

Understanding

Cancer of the Pancreas

Caring for people with cancer

Understanding

Cancer of the pancreas

This booklet has information on:

- Treatment for pancreatic 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)

Surgeon

Medical oncologist

Radiation oncologist

Radiation therapist

Dietitian

Medical social worker

Emergency

Hospital records number (MRN)



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Fast facts



What kind of treatment will I have? Page 27

Pancreatic cancer is mainly treated with surgery, chemotherapy and radiotherapy, depending on the stage of the cancer.

Are there side-effects from treatment? Page 67

Most treatments cause some side-effects, but these usually get better after treatment has ended.

Weight loss can be a factor with pancreatic cancer and its treatments. If you are losing weight, your dietitian will advise you about high-energy foods. You also may need to take pancreatic enzyme supplements. You can read about the treatments to learn more about their side-effects and possible complications.

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

Is it likely that I will have surgery? Page 45

Surgery is the main treatment for early-stage pancreatic cancer. Sometimes bypass surgery is done to relieve your symptoms when the cancer cannot be removed. Your doctor will discuss all the options with you.

Will I be OK? Page 24

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

Clinical trials Page 65

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 to you.

We're here for you Page 110

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 daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.
- Email us: cancernurseline@irishcancer.ie

See page 110 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 pancreatic cancer

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What is cancer?

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

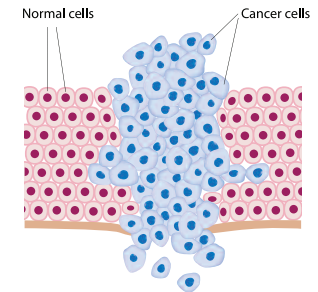
Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).

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

Pancreatic cancer starts in cells in the pancreas, breast cancer starts in cells in the breast.

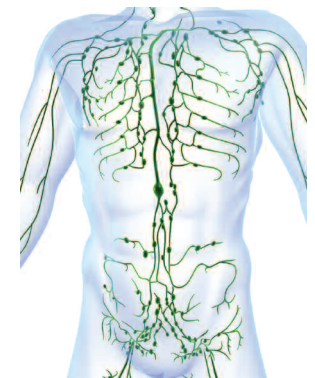
- **Cancers sometimes spread**

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 secondary tumour. This is called metastasis.

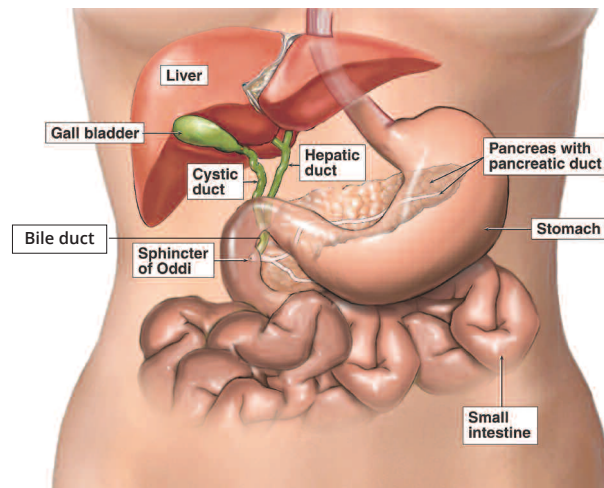


What is the lymphatic system?

- 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 pancreas?



The pancreas is a gland that is part of your digestive system. It is about 6 inches (15 cm) long and lies deep inside your tummy (abdomen), behind your stomach and in front of your spine. It has three main parts: the head, the body and the tail. The head is the broad rounded part of your pancreas. It is connected to the first part of the small intestine (duodenum). The body lies in the middle and the tail is the thin end below your left ribcage. The pancreas is surrounded by important structures and blood vessels. The pancreas makes digestive juices (enzymes) and hormones (insulin and glucagon).

Digestive juices are chemicals that help to break food down so it can be absorbed into the lymph system and bloodstream. Once food reaches the small intestine (duodenum), the digestive juices flow through the pancreatic duct (tube). These then mix with the food to break it down into very small parts. Another tube called the bile duct also joins the duodenum at the same place as the pancreatic duct. It drains bile from the liver and gallbladder. The flow of digestive juices into the intestine is controlled by the sphincter of Oddi.

Insulin and glucagon are hormones that are released into the blood from the pancreas. They control blood sugar and have opposite effects. Insulin lowers blood sugar. If the pancreas is unable to make enough insulin then diabetes results. Glucagon increases blood sugar if your blood sugars are low.

What is pancreatic cancer?

Most pancreatic cancers start in the cells that line the ducts in the pancreas. These cancer cells may cause very few symptoms in the beginning. But as they grow they may cause discomfort or pain in your tummy area. Cells may break away from the pancreas and spread to lymph nodes, to nearby tissues or other parts of your body. It is common for the bile duct to be blocked due to cancer cells. This causes bile to back up into the bloodstream and cause jaundice (yellowing of skin and eyes). See page 70 for more about jaundice.

What causes cancer?

We don't know exactly what causes many cancers but 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 pancreatic cancer, see our website www.cancer.ie or talk to a cancer nurse – call our Cancer Nurseline or visit a Daffodil Centre.

Family history and inherited conditions

Your family may be at increased risk of pancreatic cancer, if there is a family history of the disease or of certain other medical conditions including:

- Hereditary pancreatitis
- BRCA2 genes, and possibly BRCA1
- Bowel conditions such as familial adenomatous polyposis (FAP), hereditary nonpolyposis colon cancer (HNPCC/Lynch syndrome) and Peutz-Jeghers syndrome

- Mole skin conditions like familial atypical multiple mole melanoma syndrome (FAMMM)

If a family member is concerned about their risk, they should talk to their doctor who can advise them if they might benefit from monitoring or screening.

What are the types of pancreatic cancer?

The most common type of pancreatic cancer is adenocarcinoma. These cancers arise from the glandular and ductal tissue in the pancreas that makes and drains pancreatic juice. These cancers can occur anywhere in the pancreas. About 9 in 10 patients diagnosed with pancreatic cancer will have adenocarcinoma.

Some less common types of pancreatic cancer are:

- Neuroendocrine tumours that make hormones
- Cystic tumours (that may be benign, pre-malignant, or malignant)
- Lymphoma of the pancreas (similar to non-Hodgkin lymphoma)
- Pancreatic sarcomas (connective tissue tumours)

For more information about the rarer types of pancreatic cancer, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

How common is pancreatic cancer?

About 450 people – mostly over the age of 60 – are diagnosed with pancreatic cancer in Ireland each year.

