

Understanding

Stomach cancer

Caring for people with cancer

Understanding

Stomach cancer

This booklet has information on:

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

Useful numbers

Upper GI nurse specialist

Oncology nurse specialist

Surgeon

Medical oncologist

Radiation oncologist

Radiation therapist

Dietitian

Medical social worker

Family doctor (GP)

Emergency

Hospital records number (MRN)



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Fast facts



What kind of treatment might I have? Page 35

Surgery: An operation to remove the cancer.

Chemotherapy: Drugs used to kill cancer cells, used to slow down or control the growth of cancer.

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

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

Will I be OK? Page 32

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

Are there side-effects from treatment? Page 81

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

You can read about the treatments to learn more about their side-effects and possible complications. For advice on coping with eating difficulties and other side-effects see page 81.

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

Clinical trials Page 80

Clinical trials are research studies that try to find new or better ways of treating cancer or reducing side-effects. Ask your consultant if there are any trials open to you which are suitable for you.

We're here for you Page 127

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 Support Line on 1800 200 700
- Drop into a Daffodil Centre.
Email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.
- Email us: supportline@irishcancer.ie

See page 127 for more about our services.



Support Line Freephone 1800 200 700

Reading this booklet



This booklet is to help you throughout your cancer treatment and afterwards. You will probably find different sections useful at different times, so keep it for reference.

If you need more information or don't understand something, ask your doctor or nurse. You can also ask one of our cancer nurses:

- Call our Support Line on Freephone 1800 200 700
- Visit a Daffodil Centre
- Email the nurses at supportline@irishcancer.ie

About our information

While we make every effort to ensure the information in this booklet is correct and up to date, treatments and procedures in hospitals can vary.

You should always talk to your own medical team about your treatment and care. They know your medical history and your individual circumstances. We cannot give advice about the best treatment for you.

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What is cancer?

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

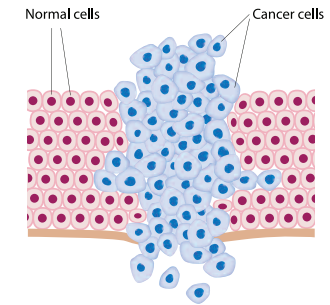
Cancer cells are abnormal cells that grow without control. They can form a lump (tumour).

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

Stomach cancer starts in cells in the stomach.

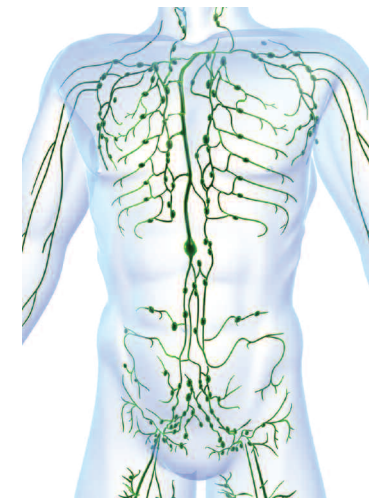
- **Cancers sometimes spread**

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

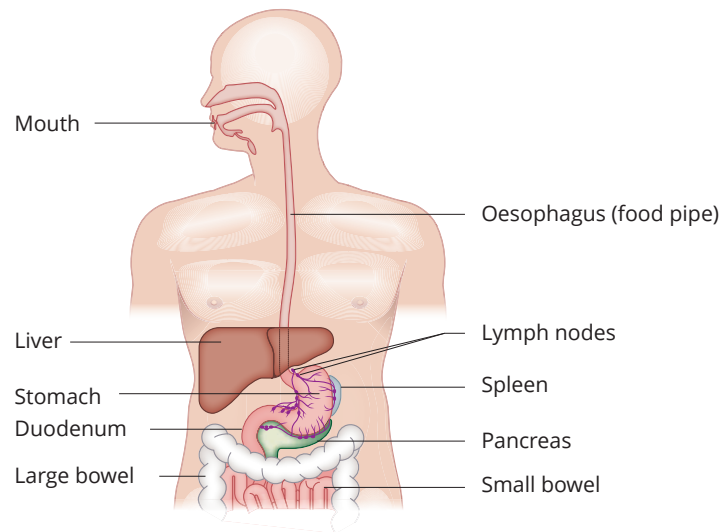


What is the lymphatic system?

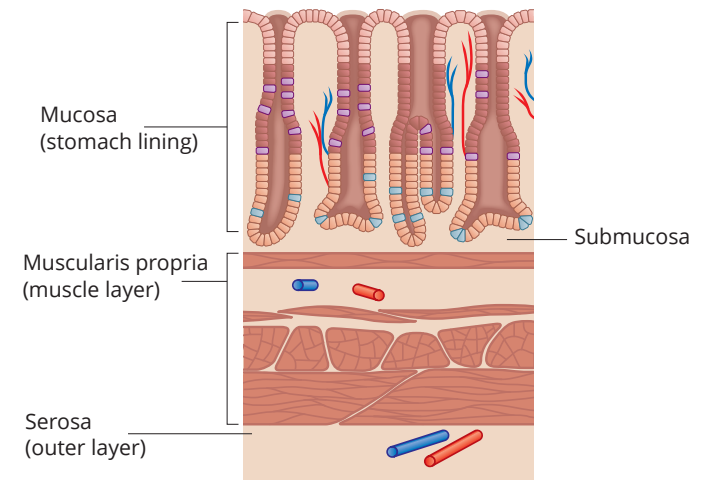
- The lymphatic system is part of our immune system, which protects us from infection and disease and removes extra fluid and waste from the body's tissues.
- It is made up of lymph nodes connected by tiny tubes called lymph vessels.
- Lymph nodes are found mainly in the neck, armpit, groin and tummy.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



What is the stomach?



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



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

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

What is stomach cancer?

Stomach cancer is also known as gastric cancer. When stomach cancer occurs, cells in your stomach change and over time develop into a tumour. At first, the cancer may cause very few symptoms. But as the tumour gets bigger it can affect the digestion of food and lead to symptoms.

When the tumour is malignant, cancer cells may spread to lymph nodes close to your stomach and to other parts of your body.

What caused my cancer?

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

What are the types of stomach cancer?

Adenocarcinoma of the stomach

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

Less common cancers that can affect the stomach

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

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

How common is stomach cancer?

In Ireland around 550 people are diagnosed with stomach cancer each year. It is more common in men than women and is more common in older people.

Preparing for your hospital appointments

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Preparing for your hospital appointments

Preparation is key to getting the most out of your hospital appointments. Being prepared also helps the doctors and nurses get all the information they need – and plan the next steps in your care accordingly.



Before your appointment

- **Write down a list of questions** and things you would like to discuss.
- **Know where you are going and plan your journey** (build in extra time for unexpected delays).
- **Dress in warm comfortable clothes and shoes** – sometimes you can be waiting around for a while. Layers are best, as the temperatures in hospitals can vary a lot. Remember too, loose-fitting clothing will be easier to manage if you are having your blood pressure taken, blood tests or a physical examination.
- **Try to drink clear fluids** (water or juice without pulp) if you are having a blood test and you aren't fasting. This can make it easier for the nurse or doctor to find a vein.
- **Check with the hospital if it is okay to bring someone with you.** Ask a friend or family member to go along for extra support.

What to take to your appointment

Put together a list of things you might need to bring for your visit, including:

- **Your medical card**, if you have one
- **Your private health insurance details**, if you have insurance
- **The appointment letter from the hospital**, if you got one
- **A referral letter or GP letter**, if you got one
- **Your GP's name and contact details**
- **Your medical history** – your doctor will likely ask you lots of questions so it's a good idea to have everything written down beforehand
- **Your list of questions**
- **A notebook and pen to take notes.** (Some healthcare professionals/nurses may be happy for you to record the meeting, but make sure you ask for their permission before doing so)
- **A list of your medications or the medication itself** – ask your pharmacist to print off a list of your medications. Hand-written lists can be hard to read or inaccurate
- **Be aware of when your prescription is due**, so you can ask for a prescription before you leave, if needed
- **Medications and medical supplies you may need that day**, in case you are delayed
- **A light snack and drink** if you are likely to have to wait for some time, if you are not fasting
- **Your phone**
- **Your glasses and hearing aid**, if you use them
- **A book or something to listen to** (including headphones) to pass the time while you wait

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Before leaving the appointment

- **Make sure you feel satisfied that your questions were answered** and that you have written down what you need to know
- **Make sure you know what will happen next**
- **Ask for the name or number of someone you can contact** in case you have further questions
- **Ensure you are booked in for your follow-up appointment** before you leave

After the appointment

- **Arrange any tests in advance of your next appointment as soon as you can**, for example, a blood test – if your healthcare professional has asked for it

Note

If you have to cancel your appointment...

