Understanding Cancer of the Ovary

Caring for people with cancer
This booklet has been written to help you understand more about cancer of the ovary. It has been prepared and checked by cancer doctors, other relevant specialists, nurses and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and the 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 quickly.

Specialist nurse Tel:

Family doctor (GP) Tel:

Medical oncologist Hospital Tel:

Surgeon Hospital Tel:

Radiation oncologist Hospital Tel:

Emergency Tel No.

Treatments Review dates

If you like, you can also add:

Your name

Address
The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by Nursing Services in 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 find out more about cancer of the ovary. By reading this booklet you can learn more about its diagnosis and treatment. We hope it answers some of the questions you may have.

We cannot advise you about which treatment to choose. You can only make this decision, along with your doctor, when all your test results are ready. However, we can help you find out more about some of the methods used to treat this cancer and the side-effects that may occur when treatment is given.

This booklet 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 you may find useful to read. There is also a list of websites and special groups to help and support you at this time.

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 and that it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything about ovarian cancer 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 freefone National Cancer Helpline 1800 200 700.

If you have found the booklet useful, you could pass it on to your family and friends who might find it helpful too.

What does that word mean?

Abdomen The part of the body that lies between the chest and hips.

Adjuvant treatment Treatment given soon after surgery when a diagnosis of cancer is made.

Alopecia 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.

Biopsy The removal of a small amount of tissue from your body to find out if cancer cells are present.

Cells These are the building blocks that make up your body. They are very small and can only be seen under a microscope.

Chemotherapy Treatment using anti-cancer drugs.

Fatigue Tiredness.

Malignant Cancer.

Medical oncologist A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Metastasis The spread of cancer from one part of the body to other tissues and organs.

Nausea Feeling sick or wanting to be sick.

Oncology The study of cancer.

Radiotherapy The treatment of cancer using high-energy X-rays.

Radiation oncologist A doctor who specialises in treating cancer patients using radiotherapy.

Staging A series of tests that measure the size and extent of 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 the body, the 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 they there is no need.

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

To sum up

- Cancer is a disease of the cells of the 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 somewhere else. This is called a metastasis or secondary tumour.

What are the ovaries?

The ovaries are part of a woman’s reproductive system. They are two small, oval-shaped organs in the lower abdomen known as the pelvis. They are found on each side of the womb (uterus).

Every month in women who are fertile, an egg is made in one of the ovaries. It leaves the ovary and passes down a tube called the fallopian tube to the womb. If the egg is not fertilised by a sperm it leaves the womb, together with the lining of the womb. This happens as part of the monthly cycle known as the period (menstruation). The female sex hormones, oestrogen and progesterone, are made by the ovaries and they control the periods.

Women are fertile from the age when periods start (puberty) to when they stop (menopause). During the menopause less hormones are made, so periods gradually stop.
Understanding cancer of the ovary

There is a slight increased risk if you:
- Receive hormone replacement therapy (HRT)
- Receive drugs to stimulate the ovary during infertility treatments.

Research has shown that women who take the contraceptive pill are less likely to develop ovarian cancer.

If you feel you may be at risk, go to your GP and talk about your concerns. There are specialist clinics for people worried about the risk of ovarian cancer in their family. Some may offer genetic screening and counselling. Your doctor will advise you on what to do.

What are the symptoms of cancer of the ovary?

With cancer of the ovary most women will not notice anything in the early stages. It can take a long time for symptoms to occur. When symptoms do appear, they can be vague and quite mild. These can include:
- Poor appetite
- Vague indigestion or nausea
- Bloated feeling
- Swollen abdomen – caused by a build-up of fluid called ascites
- Pain or a dragging sensation in the lower abdomen or side
- Abnormal vaginal discharge or bleeding
- Change in bowel or bladder habits, such as constipation, diarrhoea or wanting to pass urine often.

Even though these symptoms can be caused by complaints other than cancer, it is very important that you have them checked out by your doctor.

Cancer Helpline 1800 200 700

What is cancer of the ovary?

