

# About chemotherapy



This information has been written to help you and your family understand about chemotherapy as a treatment for cancer. Many people find that knowing about their treatment and how to help themselves can help them cope with it and avoid serious problems.

There are over 200 different types of cancer which are treated in quite different ways. There are also many variations in chemotherapy treatments. We hope the booklet answers some of the questions you have. Some of the possible side effects and ways to manage them are also discussed.

It is not intended as a substitute for discussion with your doctors and nursing staff about your specific treatment but as a guide to help you ask questions.

'About Chemotherapy' has been produced by Cancer Council SA, with the valuable assistance of the many cancer specialists in Adelaide.

## What is cancer?

Cancer is a disease of cells, the building blocks of the body. Normally, all cells divide and reproduce themselves in an orderly and controlled manner, allowing your body to grow and to heal after an injury. In cancer, the process gets out of control and abnormal cells may multiply to form a lump or tumour. The growth of this primary tumour can damage other tissues and interfere with the normal function of the body.

Cancer cells are malignant and can break away from a tumour and spread to other parts of the body via the bloodstream or lymphatic system. If they settle and produce new tumours, these are called secondary growths or metastases.

Benign tumours do not behave the same way as cancer cells but also need medical attention.

The word 'cancer' can also be used when cells multiply abnormally but don't form a lump or tumour. This happens when the blood-forming cells are affected, producing leukaemia.

Many cancers can be successfully treated, especially if detected early. The main methods for treating cancer are:

*surgery* - removing the cancer from the body;

*radiotherapy* - using high energy radiation to destroy cancer cells;

*chemotherapy* - using drugs to kill cancer cells;

*adjuvant treatments* - a combination of any of the above.

Chemotherapy may be used together with surgery and radiotherapy as a precautionary treatment in case some cancer cells remain in the body. Chemotherapy is the

primary treatment for some cancers, such as those of the blood forming organs and is also used if there has been spread of a cancer to other parts of the body.

## How does chemotherapy work?

Surgery and radiotherapy are localized treatments, removing or destroying cancer cells at a specific site in the body. Chemotherapy on the other hand is the use of special drugs to kill cancer cells. The drugs are usually carried in the bloodstream throughout the body to reach cancer cells wherever they occur.

There are many different anti-cancer drugs in use but they all work by interfering with the ability of cancer cells to divide and reproduce themselves. The affected cells become damaged and eventually die. Because of this the drugs are called 'cytotoxics' which literally means cell poisons.

The drugs are most commonly given by mouth or injection and are absorbed into the blood, to travel around the body and reach all the cancer cells, wherever they are located. A combination of different drugs may be used to maximise the destruction of cancer cells.

Chemotherapy treatments are usually given in time limited courses with rest periods in between to allow your body to recover. For example, some drugs are given at two, three or even six week intervals. This is necessary because the chemotherapy drugs damage all cells that are multiplying rapidly, which includes some normal cells such as hair roots, bone marrow and the lining of the intestine. Unlike cancer cells, normal cells are able to repair themselves so that any damage is usually temporary. Cancer cells recover with more difficulty and repeated treatments will result in more cancer tissue being killed.

If chemotherapy can eventually kill all the cancer cells, the cancer is in remission and potentially curable. The cure rates vary from the majority in some cancers to the minority in others, depending on the type of cancer. In some cancers, cure is unlikely and then chemotherapy may be given to shrink the cancer, prolong life and relieve symptoms.

## When is chemotherapy used?

Chemotherapy is given with the positive intention to either cure or improve the outcome for people with cancer.

remission partial or complete removal of cancer from the body.

cure some cancers can be completely cured by chemotherapy, either on its own or combined with other treatments.

- control chemotherapy may control your cancer by shrinking the tumour(s) and restricting its spread.
- palliation even if it is not possible to completely control a cancer, shrinking the growth may help you feel better and relieve distressing symptoms such as pain.

Chemotherapy may also be used to assist other treatments such as surgery or radiotherapy. This is called adjuvant chemotherapy. It may be used:

- before the main treatment to reduce the size of your cancer and make your other treatment(s) more effective.
- as an insurance in case some cancer cells remain after other treatments and which could cause problems later.
- in combination with other treatment i.e. radiotherapy.

