

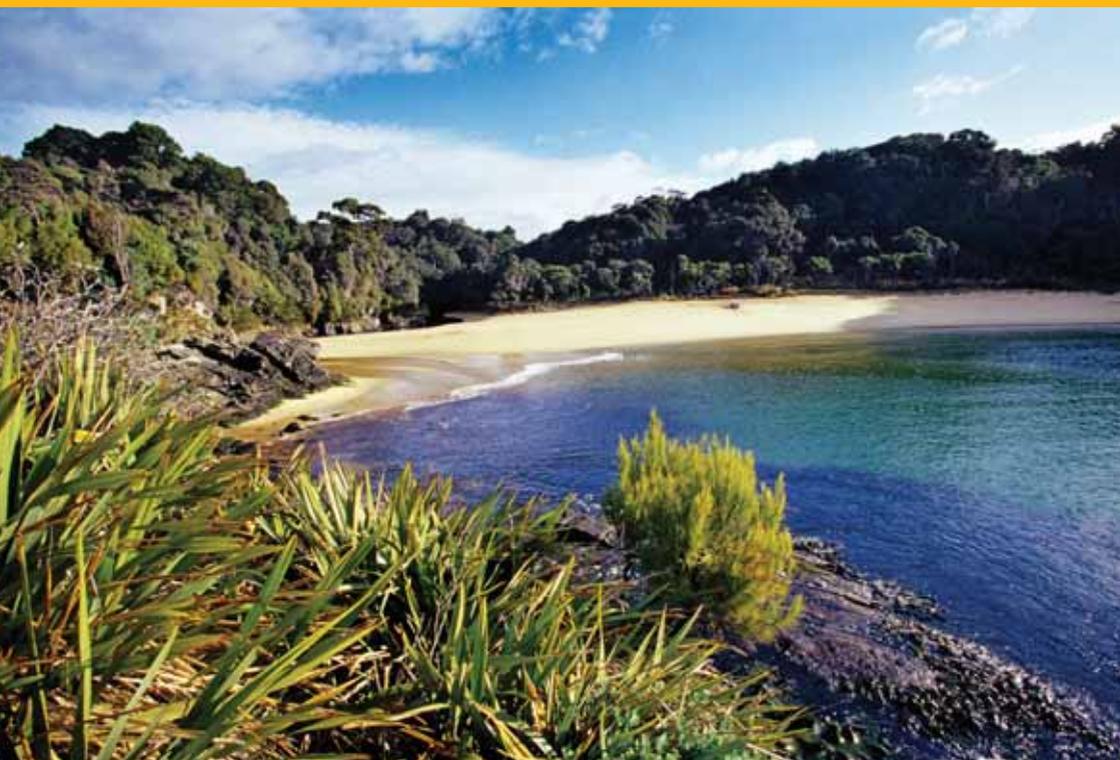


UNDERSTANDING CANCER

Chemotherapy Hahau



A guide for people having chemotherapy



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PO Box 12700, Wellington 6011

Fourth Edition 2011
ISBN 0-908933-91-6

Publications Statement

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments and the support available. Our cancer information booklets are reviewed every four years by cancer doctors, specialist nurses, and other relevant health professionals to ensure the medical information is reliable, evidence-based, and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people with cancer.

This edition of *Chemotherapy/Hahau* includes new features in response to suggestions from those who review our booklets, and to meet the needs of our readers.

Our key messages and important sections have been translated into te Reo Māori.

Our translations have been provided by Hohepa MacDougall of Wharetuna Māori Consultancy Services and have been peer reviewed by his colleagues.

Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa

Booklets

Advanced Cancer/Matepukupuku Maukaha
Bowel Cancer/Matepukupuku Puku Hamuti
Bowel cancer and bowel function: Practical advice
Breast Cancer in Men: From one man to another
Cancer Clinical Trials
Cancer in the Family: Talking to your children
Chemotherapy/Hahau
Complementary and Alternative Medicine
Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku
Emotions and Cancer
Got Water?/He Wai?
Kanesa o le susu/Breast Cancer (Samoan)
Lung Cancer/Matepukupuku Pūkahukahu
Melanoma/Tonapuku
Prostate Cancer/Matepukupuku Repeure
Radiation Treatment/Haumanu Iraruke
Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū
Sexuality and Cancer/Hōkakatanga me te Matepukupuku
Understanding Grief/Te Mate Pāmamae

Brochures

Being Active When You Have Cancer
Being Breast Aware
Bowel Cancer Awareness
Gynaecological Cancers
Questions You May Wish To Ask
Talking to a Friend with Cancer
Thermography

Chemotherapy

This booklet has been written to provide you with information about chemotherapy, and the support and information your doctors, nurses, and the Cancer Society can offer you. We hope it answers some of the questions you may have before and during treatment. You will be given more information when you have treatment. We can't advise about the best treatment for you personally. You need to discuss this with your doctors.

The words in **bold** in the text are explained in the glossary at the end of the booklet.

Hahau

Kua whakaputaina tēnei pukapuka kia mārama ai koe ki tēnei mea te hahau ā, kia mōhio ai koe mō ngā āwhina me ngā pārongo ka taea e ngā rata, ngā tapuhi me Te Kāhui Matepukupuku te hoatu. Ko te tūmanako kei kōnei ngā whakautu mō ngā pātai ka ara ake i a koe e whai maimoatanga, e whai whakaoranga ana mō tō mate. Ka tīmata ana ngā maimoatanga ka nui ake ngā pārongo ka whiwhi koe. Ehara mā mātou ki te tohutohu i a koe mō te maimoatanga pai ake, me kōrero kē koe ki ōu ake rata.

Kei te takoto ngā whakamārama mō ngā kupu kua miramirahia kei te pito whakamutunga o tēnei pukapuka.

'Kia ita!'

Te Taura Whiri i te Reo Māori
MAORI LANGUAGE COMMISSION



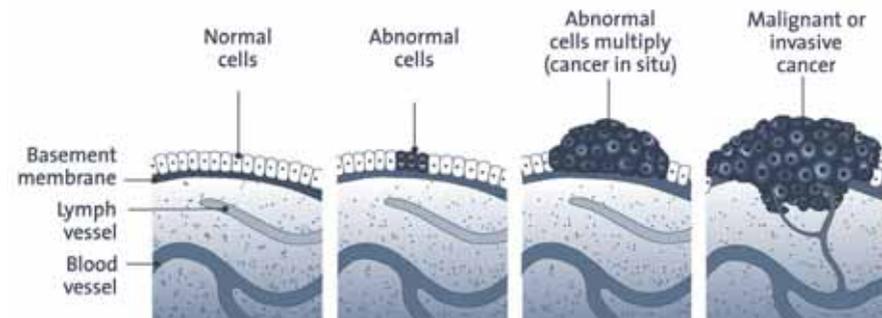
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What is cancer?

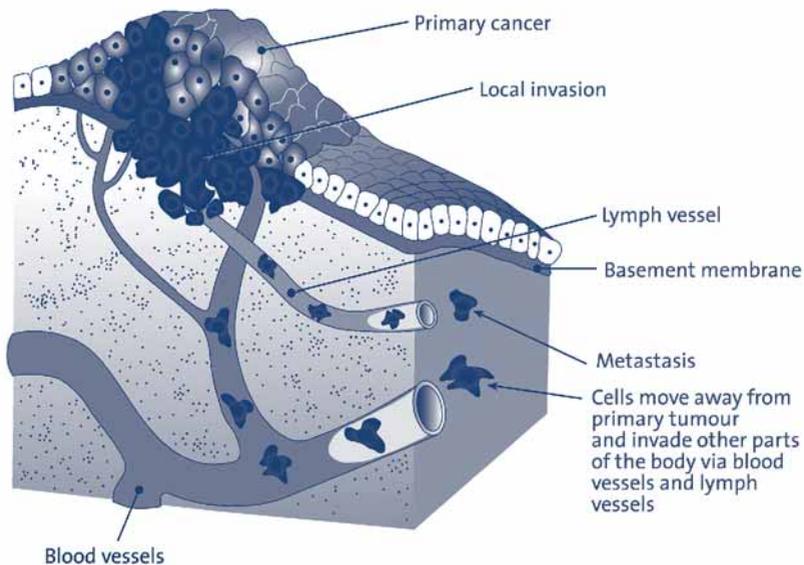
Cancer is a disease of the body's **cells**. It starts in our **genes**. Our bodies are constantly making new cells: to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. All cancers are caused by damage to some genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent when they are born. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to change. They may grow into a lump which is called a **tumour**.

The beginnings of cancer



Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread to other parts of the body.

How cancer spreads



A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site, a cancer in situ (or **carcinoma in situ**). If these cells are not treated they may spread beyond their normal boundaries and into surrounding tissues (invasive cancer).

Sometimes, cells move away from the original (**primary**) cancer through the blood or lymphatic systems and invade other organs. When these cells reach a new site they may form another tumour. This is called a secondary cancer or **metastasis**. For example, if breast cancer spreads to the

bone, it is called a bone secondary (or metastasis). Your cancer doctor will still refer to it as breast cancer even though it has spread to another organ.

The sort of treatment you are given for cancer depends on the type of cancer, where it began, and whether it has spread. Your cancer doctor will also take into account individual factors such as your age and general health.

Treatments for cancer include surgery, chemotherapy (drug treatment), hormone treatment, or radiation treatment. Monoclonal antibodies, which are now used to treat a few cancers, will become increasingly important in the future. Sometimes only one of these methods of treatment is used for a cancer. Sometimes more than one is used.

He aha te matepukupuku?

He mate tēnei ka pā ki ngā pūtau o te tinana. Ka tīmata i roto i ō tātou ira. He kaha ō tātou tinana ki te mahi pūtau i ngā wā katoa: hei āwhina i tō tātou tipuranga, hei whakahou i ngā pūtau kua kore he kaha, kua mate rānei i ngā wharanga. Kāore e kore ka pā ngā tūkinō nei i roto i te wā o tō tātou oranga engari, ka whiwhi ētahi tāngata i taua ira kua tūkinotia, mai i ō rātou mātua i te wā whānau mai rātou. I te nuinga o te wā, pai noa iho te tipu me te rauroha haere o ngā pūtau. Heoi anō, mēnā kua tūkinotia tētahi, tērā pea, ka āhua rerekē te whanonga. Tērā pea ka tipu hei pukupuku ā, e kīia ana he puku.

