



## During Treatment

[During Treatment](#) is divided into 12 sections covering the different treatments and their impact.

<b>Chemotherapy</b> Q1. What is chemotherapy? Q2. How long will chemotherapy treatment take? Q3. What are the side effects of chemotherapy? Q4. How is chemotherapy given?	<b>Radiotherapy</b> Q5. What is radiotherapy? Q6. How long will radiotherapy treatment take? Q7. What are the side effects of radiotherapy? Q8. How is radiotherapy given?
<b>Hormone Therapy</b> Q9. What is hormone therapy? Q10. How long will hormone therapy take? Q11. What are the side effects of hormone therapy? Q12. How is hormone therapy given?	<b>Surgery</b> Q13. Am I seeing the right doctor? Q14. What questions should I ask? Q15. Is there anything I can do to assist my recovery?
<b>Having treatment</b> Q16. Why do I have to wait for treatment? Q17. What if I have side effects? Q18. How do I know if the treatment is working?	<b>Psychosocial impact of treatment</b> Q19. What if I'm not coping and feel depressed? Q20. How can I get support? Q21. Who can I talk to? Q22. Can I still work?
<b>Understanding your health care team</b> Q23. Questions to ask Q24. Who is managing my care? Q25. What can I expect from my health care team?	<b>Palliative care</b> Q26. What does metastasis mean? Q27. What if my cancer spreads? Q28. What if I have pain? Q29. Are there doctors trained in palliative care?
<b>Clinical trials</b> Q30. What can clinical trials do for me? Q31. What questions should I ask? Q32. Are there any new drugs I can take?	<b>Physical impact of treatment</b> Q33. How can I get help in the home? Q34. What do I do if I have side effects? Q35. Should I be on a special diet? Q36. Can I drink alcohol? Q37. Is it safe to have sex during treatment?
<b>Complimentary medicine</b> Q38. What is the difference between complimentary and alternative medicine? Can I use them? Q39. Should I consider complimentary medicine?	<b>Common questions</b> Q40. What can I do to make it easier? Q41. Where can I get more information? Q42. How do I know I'm getting the best care?

## Chemotherapy

### Q1. What is chemotherapy?

Chemotherapy is the use of cytotoxic drugs that kill or slow the growth of cancer cells.

There are many types of chemotherapy drugs. In most treatments a number of drugs are given but sometimes only one.

Chemotherapy can be given orally as a daily treatment but is most commonly given by injection at

intervals of one to three weeks.

Sometimes chemotherapy is given after surgery even though the disease has been removed. This is called adjuvant chemotherapy.

### **Reasons for chemotherapy:**

- Cure: some cancers can be cured by chemotherapy on its own or in combination with other treatments such as radiotherapy and surgery
- Control: if cure is not possible, chemotherapy can be used to control the cancer. The aim is to make the cancer smaller to stop it spreading
- Relief of symptoms: sometimes it is not possible to completely control cancer. Relieving symptoms such as pain may make life more comfortable

Some people are comfortable with the benefit chemotherapy may bring; others need to weigh up the benefits to them with the possible side effects of the treatment. Ask your specialist to explain how effective the chemotherapy offered to you is to help you in your decision. If you would like to find out more about specific drugs, call the Cancer Council Helpline on 13 11 20.

## **Q2. How long will chemotherapy treatment take?**

The duration of chemotherapy treatment varies from weeks to months to a year.

Each chemotherapy treatment period is called a cycle and each cycle is followed by a rest period. During the rest period your normal cells will repair themselves and your body will regain its strength. Each cycle varies from one to five days of treatment and is followed by a rest period of up to three weeks. Then the next cycle starts.

The number and length of cycles depends on the type of cancer and the drugs used. Discuss your own treatment with your doctor. You will probably find it easier to deal with your chemotherapy if you understand why it can continue for months.

## **Q3. What are the side effects of chemotherapy?**

Side effects vary from person to person, according to the type of treatment and even between treatment periods. Everyone reacts differently.

Some side effects start within hours of the injection. Other side effects may take two to four weeks to occur. Most side effects such as hair loss, nausea and mouth ulcers are temporary and disappear within a few weeks of stopping chemotherapy.

However, side effects such as infertility are commonly long lasting and should be discussed with your doctor.

The type and severity of side effects has no relation to the success of the treatment.