## Side effects of chemotherapy

The most important effect of chemotherapy is that it kills cancer cells. Because normal cells are also damaged, there may be some side effects. The main areas of your body that may be particularly affected are those where normal cells rapidly divide and grow, such as your mouth, digestive system, bone marrow, reproductive system, skin and hair. Not everyone being treated with chemotherapy will have side effects. Cancer treatments produce different reactions in different people, and any reaction can vary from time to time. It may be helpful to remember that:

- almost all side effects are temporary and will gradually disappear once the treatment has stopped.
- precautions can be taken to prevent or reduce any side effects. Possible side effects and ways in which you can help yourself are given on pages 4–8.
- the success of treatment is not related to the type or severity of any side effects.

If you want to know more about the specific side effects which may be caused by your own chemotherapy treatment, you should ask your doctor, pharmacist or the nurses involved in your care. They know which drugs you are taking and will be able to give you accurate information.

If you find that the treatment is making you feel unwell, do tell your doctor or nurse as they will be able to assist you with most side effects. Your doctor may also want to make changes to your treatment to lessen these side effects.

Many side effects only occur in the few days following drug delivery and there will be times when you feel quite well between your treatments. Although the side effects of chemotherapy may be unpleasant, they must be weighed against its expected benefits when making your decisions about treatment.

## Planning your treatment

Chemotherapy is usually given as several courses of treatment, each of which may last from a few hours to several days or longer, depending on the drugs given. The

total number of courses you have will depend on how well your cancer is responding to the drugs. It may take several months to complete your treatment.

Your doctor will take several factors into consideration when planning your treatment. Most important are:

- the type of cancer you have;
- where it is situated in the body;
- how far it has spread, if at all;
- your age and general health.

The frequency of your treatments and the total length of time it takes will also depend on several factors including:

- the type of cancer you have;
- the drugs you have been prescribed;
- the response of the cancer cells to the drug(s) during treatment;
- any side effects the drugs may cause.

If you want to keep working during your treatment, you might like to ask your doctor if your treatment times can be fitted in with this. Treatment can also sometimes be delayed to fit in with special occasions you wish to attend or to allow you to go away on holiday.

Your doctor will be happy to explain your own treatment plan to you. If you have any questions, don't be afraid to ask.

## Receiving chemotherapy

Many chemotherapy agents can be given to you as an outpatient or in your doctors rooms. More recently it has become possible to receive chemotherapy in the home in some circumstances. This is not yet widely available across Adelaide and can only be given if certain criteria are met. For more information about chemotherapy in the home talk to your oncologist. Other chemotherapy treatments will mean a short stay in hospital, perhaps overnight or for a few days to a week. This will depend on the agents used and the way they are given.

Chemotherapy may be given by a number of different routes, depending on the type of cancer you have and the drugs used. The most usual ways are by mouth (oral) or injection into a vein (intravenous). Sometimes injections may be into a muscle (intramuscular) or under the skin (sub-cutaneous). Whichever way they are given, the drugs are absorbed into the blood and carried around the body to reach all cancer cells.

If you are taking your chemotherapy drugs by mouth, you may be given tablets to take home as all or part of your treatment. You will be told when to take them and other specific instructions such as whether or not to take them with food. If, for any reason, you cannot take your tablets as prescribed you should contact your doctor, pharmacist or the nursing staff for advice.

If you are receiving the drugs by intravenous injection, they may be diluted into a large volume of fluid and given over a number of hours or days. This is called a drip or infusion and a fine tube called a cannula will be inserted into a vein in your arm.

