



Understanding

Cancer of the Kidney

Caring for people with cancer



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 Open Monday to Thursday 9am–7pm; Friday 9am–5pm



Understanding cancer of the kidney

This booklet has been written to help you understand more about kidney cancer. It has been prepared and checked by surgeons, cancer doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and key aspects of living with it.

If you are a patient, your doctor or nurse may wish to go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information you may need.



>>> Specialist nurse	Tel:
Family doctor (GP)	Tel:
Surgeon or urologist	Tel:
Medical oncologist	Tel:
Radiation oncologist	Tel:
Radiation therapist	Tel:
Emergency number	Tel:
Treatments	Review dates

If you like, you can also add:

Your name _____

Address _____

This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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

- *Guidelines on Renal Cell Carcinoma*, European Association of Urology, 2007.
- *Clinical Practice Guidelines in Oncology: Kidney Cancer*. National Comprehensive Cancer Network, 2011.
- *A Strategy for Cancer Control in Ireland*, National Cancer Forum, 2006.
- *Cancer in Ireland: A Summary, 1994–2007*, National Cancer Registry Ireland, 2009.
- *Cancer Nursing: Principles and Practice*, CH Yarbrow, MH Frogge, M Goodman & SL Groenwald, Jones and Bartlett, 2000.
- *The Chemotherapy Source Book*, M Perry, Lippincott Williams and Wilkins, 1997.

Published in Ireland by the Irish Cancer Society.
© Irish Cancer Society, 2011
Next revise: 2013



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ISBN 0-95323-690-1

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Introduction

This booklet has been written to help you understand more about kidney cancer. It describes what it is and how it is diagnosed and treated. We hope it answers some of your questions and encourages you to discuss them with your doctor and nurse too.

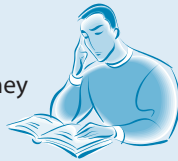
We cannot advise you about which treatment to choose. You can only make this decision along with your doctors when all your test results are ready. But we can tell you about some ways to treat this cancer and side-effects that may happen after treatment is given.

The booklet also discusses some of the feelings you and those close to you may have when a diagnosis of cancer is made. At the end of the booklet you will find a list of books that are useful to read. There is also a list of websites and special groups to help and support you at this time.



Reading this booklet

Remember you do not need to know everything about kidney cancer straight away. Read a section about a particular item as it happens to you. Then when you feel relaxed and want to know more, read another section.



If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freefone National Cancer Helpline on 1800 200 700. It is open Monday to Thursday 9am–7pm and Friday 9am–5pm.

What does that word mean?

Adjuvant treatment	Treatment for cancer given soon after surgery.
Alopecia	Loss of hair or baldness. No hair where you normally have hair.
Anti-emetic	A tablet, injection or suppository to stop you feeling sick or vomiting.
Benign	Not cancer. A tumour that does not spread.
Biopsy	Removing a small amount of tissue from your body to find out if cancer cells are present.
Cells	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Chemotherapy	Treatment using drugs that cure or control cancer.
Fatigue	Ongoing tiredness often not helped by rest.
Grading	Tests that look at the structure of cancer cells under the microscope.
Malignant	Cancer. A tumour that spreads.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Metastasis	The spread of cancer from one part of your body to other tissues and organs.
Nausea	Feeling sick or wanting to be sick.
Neo-adjuvant treatment	Treatment such as chemotherapy or radiotherapy that is given before surgery to shrink a tumour.
Oncology	The study of cancer.

Palliative care team	A team of doctors and nurses who are trained in managing pain and other symptoms caused by cancer. They can also help you cope with any emotional distress.
Prognosis	The expected outcome of a disease.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Radiotherapy	The treatment of cancer using high-energy X-rays.
Staging	Tests that measure the size and extent of cancer.
Targeted therapies	Drugs or other substances that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth.

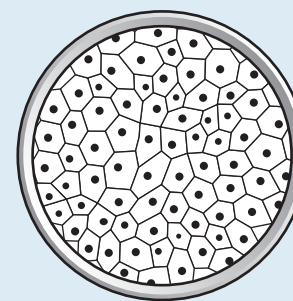
About kidney cancer



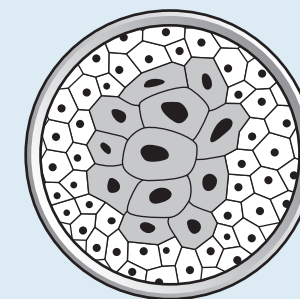
What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example, skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

In your body, your organs and tissues are made up of tiny building blocks called cells. All cancers are a disease of the body's cells. In healthy tissue these cells replace or repair themselves when they get worn out or injured. With cancer, the cells do not behave as normal and keep on growing, even when there is no need.



Normal cells



Cancer cells growing

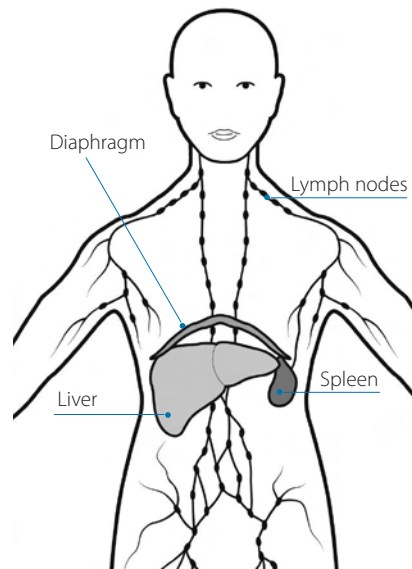
These groups of abnormal cells can form a lump or tumour. Tumours can be either benign or malignant. Benign tumours do not spread to other parts of the body and so are not called cancer. Malignant tumours are cancer cells that can spread from where they first grew. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to form a new tumour somewhere else in your body. This is called a metastasis or secondary tumour.

What is the lymphatic system?

Every day your body defends itself against infection in many ways. The lymphatic system is one way. Like your bloodstream it carries material around your body. It is made up of a network of tiny tubes that pass through most of the tissues in your body. These tubes carry a clear watery fluid called lymph.

Along the network are hundreds of small glands shaped like beans. These are called lymph nodes and they remove unwanted material from the lymph like a sieve. They also help white blood cells called lymphocytes to protect your body against infection.

Lymph nodes are found in groups throughout your body, such as in your neck, armpits and groin. Sometimes you may notice these glands if they become swollen. More of these lymph nodes are found in larger groups in your chest and tummy (abdomen). Other parts of the lymphatic system include your spleen, thymus, tonsils and bone marrow. Lymph nodes can also spread cancer cells.



The lymphatic system



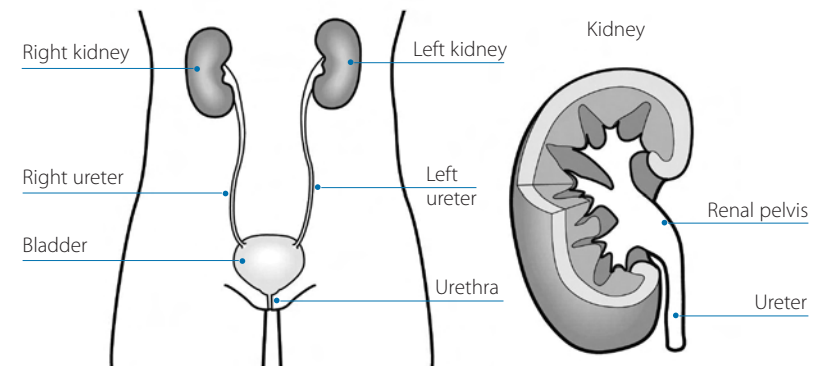
To sum up

- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by the bloodstream or lymphatic system somewhere else. This is called a metastasis or secondary tumour.

What are the kidneys?

The kidneys are small bean-shaped organs about the size of your fist. There are normally two in your body, but you can survive with just one. They are found on either side of your spine, just below your ribcage and around the middle of your back. The right kidney is slightly lower than the left. On top of each kidney sits a much smaller gland called the adrenal gland. The two glands are covered in fatty tissue with an outer layer of fibrous tissue called Gerota's fascia.

The kidneys are full of blood vessels and remove waste products from your blood. This waste is then changed into urine. The urine flows into a hollow space in the middle of each kidney called the renal pelvis. It then passes down into your bladder through a tube called the ureter. From the bladder the urine leaves your body through another tube called the urethra. This opens just in front of the vagina in women and at the tip of the penis in men.



The kidneys

Your kidneys also make three important hormones. These are erythropoietin, renin and calcitriol.

- **Erythropoietin** tells your bone marrow to make more red blood cells.
- **Renin** controls your blood pressure.
- **Calcitriol** is a form of vitamin D that helps your bowel to absorb calcium from your food. This keeps your bones healthy.

The adrenal glands make hormones that are vital for living. These hormones are cortisol, aldosterone and adrenaline.

- **Cortisol** is a natural steroid involved in your response to stress and inflammation.
- **Aldosterone** controls your body's water balance.
- **Adrenaline** and **noradrenaline** are needed to prepare your body for emergency situations. For example, by increasing your heart rate and raising your blood pressure.

What is kidney cancer?

Kidney cancer starts when the cells change and grow in an abnormal way. They form a single mass or tumour within your kidney and sometimes more than one tumour can develop. Usually only one kidney is affected and it is rare for cancer to occur in the other kidney. As the cancer grows it can affect how your kidney works normally and can cause problems. In most cases, the cancer is found before it has spread to other organs.

The most common type of kidney cancer is renal cell cancer (RCC). See page 16 for more about the types of kidney cancer.

»»» The most common type of kidney cancer is renal cell cancer.