Diagnosis and tests

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Being diagnosed with pancreatic cancer

Hearing that you have pancreatic 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

However you feel, you are not alone.

If you need to talk to someone, or if you want support 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 – visit a Daffodil Centre or call our Cancer Nurseline on 1800 200 700. 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 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 116.

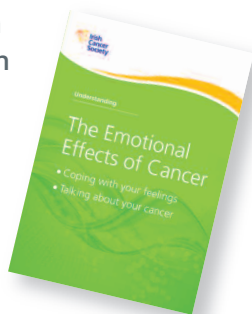
Cancer Nurseline Freephone 1800 200 700

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. You may also 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 ***Understanding The Emotional Effects of Cancer***. 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 an ultrasound, CT scan and MRI scan.
- Staging helps your doctor to decide the best treatment for you.
- Your prognosis is what your doctor expects to happen with your cancer.

The following tests give doctors more information about your cancer. Your doctor will tell you which tests you need.

Blood tests

Blood tests can help to check your general health. They will be done regularly during your treatment. Some cancers also make chemicals that can be found in your bloodstream. These are called tumour markers. Blood tests can show the level of tumour markers in your blood.

For example, one biomarker for pancreatic cancer is CA19-9. High levels of CA19-9 are often a sign of pancreatic cancer. However, it may be a sign of other types of cancer. Even with pancreatic cancer you can have a normal level of CA19-9. So, while this blood test is useful in helping to diagnose pancreatic cancer, other tests are also necessary.

Ultrasound

This is a scan that uses sound waves to look at your liver, pancreas and bile duct. The scan is painless and only takes a few minutes. Some gel is first put on your tummy and then a small hand-held device is passed over the area being scanned.

CT scan (CAT scan)

This special X-ray gives a detailed picture of the tissues inside your body. The scan is painless. It is the most important test in the diagnosis of pancreatic cancer. For a CT scan of your abdomen, you may be asked to fast (not eat) before the test. You may be given a special drink and an injection of an X-ray contrast agent which helps show up parts of your body on the scan. Preparation for a CT scan can vary. Your doctor or nurse will tell you what to do. The test is usually done as an outpatient.

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'll probably be able to go home as soon as the scan is over.



Endoscopic ultrasound (EUS)

An EUS is frequently used in the diagnosis of pancreatic cancers. This test uses an endoscope, which is a thin tube that the doctor passes down your throat. It has an ultrasound tip. This gives very detailed close-up pictures of the pancreas. A biopsy needle can be passed through the scope so that a sample of the tumour can be taken. This can confirm the diagnosis of a cancer. An EUS and biopsy are done to complete the staging of your cancer. This test is usually done as a day case – before the test you may be given sedation intravenously (through a drip) to relax you.

MRI scan

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

During the test you will lie inside a tunnel-like machine. Some people may feel claustrophobic inside the tunnel. Tell the radiographer if you're feeling anxious at the time of the examination.

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 and if you have any 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.

MRCP scan

This stands for magnetic resonance cholangiopancreatography. It is an MRI scan that shows up the pancreatic duct, bile ducts and gallbladder in more detail. It is often helpful in planning treatment of jaundice that has occurred due to a tumour. It takes about 20 minutes.

For most scans you will be alone in the treatment room, but the medical staff can still see you and hear you. If you need anything, just speak or raise your hand.

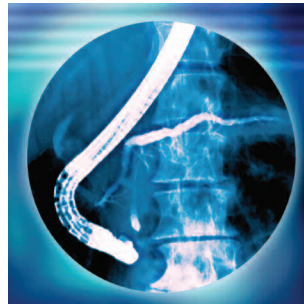
PET scan

A PET scan can show if the cancer has spread to other tissues and organs. A low dose of radioactive sugar is injected into your arm. An hour or so later you will have a scan. The scan can show 'hot spots' of sugar uptake which indicate areas of cancer spread in your body. During the scan, you will lie on a table which moves through a scanning ring. The scan can last up to an hour. Before the scan, you may have to fast (not eat) for a few hours. PET scans are not routinely used in pancreatic cancer but are sometimes useful in staging the disease.

ERCP

ERCP stands for endoscopic retrograde cholangiopancreatography.

Before the ERCP, you will be asked to fast (not eat) for a number of hours. You will then be given sedation to relax you. Next, an endoscope will be passed down to your tummy. It has a light and camera on one end so your doctor can see the inside of your stomach and duodenum and can inject dye into the bile duct. These can then be seen on X-rays and will show up any signs of blockage which may be due to cancer. Your doctor may also be able to take samples of the cancer (biopsy). These can then be examined in the lab.



If the cancer is blocking the bile duct, it may be possible to unblock the duct at this stage with a stent. (See page 48 for more about stents.) An ERCP may be done at the same time as an EUS. (See EUS on page 18.)

Laparoscopy

This test allows your doctor to look inside your abdomen.

Laparoscopy is done under general anaesthetic, so you will be admitted to 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 doctor will make 1-3 small cuts in your abdomen to place a scope called a laparoscope inside.



By looking through the laparoscope, your surgeon can see your pancreas and nearby organs. A small ultrasound probe can also be put inside your tummy.

A sample of tissue (biopsy) may be taken and examined under a microscope. This is to confirm a diagnosis of pancreatic cancer. The result of the laparoscopy will help your doctor to decide what kind of surgery is possible.

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

Biopsy

There are many ways to take a biopsy. Your doctor will consider the best way for you. It may be done during an EUS or ERCP, a laparoscopy or by putting a needle through the skin in your tummy area, guided by an ultrasound or CT scan. A biopsy is not always possible before surgery.

Waiting for test results



It usually takes over 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 pancreatic cancer staged?

- Staging refers to the size of the tumour and how much the cancer has spread. For pancreatic cancer, working out the closeness of the tumour to the major blood vessels near the pancreas is an important part of staging.
- Staging helps your doctor to decide the best treatment for you.

The tests you have after diagnosis help the doctor to stage your cancer. Staging describes how big the cancer is and where it is in your body. Knowing the stage of your cancer is very important as it allows your doctor to decide the best treatment for you.

Sometimes it may only be possible to find out the stage during surgery.



There are different ways to describe the stages of cancer. The staging system normally used in pancreatic cancer is called TNM. This stands for:

Tumour (T): How big is the tumour?

Node (N): Is there 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): Has the cancer spread to other parts of your body? M1 means the cancer has spread to other parts of your body; M0 means it hasn't.

Your doctor often uses this information to give your cancer a number stage – from 1 to 4. A higher number, such as stage 4, means the cancer has spread to other parts of the body.

