Understanding acute myeloid leukaemia
The Irish Cancer Society would like to thank CancerBACUP – the British Association of Cancer United Patients – for their permission to adapt the text of their booklet entitled *Understanding Acute Myeloid Leukaemia*, published 2003.
This booklet has been written to help you understand acute myeloid leukaemia (AML).

It has been prepared and checked by doctors, other relevant specialists, nurses and patients. It represents an agreed view on this leukaemia, its diagnosis and management, and the key aspects of living with it. Your hospital may have special guidelines and practices not mentioned in this booklet, but your doctor or nurse will explain these to you.

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

Specialist nurse/contact names | Family doctor
--------------------------------|---------------------------------|
Hospital                        | Surgery address
--------------------------------|---------------------------------|
Tel                              | Tel
Emergency Tel                   | Review dates
Treatments                      | Reviews
The Irish Cancer Society is the national charity dedicated to eliminating cancer as a major health problem, and improving the lives of those living with cancer. This booklet has been produced by the Nursing Services Unit 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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**Introduction**

This booklet has been written to help you understand more about acute myeloid leukaemia (AML). It is also known as acute myeloblastic leukaemia. We hope it answers some questions you may have about its diagnosis and treatment.

AML is mainly found in adults and rarely affects children. This booklet has been written for adults with AML. Childhood AML does not behave in the same way and so its treatment is different. If you would like information on childhood AML, contact the National Cancer Helpline 1800 200 700.

It is not possible to advise you on which treatment to have. Only you can make that decision along with your doctor when all your test results are ready. However, this booklet can help you learn more about the methods used to treat leukaemia and the side-effects that may occur. This booklet also deals with some of the feelings you and those close to you may have when a diagnosis of AML is made.

At the end of this booklet, there is a list of books that you may find useful to read. There is also a list of websites and special groups to help and support you at this time. If reading this booklet helps you, why not pass it on to your family and friends who might find it helpful too. The more they know about your illness, the more they will be able to help you cope.
**Reading this booklet**

Read the sections of this booklet that are of interest to you only. Some of the information may not be relevant to your situation.

You may find that there is a lot of information to take in, but try not to worry. Sometimes it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything about AML straight away. Read a section and 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 National Cancer Helpline 1800 200 700.
What does that word mean?

<table>
<thead>
<tr>
<th>Word</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alopecia</td>
<td>Loss of hair. No hair where you normally have hair.</td>
</tr>
<tr>
<td>Anaemia</td>
<td>A reduction of haemoglobin in the blood, which causes tiredness and breathlessness.</td>
</tr>
<tr>
<td>Anti-emetic</td>
<td>A tablet, injection or suppository given to stop you feeling sick or vomiting.</td>
</tr>
<tr>
<td>Antigen</td>
<td>A protein substance on the surface of the blood cell.</td>
</tr>
<tr>
<td>Biopsy</td>
<td>The removal of a small amount of cells or tissue for diagnosis.</td>
</tr>
<tr>
<td>Blast cell</td>
<td>Immature cells in bone marrow that develop into neutrophils or lymphoblasts. There are an increased number with leukaemia.</td>
</tr>
<tr>
<td>Bone marrow</td>
<td>Spongy material found in bones that develop into three types of blood cells: red blood cells, white blood cells and platelets.</td>
</tr>
<tr>
<td>Central line</td>
<td>A long, thin flexible tube inserted in a large vein usually in the upper chest to give medication and fluids. It is also known as an indwelling catheter.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>The use of drugs to cure or control cancer.</td>
</tr>
<tr>
<td>Chromosomes</td>
<td>Tiny structures that contain the genetic make-up of the cell.</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tiredness or exhaustion.</td>
</tr>
<tr>
<td>Haematologist</td>
<td>A doctor who specialises in treating patients with abnormal blood or bone marrow.</td>
</tr>
<tr>
<td>Haematology</td>
<td>The study of blood and bone marrow.</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>Cancer of the white blood cells.</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>A type of white blood cell that helps fight infection.</td>
</tr>
<tr>
<td>Nausea</td>
<td>Feeling sick or wanting to be sick.</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>A lower than normal number of neutrophils in the blood.</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>Important white blood cells that fight infection.</td>
</tr>
<tr>
<td>Petechiae</td>
<td>Bleeding under the skin, usually on the legs, feet, trunk and arms, due to a low platelet count.</td>
</tr>
<tr>
<td>Platelets</td>
<td>Blood cells responsible for clotting.</td>
</tr>
<tr>
<td>Radiation Oncologist</td>
<td>A doctor who specialises in treating cancer patients with radiotherapy.</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td>High-energy rays used to treat or shrink cancer cells.</td>
</tr>
<tr>
<td>Red blood cells</td>
<td>Blood cells that carry oxygen to all parts of the body.</td>
</tr>
<tr>
<td>Stem cell</td>
<td>The smallest and earliest cells found in bone marrow, which are responsible for the production of all blood cells.</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>A very low number of platelets in the blood.</td>
</tr>
<tr>
<td>White blood cells</td>
<td>Blood cells that help fight infection. There are five types: neutrophils, eosinophils, basophils, monocytes and lymphocytes.</td>
</tr>
</tbody>
</table>
Before diagnosis

What is leukaemia?

Leukaemia is a cancer of the white blood cells. Occasionally, the red blood cells or the platelets are affected. Blood cells are produced in the bone marrow. In leukaemia, immature blood cells continue to divide rapidly and do not mature into white blood cells. These immature cells fill up the bone marrow and prevent normal blood cells from growing. This is when leukaemia develops.

Bone marrow

All the various types of cells in the blood of a healthy person are produced by the bone marrow. Bone marrow is the spongy tissue that fills your bones. The smallest and earliest type of cells found in the bone marrow are called stem cells. Stem cells develop and mature into red blood cells, white blood cells or platelets.

- Red blood cells carry oxygen to all tissues in the body
- White blood cells are involved in fighting infection
- Platelets are involved in blood clotting.

Once produced, these cells leave the bone marrow and enter the bloodstream. Normally, the cells are produced and replaced by the bone marrow as needed and the process is controlled.

Types of leukaemia

Stem cells in the bone marrow produce two types of white blood cells. These are myeloid cells and lymphoid cells. Myeloid cells mainly give rise to white blood cells, but also red blood cells and platelets. Lymphoid cells develop into lymphocytes.
As a result, there are four main types of leukaemia:

- Acute lymphoblastic leukaemia (ALL)
- Acute myeloblastic leukaemia (AML)
- Chronic lymphoblastic leukaemia (CLL)
- Chronic myeloblastic leukaemia (CML).

The types of leukaemia describe the character of the disease, either acute or chronic, and the type of cell involved, either myeloid or lymphoid. Each type of leukaemia has its own features and treatment. For free booklets on each type of leukaemia, contact the National Cancer Helpline 1800 200 700.

**To sum up**

- Leukaemia is a cancer of the white blood cells
- Leukaemia cells divide rapidly in the bone marrow, preventing normal cells from growing
- There are four main types of leukaemia.

**What is acute myeloid leukaemia (AML)?**

Acute myeloid leukaemia is a cancer of the immature myeloid cells. Usually these white blood cells repair and reproduce themselves in a controlled manner. However in leukaemia, the cells divide in an uncontrolled way. This results in many immature cells being produced called **blast cells**. The blast cells fill up the bone marrow and prevent it from making normal white blood cells, red blood cells and platelets.
Because the myeloid cells are affected in AML, the cells involved may be red blood cell, white blood cells or platelets. Your treatment will depend on which one of these cells is affected.

The word **acute** describes the rapid progress of the disease if not treated. It has no bearing on how successful the treatment will be.

**What are the symptoms of AML?**

The most common signs and symptoms of AML are due to overcrowding of the bone marrow. Too many of the blast cells interfere with the production of normal cells. The first symptom may be a bout of flu, and if undiagnosed, may go on to include the following:

- Tiredness
- Fever and repeated infections
- Shortness of breath and weakness
- Bleeding and unexplained bruising
- Aching bones and joints
- Loss of appetite or weight loss.

The fever and repeated infections are due to a lower number of white cells. Shortness of breath and weakness occur because of a reduction in red blood cells. The reduced number of platelets cause bleeding and bruising. The aching bones and joints result from overproducing abnormal cells in the bone marrow.