## Some commonly used chemotherapy drugs

(NB Remember often these are used in combination with one another. See page 3)

Name	Type of drug	Used for	Possible side effects
cyclophosphamide	<i>Alkylating agents</i> – drugs that damage the genetic material (DNA) of cells	lymphomas, leukaemias, sarcoma, breast, ovary, uterus, prostate	low blood cell count, nausea, hair loss, bladder irritation
platinum compounds (cisplatin, carboplatin)		testis, ovary, prostate, bladder, cervix, head and neck cancers	nausea, hair loss, ear and kidney
cytarabine	<i>Antimetabolites</i> – drugs that interfere with the growth of cells	acute leukaemia, lymphoma	low blood cell count, nausea
gemcitabine		lung, pancreas, breast	low blood cell count
fluorouracil		effective in a wide range of cancers	low blood cell count, diarrhoea
methotrexate		effective in a wide range of cancers	low blood cell count, mouth ulcers
etoposide	<i>Plant alkaloids</i> – drugs that interfere with cell division	acute myelocytic leukaemia, testis, small cell lung	low white cell count, nausea, hair loss
vincristine	<i>Anti-microtubule agents</i>	acute lymphocytic leukaemia, lymphoma, breast, lung	constipation, numbness and weakness of limbs
docetaxel		breast, ovarian, non-small lung	low blood cell count
bleomycin	<i>Anti-tumour antibiotics</i> that kill cancer cells. These drugs are often used in combination with other drugs	Hodgkin's lymphoma, testis, cervix, penis	allergic reactions, fever, lung damage
epirubicin		breast, ovarian, stomach, lung, lymphomas	low blood cell count, nausea, hair loss, mouth ulcers
doxorubicin		effective in a wide range of cancers	low blood cell count, nausea, hair loss, heart damage
anti-oestrogens (eg Tamoxifen, Femara)	<i>Hormones</i> that can affect the rate of growth of responsive cancer cells	breast	brings on menopause in pre-menopausal women
rituximab	<i>Monoclonal antibodies</i>	certain lymphomas and leukaemias	infusion reactions, low blood cell count
trastuzumab (Herceptin)		certain breast cancers	may cause heart damage, flu-like symptoms

Sometimes other drugs such as antiemetics (drugs that control nausea) may be added to your chemotherapy drugs so that you receive them at the same time.

Sometimes your chemotherapy drugs can be put into a pump that gives a controlled amount of the drug into the blood stream over a specified period of time. These pumps are portable and you can carry out most of your normal activities at home with them.

Occasionally your veins may become hardened or sore from frequent injections or irritation by the drugs. Do tell your

nurses or the doctors if the injection hurts in any way so that any possible damage can be prevented.

Another way to receive intravenous chemotherapy is via a fine plastic tube (called a central venous catheter) put into a vein in your chest. An infusaport or portocath is commonly used. A small port is enclosed under the skin usually in the upper chest area. The infusaport/portocath can be used for the administration of chemotherapy and the taking of blood. As the port is inside your body the risk of infection is reduced.

Another type of catheter is a PICC line (peripheral inserted

central catheter). This is a fine plastic tube placed in your vein usually in your arm. If cared for appropriately the PICC line can remain in place for several months, up to a year.

Sometimes the drug(s) can be put directly into the area of the body that needs to be treated. For example, liver cancer may be treated by direct delivery of drugs into the hepatic artery which feeds the liver, allowing the use of higher doses while also reducing the side effects. Some early bladder cancers can be treated by introducing the drugs into the bladder via the urethra.

Other routes by which chemotherapy drugs can be introduced to the body for a localized effect include injection into the fluid around the spine (intrathecal), into the chest cavity (intrapleural) or into the abdominal cavity (intraperitoneal).

## Assessing your progress

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Your doctor will carry out regular tests to assess the effects of the chemotherapy on your cancer. These may include X-rays and scans which can show any reduction in the size of the cancer.

Frequent blood tests will also be carried out. Some cancers produce specific chemicals which can be measured in the blood; variations in the levels can indicate the success of your treatment. Abnormal cells may be found in the blood, for example with the leukaemias, and regular samples will be examined to monitor what is happening.

Chemotherapy can also affect the bone marrow, and result in a reduction in the normal level of cells in the blood (the blood count). This is not uncommon. A blood test is carried out before each treatment to check that your blood count has returned to normal levels and occasionally your next treatment may be delayed if your bone marrow needs extra time to recover.