Te tīmatanga o te matepukupuku

Ko ētahi puku ka kīia he māriri (arā, he kore matepukupuku); ko ētahi atu, ka kīia he marere (he matepukupuku). Kāore ngā puku mate māriri e rauroha haere ki ētahi atu wāhanga o te tinana.

Pēhea ai te rauroha o te matepukupuku

He pūtau matepukupuku ngā puku mate marere. Ka tīmata ana, ka noho te puku marere nei ki te wāhi ka puta ake, ka kīia he matepukupuku noho tonu (ko te carcinoma noho tonu rānei). Ki te kore ēnei pūtau e maimoatia, tērā pea ka rauroha haere ki tua atu o tōna paenga noho ki ngā kikokiko o te tinana (matepukupuku whakaekenga).

I ētahi wā, ka neke ngā pūtau mai i te wāhi tīmata ai (tuatahi) te matepukupuku ka haere mā te pūnaha toto, mā te pūnaha tīpona waitinana rānei, kātahi ka whakaeke i ētahi atu whēkau. Ka tae ana ēnei pūtau ki wāhi kē o te tinana, tērā pea ka puta he puku. Kīia ai tēnei he matepukupuku tuarua, he metastasis rānei.

What is chemotherapy?

Chemotherapy is the treatment of cancer using anti-cancer drugs. The aim is to kill cancer cells while doing the least possible damage to normal cells.

He aha te hahau?

He maimoatanga mō te matepukupuku te hahau mā te whakamahi i ngā whakapōauau patu-matepukupuku. Ko te whāinga, ko te patu i ngā pūtau matepukupuku me te whai kia iti noa iho te tūkinu i ngā pūtau pai.

How does it work?

Chemotherapy stops cancer cells from dividing and multiplying. It travels through the bloodstream and kills cancer cells in different parts of the body. It can also affect normal cells. Chemotherapy is more likely to affect the cells in the body that grow quickly, which is why some people lose their hair, have a sore mouth, or have a fall in the number of blood cells. Fortunately, most cells in the body are not growing rapidly and so chemotherapy doesn't affect them. Even when normal cells are damaged, they grow again. Damaged cancer cells are less likely to grow back.



Targeted treatment

Recently, new drugs have become available that are more specifically directed at cancer cells and the structures essential for their growth and survival than existing chemotherapy drugs. They are now being used in the treatment of a few kinds of cancers, and some promising new compounds are being developed. Through better targeting, these newer drugs should be more effective against cancers resistant to conventional chemotherapy and cause fewer unpleasant and dangerous side effects on health and normal cells.

A test known as microarray analysis can be used to look at the genetic make-up of cancers. It may soon be possible to predict accurately how a cancer will behave and how it will respond to different treatments.

How will I be given chemotherapy?

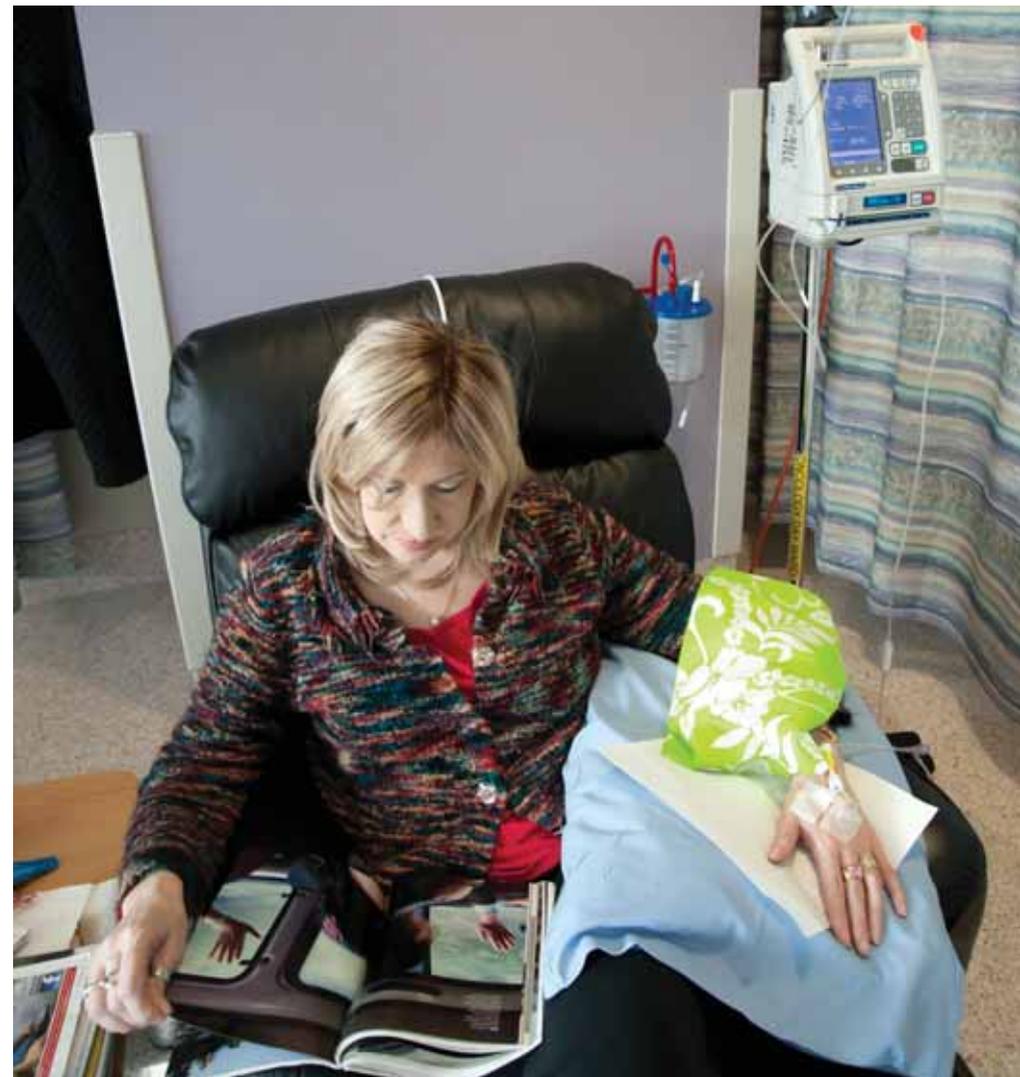
Sometimes one type of chemotherapy drug is given by itself, either as tablets or capsules, or in a 'drip' (IV infusion).

Cannula

A cannula is a small tube. This is put into a vein in your arm or back of your hand. It is put in by the oncology nurse on the day of treatment. The cannula is removed after each treatment cycle.

Source: Macmillan Cancer Support and Cancer Help UK

More often, two or more drugs are given together. You'll probably be given your drugs by injection or drip into a vein, or via a portable **infusion pump**.



Photographer: Louise Goossens

Above: A woman with a cannula in her hand.



Photographer: Louise Goossens

Above: A woman talking about her oral chemotherapy with a nurse in the Chemotherapy Suite.

Oral chemotherapy

Some chemotherapy drugs are given as tablets. It is very important that you take your tablets when and how your cancer doctor says. If you are not sure about what to do, ask your cancer doctor or nurse to write down instructions for you. Make sure you understand the side effects and who to contact if you have problems. Even though you're having this treatment at home, remember it is no different from intravenous chemotherapy in the way it works and its possible side effects.

Types of central lines

For repeated or long infusions of chemotherapy or when there is difficulty finding a suitable vein you may require a central venous line. Central lines are put in under a general or local anaesthetic and may be left in for many months. When in place the line is stitched in or a special dressing may be put over it so that it can't come out. It allows chemotherapy to be delivered directly into your blood stream.



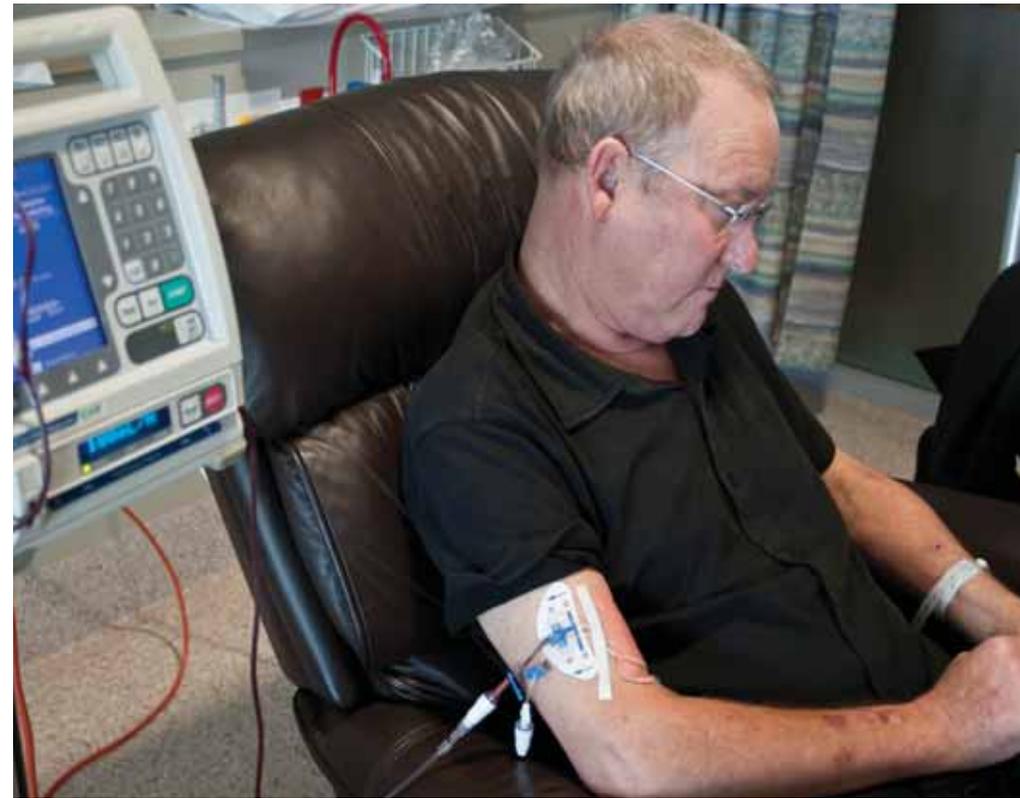
Photographer: Louise Goossens

Above: A man with a central venous line in his chest.