### **What causes side effects?**

Most chemotherapy affects rapidly multiplying cells because cancer cells are rapidly dividing. Unfortunately so are normal cells. It is the effect of chemotherapy on normal cells that causes the side effects.

## **Q4. How is chemotherapy given?**

The way your chemotherapy is given depends on the drugs used and the type of cancer you have.

### **Intravenous chemotherapy:**

Most commonly, chemotherapy drugs are given through a vein (intravenously). Depending on the type of drug you are given, this may only take a few minutes, or a number of hours or days. The drugs are injected or dripped into a vein through devices called tubes or lines.

Intravenous chemotherapy should not hurt after the initial injection. If you feel any burning, coolness, pain or unusual sensation in the area the needle is injected tell your doctor or nurse. Also report any discomfort felt after treatment.

Chemotherapy can be time consuming. You may spend a lot of time waiting, often in clinics. Reading a book or magazine, listening to music or talking to a companion can help pass the time.

It may pay to ask how long the wait will be. If you wish to be out by a certain time, tell your doctor or nurse or the receptionist.

Some people can have their chemotherapy at home with the use of a portable pump. This device is usually attached to an intravenous line in the chest wall. The pump is programmed to give the prescribed amount of chemotherapy over a specified time period.

The pump can be carried in a bag or belt holster. The nurses at your hospital can show you how to care for the pump. The line is removed after treatment.

### **Other ways of having chemotherapy:**

- By injection into a muscle
- In tablets
- Applied onto the skin in a cream
- By injection into the fluid around the spine
- By injection into an artery
- By injection into the chest cavity
- By injection directly into the tumour or an organ

After a few cycles of treatment your doctor will reassess you and may order tests to see if the cancer has shrunk or disappeared.

If chemotherapy is being given as palliative treatment, the relief of symptoms will tell you the treatment has worked.

## **Radiotherapy**

### **Q5. What is radiotherapy?**

Radiotherapy uses radiation to kill cancer cells or injure them so they cannot multiply. It can be used to treat primary cancer and to treat the symptoms of cancer which has spread.

Radiotherapy is aimed at the site of the cancer.

The radiation will affect all cells in the area, however normal cells are better able to resist or recover from its effects, for example skin cells.

Although the thought of radiotherapy can be unpleasant, it is important to remember:

- Radiotherapy will not leave you radioactive
- The treatment does not hurt
- The radiation is not hot
- You will not see or feel the rays, just as you don't when having a normal x-ray

### **Reasons for radiotherapy:**

- To cure cancer
- To control cancer
- To relieve symptoms
- To prevent cancer coming back after treatments
- To help other treatments

### **Q6. How long will radiotherapy treatment take?**

The length of time radiotherapy takes depends on the type of cancer you have and the type of therapy you receive.

### **External radiotherapy**

Different people need different numbers of radiotherapy treatment. It is normal to receive radiotherapy five days a week for five to seven weeks.

Using small doses of daily radiation rather than a few large doses helps protect normal body tissue in the treatment area. Weekend rest allows normal cells to recover.

### **Internal radiotherapy**

Most implants are left in place from one to six days and you are likely to stay in hospital for this time. With some cancers the implants are left in just a few minutes and with others they are permanent.

An implant can be used to deliver radiation very quickly over a few minutes. This can be outpatient treatment which will need to be repeated.

Your doctor will explain to you exactly what radiotherapy you need and how long it will last.

### **Q7. What are the side effects of radiotherapy?**

Radiotherapy can be an effective treatment for many cancers but it can cause unwarranted side effects. The type and severity of side effects does not influence the success of your treatment.

Side effects usually start around the second or third week of treatment and are most severe at the end of treatment. Most side effects will go away after treatment.

The most common side effects include feeling tired and lacking energy, skin problems, hair loss, lack of appetite, nausea and diarrhoea, face, mouth, neck and upper chest problems, dental problems, fertility problems and sexual problems.

### **Q8. How is radiotherapy given?**

Radiotherapy can be given in two ways:

- **External radiotherapy:** a machine directs radiotherapy at the cancer and surrounding tissue. Different machines are used for cancers near the skin and those deep in the body.
- **Internal radiotherapy:** the radioactive material is placed inside the body on or near the cancer. This treatment is also known as brachytherapy. The radioactive material is sealed in a small holder called an implant. Internal radiotherapy is commonly used to treat cancers of the mouth, rectum, cervix and prostate.