Treatment for AML needs to be given quickly, so you should see your doctor as soon as possible if you have any of these symptoms.
However, these symptoms are also common to illnesses other than leukaemia. Sometimes a person will have none of the above symptoms and the disease is discovered during a routine blood test.

**What causes AML?**

In most cases, the cause of AML is unknown and remains the focus of much scientific research. AML is more common in men, while other possible risk factors include:

- Smoking
- Previous treatment with chemotherapy or radiotherapy
- Exposure to high doses of radiation, benzene and other chemicals found in industry
- Certain genetic disorders, including Down's syndrome, Fanconi anaemia or myelodysplastic syndrome.

Like other cancers, AML is not infectious and cannot be passed on to other people.

**How does the doctor make the diagnosis?**

Once your GP has examined you and taken details of your symptoms, he or she may suspect a diagnosis of leukaemia. This can only be confirmed by a blood test. If a blood test is abnormal, it is checked by a haematologist in the hospital. This is a doctor who specialises in blood abnormalities, who can make the diagnosis of leukaemia.
Before treatment can be given, the haematologist will need a detailed medical history and further tests. All these tests results are needed to determine what kind of leukaemia you have. The tests will include:

**Physical examination**

You will be given a full physical examination. It is important for the haematologist to check your general signs of health and also for signs of disease, such as swollen glands or anything that seems unusual. A history of any previous illness, treatment and your lifestyle will also be noted.

**Full blood count**

A full blood count (FBC) will be taken. Your blood will be examined under a microscope, where leukaemia cells can sometimes be seen and the diagnosis confirmed. This is done by the haematologist.

**Bone marrow biopsy**

A bone marrow biopsy involves a small sample of marrow being taken from the inside of your bone. Usually, it is taken from your hip or breastbone. Your doctor will give you a local anaesthetic to numb the area beforehand. The biopsy may be uncomfortable and may take up to 30 minutes. Some people have sedation while having it done. You can discuss this with your doctor or nurse beforehand.

Once the needle has been inserted into the bone cavity, a sample of bone marrow is drawn into a syringe. Bone marrow looks like a red liquid similar to blood. For more specific tests, a piece of bony tissue is then removed.
When the procedure is finished, a small plaster will cover the area where the bone marrow has been taken. You may be asked to lie on your back for 10–15 minutes to stop any possible bleeding. Some people find that mild painkillers help with any discomfort that may occur afterwards.

**Chromosomes studies (cytogenetics)**

These studies may be done on either blood and/or bone marrow samples. They examine the number and shape of chromosomes in your blood cells. Chromosomes contain the genetic make-up of the cell. These are then compared to normal cells.

**Immunophenotyping**

This is where cells from your blood or bone marrow are examined to see what antigens or markers (kinds of protein) are on the surface of these cells. This process is used to diagnose a subtype of AML.
Understanding acute myeloid leukaemia

Classification of AML

AML is classified into various subtypes. The most commonly used system is the French-American-British (FAB) one. There are eight subtypes of AML, classified as M0 to M7. The numbers relate to the appearance of the leukaemia cells and not the severity. These classifications are important in determining treatment, as some treatments are only used for certain types of AML.

**FAB classification of AML**

M0 acute myeloid leukaemia with little myeloid differentiation
M1 acute myeloid leukaemia without maturation
M2 acute myeloid leukaemia with maturation
M3 acute promyelocytic leukaemia (APL)
M4 acute myelomonocytic leukaemia
M5 acute monocytic / monoblastic leukaemia
M6 acute erythroleukaemia
M7 acute megakaryoblastic leukaemia

If you would like more details about which subtype you have, talk to your doctor or nurse.

Your blood and bone marrow samples will be checked by haematologists and pathologists to find out which type of leukaemia you have. Once all the tests are done, the haematologist will decide what type of treatment you should have.
Treatment and side-effects

Types of treatment

The aim of treatment is to destroy all the leukaemia cells and make space in the bone marrow for healthy cells to grow normally. Treatment should start as soon as possible.

Chemotherapy is the main treatment used. Research has shown that certain types of chemotherapy drugs can be very effective in treating AML. After chemotherapy, most patients with AML go into remission, which means that no abnormal cells remain. Nowadays, more and more people are being cured of AML.

Treatment for AML in Ireland is given according to guidelines agreed by specialists and based on results of research worldwide. As a result, you may be asked to part take in a clinical trial. See page 41 for more details on clinical trials.

Before deciding on your treatment, your doctors will take many factors into account such as your age, diagnosis and general health. Sometimes you may find that other people with the same diagnosis of AML will be having different treatment to you. Some find it reassuring to have a second medical opinion before deciding on treatment. Your doctor will be pleased to refer you to another specialist for a second opinion if you feel it would help. This can be done quickly and will not affect your overall prognosis.

Radiotherapy is rarely used to treat leukaemia cells. However, it can be used when AML cells form into solid masses, called chloromas, in the brain and spinal cord. This type of problem is very rare.
Giving consent for treatment

Before you start any chemotherapy, your doctor will explain the aims of the treatment to you. You may be asked to sign a consent form saying that you give permission for chemotherapy to be given. In some cases you may give verbal permission. No medical treatment will be given without your consent. Before treatment, you should have been given full information about:

- The type and amount of treatment you are advised to have
- The advantages and disadvantages of the treatment
- Any other treatments that may be available
- Any major risks or side-effects of the treatment.

If you do not understand what you have been told, let your doctor or nurse know straight away. They can explain it to you again. Some leukaemia treatments are complex, so it is not unusual for people to need repeated explanations.

Sometimes you may feel that your doctor or nurse is too busy to answer your questions. However, it is important for you to know how the treatment is likely to affect you. Also, your doctor or nurse should make time for you to ask questions.

You can always ask for more time to decide about the treatment, if you are unsure when it is first explained to you. You are also free to choose not to have the treatment. But first you should let your doctor or nurse know your concerns.

Benefits and disadvantages of treatment

You may feel frightened at the thought of having chemotherapy, especially its side-effects. It is natural to feel this way when faced with the unknown.
Treatment can be given for different reasons and the benefits will vary depending on your individual situation. Usually, chemotherapy greatly decreases the risk of leukaemia coming back. In AML, chemotherapy is given with the aim of curing the cancer. Sometimes other treatments, such as high-dose chemotherapy with stem cell or bone marrow transplant, are given to further reduce the chance of it coming back. Nowadays with improved knowledge of side-effects, there are many ways to help you cope with treatments.

If your leukaemia is at an advanced stage, the treatment may only be able to control it. It can reduce your symptoms to give you a better quality of life.

The decision to accept chemotherapy treatment or not can be a difficult one. You will need to discuss it in detail with your doctor. The Helpline nurses on the National Cancer Helpline 1800 200 700 can also discuss the benefits and disadvantages with you.

**Chemotherapy**

Chemotherapy is the use of anti-cancer drugs to destroy the leukaemia cells. The aim of chemotherapy is to bring about remission, where there is no evidence of leukaemia in the blood or bone marrow. Chemotherapy works by killing off all rapidly dividing cells. As chemotherapy cannot tell the difference between cancer cells and normal cells, it may cause unwanted side-effects, e.g. hair loss, sore mouth, etc. However, normal cells recover so the majority of these side-effects are temporary. For this reason, chemotherapy is given in cycles as it allows time for the normal cells to recover.
When you start treatment you may need to spend a number of weeks in hospital. During this time you will be given your treatment and it allows the doctors to see how you are responding. If you are well enough and the doctors are satisfied with your blood results, you will be allowed home before the next cycle begins. Some of your treatment may be given in the day unit of the hospital.

Chemotherapy is given in several cycles, each course lasting a few days, followed by a rest period of a few weeks. The number of courses or cycles you have will depend on how your leukaemia responds to treatment.

**Treatment**

Treatment for AML is divided into two phases or stages: **induction** and **intensification** (or consolidation).

**Induction**

This is the first step in your leukaemia treatment. Induction usually consists of two cycles of a combination of chemotherapy drugs. The aim is to get your leukaemia into remission.

For some types of AML other drugs may be given, which are not chemotherapy drugs, such as steroids or vitamin A, that have a role in the treatment. When induction treatment has finished, a further bone marrow test is done to see if your leukaemia has gone into remission.