If you are unable to attend your appointment, contact the hospital in advance and they will try to arrange a new appointment for you. If you don't go to your appointment or contact the hospital, you may have to return to your GP and go back on the waiting list for a new appointment.

Support Line Freephone 1800 200 700



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Being diagnosed with stomach cancer

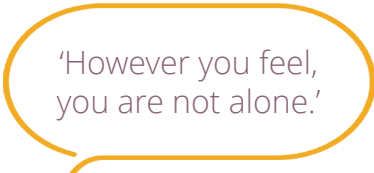
Hearing that you have stomach cancer can be a huge shock.

You may be feeling:

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

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 Support Line on 1800 200 700. You can email the nurses at supportline@irishcancer.ie
- **Speak to an Irish Cancer Society Peer 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 affected by cancer.** Join our online community at www.cancer.ie/community
- **Go to your local cancer support centre.** For more information, see page 133.



'However you feel,
you are not alone.'

Telling people about your diagnosis



Telling people about your diagnosis can help you to get support from friends and family. But you may feel you don't want to tell people straight away. You may be unsure how to break the news. You might like to take a little time to adjust to your diagnosis before deciding what information you might like to share and with whom.

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 Support Line 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 a CT scan, laparoscopy, endoscopic ultrasound (EUS) and possibly a PET scan.
- The tests will tell your medical team more about your cancer and help them to decide on the best treatment for you.

You might need more tests after you have been diagnosed with stomach cancer. The tests give doctors more information about your cancer. Some tests may also be used to see how well you are responding to treatment.

CT scan of thorax, abdomen and pelvis (CTAP)

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

You might be asked to fast (not eat) for a few hours before the test. You may also be given an injection or a special drink to help show up parts of your body on the scan. The injection may make you feel hot all over for a few minutes.



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.

For most scans you will be alone in the treatment room, but the medical team can still see you, hear you and speak to you. Just speak or raise your hand if you need anything.

Laparoscopy

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

Laparoscopy is usually done under general anaesthetic. For this you will need to stay in hospital (usually as a day case or one overnight stay). Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre. While you are asleep, your surgeon will make a small cut in your abdomen to place a mini-telescope called a laparoscope inside. By looking through the laparoscope, your surgeon can see your organs close to your stomach and check the lining of your abdomen for cancer. A small sample of tissue (biopsy) may be taken so it can be examined under a microscope. If there is fluid in your abdominal cavity, a sample of this may be taken and tested.

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

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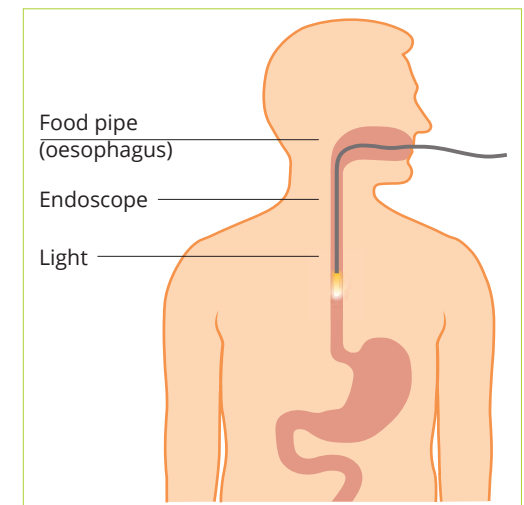
Endoscopic ultrasound (EUS)

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

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

You will have to fast (not eat) for a few hours before the test. You may have a sedative injection to help you relax. A local anaesthetic will be sprayed onto the back of your throat, while you are lying on your side. Once your throat is numb, your doctor will gently pass a thin, flexible tube (endoscope) through your mouth and into your stomach.

The endoscope has a light and an ultrasound probe attached to it. The ultrasound probe uses sound waves to produce a picture of the stomach and nearby organs, so that your doctor can see anything unusual. Samples of tissue (biopsies) can also be taken.



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

MRI scan

This is a scan that uses magnetic energy to build up a picture of the tissues inside your body. Often patients have an MRI after a CT scan, if doctors want to look more closely at something seen on the CT scan. During the test you will lie inside a tunnel-like machine for 30-60 minutes, depending on the number of images that are needed and the area of the body being scanned. Some people are afraid they may feel claustrophobic during the MRI scan. Tell the radiation therapist if you're feeling anxious.

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



PET scan

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

A low dose of radioactive sugar is injected into a vein in your arm. An hour or so later, you will have a scan. The radioactivity can highlight cancer cells in your body. Before the scan, you may have to fast (not eat) for a few hours. During the scan, you will lie on a table that moves through a scanning ring. The scan can last up to an hour. You may have to travel to a specialist centre to have a PET scan, as not every hospital has these scanners.

You will be slightly radioactive after the PET scan, so it's best not to have close contact with pregnant women, babies or young children for a few hours after the scan.

Waiting for test results



It usually takes a week or two 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 Support Line on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

Support Line Freephone 1800 200 700

Staging and grading stomach cancer

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

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

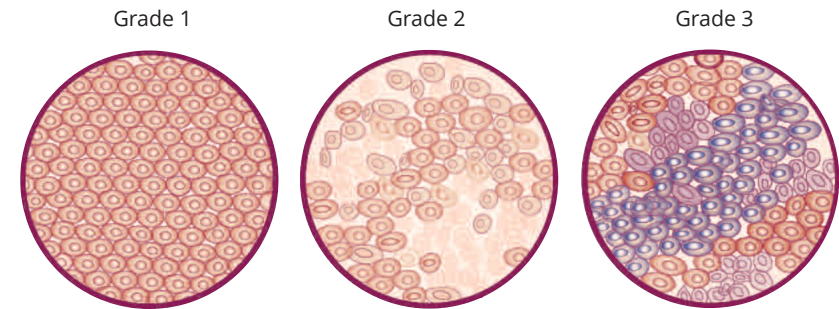
- **Staging describes where the cancer is in your body** – its size and if it has spread
- **Grading describes the cancer cells** – what they look like under the microscope and how they might grow

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



What are the grades of stomach cancer?

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



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

How is stomach cancer staged?

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

It describes:

Tumour (T)

How deeply the tumour has grown into your stomach.

Nodes (N)

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

Metastasis (M)

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

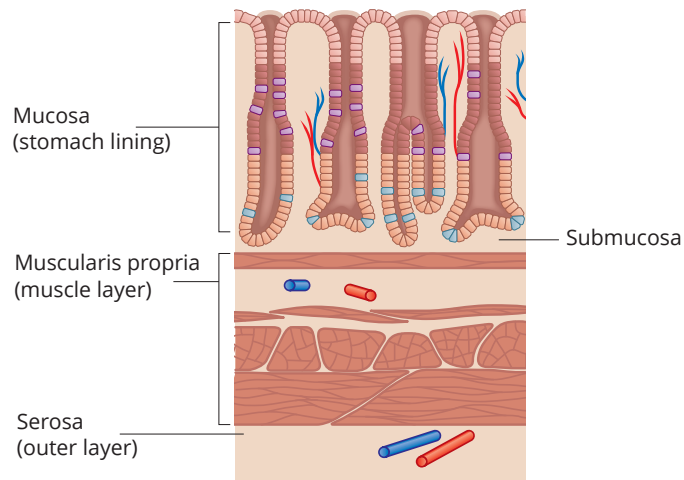
Your doctor often uses this information to give your cancer a number stage. A higher number, such as stage 4, means a more advanced cancer. Some stages are further divided into stage A and B.

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

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

What are the stages of stomach cancer?

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



Stage 1A

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

Stage 1B

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

Stage 2A

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

Stage 2B

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

Stage 3A

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

Stage 3B

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

Stage 3C

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

Stage 4

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

Asking about your prognosis



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

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 it may 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 or nurse again after you have thought about everything.