Central venous line

A central venous line is a long, thin, flexible tube that is inserted through the skin of the chest into a vein near the heart.

Hickman and Groschong lines are both commonly used types of central venous line.



Photographer: Louise Goossens

Above: A man with a PICC line in his arm.

PICC line

A PICC (Peripherally Inserted Central venous Catheter) is inserted into a vein through the skin in the bend or upper part of the arm, and threaded through until the end of the tube lies in a vein near the heart.



Photographer: Louise Goossens

Above: A man with a portacath line receiving chemotherapy.

Portacath (an implantable port)

The tip of the line sits just above the heart and the port lies under the skin on your upper chest. Once in place, you can feel and see the port as a small bump underneath the skin. Nothing shows on the outside of your body. To use the portacath, a needle is passed through your skin into a port. The skin over the port can be numbed with an anaesthetic cream first.

Possible problems with central lines

The two main possible problems with central lines are blockage and infection. If you notice any changes like the ones below it is important to contact the hospital for advice:

- high temperature (T 38° refer to page 34)
- soreness, redness, or darkening around the central line
- fluid leaking from the skin around the central line
- swelling of your arm, chest, neck, and shoulder
- pain in your chest, arm, or neck
- feeling 'shivery' or unwell after your line has been flushed.

Sources: *Macmillan Cancer Support and CancerHelp UK*

Chemotherapy drugs don't get into the brain, spinal cord, or the fluid around the brain and spinal cord very easily, so for a few cancers the chemotherapy drugs are injected into the base of the spine through a process called **lumbar puncture**.

How will my doctors decide on the type of chemotherapy?

The type of treatment your cancer doctor chooses for you depends on what type of cancer you have, how far it has spread, and your general health. Chemotherapy has been used for many years, and new and better treatments are being discovered all the time. Everyone is different; treatments are designed for the individual.





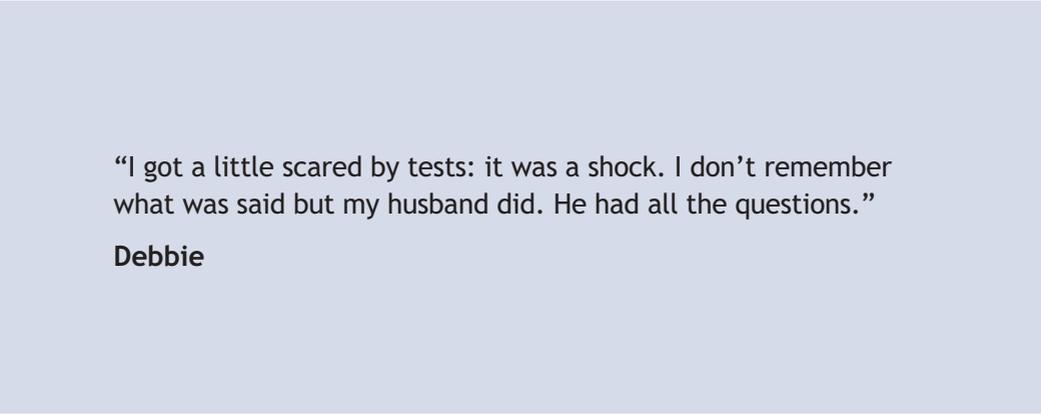
Your cancer doctor and nurses will keep a close eye on you during your treatment. You may have blood tests, X-rays, and scans to see how you are doing. If necessary, your doctors will change your drugs or how they give them to you. Sometimes they will stop the treatment early or continue it for longer than planned. It all depends on how your body and the cancer respond to the treatment.

How long will my treatment last?

Your treatment could last several weeks or several months. You'll probably get one dose of treatment at a time or over a few days, and then you'll be given a rest before having the next treatment. Treatment cycles are usually two to four weeks apart. Spacing out your treatment in this way gives your body a chance to recover from any side effects.

Blood tests

Before you have each treatment, a blood sample will be taken. This test (known as a blood count) measures the different cells in your blood. You need to have blood counts because chemotherapy drugs can lower blood count levels. If any part of your blood count is too low, your doctors might give you a longer time between treatments. They may change your drugs, or give you additional treatment that boosts blood counts.



“I got a little scared by tests: it was a shock. I don’t remember what was said but my husband did. He had all the questions.”

Debbie

Will it cure me?

Chemotherapy can cure some types of cancer. Sometimes it does this on its own, and sometimes, when used with surgery or radiation treatment. At other times, chemotherapy controls your cancer by stopping it growing or by making it shrink. This treatment can give you a longer life or can help reduce any problems the cancer is giving you. Whether or not chemotherapy cures depends on what sort of cancer you have and its stage. Ask your cancer doctor how chemotherapy will help you.



Use of chemotherapy to help other treatment

Chemotherapy can be used to assist another treatment, such as surgery or radiation treatment; this is called adjuvant chemotherapy.

Adjuvant chemotherapy can be given either before or after the main treatment. When given before other treatment, the drugs can be used to make the cancer smaller so that the main treatment can be more effective.

When given after the main treatment, chemotherapy is often used to kill any potential cancer cells which have not been found but could cause problems later.

Making decisions

Sometimes, it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. Some people find that waiting for test results and for treatment to begin is very difficult. While some people feel they are overwhelmed with information, others may feel they do not have enough. Understanding your illness, the possible treatment, and side effects will help you to make your own decisions.

If you are offered a choice of treatments, including no treatment for now, you will need to weigh up their advantages and disadvantages. If only one type of treatment is recommended, ask your cancer doctor to explain why other treatment choices have not been advised.

The risk of not having treatment needs to be weighed against the risk of side effects from treatment. You may want to ask your doctor questions like: “Can I expect to live longer if I have treatment?” and “If I have treatment, is there a risk that my quality of life could worsen because of the side effects?”

Some people with cancer will choose treatment, even if it only offers a small chance of cure. Others want to make sure that the benefits of treatment outweigh any side effects. Still others may choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment but to have any symptoms managed as they arise in order to maintain the best possible quality of life.





Talking to doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Before you see the doctor, it may help to write down your questions. There is a list of questions at the end of this booklet that may assist you. Taking notes during the session can also help. You may find it helpful to take a family member or friend with you to take part in the discussion, take notes, or simply listen. Some people find it is helpful to record the discussion.

It may be helpful to ask your cancer doctor what support is available to you; for example, social workers, physiotherapists, a dietitian, or a cancer nurse. You can contact the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Te kōrero ki ngā rata

Tērā pea ka hiahia koe kia nui ō kōrero me tō rata i mua i tō whakatau i te maimoatanga pai mōu. He uaua tonu te hopu i te maha o ngā kōrero ka puta, ā, tērā pea ka mate koe ki te pātai anō i aua pātai. Kei a koe tonu te tikanga ki te whiu pātai mō te āhua o te maimoatanga ka whiwhi koe, me te tikanga ki te whakaae atu ki te whakahē rānei.





Talking to others

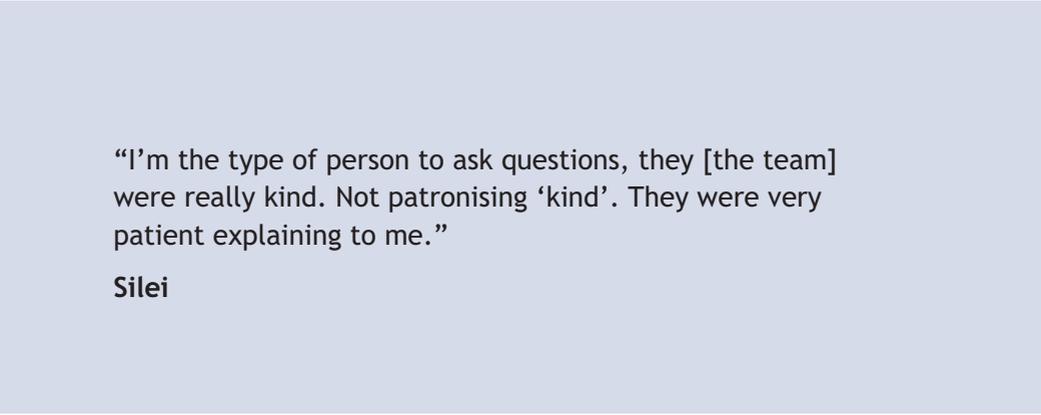
Once you have discussed treatment options with your doctor, you may want to talk them over with someone else, such as:

- family or friends
- specialist nurses
- your family doctor
- the Cancer Society
- the hospital social worker or chaplain
- your own religious or spiritual adviser
- another person who has had cancer.

You may be interested in Cancer Connect NZ, which arranges telephone peer support calls for people living with cancer and their caregivers. Phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** for more information.

Cancer Chat is an online/support and information forum that you can join on **www.cancerchatnz.org.nz**.

Talking it over can help to sort out what course of action is right for you.



“I’m the type of person to ask questions, they [the team] were really kind. Not patronising ‘kind’. They were very patient explaining to me.”

Silei

A second opinion

You may want to ask for a second opinion from another cancer doctor. Your cancer doctor or general practitioner can refer you to another cancer doctor and you can ask for your medical records to be sent to the second doctor. You can ask for a second opinion even if you have already started treatment or still want to continue treatment by your first cancer doctor. However, if the second opinion differs from that of the first doctor, he or she cannot be expected to give a treatment that he or she does not consider to be the one best for you. Treatment would then have to be given by the second cancer doctor.

Sometimes people seek a second opinion overseas. An overseas cancer doctor may recommend a treatment that is not available in New Zealand, which may be very expensive and the New Zealand public health system will not pay for.



If the recommendation is to participate in a clinical trial (see below) this can only be done through a doctor registered with the clinical trial.

The internet

You, your friends, or family/whānau may decide to search the internet looking for treatments for cancer. The internet is an excellent source of high-quality information. There is also a lot of opinion presented as fact, but supported by little, if any, evidence. The amount of information and opinion is often overwhelming. Sifting and sorting it may be very difficult. Some suggested websites with information about chemotherapy are given on page 73.