**Intensification**

Following cycles 1 and 2, patients in remission are offered more treatment. A further two or three more cycles may be given. This is to ensure that any remaining leukaemia cells, which cannot be detected by blood or bone marrow tests, are destroyed.
After cycle 3, some patients may have their own stem cells taken (harvested) and stored. This is done so that if they need more intensive treatment, these harvested cells can be used in a stem cell transplant. These decisions will be made depending on how your leukaemia responds to treatment. See page 38 for more details.

**What is remission?**

The aim of treatment is to cure AML by bringing about remission. Remission is when no abnormal white cells can be detected in your blood or bone marrow. You are free from all signs of the disease.

The number of AML patients who enter remission, stay in remission for years or are cured has greatly increased over the past 25 years. If your remission lasts indefinitely, you are said to be cured.

**How is chemotherapy given?**

Before chemotherapy begins, a tablet called allopurinol is given to help your kidneys get rid of uric acid. When a large number of leukaemia cells are killed by chemotherapy, a build-up of uric acid may occur. If allopurinol is not taken, uric acid may cause gout or kidney stones, which may seriously interfere with the flow of urine.

During the treatment cycles, many different chemotherapy drugs are used. These drugs are given in different ways:

- **Intravenously** – injected into a vein or by a drip infusion
- **Intrathecally** – injected into the fluid around the spinal cord
Notably, if chemotherapy is given intravenously, drugs are administered directly into a vein. This method allows for the drugs to travel throughout the body, except to the brain. Here, chemotherapy can be delivered using a cannula or a central line.

- **Cannula** – a fine tube inserted into a vein in your arm or on the back of your hand.
- **Central line** – a thin flexible tube inserted through the skin of your chest into a large vein near your heart. This is also called an **indwelling catheter**.

Central line 1. Central line is inserted into your chest here. 2. The line is tunnelled under your skin. 3. It comes out here.
**PICC line** (peripherally inserted central catheter) – a thin flexible tube inserted into a vein in your arm and tunnelled through until the end of the tube lies in a vein near your heart.

As chemotherapy will be given over a long period of time, it is better and less painful if you have a central line put in. It may be called a Hickman or Groshong line.

The chemotherapy drugs, blood and platelet transfusions can be given directly into your bloodstream through the central line. Blood samples can easily be taken from the line too. This avoids the need for repeated blood tests using a vein in your arm. The central line can also be used for other types of treatment. For example, if you require antibiotics to help fight infection, they can be given using the Hickman line. The line can stay in for months if it does not become infected or blocked.

**Caring for central lines**

It is important to take good care of your central or PICC line. You may experience some problems, including:

- **Blockage**
- **Infection**
- **The tube falling out.**

Blockage is caused by blood clotting where the tube enters your vein, like in a wound. Depending on the type of line you have, it will need to be flushed with the drug heparin once a week to prevent clotting.

If you have any redness, pain or discharge around the tube, or
swelling of one arm, inform the hospital at once. You may need to be treated with antibiotics.

In general it is hard for a line to fall out, as your skin will grow around it. If your line does fall out, do not panic. Contact the hospital straight away. Before you go home, your nurse will show you how to care for your line and help prevent these complications. You will be told who to contact if you have problems during the day or at night.

**Intrathecally**

In a small number of cases, treatment for AML includes chemotherapy given intrathecally. This is where drugs are given into the fluid surrounding the brain and spinal cord. This procedure is called a *lumbar puncture*.

Your doctor will place you on your side, where you will hold onto your knees. Before placing a small needle into the spine in your lower back, your doctor will give you an injection to numb the area. A small amount of spinal fluid will then be drawn off and the drug injected into your spine. This allows the drug to travel to the brain, since these areas are not reached by intravenous chemotherapy.

When chemotherapy is given intrathecally, you may experience some headaches and dizziness or blurred vision. Tell your doctor if you experience any of these symptoms. It is important that you lie flat for at least an hour following the lumbar puncture to try and prevent these symptoms from occurring.

**By mouth**

Many drugs given for AML can be taken in tablet form. These may include steroids, antibiotics, chemotherapy, etc. Often it is
better for you to eat or drink something before taking certain tablets. However, your doctor or nurse will advise you.

If you would like more details on how chemotherapy is given, contact the National Cancer Helpline for a free copy of the booklet *Understanding Chemotherapy*.

### What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person and depend on the type of drugs used. Your doctors and nurses will know which drugs you are taking and their side-effects, and will let you know what to expect. Even if the side-effects of chemotherapy are unpleasant, they must be balanced against the benefits of treatment.

However, if you find the treatment or its side-effects are making you unwell, tell your doctor. He or she may be able to give you medicine to help, or make changes to your treatment to lessen any side-effects. They will also give you advice on what to do if side-effects occur at home, and whether or not you should come to the hospital straight away for treatment.

The parts of your body usually affected by chemotherapy are those where normal cells rapidly divide and grow, such as your bone marrow, mouth, digestive system, skin and hair. The side-effects may include:

**Bone marrow side-effects**

AML is a disease of the bone marrow, so chemotherapy treatment is
directed at the bone marrow. Side-effects are likely to occur 10–14 days after receiving chemotherapy. Your blood count will be checked regularly to help monitor your condition. After each treatment, your blood count will return to normal. However, sometimes this may take longer than expected. So your next cycle of treatment may need to be delayed to allow your bone marrow to recover.

**Anaemia**

If the level of red blood cells in your blood is low, you may become tired and weak. Because the amount of oxygen being carried around your body is less, you may also become breathless. These are all symptoms of **anaemia** – a lack of haemoglobin in the blood. People with anaemia also feel dizzy and light-headed and their muscles and joints can ache. The tiredness will ease off gradually once the chemotherapy has ended. However, some people still feel tired for a year or more afterwards.

During chemotherapy, you will have regular blood tests to measure your haemoglobin.

A blood transfusion can be given if your haemoglobin is low. The extra red cells in the blood transfusion will quickly pick up the oxygen from your lungs and take it around the body. You will then feel more energetic and less breathless.

**Bleeding and bruising**

Bruising is caused by a reduced number or platelets, which is called **thrombocytopenia**. Platelets help to make your blood clot and stop bleeding when you hurt yourself. You may suffer from nosebleeds or bleed more heavily than usual from minor cuts or grazes. Bleeding may develop under the skin, usually as blood spots on the legs,
feet, trunk and arms, which is called petechiae. Bleeding gums is also a common sign of low platelets. If you have any bleeding or bruising, it is important to let your nurse or doctor know at once. You may need a platelet transfusion to help reduce any bleeding or bruising. It is best to use a soft toothbrush such as a child’s toothbrush and an electric razor when shaving. In women, periods can be heavier and longer than usual during the first few cycles.

**Infection**

Infection is caused by a reduced number of white blood cells. This is also called neutropenia and means that your body’s immune system cannot fight infections. If you do not have enough white blood cells, even minor infections such as a cold or sore throat could make you ill. If your temperature goes above 37.5°C (100.5°F), or if you suddenly feel shivery or unwell, contact your doctor or the hospital immediately. You may need to be admitted to hospital to receive intravenous antibiotics.

You will be more at risk of picking up infections. Try to avoid crowds and close contact, such as hugging or kissing, with people who have colds or flu and other infections, such as chickenpox, shingles or measles. Let your doctor know if you are in contact with these or any other infections. Wash your hands often during the day, especially before you eat and after going to the toilet. Be careful about what you eat given the risk of infection from raw, undercooked or contaminated food.

Infection is a serious complication of chemotherapy. It needs to be treated as soon as possible. Talk to your doctor or nurse, who will give you more advice.
Growth factors

To reduce the risk of infection growth factors may be used. These drugs encourage the growth of white cells and are helpful if the number of white cells is low after chemotherapy. The two most commonly used are called G-CSF (granulocyte-colony stimulating factor) and GM-CSF (granulocyte-macrophage colony stimulating factor).

Tiredness and fatigue

While having chemotherapy and for some time afterwards, you may feel very tired. Fatigue is a common symptom of cancer and is often described as an overwhelming tiredness not relieved by rest. Also, you may have a general feeling of weakness. You may find it hard to concentrate or make decisions. The reason for this fatigue can be hard to identify. Fatigue may be caused by the anxiety and worry of your AML diagnosis and the extra stress caused by treatment.