## **Hormone Therapy**

### **Q9. What is hormone therapy?**

Hormones are chemicals produced in one part of the body for transmission to another part where they exert their effects. Examples of hormones include insulin, oestrogen, and testosterone.

Some cancers grow in response to hormones or respond to changes in body hormones. Most hormonal therapies work by decreasing the amount of hormone in the body or by stopping the cancer cells getting the hormones.

By doing this, hormonal therapies can help reduce the size of the cancer and slow down the spread of cancer.

### **Q10. How long will hormone therapy take?**

How long treatment takes depends on what treatment you are given and how you respond.

#### **Hormone therapy for prostate cancer:**

- **Medication:** hormone injections are given as monthly or three-monthly treatments. This will not cure the cancer but can slow down its growth for several years. Hormone therapy may be continued for many years or may just be a one off treatment. Hormone tablets are sometimes given in combination with other treatments
- **Surgery:** the operation is to remove the testes where testosterone is produced. It is called orchidectomy

#### **Hormone therapy for breast cancer:**

Hormone therapy is also used to treat breast cancer. Tamoxifen is the most common anti-oestrogen used in hormone therapy for breast cancer. Many women take tamoxifen tablets every day for five years.

Hormone treatments are used to stop the ovaries producing oestrogen in pre-menopausal women. Several types of hormone drugs are now used to treat breast cancer after menopause.

### **Q11. What are the side effects of hormone therapy?**

**Men receiving hormone therapy for prostate cancer may have these side effects:**

- Tiredness
- Erection problems
- Reduced sex drive
- Weight gain
- Hot flushes
- Breast tenderness
- Depression
- Loss of bone strength (osteoporosis)

All these can be treated. Ask your doctor to explain the side effects of your particular therapy. Let them know of any side effects.

**Women receiving hormone therapy for breast cancer may have these side effects:**

- Menopausal symptoms (hot flushes, vaginal discharge/ dryness, irregular menstrual periods and a decrease in libido)
- Blood clots
- Cancer of the uterus

**Ovarian treatment** involves the surgical removal of the ovaries. This results in permanent menopause and you will be unable to have children.

**Other hormone therapies may have these side effects:**

- Weight gain
- Fluid build up/generalised swelling
- Vaginal bleeding
- Blood clots, though this is rare

Be sure to let your doctor know of any side effects you experience.

### **Q12. How is hormone therapy given?**

**Hormone therapy for men with prostate cancer:**

- Hormone injections: injections of luteinising hormone-releasing hormone (LHRH) are given to control the production of testosterone. LDRH is given as a monthly or three-monthly injection.
- Surgery: there are two types of surgery. An orchidectomy is the removal of both testes. After surgery a plastic prosthesis can be put in the scrotum to maintain its shape and appearance. A subcapular orchidectomy is the removal of the inner part of the testes only.

**Hormone therapy for women with breast cancer:**

- Women are given anti-oestrogens for breast cancer. The most common is tamoxifen. Treatment is usually started one to four weeks after surgery. If you have chemotherapy after surgery, tamoxifen is started after surgery is complete. It is taken as a tablet every day for two to five years.

## **Surgery**

### **Q13. Am I seeing the right doctor?**

Your general practitioner has probably referred you to a specialist to find out if you have cancer and how to treat it. It is important you feel comfortable and confident with this doctor. Several things may influence your choice of doctor:

- Their ability to give you help and answers you need

- Their experience with the recommended treatment
- How close he/she is to your home
- Whether they involve you in the decision making around your treatment

### **Q14. What questions should I ask?**

When most people see their doctor they have questions and concerns, many of these get lost in the rush of the moment. Here are some of the questions you may want to ask your doctor before surgery:

- What kind of cancer do I have?
- Where is the cancer at the moment? Has it spread?
- Will I need more tests?
- What will the tests tell us?
- What surgery do I need?
- Will I need further treatment after surgery?
- Does the treatment have any side effects?
- When will I know if the treatment is working?
- Will I get better?
- If we get rid of the cancer, what are the chances of it coming back?
- Do members of my family have a greater risk of getting the cancer?
- Are there services available to help me with this illness?

Before seeing your doctor, make a list of questions you would like answered.

### **Q15. Is there anything I can do to assist my recovery?**

#### **Gentle exercise**

Exercise will help you recover. To begin with you should start with breathing exercises and leg exercises. Later walking or swimming will improve your strength and fitness. Your doctor and physiotherapist will recommend the best exercises for you and tell you when it is safe to do more vigorous exercise.