How common is kidney cancer?

In Ireland about 400 people are diagnosed with kidney cancer each year. It is more common in men than women and becomes more common as you get older. It is rare for people under 40 to get kidney cancer but a rare type can affect very young children. The number of people getting kidney cancer is increasing each year. Doctors are also finding kidney cancers early because of new technology. For example, an ultrasound scan and CT scan done for other reasons can help find small tumours at a very early stage.

What causes kidney cancer?

The exact cause of kidney cancer is unknown. But there are certain things called risk factors that can affect your chances of getting the disease. Different cancers have different risk factors. Some things that can increase your risk of kidney cancer are:

- **Age:** As you get older, your risk increases. Most kidney cancers occur in men and women over the age of 40.
- **Smoking:** If you smoke, it can double your risk of developing kidney cancer. The longer you smoke and the more cigarettes you smoke, the higher your risk.
- **Obesity:** Your chance of getting kidney cancer is much higher if you are very overweight or obese. This is because obesity may cause changes in certain hormones that affect your metabolism.
- **Inherited conditions:** Kidney cancer can be caused by some inherited conditions due to a faulty gene passed on in your family. These conditions are rare, for example, von Hippel-Lindau disease.
- **Exposure to chemicals:** If you are exposed to certain chemicals in your workplace over a long period, it may increase your risk of kidney cancer. These chemicals include asbestos, cadmium, some herbicides, benzene, and organic solvents like trichloroethylene.
- **Family history:** If you have family members like a brother or sister who have kidney cancer, you have a much higher chance of getting the disease.
- **Advanced kidney disease:** If you have advanced kidney disease, especially needing dialysis, you have a higher risk of developing kidney cancer.
- **High blood pressure:** The risk of kidney cancer is also higher if you have high blood pressure. It is not certain if the blood pressure or the drugs used to treat it or both may be the cause of kidney cancer.

Can I be screened for kidney cancer?

Testing for kidney cancer when you have no symptoms is called screening. At present, there is no reliable screening test for kidney

cancer for the general public. If one of the inherited conditions that increase the risk of kidney cancer runs in your family, you may be offered screening. This means having an ultrasound, CT or MRI scan of your kidneys every year. There is also a genetic blood test available for von Hippel-Lindau disease. Further genetic tests may become available in the future.

If you are concerned about kidney cancer, do talk to your family doctor (GP).

What are the symptoms of kidney cancer?

Symptoms of kidney cancer can be vague at first. Most kidney cancers are too small to feel or notice. Often the cancer is discovered by chance during an ultrasound scan done for another reason. Once the cancer begins to grow, the symptoms can become more obvious. The most common symptom is blood in your urine, known as haematuria.

Symptoms of kidney cancer include:

- Blood in your urine
- A lump or mass in your kidney area
- A dull ache or pain in your side that won't go away
- Weight loss
- High temperature and heavy sweating
- Tiredness
- Loss of appetite
- Feeling unwell
- High blood pressure
- Fewer red blood cells (anaemia)

These symptoms can also be caused by conditions other than cancer. For example, blood in your urine can be caused by an infection, enlargement of your prostate (in men) or kidney stones.

Do visit your GP to get your symptoms checked out. Remember kidney cancer is not infectious and cannot be passed on to other people.



To sum up

- Your kidneys change waste products into urine and also make important hormones.
- About 400 people are diagnosed with kidney cancer in Ireland each year.
- The cause of kidney cancer is unknown. Your risk increases with age, smoking, obesity, inherited conditions, exposure to chemicals, a family history of kidney cancer, advanced kidney disease, and high blood pressure.
- The symptoms of kidney cancer include blood in your urine, a lump in your kidney area, a dull ache or pain in your side, weight loss, high temperature and sweating, tiredness, loss of appetite, feeling unwell, high blood pressure and anaemia.

How is kidney cancer diagnosed?

Usually a symptom like blood in your urine, a lump in your side or a dull ache brings you to your family doctor (GP). He or she will examine you and check your urine and blood. If your GP has concerns about you, he or she can do more tests or refer you to a specialist.

At the hospital, you will be seen by a urologist. He or she will do a physical exam and ask you about your symptoms as well as your family medical history. Blood tests and a chest X-ray will be taken to check your general health.

There is a range of tests to check for kidney cancer. You may need some of the tests listed below:

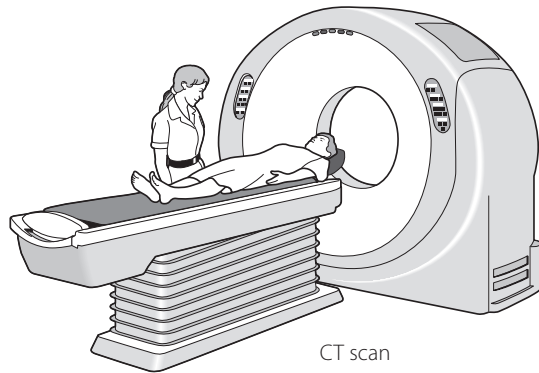
- Blood tests
- Urine tests
- Ultrasound scan
- CT scan
- MRI scan

Blood tests: Blood tests to check your liver and kidney will be done. A full blood count will also be done to see if you have enough or too many red blood cells.

Urine tests: Your urine may be tested for blood and cancer cells.

Ultrasound scan: An ultrasound scan uses sound waves to take pictures of your kidneys and bladder and nearby organs. A gel is first put onto your tummy and a device like a microphone passed over it. The sound waves are changed to pictures and any abnormal changes can be seen on a computer screen. The scan only lasts a few minutes.

CT scan of chest and abdomen: This is a special type of X-ray that gives a detailed picture of the tissues inside your body. The scan itself is painless. For a CT scan of your kidney, you might need to fast from midnight before the test. You may also be given a special drink to help show up parts of your body on the scan. Preparation for a CT scan can vary but your doctor or nurse will tell you what to do. The test is usually done as an outpatient. Some people feel anxious about this test and are afraid they may feel claustrophobic during it. If you are anxious about this, contact the radiographer the day before. They may be able to give you medication to relax you on the day.



MRI scan: This special scan uses magnetic energy to build up a picture of the kidney tissues inside your body. It does not hurt but can be very noisy. You will be given earplugs to wear during it. You might get an injection before the scan to show up certain parts of your body. During the scan you cannot wear metal jewellery. If you have any medical device like a pacemaker or metal piece in your body, you may not be suitable for the test. Usually you can go home afterwards.

➤➤➤ **Ultrasound, CT and MRI scans can help to diagnose kidney cancer.**

Further tests

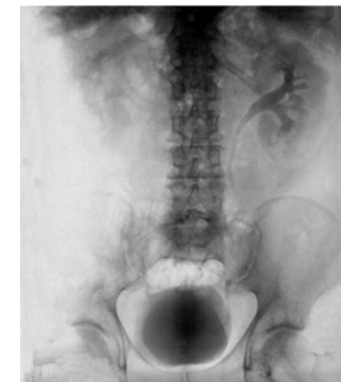
Depending on the results of the above tests, you may need more tests. These include:

- Cystoscopy
- IVP
- Image-guided biopsy

These tests can also help to stage the cancer. This means finding out the size of the cancer and if it has spread anywhere else. This can help your doctor to decide on the best treatment for you.

Cystoscopy: This test might be done if you have blood in your urine. It checks for any signs of bleeding in the lining of your bladder rather than from your kidneys. It is usually done under local anaesthetic or light sedation and takes about 20 minutes. A small, flexible tube with a light at one end (cystoscope) is passed into the entrance that leads to your bladder. This lets your doctor see the entire lining of your bladder and urethra. You may be a little sore afterwards when you pass urine for the first time.

IVP: This stands for intravenous pyelogram. The test can show up anything unusual in your kidneys or urinary system. It is done in the hospital X-ray department and takes about an hour. A dye is first injected into a vein in your arm and travels through your bloodstream to your kidneys. Your doctor can watch on a screen how the dye passes through your kidneys and can notice anything unusual. The dye might make you feel hot and flushed at first but this only lasts a few minutes.



Intravenous pyelogram

Image-guided biopsy: A sample of the kidney tissue can be taken. This is called a biopsy. This test is rarely done and only if the cells look small and unusual on a CT scan. Your doctors will use an ultrasound or CT scan to guide them to the kidney area where the biopsy will be taken. A long thin needle will be put into your kidney

and the cells removed. These are then checked for cancer cells under a microscope in the laboratory. Taking a biopsy is not without risk. There is a small chance of infection and bleeding.

Your doctor will let you know if you need any other tests.

Waiting for results

It may take some time for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call the National Cancer Helpline 1800 200 700 to speak to one of our specially trained nurses.



To sum up

- Kidney cancer is diagnosed by blood and urine tests, ultrasound scan, CT scan and MRI scan.
- Further tests include cystoscopy, IVP and image-guided biopsy.

What are the types of kidney cancer?

The most common type of kidney cancer is called renal cell cancer (RCC). This is also known as renal cell carcinoma or clear cell carcinoma. About 9 out of 10 kidney cancers are of this type.

A rare type of kidney cancer is transitional cell cancer. This affects the renal pelvis, which is the part of your kidney that collects urine before it drains into your bladder. This cancer behaves like bladder cancer and is often treated in the same way.

Wilms' tumour is the most common type of childhood kidney cancer. It is also known as nephroblastoma and is very rare. It is not like adult kidney cancer and the tests and treatment for it are different.

Other rarer types of kidney cancer can be identified by looking at their cells under a microscope. Your doctor can explain these to you if needed. If you would like more information on any type of kidney cancer, contact the National Cancer Helpline 1800 200 700.