When cancer occurs, the cells in the ovary change to form a tumour. Because the ovaries are deep in the pelvis the tumour may cause very few symptoms in the early stages. As the tumour gets bigger it may affect tissues and organs nearby such as the bladder or bowel. When this happens the tumour may upset the way these tissues and organs normally work. This in turn can lead to symptoms. When the tumour is malignant, cells may break away from it and spread to other parts of the body.

What causes cancer of the ovary?

The cause of cancer of the ovary is unknown. It is more common in women who have not had children. There is also an increased risk if there is a history of breast or ovarian cancer in your family. This can happen when a faulty gene is inherited.

This can occur in the following situations:
- Ovarian cancer in two close relatives such as your mother or sister.
- One close relative with ovarian cancer and one close relative with breast cancer diagnosed when they were under the age of 50.
- Ovarian cancer in one close relative and breast cancer in two family members diagnosed when they were under the age of 60.
- Three relatives with colon (bowel) cancer, one of whom is diagnosed under the age of 50 and one relative with ovarian cancer.

To sum up

- The ovaries are part of the female reproductive system.
- The normal cells in the ovary may change and grow to form a malignant tumour.
- The tumour can affect nearby tissues and organs.
Understanding cancer of the ovary

What are the types of ovarian cancer?

The most common type of ovarian cancer is **epithelial**. In this type the cancer is found in the surface layer that covers the ovary. Less common are germ cell tumours. These affect the part of the ovary that makes the egg. Stromal tumours that affect the hormones produced in the ovary are rare.

See page 14 for more about staging and grading of ovarian tumours.

How does the doctor make the diagnosis?

Most people start by visiting their family doctor (GP). If your GP has concerns about you, he or she will refer you to a hospital to see a gynaecologist and have further tests. At the hospital you will be asked questions about your health before a physical exam is done. A blood test and a chest X-ray may be taken to check your general health.

The tests below are all used to diagnose cancer of the ovary. If cancer is found, other tests will be done to show the stage of the cancer and check if it has spread to other parts of your body or not. This helps the doctors know how best to treat the cancer.

- Internal exam – the doctor will place a gloved finger into your vagina to feel for lumps or swelling. He or she will examine your rectum (back passage) in the same way. These quick tests may be uncomfortable but are not painful.
- X-rays, such as a chest X-ray.
- Special tests to look at the inside of the abdomen.
- Blood tests.

Special tests

- Transvaginal ultrasound
- Ultrasound of abdomen
- CT scan (CAT scan)
- MRI scan
- Laparoscopy
- Abdominal fluid aspiration
- Plural fluid aspiration
- Laparotomy.

**Transvaginal ultrasound**: This test is carried out in the X-ray department of the hospital. A picture is built up of the inside of your body using sound waves. Before the test you must empty your bladder. You will then be asked to lie on your back. A small metal device called a probe is put into your vagina. It looks like a microphone and gel is placed on it. By doing the test in this way clear pictures of the womb and ovaries can be got. This test may be uncomfortable but is not painful.

**Ultrasound of abdomen**: Before this test you will need to drink plenty of clear fluids and not pass urine until afterwards. You lie on your back and gel will be spread over the area to be scanned. A probe that makes sound waves is used to take the scan. The sound waves are converted into a picture by a computer. This test does not hurt and only takes about 10 minutes to do.

**CT scan (CAT scan)**: This is a special type of X-ray that gives a detailed picture of the inside of your body. The scan is painless. For some CT scans you may be asked to fast for 4 hours beforehand. For others you may be given a special drink which
helps show up parts of your body on the scan. Preparation for a CT scan can vary. Your doctor or nurse will tell you what to do. The test is usually done as an outpatient.

**MRI scan:** This is a special scan that uses magnetic energy to build up a picture of the tissues inside your body. It does not hurt but can be very noisy. So you will be given earplugs to wear during it. You may have an injection before the scan to show up certain parts of your body. You cannot wear metal jewellery during the scan and patients who have medical devices implanted, like pacemakers, are not suitable for the test. Most people go home after the scan.