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 Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@irishcancer.ie. Our cancer nurses can give you support, information and advice. They can also tell you about free counselling and other services that can help you.



Treating stomach cancer

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How is stomach cancer treated?



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

The type of treatment you have will depend on:

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

Types of treatment

Surgery

Surgery is the main treatment for stomach cancer. Different types of surgery can be done, depending on where the cancer is found. If it's not possible to remove the cancer fully, surgery can still be done to relieve symptoms such as pain, vomiting and blockage caused by the tumour. Your surgeon will discuss your treatment options with you and let you know which operation is best for you. See page 51 for more details on surgery.

Chemotherapy

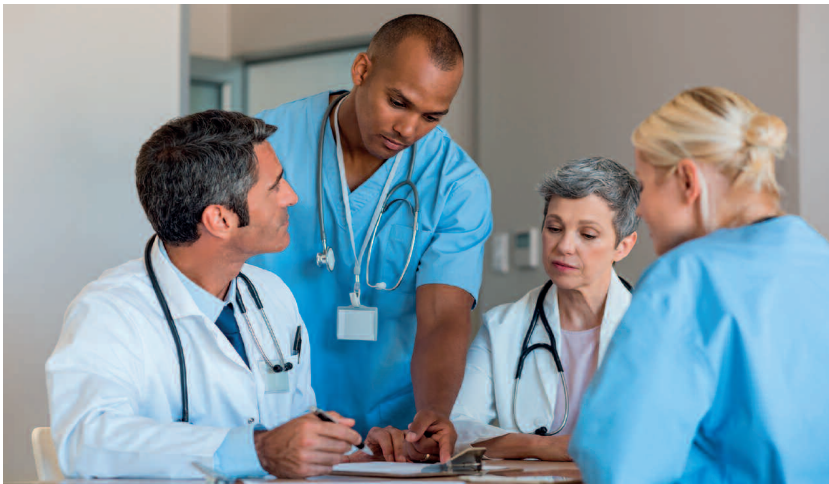
Chemotherapy may be given before surgery to shrink the tumour and after surgery to reduce the chance of the cancer coming back. Chemotherapy can also be used to treat stomach cancer when surgery is not possible or to treat advanced (metastatic) stomach cancer. Even though it will not cure cancer that has spread, it may help to control symptoms and improve your quality of life. See page 67 for more details on chemotherapy.

Radiotherapy

Radiotherapy can relieve distressing or painful symptoms caused by stomach cancer. Sometimes both radiotherapy and chemotherapy are given after surgery as part of adjuvant therapy (further treatment given soon after surgery). Sometimes with gastro oesophageal junction cancer (GOJ), radiotherapy and chemotherapy may be given to shrink the tumour before surgery. See page 74 for more about radiotherapy.

Targeted therapies

Targeted therapies work with your body. They can help your body to fight cancer, slow its growth or control side-effects from other cancer treatments. Your medical oncologist will tell you if there are any therapies available that will be of benefit to you. See page 77 for more information.



Specialist cancer centres

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

Deciding on treatment

Multidisciplinary team

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

Understanding your treatment

Your doctor and nurse will explain your treatment options. Ask as many questions as you like. You could write down any questions you have in advance, so you don't forget anything. You could use the fill-in page at the back of this booklet for your questions and answers. If you do forget something or need more explanations, ask your specialist nurse or talk to one of our cancer nurses – call our Support Line 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 GP will refer you to another specialist for a second opinion if you feel this would be helpful.

Accepting treatment

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

Who will be involved in my care?

Usually, a team of specialists (multidisciplinary team) will be involved in your care.

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

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

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

Advanced nurse practitioner (ANP) ANPs give expert information and support and are specially trained to carry out tests and help to review your treatment.

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.

Radiologist A doctor who specialises in interpreting X-rays and scans such as ultrasound, CT, MRI and PET.

Radiation therapist A specially trained person who delivers radiotherapy and gives advice to cancer patients about their radiation treatment.

Medical social worker A person trained to help you and your family with your social issues and practical needs. They can also give advice on social welfare benefits, financial matters and practical supports and services available to you.

GP (family doctor) Your GP is still very much a part of your care and 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.

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

Occupational therapist (OT) A therapist who specialises in helping people who are ill or disabled learn to manage their daily activities.

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

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

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

Pharmacists Pharmacists – in 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), community 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 physical symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the 'symptom management team'. A specialist palliative care service is available in most general hospitals.

Giving consent for treatment

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

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

If you are confused about the information given to you, let your doctor or nurse know straight away. 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.

Your treatment plan



The treatment or treatments your doctors recommend for you are based on the latest research and international guidelines about the best ways to treat stomach cancer.

Every person and every diagnosis is different, so your treatment plan may not be the same as someone else's. Talk to your doctor or nurse if you have any questions about your treatment plan.

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

Ask your specialist nurse or visit a Daffodil Centre for information on our pre-treatment education workshops. The workshops give information on certain treatments, including what to expect and how to manage side-effects.

While you're waiting for treatment, you might like to focus on your own health. This can help you prepare for your treatment and feel more in control.

How can I help myself?

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

Eat well

Eating well when you have cancer can help you to:

- Feel better
- Keep up your energy and strength
- Keep your weight more stable and avoid muscle loss
- Tolerate your treatment better, so you can finish your course of treatment
- Cope better with side-effects of treatment
- Reduce your risk of infection and other complications
- Recover faster



Ask to talk to the dietitian at the hospital for advice on the best diet for you. Most cancer centres have dietitians who are specialists in

dealing with stomach cancer and are an invaluable resource both for you and your family. You can also read our booklet ***Diet and Cancer***. To get a copy, call our Support Line on 1800 200 700, visit a Daffodil Centre or download it on our website www.cancer.ie

Stay active

If you are able, it can really help to be active before and after your treatments. Keeping up or increasing your activity levels 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.

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 complications from surgery, chemotherapy and radiation
- Smoking can reduce how well chemotherapy or radiotherapy work
- Not smoking can help you to heal better after surgery
- Quitting reduces your chances of further illness

If you would like advice or support on quitting, go to www.quit.ie, call the HSE Quit Team on CallSave 1800 201 203 or Freetext QUIT to 50100. Some hospitals have a stop-smoking service, with advisors 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. Make sure you get your information from trustworthy sources like your medical team, the Irish Cancer Society and the HSE.



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 come with you when you are visiting the doctor and when treatments will be discussed. Your friends and family will be affected by your diagnosis too, so try to talk openly and find ways to support each other.

Use your support network

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

Try relaxation and stress management techniques

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

Accept change in your life

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

Know that there will be ups and downs

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

Try to cope day by day

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.



Types of treatment

Surgery	51
Chemotherapy	67
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Treatment for cancer that has spread	79
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Surgery



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

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

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

The type of surgery you have will depend on:

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

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

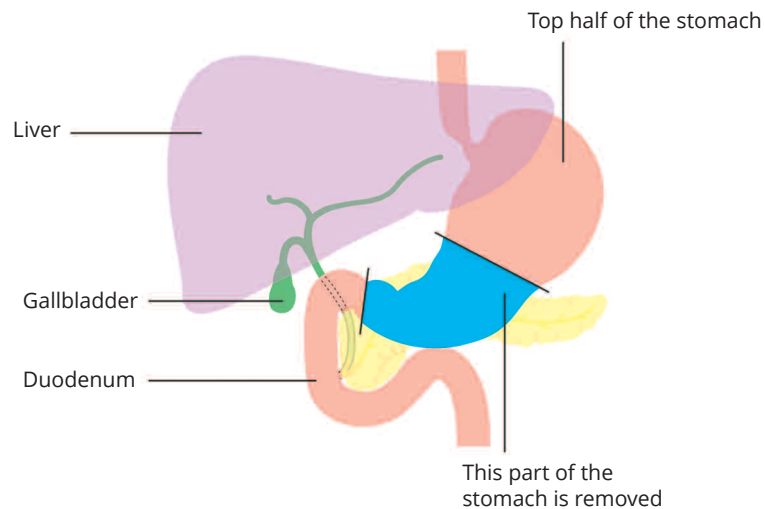
Partial gastrectomy

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

- **Proximal gastrectomy:** Removing of the upper part of the stomach
- **Distal gastrectomy:** Removing the lower part of the stomach
- **Subtotal gastrectomy:** Removing most of the stomach; only a small portion of the upper stomach remains

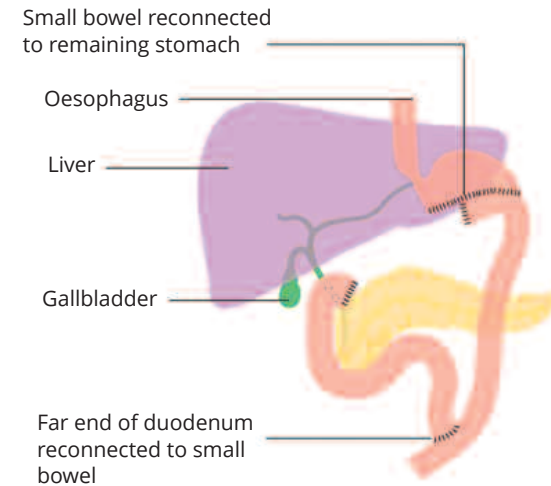
The best operation for you depends on the exact location and size of the tumour. Your surgeon will talk to you about this.