Taking part in a clinical trial

Research into the causes of cancer and into ways to prevent, detect, and treat it is continuing. Your cancer doctor may suggest you consider taking part in a clinical trial. Clinical trials are a vital part of the search to find better treatments for cancer. Doctors conduct clinical trials to test new or modified treatments and see if they are better than existing treatments.

Many people all over the world have taken part in clinical trials that have resulted in improvements to cancer treatment. However, the decision to take part in a clinical trial is always yours. If your doctor asks you to take part in a clinical trial, make sure you fully understand the reasons for the trial and what it means for your treatment. Before deciding whether or not to join the trial you may wish to ask your cancer doctor or research nurse:

- What treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if any problems occur while I am in the trial?

If you decide to join a randomised clinical trial you will be given either the best existing treatment or a promising new treatment. You will be chosen at random to receive one treatment or the other, but either treatment will be appropriate for your condition. If you join a clinical trial you have the right to withdraw at any time. Doing so will not interfere with your treatment for cancer. It is always your decision to take part in a clinical trial. If you do not wish to take part, your doctor will discuss the best current treatment for you.



What can I expect from chemotherapy?

When you arrive at the hospital for chemotherapy

Often, you will have a blood test first, and your doctors must wait for the result to check that your blood count is okay before they can give you the treatment.

You will be checked by the cancer nurse or doctor to make sure you have no problems, and are able to have treatment that day.

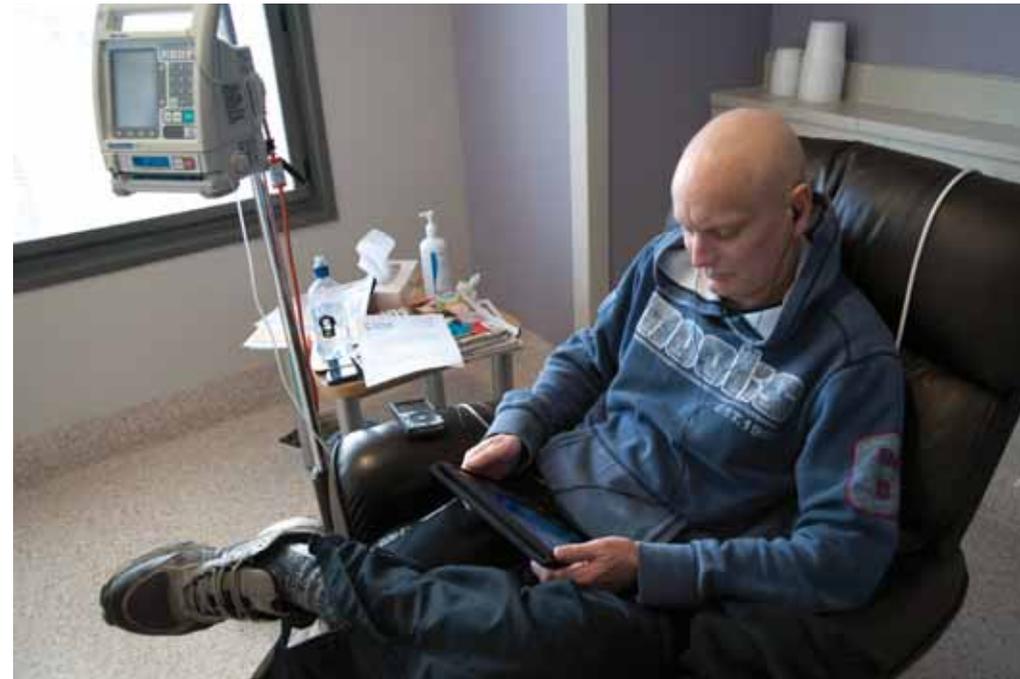
Does chemotherapy hurt?

No, not usually. If you have a drip (IV infusion), you'll feel a brief sting as the needle goes in, but then the pain should stop. However, if the pain continues, or starts during the infusion, let the cancer nurse know immediately.

Will I have to stay in hospital?

Most people have their treatment as an outpatient. Usually you have to spend a few hours at the hospital for each treatment. It's a good idea to bring a book or something to listen to, or a friend or relative to talk to.

Occasionally, some people stay in hospital overnight or longer, depending on the treatment.



Photographer: Louise Goossens

Above: A man having chemotherapy treatment via a pump.

If you live a long way from the hospital you will probably be able to stay free of charge, or at low cost, at a comfortable hostel or motel. Family members can stay (at a reduced rate) in some hostels. Contact your regional Cancer Centre to find out about accommodation.

Me noho au ki te hōhipera?

Ka whai oranga te nuinga o ngā tāngata hei tūroro noho kāinga. I te nuinga o te wā, ka noho koe i te hōhipera mō ētahi hāora, mō ia maimoatanga. He pai mēnā ka hari pukapuka koe hei pānui, he mea hei whakarongo rānei, he hoa, he whanaunga rānei hei hoa kōrero.

I ētahi wā, ka noho ētahi tāngata mō te pō, ā, ka roa ake rānei e ai ki te maimoatanga.

Mehemea he tawhiti tō kāinga i te hōhipera, tērā pea ka āhei koe ki te noho utu kore, mō te iti o te utu rānei, ki tētahi kāinga noho, mōtēra rānei. Ka āhei hoki ētahi o te whānau ki te noho (mō te iti ake o te utu) ki ētahi kāinga noho. Whakapā atu ki te Pokapū Matepukupuku o tō rohe e pā ana ki ngā wāhi noho.

Can I keep working?

Most people keep working during their treatment and arrange time off to go to hospital for each treatment. Some people can work part time instead of full time, while others take a few days off around each treatment. Others take an extended break for the whole course of the treatment. Talk to your employer, family, and friends and work out what suits you. Try not to take on too much. You may wish to talk to the hospital social worker for information on benefits (see the section titled 'Financial assistance' on page 64 for more details) or call Work and Income on **0800 559 009**.

What about other activities?

Do only what you feel comfortable doing. You may find you can go on with your normal life, or that you have to take things much easier. The important thing is to look after yourself during chemotherapy so that your body is strong enough to cope with the drugs. Do not do anything you do not need to do. Put your own needs and wishes first.

What about my other medications?

Before you start chemotherapy, be sure to give your cancer doctor a list of all the medications you are taking, including occasional Panadol, aspirins, anti-inflammatories (such as Nurofen), vitamins, or treatments from, for example, herbalists, naturopaths, or homeopaths (see pages 62-63 on 'Complementary and alternative therapies').

If you want to take any new medications (including complementary medicines) while having chemotherapy, ask your cancer doctor about these before you begin taking them. Some chemotherapy drugs do not mix well with other medicines.

Can I drink alcohol?

It is usually fine to drink a little alcohol during treatment, but check with your cancer doctor first—some chemotherapy drugs do not mix well with alcohol.

Can I drive?

You'll probably find it best to get someone to drive you to and from hospital for the first treatment. If you feel okay to drive after your first treatment, you'll probably be fine to do so on following appointments.

Does chemotherapy cause cancer?

Some people who have chemotherapy may get another form of cancer much later in life. However, this rarely happens, and it is much more likely that your treatment will either cure you or control your cancer. If this question concerns you, talk it over with your specialist.

Side effects

The side effects that you might experience depend on the drugs you receive. Ask your cancer doctor or nurse what to expect and how to deal with it. Most side effects are only temporary. Side effects usually disappear shortly after the treatment stops. However, some side effects are permanent.

Ask your specialist if you are likely to get any permanent side effects. This section lists the more common side effects and methods to help you deal with them. You probably won't get all of them, but tell your cancer doctor or nurse about any that you do, as they need to know how you are coping with the drugs. They may be able to help control the side effects, or they may want to change the treatment to try to avoid them.

Ngā pānga i te taha

Mā te āhua o ngā whakapōauau, e kitea ai ngā pānga ki a koe, ōna piki, ōna heke. Uiuitia tō rata matepukupuku, tō tapuhi matepukupuku rānei mō te āhua o ngā pānga ka pā ki a koe. He rangitahi noa te nuinga o ngā pānga ka puta. Ka nunumi ngā pānga ka mutu ana ngā maimoatanga. Heoi anō rā, ka noho tūturu ētahi pānga.

Changes to bone marrow

Bone marrow is the spongy tissue that fills the hollow cavities of many of the flat bones of the body. It produces new blood cells. Chemotherapy reduces the number of blood cells produced by the bone marrow.

The effects of chemotherapy on blood cells

White cells (are essential for fighting infections).

Effects of chemotherapy on white blood cells

You will be at increased risk of infection by not having enough white cells to fight bacteria.

Key points

If your temperature is 38° or more, or you feel unwell even with a normal temperature, call your cancer doctor or nurse.

Other signs of infection include swelling, redness, or pain. Do not 'wait to see what happens'. Follow the advice of your cancer team. You may need to go to hospital for intravenous antibiotics.

Red cells (contain the red iron-rich pigment haemoglobin to carry oxygen around the body).

Effects of chemotherapy on red blood cells

They may cause you to feel tired, low in energy, dizzy, light-headed, and breathless, which are all symptoms of anaemia.

Key points

Let your cancer doctor or nurse know if you have any of these symptoms. Conserve your energy where you can. Talk to your cancer doctor or nurse about ways to manage fatigue. You may need a blood transfusion.

Platelets (help the blood to clot and prevent bleeding).

Effects of chemotherapy on platelets

These can increase the risk of bleeding, and you will bruise easily.

Key points

Contact your cancer doctor or nurse immediately if you have any unexplained bleeding or bruising. You may need a platelet transfusion.

Infection and fever

A fever can be a sign that your body has an infection. Fevers can also cause other problems, such as chills, shivering, and headaches. It is important, therefore, to investigate the cause of infection and to treat it appropriately. It is also possible to have an infection but to not have a fever, just to feel unwell. In either case, contact your cancer doctor immediately.

If fever develops (if your temperature is 38° or over) or you feel unwell, even with a normal temperature, don't wait to see what happens—take action quickly. Contact your cancer doctor or nurse and follow the advice given.