#### **Eating well**

There is no special eating plan to prevent or cure cancer and there are no special foods to have or avoid. But eating well is more important than ever as cancer and its treatment place extra demands on your body.

This is not always possible, as you may feel too unwell to eat. However, there are ways to manage and control the effects treatment has on appetite and you should discuss these with your doctor.

Good nutrition can help you cope better with treatment side effects. It helps wounds and damaged tissues heal better. This is important after surgery, radiotherapy, chemotherapy and other medical treatment. It improves the body's immune system to fight off infection and will also keep you at a healthy weight.

## **Having treatment**

### **Q16. Why do I have to wait for treatment?**

Waiting for treatment can be difficult. You may be concerned your treatment needs to start immediately. This is not always the case. For all cancers time needs to be taken to:

- Confirm diagnosis
- Assess the effect on the body
- Determine whether the cancer has spread
- Plan for treatment
- Ensure your body is fit enough for the treatment recommended

Sometimes, if the cancer is rapidly growing and the patient is in good health, treatment is started immediately after the diagnosis is confirmed.

Occasionally treatment is unavailable immediately. Radiotherapy machines are in high demand and there may be a wait for treatment. This can be frustrating. If this is the case:

- Stay in touch with your doctor
- Tell your doctor if your condition changes
- Confirm your appointment closer to the date
- Check if an appointment has become available

Rest and eat well so you get the most out of your treatment when it starts.

### **Q17. What if I have side effects?**

Side effects vary considerably. Two people on the same treatment may react quite differently. Reactions can also vary from one period of treatment to the next.

The type and severity of your side effects have nothing to do with the success of your treatment. It is best to talk to your doctor or nurse before treatment begins about the side effects you should watch out for or report.

It is also important to tell your doctor if you plan to take any medications, use any creams, home remedies or alternative and complimentary therapies as these may affect your treatment.

Keep a diary to write down any side effects you experience and what you did to cope with them. Share this information with your doctor or nurse. They may prescribe a break in your treatment or change the kind of treatment to make the side effects easier to handle.

### **Q18. How do I know the treatment is working?**

You will need regular assessment by your doctor to monitor your progress. The time for assessment depends on the type of therapy you are having.

For radiotherapy it will be after you have finished your first course. For chemotherapy it will be after a few cycles of treatment.

At this point, for both types of therapy, your doctor will reassess you and may order several tests and examinations. These tests will show if the cancer has changed size.

If your treatment is palliative, the relief of symptoms will tell you it has worked.

## **Psychosocial impact of treatment**

### **Q19. What if I'm not coping and feeling depressed?**

Some people have more trouble adjusting to the diagnosis than others. It is common to feel depressed. You may lose interest in things, be unable to concentrate or may not want to get up in the morning.

Starting treatment and its side effects may also make you feel depressed. Returning again and again to the doctor's office or hospital, places that represent the most frightening aspects of cancer, is not easy. You can try to plan special activities for the days you feel well and prepare yourself for the days when you will feel awful.

Counselling may help you deal with depression. Speak to the hospital social worker or call the Cancer Council Helpline on 13 11 20 for more information on psychologists.

### **Q20. How can I get support?**

Many support services are available for people with cancer. Contact the social worker at your hospital or the Cancer Council Helpline on 13 11 20 for emotional support, practical help, financial assistance and information on cancer support groups. Your GP will also be able to guide you to support services in the community.

### **Q21. Who can I talk to?**

The diagnosis of cancer can be an emotional time. As well as feeling fearful, angry or isolated, you may simply be overwhelmed by all the tests and treatments you are undergoing.

It may help to talk with family and friends, your general practitioner or the hospital. The Cancer Council Helpline can also provide support for the cost of a local call on 13 11 20, Monday to Friday, 9am until 5pm.

## **Q22. Can I still work?**

Work is an important part of life for many people. As well as financial income, it provides satisfaction and a chance to socialise with work mates. Returning to work as soon as you are physically able is one way to make you feel normal again.

If you are unable to return to your previous position, look into rehabilitation and retraining programs that can prepare you for another job.

You have a right to be treated fairly in the workplace. If you need advice about discrimination talk to a social worker, the Human Rights and Equal Opportunities Commission or a local community health or welfare centre.