Example of a partial gastrectomy: This diagram shows a **distal gastrectomy**, where the lower part of the stomach is removed.



Images courtesy of
Cancer Research UK / Wikimedia Commons

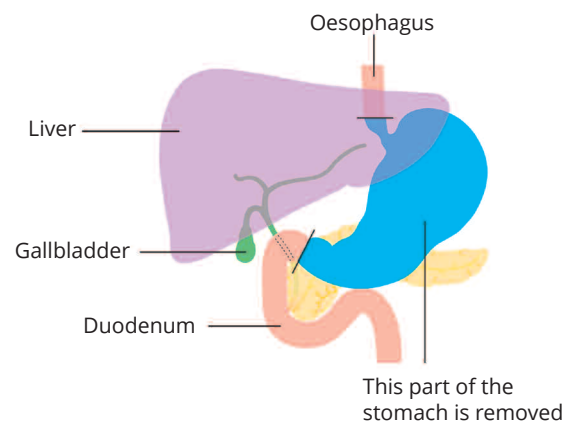
Example of a partial gastrectomy: This diagram shows a **subtotal gastrectomy**, where most of the stomach is removed.



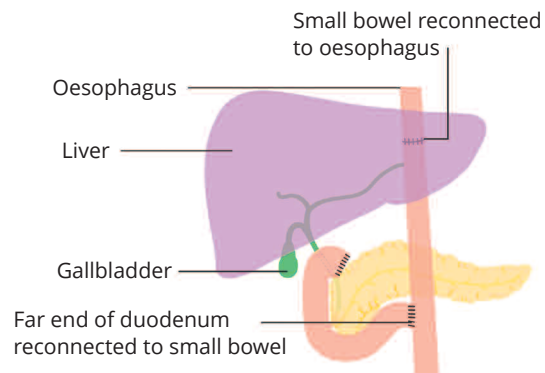
Total gastrectomy

For cancer that affects a large part of your stomach, a total gastrectomy may be done. This means removing your entire stomach and the lower part of your oesophagus and sometimes your spleen. Your oesophagus is then joined to your small intestine (bowel). In most cases, lymph nodes found near your stomach are removed during the operation. This reduces the risk of the cancer coming back in the future.

Total gastrectomy: whole stomach removed

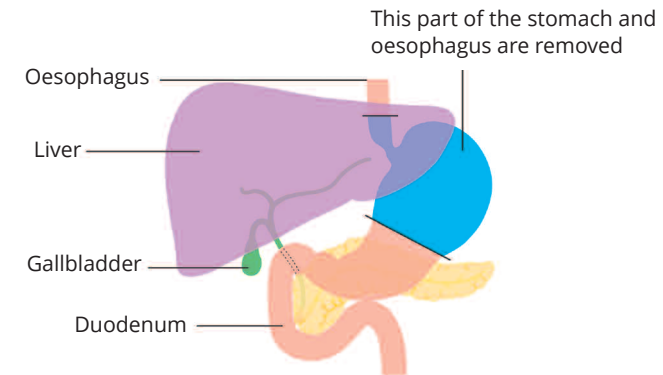


After total gastrectomy: food pipe (oesophagus) now connected to the bowel

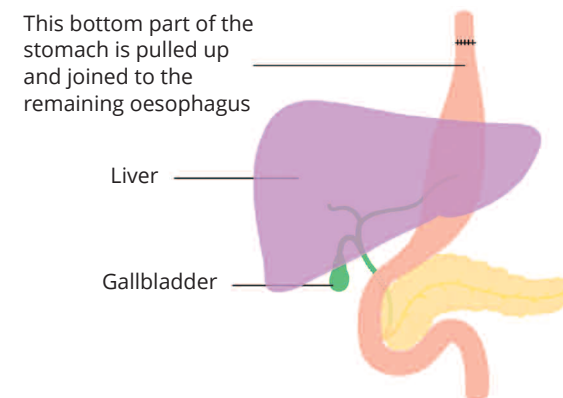


Other organs in the area may be removed at the same time as your stomach, like the lower part of your oesophagus (oesophagogastrectomy – see image below) or the upper part of your small bowel. This depends on the stage of the cancer.

Oesophagogastrectomy: removing part of the stomach and the food pipe (oesophagus)



After oesophagogastrectomy: remaining stomach made into a tube, which is attached to the remaining food pipe



Laparoscopic (keyhole) surgery

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

Bypass surgery

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

Getting ready for surgery

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

Tests before surgery

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

Smoking

If you are a smoker, giving up before your operation will improve the quality of your breathing and reduce the risk of a chest infection after surgery. See page 46 for more.

Your diet

Most people with stomach cancer have weight loss, so you will need to see a dietitian. The dietitian will give you advice about what to eat to avoid more weight loss and keep your strength up.

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

It might be helpful for a close relative or friend to meet the dietitian too so they can learn what foods are best for you and how to prepare them when you are at home.

Before surgery

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



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

Support Line Freephone 1800 200 700

After surgery

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

Drips, drains and tubes

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

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



Pain

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

Eating and drinking

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



When your surgeon feels that you are ready, you will start out having some fluids by mouth. Then you will begin eating again, starting with a soft diet. You can progress to more solid food as long as there are no large lumps and you chew the food well. By chewing the food well you will exercise the join between your bowel and the remainder of your stomach and help keep it open as it heals. You may feel afraid of eating solid foods at first but this fear will lessen as you get used to eating again.

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

If you cannot take enough food by mouth, tube feeding can continue for as long as needed. The length of time will be decided by your dietitian and surgical team and evaluated regularly. Tube feeding can also be managed easily at home. Your nurse will show you how to use the tube and how to keep it clean.

It's normal to lose some weight in the first few weeks after your operation. In fact, few people return to the weight they were before their operation. Weight loss should slow down once you begin eating well again, so try not to worry. Contact your medical/surgical team if you have any concerns about your weight.

Before you go home the dietitian will give you advice on the best foods to eat and how to prepare them. There's more information on eating changes after surgery on page 85.

Getting up and about

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

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

Enhanced recovery programmes



Some hospitals follow an enhanced recovery programme, which aims to reduce complications and speed up your recovery, reducing the time you spend in hospital. Different healthcare professionals will advise you, and you will play an active part in your recovery. For example, you will be given information about diet and exercise before surgery.

Pathology report

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

Going home

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

the feeding tube will have to be flushed through regularly to prevent it getting blocked. Your nurse will show you what to do. Sometimes the feeding tube suppliers provide training at home on how to use the equipment.

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

Help at home

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

Healthcare team

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

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

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

Side-effects of surgery

The following are likely consequences of this type of surgery:

- Eating changes
- Diarrhoea
- Iron deficiency anaemia
- Dumping syndrome

The type of side-effects and how severely they are experienced can vary from person to person.

Eating changes

It is normal to have changes to the way you eat, especially the amount of food that you can eat. You may also lose your appetite. Getting used to these changes can be a slow process, but the dietitian and your doctors and nurses will help you.

Feeling full and uncomfortable after eating only small amounts

You may feel full and uncomfortable after eating only small amounts because your stomach will be smaller if part or all of it has been removed.