Blood samples or urine can also be used to measure the function of internal organs such as the liver and kidneys. Other tests may be carried out if the drugs being used are known to be associated with specific adverse effects.

Depending on the results of your tests, your doctor may want to modify your treatment plan. The dosage may be reduced if you are experiencing severe side effects or impaired function of the immune system or other organs in your body. Alternatively, your doctor may want to change to other drugs which may have fewer side effects or to produce a more effective response.

## Helping yourself

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Even though chemotherapy can cause unpleasant side effects, some people will still manage to lead an almost normal life during their treatment. Even if they feel unwell during the treatment courses, many people find they recover quickly between courses. Other people decide that they want to cut down on some of their activities and take life more slowly for a while.

What is important is that you do what you like, within the limits of comfort. There are also many ways in which

you can smooth the course of your treatment and help yourself.

Doing things for yourself will help you to feel more in control of your disease and treatment. Try to plan your time so that you can still do things that are important to you. Remember that rest and relaxation are also important to help your body recover.

Realistic goals are more likely to be achieved. Enjoy your social life but don't be too tough on yourself.

## When you go for your treatment

Unfortunately, going for your treatment is not usually a quick in and out. You may have to wait for blood tests or X-rays, the results of your tests, to see your doctor and for the pharmacy to make up your drugs. There is also the time it takes to actually receive your drugs. Listed below are some of the methods other people have found helpful to deal with the waiting times. Everyone is different so choose whatever you think might be useful for you.

- Take a close friend or family member with you to keep you company and remind you of anything you want to find out.
- Prepare beforehand a list of the questions you want to ask your doctor, nurse or any other person involved in your treatment.
- Take a walkman so you can listen to your favourite music or an interesting radio program.
- Learn a relaxation or self hypnosis technique to help with the anxiety of waiting for tests and results and receiving your treatment.
- If you are having treatment in a large hospital, ask if there are volunteers who can help you to find the different departments for your tests or sit with you to keep you company.
- Take a book, newspaper or crossword to occupy your time.
- Talk to other people who are also waiting for treatment and share experiences. You may pick up useful hints on dealing with side effects, but do check these with your doctor or nurse before using them. Remember that other people might be having very different treatments.

## Mouth care

Some chemotherapy drugs can cause a sore mouth or small mouth ulcers. Good oral hygiene will help to minimise problems and if mouth ulcers become infected, treatment can be given to help clear the infection.

- Clean your mouth and teeth gently every morning, evening and after each meal.
- Remove and clean dentures every morning, evening and after meals. Rinse mouth after removing dentures.
- If toothpaste stings or brushing makes you feel nauseous, try a mouthwash of bicarbonate of soda instead. Dissolve 1 teaspoon of bicarbonate in a mug of warm water.
- Use dental floss, with care, daily.

If you have a dry mouth it may help to:

- Sip fluids frequently, especially water, and eat moist foods;
- Keep your lips moist by using vaseline or lip balm.
- If your mouth is not sore, eating fresh pineapple chunks can help to keep it fresh and moist.

Discuss any dental problems with your doctor and when visiting your dentist let him know you are having chemotherapy. Undergoing dental work **during** treatment is generally not recommended.

## Eating well

Try to eat as healthy a diet as possible, high in protein and carbohydrate with plenty of fresh fruit and vegetables. Sometimes you may not feel hungry; do not force yourself to eat but try and catch up on days or times when you do feel like eating. Eat small meals or snacks if your appetite is poor. A referral to dietitian may help to plan your meals.

Extra fluid is needed so that the drugs can be removed from your body once they have done their work. Ask your doctor or nurse how much you need to drink and when. Soups, jellies, icy poles and fruit, as well as more frequent drinks, will all help to give the extra fluid you need.

A loss of appetite during chemotherapy is quite common. Some drugs can also cause your taste to change; food may taste more salty, bitter or metallic. These changes may mean you go off certain types of food, so experiment with different foods to find those that you can enjoy. Normal taste will usually return once the chemotherapy treatment is over.