## **Understanding your health care team**

### **Q23. Questions to ask:**

When most people see their doctor they have questions and concerns. These can often get forgotten in the rush of the moment. Here are some questions to ask your doctor:

#### **About your cancer:**

- What kind of cancer do I/did I have?
- Where is the cancer at the moment? Has it spread?
- Who will manage my care?

#### **About the tests:**

- Will I need more tests?
- What will the tests tell us?

#### **About your treatment:**

- What treatment do I need?
- Who will be giving me the treatment?
- Does the treatment have any side effects?
- When will I know if the treatment is working?

#### **About the future:**

- Will I get better?
- If we get rid of the cancer what are the chances of it coming back again?
- Do members of my family have a greater risk of getting cancer?
- Are there services available to help me cope with this illness?

Before visiting your doctor, it is a good idea to make a list of all the questions you would like answered.

### **Q24. Who is managing my care?**

A number of health professionals will care for you during the course of your cancer treatment.

- General practitioner will arrange the first tests and refer you to a specialist if the initial tests do not rule out cancer
- Specialist will arrange further tests and advise you about treatment options. The type of specialist depends on your cancer type
- Other health care professionals, including nurses, physiotherapists, social workers and dieticians will be involved in your care

The doctors communicate with one another at different levels. You should ask your specialist to let your GP know what is going on. This will make sure they are aware of your treatment and results.

Palliative care is coordinated by specialist doctors, nurses, volunteers, social workers and pastoral care workers. The goal of palliative care is to provide care and support so people with serious illnesses can live comfortably and as fully as possible.

If you are not linked with a palliative care service and would like to be, speak with your doctor or nurse.

Contact the Cancer Council Helpline on 13 11 20 to find your closest palliative care service. Some require a referral from your doctor.

### **Q25. What can I expect from my health care team?**

Your team will discuss your care and recommend what is the best treatment for you. They may also refer you to another specialist in order to ensure all aspects of your care are covered.

It is important you feel comfortable with your treatment team and feel you are getting the information and support you need.

Let your doctor or clinical nurse specialist know if you have any particular concerns or priorities to tell the team. Looking after your emotional well being is important and should be part of the overall care the team provides.

It can be hard to talk openly with doctors but it is essential to have good, clear communication with the doctor treating you. You must know how and in what situations you should contact your doctor.

## **Palliative Care**

### **Q26. What does metastasis mean?**

When cancer first begins, the cells divide and multiply uncontrollably and usually develop into a mass (or tumour). This mass of cells is the primary cancer.

If the primary cancer is not treated, or cannot be treated, a few cancer cells can break away and move through the bloodstream or lymphatic system to other parts of the body. There they divide and multiply uncontrollably and form other masses of abnormal cells, called metastases. The process of spreading is called metastasis.

When cancer spreads from the place it first grew, to other parts of the body, where it again begins to grow is called the secondary or metastatic cancer.

### **Q27. What if my cancer spreads?**

It can be a difficult time if you are told your cancer has spread. At first you may find it hard to accept things can improve – but they can. Don't rush into hasty decisions at this point.

Each type of cancer has its own pattern of development. Some grow very slowly, while others move rapidly.

Secondary or metastatic cancer cannot be eliminated by surgery or radiotherapy, and the outcome depends on the effectiveness of the drug therapy to shrink, or kill the cancer cells.

Although no one will be able to tell you exactly what path your cancer will take, you need to discuss your cancer and your prognosis with your doctor.

### **Q28. What if I have pain?**

Pain is a sensation that hurts. It may be steady, throbbing, stabbing, aching or pinching in character. Whichever way you feel pain, you are the only one who can describe it because you are the only one who feels it.

Cancer pain may be acute or chronic:

- Acute pain lasts a short time
- Chronic pain may range from mild to severe and lasts longer – weeks to months

Pain can have a big impact on your life. Controlling the pain allows you to return to the activities you enjoy. Don't be scared to talk to your doctor about pain relief – there are no awards for suffering in silence.

### **Common causes of cancer pain:**

- A tumour causing pressure on organs, bones or nerves
- Poor circulation because a tumour has blocked blood vessels
- Blockage of an organ or tube in the body
- Side effects/ulceration from chemotherapy, radiotherapy or scars after surgery
- Muscle joint stiffness/discomfort from tension, inflammation or inactivity
- A bone fracture

Fatigue can make it harder for you to deal with your pain. When you are tired you may not be able to cope with the pain as well as when you are rested. Ask your doctor or nurse for help if you are not sleeping well.