Ngā mate urutā me te mate kirikā

He tohu te mate kirikā kei te pāngia koe ki tētahi mate urutā. He maha atu ngā raruraru ka puta i te kiritā, pērā ki te haukōeoeo, te korohāwini, me te āninini o te māhunga. Nō reira, he mea nui te tiro tiro ki te take i puta ai te mate urutā me te hāngai o te whakatika.

Ki te puta te kiritā (ki te piki tō pāmahana ki te 38° tākiri, neke atu rānei), kei te māuiuitia rānei koe, ahakoa te pai o te pāmahana, kua e tatari—whakarite i a koe. Me kaha koe ki te whakapā atu ki tō rata matepukupuku, tō tapuhi matepukupuku rānei ā, ka whai i ō rātou tohutohu.

“I found the hospital admitted you very quickly, which is great. I did feel like I shouldn't burden the hospital and I would end up waiting forever. This was not the case and I found you'll be seen promptly.”

Ben

Fevers are an indication that something is wrong, and should be treated and reported. If they get too high, they can lead to dehydration and seizures. When someone is undergoing chemotherapy or radiation treatment, fevers often indicate infection, which is serious and requires medical attention.

High fevers do not destroy bacteria that cause infection. This is why your cancer doctor or health care team will treat both the fever and the possible infection. If your white blood cell count is low, your body will not be able to fight off the infection on its own.



Feeling tired

Fatigue/tiredness is a very common side effect of chemotherapy. If you do get tired, try to take things easier. Do only as much as you feel comfortable doing. Try to plan rest times in your day. Also try to ensure you are drinking plenty of fluids, eating well, and having some form of physical activity. This will help you cope better with the treatment.

Don't be afraid to ask for some help. Family/whānau, friends, and neighbours may be happy to have the chance to help you—tell them how they can help.

If you're not sleeping well, tell your cancer doctor or nurse. They may be able to suggest ways to help, or prescribe sleeping tablets or a mild relaxant.

Feeling sick (nausea) or vomiting

Not everyone feels sick after chemotherapy, and anti-sickness medication has greatly improved over the past decade.

If you do feel sick you'll find that it usually starts several hours after treatment and may last for a few hours.

Anti-sickness medication is frequently given to prevent sickness occurring. It is important to take your medication for nausea exactly as prescribed. Check with your cancer doctor or nurse to find out if you can drive whilst on this medication. If nausea or vomiting persist longer than 24 hours, contact your oncology nurse or doctor.

If you feel sick, try some of these ideas:

- Eat lightly before each treatment.
 - Eat smaller amounts more often.
 - Eat slowly and chew well to help you digest your food better.
 - Eat your main meal at the time of the day when you feel best.
 - Try not to eat fatty things.
 - Eat dry toast or crackers—they often help.
 - Drink clear, cool, and unsweetened drinks like apple juice.
 - Don't do anything too strenuous after a meal, but try not to lie down for at least two hours after a meal.
 - Try breathing deeply through your mouth whenever you feel like being sick.
 - If cooking or cooking smells make you feel sick, ask others to cook for you, or prepare meals between treatments and freeze them.
 - Ask the cancer nurse or hospital social worker where you can learn relaxation or meditation methods. Contact the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.
- 

Kei te pāngia koe ki te mate, kua hiahia ruaki rānei

Ehara i te mea ka pāngia katoa ngā tāngata ki te mate whai muri i ngā mahi hahau, me te aha, kua pai ake ngā rongoā ārai-mate i te tekau tau kua hori. Nui tonu ngā wā ka hoaturia te rongoā ārai mate kia kore ai e puta ake te mate ruaki. He mea nui kia tika koe i ō rongoā ārai-mate, kia rite tonu ki ngā tohutohu. Uiuitia tō rata, tō tapuhi rānei mēnā he pai noa iho koe ki te taraiwa i tō motokā i a koe e whai ana i ngā rongoā. Ki te noho te mate hia ruaki mō te 24 hāora, neke atu rānei, me whakapā atu ki tō tapuhi mātai matepukupuku, ki tō rata rānei.

Not wanting to eat

You may have no problems with your appetite during treatment, or you may not feel like eating at all. Your sense of taste may change. This change can last for the duration of chemotherapy but will then return to normal once chemotherapy stops. Changes to your appetite can be because of your treatment, your cancer, or just because of the whole experience of having cancer and being treated for it.

Whatever your experience, do try to eat as well as possible during your treatment to maintain your energy levels and avoid weight loss. If you do not feel like eating, try different foods until you find foods you want to eat. Eat smaller amounts more often, or try drinking special liquid

supplement foods that you can get from your pharmacist. Even when you are unable to eat very much it is important to drink plenty of clear fluids.

You might find the Cancer Society's booklet *Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku* helpful. It has many suggestions and recipes, and you can get it free from the Cancer Society, or you can download it from our website www.cancernz.org.nz. Your hospital may have its own diet information for cancer patients. You can also talk to the hospital or community dietitian for advice about what to eat.

Weight gain

Some people gain weight during chemotherapy. Talk to a dietitian if this becomes a problem for you. Any weight gained during chemotherapy can be due to medication, but usually comes off when treatment stops.

Hair loss

Some people don't lose their hair while others lose all their head and body hair. Whether this happens to you depends on what drugs you are given. Ask your cancer doctor if you are likely to lose your hair.

Your hair may start to fall out two to three weeks after the first treatment, or it may not fall out for quite a while. Your scalp may feel hot or itchy just before your hair starts to fall out. The Cancer Society has an Information Sheet titled



Above: A woman taking part in the Look Good Feel Better programme.

“I am pleased to say my first round of chemo I handled very well. I was very tired but I didn’t have the bad nausea. They kept saying ‘You’re doing so well!’ and I kept thinking I’m doing what I have to do.”

Stephanie

‘Managing Hair Loss’ that you can view on the Society’s website www.cancernz.org.nz, by contacting your local Cancer Society for a copy, or by ringing the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Your hair will grow back again when your treatment stops. It takes between 4 and 12 months to grow back a full head of hair. It is possible your new hair may be a different texture or colour. Your scalp may be quite itchy as your hair grows back. Frequent shampooing can help. Many people find losing their head hair very upsetting. Try to remember that it will grow back. Until it does you might want to wear a wig.

It’s a good idea to get a wig fitted before you start losing your hair, so that it matches as closely as possible your style and colour. You may want to get your hair cut shorter so that it fits better under a wig. Spend some time choosing one that suits you.



The Government helps pay for the cost of a wig. You must get a certificate from your cancer doctor that states you are entitled to a wig. Some people don't bother with a wig. They stay bald or cover up with a scarf or hat. What you do is up to you. There is no medical reason why you have to cover up your head. However, your scalp will be more sensitive to the sun than normal, so you should wear a hat or a high-protection sunscreen (SPF 30+) on your scalp when you're in the sun. In the winter your head may feel much colder than it normally would.

Te kore makawe

Kāore e ngaro ngā makawe o ētahi tāngata, engari anō ētahi atu—ngaro katoa ana ngā makawe me ngā huruhuru o te tinana. Mehemea ka pā tēnei āhuatanga ki a koe tērā pea nā ngā whakapōauau i hoatuna ki a koe. Uiuitia tō mātanga ki te pātai mēnā ka ngaro ō makawe.

Tērā pea ka ngahorohoro haere o makawe, e rua ki te toru wiki whai muri i te maimoatanga tuatahi, tērā pea ka roa ake. Ka wera tō kiri angaanga, ka māeneene rānei i mua i te ngahorohanga o ō makawe. He Whārangī Pārongo tā te Kāhui Matepukupuku e kīia ana ko 'Managing Hair Loss' ka taea te titiro i runga i te paetukutuku a te Kāhui Matepukupuku www.cancernz.org.nz, mā te whakapā atu rānei ki te Kāhui Matepukupuku i tō rohe mō tētahi kape, mā te waea atu rānei ki ngā tapuhi matepukupuku i runga i te **Cancer Information Helpline 0800 CANCER (226 237)**.

Ka tupu ano ō makawe ka mutu ana ngā maimoatanga. E whā ki te tekau mā rua marama te roa e tipu ana.



“I'd always been proud of having really long hair and I think I coped well. I got it cut shorter and shorter as I came up to treatment.”

June

Sore or dry mouth or throat

Chemotherapy drugs can give you a sore mouth or mouth ulcers. The cells that make up the lining of your mouth replace themselves very frequently, and so the drugs start acting on them quickly.

If your mouth is very sore, or you get ulcers or thrush (a white coating in the mouth) see your cancer doctor or nurse straight away for advice on treatment.

It is important to keep your teeth, gums, and mouth very clean during your treatment to help stop infections. The nurses can show you how to do this. Use a very soft toothbrush or a cotton bud for your teeth and gums, and avoid vigorous or rough brushing.

Use a mouthwash regularly. Don't use a 'bought one' because they can be too drying and make your mouth more painful.



Ask your cancer doctor or nurse for advice or you can make one yourself by mixing 1 teaspoon of salt and 1 teaspoon of baking soda (sodium bicarbonate) in 4 cups of warm water. Use it four times a day after meals or as often as you need to. Your cancer doctor may give you a special liquid mouthwash.

Eat soft foods and have lots to drink. Don't have anything with a high acid level such as grapefruit, tomatoes, or oranges, and avoid spicy foods and spirits. Use a lip salve or ointment on your lips if they are dry.

If your mouth or throat is dry and you have trouble swallowing, try some of these ideas:

- Suck on ice blocks.
- Drink lots of liquids.
- Moisten foods with butter.
- Dunk dry biscuits in tea.
- Blend foods and eat soups and ice creams.
- Ask your dentist, doctor, or nurse about artificial saliva.
- Don't smoke.

Kua mamae, kua maroke rānei tō waha me tō korokoro

Ka puta he mamae ki tō waha, ka puta rānei he hangina waha nā runga i te mahi hahau. Ka kaha te whakakapi a ngā pūtau pairi ana i te waha i a rātou anō, nā reira ka tere mahi ngā rongoā.

Mehemea kei te tino mamae tō waha, ka pāngia koe ki te mate mariaio, te mate thrush rānei (arā ka mā katoa o roto o tō waha) me haere tōtika ki te kite i tō rata, tō tapuhi rānei mō ētahi tohutohu ki te whakatika.