It is important to allow yourself plenty time to rest. The tiredness will ease off gradually once the chemotherapy has ended. However, some people find that they still feel tired for a year or more afterwards. If your illness allows you to take part in some exercise, try to do so by setting yourself small targets, which will boost your morale when you achieve it. Get others to help you around the house, with travelling to hospital, with the children or with shopping.

If you are worried and finding it hard to sleep at night, tell your doctor or nurse. He or she may be able to help. Try talking to your family or close friends about your concerns too. More information is available in a booklet called Understanding Fatigue. If you would like a free copy, call the National Cancer Helpline Freefone 1800 200 700.
Mouth and digestive system

Nausea and vomiting
Some chemotherapy drugs may make you feel sick (nausea) or be sick (vomit). You will be given anti-sickness drugs with your chemotherapy to help you. These drugs are called anti-emetics. However, you may experience some nausea and vomiting during the first few days after treatment. Your doctor will prescribe injections or tablets for you to take at regular times. If you feel sick, fizzy drinks may help, or nibbling on dry biscuits and toast.

Loss of appetite
Some chemotherapy drugs can reduce your appetite for a while. It may help to get early advice from a dietician about what you can eat. A booklet called Diet and the Cancer Patient is available from the Irish Cancer Society, which has helpful tips on boosting appetite. Call the National Cancer Helpline 1800 200 700 for a free copy.

Mouth/taste problems
Some drugs can cause a dry, sore mouth that can lead to mouth ulcers. If this happens it is usually about 5 to 10 days after the drugs are given, but it should clear up within three to four weeks. Your doctor can prescribe mouthwashes to help. A sore mouth is often associated with a low white cell count, so the ulcers can become infected. Your doctor will be able to give you treatment to help prevent or clear any infection. Cleaning your teeth regularly and gently with a soft toothbrush will help to keep your mouth clean. If your mouth is very sore, there are gels, creams or pastes available to reduce the soreness.

Your sense of taste may also change while having treatment. Food may taste more salty, bitter or metallic. Normal taste will come
back after the treatment has ended. It is worth trying various types of food and seeing which ones taste better. A booklet called *Diet and the Cancer Patient* has some helpful advice on how to manage taste changes. Call the National Cancer Helpline 1800 200 700 for a free copy of the booklet.

**Diarrhoea**

Some chemotherapy drugs can affect the lining of your gut and may cause diarrhoea for a few days. Passing watery bowel motions more than twice a day is known as diarrhoea. You may also have cramping and/or abdominal pain. If this occurs, it is important to drink lots of clear fluids (1.2 to 2 litres a day) to replace the fluid you are losing. You must tell your doctor or nurse if you have diarrhoea for more than 24 hours. There are medicines that can stop this side-effect of treatment. Again, it might be useful to talk to a dietician who can offer advice and support at this time.

**Constipation**

Chemotherapy may slow down the movement of the bowel and your regular bowel habit may change. You may have difficulty passing a bowel motion. This is known as constipation. If this occurs, let your doctor or nurse know as soon as possible. You may need to drink more clear fluids and/or take a laxative. In some cases, your doctor may have to adjust your treatment.

**Hair loss**

Chemotherapy does cause temporary hair loss. This usually happens three weeks after the start of treatment. You may lose all body hair, including eyelashes and eyebrows, but this can vary from person to person. You may experience tingling or sensitivity of your scalp just before your hair starts to fall out, which may last
You may experience tingling or sensitivity of your scalp before your hair starts to fall out, which may last a day or so. However, your hair will grow back once you have stopped treatment.

It is natural to feel upset, angry or embarrassed at the thought of losing your hair. Don’t be afraid to talk to your nurse or hospital social worker about your feelings. They will help you to find ways to cope with your hair loss. You can get a wig or hairpiece when this happens, or you may prefer to wear a hat or scarf. Talk to your social worker or nurse if you would like a wig or hairpiece. It is best to do this before your hair starts to fall out, so that you can get a good colour match to your own hair.

In some cases, it is possible to get financial assistance towards the cost of a wig. Ask your social worker or nurse for more information. If you are a medical card holder, you are entitled to a new wig every six months. If you have private health insurance, e.g. with VHI, you are covered for the cost of a wig too.

If you would like more details on hair loss, contact the National Cancer Helpline for a free copy of the booklet, *Coping with Hair Loss*.

**Skin changes**

Some drugs can affect your skin. They may cause it to become dry, itchy, slightly discoloured or darker. It may be made worse by swimming, especially if there is chlorine in the water. Any rashes should be reported to your doctor, who may be able to prescribe something to help. In general, your skin will improve once treatment is finished.

Chemotherapy drugs may also make your skin more sensitive to sunlight, during and after treatment. It is best to stay out of the sun...
during the hottest part of the day. This is normally between 11 am and 3 pm. You can protect your skin from the sun by wearing a hat, covering skin with loose clothing and using a high sun protection factor (SPF) sunscreen.

**Nail changes**

Your nails may grow more slowly and you may notice white lines appearing across them. Sometimes the shape or colour of your nails may change – they may become darker or paler. Your nails may also become more brittle and flaky. False nails or nail varnish can disguise white lines. These changes usually fade once treatment has finished.

**Changes in hearing**

Some chemotherapy drugs make you unable to hear high-pitched sounds. They can also cause a continuous sound in your ears called **tinnitus**. These buzzing or ringing sounds can be very distressing. Let your doctor know if there is any change in your hearing.

**Nerve changes**

Some drugs used to treat cancer can affect your nerve endings. They may cause numbness or a tingling or burning sensation in your hands and feet. This is known as **peripheral neuropathy**. You may have trouble picking up small objects or buttoning up a shirt or jacket. If it becomes severe it can damage your nerves permanently. This side-effect is almost always temporary and goes away after treatment stops. However, it may take several months for the numbness to go away completely. Tell your doctor or nurse if this happens, as some changes may need to be made to your treatment.
Changes in the central nervous system
Some drugs can cause feelings of anxiety and restlessness, dizziness, sleeplessness or headaches. Some people also find it hard to concentrate. If you have any of these side-effects, let your doctor or nurse know, as medicines can often ease them. You may find it helpful to talk to a close relative or friend about your feelings. If this is not possible, ask your doctor to refer you to a counsellor or a psychologist.

Bladder/kidney changes
Some chemotherapy drugs may irritate your bladder and cause problems with your kidneys. For this reason, it is important that you drink plenty of fluids. You may receive a red-coloured drug which can turn urine red for 24 hours after receiving it. If you notice any pain, discomfort or blood on passing urine, inform your doctor at once.

Infertility
Your ability to conceive or father a child may be affected by chemotherapy. As a result men should consider sperm banking, and women should discuss their options with their doctor. This should be done prior to treatment starting. However, the use of contraception is advisable during treatment as the drugs may harm your baby should you become pregnant. See page 34 for more details on infertility.

Aching joints
Sometimes patients who are given growth factors such as G-CSF or GM-CSF may experience joint pains. This is due to the growth factors stimulating the growth of the cells within the bone marrow. Talk to your doctor or nurse if you experience this kind of pain.
Other changes

Different drugs cause different side-effects. You may develop a side-effect or symptom not listed above. However, your doctor or nurse will provide you with information on the potential side-effects of your treatment. If you have any concerns, talk your doctor or nurse for advice.

Sometimes when you have or have had leukaemia it can be very hard to tell if your symptoms are part of your illness or a side-effect of treatment. These symptoms can vary from time to time and be mild or severe. If you have symptoms that are troubling you, it is important to let your doctor or nurse know. There are ways to help make your life easier.

If you would like more information about the side-effects of chemotherapy, contact the National Cancer Helpline for a free copy of the booklet, Understanding Chemotherapy.

Will treatment affect my fertility?

Some drugs used to treat AML can cause either temporary or permanent infertility. It depends on a number of factors, such as the type of treatment given, your age at time of treatment, etc. Your doctor will explain this in more detail to you before treatment begins. If you have a partner, bring him/her along so that both of you can discuss your concerns.