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

What are the stages of pancreatic cancer?

Stage 1

This means the cancer is at an early stage. The tumour is approximately 2cm in size or less and found within the pancreas. There is no sign that it is in the lymph nodes or that it has spread outside the pancreas.

Stage 2

Here the tumour is more than 2cm in size. It is now found outside the pancreas in nearby tissues like the bile duct and/or the small bowel (duodenum). There is no sign of cancer in the nearby lymph nodes.

Stage 3

Here the cancer has spread outside the pancreas to nearby tissues. It is also in the lymph nodes and may have spread to other organs through the lymphatic system or bloodstream.

Stage 4

This is known as metastatic or advanced cancer. This stage can be divided into 4a and 4b. In 4a the cancer has spread to nearby organs and vessels. This includes the stomach, spleen, large bowel or large blood vessels. The cancer is also found in lymph nodes. In 4b, the cancer has spread to the liver and/or the lungs.

In practical terms, pancreatic cancers are usually staged as being resectable (removable), borderline resectable, or unresectable.

Resectable – looks like it is removable with a clear margin (no cancer cells remaining)

Borderline resectable – looks like it is removable but with a high chance of some microscopic tumour left behind

Unresectable – looks like the tumour is not removable. This then is divided into two groups: **locally advanced unresectable** (the tumour involves essential blood vessels near the pancreas) and **metastatic unresectable** (distant secondary tumours are present)

Your test results are reviewed at a team meeting to decide on the correct staging. This helps to work out the appropriate treatment plan.

Asking about your prognosis



Your prognosis includes information about how your cancer is likely to progress, including average survival times or life expectancy.

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 be 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.



Treating pancreatic cancer

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How is pancreatic cancer treated?

- A team of healthcare professionals will be looking after you (multidisciplinary team).
- Surgery is the main treatment for early-stage pancreatic cancer. Chemotherapy and radiotherapy may be used before surgery. If surgery is not possible, chemotherapy and/or radiotherapy may be the main forms of treatment you receive.

There are many ways to treat pancreatic cancer. Once all the test results are ready, your doctor will discuss your treatment options with you. Sometimes it is not possible to find out how advanced the disease is until surgery has been done.



Surgery to remove pancreatic cancer

The main treatment for early-stage pancreatic cancer is surgery. By looking at your test results, the multidisciplinary team will decide if it can be removed. This type of surgery is called a resection. Not every patient can be offered surgery.

There are a number of operations that can be done, depending on where the tumour is found. See page 45 for more details. These are major operations, and an assessment of your general fitness for surgery is very important.

Chemotherapy

Chemotherapy is sometimes given to patients with pancreatic cancer. It can be given before or after surgery or on its own. Chemotherapy before surgery is called neoadjuvant chemotherapy. In pancreatic cancer this may be given for 3 months after which a CT scan is done. This scan will help your doctors to decide whether the chemotherapy has been able to shrink the tumour enough to allow an operation to go ahead.

Chemotherapy is often used to shrink the cancer when surgery is not possible. This helps to relieve symptoms and to improve your quality of life. See page 55 for more about chemotherapy.

Radiotherapy

Radiotherapy can sometimes be used to treat pancreatic cancer. If your tumour is causing pain, a small dose of radiotherapy may help to relieve it. Sometimes radiotherapy can be used to shrink the tumour before surgery. See page 61 for more about radiotherapy.

Targeted therapies

Targeted therapies are also used for pancreatic cancer. These drugs only target the cancer cells. They work by blocking the signals that tell cancer cells to divide and grow. See page 63 for more about targeted therapies.

Surgery to relieve symptoms (bypass surgery)

Bypass surgery is done to relieve symptoms such as vomiting when the tumour cannot be removed. See page 48 for more details.

Using stents to relieve symptoms

It is also quite common for the bile duct to be blocked if you have pancreatic cancer. You may have a small tube (stent) inserted to relieve a build-up of bile. For more information see page 48.

Supportive or palliative care

This is treatment that is given to help relieve your symptoms, especially if you have advanced (metastatic) cancer. Surgery, chemotherapy or radiotherapy may be needed as part of the palliative care. A special team called the palliative care team may be involved in your care too. They can work alongside other teams to help with symptoms such as pain, bowel problems and nausea. See page 80 for more details.

Specialist cancer centres



Because pancreatic cancer is a rare cancer, all surgery is carried out in specialist pancreatic cancer centres. The staff at these centres have a lot of experience in managing patients with pancreatic cancer who need surgery. In Ireland, surgery for pancreatic cancer is carried out at St Vincent's University Hospital, Dublin and Cork University Hospital.

Email: cancernurseline@irishcancer.ie

Treatment or no treatment

Unfortunately, your doctor may not be able to guarantee a cure for your cancer. But some treatment might prolong your life and give you a good quality of life. In some cases, you may not benefit from treatment at all. The treatment may not shrink the tumour or improve your quality of life. In fact, the side-effects of treatment may be greater than the benefits. Either way, your doctor and nurse will discuss this with you in more detail.

Why is pancreatic cancer hard to treat?

- It is unusual for it to be diagnosed at an early stage.
- It is close to important organs and vessels, so it is hard to remove.
- It can spread very easily.
- It can make you feel very sick and weak – and you can have a lot of weight loss – so you are less suitable for surgery and other treatments.
- It is less sensitive to treatments, unlike other cancers.



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, specialist nurse, radiologist and oncologist (cancer doctor). The team 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 anything. If you do forget something or need more explanations, ask your specialist nurse or talk to one of our cancer nurses – call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

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 the treatment, if you are unsure when it's 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 treating doctor or your GP can 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?

Hepatopancreaticobiliary (HPB) surgeon: A surgeon who specialises in surgery to the pancreas, liver, gall bladder and bile ducts.

Gastroenterologist: A doctor who specialises in diseases of the digestive system.

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 healthcare professional who delivers radiotherapy and gives advice to cancer patients about their radiation treatment.

Clinical nurse specialist (CNS): A specialist nurse who works in a cancer care unit. They give information and reassurance to you and your family from diagnosis and throughout treatment.

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

Endocrinologist: A doctor who specialises in diseases of the endocrine system. They also specialise in other conditions such as diabetes.

Medical social worker: A person trained to help you and your family with your social issues and practical needs. They can give counselling and emotional support. They can give advice on benefits and financial matters and on practical supports and services available to you when you go home.

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

Physiotherapist: A therapist who treats injury or illness with exercises and other physical treatments related to the illness.

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.