He mea nui kia noho tino mā ō niho, ō pūniho, me tō waha hoki i te wā o tō maimoatanga, hei āwhina ki te ārai i ngā mate urutā. Mā ngā tapuhi koe e whakaatu me pēhea te mahi. Me whakamahi tētahi paraihe niho tino ngāwari, he rākau miro rānei mō ō niho me ō pūniho. Kua e kaha rawa te paraihe.

Numbness and tingling (peripheral neuropathy)

Some drugs cause tingling and loss of feeling in fingers or toes or both, muscle weakness (particularly in the legs), or a change in hearing, or ringing in the ears. If this happens, let your cancer doctor or nurse know before your next treatment. A slight change in your treatment may be needed.



Itchy skin and other skin problems

Your skin may redden, peel, or become dry and itchy. You might get drying and cracking of the fingers around the nails. Your nails may become discoloured, brittle, and ridged. You may get some acne. Tell your cancer doctor about any skin problems. Use a lotion or cream to stop the dryness. Ask your cancer doctor for something to help if these suggestions don't work.

Your skin may go red or thicken where the injection or the drip goes in. If this happens tell your cancer doctor or nurse immediately. It's especially important to cover up your skin and use a high-protection sunscreen (SPF 30+) in the sun when having chemotherapy.

Bowel problems

Some chemotherapy drugs are known to cause diarrhoea. You may be prescribed medication to control this. Make sure you take these medicines as prescribed. If diarrhoea persists, seek medical attention and advice.

You will find some helpful suggestions in the Cancer Society booklet *Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku*. This is available from the Cancer Society, by ringing the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or you can download this booklet from our website www.cancernz.org.nz. If problems persist, tell your cancer doctor.

If you get diarrhoea:

- Drink between meals to replace lost fluids.
- Eat small, frequent meals.
- Avoid seeds, pips, and skins in fruit, vegetables, and grains.
- Avoid cow's milk. Lactose (milk sugar) in milk can cause cramping pains and diarrhoea. Mild cheese and yoghurt are low in lactose and can be eaten.

If you are constipated:

- Drink at least six to eight cups of fluid (1500ml) each day.
- Eat regular meals; don't miss breakfast.
- Add extra fibre to your food. For example, add wheatbran flakes to your breakfast cereal or use them in cooking.

Forgetfulness and concentration problems (sometimes called chemo brain)

After chemotherapy many people say they find it hard to concentrate, focus, and remember. This is often called chemo brain. It can be very frustrating. It may help to know it can happen to anyone who has chemotherapy. Researchers are trying to discover what causes these concentration problems. It is not clear if these problems are caused by chemotherapy alone. The problem usually gets better with time.



How will I know my treatment is working?

You may be able to tell if your treatment is working by improvement in your symptoms. Sometimes only your cancer doctors can tell you whether the chemotherapy is working. They do this by talking to you, examining you, and carrying out blood tests and scans. Sometimes it is necessary to have many tests during treatment to see how the treatment is working. The effectiveness of the treatment has nothing to do with how many side-effects you get.

What happens when the treatment ends?

Most of your side effects should go within a few weeks. Sometimes they might last for months and some side effects might last forever. Ask your cancer doctor which ones will go away, which ones will stay, and what you can do about them.

Some people feel worried or depressed when their treatment finally ends. Once the treatment ends you no longer see the hospital doctors as often, so it can seem like no-one is looking after you. But remember that you will continue to see your family doctor or go to the hospital for check-ups. Make sure you attend follow-up appointments. Blood tests, X-rays, and scans may be taken at these appointments. The cancer doctor will want to know if there are any problems now treatment is over. Do report any symptoms that are worrying you.

You might want to join a support group to help you through the months after the treatment ends, or you may want to continue to see a counsellor or social worker. Ask your cancer doctor, nurse, or the hospital social worker if you want to do any of these things.

As during your treatment, only do what you feel comfortable doing. You may be able to return to your normal life immediately, or build up to it a bit at a time, or you may be going on to another form of treatment and so need to take it easier for a bit longer. Continue to ask for help if you need it. It is always better to ask than to do too much.



Ka mutu ana ngā maimoatanga, ka aha?

Pērā ki te wā o tō maimoatanga, me mahi koe i ngā mahi e pai ana kia koe hei mahi. Tērā pea ka taea anō te hoki ki tō āhua oranga, pērā ki ngā wā ki muri—ka huri rānei koe ki te whakarite kia hoki koe ki tērā āhua, a tōna wā. Tērā pea kei te huri koe ki tētahi atu momo maimoatanga, nā reira me āta haere noa iho mō te wā. Kua e whakamā ki te tuku pātai āwhina, mehemea e hiahia ana koe. He pai ake te pātai, ki te whakapōrearea i a koe i te mahi.

Relationships and sexuality

For some people, having cancer and treatment for it has no effect on their sexuality and sex lives. For others, it can have a profound impact, affecting how they feel about themselves, their attractiveness, and their sexual desire. This can be the case whether they have a partner or are not in a relationship. Dealing with any changes is an ongoing process of adjustment.

Ngā hononga me te hōkakatanga

Ko tētahi o ngā pānga o te mahi hahau ko te kore pīrangi ai, nā te mea, ki ō whakaaro, he anuanu koe, he hiamoe rawa koe, kua hiaruaki, kei te mamae rānei koe.

He mea hira tonu kia kaha koe ki te kōrerorero me tō hoa—kia kaha kōrua ki te whitiwhiti kōrero mō ō kōrua matakū me ō kōrua hiahia.

The side effects of chemotherapy may mean that you do not feel like having sex because you feel unattractive, too tired, and nauseous, or are in pain. It is important to keep communication open with your partner—for both of you to share your fears and needs.

Sexual intercourse is only one of the ways you can express affection for each other. Communicating and sharing your feelings can result in greater openness, sensitivity, and physical closeness between you. Gestures of affection, gentle touches, cuddling, and fondling can also reassure you of your need for one another.

The Cancer Society has a booklet you may find useful titled *Sexuality and Cancer/Hōkakatanga me te Matepukupuku: A guide for people with cancer and their partners* that you can view on the Society's website www.cancernz.org.nz or receive by contacting your local Cancer Society for a copy, or by ringing the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.



Women

Your periods may become less regular or stop altogether. You may get hot flushes or other symptoms of menopause. Your vagina may itch or burn or feel dry. You may get vaginal infections, such as thrush. Ask your cancer doctor or nurse for something to help if you have any of these problems.

Men

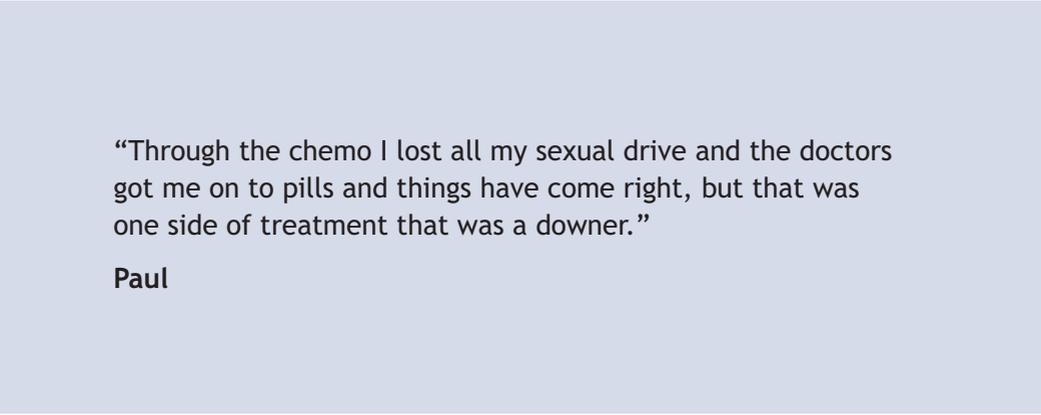
During treatment some men may have difficulties achieving or maintaining an erection, though others will be fine. For most men their usual sex drive and fertility return sometime after treatment is over.

Fertility

You may become infertile, either temporarily or permanently, during treatment. But this does not always happen. Talk to your cancer doctor about this before you start treatment. If you want to have a child or more children, talk to your cancer doctor about your options.

Contraception is important during treatment due to the slight risk of birth defects or miscarriage. It is usually recommended that contraception is used for at least 12 months after chemotherapy is completed.

If you are pregnant now talk to your cancer doctor about it straight away. Talk to someone you trust if you are experiencing ongoing problems with sexual relationships. Friends, nurses, or your GP may be able to help. Your Cancer Society can also provide information about counsellors who specialise in this area.



“Through the chemo I lost all my sexual drive and the doctors got me on to pills and things have come right, but that was one side of treatment that was a downer.”

Paul

Support

Emotional support

People react in different ways when they learn they have cancer. Feelings can be muddled and change quickly. This is quite normal and there's no right or wrong way to feel. It may be helpful to talk about your feelings with your partner, family members, friends, or with a counsellor, social worker, psychologist, or your religious/spiritual adviser. Talking to other people with cancer may also help.



“I have five things that I hope for—things to make me happy during the day (could be flowers or a great cup of coffee), five things to give thanks for (‘thank you for being my friend’). I make them happen. Once you do that you can start a new life.”

June

Tautoko

Tautoko ā-ngākau

Tērā pea he pai mēnā ka kōrero koe mō ōu ake kāre ā-roto me tō hoa moe, tō whānau, ngā hoa ake me tētahi kaitohutohu, tauwhiro, kaimātai hinengaro, tētahi pou hāhi ranei. Tērā pea mā te kōrero ki ngā tangata e pāngia ana ki te Matepukupuku koe e āwhina.

It is usually best to tell your family and your closest friends about your cancer sooner rather than later. Some people worry that older people in the family or children will not cope with the news. But if you do not tell your family, they will probably know that something is wrong and then think things are much worse than they are.

Sometimes you may find your friends and family do not know what to say to you: they may have difficulty with their feelings as well. Some people may feel so uncomfortable they avoid you. They may expect you to lead the way and tell them what you need. You may feel able to approach your friends directly and tell them what you need, or you may prefer to ask a close family member or friend to talk to other people for you.