When you eat, acids flow into your stomach to help digest the food and this can lead to uncomfortable acid indigestion because of the new position of your stomach.

The dietitian will give you advice on how to work around your lack of appetite and feelings of fullness and discomfort after eating.

It can help to eat small amounts often, 5-6 times a day, rather than having 2-3 large meals. It is also a good idea to eat slowly and chew foods well.

Weight loss

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

Eating well



By choosing nutritious, high-calorie, high-protein foods and adding nutritional supplements if advised by your dietitian, you will get the most from your diet, even if you can't eat very much. Eating well will help you to put on weight and improve your strength and energy levels. See pages 88-92 for meal ideas and more about eating as well as possible.

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



Diarrhoea

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



Iron deficiency anaemia

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

Dumping syndrome

Dumping syndrome is a very rare side-effect of stomach surgery.

Early dumping syndrome happens soon after you have eaten. After a meal, usually high in sugar or starch, your stomach may move food into your bowel very fast. The sudden high concentration of food in your bowel draws fluid from nearby organs and tissues. It can lead to a drop in your blood pressure and an increased heartbeat 30-60 minutes after eating. If this happens, you will feel faint, dizzy and weak.

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

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

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

Email: supportline@irishcancer.ie

Chemotherapy



- Chemotherapy is a treatment that uses drugs to kill cancer cells.
- Chemotherapy can cause a range of side-effects.
- Side-effects normally get better after treatment ends.

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

When is chemotherapy given?

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

How is chemotherapy given?

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

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

How often will I have chemotherapy?

Chemotherapy is given in cycles with a rest period between treatments. This rest period gives 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.

What kinds of drugs are used?

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

Understanding your drug treatment



It's important that you understand the drugs you have been given. 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 know the name of your drug, you can visit the Health Product Regulatory Authority's website at www.hpra.ie for more information about:

- What the drug is
- How it is given
- Possible side-effects

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

What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person. Some people have few side-effects. It mainly depends on the drugs used and the amount of chemotherapy given. Side-effects happen because chemotherapy can affect both healthy cells and cancer cells. Ask your doctor or nurse if you're worried about side-effects or have any questions.

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

Infection

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



Fatigue

Fatigue is very common. It can make you feel tired and weak. For more information see page 94.

Mouth and throat problems

Chemotherapy can cause mouth and throat problems including a dry mouth, ulcers and gum infections. Follow the advice your doctors and nurses give you about taking care of your mouth. If you have any problems your doctor can prescribe special mouthwashes and medications to help.



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.

Nausea and vomiting

Chemotherapy can cause nausea (feeling sick) and vomiting (being sick). Certain smells may make you feel sick. There are treatments

that work well to prevent nausea and vomiting. Thinking or talking about the treatment can also make you feel sick. This is called anticipatory nausea. Tell your doctor or nurse if you have these side-effects.

Constipation and diarrhoea

Chemotherapy can cause constipation (not having a bowel movement often enough) and diarrhoea (frequent loose or watery bowel movements). Your medical team can give medicine to help with constipation and diarrhoea.



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. Tell your doctor if you have numbness or a tingling or burning sensation in your hands and feet. This is known as peripheral neuropathy.

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. You may need a blood transfusion to treat your anaemia.

Hair loss (alopecia)

Some chemotherapy drugs can cause hair loss from all over your body. This can be very distressing. It can affect your confidence and make you feel self-conscious about your cancer. How much hair falls out depends on the drug given, the dose and your own reaction to it. Hair will grow back 3-6 months after you stop chemo.

Loss of appetite

If you don't feel like eating during treatment, ask to see a dietitian at the hospital. It's important to try to eat as well as you can to keep your strength up. See page 87 for tips to help.



Changes in kidney or liver function

Some drugs can irritate or damage kidney and liver cells. Decreased urination, swelling of the hands or feet (oedema) or headaches are some of the signs of kidney damage; yellowing of the skin or eyes (jaundice) can be a sign of liver problems. Tell your doctor if you have these or any other changes in your body. Blood tests will check your kidney and liver function regularly.

Allergy

On rare occasions, people can have a reaction to certain chemotherapy drugs. Reactions can include rash, itching, low blood pressure and shortness of breath.

Blood clots

Chemotherapy and the cancer itself can both increase your risk of developing blood clots. A blood clot may cause pain, redness and swelling in your leg, or breathlessness and chest pain. Contact your hospital immediately if you have any of these symptoms, as blood clots can be serious. Usually they are treated with medication to thin your blood.

If you have any symptoms that are troubling you or you feel unwell, tell your doctor or nurse straight away. You will be given 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 Support Line 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.



Support Line Freephone 1800 200 700

Radiotherapy

- Radiotherapy uses high-energy rays to kill cancer cells.
- Radiotherapy is usually used to help with the symptoms of advanced (metastatic) stomach cancer.
- Side-effects usually affect the area of the body where the radiotherapy is aimed.
- If you experience new side-effects or they get worse, tell your doctor or nurse.

Why is radiotherapy given?

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

- **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.
- **To relieve symptoms.** A shorter course of radiotherapy can also be used to control and relieve symptoms such as pain, or bleeding from the tumour if it persists and the cancer is not being removed. This is called palliative radiotherapy.

Planning your treatment

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

You will have a planning 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 have radiotherapy as outpatients, travelling to the radiotherapy unit each day, with a rest at weekends.

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

How much radiotherapy do I need?

Radiotherapy is normally given as a number of short daily treatments. Your doctor will decide how many treatments you need. Your course of treatment may take several weeks or a few days. It depends on the reason for your treatment.

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

For more information on radiotherapy or a copy of our booklet ***Understanding Radiotherapy***, call our Support Line on 1800 200 700 or visit a Daffodil Centre.

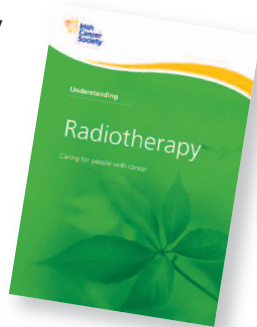
Side-effects of radiotherapy

Any side-effects from radiotherapy tend to affect the part of your body being treated. Most side-effects are temporary and are rarely severe. When the stomach is being treated, the most common side-effects are:

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

Most side-effects develop during or shortly after your treatment and get better within a few weeks. If you experience new side-effects or they get worse, tell your doctor or nurse.

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



Email: supportline@irishcancer.ie

Targeted therapies



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

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

Different targeted therapies work in different ways.

- **Cancer growth inhibitors** block the chemical signals that trigger cancer cells to divide and grow.
- **Monoclonal antibodies** trigger your immune system to attack cancer cells or target the cancer cells with drugs or a radioactive substance.
- **Angiogenesis inhibitors** interfere with the blood supply to the cancer cells.

An example of a targeted therapy that can be used to try to slow the growth of advanced stomach cancer is trastuzumab (Herceptin®). Trastuzumab works by blocking a protein called HER2 that helps the cancer to grow. Not all stomach cancers produce the protein HER2 so this treatment may not be suitable for everybody. Trastuzumab is often given alongside chemotherapy. It is usually given through a drip into your bloodstream. Targeted therapy drugs can also be given by injection or as tablets.

Support Line Freephone 1800 200 700

New targeted therapies



New targeted therapies are being developed all the time and existing therapies are being used in new ways. You may also be offered a targeted therapy as part of a clinical trial (see page 80). Ask your doctor if there are any targeted therapies available to treat your cancer or if there are any trials that are suitable for you.

Side-effects of targeted therapies

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



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

For more information on targeted therapies and their side-effects, or a copy of the booklet *Understanding chemotherapy and other cancer drugs*, call our Support Line 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 or secondary cancer. Your cancer may be in more than one part of your body when it is first diagnosed. If your cancer has spread it can still be treated. Treatment is usually to try to control the cancer rather than to cure it. There is a range of treatment options for most advanced cancers and new treatments are being developed all the time.

Often metastatic cancer is treated with chemotherapy or targeted therapies. There may also be treatments that you can have as part of a clinical trial (see page 80).

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

Palliative care



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

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

Clinical trials

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

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

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 Support Line 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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Email: supportline@irishcancer.ie

How can my symptoms be relieved?