Pharmacists: Pharmacists – hospital and in your local pharmacy – dispense chemotherapy and other cancer drugs. They can give advice on cancer drugs, such as how to take them, side-effects, and possible interactions between your cancer drugs and other medicines, food and drink, and supplements such as herbs and vitamins.

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.

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 'symptom management team' or the 'hospice homecare team'. A specialist palliative care service is available in most general hospitals. See page 80 for information on palliative care.

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. They can explain it to you again.

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 pancreatic 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. For more information, see page 38.

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 to feel better.

Eat well

Eating as well as possible can help you to:

- Reduce any weight loss
- Cope better with the side-effects of treatment
- Recover better

Ask to talk to the dietitian at the hospital for advice on 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, visit a Daffodil Centre or download it 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. Be careful not to overdo it at the beginning, but build up gradually.



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 side-effects during cancer treatment
- Smoking can reduce how well chemotherapy or radiotherapy work
- 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 any worries or physical problems secret from the people closest to you. Ask someone close to you to go 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 have classes 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

Don't 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.

Plan ahead

Some people with a cancer diagnosis find it reassuring to organise medical and legal matters. See page 89 for more about planning ahead.





Types of treatment

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Surgery

- Surgery aims to remove all of a tumour.
- Surgery can also be used to relieve symptoms.
- There are different types of surgery for pancreatic cancer.
- You may have chemotherapy after surgery.

Surgery is only suitable if you have early-stage pancreatic cancer. This means it suits about 1 in 5 patients. The surgery is complex because the pancreas lies deep inside your body and is surrounded by many large organs and blood vessels. Unless your surgeon hopes to remove all of the cancer, they are unlikely to do major surgery.

If surgery is considered, you will be referred to a specialist centre – either in Dublin or Cork – where surgery is done regularly. See page 31 for more information.



Types of surgery

There are a number of different types of surgery, depending on where the cancer is found.

These are major operations and you can develop complications after surgery that may prolong your stay in hospital. Your surgeon will discuss these issues with you before your operation. In the long term, there is a risk of developing diabetes following surgery.

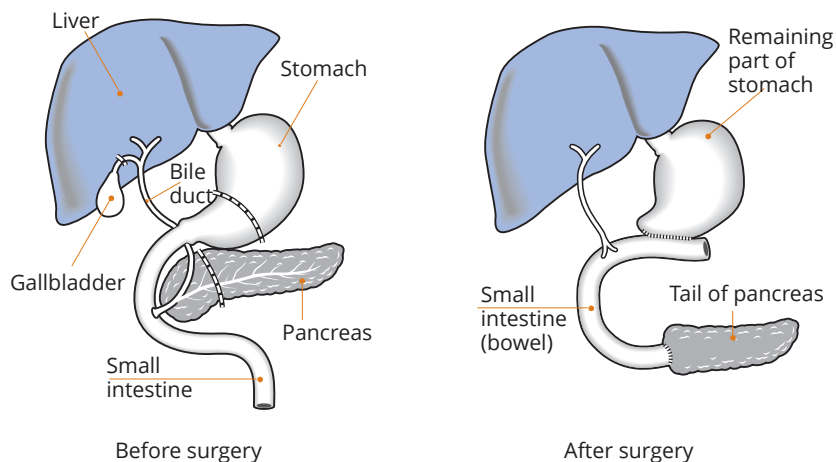
You may also need to take enzymes to help you digest your food.

It can take a few weeks to recover after surgery.

Whipple's procedure (pancreaticoduodenectomy)

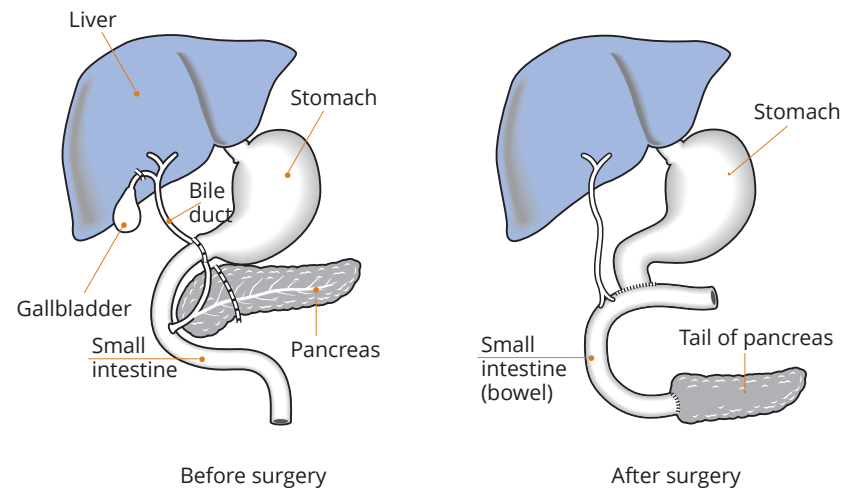
This type of surgery is done if the cancer is in the head of the pancreas, has not spread beyond the pancreas and does not involve major blood vessels. The surgeon will remove the head of the pancreas, the lower end of the stomach, part of your small bowel, some of the bile duct, your gallbladder and surrounding lymph nodes.

They will join the remaining pancreas, bile duct and stomach to the small intestine. This allows the pancreatic enzymes, bile and stomach contents to flow into the small intestine for normal digestion.



Pylorus preserving pancreaticoduodenectomy (PPPD)

This is very similar to a Whipple's procedure, with the main difference being that none of the stomach is removed.



Total pancreatectomy

Total pancreatectomy is where all of your pancreas is removed as well as some of your small bowel, part of your stomach, your gallbladder, part of the bile duct, your spleen and nearby lymph nodes. This kind of surgery is uncommon.

Distal pancreatectomy

This kind of surgery is done for cancer in the body and tail of the pancreas. The tail of the pancreas is removed as well as your spleen.

Spleen-preserving distal pancreatectomy

With this surgery, the tail of the pancreas is removed but the spleen is left intact.

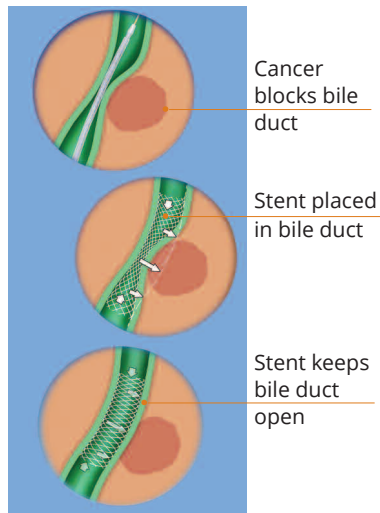
Bypass surgery

Bypass surgery is done to relieve your symptoms when the cancer cannot be removed. For example, you may be vomiting due to a blockage in your small bowel (duodenum) caused by the cancer. In this case, your surgeon might connect your small bowel to your stomach. This operation is called a gastrojejunostomy.