Treatment for AML does not always cause infertility, so it is important that you continue to use contraception during and after
treatment. Sadly, people who have received a bone marrow or stem cell transplant are likely to be permanently infertile following treatment. Do seek professional help, if this side-effect troubles you.

**Men**

The prospect of infertility can be difficult to come to terms with, regardless of your age. If you are young, you may not yet have considered having children. Chemotherapy drugs can lower the number of sperm cells and reduce their mobility. These changes may be temporary or permanent. Before starting treatment, talk to your doctor about the possibility of sperm banking, whereby sperm is frozen and stored for future use. The procedure is carried out at the HARI (Human Assisted Reproduction Ireland) Unit at the Rotunda Hospital, in Dublin. In general, the process does not take long and will not affect treatment. During treatment it is important to use contraception with your partner and for a month afterwards.

**Women**

Most women having treatment for AML find that their periods become irregular or stop altogether. This is because chemotherapy affects the ovaries and reduces the amount of hormones produced. Your periods may return to normal after standard treatment, so it is important to continue taking contraceptive precautions during and after treatment. Pregnancy should be avoided as chemotherapy drugs can result in birth defects.

Damage to the ovaries by chemotherapy and radiotherapy may result in you being unable to become pregnant. The infertility may be temporary or permanent. This will depend on the type and dose of drugs used in your AML treatment and your age. It may be possible to collect and freeze some of your eggs at the HARI Unit
in Dublin. However, this procedure takes time and may not be an option, as AML tends to require immediate treatment. However, discuss these options with your doctor.

If you would like more information about egg or sperm freezing, talk to your doctor or nurse. You can also call the National Cancer Helpline 1800 200 700 for advice.

**Menopause**

Chemotherapy and/or radiotherapy may bring on early menopause. Again this may be a permanent or a temporary side-effect of treatment. It is more common in women who are nearer the menopause age. You may experience hot flushes, dry skin, and dryness of the vagina. As a result, sexual intercourse can be uncomfortable and you may be prone to bladder and/or vaginal infections. However, your doctor may prescribe hormone replacement treatment (HRT) to ease or control your symptoms. Unfortunately, hormone treatment will not restore your fertility. But your doctor will discuss all your options prior to your treatment. Finding out that you are infertile may cause feelings of anger or a sense of loss. You may feel that you have lost part of your identity.

**Tips & Hints – coping with menopause**

- Dress in layers, so that if you get hot flushes, you can cool off easily
- Avoid caffeine and alcohol
- Use a water- or mineral oil-based vaginal lubricant during intercourse, e.g. KY gel
- If intercourse is still painful, discuss other treatments with your doctor.

Your own health will take priority over egg or sperm freezing.
Sex and sexuality

Some aspects of treatment may make you feel less sexually attractive, such as losing your hair or having a Hickman line inserted. During diagnosis and treatment you may lose the desire for sex. You may just feel tired or perhaps not strong enough for the level of physical activity you are used to during sex. If your treatment is making you feel sick, then you may want to put off having sex for a while.

Anxiety may play a part in losing your desire for sex. Often this anxiety is not about sexual intercourse. Instead you may be worried about your chances of surviving your AML, or how your family is coping with your illness, or about your finances. Your emotions may be turned upside down and you may find it hard to relax. This is a normal way to feel at this time.

There is no set time for you to be ready to have sex again. It varies from person to person. It may take a while and often depends on how long it takes you to adjust to your illness.

If you have a supportive partner, talking about your feelings may help ease your anxiety. Your partner may have anxieties too and could be waiting for a sign that you are ready to discuss them. Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner. You should not feel guilty or embarrassed to talk to your doctor or nurse about what is troubling you. Knowing how sensitive this issue can be, they will only be glad to help you. They may refer you for specialist counselling, if you think it would be helpful.

A booklet called Sexuality and Cancer is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy or for advice in confidence.
Bone marrow/stem cell transplant

Some patients may go on to have a bone marrow/stem cell transplant after treatment. This allows higher doses of chemotherapy to be given, which kill any remaining disease. The old bone marrow can then be replaced with healthy bone marrow. There are two types of bone marrow or stem cell transplants:

- Allogeneic
- Autologous.

In an allogeneic transplant, healthy marrow or stem cells are taken from another person whose tissue is the same or almost the same as the patient’s. This person is called the donor and a blood test is first required to check their suitability. When the tissue is suitable, it is said to be HLA compatible. This is called ‘tissue typing’. The donor can be a brother, sister, cousin or even a person not related to the patient. High doses of chemotherapy and sometimes radiotherapy must be given to the patient to treat the bone marrow. Then the new bone marrow cells are placed in the bloodstream by means of a central line. This will replace the old bone marrow.

An autologous transplant is where healthy bone marrow or stem cells are taken from the patient when in remission and then replaced after high-dose chemotherapy.

Bone marrow/stem cell transplants may benefit some people, but are not suitable for everyone.
Some patients may have a bone marrow or stem cell transplant.

- Allogeneic transplants mean that the cells are taken from another person
- Autologous transplants mean the cells are taken from the patient
- The aim of transplant is to provide you with healthy bone marrow.

**What if AML comes back?**

Some patients will later suffer a relapse, even after a good response to treatment. A relapse is when AML can be detected either in the blood, bone marrow, brain or spinal fluid. Patients can relapse after being in remission, while still receiving treatment or soon after finishing treatment. There are a small number of patients who relapse months or years following their treatment. If this happens, your specialist will advise you on further treatment.

If you relapse after finishing treatment, all the leukaemia cells may not have been killed when treatment ended. Treatment in this case may include the same chemotherapy drugs that you were first treated with, as you responded well to this combination of chemotherapy. Further treatment may or may not include a bone marrow or stem cell transplant.
If you relapse while on treatment, it may mean that the disease has become resistant to the drugs being used. Therefore, different chemotherapy drugs that are effective in treating leukaemia will be given to you. A bone marrow or stem cell transplant may also be considered as a treatment.

**Follow-up**

Once you are in complete remission and have all your planned treatment, you can begin to return to a normal life. However, you must attend the outpatient clinic for regular blood tests, chest X-rays and check-ups by your specialist.

In the beginning, these will be quite often but will become less frequent the longer you are well and free from disease. Sometimes you may need to go to hospital if you get an infection, as your immune system takes time to recover.

If you are between check-ups but you have a symptom or problem that worries you, let your specialist know by making an appointment to see him or her as soon as possible.

**Life after treatment**

You can start going back to work, but take it slowly at first by working part-time hours. You can also resume other activities such as sport, hobbies, etc. Your food and alcohol intake can return to where they were prior to your AML diagnosis. But they would need to be within moderation. You may even plan on going on holidays, but first check with your doctor about any special precautions and/or vaccinations that you may need.
Research – what is a clinical trial?

Research into new ways of treating leukaemia is going on all the time. Doctors can only find new and better ways of treating leukaemia by using new drugs or new combinations of drugs that are already in use. Many patients with leukaemia take part in research studies.

When a new treatment is being developed, it goes through stages of research called phases. If the treatment looks as if might be useful in treating leukaemia, it is then given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and identify 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 existing ones.
- Find out if extra benefits result when the new treatment is given together with existing ones.
- Compare the new treatment with current best standard treatments.

Your doctor may ask you to try a new treatment. There are many benefits in doing this. You will be helping to improve knowledge about cancer and the development of new treatments. You will also 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 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.

If you would like more information, a booklet called Understanding Cancer Research Trials (Clinical Trials) is available. Call the National Cancer Helpline 1800 200 700 for a copy.
Cancer and complementary therapies

There is great interest today in complementary and alternative treatments for cancer. Lots of people find them very helpful and beneficial during their illness. In many countries the way cancer is treated depends on the culture and environment in which you live. 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. It is important to know what they are and how they might help you.

Conventional therapies

Conventional therapies are treatments which doctors use most often to treat people with cancer. They consist of surgery, radiotherapy, chemotherapy and hormone treatments. All these treatments have been tested in clinical trials and have been widely used on patients over many years.

Complementary therapies

Complementary therapies are generally viewed as treatments that are given alongside conventional treatment. They include such therapies as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, dance and art therapy
- Nutrition therapy
- Hypnotherapy
- Shiatsu
- Reiki
- Yoga
- Acupuncture
Many people find complementary therapies 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 cancer can often bring. Some complementary therapies focus on the spiritual dimension of a person to aid healing.