Some common symptoms of stomach cancer are:

- Pain
- Eating difficulties
- Fatigue

If you any have symptoms that are troubling you, let your doctor or nurse know. There are things that can be done to help make life easier for you.

Pain

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



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

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

What you can do

- **If you are in pain tell your doctor or nurse about it straight away.** Be honest about the level of pain that you are in. There is no need to suffer in silence or play down the amount of pain that you have. Taking care of pain is important.
- **Try to describe the pain as clearly as you can.** Is it a dull pain? A sharp sudden pain, a pain that is always there or one that comes over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may be helpful to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse – it may help to explain your problem.
- **Take your painkillers regularly as advised by your doctor,** even if you don't have pain at a particular time. They will help to keep your pain under control.
- **Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up.** Discuss this with your doctor or nurse. You can get extra medication to help with this 'breakthrough pain'.
- **Some painkillers have side-effects, especially the opioid-based ones.** These side-effects may include constipation, feeling sick (nausea) and drowsiness. If you have constipation, it's a good idea to take a laxative every day. Drinking plenty of fluids such as water and fruit juice between meals will also help keep your bowel habits regular. Tell your doctor or nurse if your bowels have not opened for 2 or 3 days. They may give you a different laxative. If you are feeling sick (nausea), your doctor may give you anti-sickness tablets. Take them as instructed. This nausea often improves as you get used to your medication. Drowsiness may happen with some painkillers. But it usually wears off after a few days. Do not drive or work machinery if you feel drowsy.

Eating changes

Some people with stomach cancer find it hard to eat well because of the cancer or the side-effects of treatment, such as feeling full after eating small amounts or not having much appetite. Side-effects vary from person to person and will also depend on the type of surgery you have.

It may take some time for you to adjust to any changes to how you eat, but your medical team will be there to help you. It can help to keep a food diary if you are having problems. Write down what you eat and when. Also write down any symptoms you get and when they happen. After a few days, you may be able to notice which foods cause which symptoms. It is important to remember that being able to eat well will happen gradually.

Eating and advanced stomach cancer

If you have advanced stomach cancer, your surgeon, medical team or dietitian will discuss the best eating plan for you. Often with advanced cancer, the focus will be more on getting the most calories and nutrition possible from your food, managing any side-effects and giving you the best quality of life possible, rather than trying to get back to how you ate before. The best advice for you will depend on the stage of your cancer and your individual treatment plan.

Support Line Freephone 1800 200 700

Feeling full after eating small amounts

You may feel full and uncomfortable after eating only small amounts, especially if you have had surgery. Your body will take time to adjust.

Tips

- Eat small meals 3 times a day and try adding 2-3 small snacks, so that you are eating little and often. See page 88 for ideas on how to eat well.
- As you begin to feel less full, gradually increase the amount of food you eat and the time between meals.
- Avoid high-fibre foods as they may make you feel full very quickly. For example, large portions of fruit and vegetables, wholegrain rice and pasta and wholemeal bread.
- Don't drink large amounts of liquids before or during meals.



Small appetite

You may not feel like eating. This can happen for a number of reasons, such as getting used to any physical changes after treatment, food tasting different, or feeling tired or low.

Tips

- Make the most of your appetite when it's good. Eat when and what you want.
- Take small meals and snacks 4/5 times a day, about every 2-3 hours.
- Take snacks high in calories and protein. See pages 90-92 for some ideas.
- 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.
- Take only small sips of liquid while eating, as drinking might make you full.
- Encourage your family to eat together and make mealtimes relaxing and enjoyable.
- Take regular exercise, if you can, as it may help your appetite. Fresh air can help too.
- Talk to your doctor about medications to help other problems, like constipation, nausea, pain or other side-effects of treatment, if they affect your appetite.
- Tell your doctor if you're feeling fatigued, anxious or depressed, as this can also affect your appetite.



Getting the most from the food you eat

If you can only eat small amounts or if you have lost weight, it's a good idea to make the most of your appetite to eat nutritious, high-energy, high-calorie foods and drinks. Avoid diet or low-fat foods.

Eating well will help you to feel better and have more energy. A good nourishing diet may also prevent further weight loss and help you to recover more quickly from the effects of treatment. If you have problems eating, talk to your dietitian. He or she will advise you about what to eat. For example, a build-up diet, which is high in protein and calories.

Tips to get more calories



- Add butter or olive oil to soups, mashed and baked potatoes, sauces, cooked vegetables, rice.
- Add whipped cream or full-fat yogurt to desserts, puddings and fruit.
- Add cream to soups, sauces, custards, cereals. It can also be added to mashed potatoes and puréed vegetables.
- Add cheese to casseroles, potatoes, vegetables, omelettes, sandwiches.
- Sauté or fry foods if you can tolerate them.
- Add sauces or gravies to your food.
- Add ground almonds or other nuts to porridge, cereals or desserts.
- Add hummus, guacamole, nut butter or cream cheese to sandwiches or as a snack with crackers.



Tips to get more protein



- Try to eat protein food at every meal, spread over the day, rather than only at one meal.
- Eat more hard and soft cheeses. Add them to food where possible.
- Use full-fat milk as a nutritious drink. Use it to also make smoothies and in cooking whenever possible.
- Add high-protein milk or yogurt to drinks, fruit and cereals.
- Add chopped hard-boiled eggs to salads, vegetables, casseroles. Avoid raw eggs.
- Add nuts, seeds and wheat-germ to your food. Add to casseroles, salads, breads, biscuits.
- Add chopped meat or fish to vegetables, salads, casseroles, soups, baked potatoes.
- Add hummus to sandwiches and salads or have with crackers.
- Eat more beans, lentils and peas. Add to soups and casseroles.



Tips for good nutrition

- Eat foods rich in calcium, such as milk and other dairy foods, green leafy vegetables, soya beans, tofu, soya drinks with added calcium, nuts, bread and anything made with fortified flour, fish like sardines.
- Eat foods rich in vitamin D, such as red meat, oily fish, eggs, liver, and fortified foods, such as most fat spreads and some breakfast cereals.
- Eat foods rich in iron, such as red meat, liver, beans, nuts, dried fruit such as dried apricots, wholegrains – such as brown rice wholemeal bread, fortified breakfast cereals and most dark-green leafy vegetables.



Build-up meal ideas

Breakfast ideas

- Scrambled, poached, boiled or fried egg with bread and full-fat spread or butter
- Avocado on toast
- Porridge with full-fat milk / cream and tinned fruit, for example, prunes, peaches, pears
- Full-fat yogurt, oats and fruit, topped with nuts or seeds
- Toast with peanut or another nut butter or jam and butter / full-fat spread
- Fried bread or French toast (bread dipped in beaten egg and fried)
- Cheese and spinach omelette
- Granola or muesli with milk or yogurt with nuts

Lunch ideas

- Meat, chickpea or lentil-based soup – add cream or coconut milk to normal soup to add calories
- Sandwich or roll filled with chicken, egg mayonnaise, tuna, nut butter, hummus, sliced meat or non-meat alternative. Have mayo or butter / full-fat spread to add calories
- Baked beans on toast – butter the toast and add cheese for extra calories and protein
- A mixed salad with meat, cheese or vegan protein. Add avocado and seeds for extra protein, healthy fats and nutrients
- Macaroni cheese with tomato and bacon / non-meat alternative



Dinner ideas

- Roast or fried meat or fish – salmon and other oily fish like mackerel and sardines are particularly nutritious
- Vegetarian or vegan burger or sausages
- Pasta with creamy sauce or tomato and vegetable sauce with plenty of cheese or other protein
- Casseroles and stews – add meat, beans or lentils for extra protein and nutrition
- Shepherd's pie or vegetarian / vegan alternative using beans / lentils

Add butter, cream or olive oil to any vegetables you have with your dinner. For example, creamed spinach, buttered carrots or sweetcorn. Fry or roast potatoes or sweet potatoes, or add butter or cream to mashed or boiled potatoes.