- Small frequent meals may help
- Sometimes a small glass of alcohol before a meal can help to stimulate the appetite. Do check with your doctor or pharmacist first as a few drugs interact badly with alcohol.
- Avoid neat spirits, tobacco, hot spices, garlic, onion, vinegar and salty food. These may increase abnormal tastes and irritate your mouth.

## Your digestive system

Nausea and vomiting are side effects associated with some chemotherapy drugs, which may start from a few minutes to several hours after receiving them.

If sickness is likely to occur with the drugs you are having, or if you have experienced this reaction, there are anti-sickness drugs (antiemetics) which your doctor can prescribe. These are usually very effective.

To help to reduce nausea:

- Avoid eating or preparing food when you feel sick.
- Eat only a light meal before your treatment; for example soup and dry biscuits.
- Eat several small meals each day and chew the food well.

- Drink whatever non-alcoholic fluids you prefer. Some people find soda water, dry ginger or weak tea refreshing.
- Avoid rich or fatty foods.
- Drink as much fluid as possible before your treatment. After treatment you may find it easier to drink small amounts more often than to have large drinks.
- Eat cold or slightly warm food if the smell of hot food causes nausea.
- Some people find that using relaxation techniques helps to fend off or reduce their nausea.

The lining of the digestive system may be affected by some chemotherapy drugs and this may cause diarrhoea. More rarely, you could become constipated. To help to reduce the problems of diarrhoea and constipation:

- Drink more fluid.
- Eat small snacks rather than large meals.
- If you have diarrhoea, eat less fibre and avoid raw fruits, cereals, vegetables, milk and milk products until it is cleared up.
- If constipation occurs, increase your intake of fibre, raw fruits, cereals and vegetables. Prune juice and hot drinks can often stimulate bowel action.
- See your doctor if problems persist – medications are available to ease problems.

## Hair and skin care

Take good care of your skin while you have chemotherapy. Your skin may be a little more sensitive to the sun than normal, so protect yourself by avoiding the sun in the middle of the day, wearing a hat, shirt and sunglasses when out in the sun and using a good sunscreen (SPF 30+, Broad Spectrum).

The drugs may cause your skin to become dry or slightly discoloured. Ask your doctor about lotions and creams to relieve dry or itchy skin. Any rashes should always be reported to your doctor.

Your nails may grow more slowly and you may notice black discolouration or white ridges appearing across them. False nails or nail varnish can be used to disguise split and discoloured nails.

Hair loss or thinning can be caused by some drugs which temporarily damage the hair. Remember that many drugs do not cause hair loss, the degree of loss varies with the individual and it is not permanent. Hair will regrow either during treatment or after you have completed treatment.

- Look after your hair. Use gentle hair care products and avoid vigorous brushing or harsh treatments for your hair.
- If possible use a cotton, polyester or satin pillowcase. Nylon can irritate your scalp.
- Protect your head against sunburn or extreme cold.
- There are many ways of disguising hair loss and looking good. Some people find it comfortable to wear a hat

or scarf, others prefer to wear a wig. Some financial assistance is available from the public hospitals and the private health funds to help purchase wigs.

*Look Good.... Feel Better* is a programme to help you counter-act the effects of physical changes in your appearance due to your treatment. In a two hour workshop you can learn to use make-up and hairstyling with wigs and other accessories as well as having a lot of fun. Contact **Cancer Council Helpline 13 11 20** for further information.

## Your bone marrow

The bone marrow produces most of the blood cells in the body and is vulnerable to damage by many of the chemotherapy drugs. Problems resulting from chemotherapy are also related to the specific type of blood cell affected.

- Red blood cells contain haemoglobin and carry oxygen around the body. When the number of red cells in your blood is reduced, anaemia caused by a lack of haemoglobin results. This can make you feel weak and tired and look very pale but is successfully treated by blood transfusions.
- White blood cells are essential for fighting infections. A low white cell count can result in an increased risk of infection so you may be given antibiotics during your treatment.
- Platelets help to clot the blood to prevent bleeding. If the number of platelets in your blood is low you will bruise easily and may bleed heavily from even minor cuts and grazes. This can be treated by a transfusion of platelets into your blood.