**Laparoscopy:** This test allows your doctor to look at your ovaries and nearby tissues. It is a small operation done in theatre under a general anaesthetic. Just before the test you may be given a sedative. This will help you feel more relaxed before going to theatre. While you are asleep the doctor makes a small cut in your lower abdomen, near your belly button. He or she then puts a thin mini-telescope called a laparoscope into the wound. By looking through the laparoscope your doctor can see your ovaries and take a small sample of tissue (biopsy) for examination.

During the operation, carbon dioxide gas is put in your abdominal cavity. This may give you uncomfortable wind afterwards or shoulder pains for 3 or 4 days. Taking sips of peppermint water often eases the pain. Some people find walking about helps too. After a laparoscopy you will have one or two stitches at the wound site. Most people are ready to go home as soon as the effects of the anaesthetic have worn off. You will have to arrange for someone to take you home, as you may be feeling sleepy. You will not be able to drive for several hours.

**Abdominal fluid aspiration:** If you get a build-up of fluid in your abdomen a sample can be taken to see if it has any cancer cells. The doctor will numb a small area of the abdomen before putting a small needle through the skin. Some fluid is taken and then examined under a microscope.

**Plural fluid aspiration:** In rare cases there may be a build-up of fluid in the space around your lungs. A sample can be taken to check for any cancer cells. Your doctor will numb a small area on your chest before putting a small needle through the skin. Some fluid is taken and then examined under a microscope.

**Laparotomy:** Sometimes cancer cannot be diagnosed before a full operation called a laparotomy is done. See page 20 for more information.

**Special blood tests:** A blood test called CA125 will be done. CA125 is a chemical found in the blood, which is sometimes released from ovarian cancer cells. It is known as a tumour marker for ovarian cancer. Not all women with ovarian cancer will have high levels of CA125 in their blood. However, if there is a high level of CA125 in your blood at time of diagnosis, it may give your doctor extra information. He or she can use it in planning your treatment. It will also help the doctor to measure how well you are doing on treatment.

**Less common tests**
Some people may need extra tests, depending on their symptoms. These include:

**Barium enema:** This is an X-ray of the bowel. It allows the doctor to look at areas of the bowel that may be affected by the ovarian tumour.

**Colonoscopy:** This is a test on the bowel using a tiny camera. It can check the lining of the bowel to see if cancer cells are present.

**Gastroscopy:** This is a test on the stomach using a tiny camera. It can check the lining of the stomach to see if there are cancer cells present.
Understanding cancer of the ovary

Stage 3
Here the cancer has spread outside the pelvis and into the abdominal cavity. It can affect the lining of the abdomen or lymph nodes there.
- **Stage 3a** – The cancer in the abdomen is tiny and can only be seen under a microscope.
- **Stage 3b** – The cancer in the abdomen can be seen but is smaller than 2cm across.
- **Stage 3c** – The cancer in the abdomen is larger than 2cm.

Stage 4
Here the cancer cells have spread to other parts of the body. This could be the lungs, liver or lymph nodes in the armpit or neck.

Recurrent ovarian cancer
This means that the cancer has come back (recurred) after the patient has completed treatment.

Grading of ovarian cancer
It is also possible to grade the cancer cells. This refers to their size and appearance under the microscope. They are checked to see how much they are like or unlike normal cells.

There are three groups called grades 1 to 3.
- **Grade 1 or low grade**: the cancer cells are very similar to normal cells in the ovary. They usually grow slowly and are less likely to spread.
- **Grade 2 or moderate grade**: the cancer cells look less like normal ovarian cells.
- **Grade 3 or high grade**: the cancer cells are very unlike normal ovarian cells. They usually grow quicker and are more likely to spread.

Usually the higher the grade, the more quickly the cancer is likely to grow.