Anyone you tell needs time to take it in and to come back with his or her questions and fears—just like you. You can help them to adjust just as they can help you. But remember that while you are having treatment your needs should come first. If you do not feel like talking, say so. If there are practical things they can do to help, say so. If you cannot cope with any more visitors, say so. Some friends are better at doing something practical to help (for example, making meals, or picking up children from school), than they are at sitting and talking. Some find it so difficult that they may stop visiting for a while. Everyone is different.



When someone is diagnosed with cancer, routines and family roles may change. The person who was the major source of income might now be unable to work and may be dependent on others. A partner who was sharing chores may now have to take on extra tasks or get a job. Maintaining your usual social life and hobbies and interests may be difficult or impossible for a while.

Cancer is not a normal event so it is important to acknowledge this and to not try to carry on with everything as before.

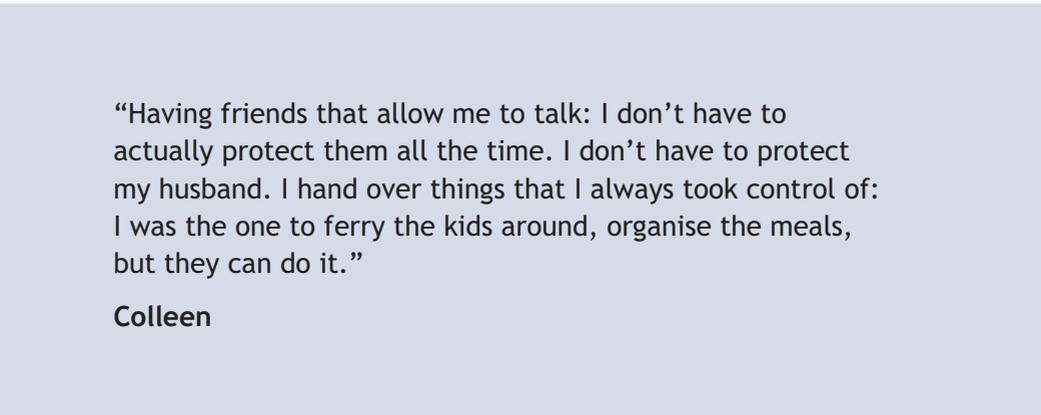
There are a number of ways that may help you manage. For example:

- Prepare simpler meals.
- Be more relaxed about housekeeping standards.
- Ask children to help more around the house.

Talking to children

How much you tell children will depend on how old they are. Young children need to know that it is not their fault. They also need to know that you may have to go into hospital. Slightly older children can probably understand a simple explanation of what is wrong. Adolescent children can understand much more.

All children need to know what will happen to them while you are in hospital, who will look after them, and how their daily life will be affected.



“Having friends that allow me to talk: I don’t have to actually protect them all the time. I don’t have to protect my husband. I hand over things that I always took control of: I was the one to ferry the kids around, organise the meals, but they can do it.”

Colleen

Sometimes children rebel or become quiet. Keep an eye on them or get someone else to, and get help if you need it; for example, from the school counsellor or a hospital social worker. The Cancer Society has a booklet titled *Cancer in the Family: Talking to your family* that you may find useful. Phone your local Cancer Society office for a copy of this booklet, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or download it from our website **www.cancernz.org.nz**.

Te kōrero ki ngā tamariki

Mā te pakeke o ngā tamariki e tohu i a koe ki te āhua o ngā kōrero ka hoatuna e koe. Me mōhio ngā tamariki nohinohi, ehara nō rātou te hē. Me mōhio rātou, kāore e kore, ka haere koe ki te hōhipera. Pai noa iho ngā tamariki āhua pakeke ake ki te mōhio ki ētahi pitopito kōrero mō tō mate. Ka taiohi ana, me nui ake ngā kōrero ki a rātou, he nui ake hoki ō rātou māramatanga.

Me mōhio katoa ngā tamariki ka ahatia rātou i te wā kei te hōhipera koe, arā; mā wai rātou e tiaki, ngā rerekētanga ki ngā mahi o ia rā, ia rā.

Cancer Society information and support services

Your local Cancer Society provides confidential information and support. Local centres offer a range of services for people with cancer and their families/whānau.

These may include:

- volunteer drivers providing transport to treatment
- accommodation
- support and education groups.

The range of services offered differs in each region so contact your local Cancer Society and speak to support services staff to find out what is available, or phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

“The Helpline was great. I rang and said ‘Help! I can’t do this on my own.’”

Arthette

- Cancer Connect NZ: If you'd like to talk to someone who has been through a similar experience, the Cancer Society can help. It doesn't matter where you live in New Zealand—all you need is access to a phone. Cancer Connect NZ arranges telephone peer support calls for people living with cancer and their caregivers. Every Cancer Connect NZ peer supporter has had cancer, or cared for a loved one living with cancer. Cancer Connect NZ is a free support service which provides information, and the opportunity to talk to someone whose life has been affected by cancer.
- Cancer Chat is an online/support and information forum (www.cancerchatnz.org.nz).

“You’re in a secret club, but a really compassionate club. They know how you’re feeling and I touch people more now.”

June

“I needed to know that I had an action plan for focusing with. I knew there would be an action plan for me there at the Cancer Society.”

Sue

Ngā pārongo me ngā ratonga tautoko a te Kāhui Matepukupuku o Aotearoa

Ka whakarato tautoko me te pārongo nohotapu ngā Kāhui Matepukupuku ā-Rohe.

He whānui ngā momo ratonga a ngā pokapū matepukupuku ā-rohe mō ngā tāngata matepukupuku me ō rātou whānau.

Anei ētahi:

- taraiwa tūao mō ngā waka kawē tangata whai maimoatanga
- wāhi noho
- rōpū tautoko, rōpū mātauranga.

He rerekē ngā momo ratonga a tēnā rohe, a tēnā rohe, nā reira me whakapā atu ki tō kāhui Matepukupuku ā-rohe ka kōrero ki ngā kaimahi ratonga tautoko, me waea atu rānei ki ngā tapuhi matepukupuku i runga i te Waea-āwhina

Pārongo Matepukupuku 0800 CANCER (226 237).

Cancer support groups

Cancer support groups offer mutual support and information to people with cancer and often to their families/whānau. It can help to talk with others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. Ask your hospital or local Cancer Society for information on cancer support groups in your area.

Home care

Nursing care is available at home through district nursing or your local hospital or hospice—your cancer doctor or hospital can arrange this. You may be entitled to assistance with household tasks during your illness. For information on the availability of this assistance, contact your hospital social worker or Community Health Service.



Palliative care services

Palliative care services have particular expertise in dealing with pain and other symptoms. They can offer emotional support to you and your family/whānau at all stages of your illness. These services may be offered by your local hospital or hospice.

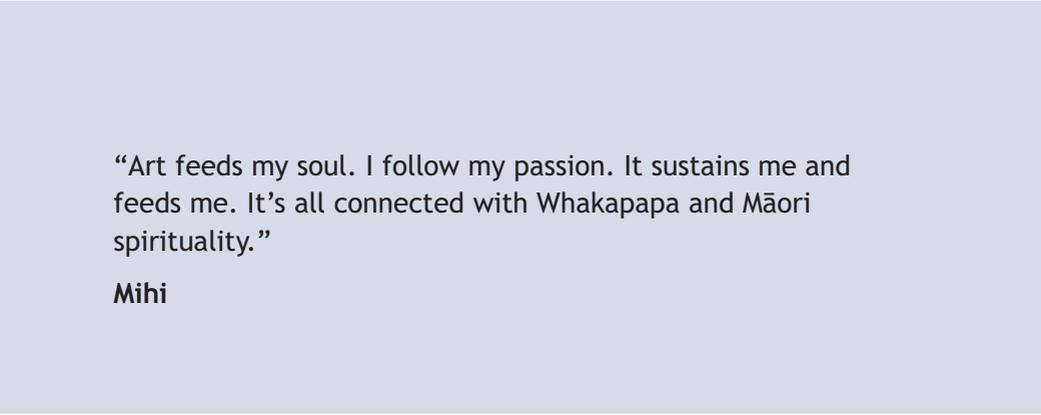
Complementary and alternative therapies

Complementary therapy is a term used to describe any treatment or therapy that is not part of the conventional treatment of a disease.

Examples include:

- acupuncture
- Māori remedies
- positive imagery
- spiritual healing
- art
- relaxation therapy/meditation
- yoga
- aromatherapy/massage.

Alternative therapy is a term used to describe any treatment or therapy that may be used as an alternative to conventional treatments.



“Art feeds my soul. I follow my passion. It sustains me and feeds me. It’s all connected with Whakapapa and Māori spirituality.”

Mihi

Examples include:

- homeopathy
- naturopathy
- Chinese herbs.

It is important to let your cancer doctor know if you are taking any complementary or alternative therapies because some treatments may be harmful if they are taken at the same time as conventional treatments.

Some people find improvements to their quality of life and sense of wellbeing from complementary and alternative therapies. However, at present there is no evidence that such therapies can cure cancer or extend the life of people who have cancer.



Financial assistance

Help may be available for transport and accommodation costs if you are required to travel some distance to your medical and treatment appointments. Your treatment centre or local Cancer Society can advise you about what sort of help is available.

Financial help may be available through your local Work and Income office. Work and Income (**0800 559 009**) has pamphlets and information about financial assistance for people who are unable to work. Short-term financial help is available through the Sickness Benefit and longer-term help is provided through the Invalids Benefit. Extra help may be available; for example, through accommodation supplements and assistance with medical bills.

Interpreting services

New Zealand's Health and Disability Code states that everyone has the right to have an interpreter present during a medical consultation. Family or friends may assist if you and your cancer doctor do not speak the same language, but you can also ask your cancer doctor to provide an interpreter if using family members is inappropriate or not possible.

Ratonga whakamāori ā-waha

E takoto ana te kōrero i te New Zealand Health and Disability Code, e āhei ana te tangata ki te whai kaiwhakamāori i te wā o ngā hui hauora. Pai noa iho mēnā ka āwhina tētahi o te whānau, tētahi hoa rānei, mehemea he rerekē tō reo ki tō te rata. He pai noa iho hoki te tono kaiwhakamāori mā tō rata mehemea kāore i te tika, kāore rānei e taea e tētahi o te whānau.