Stents

It is also quite common for the bile duct to be blocked by pancreatic cancer. This causes jaundice (yellow discolouration of the skin) and may cause severe itching. In this case you might have a stent put into the bile duct. This is a small metal or plastic tube, which can be inserted by ERCP (see page 20) or under X-ray guidance by direct puncture of the skin (percutaneous transhepatic cholangiogram – PTC). Although neither of these procedures needs a surgical incision (cut), they are both invasive procedures. There may be some risks involved, which your doctors and nurse will explain to you.

They will also give you more information about stents or bypass surgery if you need it.



Preparing for surgery

You may have extra tests to make sure you are fit enough for surgery. These may include a chest X-ray, heart test (ECG) and blood tests.

Usually you will meet a dietitian before surgery. You may be advised to take pancreatic enzyme supplements and extra nutritional supplements for some time before surgery.

You will probably have to fast (not eat) from midnight before your 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.

After surgery

You will either 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 will 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. You may also be given antibiotics to prevent infection.
- **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 removed once the stomach starts emptying normally (usually 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 any fluid such as pancreatic juice, blood, or bile from the operation site to prevent a build-up of this fluid inside your abdomen.
- **A thin tube called a catheter may be put into your bladder** to drain any urine. It is usually removed after 48 hours, or once you are able to get out of bed.
- **You may have a thin epidural catheter** in your back to help with pain relief.

Pain

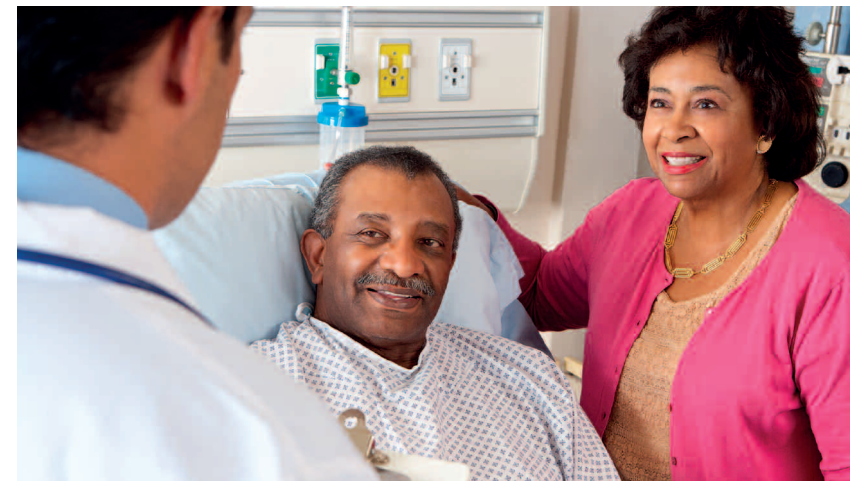
You may have some pain after the operation, especially when you cough or move. Your nurse can give you medicine to control the pain and prevent you feeling or getting sick, if you need it. You may have an epidural tube in your back to relieve pain after the surgery. If you have a patient-controlled analgesia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

Wound site

As well as drains, you will have a large dressing over your wound site. This will be checked regularly for any signs of bleeding or leakage.

Replacing insulin and pancreatic enzymes

If you have had part or all of your pancreas removed, you may develop diabetes and need to take insulin. Insulin is normally made by the pancreas. Also, you may need to take extra digestive enzymes, which are normally made by your pancreas. If all your pancreas is taken away, you will need both of these treatments. If you have the Whipple's procedure, you may need vitamin B12 every 3 months. The diabetic nurse specialist will visit you and give you advice if you develop diabetes due to surgery.



Eating and drinking

This type of operation slows down the movement of your bowel. As a result, it can take many days before you return to normal eating and drinking. You will start by taking sips of water, and then the amount of fluids will be increased. Most people can manage a light meal within 2 or 3 days of surgery. As you begin to drink enough again the drip will be removed.

With pancreatic cancer, you are likely to have some weight loss. Your dietitian will give you advice on suitable foods and meals as well as supplements if you need them.

Bowel function

You may have difficulty passing wind or opening your bowels after the surgery. Your nurse can give you medication to help get your bowels back to normal. Things will also improve when you are up and moving about. However, sometimes it can take a few weeks for things to return to normal, or to develop a new normal.

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.

Going home

You will probably go home about 8-14 days after surgery. On the day you go home you will be given a date to come back for a check-up – usually in about 6 weeks.

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. That way, they can organise community services you may need after you leave hospital. For example, organising a public health nurse to visit and give you support at home with wound dressings. The medical social worker can also advise you about social welfare benefits or entitlements you can apply for. It's best to have this sorted out before your surgery.

Email: cancernurseline@irishcancer.ie

Contacting the 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 temperature of 38°C (100.4°F) or higher, or 35°C (95°F) or lower**
- **Have diarrhoea for more than 24 hours**
- **Feel unwell**
- **Have problems with your wound** such as redness, swelling or a discharge

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

Pathology report

After surgery, any tissue that has been removed will be looked at closely by a doctor called a pathologist. The pathologist will check to see if all the cancer has been removed and that the edges are clear of cancer cells. The pathologist will also check if there are any cancer cells in lymph nodes that have been removed by the surgeon. They will write a report on the samples removed and these results help to give the TNM stage (see page 23) and help the cancer doctor to decide if chemotherapy and/or radiotherapy is required.

The pathologist will check if the biopsy tissue has proteins or genes that would respond to targeted therapies (see page 63).

Should I change my diet?

Your dietitian will give you advice on what foods to avoid or eat – depending on whether you need insulin or not. In general you will be told to eat little and often. If you are finding it hard to eat well and you are losing weight, you may be advised to eat high-energy foods. You also may need to take pancreatic enzyme supplement tablets. These tablets replace the enzymes usually found in your pancreatic juices to help you digest your food.

If your duct is blocked by the cancer, taking the enzymes will help your digestion as well. There are other symptoms that might suggest you are not absorbing or digesting your food. These include fatty diarrhoea, bloating, wind and failure to gain weight. Your dietitian will advise you about taking enzymes to match your diet.

It may take a while for your stomach to get back to normal function. It may delay emptying food or else 'dump' it into the small bowel quickly. Your dietitian will give you advice about preventing these problems. If you develop diabetes due to the surgery, you will need to make changes to your diet. Your dietitian and diabetic nurse specialist will give you more advice about this. You will also be referred to a doctor who specialises in diabetes called an endocrinologist.