*Alternative therapies*

Alternative therapies are treatments that are used instead of conventional treatments. Such therapies include:

- Diet therapy
- Megavitamin therapy
- Herbalism.

Many doctors believe that such treatments cannot control or cure cancer.
If you decide to have complementary or alternative treatments

Before you decide to change your treatment or add any methods of your own, be sure to 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 this reason, it is important to 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, your doctor 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 is an unregulated area with no register of certified practitioners. 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 Cancer and Complementary Therapies. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.
Coping and emotions

Reacting to the diagnosis

You might feel numb and shocked when told that you have leukaemia. You may feel overcome with many emotions ranging from disbelief to anger. At first the news may be very hard to take in. It may all seem unreal. All these feelings are normal and to be expected. It does not mean that you are not coping. Rather they are part of the process you must go through in coming to terms with your illness. Reactions differ from one person to another – there is no right or wrong way to feel. Your family and friends may be also feeling the same way and will need time to get used to it too.

Shock and disbelief

‘I can’t believe it. It can’t be true.’

Shock is often the first reaction when a diagnosis of leukaemia is made. Most people think, ‘It will never happen to me.’ It will take a while for the news to sink in. At this stage you may be getting a lot of information about your illness. You may ask the same questions over and over again or seem to accept the news calmly. These are common reactions to a diagnosis of leukaemia. Because you don’t quite believe what is happening, you may not want to talk about your illness, especially to your close family and friends.

Fear and uncertainty

‘Am I going to die? Will I be in pain?’

For most people when told they have leukaemia the first question is ‘Am I going to die?’ Leukaemia is a very scary word. It brings to
mind many stories – most of them untrue. In fact, nowadays most leukaemias can be treated. When cure is not possible the leukaemia can be controlled by using modern treatments, which are being developed all the time.

Another common fear is that leukaemia is always painful. This is not true. In reality, most people with leukaemia feel no pain at all. If you do get pain there are now many drugs that can control it. Other methods of pain relief include radiotherapy and nerve blocks.

Being concerned about your future is a normal way to feel. It can be hard for your doctor to predict the outcome of your treatment. Not knowing can make you feel anxious. However, it becomes less frightening the more you find out about your illness and treatment.

Most people are anxious about their treatment – whether it will work or not and how will they cope with the side-effects. It is best to discuss these fears and worries with your doctor and nurses who will have the answers and information you need. If their answers sound vague or unclear, don’t be afraid to ask them to explain them again. Sometimes they may use medical words, which are familiar to them but not to you. Asking more and more questions will give you more information, which may ease some of the tension about future worries. Gaining some knowledge about your illness can be reassuring.

The real facts are often better than your fears. Discuss what you have learned with your family and friends, as they are probably worried too.
**Denial**

‘There is nothing really wrong with me. I haven’t got leukaemia.’

Many people cope with their illness by not wanting to talk about it. If that is the way you feel, then don’t feel bad about it. Just tell your family and friends firmly that you prefer not to talk about your illness, at least for the time being.

Sometimes, however, it is the other way round. You may find your family and friends are denying your illness. They may appear to ignore the fact that you are ill. They may play down your worries and symptoms and keep changing the subject. If this upsets or hurts you because you need their support, tell them. Perhaps start by saying that you do know what is happening and talking about your illness will help you.

**Anger**

‘Why me of all people? And why right now?’

Anger can hide other feelings such as fear or sadness. As a result, you may vent your anger on those closest to you. You may also feel angry towards the doctors and nurses who are caring for you. If you have a religious faith, you may feel angry with your God.

It is easy to see why you may be deeply upset by many aspects of your illness. But there is no need to feel guilty about your angry thoughts or irritable mood. Relatives and friends may not always be aware that your anger is really directed at your illness and not at them. If you can, it may help to tell them when you are not feeling so angry. Or if you would find that difficult, you could show them this section of the booklet. If you are finding it hard to talk to your family, tell your nurse or doctor. They may be able to help you.

Cancer Helpline ☎ 1800 200 700
**Blame and guilt**

‘If I hadn’t…. this would never have happened.’

Sometimes people blame themselves or others for their illness. They try to find reasons for why it happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know what exactly has caused cancer, there is no reason for you to blame yourself.

**Resentment**

‘It’s all right for you, you haven’t got to put up with this.’

Understandably, you may be feeling resentful and miserable because you have leukaemia, while other people are well. Similar feelings of resentment may crop up from time to time during the course of your illness and treatment for a variety of reasons. Relatives too can sometimes resent the changes that the patient’s illness makes to their lives.

It is usually helpful to bring these feelings out into the open, so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

**Withdrawal and isolation**

‘Please leave me alone.’

There may be times during your illness when you want to be left alone to sort out your thoughts and feelings. This can be hard for your family and friends who want to share this difficult time with you. Let your family know that whilst you do not feel like talking about your illness at the moment, you will talk to them about it when you are ready.
Sometimes depression can stop you wanting to talk. It may help to discuss this with your doctor who may prescribe a course of antidepressant drugs. He or she may decide to refer you to a doctor who specialises in managing the emotional problems of cancer patients. It is common for patients with cancer to feel depressed, so there is no need to feel you are not coping if you ask for help.

There is a booklet available called *Who Can Ever Understand?* If you would like a copy, call the National Cancer Helpline 1800 200 700.

**Learning to cope**

After any leukaemia treatment it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have leukaemia but also with the physical effects of treatment. Although the treatment for leukaemia can have some unpleasant side-effects, many people do 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.

**If you are a relative or friend**

It can be hard to know what to say when someone close to you is diagnosed with leukaemia. It may seem best to pretend that everything is fine and carry on as normal. You may not want to add to the person’s worry by seeming afraid or by saying the wrong thing.
Sadly, denying strong feelings like this can make it even harder to talk openly together. It can lead to the patient feeling very lonely. Partners, relatives and friends can help by listening carefully to what the person with leukaemia wants to say about his or her illness. Don’t say too much – just let him or her do most of the talking. Above all, let them know that you are there when they want to talk or need help.

A useful booklet called *Lost for Words* – written for relatives and friends of people with cancer – is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700, if you would like a free copy.

**Talking to children**

How much you tell children will depend on how old they are. Very young children do not understand illness and need a very simple account as to why their parent or friend has had to go to hospital. Slightly older children will need to be told more. A simple story talking about good cells and bad cells may help. Every child needs to know what will happen while you are in hospital, who will look after them, prepare their meals and take them to school. They also need to be reassured that your illness is not their fault. Whether they show it or not, children may feel they are to blame and feel guilty. Most children over 10 years of age can grasp fairly detailed explanations of what is wrong.

Adolescents can understand much more. However, they may have special needs in learning to cope with the situation. They may be torn between concern for you and trying to become more independent. An open honest approach is usually the best way for all children. You may find that your children rebel or turn quiet. This may be their way of making their feelings known. Even very
young children can sense when something is wrong, so don’t keep them in the dark. They may think that things are much worse than they are.

There is a useful booklet called *What Do I Tell the Children? A Guide for a Parent with Cancer* available. If you would like a copy, call the National Cancer Helpline 1800 200 700. Another helpful book for children is *The Secret C: Straight Talking About Cancer*. See page 69 for more details.

**What you can do**

Many people feel helpless when first told they have leukaemia. They think there is nothing they can do other than hand themselves over to the doctors and the hospital. This is not true. There are many things that you can do at this time to help build up your confidence and feel more in control of your illness. Take one step at a time.

**Tips & Hints – how you can help yourself**

- **Become more involved in your illness.** If you and your family understand your illness and its treatment, you will be better able to cope. Gather as much information as possible about your leukaemia and treatment.

- **Ask your doctor regularly about your progress.** This will give him or her a chance to reassure you about your illness, or to talk about delays or changes in your treatment. Always ask for information that is personal to you. Do not worry if you ask questions over and over again, or new ones, each time you see your doctor or nurse.
Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Write down the answers if you want.

Don’t ignore side-effects. Let your doctor know if you have any problems or worrying side-effects. He or she can decide what to do to help you. If you say nothing, a small problem can become more serious.

Try to keep a positive attitude. This does not mean being cheerful and happy all the time. Accepting that you get low moods is part of being positive. By taking an active interest in your treatment, it can help you too.