Once your treatment has begun, blood samples will be taken regularly to check that the number of these blood cells (the blood count) is normal before your next course of chemotherapy is given. Occasionally your treatment may be delayed if your bone marrow needs extra time to recover.

To reduce the problems associated with damage to your bone marrow:

- eat as healthy a diet as possible, including a wide variety of foods
- cut down your risk of infection; avoid people with coughs, colds and other infections. Avoid inoculations
- let your doctor know if you have any sign of bleeding or bruising.
- maintain high standards of personal hygiene.
- let your doctor know immediately if you develop a fever, that is a temperature over 38°C (101°F), or if you begin to feel unwell. You may need treatment with antibiotics. The time of greatest risk is 10–14 days after your chemotherapy. Don't take medications to reduce fever without doctor's advice.
- take care to avoid injuries. For example, wear thick gloves when gardening.
- use electric razor instead of blades.

- rest whenever you feel tired.

The ability to replace damaged marrow using bone marrow transplants allows more intensive treatment to be used with a higher probability of achieving a cure in some cancers, such as leukaemia and some lymphomas in young people. These treatments are only available at specialist centres and many are still on a trial basis. These centres have produced their own information books which will be available to you if high dose treatment and transplantation is suggested.

## Fertility

If you are a woman, your periods may become irregular or cease during chemotherapy. The 'pill' may be prescribed for some young women, not only as a contraceptive but also to help protect the ovaries from the effects of chemotherapy. About a third of women are still able to have children after chemotherapy, but you might like to consider having your ova stored before you start treatment if you have not completed your family.

It is important to continue to take contraceptive precautions during your treatment, despite decreased fertility, as the drugs may affect the ova and hence the unborn baby. Should pregnancy occur, do discuss it with your doctor as soon as possible.

In men, chemotherapy may reduce sperm production. The reduction in sperm numbers can range from mild to very severe and the effects can be temporary or permanent. Some men may consider having sperm stored before they start treatment, permitting artificial insemination at a later date if desired. Your doctor will be able to do a sperm count for you when your treatment is over to check your fertility.

## Relationships and sexuality

There is no medical reason to stop having sex at any time during your chemotherapy. However, sometimes women may experience some vaginal dryness. If dryness is making sex uncomfortable, you could use KY jelly or other commercial preparations to moisten the vagina, or your doctor may be able to prescribe a cream or ointment. These changes are usually temporary and everything will return to normal as you complete your treatment.

Men may have difficulty in getting an erection during their treatment but none of the chemotherapy drugs will have any permanent effect on your sexual performance or your ability to enjoy sex.

Having treatment for cancer can alter the way people feel about themselves and their special relationships. Because of body changes some people worry that they are less sexually attractive to their partner, or they may not feel like having sex because they are too tired. We all have different ways of expressing our needs for intimacy.

Although you may not feel like sexual intercourse, there are many ways in which you and your partner can maintain closeness and warmth. Touching, cuddling, kissing and stroking can be both pleasurable and comforting and, as you begin to feel better, you can gradually resume your usual ways of lovemaking.

If you are concerned about changes in your usual lovemaking pattern, it is important that you talk about them with your partner. Even though you might not have any problems with sex, your partner may be anxious and waiting for a cue from you to show that it is alright to discuss things.

## Your feelings

People react in different ways when they learn they have cancer. Feelings of grief, anger or hopelessness can be frightening when they occur. They can also change, quite violently. Treatment which makes you feel tired or sick can also have emotional effects and you may feel isolated because of these feelings. Emotions are a natural safety valve; recognising and sharing them with people you trust can help you to manage during your treatment.

Your emotional well being is as important as your physical health. Everyone needs some support during difficult times and having cancer is one of the most stressful situations you are likely to face.

Anxiety, fear or depression may be prompted by apparently trivial problems, such as having to change your usual daily routine to fit in with treatments, or something more obvious such as the side effects of treatments. If you do feel low or worried, for whatever reason, it is important to know that you are not alone. Many people with cancer are likely to have felt as you do at some time during their treatment. Like them, you can overcome feeling fearful or discouraged.