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

Staging of ovarian cancer
Some of the tests mentioned above can find out what stage your cancer is at. This means finding out the size of the tumour and checking to see if it has spread to other parts of your body. This can help your doctor decide what the best course of treatment is for you.

There are a number of ways to stage ovarian cancer but the one most commonly used is the following:

**Borderline tumours**
Borderline tumours have cells that are very similar to normal cells in the ovary. They usually grow slowly and have not spread into the normal tissue around the ovary. Usually they are fully cured by surgery.

**Stage 1**
Here the cancer affects only the ovaries.
- **Stage 1a** – The cancer is in one ovary only.
- **Stage 1b** – The cancer is in both ovaries.
- **Stage 1c** – There is fluid with cancer cells in the abdomen (ascites).

**Stage 2**
Here the cancer has spread outside the ovary but is still within the pelvis.
- **Stage 2a** – The cancer cells have spread to organs near the ovary, such as the vagina, womb or fallopian tubes.
- **Stage 2b** – The cancer has spread to other organs in the pelvis, such as the lower bowel or bladder.
- **Stage 2c** – The cancer has spread to other organs in the pelvis. Some fluid with cancer cells may be within the pelvis.
Treatment and side-effects

How is ovarian cancer treated?

There are a number of things that will affect what type of treatment you will receive. It can depend on:

- The size of your tumour
- If it has spread or not
- Your general state of health
- Your own preferences and lifestyle.

Surgery and chemotherapy are mainly used to treat cancer of the ovary while radiotherapy may possibly be given too. These treatments may be given on their own or together.

Options

Sometimes two or three courses of chemotherapy are given before surgery. The tumour may be quite large and sticking to nearby tissues and organs. Chemotherapy should cause the tumour to shrink in size and make it easier to remove.

Radiotherapy may be used along with chemotherapy and surgery to treat your cancer. It may also be used to relieve symptoms such as pain and bleeding if the cancer comes back after the first treatment.

Individual treatment

You may notice that other people with cancer of the ovary are having different treatment to you. Don’t be worried by this – it only means that everybody is different. Their cancer may not be at the same stage as yours and their treatment needs may be different.

At this time you may be anxious about what is going to happen next.

To sum up

- There are a number of tests to diagnose cancer of the ovary.
- These tests include a transvaginal ultrasound, abdominal ultrasound, CT scan, MRI scan, laparoscopy, CA125 blood test, etc.
- Sometimes an operation is the only way to diagnose ovarian cancer.
- Some tests will also show the stage of the cancer.
- Ovarian cancers can be staged as borderline tumours, stages 1 to 4, or recurrent cancer.
- Ovarian cancers can be graded 1 to 3: low grade, moderate grade or high grade.
Do not be afraid to ask your doctor. You may want to use the fill-in page at the back of this booklet to write down your questions and the answers you receive. Your doctor will talk to you and tell you about your treatment choices.

**Giving consent for treatment**

It is important that you fully understand what is involved in your treatment. Before you start any treatment, 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 the treatment 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 benefits or drawbacks of the treatment
- Any other treatments that can be given
- Any major risks or side-effects of the treatment.

No medical treatment will be given without your consent.

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. Do ask them even if you think they are too busy. Some cancer treatments are hard to describe, so it is not unusual for people to need more than one explanation.

If you feel it hard to take in all the information at first and are still unsure, ask for more time to decide about the treatment. It is important that you do not feel you have been rushed into having the treatment.

You are also free to choose not to have the treatment. But it can be helpful to let your doctor or nurse know your worries first. They will tell you what might happen if you chose not to go ahead.
Understanding cancer of the ovary

Surgery

Sometimes surgery may need to be done to make a diagnosis first. The main aim of surgery is to remove all of the tumour or as much as possible of it. Surgery may be done before or after chemotherapy. The type of surgery you have will depend on:

- The type of tumour
- The size of the tumour
- If the cancer has spread to other tissues and organs.

Sometimes your doctors may only find out this information during the operation. Before any operation, make sure you discuss all the possible options with your doctor.