Dessert ideas

- Fresh fruit salad with cream or ice cream
- Bananas and cream
- Fruit pie and custard
- Rice pudding



Snack ideas

- Olives, nuts and seeds
- Dips made with cheese or yogurt, such as guacamole, cheese and chive dip, hummus
- Cheese – for example, mini cheese portions, cheese slices
- Breakfast cereal / porridge with lots of toppings – cream, jam, stewed or tinned fruit, nuts and seeds
- Toast with sardines, baked beans or nut butter
- Hot chocolate or milky coffee made with full-fat milk
- Ice cream
- Milkshakes
- Fruit bread or scones with butter or full-fat spread and jam
- Quiche
- Sandwiches or jacket potatoes filled with tuna, chicken or eggs with mayonnaise, cheese, smoked or tinned salmon
- Smoothies made with yogurt or full-fat milk
- Full-fat yogurt or fromage frais. For example, Greek-style yogurt. Add seeds or dried fruit.



Build-up drinks or nutritional supplements: Your dietitian may recommend build-up drinks, which have a balanced mix of nutrients to help if you're not eating much. Talk to your dietitian about suitable ones for you. Your doctor can also give you a prescription for these drinks.

If you have any eating difficulties or questions about your diet or your weight, talk to your doctor or dietitian.

Our booklet, *Diet and Cancer*, has tips for coping with other eating changes such as taste changes, diarrhoea and sore mouth. You can get free copies from our Support Line and Daffodil Centres, or download it at www.cancer.ie

Difficulty swallowing

If you find swallowing difficult or painful, you may find it easier to eat softer foods for a time. But always tell your medical team about any swallowing difficulties. They can advise you on your diet, medication and other treatments or dietary changes that can help to help, if necessary.

Tips

- Eat your favourite foods but soften them with sauces and gravies.
- Try eating soft, liquid foods like soups, milkshakes, custards, natural yogurt. Make sure soups have potato, lentils, tender or minced meat or fish in them for extra nourishment.
- Avoid any foods that you find hard to swallow, such as raw fruit and vegetables, tough meat and crusty bread.
- Put small amounts of food into your mouth and chew them properly before you try to swallow.
- Chop up meat and vegetables finely for stews or casseroles.
- Blend or liquidise cooked foods if required.
- Eat small, frequent meals.
- Sit up for all your meals, if possible. Try to remain seated upright for 20–30 minutes after eating.
- Ask your doctor or dietitian about build-up drinks, which are high in calories and protein.
- Drink at least 6 to 8 cups of fluid each day.



Fatigue

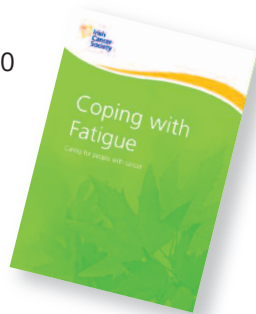
Fatigue means feeling extremely tired. Fatigue is a very common symptom of cancer. Usually fatigue starts to improve once treatment is over, but it can carry on for some people. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.

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

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 Support Line on 1800 200 700 or visit a Daffodil Centre for a free copy. It's also on our website www.cancer.ie



Email: supportline@irishcancer.ie

Tips and hints — fatigue



- Ask your doctor about exercising. Being active can help with fatigue. Your doctor may also be able to recommend an exercise programme for you.
- Get to know when your energy levels tend to be better. You may have to decide which tasks are important to finish and do them over the course of the day or when you have most energy.
- Ask for help at work or at home with any jobs that you find tiring.
- Try to eat a well-balanced diet. Eat little and often if your appetite is poor. Our booklet ***Diet and Cancer*** has tips to help.
- Try to avoid stress. Talk to friends and family about any worries you have and take time to enjoy yourself. Counselling (see page 110) may help too.
- If you are not sleeping well, try to get a good bedtime routine and try relaxation techniques. Avoid stimulants like caffeine and alcohol in the evening and try not to use electronic devices for an hour before bedtime.
- Short naps (less than an hour) and rest periods can be helpful, as long as they don't stop you from sleeping at night.
- Try complementary therapies like meditation, acupuncture or massage, if your doctor says they're safe for you.

Support Line Freephone 1800 200 700

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 is no right or wrong way to feel about your sexuality and sex life. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. Touching, caressing and holding each other can help you to stay physically close.



You may find that talking about your feelings may ease 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. Our Support Line 1800 200 700 and our Daffodil Centres can help you to find supportive information and accredited therapists if you would like to talk to someone. Therapy can help you and your partner deal with a change in your sexual relationship and find ways of being close again.

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

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

Contraception

If you are having sex and you are fertile, you should use a reliable method of contraception during and for some time after treatment. Some chemotherapy and other cancer drugs may harm a developing baby, so it's important to avoid pregnancy during and for a time after treatment.

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

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

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. Your doctor and nurse are well used to talking about these matters, so there's no need to feel embarrassed. You can also call our Support Line 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 supportline@irishcancer.ie

Support Line Freephone 1800 200 700

Will treatment affect my fertility?

Your fertility may be affected by some of the treatments so that you may not be able to have a child in the future. Discuss any worries you have about infertility with your doctor before treatment starts. He or she can tell you if there are any options open to you. For example, it may be possible to freeze your eggs or sperm before treatment begins. Your doctor can refer you to a specialist fertility clinic for advice, counselling and support if this is an option for you.

Dealing with infertility 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 Support Line on 1800 200 700 or visit a Daffodil Centre for information and support from a cancer nurse.

Cancer and complementary therapies

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



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. Tell them also if you're using or considering using over-the-counter or herbal medications. Some can interfere with your treatment or be harmful to you, even if you have used them safely before your cancer diagnosis.

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 Support Line 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

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.



After treatment

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What follow-up will I need?

After your cancer treatment has ended you will still need to have regular check-ups. This is called follow-up or a surveillance programme. The follow-up may involve having a physical exam, blood tests and scans. You will see your consultant more regularly in first few months after your surgery and then around every 3 to 6 months, depending on your progress. These check-ups will become less frequent over time. If you have had other treatments, your follow-up may be slightly different. Your nurse specialist, oncology liaison nurse or consultant will give you details about your specific follow-up plan once your cancer treatment has ended.

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

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

Sometimes it helps to write down what you want to say before you see the doctor. That way you won't forget what you wanted to say. It's important to go to your follow-up appointments. They give your doctor the chance to:

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

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

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

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

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 during the first few months.

Feelings you may have include:

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

There is more about how to cope with these feelings and adjusting to life after cancer on our website www.cancer.ie. You can also call our Support Line or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 111 for other ways to get emotional support.

After-treatment workshops

You might like to join our Life and Cancer – Enhancing Survivorship (LACES) programme when you have completed treatment or have commenced maintenance therapy. This workshop covers topics such as diet, exercise, wellbeing, finance and self-management and gives information on support and services to help you. Call our Support Line or visit a Daffodil Centre for details.

Living a healthy lifestyle

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

- Feel better
- Heal and recover faster
- Cope better with any side-effects
- Keep up your energy and strength
- Reduce your risk of further illness

A healthy lifestyle includes:

- Exercising
- Eating well
- Not smoking
- Avoiding alcohol
- Protecting yourself from the sun

It's also important to have any vaccines recommended for you.

For example, Covid 19, flu and pneumonia. Some vaccinations may not be suitable if you've had cancer treatment, so check with your doctor which you should have and make sure you get them.



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

What if the cancer comes back?

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

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.
- **Sorting financial affairs**.

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

Email: supportline@irishcancer.ie

Coping and emotions

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How can I cope with my feelings?



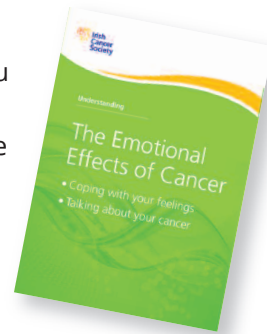
Some people say that trying to cope with their thoughts and feelings is the hardest part of having cancer.

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

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

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 Support Line 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 medication can work well. Professional counselling can also be very helpful.

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

Counselling

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

Free one-to-one counselling is available through some local cancer support centres. To find out more about counselling call our Support Line on Freephone 1800 200 700 or visit a Daffodil Centre. Or email the nurses at supportline@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 133 for more about cancer support services.

Join a support or educational group: You might find it reassuring to talk to other people with cancer who are facing similar 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 healthcare team can refer you to psycho-oncology services if they're available at your hospital.

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

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

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 Support Line 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.'

Peer Support

Peer 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.

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.

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

You and your family

Every family deals with cancer in its own way. You may feel that you don't want your illness to upset family life, feel guilty that you can't join in as much as before, or that you're letting down your partner or children. You may also worry about the emotional impact your illness will have on your loved ones. Our booklet *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.