What are the stages of kidney cancer?

Staging means finding out the size of the tumour and if it has spread anywhere else in your body. Your doctor may arrange some tests to stage the cancer. Some of these tests are mentioned on page 15. Staging will help your doctor to plan the best treatment for you.

»»» Staging allows your doctor to plan the best treatment for you.

The staging system normally used in kidney cancer is called TNM. This stands for tumour, node, metastasis. It refers to how deeply the tumour has grown into your kidney (T), if there is cancer in your lymph nodes (N), and if the cancer has spread to other parts of your body (M for metastasis).

Depending on the size of the tumour, T can be subdivided into T1a, T1b, T2, T3abc and T4. N0 refers to no lymph nodes affected, one lymph node is N1 or more than one affected is N2. M1 refers to if the cancer has spread and M0 if not.

There are usually four stages of kidney cancer.

- **Stage 1:** The cancer is not more than 7cm in size and found only in the kidney. (Also described as T1a–T1b.)
- **Stage 2:** The cancer is more than 7cm but found only in the kidney. (Also described as T2.)
- **Stage 3:** The cancer has spread into your adrenal gland or the fat around the kidney or nearby large blood vessels but not beyond the fibrous tissue of the kidney. It may also have spread to a nearby lymph node. (Also described as T1a–T3b, N1 or T3a–T3c.)
- **Stage 4:** The cancer has spread outside the fibrous tissue surrounding the kidney or to distant parts of your body. Near and distant lymph nodes are affected. (Also described as T4, N0–N1, M0 or any T, N2, M0 or any T, any N, M1.)

If kidney cancer spreads, it is more likely to go to your bones, lungs, liver or brain. When this happens, it is called secondary or metastatic kidney cancer. Remember that not all kidney cancers spread, especially if diagnosed early.

What are the grades of kidney cancer?

The grade of a cancer is known by looking at its cells under a microscope. These cells are usually acquired during surgery to remove the cancer. The grade describes the cell structure of the tumour and gives your doctors an idea of how the cancer will behave. For example, how quickly it might grow and spread. It also helps your doctors to decide if you need more treatment and what the outlook (prognosis) is.

The most common system used to grade kidney cancer is the Fuhrman Grade. It describes the size and shape of the nucleus in the cancer cells and how much they differ from normal kidney tissue. The nucleus is the part of the cell that stores DNA, which is its genetic make-up.

The cancer cells are graded 1 to 4. Grade 1 means the cancer cells look very like normal kidney cells. They grow slowly and are less likely to spread. As you go up the scale the cancer cells start to look more and more abnormal and are more likely to spread quicker. For more about grades, talk to your doctor or call the National Cancer Helpline on 1800 200 700.



To sum up

- The most common type of kidney cancer is renal cell cancer (RCC).
- Staging finds out the size of the cancer and if it has spread.
- Staging helps your doctor to plan the best treatment for you.
- There are four stages of kidney cancer (1 to 4).
- Grading refers to the structure of the cancer cells under the microscope.
- There are four grades of kidney cancer (1 to 4).

National Cancer Helpline 1800 200 700

Treatment and side-effects

How is kidney cancer treated?

The way kidney cancer is treated depends on the stage of the disease. In general the main treatment is surgery. The type of treatment you receive will depend on:

- The size and stage of your cancer
- The type of cancer
- If it has spread or not
- Your age and general state of health

Cancer treatment

Kidney cancer is treated in specialist cancer centres in Ireland. The staff at these centres have great expertise and experience in managing patients with kidney cancer. As a result, you may be transferred to another hospital from the one where you received your diagnosis.

Types of treatment

Treatments for kidney cancer can include:

- Surgery
- Radiotherapy
- Targeted therapies
- Chemotherapy

Surgery: Surgery is the main treatment for kidney cancer. Early stage kidney cancer is often cured by surgery alone. The aim of the surgery is to remove the tumour and the nearby tissues. There are different types of surgery, where all or part of your kidney can be removed. This is called a nephrectomy. It may be possible for you to have keyhole surgery instead of open surgery.

Other types of surgery may be needed as well. For example, your lymph nodes may need to be removed if they contain cancer. This surgery is called a lymphadenectomy or lymph node dissection.

Depending on the cancer, your surgeon may decide to use other methods. For example, arterial embolisation and radiofrequency ablation. See page 23 for more details on surgery.

Radiotherapy: This involves using high-energy X-rays to kill the cancer cells. It can be used to shrink cancer that has spread to the brain or bones and is causing pressure or pain. See page 28 for more about radiotherapy.

Targeted therapies: These are drugs or other substances that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth. See page 29 for more details.

Chemotherapy: This is the use of drugs to kill or control cancer cells. If the cancer has spread beyond your kidney, the drugs may be given into a vein. This means the drugs travel around your body in your bloodstream and can reach any cancer cells. Chemotherapy is not often used for kidney cancers. It might be used along with either surgery or radiotherapy and in rare cases used on its own. See page 31 for more about chemotherapy.

>>> Your doctor will discuss your treatment options with you.

Deciding on treatment

At this time you may be anxious about what is going to happen next. Do not be afraid to ask for more information.

Treatment options: Your doctor and nurse will explain your treatment options to you. Sometimes, depending on the stage of your cancer, you may have fewer choices.

Do ask as many questions as you like, no matter how small or trivial you think they are. All questions are important.

Time to think: When faced with a serious illness, it can be hard to decide what the right treatment is for you. It may feel as if everything is happening too fast. You may feel under pressure to make a decision quickly. You might want more time to think things through. But remember there is always time for you to consider what sort of treatment you want.

Second opinion: You might also find it reassuring to have another medical opinion to help you decide about your treatment. Your doctor will refer you to another specialist for a second opinion if you feel this would be helpful.

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

>>> No medical treatment will be given without your consent.

Giving consent for treatment

You may be asked to sign a consent form saying that you give permission for the treatment to take place. No medical treatment can be given without your consent. Before treatment, you should know:

- The type of treatment you are advised to have
- The benefits and risks of the treatment
- Any other treatments that may be available
- Any major side-effects of the treatment

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can always ask for more time to decide about the treatment, if you are unsure when it is first explained to you.

>>> Individual treatment

You may notice that other people with kidney cancer are not getting the same treatment as you. Their cancer may not be the same type or at the same stage as yours. Everyone's treatment needs will be different. Do not be afraid to ask your doctor about your own treatment.



Who will be involved in my care?

Some of the following health professionals may be involved in your care. Usually, a team of cancer care doctors will decide your treatment.

Surgeon	A doctor who specialises in surgery and who can remove a tumour from your body.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Clinical nurse specialist	A specially trained nurse who gives support and information to cancer patients.
Liaison oncology nurse/ clinical nurse specialist	A specially trained nurse who works in a special cancer care unit. She or he can give support and reassure you and your family from diagnosis and throughout treatment.
Palliative care team	This team is specially trained in managing pain and other symptoms. They can help you and your family cope with any emotional distress. They are sometimes known as the 'homecare team' or the 'hospice homecare team'. A specialist palliative care service is available in most general hospitals.
Radiation therapist	A radiotherapist who specialises in giving radiotherapy and related advice to cancer patients.
Physiotherapist	A therapist who treats injury or illness with exercises and other physical treatments related to the illness.
Dietitian	An expert on food and nutrition. They are trained to give advice on diet during illness and use diet to help symptoms.
Medical social worker	A person specially trained to help you and your family with all your social issues and practical needs. They are skilled in giving counselling and emotional support to children and families at times of loss and change. They can give advice on benefits, entitlements and services available to you when you go home. For example, if you need Meals on Wheels, etc.
Psychologist	A specialist who can talk to you and your family about emotional and personal matters and can help you to make decisions.
Counsellor	A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.



To sum up

- The main treatment for kidney cancer is surgery.
- Depending on the stage of your cancer, you may need other forms of treatment. These include radiotherapy, targeted therapies and chemotherapy.
- A team of specialists will decide which treatment is best for you.

Surgery

Surgery is the main treatment for kidney cancer. The aim is to remove the cancer and the tissue close to it. Removing a kidney is called a nephrectomy. There are different types of surgery depending on the type and stage of the cancer and your own health. These include:

- Partial nephrectomy
- Radical nephrectomy

Partial nephrectomy: Here the part of the kidney containing the cancer is removed along with some tissue around it. It is also known as nephron-sparing surgery. Usually this kind of surgery is done if the cancer is small and has not spread.

Radical nephrectomy: Here the kidney, adrenal gland, nearby fatty tissue and usually the nearby lymph nodes are removed. Removing the lymph nodes is also called lymph node dissection or lymphadenectomy.

The surgery usually involves a cut (incision) made between your lower ribs on the side where the cancer is found.

Other types of surgery

Removing a kidney is a big operation and may not be suitable for everyone. If your cancer is small or open surgery is not possible, there are other types of suitable surgery. For example:

- Keyhole surgery
- Embolisation
- Radiofrequency ablation (RFA)

Keyhole surgery: For many patients it is possible to remove the kidney through a special tube instead of having open surgery. This is known as a laparoscopic nephrectomy. Part or all of your kidney and other tissues can be removed in keyhole surgery.



Keyhole surgery

For the surgery, your surgeon uses a laparoscope, which is a thin flexible tube with a light and magnifying lens at the tip. All you need are small cuts in your skin rather than the large one in open surgery. Your surgeon can use special long, thin instruments to remove the kidney. The benefits of this include a shorter stay in hospital, faster recovery, and less pain afterwards.

Keyhole surgery is very specialised, so you may be referred to a different surgeon for this treatment. You can also ask to be referred to a suitable keyhole surgeon.