What can I do to help myself?

Many people feel there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

Diet and food safety

A balanced, nutritious diet will help to keep you as well as possible and cope with any side effects of treatment. The Cancer Society's booklet called *Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku* gives useful advice and recipes. Phone your local Cancer Society office for a copy of this booklet, call the cancer nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or download it from our website **www.cancernz.org.nz**. The hospital will also have a dietitian who can help.

Te kai tika me te haumaru kai

Mā te kai tika me te kai pai hei āwhina i a koe ki te noho ora me te ārai i ngā pānga kino ka whai i ngā maimoatanga. Kei roto i te pukapuka *Eating Well during Cancer Treatment/ Kia Pai te Kai i te wā Maimoatanga Matepukupuku* a Te Kāhui Matepukupuku o Aotearoa, ētahi tohutohu whai kiko mō te kai, me ētahi tohutaka. Waea atu ki tō Kāhui Matepukupuku ā-Rohe mō tētahi kape o te pukapuka nei, me waea atu rānei ki ngā tapuhi matepukupuku i runga i te **Waea-āwhina**



Pārongo Matepukupuku 0800 CANCER (226 237) mō
tētahi kape, me tikiake rānei i tō mātou paetukutuku
www.cancernz.org.nz. Kei te hōhipera tētahi tohunga mō
te kai pai, hei āwhina anō.

Food safety is of special concern to cancer patients, especially during treatment which may suppress immune function. To make food as safe as possible it is recommended that patients follow the guidelines below:

- Wash hands thoroughly before eating.
- Keep all aspects of food preparation clean, including washing hands before preparing food and washing fruit and vegetables.
- Handle raw meat, fish, poultry, and eggs with care and clean thoroughly any surfaces that have been in contact with these foods.
- Keep raw meats separate from cooked food.
- Cook meat, poultry, and fish thoroughly and use pasteurised milk and juices.
- Cover and refrigerate food promptly to minimise bacterial growth.
- When eating in restaurants, avoid foods that may have bacterial contamination, such as salads, sushi, and raw or undercooked meats, fish, poultry, and eggs.
- If there is any concern about the purity of your water (for example, if you have well water), have it checked for bacterial content.





Exercise

Many people find regular exercise helps. Research has shown that people who do regular exercise cope better with their treatment. Discuss with your cancer doctor what is best for you.

Relaxation techniques

Some people find relaxation or meditation helps them to feel better. The hospital social worker, cancer nurse, or local Cancer Society will know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes. You may find yoga, tai chi, or meditation help you to relax.

Seeking advice from health professionals

If you feel uncomfortable or unsure about your treatment, it is important that you discuss any concerns with those involved in your care, including your GP.

Ngā pātai tērā pea e hiahia ana koe ki te pātai

Kia kaha tonu te pātai i ngā pātai. I ētahi wā ka wareware i a koe ngā pātai e hiahia ana koe ki te whiui inā kite koe i tō mātanga, i tō tapuhi rānei, nā reira me tuhi i te wā ka whakaarohia e koe, ka hari i tō rārangi pātai i tō haerenga ki tō hui hauora.

Questions you may wish to ask

Ask as many questions as you want to. It's easy to forget the questions you want to ask when you see your cancer doctor or nurse, so you may like to write them down as you think of them and take your list with you to your appointment. There is a list of questions below you may find useful. The Cancer Society also has a booklet of useful questions titled *Questions You May Wish To Ask* that you can receive by phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, by picking up a copy from your local Cancer Society, or by viewing and downloading it from our website **www.cancernz.org.nz/questions**.

1. What are the advantages and disadvantages of chemotherapy for me?
 2. Are there any other treatments I can have instead?
 3. Will chemotherapy cure me or simply control the cancer?
 4. Am I having chemotherapy to lessen the chance of the cancer coming back?
 5. What difference would it make if I waited?
 6. What will happen to me if I don't have chemotherapy?
 7. Can I have a second opinion?
 8. How long will my treatment last and how often will I have to have it?
 9. Will chemotherapy be given to me as tablets or injections or a drip?
- 

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10. Will I have to stay in hospital?
 11. How long will each treatment take?
 12. Will I be able to carry on with my normal life when I'm not at the hospital?
 13. If I can have the treatment privately, how much does it cost?
 14. What side effects can I expect?
 15. How long after my treatment ends will it take for the side effects to go?
 16. Will there be any permanent damage?
 17. Will I still be able to have children in future?
 18. Can I keep on taking my usual medicines?
 19. Are there any special foods or drinks I should or shouldn't have?
 20. Is there anything I need to be particularly careful about during my treatment, and/or after my treatment ends?

If there are answers you do not understand, feel comfortable to say:

- Would you please explain that again?
- I am not sure what you mean.
- Would you please draw a diagram, or write it down?

Suggested reading and websites

Reading

Phil Kerslake. *Life, Happiness & Cancer: Survive with action and attitude*. Steele Roberts Publishers, Wellington, New Zealand, 2006.

Websites

Macmillan Cancer Support (UK)
www.macmillan.org.uk

Cancer Council Victoria (Australia)
www.cancervic.org.au

National Cancer Institute (USA)
www.cancer.gov/cancerinfo

The suggested websites, other than our own, are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on these websites is correct, up-to-date, or evidence-based medical information. We suggest you discuss any information you find with your cancer care health professionals.

This booklet *Chemotherapy/Hahau* is part of a series titled *Understanding Cancer*, which is published by the Cancer Society. These booklets and booklets from the *Living with Cancer* series can be viewed and downloaded from our website www.cancernz.org.nz.





Glossary (What does that word mean?)

- **adjuvant chemotherapy** – treatment of cancer with drugs to aid or assist another treatment.
 - **benign** – a tumour that is not malignant, not cancerous, and won't spread to another part of your body.
 - **carcinoma in situ** – a malignant tumour that is confined to its original site.
 - **cells** – the 'building blocks' of the body. A human is made of millions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.
 - **genes** – the tiny factors that govern the way the body's cells grow and behave. Each person has a set of many thousands of genes inherited from both parents. Genes are found in every cell of the body.
 - **infusion pump** – some chemotherapy drugs can be given via an infusion pump which is a small portable device allowing the patient to have their chemotherapy at home. There are several types of pumps available, all designed to deliver a measured dose of medication continuously.
 - **lumbar puncture** – insertion of a hollow needle into the lower spinal canal to withdraw fluid for diagnosis or to give drugs.
 - **malignant** – a tumour that is cancerous and likely to spread if it is not treated.
 - **metastasis (plural = metastases)** – a cancer that has grown in a different part of the body because of the spread of cancer cells from the original site. For example, someone with breast cancer may have metastases in their bones, also called secondary cancer.
 - **palliative** – controlling the symptoms of a disease rather than curing it.
 - **primary** – a malignant tumour starts in one site of the body where it is known as the primary tumour.
 - **tumour** – a swelling or lump. Tumours can be benign (not cancerous) or malignant (cancerous).
- 



Notes

You may wish to use this space to write down any questions you want to ask your cancer doctors, nurses, or health providers at your next appointment.

Whakamahia tēnei wāhi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō te wā e hoki atu ai koe.



Notes



Notes

Cancer Society of New Zealand Inc Te Kāhui Matepukupuku o Aotearoa

National Office

PO Box 12700, Wellington 6011
Telephone: (04) 494-7270

Auckland Division

PO Box 1724, Auckland 1023
Telephone: (09) 308-0160
Covering: Northland

Waikato/Bay of Plenty Division

PO Box 134, Hamilton 3216
Telephone: (07) 903-5800
Covering: Tauranga, Rotorua, Taupo,
Thames, and Waikato

Central Districts Division

PO Box 5096, Palmerston North 4441
Telephone: (06) 356-5355
Covering: Taranaki, Wanganui, Manawatu,
Hawke's Bay, and Gisborne/East Coast

Wellington Division

52-62 Riddiford Street, Wellington 6021

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Covering: Marlborough, Nelson, Wairarapa, and Wellington

Canterbury/West Coast Division

PO Box 13450, Christchurch 8011

Telephone: (03) 379-5835

Covering: South Canterbury, West Coast, Ashburton

Otago/Southland Division

PO Box 6258, Dunedin 9016

Telephone: (03) 477-7447

Cancer Information Helpline

0800 CANCER (226 237)

www.cancernz.org.nz

Feedback

Chemotherapy/Hahau

We would like to read what you thought of this booklet: whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out, and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes No

Please give reason(s) for your answer.

2. Did you find the booklet easy to understand?

Yes No

Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes No

If yes, what were they?

4. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau/
member?

Gender: Female Male Age _____

Ethnicity (please specify): _____

Thank you for helping us review this booklet. The Editorial
Team will record your feedback when it arrives, and consider
it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society
of New Zealand, PO Box 12700, Wellington 6011.



Information, support, and research

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatments. Information for living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention, and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, healthy eating, physical activity, and discouraging smoking.

Acknowledgements

The Cancer Society would like to thank for their reviews, advice, and contributions:

Dr Richard Isaacs

Medical Oncologist, Palmerston North Hospital

Associate Professor Chris Atkinson

Oncologist, St George Hospital, Christchurch and the Cancer Society of New Zealand's
Medical Director

Cathie Teague

Clinical Nurse Specialist - Medical Oncology, Wellington Blood and Cancer Centre, Wellington

Cath Christmas

Oncology Nurse, Nelson, Marlborough District Health Board

Meg Biggs, Julie Holt, and Michelle Gundersen-Reid

Cancer Society Information Nurses

Sarah Stacy-Baynes

Information Manager

We also thank the people who have had chemotherapy and reviewed this edition and offered many valuable suggestions.

Some of the material in this booklet is based on information published by the Cancer Council Victoria (Australia). The Cancer Society of New Zealand acknowledges their assistance.

Photography

The Cancer Society would like to thank Louise Goossens for her photography.

Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country.

Cover photo: 27106OB30: Small boat pulled up on golden sands of Big Kuri Bay beach. South east Stewart Island. Coastal Flax, Stewart Island, Stewart Island District, New Zealand

Cancer Society of New Zealand Inc. (2011)

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ANY CANCER, ANY QUESTION

0800 CANCER (226 237)

Cancer Information Helpline