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

The booklet is available free of charge from Daffodil Centres or by calling our Support Line. It's also available on our website www.cancer.ie.



Further information and support

If you want more advice and support, you can ask your nurse or medical social worker. Or call our Support Line on 1800 200 700 or visit a Daffodil Centre to talk to a cancer nurse in confidence.

Support Line Freephone 1800 200 700

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.



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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 Support Line 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 Support Line 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 through many local cancer support centres. Talk to your GP or see page 110.

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 Support Line on 1800 200 700. Ask for a copy of our booklet *Caring for 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 Support Line on 1800 200 700, visit a Daffodil Centre or email supportline@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 or our Support Line, or download it from our website www.cancer.ie



Support Line Freephone 1800 200 700



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Money matters



- 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, such as 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.

Practical and financial advice from the Irish Cancer Society



We provide individualised financial and practical advice for people living with cancer. This includes:

- **Understanding your welfare entitlements**
- **Advice on accessing extra childcare**
- **Telling your boss about your diagnosis**
- **Public supports**
- **Community supports**
- **Legal entitlements**

We can also act as advocates for patients and their families, for example when discussing your diagnosis with your employer or your financial provider.

Call our Support Line on 1800 200 700 or visit a Daffodil Centre to access any of these supports.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to 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 tests or treatment to check you're covered.

Email: supportline@irishcancer.ie

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: 0818 074 000
- **Department of Employment Affairs and Social Protection** – Tel: 0818 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 keep a copy of completed forms, so take a photo or photocopy them before posting.



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 0818 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 131 for more details of our Volunteer Driver Service and the Travel2Care fund.

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

Money and finances

Go to www.cancer.ie and see our **Managing money** page for information on:

- **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**

Our Benefits Hub on our website has lots of information on government supports for people who are unwell and their carers. It also has advice on how to apply.

Support Line Freephone 1800 200 700

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:

- **Support Line**
- **Daffodil Centres**
- **Telephone interpreting service**
- **Peer Support**
- **Psychological support services**
- **Support in your area**
- **Patient travel and financial grants**
- **Night nursing**
- **Publications and website information**

Support Line Freephone 1800 200 700

Call our Support Line and speak to one of our cancer nurses for confidential advice, support and information for anyone affected by cancer. Our Support Line is open Monday to Friday, 9am–5pm.

The Support Line service also offers video calls for those who want a face-to-face chat with one of our cancer nurses. From the comfort of your own home, you can meet a cancer nurse online and receive confidential advice, support and information on any aspect of cancer.



Our cancer nurses are available Monday to Friday to take video calls on Microsoft Teams platform. To avail of the service, please go to <https://www.cancer.ie/Support-Line-Video-Form>

You can also email us any time on supportline@irishcancer.ie; or visit our Online Community at www.cancer.ie.

Daffodil Centres

Daffodil Centres in 13 hospitals nationwide are staffed by cancer nurses and trained volunteers. They provide face-to-face advice, support and information to anyone affected by cancer. The service is free and confidential.



This is a walk-in service. For opening hours and contact details for each of the Daffodil Centres, go to www.cancer.ie and search 'Daffodil Centres'. You can also email daffodilcentreinfo@irishcancer.ie

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

Telephone Interpreting Service

Speak to our Support Line and Daffodil Centre nurses in your own language through our telephone interpreting service.

Call Freephone 1800 200 700 or visit a cancer nurse in a Daffodil Centre and we will connect you to an interpreter.

Peer Support Programme

Peer Support is a free and confidential telephone service connecting people with similar cancer experiences. Peer Support volunteers are fully trained to provide emotional and practical cancer support in a safe, responsible and kind way.



To be referred to a Peer Support volunteer, call Freephone 1800 200 700 or contact your nearest Daffodil Centre.

Psychological Support Services

The Society funds professional one-to-one counselling. The services we provide are:

- **Remote counselling nationwide**, by telephone or video call.
- **In-person counselling sessions** in Cancer Support Centres around the country.

Counselling is available for the patient, family members, and close friends.

For more information, call Freephone 1800 200 700, or contact your nearest Daffodil Centre.

Support in your area

We work with local cancer support centres and the National Cancer Control Programme to ensure cancer patients and their families have access to high-quality, confidential support in a location that's convenient to them.

For more information about what's available near you, contact your nearest Daffodil Centre, or call our Support Line on Freephone 1800 200 700.



Patient travel and financial grants

We provide Patient Travel, and Financial Grants for patients in need who are in cancer treatment.

- The Irish Cancer Society **Volunteer Driver Service** is available mainly to patients undergoing chemotherapy treatments in our partner hospitals who are having difficulty getting to and from their local appointments.
- We have recently opened a pilot service for radiotherapy patients attending University Hospital Cork and the Bons, Cork for treatment.
- **Travel2Care** is a fund for patients who are having difficulty getting to and from their diagnostic test appointments or cancer treatments. Patients can apply for this fund if they are travelling over 50 kilometres one way to a national designated cancer centre or satellite. Travel2Care is made available by the NCCP.

To access any of these supports, please contact your hospital healthcare professional, call Freephone 1800 200 700, or contact your nearest Daffodil Centre.



Irish Cancer Society Night Nursing

We provide end-of-life care for cancer patients in their own homes. 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 a unique service in Ireland, providing palliative nursing care at night between 11pm and 7am 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 and coping with cancer. Visit our website www.cancer.ie to see our full range of information and download copies. You can also Freephone our Support Line or call into your nearest Daffodil Centre for a free copy of any of our publications.

To find out more about the Irish Cancer Society's services and programmes:

- Visit us at www.cancer.ie
- Call our Support Line on Freephone 1800 200 700
- Email our Support Line at supportline@irishcancer.ie
- Contact your nearest Daffodil Centre
- Follow us on Facebook
- Follow us on Twitter
- Follow us on Instagram

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, their partners, families and carers, 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 through many local support services)
- **Support groups**, often led by professionals like social workers, counsellors, psychologists, or cancer nurses
- **Special exercise programmes**
- **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 lymphoedema services, such as education, exercise, self-management 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 Support Line on Freephone 1800 200 700 to find your nearest cancer support centre. Or go to www.cancer.ie and search 'Find support'.



What does that word mean?

Abdomen The part of your body that lies between your chest and hips.

Adenocarcinoma The most common type of stomach cancer. It is found in the gland cells in the lining of the stomach.

Adjuvant treatment Treatment for cancer given soon after surgery.

Alopecia Loss of hair. No hair where you normally have hair.

Anti-emetic A tablet, injection or suppository to stop you feeling sick or vomiting.

Benign Not cancer. A tumour that does not spread.

Cell The building blocks that make up your body. They are tiny and can only be seen under a microscope.

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

Malignant cancer A cancerous tumour that can spread.

Metastasis The spread of cancer from one part of your body to other tissues and organs.

Nutrients Proteins, carbohydrates, fats, vitamins and minerals found in food and needed for you to grow and stay healthy.

Oncology The study of cancer.

Staging Tests that measure the size and extent of cancer.

Total parenteral nutrition Giving nutrition directly into a vein through a drip.

Tube feeding Giving nutrition through a feeding tube that is passed into your stomach or intestine.

Questions to ask your doctor

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

What tests will I need?

Will I have to stay in hospital for the tests?

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

At what stage is my cancer?

What type of treatment do I need?

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

What are the expected benefits of treatment?

How successful is this treatment for my cancer?

How long will treatment last?

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

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

Will I have to eat special foods?

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

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

Notes/your own questions

Notes/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.

STOMACH CANCER ADVISERS

William Robb, Consultant Upper GI Surgeon

Wendy Hickey, Upper GI Cancer Nurse Specialist

CONTRIBUTORS

Phil Harford, Daffodil Centre Nurse

EDITOR

Sarah Lane

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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 Peer 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 Support Line 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

Irish Cancer Society

43/45 Northumberland Road, Dublin 4, D04 VX65

T: 01 231 0500

E: info@irishcancer.ie

W: www.cancer.ie

Support Line Freephone 1800 200 700

Email: supportline@irishcancer.ie

Find us on Facebook

Follow us on Twitter: @IrishCancerSoc