Keep a diary or journal of your treatment. This is a practical way to help you express your feelings, especially if you are unable to talk about them. You can also record when you’ve been sick or tired. As your diary develops, you can look back and see how well you’ve coped during low periods.

Do things for yourself. This will help you feel more in control of your illness and treatment. You might want to learn relaxation or meditation techniques, or even take up a new hobby.

Plan your time to do the things you most enjoy. You may want to keep up with your social life, but don’t be afraid to miss out on events if you have to. Set realistic goals, as these will make you feel better. For example, attend the evening reception of a wedding rather than the full day, if you feel tired.

Try to eat as well as you can. Eat little and often, using lots of different types of foods with plenty of fresh fruit and vegetables.

Think about joining a support group. These groups allow you to talk through your feelings with others who have also had treatment for leukaemia.
Take some regular exercise. Take it easy at first, building up the amount you do, as you feel stronger.

Changes to your routine. Some people find pleasure in keeping to their normal routine as much as possible. Others prefer to take a holiday or spend more time on a hobby. If the idea of changing your diet or taking exercise distresses you, then you don’t have to do it.

Seek professional help if needed. Some people find it helpful to talk to a counsellor, if they are finding it difficult to cope.

Who can help?

It is important to remember that there are people ready to help you and your family throughout your treatment and afterwards. The medical social worker in your hospital can help in many ways. He or she provides support and counselling to the patients and their families and can provide advice on benefits, entitlements and services available when you go home.

Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses provide support to patients and their families from the time of diagnosis and throughout treatment. These people, along with other members of your medical team, work together to meet your needs.

When you go home there are various community health services available from your local health centre. These centres have GPs, public health nurses (who can visit you at home), welfare officers and home-help organisers. All these people can provide advice and support. You can get more information on the services available.
either from the social worker in the hospital before you go home or at your local health centre.

Joining a support group can put you in touch with people who have been in a similar situation. There are a range of support groups to support you and your family at time of diagnosis, throughout treatment and afterwards. A list of support groups is given at the back of this booklet.

Often you might need practical advice about your financial matters, e.g. getting a mortgage or travel insurance. The Irish Cancer Society Helpline Nurses will be happy to discuss any concerns you or your family may have, at any stage of your illness. They can give you more information about any of the services outlined above and can also let you know about support services in your area. A useful booklet called the Directory of Cancer Care Services in Ireland is available free of charge from the Irish Cancer Society. For a copy, call the National Cancer Helpline 1800 200 700.
Support resources

Health cover

Health cover falls into two categories – cover for medical card holders and for all other categories. At the end of this section there are 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 €5 a day charge up to a maximum of €550 in any 12 consecutive months. 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 department of a public hospital, without being referred there by a GP, you may be charged €55. There is no charge if you are referred by a GP. This charge does not apply if you have a medical card or are admitted to hospital as a result of attending the A&E department 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, and outpatient services and medical appliances.

Every person aged 70 or over has a right to a medical card and no means test is required. For most people, eligibility for a medical card is dependent on a means test. Financial guidelines are set out
each year and these are available from your local health board or clinic. If your means are above but close to the guidelines, you should apply for a card anyway as a card is granted in some situations. For example, if you have a large amount of medical expenses, you may be granted a card. Also, you may be eligible for a medical card as an individual because you have a cancer diagnosis. In this case, your spouse and children will not be covered if your means are over the limit.

If you do not qualify for a full medical card, you may be eligible for a new type of medical card. This covers visits to the doctor and is effective from January 2005. This will only cover visits to your doctor and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested. Check with the hospital social worker or your health board to see if you are eligible.

**Drugs Payment Scheme**

Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependant children pay a maximum of €85 each month to cover the cost of prescribed drugs, medicines and appliances. If you have not already received a DPS card for yourself and your family, you can apply for cover under the scheme by contacting your local health board office. You can also register for this scheme by filling in a registration form at your pharmacy. If you opt for egg freezing, the cost of the fertility drugs used in the procedure can be reclaimed through the DPS.

**Private healthcare cover**

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In
Ireland this is available through the VHI, BUPA and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. It is advisable to check the level of cover provided by your insurance company, both for inpatient and outpatient services, before attending hospital.

Benefits and Allowances

Disability benefit
This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unfit to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, 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 seven days of becoming ill and unable to attend work. A delay might result in loss of payment.

Disability allowance
You may qualify for Disability Allowance if you are not eligible for Disability Benefit and not able to work for at least a year. Disability Allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. You must have a means test and be medically suitable for this allowance. To be medically suitable you should have an illness that has continued or may continue for at least one year. This means that you are unlikely to be able to work for at least a year due to your illness. Application forms are available from post offices, social welfare offices or the Disability Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.
Invalidity pension
This is a pension paid instead of a Disability Benefit or Allowance, if you are unable to work in the long term. 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 age 60 and have a serious illness or incapacity.

Your eligibility for this pension will also depend on your PRSI contributions. You are allowed a free travel pass and certain extra benefits, such as bottled gas, telephone rental, fuel allowance and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

Carer’s allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. There are a number of benefits with this scheme such as a free travel pass for the carer, free television licence, and a home energy allowance. A telephone allowance has been extended to carers giving full-time care. There is also a contribution towards respite care. This is a means-tested allowance.

If you are employed but wish to care for a sick relative, you may 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.

Under Carer’s Leave legislation, you may be entitled to unpaid temporary leave from your employment. You should apply for
Carer's Benefit eight weeks before you intend to leave employment so that your eligibility can be assessed prior to leaving your employment.

For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

**Appliances**

For patients who have medical cards most appliances are free of charge. For example, you are entitled to new hairpiece/wigs on a regular basis.

**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 health boards provide transport services to hospitals for outpatient appointments and day centres. Sometimes the health board may assist with transport costs for a person who has to travel a long distance to a hospital. In general, people who do not have medical cards may be charged for the service. However, the practice varies between health boards and is often dependent on personal circumstances. Charges may be waived in certain cases, e.g. hardship, etc.
**Further information**

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which 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 social worker in the hospital you are attending.

**For social welfare queries, contact**

Information Service  
Dept of Social and Family Affairs  
Áras Mhic Dhiarmada  
Store Street  
Dublin 1  
Tel: 01 874 8444  
Leaflet line: 1890 202 325  
Email: info@welfare.ie  
Website: www.welfare.ie

**For health and social services queries, contact the health board in your area.**

**Eastern Regional Health Authority**  
Customer Services Department  
Dr Steeven’s Hospital  
Dublin 8  
Tel: 01 679 0700  
or Freefone 1800 520 520  
Email: customerservices@erha.ie  
Website: www.erha.ie

**Midland Health Board**  
Head Office  
Arden Road  
Tullamore  
Co Offaly  
Tel: 0506 218 68  
Fax: 0506 517 60  
Website: www.mhb.ie
Understanding acute myeloid leukaemia

Mid-Western Health Board
Head Office
31–33 Catherine Street
Limerick
Tel: 061 316 665
Fax: 061 483 250
Website: www.mwhb.ie

North Eastern Health Board
Head Office
Navan Road
Kells
Co Meath
Tel: 046 9280 500
Fax: 046 9241 459
Website: www.nehb.ie

North Western Health Board
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400 / 1850 636 313
Fax: 071 9820 431
Website: www.nwhb.ie

South Eastern Health Board
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 7784 100
Fax: 056 7784 388
Website: www.sehb.ie

Southern Health Board
Head Office
Wilton Road
Cork
Tel: 021 4545 011
Website: www.shb.ie

Western Health Board
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131
Fax: 091 752 644
Website: www.whb.ie

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

Comhairle (formerly the National Social Services Board)
7th Floor, Hume House
Ballsbridge
Dublin 4
Tel: 01 605 9000
Citizen Information: 1890 777 121
Email: comhairle@comhairle.ie
Website: www.comhairle.ie
There are also some booklets available that may help you. These include:

*Directory of Cancer Care Services in Ireland* (published by the Irish Cancer Society). For a free copy call Cancer Helpline Freephone: 1800 200 700. Email: helpline@irishcancer.ie

*Information Guide to Health Services* (published by the Dept of Health and Children). Copies are available from your local health board office. Tel: 01 671 4711 for local health board numbers.