Knowledge can be an antidote to fear, so if you don't understand something about your treatment or disease and you want to know about side effects and possible outcomes of treatment—ask!

Regular updates on your progress are important for your emotional health. Asking your doctor for these will also give him or her the opportunity to reassure you if things are progressing rather more slowly than expected and to discuss changing your drugs or treatment plan if necessary.

## Help is available

Your medical specialists and the nurses involved in your care will be able to give you information about your illness and may also be able to give you emotional and personal support. The hospital pharmacist can also help to fill in the details about your chemotherapy, possible reactions you may have and the best ways for you to deal with them. Your family doctor may not be directly involved in your cancer treatment but remains an important provider of general medical care and may be able to help you to understand what is going on.

Your doctor can also refer you to a wide range of allied health professionals such as dietitians, physiotherapists and social workers if this is required. Social workers can provide assistance with personal family or financial problems. They are available in public hospitals, community health centres, domiciliary care services and at Cancer Council SA. The Royal District Nursing

Society, Domiciliary Care Services and other community agencies can provide essential services such as nursing, other professional services and home help to people in their own homes.

Having a serious illness and undergoing difficult treatment is not always easy to talk about and is often hardest to share with those closest to you. Yet emotional support is essential. In addition to your family or friends, your doctor, nurses or local minister of religion may be the people to whom you can talk and who will help you through this time. An experienced counsellor who is not personally involved may be able to help you sort out your thoughts, feelings and ideas.

You might like to join a cancer support group, so that you can meet with other people who have faced the same or similar problems. Other groups such as the *Look Good... Feel Better* workshops or meditation groups can teach you practical skills to help deal with your treatment.

Cancer Council SA fosters and coordinates all aspects of the fight against cancer and is involved in the support of all who may be affected directly or indirectly by cancer.

Contact **Cancer Council Helpline 13 11 20** if you want to talk with a professional counsellor or for information about services and resources available in your local community

Cancer Council SA  
202 Greenhill Road, Eastwood 5063  
PO Box 929, Unley BC SA 5061  
chl@cancersa.org.au  
www.cancersa.org.au

Services are available at no charge and any patient, relative or friend may use them. Monday–Friday, 8.30 am to 8.00pm

## Useful books available for loan

*Cancer. What To Do About It.* Ray Lowenthal. Lothian Books. 1990

*Living With Cancer.* Simon Smail. Aladdin Books. 1990

*The Cancer Word Book. Your Guide to the Language of Cancer.* The Cancer Council Victoria. 1988.

*Why Me? Commonsense About Cancer.* Merren Parker. ANZ Book Co. 1981

*Life After Leukaemia.* Wayne Reed. ACCV. 1989

## Video tapes available for loan

*Just What is Cancer?* Cancer Council Victoria. 1989.

*Understanding Cancer.* University of Sydney. 1984

1. The Search for a Cause
2. The Patients' Story
3. The Road to Recovery

*Cancer - The Facts.* Royal Prince Alfred Hospital. 1988

*Breast Cancer - The Facts.* Royal Prince Alfred Hospital. 1988

*Cancer: Captain Bill Sails the "C".* Royal Children's Hospital, Brisbane.

This booklet is one of a series of resources produced by Cancer Council to help you understand more about your illness and to help yourself. Other titles available are:

About cancer

About surgery

Breast cancer? A practical and helpful resource guide

Breast reconstruction

Cancer information on the internet

Caring for the person with advanced cancer

Clinical trials

Emotions and cancer

Guide for partners of women with breast cancer

Guide to cancer services in Adelaide

Hair loss

How can I relax?

I want to help

Meeting the challenge of advanced cancer

Nutrition for people having cancer treatment

Oral health during cancer treatment

Questions you might like to ask your doctor

Sexuality for men with cancer

Sexuality for women with cancer

Skin care during cancer treatment

Understanding and controlling cancer pain

Understanding radiation therapy

What About Me? (for children when a parent has cancer)

What do I eat now?

When you're diagnosed with cancer

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Next review due July 2009

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