Laparotomy

An operation that opens up the abdomen is called a laparotomy. During this operation the organs and tissues of the abdomen are carefully examined and biopsies (tissue samples) are taken. If the cancer is only in one ovary, it may be possible to remove the affected ovary and leave the other ovary and the womb in place.

In most cases, the surgeon will have to carry out a total hysterectomy and bilateral salpingo-oopherectomy. This is an operation where the two ovaries, fallopian tubes and the womb (uterus) are removed. Your surgeon may also remove the omentum. This is a layer of fatty tissue that surrounds the stomach and other organs in the abdomen. The surgeon may also take samples from other tissues, such as lymph glands, to see if the cancer has spread.

Colostomy

Sometimes if the tumour has spread to the bowel a small piece of bowel may be removed and the two ends joined back together. In some cases it is not possible to join up the bowel again. Instead the bowel is brought out onto the surface of the abdomen through a cut in the skin. This is called a colostomy.

This may be done in the short term or it may be permanent. If it is temporary, the bowel can be rejoined inside at a later stage. The opening onto the surface of the abdomen is known as a stoma. Instead of passing a bowel motion through your back passage, the motion passes through the stoma into a bag attached to your body.

In most hospitals there are specially trained nurses called stoma care nurses whose job it is to teach you how to care for your colostomy. You may also find it helpful to talk to someone who has had the same operation. They will be able to give you first-hand advice and tips on how to care for your stoma in an easy and practical way.

There are specially trained people and support groups that can help you at this time. Talk to your doctor or nurse about them. You can also contact the National Cancer Helpline 1800 200 700 for more information.

Getting ready for surgery

To make sure you are fit for surgery some extra tests may be done. These could include a chest X-ray, heart test (ECG) and some more blood tests. A day or two before surgery you will be given special medication to empty the bowel. You may be told to take one light meal only. During this time you can drink lots of clear fluids such as water and fruit juice.

A physiotherapist or specialist nurse will show you how to do deep breathing and leg exercises. These exercises will help to prevent you getting a chest infection or blood clot after your operation. You will not be allowed to eat anything from the night before surgery. You may receive an injection of heparin to prevent a clot developing in your legs after surgery. Before you go to theatre your doctor may give you a tablet that will make you feel more relaxed and sleepy.

After your operation, you may have a few tubes attached to you.
After your operation

When you wake up you will notice a number of tubes attached to your body. They may look alarming but they are normal after an operation like this.

- A ‘drip’ will be put into a vein in your arm. Through this you will be given fluids until you are able to drink again.
- A thin plastic tube may be up your nose. It leads down into your stomach. By drawing up the fluid in your stomach through this tube, the nurses can keep your stomach empty. This will stop you from feeling sick.
- A small thin tube called a catheter may be put into your bladder and urine drained off into a drainage bag. This will save you having to get out of bed to go to the toilet.
- There may be drainage tubes from your wound to make sure that it heals well.
- You may have a thin epidural catheter in your back to help with pain relief.

Pain

You will have some pain for the first few days. Some patients may also feel sick. The nurses can give you painkilling injections and medication to prevent you feeling or getting sick if you need it. Always ask for help before the pain or sickness gets too bad. If the injections do not work let your nurse know as they can be changed.

Your doctor may arrange for you to have patient controlled analgesia (PCA). This is where you have a small infusion pump where you control the amount of painkillers you get. You push a button and the pump sends the painkiller into your bloodstream through a vein.

Eating and drinking

This type of operation slows down the movement of the bowel. As a result, it will take a few days before you can return to normal eating and drinking. You will soon be able to take sips of water again. The amount of fluids you can take will then be increased. Most people can manage a light meal within 2 or 3 days of surgery. As you begin to drink again the drip will be removed.

Getting up and about

A physiotherapist will visit you everyday for the first few days to help you with your exercises. Even when you are in bed you will be encouraged to move your legs and do deep breathing exercises at least once an hour. On the day after surgery the nurses will help you get out of bed and take you for a short walk. These walks will be more often and longer as you get better. Soon you will be able to go for walks on your own.