Arterial embolisation: A treatment called arterial embolisation may be used to shrink the cancer. This is done by blocking the flow of blood to it. A small cut is first made in your groin and a narrow tube put into the main blood vessel that flows to your kidney. Small pieces of a special gelatin sponge are then injected through the tube into the blood vessel. The sponges block the blood flow to your kidney and prevent the cancer cells getting oxygen and other materials needed to grow.

Percutaneous radiofrequency ablation (RFA): This treatment uses heat to destroy the cancer cells. It can be used if you have small kidney tumours or if you cannot have surgery. The treatment is still experimental. A needle-type instrument is first placed in the kidney tumour through your skin. A CT or ultrasound scan guides your surgeon at the same time. Once the needle is in place a generator delivers an alternating current of energy. The heat that is produced through friction destroys the cells needed for the cancer to grow.

>>> Removing a kidney is a big operation and may not be suitable for everyone.

Before the surgery

You will need some extra tests to make sure you are strong enough for surgery. These tests may include a heart test (ECG) and more blood tests. An anaesthetist may examine you to make sure you are fit for surgery.

- **Exercises:** A physiotherapist or nurse will show you how to do special exercises. They will involve deep breathing and leg exercises. These will help to prevent you getting a chest infection or blood clot after your operation.
- **Marking your skin:** Your doctor will mark your skin to make sure the correct kidney will be removed.
- **Fasting:** You will not be allowed to eat anything from the midnight before your operation.
- **Preventing clots:** Depending on your surgeon or the hospital, you may get an injection of an anti-clotting drug before surgery. For example, heparin. You may also get a course of it afterwards. This is to prevent a clot forming in your legs after surgery as you will be less mobile for a few days.

After the surgery

You may spend a short time in an intensive care unit after surgery. When you wake up, you may notice a number of tubes attached to your body. They may look alarming but are quite normal after an operation like this.

- **Wound:** A thin tube from your wound will drain any excessive fluid like blood and so help your wound to heal.
- **Catheter:** You will have a small tube (catheter) draining urine from your bladder into a bag.
- **Fluids:** You will have a drip going into your vein to give you fluids. It is removed once you can eat and drink normally.



A drip giving fluids

Pain: You may have some pain afterwards, especially when you cough or move. Your nurse can give you painkillers and medication to prevent you feeling or getting sick, if you need it. There are various ways to give painkillers. There may be a thin epidural tube in your back to help relieve any pain. Or you may be given a patient controlled analgesic (PCA) pump. Your nurse will show you how to use it. Always ask for help if you have any pain or feel sick.

Getting up and about: You will be asked to move your legs in bed and do deep breathing exercises at least once an hour. On the day after surgery, your nurses will help you out of bed and take you for a short walk. As you get better, these walks will become longer and you can go on your own.

Risks of surgery

Surgery always involves some risks. Not everyone develops problems after surgery for kidney cancer but some do. Some of the possible risks include:

- Bleeding during or after surgery
- Wound infection
- Unwanted air in your chest cavity (pneumothorax)
- Damage to nearby organs or blood vessels during surgery
- Kidney failure

If any of these complications develop, they can be treated by your surgeon. For example, you may need a blood transfusion for any heavy bleeding. Antibiotics can be given for a wound infection. Any unwanted air in your chest cavity can be relieved by a chest drain. Damage to organs like your spleen, pancreas, blood vessels, large or small bowel may need more surgery.

Going home

If you live alone or have problems getting around the house, talk to the medical social worker or nurse on your ward once you are admitted. That way, they can organise the community services you may need after you leave hospital. On the day you go home, you will be given a date to come back for a check-up, usually in about 6 weeks' time.

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

See page 38 for more about follow-up.



To sum up

- Surgery is the main treatment for kidney cancer.
- Removing a kidney is called a nephrectomy.
- There are different types of surgery. For example, a partial or radical nephrectomy.
- Keyhole surgery is possible in most cases.
- Other forms of surgery are arterial embolisation and radiofrequency ablation.



How is advanced kidney cancer treated?

Advanced cancer is when the cancer has spread to other parts of your body. Your cancer may be advanced even when it is first diagnosed. Or it may have come back sometime after you were first treated.



If this happens, it can still be treated. Your doctor will discuss the best treatment option for you. You may be suitable for chemotherapy, targeted therapy or radiotherapy.

Your doctor might also refer you to specialist palliative care doctors and nurses. Palliative care is treatment and care given if you are ill due to advanced cancer. The aim of the care is not to cure the disease but to relieve your symptoms and make sure you have the best quality of life possible.

Radiotherapy

Radiotherapy uses high-energy X-rays to reduce the size of the kidney cancer. Radiotherapy can often help to shrink a large tumour. If the cancer has spread to your bones or brain and is causing pressure or pain, a small dose of radiotherapy can relieve it.

Giving radiotherapy

Radiotherapy is usually given as external beam radiation. This is where a beam of radiation is aimed at the cancer directly from a machine. The machine is called a linear accelerator.

A lot of planning is needed before the actual radiotherapy can be given. Using a machine called a simulator, your doctors work out exactly where to aim the X-rays. Your skin will be marked so that the beam goes to the same area each time you get radiotherapy. This is called the treatment area.

If you need radiotherapy to the brain, a special technique called stereotactic radiotherapy is given. Your head will be held still in a specially made frame during treatment.

The radiotherapy is given to you on your own in a special room but you can speak to the staff through an intercom. The treatment itself only takes a few minutes and does not hurt. Your doctor and radiation therapist will tell you exactly when to come for treatment each time. Usually only a few short treatments are needed.

Side-effects of treatment

The side-effects of radiotherapy depend on the part of your body being treated. You may feel sick (nausea) and have vomiting or diarrhoea. The treated area may become red and sore and lose its body hair. Your bladder and bowel may also become irritated and you might pass urine or move your bowels more frequently. Tiredness (fatigue) can be a problem for some time too.



Linear accelerator

If you would like more information on radiotherapy, call the National Cancer Helpline 1800 200 700 for a copy of the free booklet *Understanding Radiotherapy* or a DVD called *Radiation Therapy: A Patient Pathway*.



To sum up

- Radiotherapy is a treatment using high-energy X-rays to cure or shrink cancer cells.
- Only a few short treatments are needed.
- Radiotherapy is painless and only takes a few minutes.
- Side-effects of radiotherapy depend on the area being treated and the type of radiotherapy given.

Targeted therapies

Targeted therapies are drugs that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth. Unlike chemotherapy, targeted therapies are aimed at cancer cells directly and are less harmful to normal cells.

Targeted therapies are now used more often to treat kidney cancer. Your doctors may decide to give you a targeted therapy if the cancer has already spread or is not suitable for surgery. These drugs can be used with chemotherapy or if chemotherapy is no longer working. They can also be given if the cancer returns. Sometimes they can reduce side-effects caused by other cancer treatments.

>>> Targeted therapies are now used more often to treat kidney cancer.

What drugs are used?

Targeted therapies work in different ways. Some work by blocking the growth of new blood vessels in cancer cells or by blocking enzymes

needed for the cells to grow and divide. For example, tyrosine kinase inhibitors.

Some of the more common drugs include:

- Sunitinib (Sutent®)
- Sorafenib (Nexavar®)
- Temsirolimus (Torisel®)
- Bevacizumab (Avastin®)
- Everolimus (Afinitor®)
- Pazopanib (Votrient®)

Sunitinib is a type of drug called a tyrosine kinase inhibitor. It can help to stop or slow the growth of kidney cancer if it has started to spread or is advanced. It is usually taken as a tablet every day for 4 weeks followed by a rest period of 2 weeks. Your doctor will let you know how long the course will last. The side-effects include tiredness, diarrhoea, sore mouth, taste changes, skin changes, hand and foot soreness (peripheral neuropathy) as well as raised blood pressure. For more about these side-effects, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the factsheet on peripheral neuropathy.

Other drugs, such as sorafenib (Nexavar®), temsirolimus (Torisel®), bevacizumab (Avastin®), everolimus (Afinitor®) and pazopanib (Votrient®), are increasingly used to treat advanced kidney cancer.

Research studies called clinical trials are being carried out on targeted therapies all the time. They look to see if the drugs or new combinations of the drugs can improve the treatment results. Your doctor might ask you to take part in a trial. Do not worry as these studies are quite safe. See page 39 for more details.

>>> Older treatments

In the past, biological therapies like interferon and interleukin were used in the treatment of kidney cancer. These treatments acted on the body's immune system to kill cancer cells. Hormone therapy was another treatment used for advanced kidney cancer. For example, the hormone progesterone was given to block the effects of hormones on cancer cells. All these treatments are used less often today, as targeted therapies are more effective.

Do ask your doctor or nurse for more information on these treatments, if needed.



To sum up

- Targeted therapies are drugs that block the growth and spread of cancer by interfering with specific molecules involved in tumour growth.
- They can also reduce the side-effects of other treatments.
- The drugs include sunitinib, bevacizumab, sorafenib, temsirolimus, everolimus and pazopanib.
- The side-effects of targeted therapies can vary. Often you may experience flu-like symptoms when first taking them.