Chemotherapy



- Chemotherapy uses drugs to kill cancer cells.
- Chemotherapy can cause a range of side-effects.
- Side-effects normally go 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.

Chemotherapy drugs may be given:

- Before surgery or radiotherapy to shrink the cancer and reduce the risk of it coming back. This is called neo-adjuvant treatment.
- At the same time as radiotherapy to make the treatment work better (chemoradiotherapy).
- After surgery to reduce the risk of the cancer coming back. This is called adjuvant treatment.
- As a treatment on its own.

How often will I have chemotherapy?

Chemotherapy is 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. This rest period allows your body time to recover from the side-effects of treatment. The number of treatments and cycles can vary, depending on your cancer type and how well it is responding to 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 and PICC lines. Usually your treatment will be given in the chemotherapy day care unit.



Understanding your drug treatment



It's important that you understand the drugs and the side-effects of the drugs you will be given. Ask your doctor or specialist nurse for more information about your drug treatment and any possible side-effects. They should 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.

What kinds of drugs are used?

There are several chemotherapy drugs used to treat pancreatic cancer. Your doctor or nurse will discuss your treatment with you. Chemotherapy drugs can be used on their own or 2 or 3 may be used together. The type of drugs you get depend on how well you are.

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. Side-effects happen because chemotherapy can affect both healthy cells and cancer cells.

Most side-effects can be helped by medication. Some side-effects will come and go during treatment and some will go away when treatment is finished, or soon after. Side-effects may include:

Fatigue

Fatigue is where you feel tired and weak and rest does not seem to help. For more information see page 75.

Nausea and vomiting

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

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.

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.

Bleeding and bruising

Chemotherapy can stop your bone marrow from making enough platelets. Platelets help make your blood clot and stop bleeding. With fewer platelets you may bleed or bruise very easily. Tell your doctor if you have any bruising or bleeding that you can't explain, such as nosebleeds or bleeding gums.



Mouth and throat problems

Chemotherapy can cause mouth and throat problems including a dry mouth, ulcers and gum infections. There are many mouthwashes and medications to help, which your doctor can prescribe for you. You will also be told about how to look after your mouth during treatment to try to prevent mouth problems.

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 chemo.

Constipation and diarrhoea

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

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.

Changes in kidney function

Some drugs can irritate or damage kidney cells. Talk to your doctor if you have decreased urination, swelling of the hands or feet (oedema) or headaches, as these can be a sign of kidney damage.

Loss of appetite

It is often hard to eat well due to the cancer and effects of treatment. But do try to eat as well as you can to keep your strength up. Eat smaller amounts more often. Getting some fresh air and exercise may help to boost your appetite.

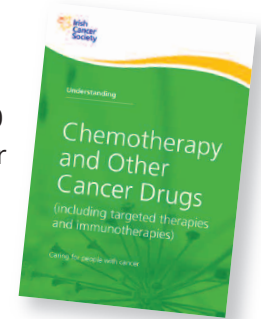
Hints & Tips – poor appetite



- Eat well when you can but take care with what you eat if you have diabetes after pancreatic surgery.
- Take small meals and snacks about every 2–3 hours.
- Take snacks high in calories and protein.
- Use a smaller plate for your meals. Large portions can be off-putting if your appetite is small.
- Eat slowly and chew your food well.
- Choose drinks that give some nutrition, such as milk, juices and soup.
- Do not fill up on food and drinks that are not high in energy. For example, tea, coffee, water, thin soups and diet drinks. These may stop you from taking more nutritious foods.
- Try nutritional supplements as recommended by your dietitian or doctor. Special high-calorie drinks can help to keep your strength up too. Your dietitian will let you know if these are suitable for you. Your doctor can then give you a prescription for these drinks.
- Take only small sips of fluid while eating, as drinking might make you full.

If you have any symptoms that are troubling you or you feel unwell, tell your doctor or nurse straight away. You will be given contact details of who to contact before you start your treatment.

For more information on the side-effects of chemotherapy 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. You can also look at our website, www.cancer.ie, for tips on coping with different side-effects.



Radiotherapy



- Radiotherapy uses high-energy rays to kill cancer cells.
- Radiotherapy is painless and only takes a few minutes.
- The treatment is usually just a few short sessions.

Radiotherapy is a treatment that 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 to destroy small amounts of the cancer that may be left. This is called adjuvant treatment.
- With chemotherapy to make the treatment work better.
- To control and relieve symptoms. This is called palliative radiotherapy.

Planning your radiotherapy treatment

Radiotherapy is usually given as external beam radiation. This is where the radiation comes from machines called linear accelerators, which aim rays directly at your tumour.

It 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.

Getting your treatment

During treatment you will first be positioned carefully on a treatment table. Then the machine will move around you so that you receive the precise treatment at different angles.

The treatment normally takes several minutes and is painless. Most people receive radiotherapy as outpatients, travelling to the radiotherapy unit each day.

Radiotherapy can be given Monday to Friday with a break at the weekend, for several weeks. It is usually a shorter course of treatment for pancreatic cancer.

Side-effects of treatment

The most common side-effects when the pancreas is being treated are:

- Diarrhoea
- Nausea
- Hair loss/skin irritation in the treated area
- Tiredness

How severe these side-effects are will vary from person to person. Most side-effects develop during or shortly after your treatment and can usually be managed with simple medications.

For more information on the side-effects of radiotherapy or a copy of our booklet *Understanding Radiotherapy*, call our Cancer Nurseline on 100 200 700 or visit a Daffodil Centre. You can also look at our website, www.cancer.ie, for tips on coping with side-effects.

Targeted therapies

Targeted therapies are drugs that target certain parts of cancer cells that make them different from other cells. In other words, they take advantage of differences between normal cells and cancer cells.

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 65).

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



Treatment for cancer that has spread (metastatic cancer)

If the cancer spreads to another part of your body, it is called metastatic, advanced 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.

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

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 65).

You can also have treatment to help with any symptoms (see page 69). You may be referred to the palliative care team, who are experts in managing the symptoms of metastatic cancer. See page 80 for more on palliative care.

Cancer Nurseline Freephone 1800 200 700

Clinical trials

Clinical trials are research studies that try to find new or better ways of treating or diagnosing cancer or reducing side-effects.

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, this might involve 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 in trial, you'll 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





Managing side-effects and symptoms

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How can my symptoms be relieved?

The most common symptoms of pancreatic cancer are pain, jaundice, eating difficulties and fatigue.