People often have an emotional reaction to pain. Anxiety and depression make the pain worse. Try sharing your feelings with your doctor, nurse, family or friends. This may help reduce tension, lift your spirits and lessen the severity and impact of the pain.

### **Describing the pain:**

Some people find it hard to explain pain. To get the best treatment you should be able to describe the pain as best as possible. Your doctor and others caring for you need to know:

- Where in your body you feel the pain?
- When did it begin?
- Is your pain constant? If not how many times a day/week does it occur?
- How long does it last each time?
- What does it feel like? Is it dull, throbbing, steady, shooting, stabbing or burning?
- Does it prevent you from doing your daily activities? Which ones?
- What relieves your pain?
- What makes it worse?
- What pain relief have you tried? What helped? What didn't?
- What have you done in the past to relieve these kinds of pains?

You may find it useful to keep a diary of your pain, using a scale of 0 to 10. The higher the number, the worse the pain.

### **Treating pain:**

When treating pain, your doctor will normally try to treat the cause of the pain first. Surgery, chemotherapy, radiotherapy or hormone therapy may be used to try to shrink the cancer. If the cancer has spread to other parts of the body, radiotherapy is often used to treat the pain, particularly in the bones.

These techniques may take weeks to work and the pain needs to be controlled in the mean time. These tips may be useful:

- Try pain medications or using non-medication approaches such as distraction, relaxation and imagery
- Don't wait for the pain to get out of control before doing something about it
- Learn what works best for you. For instance you might use relaxation at the same time as pain medication
- Know yourself and what you can do. Some people can use pain relief methods requiring more effort when they are well rested but not when fatigued
- Be open minded and keep trying
- Try each method more than once, what doesn't work one day may work another
- Be patient, everyone is different so it might take time to find the right method for you

## **Q29. Are there doctors trained in palliative care?**

Palliative care specialists are doctors that are experts in pain and symptom control, particularly for people with advanced cancer. They work closely with your oncologist and general practitioner and are part of the palliative care team. This team is responsible for the emotional and physical needs of people with advanced cancer.

# Clinical trials

## Q30. What can clinical trials offer me?

Clinical trials are research studies that test new and different ways of improving health in people. In cancer they are the end of a long and careful process of research, which often starts in the laboratory.

The main benefit of being in a trial is knowing you are helping advance knowledge and improving things for people in your situation in the future. But there are other benefits of being in a trial.

It is often said people getting their treatment in a clinical trial often do better than those having the same treatment outside of a trial. While this is true, it is at least partly because people in a trial are fitter and better able to comply with treatment than people who are not in trials.

People in trials get better personalised care and attention from their research nurses and doctors. Their treatment tests and follow ups are carefully set out in the trial protocol. They also get extra information on their disease and treatment in a specified Participant Information Sheet.

These benefits apply equally to those in the control group, who receives the best standard treatment, and to the people in the experimental group, where the new treatment is applied.

### Types of clinical trials:

- **Treatment trials** – test new drugs or drug combinations or other treatment types such as radiotherapy, surgery method, ways to combine treatments, new treatment methods such as gene therapy, alternative therapies
- **Prevention trials** – test new approaches such as medicines, vitamins, minerals other supplements that may lower the risk of getting cancer
- **Screening trials** – test the best way to find cancer especially in its early stages such as blood tests and pap smears

## Q31. What questions should I ask?

Participating in a trial can seem a little daunting. You may find the following list of questions helpful when meeting with the researchers.

- What is the purpose of this trial?
- Who is running the trial?
- How long has the trial been running?
- How many other people are on the trial?
- How long will the trial last?
- What tests are involved?
- What do I have to do?
- Who can I contact if any problems arise?
- What is likely to happen to my condition with or without treatment?
- How could the trial affect my daily life?
- How much of my time will the trial take?
- What costs are involved in the trial?
- Will the treatment take place in a clinic?
- Will I have to be hospitalised?
- What are the possible side effects?
- How will the treatment affect me emotionally and physically?
- Is the information collected about me confidential?
- What happens if I change my mind about participating in the trial?

## Q32. Are there any new drugs I can take?

You may have heard of a new treatment for your type of cancer. All promising new treatments are tested in clinical trials, in which the new treatment is compared with existing treatments.