You may not find it easy to sit down for any length of time at first but that should get better as your wound begins to heal. Most women are ready to go home 8 to 10 days after surgery.

Strenuous activity such as vacuum cleaning or lifting heavy bags of shopping should be avoided for at least 3 months. You will not be able to drive for at least 6 weeks after surgery. Your doctor will discuss this with you in more detail.

Going home

If you live alone or have problems getting around the house, talk to the medical social worker or nurse on your ward as soon as you are admitted to the hospital. This is so he or she can organise the community services that 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 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.

Second-look laparotomy

Sometimes after two or three courses of treatment or at the end of chemotherapy, your doctor may want to look inside your abdomen again. By doing this he or she will find out how well the disease has responded to treatment. This second-look laparotomy does not mean that you should worry that the cancer has returned or got worse. Often it is done to help the doctor decide if further treatment is needed or not. If you do need further treatment, your doctor will explain in detail why you should consider further surgery.
Will surgery affect my sex life and fertility?

After a hysterectomy women often ask if the operation will affect their sex life. To allow the wound to heal properly it is best to wait at least 6 weeks after your operation before having sex again. Many women have no problem resuming a sexual relationship after this time. Others may need more time to come to terms with what has happened.

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. You should not feel guilty or embarrassed to talk to your doctor or nurse about what is troubling you. He or she may refer you for specialist counselling if you feel that would be helpful.

Sometimes there may be a physical reason why a woman is not keen to have sex. For younger women who are still having periods, the removal of the ovaries will bring on an early menopause. See page 25 for more details.

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 a sexual relationship again with your partner.

How will my fertility be affected?

Infertility

After a hysterectomy, younger women often find it hard to accept that they can no longer have children. Indeed infertility may cause feelings of anger or loss of identity. But it is natural to feel this way at this time.

It is important to talk openly to your partner or a friend about these feelings. If you are finding it hard to deal with infertility it may also be helpful to talk to your nurse or doctor. If you cannot deal with any strong emotions you might have, your doctor may arrange for you to speak to a trained counsellor or a specialist. Do seek professional help if infertility is likely to trouble you.

Early menopause

The result of removing the ovaries in younger women is that they will experience an early menopause. This may involve having hot flushes, dry skin, dryness of the vagina, reduced sexual desire, night sweats, mood swings and osteoporosis.

Most of these effects can be prevented or reversed by replacing the hormones that the ovaries normally made. Your doctor may prescribe hormone replacement therapy (HRT) following treatment for ovarian cancer. It can be given in different ways. For example, in tablet form or through an implant device put under your skin, or by a slow release patch worn on your arm or leg.

Dryness of the vagina that makes sex uncomfortable can be eased by using vaginal lubricants, e.g. KY gel. These can be got from your local pharmacy.

Hints & Tips – coping with early menopause

- Dress in layers, so you can cool off easily if you do have a hot flush.
- Avoid caffeine and alcohol.
- During intercourse use a vaginal lubricant that is based on water or mineral oil (e.g. KY gel).
- If sex continues to be painful, discuss alternative treatments.
Chemotherapy is a treatment using drugs that cure or control cancer. These drugs can be used on their own or with each other. This treatment may be given before or after surgery. The drugs used in chemotherapy travel through the bloodstream to almost every part of the body. They are often given in cycles such as once every 3 weeks with a rest period between treatments.

How is chemotherapy given?
Chemotherapy may be given directly into a vein as an injection or through an infusion or drip. It may also be given in tablet form. If your treatment is given by infusion into the vein, you may need to stay overnight in hospital. However, there are some treatments that may be given as a day patient.

When is chemotherapy given?
Sometimes two or three courses of chemotherapy are given before surgery. This happens when the tumour is large and may be stuck to other tissues and organs. The chemotherapy may shrink the tumour and make the operation easier and more effective. Once you have recovered from surgery you may need further chemotherapy.