Other symptoms such as fluid that collects in your abdomen (ascites) can also cause problems. Some symptoms can be helped by surgery, chemotherapy and radiotherapy. The palliative care team can also help with any symptoms that are causing you problems. See page 80 for more information on palliative care.



Pain

Pancreatic cancer can cause pain but usually it can be well controlled. If the cancer has spread, there may be more pain in your tummy area (abdomen) and around your back. Tell your doctor and nurse if you have pain as there are ways to treat it.

Your doctor will try to find out first what is causing the pain. For example, a blockage or pressure on the nerves. Surgery, radiotherapy or chemotherapy can all help to ease 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. They may need to try out different painkillers to find one that suits you best.

There are other ways to treat pain such as nerve blocks and epidural injections. It is important that your pain is under control so that you can enjoy your normal activities. Sometimes your cancer doctor will ask the palliative care team to help to manage your pain even while you are on treatment. (See page 80 for more on palliative care.)

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.
- Some painkillers have side-effects, especially the opioid-based ones. These can include constipation, feeling sick (nausea) and drowsiness. If you have constipation, it's a good idea to take a laxative every day. Drinking plenty of fluids such as water and fruit juice between meals will also 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.

Tell your doctor if you are if you are feeling sick (nausea). They may give you anti-sickness tablets. Take them as instructed. This nausea often improves as you get used to your medication. Some painkillers can cause drowsiness, but this usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

Jaundice

Jaundice happens when the cancer blocks the bile ducts in your pancreas or if it has spread to your liver. This causes the bile to be absorbed into your bloodstream, which causes your skin and whites of your eyes to become yellow in colour. Your skin then gets dry and itchy, your urine becomes dark in colour and your stools pale. You may feel sick, weak and tired, and have windy pains. Bypass surgery can help to remove the blockage. This blockage can also be helped

by putting in a small tube (stent). See page 48 for more about bypass surgery. A special tube to drain the bile can also be put in through your skin if needed. The bile flows into a drainage bag outside your body that can be emptied each day. If your skin is very itchy, your doctor may prescribe antihistamines to relieve it.

What you can do

Calamine lotion or cool water on your skin can help to ease the itching. Baking soda can help to soothe and soften your skin too. Add a half cup of baking soda to a bath of warm water and soak in it. When washing, use a mild soap on your skin. Add moisture to your skin with soothing lotions such as cocoa butter. For more information on jaundice ask your doctor or nurse or call our Cancer Nurseline on 1800 200 700.

Eating difficulties

Cancer and its treatment can cause eating difficulties, which can make it hard to eat well. Some of the difficulties you may experience include:

- | | | |
|---------------------------|------------------------------|-------------------|
| • Poor appetite | • Sore mouth, gums or throat | • Feeling bloated |
| • Taste and smell changes | • Difficulty swallowing | • Nausea |
| • Dry mouth | • Feeling full quickly | • Vomiting |

Other symptoms, such as pain and fatigue, or feeling down, can also affect your ability to eat and your interest in food. If you have lost your appetite, are struggling with your food, or you are losing weight, speak to your medical team. Tell them if you have pain or are feeling fatigued, or if your mood is low. (See page 73 for tips about weight loss.)

There are ways to help improve your eating difficulties and nutrition. For example, a dietitian can advise you on your diet. Or your doctor may prescribe pain relief, pancreatic enzymes to help you digest your food or anti-sickness tablets for you to take before eating if you have nausea. You may be given a laxative if you are constipated or medication to stop diarrhoea.

You can also call our Cancer Nurseline on 1800 200 700 for more advice or for a free copy of the booklet *Diet and Cancer*.

A note for family and friends – eating difficulties

Normal eating can be difficult for patients with pancreatic cancer. Sometimes you may try to help by preparing favourite meals and snacks. But don't be upset if the patient eats very little of your carefully prepared meal. They simply might not feel up to it.

For more information on caring for someone with eating difficulties, see our booklet *Diet and Cancer*. For a free copy, call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download it from www.cancer.ie



Weight loss

Pancreatic cancer can cause a lot of weight loss. This can leave you feeling weak and tired and not able to eat. Dietitians are experts in the nutritional needs of people who have pancreatic cancer. They can discuss ways to increase calories so that you can feel stronger and improve your quality of life. They can also advise you on how best to take digestive enzymes and help you manage your diet if you have diabetes.

In rare cases, your doctor may feel a feeding tube is necessary, or that you need to get nutrients intravenously (into a vein). This is called total parenteral nutrition (TPN). TPN is usually only given if there is a blockage in the bowel. Your dietitian and doctor will discuss these forms of feeding with you, if they feel you would benefit from them.

Talk to your doctor, dietitian or nurse for more advice. You can also call our Cancer Nurseline on 1800 200 700 for a free copy of the booklet, *Diet and Cancer*.

Hints & Tips – weight loss



- Always tell your medical team if you're losing weight.
- Make the most of your appetite when it's good, while minding what you eat if you have diabetes.
- Take nourishing snacks – high in calories and protein.
- Have snacks about every 2–3 hours. Do not skip meals.
- Add calories to food, for example, by adding milk, butter or cream.
- Avoid drinking liquids before meals.
- Take only small sips at mealtimes, as fluids may make you full.
- Do not put too much food on your plate. It can be off-putting if your appetite is small.
- Take any nutritional supplements recommended by your dietitian or doctor.
- Take special high-calorie drinks to help keep your strength up. Your dietitian will advise you and your doctor will prescribe them if suitable.
- Encourage your family to eat together and make mealtimes relaxing and enjoyable.

Email: cancernurseline@irishcancer.ie

Vomiting

Vomiting can sometimes happen if the cancer is blocking your small bowel (duodenum). Food builds up where the blockage is and makes you feel sick (nausea) or vomit. It can affect your appetite as well so that you do not feel like eating.

Bypass surgery may be done or a stent put in to unblock the area so that food can pass normally. Your doctor can prescribe anti-sickness tablets to ease the nausea and vomiting.



What you can do

Do not eat anything until the vomiting has stopped and is under control. Then try small amounts of clear liquids like water, and continue taking sips for as long as you can tolerate them. It may also help to change your eating habits – for example, have 6-8 small meals a day rather than 3 large ones. These small meals might include nourishing drinks such as milk and soup and softer food like yoghurt or scrambled eggs.

Contact your doctor, nurse or dietitian if vomiting continues or gets worse.

How can I cope with fatigue?

Fatigue means feeling extremely tired. Fatigue is a very common symptom of cancer. Sometimes fatigue improves soon after treatment, but some people still feel tired for months or even years after their cancer treatment has ended. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.