*Guide to Social Welfare Services* (published by the Dept of Social and Family Affairs). Copies available from the Dept of Social and Family Affairs. Tel: 01 874 8444. Email: info@welfare.ie. Website: www.welfare.ie

*Entitlements for People with Disabilities* (published by Comhairle). Available from Comhairle. Tel: 01 605 9000. Email: comhairle@comhairle.ie

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**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.

**Homecare nurses**

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their
own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

**Night nursing**

The Irish Cancer Society can provide a night nurse, free of charge, for up to seven nights to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

**Oncology liaison nurses**

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

**National Cancer Helpline**

The National Cancer Helpline gives confidential information, support and guidance to people concerned about cancer. This is a freephone service. The specially trained nurses who staff the Helpline have access to the most up-to-date facts on cancer-related issues, using a computerised directory and library of resources. The nurses can provide information to anyone enquiring about treatment, counselling and other support services. They can also help you to make contact with the various support groups that are available. The Helpline 1800 200 700 operates weekdays from 9 am to 5 pm.

**Counselling**

Coping with a leukaemia diagnosis can be very stressful. Patients and their families sometimes find it difficult to come to terms with
the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the Cancer Helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.

**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.

**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.

**Patient grants**

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 assistance to patients in need. Requests for this kind of help should be directed through your social worker, GP or public health nurse.

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
National Cancer Helpline
1800 200 700
Tel: 01 231 0500
Fax: 01 231 0555
Email: helpline@irishcancer.ie
Website: www.cancer.ie

**HARI Unit** (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732

**Comhairle** (formerly National Social Services Board)
7th Floor, Hume House
Ballbridge
Dublin 4
Tel: 01 605 9000
Email: comhairle@comhairle.ie

**Debt of Social and Family Affairs** – Information Service
Áras Mhic Dhiarmada
Store Street
Dublin 1
Tel: 01 874 8444
Email: info@welfare.ie
Website: www.welfare.ie

**Health insurers**

**BUPA Ireland**
Mill Island
Fermoy
Co Cork
Locall: 1890 70 08 90
Fax: 025 42122
Email: choices@bupa.ie
Website: www.bupa.ie

**Voluntary Health Insurance (VHI)**
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
Email: info@vhi.ie
Website: www.vhi.ie
Support centres and support groups

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

Cancer Plus (support group for parents of children with cancer)
Irish Cancer Society
43–45 Northumberland Road
Dublin 4
National Cancer Helpline 1800 200 700
Fax: 01 231 0555
Email: helpline@irishcancer.ie

CanTeen Ireland
Young Peoples’ Cancer Support Group
c/o Carmichael Centre
Brunswick Street
Dublin 7
Tel: 01 872 2012
Email: canteen@oceanfree.net

BMT Support
Bone Marrow Transplant Support Group
c/o Irish Cancer Society
43–45 Northumberland Road
Dublin 4
National Cancer Helpline 1800 200 700
Email: info@bmtsupport.ie
Website: www.bmtsupport.ie

Cork ARC Cancer Support House
Clifftdale
5 O’Donovan Rossa Road
Cork
Tel: 021 434 6688

Bray Cancer Support & Information Centre
36B Main Street
Bray
Co Wicklow
Tel: 286 6966
Email: bcsc@iol.ie
Website: www.braycancersupport.ie

Donegal Cancer Support Group
Clar
Co Donegal
Tel: 074 974 0837

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 482615

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Fax: 041 980 5101
Email: info@garykellycentre.org
Website: www.garykellycentre.org
Understanding acute myeloid leukaemia

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601

HOPE
Enniscorthy Cancer Support & Information Centre
6 Church Street
Enniscorthy
Co Wexford
Tel: 054 38555

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Email: info@larcc.ie
Website: www.larcc.ie

Lios Aoibhinn Cancer Support Centre
St Vincent’s University Hospital
Herbert House
St Anthony’s
Herbert Avenue
Dublin 4
Tel: 01 277 3545

Men Against Cancer (MAC)
c/o Irish Cancer Society
43–45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Tel: 01 231 0500
Fax: 01 231 0555
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407

Slánú Cancer Help Centre
Birchall
Oughterard
Co Galway
Tel: 091 550050
Email: info@slanu.ie
Website: www.slanu.ie

Sligo Cancer Support Centre
2A Wine Street
Sligo
Tel: 071 70399
Email: scsg@tinet.ie

South East Cancer Foundation
Pairc Clinic
Lismore Park
Waterford
Tel: 051 590881

The Tuam Cancer Care Centre
30 Temple Jarlath Court
High Street
Tuam
Co Galway
Tel: 093 28522
Email: info@tuamcancercare.ie
Website: www.tuamcancercare.ie
Turning Point – Positive Health Centre
23 Crofton Road
Dun Laoghaire
Co Dublin
Tel: 01 280 7888
Email: turningpoint@eircom.net
Website: www.turningpoint.ie

Useful contacts outside Ireland

**American Cancer Society**
1599 Clifton Road NE
Atlanta, GA 30329-4251
Website: www.cancer.org

**CancerBACUP**
3 Bath Place
Rivington Street
London EC2A 3JR
Tel: +44 207 696 9003
Helpline: +44 207 7392280
Website: www.cancerbacup.org.uk

**Cancer Link UK**
11–21 Northdown Street
London, N1 9BN
Tel: +44 171 833 2818
Fax: +44 171 8334963
Email: cancerlink@cancerlink.org.uk

**Macmillan CancerLine**
Macmillan Cancer Relief
89 Albert Embankment
London SE1 7UQ
Tel: +44 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

**National Cancer Institute (US)**
Website: www.nci.nih.gov

**The Ulster Cancer Foundation**
40–42 Eglantine Avenue
Belfast 9BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk

**University of Pennsylvania Cancer Center**
Website: www.oncolink.com
Helpful books

Bone Marrow Transplants: A Guide for Cancer Patients and their Families
Marianne L. Shaffer
Taylor 1994
ISBN 0-8783-3854-3

Cancer and Leukaemia – An Alternative Approach
Jan de Vries
Mainstream Publishing, 2001
ISBN 1-84018-555-4

Cancer at Your Fingertips
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

Cancer Positive: The Role of the Mind in Tackling Cancers
Dr James Colthurst (with Patrick Scrivenor)
Michael O'Mara Books Ltd, 2003
ISBN 1-85479-860-X

Cancer: What Every Patient Needs to Know
Jeffrey Tobias
Bloomsbury, 2001

Challenging Cancer: Fighting Back, Taking Control, Finding Options (2nd edn)
Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1-85959-068-3

Living and Dying with Cancer
Angela Armstrong-Coster
Cambridge University Press, 2004
ISBN 0-52183-765-0

Taking Control of Cancer
Beverley van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

The Bristol Approach to Living with Cancer
Helen Cooke
Robinson, 2003
ISBN 1-84119-680-0

The Secret C: Straight Talking About Cancer [explaining cancer to children]
Julie A Stokes
Winston's Wish, 2000

Understanding Leukaemia and Related Cancers
Tariq Mughal & John Goldman
Blackwell Science, 1999
ISBN 0-63205-346-1

What You Really Need to Know about Cancer
Dr Robert Buckman
Pan, 1997

For more details on helpful and up-to-date books and their availability, call the National Cancer Helpline 1800 200 700.
Frequently asked questions

Here is a list of questions people often want to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- What type of leukaemia do I have?
- What tests need to be done to accurately diagnose the condition?
- What type of treatment do I need? Why is this one better for me?
- How successful is this treatment for my cancer?
- What side-effects or after-effects will I get?
- Can some of the side-effects be controlled?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- Is there anything I can do to help myself during treatment?
- Do I need to use contraception during my treatment? What will happen if I, or my partner, get pregnant?
- How will you know if AML is in remission?
- Will the blood cell count return to normal after treatment?
Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer
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We hope that this booklet has been of help to you. If you have any suggestions as to how it could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If, after reading this booklet or at any time in the future, you feel you would like more information or someone to talk to, please phone our National Cancer Helpline Nurses on 1800 200 700.

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.

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.

Irish Cancer Society, 43–45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie
The Irish Cancer Society is the national charity dedicated to eliminating cancer as a major health problem, and improving the lives of those living with cancer.