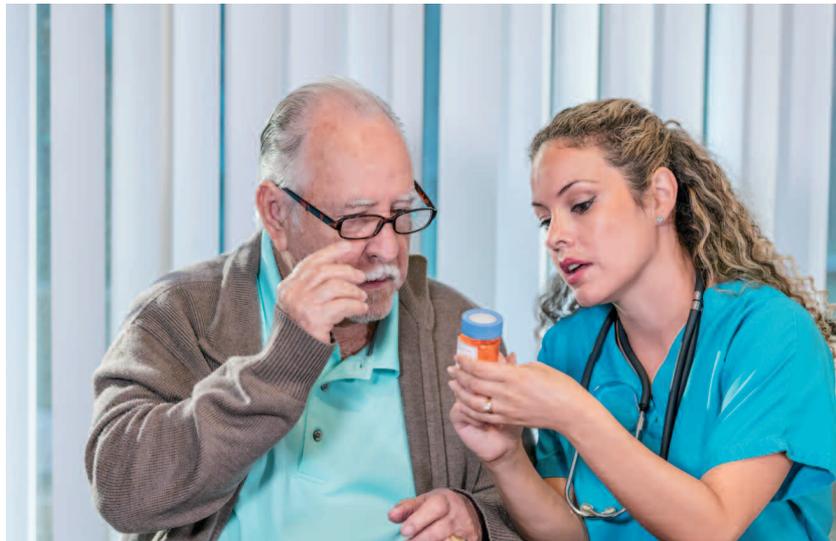
Side-effects depend on the drugs being used and vary from person to person. Your doctor and nurse will explain your treatment to you in more detail and tell you about any likely side-effects. Some possible side-effects include:

- Increased risk of infection
- Difficulty sleeping
- Tiredness or fatigue – For more information see page 53
- Breathlessness
- Bruising and bleeding, such as nosebleeds
- Diarrhoea or constipation
- Hoarseness of your voice
- Taste changes
- Headaches or dizziness
- Skin changes such as dryness, redness or a rash
- Hair colour changes
- Hand-foot syndrome – this causes soreness or swelling of the hands and feet. Some people get blisters.
- Raised blood pressure – you may need to take tablets to control your blood pressure during treatment

- Low levels of thyroid hormone
- High temperature
- Aches and pains
- Mouth sores
- Indigestion
- Feeling sick or getting sick
- Loss of appetite

Always tell your doctor or nurse if you don't feel well or if you are having any symptoms that are troubling you. We also have advice about managing side-effects on our website www.cancer.ie

For more information on drug treatments 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.



Understanding your drug treatment



It's important that you understand your drug treatment. Ask your doctor or specialist nurse about any drugs you are taking: what they're for, how to take them and any possible side-effects. They should give you a printed sheet to take home with you.

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

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 to make sure they are safe to use in a clinical trial.

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

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.

Treatment for cancer that has spread

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. Targeted therapy drugs are often used to keep metastatic kidney cancer under control (see page 45). Or you may have one of the treatments listed on pages 44-45, such as arterial embolisation or radiotherapy. You may also have surgery to reduce the size of the cancer.

There may also be treatments that you can have as part of a clinical trial (see page 49). Your doctor will tell you if there are any clinical trials that might be helpful for you.

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

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 makes sure you have the best quality of life possible.

Managing side-effects and symptoms

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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.

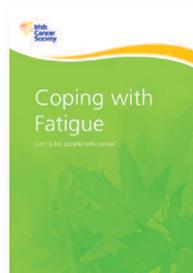
Finding out what is causing your fatigue makes it easier to treat. For example, if you have a low red blood cell count, a transfusion can make you feel better. If you are not eating well, a dietitian may be able to give you some advice to help you.

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, for example, 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.

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



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.

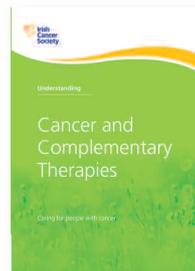
What's the difference between complementary and alternative therapies?

- **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



Will treatment affect my sex life and fertility?

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. Touching, caressing and holding each other can help you to stay physically close.

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's no set time for you to be ready to have sex again. It varies from person to person. 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's no truth to this.

Contraception

It is best to use a reliable method of contraception if you are having treatment with targeted therapies, as it is not yet fully known how these treatments might affect a developing baby. You can talk to your doctor or nurse for advice about contraception or if you have any questions about your particular treatment.

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. They're 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

After treatment

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What follow-up do 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 and urine tests, chest X-rays, and ultrasound and chest CT scans. At first you will see your consultant quite often, sometimes every 3 to 6 months, especially for the first 2 years. The visits are likely to continue for up to 5 years.



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 the cancer coming back (recurrence)

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

If you're between check-ups and have a symptom or problem that's worrying you, call your specialist nurse for advice or to arrange an earlier outpatient appointment, if necessary. Go to your GP or the hospital emergency department if you're unwell and you can't contact the hospital team.

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 during 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 69 for other ways to get emotional 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
- Protecting yourself from the sun
- Avoiding alcohol

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.



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.

Coping and emotions

How can I cope with my feelings? 67

Ways to get emotional support 69

You and your family 71

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.

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.

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

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

'Counselling has helped me with every part of my life.'

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 90 for more about cancer support services.

Join a support or educational group: You might find it 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.

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.

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

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

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're 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.



'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.'

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 the person with cancer, 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 cancer information booklets.

- **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 68.

- **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

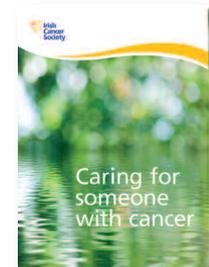


Our cancer nurses are there to support you. Call our Cancer Nurseline on 1800 200 700, visit a Daffodil Centre or email cancernurseline@irishcancer.ie for confidential support, advice and information.

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

Coping with the financial impact of cancer 81

Irish Cancer Society services 84

Local cancer support services 90

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 87 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. 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
- Patient travel and financial support services
- Daffodil Centres
- Night nursing
- Survivor Support
- Publications and website information
- Support in your area

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 90 for more information.

Cancer Nurseline Freephone 1800 200 700

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.

Email: cancernurseline@irishcancer.ie

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?

Adjuvant treatment	Treatment for cancer given soon after surgery.
Alopecia	Loss of hair or baldness. 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.
Biopsy	Removing a small amount of tissue from your body to find out if cancer cells are present.
Cells	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Fatigue	Ongoing tiredness often not helped by rest.
Grading	Tests that look at the structure of cancer cells under the microscope.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Metastasis	The spread of cancer from one part of your body to other tissues and organs.
Neo-adjuvant	Treatment that is given before surgery to shrink a tumour.
Oncology	The study of cancer.

Palliative care team	A team of doctors and nurses who are trained in managing pain and other symptoms caused by cancer. They can also help you cope with any emotional distress.
Prognosis	The expected outcome of a disease.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Staging	Tests that measure the size and extent of cancer.
Targeted therapies	Drugs or other substances that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth.



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.

- How long will it take to get the test results?

- What type of kidney cancer do I have?

- What stage is the cancer at?

- What treatment will I need?

- Will surgery cure the cancer?

- Are there other treatment options? Why is this one best for me?

- Would I be suitable for a clinical trial?

- How long will my treatment take?

- Do I have to stay in hospital for my treatment?

- What side-effects will I get?

- Is there anything I can do to help myself during treatment?

- Will treatment affect my fertility?

- How often will I need check-ups?

- What if the cancer comes back?

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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