Fatigue when you have cancer 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

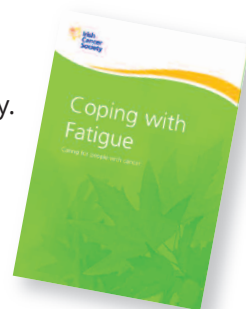
Hints & Tips – Fatigue



- 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 do some exercise – ask your doctor for advice about the best exercise for you.
- 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 such as caffeine and alcohol before bedtime.
- Try complementary therapies like meditation, acupuncture or massage.

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 call into a Daffodil Centre for a free copy. It's also on our website www.cancer.ie



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 after surgery before you will feel well enough to have sex again.

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 try not 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 – 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 to 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



Palliative care

Palliative care helps you to manage your symptoms and improve your quality of life. It also offers emotional support and comfort to patients and their families.

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 with advanced cancer. You don't need medical insurance.

You can be given palliative care in a hospice or community hospital or at home. You may go to a hospice for a day or two to get treatment for your symptoms or you may stay at the hospice in the later stages of your illness. Palliative care nurses may also visit you in your own home.

For more information on palliative care, including the booklet *Palliative care – Asking the questions that matter to me*, visit the Palliative Hub at www.adultpalliativehub.com. Talk to your doctor and nurse for more advice. If you do not feel well enough, your family can do so.

Who can help me at home?

If your family or friends decide to care for you at home, there are many health professionals who can give you practical advice and support. Some work in the community or are attached to hospitals or hospices. Others work between the hospital and your home. Depending on where you live, services can vary from one Health Service Executive (HSE) area to another. Before you go home, you can get more information from the medical social worker in the hospital or at your local health centre. Your GP or public health nurse can also tell you what palliative care services are available in your area. For more advice, call our Cancer Nurseline on 1800 200 700 and ask for the booklet, *A Time to Care: Caring for Someone Seriously Ill at Home*.



Sometimes it may not be possible for someone to care for you at home, if your cancer is advanced and your symptoms are causing you problems. You and your family may need to think about hospice care. The palliative care team can give you and your family advice in this situation.



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 anything.

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 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.

Life after treatment

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 treatment on our website

www.cancer.ie/coping/life-aftercancer-treatment

You can also call our Cancer Nurseline or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 94 for other ways to get support.

Email: cancernurseline@irishcancer.ie

Living a healthy lifestyle

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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You and your family 96

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 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.

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 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 116 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.

'Counselling has helped me with every part of my life. I feel I have a future now.'

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 groups 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.

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.

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

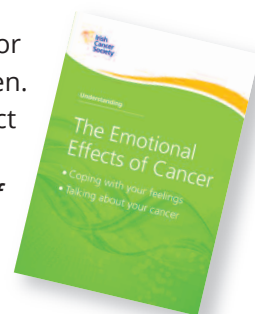
Positive feelings

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.

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 *Understanding The Emotional Effects of Cancer* 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 people may withdraw and 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 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 116.

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 107

Irish Cancer Society services 110

Local cancer support services 116

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 are 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 113 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**
- **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 116 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.

The health professional who is looking after your loved one can request a night nurse for you, so talk to your palliative care team member, GP or public health nurse about this.

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 pancreatic cancer. It is found in the cells that line the pancreatic tubes (ducts).
Adjuvant treatment	Treatment for cancer given after surgery. For example, chemotherapy or radiotherapy.
Anti-emetic	A tablet, injection or suppository given to stop you feeling sick or vomiting.
Benign	A tumour that does not spread.
Bile	Fluid that helps with digestion. It is produced by the liver and stored in the gallbladder.
Biopsy	When a small amount of tissue is taken from your body and examined under a microscope to find out if cancer cells are present.
Bypass surgery	An operation that bypasses the cancer and relieves a blockage in the bile duct.
Cells	The building blocks that make up the tissues in your body. They are tiny and can only be seen under a microscope.
Chemotherapy	Drug treatment used to kill cancer cells.
Enzyme	Proteins that cause chemical reactions in the body. For example, they can break down food in the stomach and intestines.
Fatigue	Severe tiredness.
Gastroenterologist	A doctor who specialises in treating diseases of the digestive system including the stomach, intestines, liver and pancreas.

Jaundice	When your skin and the whites of your eyes turn yellow and your urine dark. It can be caused by a blockage in the bile ducts of the pancreas.
Malignant	Cancer. A tumour that can spread.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Metastasis	The spread of cancer cells from where they first started to other parts of the body. Also known as advanced or secondary cancer.
Nausea	Feeling sick or wanting to be sick.
Nerve block	A treatment used to relieve pain caused by cancer. It helps to stop the nerves around the pancreas causing pain.
Nutrients	Proteins, carbohydrates, fats, vitamins and minerals found in food. They are needed for you to grow and stay healthy.
Oncology	The study of cancer.
Palliative care team	A team of doctors and nurses and other health professionals who are trained to manage pain and other symptoms caused by cancer. They will also help you cope with emotional distress. A palliative care team is in the hospital, hospice and the community.
Prognosis	The expected outcome of a disease – can your cancer be treated and how long are you likely to live.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.

Radiotherapy	The treatment of cancer using high-energy X-rays.
Staging	Tests that measure the size and extent of cancer.
Steatorrhoea	'Fatty' stools which can be clay-coloured, oily in appearance, floating, difficult to flush and have an offensive smell. Steatorrhoea happens when you are not producing enough digestive enzymes.
Stent	A small hollow tube put into the bile duct to hold it open. This allows bile to drain into the small bowel as normal.
Total parenteral nutrition (TPN)	Giving nutrients directly into a vein through a drip.
Tube feeding	Giving nutrients through a feeding tube passed into your stomach or intestine.
Tumour	An abnormal lump of tissue formed by a collection of cells. It may be benign or malignant.

Questions to ask your doctor

Here is a list of questions that you may want to ask. There is also some space for you to write down your own questions if you prefer. Never be shy about asking questions. It is always better to ask than to worry.

What tests do I need?

How long will it take to get the test results?

What type of pancreatic cancer do I have?

What stage is my cancer at? Has it spread beyond my pancreas?

What treatment will I need?

Will surgery be successful for my cancer? Can the cancer be removed?

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

Will I be transferred to a centre that specialises in treating pancreatic cancer?

What is my prognosis?

Your own questions

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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The following sources were used in the publication of this booklet:

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First published by the Irish Cancer Society in 2010.

© Irish Cancer Society, revised 2016, 2020. Next revision: 2022

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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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