In Australia, the cost of expensive treatments is subsidised by the government, but only once the treatment has been tried, tested and proven to be effective.

Until that time new treatments may only be available to people participating in trials. Sometimes the treatments are available outside the trials, but they are often difficult to obtain and must be paid for by the patient.

Call the Cancer Council Helpline on 13 11 20 for information on drug testing in Tasmania.

## Physical impact of treatment

### Q33. How can I get help in the home?

On discharge from hospital you may be referred to a community nurse who can help you establish some help in the home. If you are not in contact with a community nurse, your doctor and your local community centre will be able to advise you on what is available. Contact the social worker at your hospital or the Cancer Council Helpline on 13 11 20 for more information on practical help.

You can also contact:

- Commonwealth Carelink Centre on 1800 052 222 to find out the range of services available in your community and how to contact them
- Carer Resource Centre on 1800 242 636 for referral to services and practical information to support carers
- Home and Community Care Program on 1800 052 222 on information about providing community care

### Q34. What do I do if I have side effects?

It's natural to be concerned about the possible side effects of your treatment. But there are ways to relieve the side effects of both chemotherapy and radiotherapy.

#### Side effects of chemotherapy:

Chemotherapy is designed to affect rapidly multiplying cells because cancer cells are rapidly dividing. Unfortunately there so are many normal cells. It is the effect of chemotherapy on normal cells that causes the side effects. The side effects usually start in the first few weeks of treatment and will eventually go away.

#### Side effects of radiotherapy:

Radiotherapy is an effective treatment for many cancers, but it can cause unwanted side effects. The type and severity of your side effects have nothing to do with treatment success. Side effects vary considerably and can depend on what part of your body is being treated. Two people on the same treatment may react quite differently, while some people have no side effects. Reactions also vary from one period to the next. There are things you can do to minimise the impact of any side effects you may experience.

### Q35. Should I be on a special diet?

People often ask what they should eat when they have cancer. There is no eating plan that can cure or prevent cancer and there are no special foods to avoid. But following a healthy eating pattern is recommended.

Healthy eating is important because cancer and its treatment can place extra demands on your body. Unfortunately it's not always possible to eat a variety of foods because you may feel too unwell to eat. However, there are ways to manage and control the effects treatment has on appetite and you should discuss these with your doctor.

The benefits of good nutrition:

- It helps you cope better with treatment side effects and recover sooner
- It helps wounds and damaged tissue heal better. This is important after surgery, chemotherapy, radiotherapy or other medical treatment
- It improves the body's immune system so you are better able to fight off infection
- Eating well with also help you stay a healthy weight and feel better in yourself

Healthy eating tips:

- Choose a variety of foods

- Eat two serves of fruit and five serves of vegetables a day
- Chose wholegrain, wholemeal and high-fibre foods such as cereals, breads, rice and pasta
- Choose foods low in fat and salt
- Consider losing weight if you are overweight, by reducing the amount of fat you eat and increasing physical activity
- Give up smoking, talk to your doctor about joining a program
- Drink alcohol in moderation

### **Q36. Can I smoke or drink alcohol?**

It is best to check with your doctor whether smoking or alcohol has any effect on the medications you will be taking as part of your treatment.

It can be difficult to quit smoking at any time, if you would like more information in quitting contact the Quitline on 13 78 48.

### **Q37. Is it safe to have sex during treatment?**

There is no risk to you or your partner. However, cancer treatments, such as surgery, radiotherapy and chemotherapy, can have temporary effects on your sexuality.

Most sexual problems caused by cancer and treatment are temporary. With patience, practice and time most can be over come.

## **Complementary Therapy**

### **Q38. What is the difference between complementary and alternative therapy? Can I use them?**

#### **Complementary therapies:**

Complementary therapies are a treatment that is not part of the conventional treatment routine for cancer. Complementary therapies such as relaxation, meditation, massage therapy and counselling can help you deal with the emotional and psychological impact of the disease and treatment side effects.

There is evidence to show:

- Relaxation therapy can help ease cancer pain
- Muscle relaxation and imagery can reduce distress in women with mild anxiety
- Acupuncture can ease pain

#### **Alternative therapies:**

An alternative treatment or therapy is one that is used instead of conventional treatment.

Remember that just because it is listed as “natural” does not mean it is safe. For example, some herbs used in alternative remedies are listed as poisons in the government’s drugs and poisons schedule.