Chemotherapy

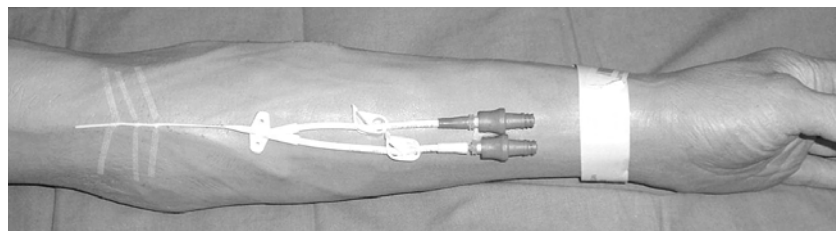
Chemotherapy is a treatment using drugs that cure or control cancer. These drugs travel through your bloodstream to almost every part of your body. Chemotherapy is not often used to treat renal cell cancer, the most common type of kidney cancer. Other types of treatment, such as targeted therapies, usually work better. Chemotherapy is more likely to be used for transitional cell cancer. This cancer can develop in your kidney, bladder or collecting tubes of your urinary system.

Chemotherapy is more likely to be used for advanced cancer or if the cancer comes back. But chemotherapy alone is unlikely to cure kidney cancer. It can help to control or improve your symptoms and give you a better quality of life.

How is chemotherapy given?

Chemotherapy is usually given into a vein or as a tablet. If given into a vein, it can be as an injection or through an infusion or drip. Usually you receive the treatment as a day patient at the hospital. Your doctor will let you know how many courses you need. You will have a rest period between each course. This allows your body to recover from the drugs.

Fluorouracil (5FU) is one drug that is used to treat kidney cancer. If you would like more information on drugs, see the Irish Cancer Society website: www.cancer.ie/cancerInfo/chemotherapydrugs_list.php



Chemotherapy given into a vein

Your doctor may decide to combine chemotherapy with biological therapies as part of a clinical trial. These studies are quite safe. See page 39 for more details on research and clinical trials.

Side-effects of treatment

The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted side-effects happen because chemotherapy can affect both cancer cells and normal cells. The side-effects can be short term or long term. In most cases the side-effects go away once the treatment ends or soon after. Your doctor or nurse can give you medication to stop most side-effects or make them easier to cope with.

Some of the side-effects include:

- Sore mouth
- Nausea and vomiting
- Loss of appetite
- Tiredness (fatigue)
- Hair loss (alopecia)
- Bruising
- Infection

>>> The side-effects of chemotherapy vary from person to person and depend on the drugs used.

Sore mouth: Some drugs used to treat kidney cancer may cause a sore mouth. They can also cause little ulcers to appear on your tongue, gums and inside the cheeks of your mouth. Keeping your teeth, gums and mouth very clean will reduce the risk of getting a mouth infection. If your mouth or throat becomes very painful, let your doctor or nurse know as soon as possible. Your doctor will prescribe painkillers or other medication to treat the infection if needed.

Nausea and vomiting: Not everyone feels sick (nausea) or vomits with chemotherapy. It all depends on the drugs being given. But if you do, it can happen before, during or after treatment and may last for several hours. Your doctor or nurse will give you medication to stop you feeling sick. This may be as an injection or tablet. While on treatment, take all medication as advised by your doctor or nurse.

Loss of appetite: It is often very hard to eat properly due to the cancer and the side-effects of treatment. However, you should try to eat as well as you can to keep your strength up. Eat smaller amounts more often. If you do not feel like eating during treatment, ask to see a dietitian who can give you special advice about your diet. A helpful booklet on what to eat is called *Diet and Cancer* and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

Tiredness (fatigue): It is normal to feel very tired during treatment. This tiredness can last for some weeks or months after treatment has ended. Sometimes it can be due to fewer red blood cells (anaemia) after chemotherapy. If you do get fatigued, take things easier. Do less than you would normally do. Rest more if you can. Ask your family or friends to help you at work or at home. Do tell your doctor as most side-effects can be eased with medication. Contact the National Cancer Helpline 1800 200 700 for a free copy of the booklet *Coping with Fatigue*. See page 35 for more details on fatigue.

Hair loss (alopecia): The amount of hair loss depends on the drugs you are given. It can vary from person to person. You may notice that your hair just thins out a little bit. If you do lose your hair, it will happen quite quickly. Try not to worry, as your hair will grow again when treatment stops. You can get a wig or hairpiece when this happens or you may prefer to wear a hat, turban or scarf. Contact the National Cancer Helpline 1800 200 700 for more advice or a copy of the factsheet called *Hair Loss and Cancer Treatment*.

Bruising: Blood cells called platelets may be reduced by the chemotherapy drugs. If there are not enough platelets in your blood (thrombocytopenia), you may bleed or bruise more easily, even from a minor injury. Let your doctor or nurse know straight away if you are bruising easily.

Infection: Chemotherapy can increase your risk of infection. Most drugs affect the bone marrow, so it becomes harder to make white blood cells. These white cells normally fight infection. If you do not have enough white cells, even minor infections like a cold or sore throat could make you quite ill. During treatment cycles, you will have blood tests to make sure you have enough white blood cells.

Your doctor will ask you to watch out for signs of infection at all times, especially if your white cells are low. These signs could include feeling shivery and unwell or running a high temperature of 38°C or higher. If this happens, tell your hospital doctor straight away. If you have a high temperature, you will need a blood test and maybe antibiotics to treat the infection.

Other side-effects

If you have other side-effects or symptom from those listed above and it concerns you, tell your doctor or nurse straight away. He or she will give you advice. For more information on chemotherapy, contact the National Cancer Helpline 1800 200 700. Ask for a copy of the free booklet *Understanding Chemotherapy* or the DVD *A Guide to Chemotherapy*.



To sum up

- Chemotherapy is a treatment using drugs to control kidney cancer.
- It can be given in tablet form, directly into a vein as an injection or through an infusion (drip).
- The side-effects vary from person to person and depend on the drugs used.
- Most side-effects are well controlled with medication.

National Cancer Helpline 1800 200 700

How can I cope with fatigue?

Fatigue is a common symptom of cancer and often described as an overwhelming tiredness. Often it is not relieved by rest. You may find it hard to concentrate or make decisions. The reason for the fatigue can sometimes be hard to identify. It may be caused by anxiety over a cancer diagnosis or the added stress caused by treatment. Whatever the reason, there are things you can do that may help.

For many patients, treatment may help by relieving symptoms such as pain and nausea, allowing you to get back to your normal routine. Ask your doctor before you start treatment what side-effects you can expect.

If you are feeling very worried, you may find it hard to sleep at night. Do tell your doctor or nurse, who can advise you. Also, try talking to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to cope.

If your illness allows you to do physical exercise, get some regularly. For example, a 30-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it. Get others to help you around the house, with travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.

A helpful booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.



Tips & Hints – fatigue

- Build rest periods into your day. If you are going somewhere special, have a rest before you go out.
- Save your energy for doing the things you most enjoy.
- Ask for help at work or at home, especially with cooking, housework or childcare.
- Keep your energy for eating. Eat little and often and use ready-made meals or snacks.



- Wear clothes that are easy to put on and take off.
- If you find it hard to sleep, make sure your bedroom is quiet and not too hot or cold.
- Do some gentle exercise each day. Ask your doctor or nurse for advice.
- Go to bed each night at the same time. Each morning get up at same time and do not lie in.
- Use relaxation techniques to get to sleep. For example, gentle exercise, relaxation tapes, etc.
- Avoid stimulants before bedtime, such as alcohol, coffee, tea, coke or chocolate.

Will the treatment affect my sex life and fertility?

Sex and sexuality

Coming to terms with the fact that you have cancer can take quite a while. Your emotions will be turned upside down. It can be hard to relax as well when you have a lot of worries on your mind. You may also be feeling tired from the effects of tests and treatment. As a result, you may lose interest in sex. This is quite normal when you are concerned about your health.

If you have a supportive partner, you may find that talking about your feelings may ease your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. He or she may refer you for specialist counselling if you feel that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine your interest in sex should return too. But you may find it will be some weeks before you will feel well enough to have sex again after surgery.

Some people fear that cancer can be passed on to a partner during sex. There is no truth to this. It is quite safe for you to have sex again with your partner.

If you are receiving chemotherapy and you or your partner are fertile, it is best to use a reliable method of contraception during treatment and for some time afterwards. This is because there is a risk of miscarriage or birth defects in children conceived during or just after treatment. Many doctors believe it is better for you or your partner not to get pregnant for 2 years after your chemotherapy ends. This time gives your body a chance to get over the effects of the cancer and its treatment.

Asking for advice

If you have any queries about how treatment may affect your sex life, do ask your doctor. Don't be put off by thinking the question is small or trivial or that you'll be embarrassed. Your doctor is well used to dealing with these matters and will give you advice.

Infertility

Your fertility may be affected by some of the treatments. For example, chemotherapy or hormone therapy. Sadly, you may not be able to have a child in the future. If this is the case, do talk to your partner about your feelings. Also, discuss your worries about infertility with your doctor. He or she can tell you if there are any options open to you at this time. It may be possible to freeze your eggs or sperm before treatment begins. The HARI (Human Assisted Reproduction Ireland) Unit at the Rotunda Hospital in Dublin provides a service where eggs or sperm can be frozen for later use. Talk to your doctor about this service or call the National Cancer Helpline 1800 200 700 for more information.

Dealing with infertility may not be easy, depending on your age and if you have had children or not. It can bring feelings of sadness, anger and loss of identity. It can help to talk through your concerns with someone who is a good listener.

What follow-up do I need?

No matter what type of cancer treatment you get, you will still need to come back for regular check-ups once it is over. This is called follow-up. At first these visits to your specialist will be quite often, sometimes every 3 to 6 months, especially for the first 2 years. The visits are likely to continue for up to 5 years. The follow-up may involve having a physical exam, blood and urine tests, chest X-rays, and ultrasound and chest CT scans.

If you are between check-ups and have a symptom or problem that is worrying you, let your doctor know. Make an appointment to see him or her as soon as possible.



Should I quit smoking?

It is never too late to quit smoking. If you quit, it reduces your chances of developing other cancers and illnesses. These include emphysema, heart disease, stroke and osteoporosis. Smoking can also affect the treatment of cancer. For example, it can reduce how well chemotherapy or radiotherapy works. It can also make their side-effects worse. Sometimes it may cause rarer side-effects such as breathing and heart problems. This is because radiotherapy can make body organs like the lungs more sensitive to tobacco smoke.



How can I quit?

Like many others, you may find giving up smoking hard. But with the right information and support you can do it. If you would like advice or support on quitting, call the National Smokers' Quitline on CallSave 1850 201 203. It is open Monday to Saturday from 8am to 10pm.

If you would like further personal support locally, the helpline can put you in touch with the smoking cessation officer in your area. For more information on giving up smoking, see www.giveupsmoking.ie

Some hospitals also have stop smoking clinics. Ask your doctor or nurse if there is one in your hospital.



Research – what is a clinical trial?



Research into new ways of treating kidney cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating cancer. Many patients with cancer take part in research studies today. Even though the word 'research' or 'new drug' sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if might be useful in treating cancer, it is given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and see which cancers can be treated.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
- Compare the new treatment with current best standard treatments.

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be carefully monitored during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available. Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

For more information, call the National Cancer Helpline 1800 200 700 or visit our website: www.cancer.ie

Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Many people find them very helpful during their illness. The way cancer is treated often depends on the culture of the country you live in. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted. You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments that doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone therapy and biological therapy. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given **together with** conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy

Many people find that complementary therapies are very helpful in a number of ways. You may feel more positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that it can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

Alternative therapies

Alternative therapies are generally treatments that are used **instead of** conventional treatments. These therapies include diet therapy, megavitamin therapy and herbalism. The diet therapy can often be restrictive. This means it does not allow you to eat foods that could be nutritious for you. Some restrictive diets can harm your health and may even cause malnutrition.

Most doctors do not believe that such treatments can cure or control cancer.



If you decide to have complementary or alternative treatments...



Before you decide to change your treatment or add any methods of your own, do talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, do talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don't be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don't be misled by promises of cures. At present in Ireland, this area is not fully regulated. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called *Understanding Cancer and Complementary Therapies. A Guide for Cancer Patients*. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.

Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have kidney cancer. Reactions can often differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation



Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. A helpful booklet which discusses them in detail is called *Understanding the Emotional Effects of Cancer* and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

Shock and disbelief

'It can't be me.' 'Has there been a mistake?' 'Cancer happens to other people, not me.'

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally shocked when it does. Even if your doctor and nurse discuss the cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you cannot really believe what is happening to you.

Fear and uncertainty

*'I'm going to die.'
'Will it be painful?'
'Will I become a
different person?'*

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But nowadays many cancers can be cured or controlled with modern treatments.

Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers.

You may also have fears that your experience of cancer will change who you are or that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look. You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer will recur. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Do discuss your concerns with your doctor, nurse or medical social worker, as they can advise and help you. If living with uncertainty overwhelms you, it may help to talk to someone in a support group.

Loss of control

*'I can't cope with
this.' 'I'll never get
through it.'*

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom.

Because you don't know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident making any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will 'fall to pieces' or 'go crazy'. You may even lose hope.

It takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can also help you feel more in control of your illness.

Sorrow and sadness

*'I used to be so
healthy.' 'I had so
many plans.' 'I've let
my family down.'*

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you've let down, and for any changes to your body due to treatment. Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

*'I'm fine, really.'
'I don't have cancer.'*

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for a short or long time, depending on how long it takes for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don't want to hear any information about your cancer until you're ready.

Anger

*'Why me? I always
took care of my
health.' 'Why did
this happen now?'*

It is normal too to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with God for allowing

cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you a lot.

Your family and friends may not always be aware that your anger is really at your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

Resentment

'How can you talk – you don't have to deal with cancer.'
'How come I'm not getting better?'

It is natural that you might be resentful and unhappy – even jealous – because you have cancer while other people are well. During the course of your illness similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker

than you have. You may resent your healthy relatives or having to change your lifestyle in some way.

On the other hand, sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them.

Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

>>> Don't bottle up your feelings – express them.

Blame and guilt

'I should've been more careful.' 'If only I had a more positive attitude, I wouldn't have got sick.'

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed

going to the doctor with their symptoms, fearing the worst. No matter what the reason, don't torture yourself at this time.

Don't feel guilty if you can't keep a positive attitude, especially when you feel unwell. Low periods are to be expected. There is no evidence at all that your attitude will affect your health or cancer. Regret and guilt serve no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

'I just need to be on my own.'

It is true that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may

want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope.

However, it is not a good idea to spend long hours on your own every day. Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called *Who Can Ever Understand? Talking about Your Cancer*. If you would like a copy, call the National Cancer Helpline 1800 200 700.

Learning to cope

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people can live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty

of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

>>> Positive emotions

A cancer experience can also bring positive emotions. However, it may be some time before you are ready to accept these emotions as positive. You may experience great love, affection and closeness by those around you, not only family and friends but also neighbours and even the healthcare team. With that can come a sense of gratitude too. The experience of cancer can also bring personal growth and knowledge – it can make you realise where your strength lies and what is important in life for you. You may also get the chance to do and enjoy different things that you would never have done otherwise.

How can my family and friends help?

Your family and friends can support you through your cancer journey in different ways. Some family members and friends can offer a listening ear and give you advice if needed. Some may gather up-to-date information on cancer to know what you can expect and what you are going through. Others may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your family or friends best.



How to talk to someone with cancer



When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you're afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don't rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may think you are not doing much by just listening. In fact, it is one of the best ways to help.

Be patient

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words: How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer. Call the National Cancer Helpline on 1800 200 700 for a free copy.

How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to big changes in their lives.

Every family deals with cancer in its own way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you're letting them down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more.

It is best to prepare children for the side-effects of treatment before they happen and to answer their questions simply and honestly. For example, if you get hair loss due to treatment. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children's emotions

During your illness, your children may experience a range of emotions from fear, guilt and anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief too. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer. If you would like a free copy, call the National Cancer Helpline 1800 200 700.

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help make you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends:** Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.
- **Live one day at a time:** Don't think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

- **Live well:** Try to eat as well as you can. Eat little and often, including lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do as you feel stronger.
- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while for you to adjust to your new routine. Remember that change may bring new opportunities and blessings.
- **Keep an open mind:** Don't feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don't feel guilty about it, as it will pass.
- **Seek information:** Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor's instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor or nurse. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones. Call 1800 200 700 for a free copy of *Journey Journal* to help you keep track of your cancer treatment.
- **Find what works for you:** It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable taking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music, or other approaches helpful. Do whatever suits you. But if it's not working, be open to finding a new way to cope.
- **Build a support network:** Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.



- **Seek professional help:** If you have any low moods or strong emotions, talk to your close friends and family – or someone who is a good listener. If they are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.
- **Spiritual care:** When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. For some people spiritual and religious beliefs can bring comfort and hope. Prayer or meditation can help you to focus on what has value and meaning in your life. Even if you do not consider yourself a religious or spiritual person, it is still possible to take comfort and support from these practices. Some complementary therapies that have a spiritual dimension may also help you to focus on being positive and hopeful.
- **Express yourself:** Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 if you would like a free copy.



Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Cancer nurse specialists
- Psycho-oncology services
- Family doctor (GP)
- Community welfare officer and community health services
- Support groups and cancer support centres
- Irish Cancer Society helpline nurses



Medical social worker: The medical social worker in your hospital can help in many ways. He or she can give support and counselling to you and your family and give advice on benefits, entitlements and services available when you go home.

Cancer nurse specialists: Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses can support you and your family from the time of diagnosis and throughout treatment. These nurses along with other members of your medical team work together to meet your needs.

Psycho-oncology services: In some larger hospitals there are special units that provide psycho-oncology services. This means that you can receive psychological care and support during your diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

GP (family doctor): You may feel comfortable talking to your family doctor (GP) about your cancer too. He or she can discuss any of your queries and offer advice and support.

Community health services: When you go home, there are various community health services available from your local health centre. These centres have public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live far from your hospital, your community welfare officer can also help with practical issues such as transport costs, financial worries, etc. All these people in community health services can provide advice and support. More information on the services is available either from the social worker in the hospital before you go home or at your local health centre.

Support groups: Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with kidney cancer. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. Cancer support centres and groups are found in most counties in Ireland and can offer a wide range of services. Some are listed at the back of this booklet.

Irish Cancer Society: The staff of the National Cancer Helpline will be happy to discuss any concerns you or your family may have, at any stage of your illness. This can range from treatment information or practical advice about your financial matters. For example, getting life insurance. Call 1800 200 700 for information about any of the services outlined above or for support services in your area.

>>> Remember that there are many people ready to help you.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances



At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital because of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services as well as outpatient services and medical appliances. You may have to pay a prescription charge of 50c per item up to a limit of €10 per family per month.

To qualify for a medical card depends on a means test. If you are over 70 and your weekly income is €700 or less, you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card may be granted in some situations. For example, if you have a large amount of medical expenses. Also, you may qualify for a medical card because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

GP visit card

If you do not qualify for a full medical card, you may be eligible for a GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical

appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible.

Drugs Payment Scheme

Under the Drugs Payment Scheme (DPS), individuals and families, including spouses and dependent children, pay a limit of €120 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

Private healthcare cover

Private health insurance pays for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Quinn Healthcare, AVIVA Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, do check the level of cover provided by your insurer, both for inpatient and outpatient services.