It is important to inform your doctor about any alternative or complementary medicines you might be taking as some treatments can be harmful if taken at the same time as conventional treatments.

However, using alternative therapies is your decision and consulting with your doctor does not mean you are asking their permission. But keeping your doctor informed will help provide the best care for you.

### **Q39. Should I consider complementary or alternative therapies?**

Some complementary therapies have been shown to reduce the emotional and physical impact of the disease and treatment side effects.

Some people turn to alternative therapies because they are disillusioned with their medical treatment and are searching for a “better” solution. Often family and friends will persuade them into trying new treatment, anything in the hope for a longer life.

If you are considering stopping conventional treatment you should discuss this with your doctor. Your doctor or general practitioner should be happy to discuss these options with you. If they are not, you may need to seek out one that is.

Be wary of any treatment or practitioner that involves the following:

- It costs a lot of money
- It claims to cure all cancers
- The practitioner tells you not to try conventional treatment or that medical treatment will stop the alternative treatment working
- You have to travel to a different country to have the treatment
- The certain treatment is a "secret" that only certain practitioners can provide

The Cancer Council does not recommend the use of alternative therapies.

## Common questions

### Q40. What can I do to make it easier?

During treatment your body uses a lot of energy dealing with the effect of the treatment on the normal cells. Many people find they can't do as much and feel tired during and after treatment. Here are some ways to cope until you start feeling yourself again:

- Save your energy. Help your body by doing less and doing restful things in your leisure time
- Try to get more sleep at night and take naps during the day if you can
- Let other people help you. Family members, neighbours and friends may be glad of the chance to help you with tasks like shopping, child care, housework and driving
- Take a few weeks off work during or after your radiotherapy, work fewer hours or arrange to work from home
- Ask your dietician to help you create a nutritious balanced eating plan
- Start exercising – 30 minutes of moderate activity every day will make you feel fitter and healthier

### Q41. Where can I get more information?

Many people who have been diagnosed with cancer find the more information they have the better equipped they are to deal with their illness. Cancer Council Helpline is a useful point of call for information on all aspects of cancer and its treatment.

#### **Cancer Council Helpline 13 11 20**

It is a confidential telephone information and support service. It is the same cost as a local call. It is available Monday to Friday, 9am until 5pm.

Specialist cancer nurses can answer questions about any aspect of cancer and:

- Send you written information
- Put you in touch with services in your own area
- Offer emotional support

#### **Individuals and organisations:**

A number of individuals and organisations can also provide you with information. These include:

- Your specialist, family doctor or nurse
- A social worker or counsellor, contact them through the Social Work Department at your hospital
- The Carers Association, which offers support and information for carers. Call 1800 242 636

#### **Written information:**

The Cancer Council's range of brochures and booklets can give you information in an easy to read format. You can order these booklets free of charge from the Cancer Council Helpline 13 11 20 or by visiting a Cancer Support Centre or the website [www.cancertas.org.au](http://www.cancertas.org.au)

#### **The internet:**

The internet can be a useful source of information, however not all sites are reliable. Here are a few which have good information:

- Cancer Council Tasmania [www.cancertas.org.au](http://www.cancertas.org.au)
- Cancer Council Australia [www.cancer.org.au](http://www.cancer.org.au)
- Cancer Backup (United Kingdom) [www.cancerbackup.org.au](http://www.cancerbackup.org.au)
- National Cancer Institute (United States) [www.cancer.gov/cancer\\_information](http://www.cancer.gov/cancer_information)
- American Cancer Society [www.cancer.org](http://www.cancer.org)
- Canadian Cancer Society [www.cancer.ca](http://www.cancer.ca)

#### **Q42. How do I know I'm getting the best care?**

It is difficult to know if you are getting the best care. Several things worth considering include:

- Evidence suggests people treated through a multi-disciplinary team including general practitioner, surgeon, radiation oncologist and medical oncologist, have more successful treatment. If you are not attending a treatment centre and being treated by such a team, you can ask your specialist if they are consulting with them
- Consumer organisations recommend you ask your specialist if they treat your cancer type regularly
- You need to feel your specialist has offered appropriate support, and given enough time to discuss your concerns. If not, speak to your doctor or other health specialist about it

**Remember: The Cancer Council Helpline 13 11 20 is available to answer your questions Monday to Friday from 9am to 5pm for the cost of a local call.**