If you have private insurance, your tests might not get done as quickly as you would like. Your health insurer has to approve some tests in advance, for example, MRI scan, PET scan. Sometimes it might take 24–48 hours to get approval from your health insurer.

Benefits and allowances

Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer's Allowance
- Carer's Benefit
- Carer's Leave
- Appliances
- Travel to hospital



For a free copy of *Social Welfare Support: A Guide for Cancer Patients*, contact the National Cancer Helpline 1800 200 700.

Illness Benefit

This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.

Disability Allowance

You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with an injury, disease or a disability who are aged between 16 and 66. For this allowance, you must satisfy a means test, live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year.

You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Invalidity Pension

This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like

the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Allowance

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social Protection.

Application forms are available from your social welfare office or from the Carer's Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Benefit

If you are employed but wish to care for a sick relative full time, you might qualify for a carer's benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer's Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Carer's Leave

By law you may be entitled to unpaid temporary leave from your employment. Carer's leave allows you to leave your employment for

up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer's allowance or carer's benefit to apply for carer's leave. You must have worked for your employer for a continuous period of 12 months to be eligible to apply for carer's leave. The person you are caring for can be a partner or family member, friend or colleague. The family doctor (GP) of the person you are caring for will also need to fill in part of your application form.

You can work while you are on carer's leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection. For more information, contact the Carer's Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770.

Appliances

For patients who have medical cards most appliances are free of charge. For example, if you receive chemotherapy and suffer from hair loss, you are entitled to 1–2 free or subsidised wigs or hairpieces every year.

Travel to hospital

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship.

See page 67 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements that may be relevant to you.

Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending

For social welfare queries, contact:

Dept of Social Protection – Information Service	Tel: 1850 662 244
Oisín House	Leaflet line: 1890 202 325
212–213 Pearse Street	Email: info@welfare.ie
Dublin 2	Website: www.welfare.ie

If you have queries about health and social services, contact the HSE office in your area: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

HSE infoline: 1850 24 1850 **Email:** info@hse.ie **Website:** www.hse.ie

HSE East Coast Area
[Co Wicklow, South East Dublin]
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 201 4200

HSE Northern Area
[North Dublin]
Swords Business Campus
Balheary Road
Swords
Co Dublin
Tel: 01 813 1800

HSE South Western Area
[Co Kildare, West Wicklow, South Dublin]
Oak House
Millennium Park
Naas
Co Kildare
Tel: 045 880 400

HSE Midland Area
[Counties Laois, Offaly, Longford, Westmeath]
Head Office
Arden Road
Tullamore
Co Offaly
Tel: 057 932 1868

HSE Mid-Western Area
[Counties Clare, Limerick, Tipperary North]
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

HSE North Eastern Area
[Counties Cavan, Monaghan, Louth and Meath]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 928 0500

HSE North Western Area
[Counties Donegal, Sligo, Leitrim and West Cavan]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 982 0400 / 1850 636 313

HSE South Eastern Area
[Counties Carlow, Kilkenny, Wexford, Waterford, South Tipperary]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 778 4100

HSE Southern Area
[Counties Cork and Kerry]
Head Office
Wilton Road
Cork
Tel: 021 454 5011

HSE Western Area
[Counties Galway, Mayo and Roscommon]
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131

Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

Citizens Information Board (formerly Comhairle)

Ground Floor, George's Quay House, 43 Townsend Street, Dublin 2

Tel: 01 605 9000; Locall 1800 777 121

Email: info@ciboard.ie Website: www.citizensinformation.ie

There are also some booklets available that may help you. These include:

- *Information Guide to Health Services* (published by the Dept of Health). Copies are available from your local HSE area office. Tel: 01 671 4711 for local HSE numbers.
- *Guide to Social Welfare Services* (published by the Dept of Social Protection). Copies are available from the Dept of Social Protection. Tel: 01 874 8444. Email: info@welfare.ie Website: www.welfare.ie
- *Entitlements for People with Disabilities* (published by Comhairle). Copies are available from the Citizens Information Board. Tel: 01 605 9000 / 1890 777 121. Email: info@ciboard.ie Website: www.citizensinformation.ie



If you have financial worries...

A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to recover from cancer if you are worried about providing for your family and keeping a roof over your head.



There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 67 for more details. You can also call the National Cancer Helpline 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 1890 283 438. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 68 for contact details.

Irish Cancer Society services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- Cancer Information Service (CIS)
- Daffodil Centres providing cancer information
- Cancer support groups
- Peer-to-peer support
- Counselling
- Night nursing
- Oncology liaison nurses
- Cancer information booklets
- Financial support
- Care to Drive transport project



Cancer Information Service (CIS)

The Society provides a Cancer Information Service with a wide range of services. The **National Cancer Helpline** is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The freefone helpline can also put you in contact with the various support groups that are available. The helpline 1800 200 700 is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at **helpline@irishcancer.ie**
- The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private.
- **Message Board** is a discussion space on our website (**www.irishcancer.ie**) to share your stories, ideas and advice with others.
- The **CancerChat** service is a live chatroom with a link to a Cancer Information Service nurse.

Daffodil Centres providing cancer information

Daffodil Centres are located in a number of Irish hospitals. They were set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give enquirers a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 69 for more details.

Peer-to-peer support

Many patients find it helpful to talk to someone who has had a diagnosis of cancer and who has recovered. The Irish Cancer Society can put you in touch with someone who has been trained to give you emotional and practical support. All volunteers have had a personal experience of cancer and understand the emotional and physical impacts of the disease. If you would like to make contact with a volunteer, please call the National Cancer Helpline 1800 200 700.

Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline 1800 200 700 to find out about counselling services provided by the Irish Cancer Society and services available in your area.

Night nursing

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

Oncology liaison nurses

The Society funds oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer information booklets

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.



Financial support

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid.

The Travel2Care scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking. If you are travelling to a Rapid Access Diagnostic Clinic, you may qualify for the Travel2Care scheme.

Travel2Care: If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society.

Financial Aid: For this kind of help, contact the social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society.

See our website for more information: www.cancer.ie

Care to Drive transport project

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected and trained. You, the patient, are collected from your home, driven to your appointment and brought back home again.

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.



Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline: 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Cancer Research Ireland
Website: www.cancer.ie/research/why.php

The Carers Association
Market Square
Tullamore
Co Offaly
Tel: 057 932 2933
Email: info@carersireland.com
Website: www.carersireland.com

Citizens Information Board
Ground Floor
George's Quay House
43 Townsend Street
Dublin 2
Citizen Information Service:
1890 777 121
Tel: 01 605 9000
Email: info@ciboard.ie
Website: www.citizensinformation.ie

Dept of Social Protection – Information Service
Oisín House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Email: info@welfare.ie
Website: www.welfare.ie

HARI Unit (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

Health Promotion HSE
Website: www.healthpromotion.ie

Irish Clinical Oncology Research Group
Website: www.icorg.ie

Irish Nutrition & Dietetic Institute
Ashgrove House
Kill Avenue
Dún Laoghaire
Co Dublin
Tel: 01 280 4839
Email: info@indi.ie
Website: www.indi.ie

Money Advice and Budgeting Service (MABS)
Commercial House
Westend Commercial Village
Blanchardstown
Dublin 15
Tel: 01 812 9350
Freefone 1890 283 438
Email: helpline@mabs.ie
Website: www.mabs.ie

Health insurers

AVIVA Health (formerly VIVAS Health)
PO Box 764
Togher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.vivahealth.ie

Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Locall: 1890 700 890
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
Tel: 01 872 4499
CallSave 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups

ARC Cancer Support Centres
Dublin and Cork (see page 70 and 71).

Brain Tumour Support Group
Medical Social Work Department
St Luke's Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5163

CanTeen Ireland
Young Peoples' Cancer Support Group
Carmichael Centre
North Brunswick Street
Dublin 7
Tel: 01 872 2012
Freefone: 1800 200 700
Email: canteen@oceanfree.net
Website: www.canteen.net

I've Got What?!
[Support for young adults affected by cancer]
c/o Cross Cause Charity Shop
Blackrock
Co Louth
Tel: 086 339 5690

Connaught support groups & centres

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080

Ballinasloe Cancer Support Centre
Society Street
Ballinasloe
Co Galway
Tel: 090 964 5574 / 087 945 2300
Email: ballinasloecancer@yahoo.co.uk

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590
Email: caraiorrais@gmail.com

CD's Helping Hands
Lakeview Point
Corporate Park
Claregalway
Co Galway
Tel: 091 799 749
Email: info@cdshelpinghands.ie
Website: www.cdshelpinghands.ie

Gort Cancer Support Group
The Hawthorn
Ennis Road
Gort
Co Galway
Tel: 086 312 4220

Inis Aoibhinn – Cancer Care West
Costello Road
University College Hospitals Galway
Tel: 091 545 000
Email: info@cancercareswest.ie
Website: www.cancercareswest.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick's Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: mayocancersupport@eircom.net
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: vitahouse@eircom.net

Sligo Cancer Support Centre
44 Wine Street
Sligo
Tel: 071 917 0399
Email: scsc@eircom.net
Website: www.sligocancersupportcentre.ie

Tuam Cancer Care Centre

Cricknet Court
Dunmore Road
Tuam
Co Galway
Tel: 093 28522
Email: support@tuamcancercare.ie
Website: www.tuamcancercare.ie

Leinster support groups & centres**ARC Cancer Support Centre**

ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

ARC Cancer Support Centre

ARC House
559 South Circular Road
Dublin 8
Tel: 01 707 8880
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Arklow Cancer Support Group

25 Kingshill
Arklow
Co Wicklow
Tel: 085 110 0066
Email: arklowcancersupport@gmail.com

Balbriggan Cancer Support Group

74 Castleland
Parkview
Balbriggan
Co Dublin
Tel: 086 164 2234

Bray Cancer Support & Information Centre

36B Main Street
Bray
Co Wicklow
Tel: 01 286 6966
Email: bcsc@iol.ie
Website: www.braycancersupport.ie

Cuisle Centre

Cancer Support Group
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net
Website: www.cuisle.com

Dóchas – Offaly Cancer Support

Teach Dóchas
Offaly Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: dochasoffaly@eircom.net
Website: www.dochasoffaly.ie

Dundalk Cancer Support Group

Philipstown
Hackballs Cross
Dundalk
Co Louth
Tel: 086 107 4257

Éist – Carlow Cancer Support Group

5 Mount Clare Court
Carlow
Tel: 085 144 0510

Gary Kelly Support Centre

George's Street
Drogheda
Co Louth
Tel: 041 980 5100 086 195 9864
Email: services@gkcancersupport.com
Website: www.gkcancersupport.com

Greystones Cancer Support

La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601
Email: info@greystonescancersupport
Website:
www.greystonescancersupport.com

HOPE

Enniscorthy Cancer Support &
Information Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 053 923 8555
Email: mary@hopesupportcentre.ie

Lakelands Area Retreat & Cancer Centre

Ballinalack
Mullingar
Co Westmeath
Tel: 044 937 1971
Callsave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Little Way Cancer Support Centre

4 Woods Way
College Road
Clane
Co Kildare
Tel: 045 902 996
Email: littlewayclane@eircom.net
Website: www.littlewaycancersupport.com

Little Way Cancer Support Centre

8 Stanhope Street
Athy
Co Kildare
Tel: 059 863 3725

Manorhamilton Cancer Support Group (Leitrim)

Tel: Maura Farry 071 985 6220

Rathdrum Cancer Support Centre

34 Main Street
Rathdrum
Co Wicklow
Tel: 087 292 8660
Email: rathcan@gmail.com

Stillorgan Cancer Support

c/o Marsham Court
Stillorgan
Co Dublin
Tel: 01 288 5725

Tallaght Cancer Support Group

Millbrook Lawns
Tallaght
Dublin 24
Tel: 087 217 6486

Wicklow Cancer Support Centre

1 Morton's Lane
Wicklow
Tel: 087 691 4657 / 0404 32696

Munster support groups & centres**Cancer Information & Support Centre**

Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 485 163
Website: www.midwesterncancercentre.ie

CARE – Cancer Support Centre

14 Wellington Street
Clonmel
Co Tipperary
Tel: 052 618 2667
Email: cancersupport@eircom.net
Website: www.cancercare.ie

Cork ARC Cancer Support House

Cliffdale
5 O'Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

Kerry Cancer Support Group

Acorn Centre
47 Liosdara
Oakpark
Tralee
Co Kerry
Tel: 066 719 5560 / 087 230 8734
Email: kerrycancersupport@live.ie
Website: www.kerrycancersupport.com

Listowel Cancer Support Group

Bedford
Listowel
Co Kerry
Tel: 068 21741 / 087 237 0766

Recovery Haven

5 Haig's Terrace
 Tralee
 Co Kerry
 Tel: 066 719 2122
 Email: recoveryhaven@gmail.com
 Website: www.recoveryhaven.com

Sláinte an Chláir: Clare Cancer Support

Tír Mhuire
 Kilnamona
 Ennis
 Co Clare
 Tel: 1850 211 630 / 087 691 2396
 Email: admin@clarecancersupport.com
 Website: www.clarecancersupport.com

South East Cancer Foundation

7 Sealy Close
 Earlsclourt
 Waterford
 Tel: 051 876 629
 Email: infosecf@eircom.net
 Website: www.secf.ie

Suimhneas Cancer Support Centre

2 Clonaslee
 Gortland Roe
 Nenagh
 Co Tipperary
 Tel: 067 37403
 Email: suaimhneascancersupport@eircom.net

Suir Haven Cancer Support Centre

Clongour Road
 Thurles
 Co Tipperary
 Tel: 0504 21197
 Email: suirhaven@gmail.com

Youghal Cancer Support Group

161 North Main Street
 Youghal
 Co Cork
 Tel: 024 92353

West Cork Cancer Support

Community Work Department
 HSE Skibbereen
 Co Cork
 Tel: 027 53485 / 086 862 5417

Ulster support groups & centres**Cootehill Community Centre Support Group**

Cootehill
 Co Cavan
 Tel: 087 622 0000

Éist – East Inishowen Cancer Support Group

c/o Serenity House
 2 Montgomery Terrace
 Moville
 Co Donegal
 Tel: 074 938 2874

Gary Kelly Support Centre

Monaghan
 Tel: 086 195 9864 / 041 980 5100

Living Beyond Cancer

Oncology Day Services
 Letterkenny General Hospital
 Letterkenny
 Co Donegal
 Tel: 074 912 5888 (Bleep 674)

Solace – Donegal Cancer Support Centre

St Joseph's Avenue
 Donegal Town
 Tel: 074 974 0837
 Email: solacedonegal@eircom.net

For other support groups or centres
 in your area, call 1800 200 700.

Useful contacts outside Republic of Ireland**Action Cancer**

Action Cancer House
 1 Marlborough Park
 Belfast BT9 6XS
 Tel: 028 9080 3344
 Email: info@actioncancer.org
 Website: www.actioncancer.org

Aetna IntelliHealth

[Drug and medicines information]
 Website: www.intelihealth.com

American Cancer Society

Website: www.cancer.org

Cancer Network Buddies

Website: www.cancerbuddiesnetwork.org

Cancer Research UK

Tel: 0044 20 7242 0200
 Website: www.cancerresearchuk.org
 Website: www.cancerhelp.org.uk

Healthtalkonline

Website: www.healthtalkonline.org

Kidney Cancer UK

Website: www.kcuk.org

Macmillan Cancer Support (UK)

89 Albert Embankment
 London SE1 7UQ
 Tel: 0044 207 840 7840
 Email: cancerline@macmillan.org.uk
 Website: www.macmillan.org.uk

Macmillan Support & Information Centre

Belfast City Hospital Trust
 77–81 Lisburn Road
 Belfast BT9 7AB

Tel: 028 9069 9202

Email: cancerinfo@belfasttrust.hscni.net
 Website: www.cancerni.net

Mayo Clinic (US)

Website: www.mayoclinic.com

Memorial Sloan-Kettering Cancer Center (US)

Website: www.mskcc.org

National Cancer Institute (US)

Website: www.nci.nih.gov

National Kidney Foundation (US)

Website: www.kidney.org

Royal Marsden Hospital Foundation NHS Trust

Website: www.royalmarsden.org

Ulster Cancer Foundation

40/42 Eglantine Avenue
 Belfast BT9 6DX
 Tel: 048 906 63281
 Website: www.ulstercancer.co.uk



Helpful books

Free booklets from the Irish Cancer Society:

- *Understanding Chemotherapy*
- *Understanding Radiotherapy*
- *Understanding Cancer and Complementary Therapies*
- *Diet and Cancer*
- *Coping with Fatigue*
- *Understanding the Emotional Effects of Cancer*
- *Lost for Words: How to Talk to Someone with Cancer*
- *Who Can Ever Understand? Taking About Your Cancer*
- *Talking to Children about Cancer: A Guide for Parents*
- *A Time to Care: Caring for Someone Seriously Ill at Home*
- *Social Welfare Support: A Guide for Cancer Patients*
- *Journey Journal: Keeping Track of Your Cancer Treatment*



Cancer at Your Fingertips

Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

Challenging Cancer: Fighting Back, Taking Control, Finding Options

Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1-85959-068-3

The Chemotherapy and Radiation Therapy Survival Guide: Information, Suggestions, and Support to Help You Get through Treatment

Judith McKay, Nancee Hirano & Myles E Lampenfeld
New Harbinger, 1998
ISBN 1-57224-070-9

Taking Control of Cancer

Beverly van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

Explaining cancer to children

The Secret C: Straight Talking About Cancer

Julie A Stokes
Winston's Wish, 2000
ISBN 0-95391-230-2

Why Mum? A Small Child with a Big Problem

Catherine Thornton
Veritas, 2005
ISBN 1-85390-891-6

Helpful DVDs

Understanding Radiation Therapy: A Patient Pathway

Call 1800 200 800 for a copy.
Website: www.cancer.ie

A Guide to Chemotherapy

HSE/Mid-Western Cancer Centre/ICS, 2008
Call 1800 200 700 for a copy.

Questions to ask your doctor

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

- How long will it take to get the test results?
- What type of kidney cancer do I have?
- What stage is the cancer at?
- What treatment will I need?
- Will surgery cure the cancer?
- Are there other treatment options? Why is this one best for me?
- Would I be suitable for a clinical trial?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- What side-effects will I get?
- Is there anything I can do to help myself during treatment?
- Will treatment affect my fertility?
- How often will I need check-ups?
- What if the cancer comes back?

Acknowledgements

We would like to extend a special word of thanks to the following for their invaluable contributions to this booklet:

Jennifer Ledwith, Cancer Information Nurse

Michael H Phillips, Illustrator

Would you like more information?

We hope this booklet has been of help to you. If you feel you would like more information or someone to talk to, please call the National Cancer Helpline 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. Please fill in the postcard in the pocket inside the back cover, and post it back to us for free.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. This includes patient education booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email fundraising@irishcancer.ie

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4

Tel: 01 231 0500 **Email:** info@irishcancer.ie **Website:** www.cancer.ie

The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life, with three programme areas to achieve them: advocacy, cancer services and research.