In some cases, it may not be possible to remove the entire tumour during surgery. Or there may be a risk that some cancer cells have been left behind. This is more likely if the tumour has spread outside the ovary. The cancer may have released cells into the bloodstream or the lymphatic system. These cells can sometimes cause secondary cancers called metastases in other parts of the body.

If the cancer has spread to the liver or beyond the abdomen and/or surgery is not possible for other reasons, chemotherapy is the main treatment used. Even if the cancer comes back after surgery or a course of chemotherapy, it can still be treated. Your doctor will consider your general health and where the cancer has spread. He or she will also take into account the kind of drugs you have had in the past.

Types of drugs used
There are several chemotherapy drugs used to treat ovarian cancer. Two of these drugs are called carboplatin and paclitaxel (Taxol). These drugs are often used together and are given to patients with newly diagnosed ovarian cancer. Cyclophosphamide may be given instead of Taxol. Carboplatin and Taxol can also be used if the cancer comes back after surgery or when chemotherapy already given is no longer working.

These two drugs can be given as a day treatment. Carboplatin and Taxol are given into the vein as an infusion over 3–4 hours. This one-day treatment is repeated every 3 to 4 weeks for about 6 months. The rest period between treatments allows the body time to recover from the side-effects of treatment.

Topotecan is another drug that is sometimes given in ovarian cancer either together with other drugs or on its own. It may be used to treat ovarian cancer which has not responded to other treatment or has come back after surgery. There are also other chemotherapy drugs that can be used to treat ovarian cancer. Talk to your doctor who will explain your treatment options to you. There are new drugs and different ways of treating ovarian cancer being developed all the time. For more information on research and clinical trials, see page 40.
Understanding cancer of the ovary

During treatment cycles you will have blood tests to make sure that you have enough white blood cells. If your white cell count is low, your doctor may ask you to watch out for signs of infection. These signs could include feeling shivery and unwell or running a high temperature of 38°C or higher. If this happens, tell your doctor straight away. He or she will tell you what to do. Some hospitals prefer you to ring them directly. Check this out with your doctor or nurse before you start treatment. If you have a high temperature, you will need to have a blood test taken. Sometimes antibiotics are needed to treat the infection.

You will be more at risk of picking up infections while on treatment. Try to avoid close contact (such as hugging or kissing) with people who have colds or flu or 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 bathroom. Try to avoid crowds. Infection can be a serious complication of chemotherapy. So it needs to be treated as soon as possible. Talk to your doctor or nurse who will give you more information.

**Bruising**

You may notice that you bruise more easily or for no good reason. This is known as purpura. Platelets help to make your blood clot to stop the bleeding if you hurt yourself. If there are not enough platelets in your blood (thrombocytopenia), you may bleed or bruise more easily than usual, even from a minor injury. Let your doctor or nurse know straight away if you are bruising easily or notice tiny red spots under your skin, which can look like a rash (petechiae). He or she will tell you what to do.

**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 too. In most cases the side-effects go away when the treatment ends or soon after. Your doctor or nurse can give you something to stop most side-effects or make them easier to cope with.

**Side-effects usually go away when the treatment ends or soon after.**

Side-effects may include:

- Infection
- Bruising
- Feeling very tired
- Feeling sick or getting sick
- Hair loss (alopecia)
- Sore mouth
- Numbness or pins and needles in the hands and feet
- Not wanting to eat

**Bone marrow**

Chemotherapy can affect the bone marrow which makes white blood cells, red blood cells and platelets. As a result, you may get more infections due to less white blood cells, bruise and bleed more easily due to less platelets, and become tired and weak from less red blood cells.

**Infection**

Chemotherapy can make you more likely to get infections. This happens because most chemotherapy drugs affect the bone marrow, which makes the white blood cells that fight infection. If you do not have enough white blood cells, even minor infections such as a cold or sore throat could make you quite ill.

**If you feel shivery and unwell or have a high temperature of 38°C or higher, contact your hospital doctor straight away.**
Feeling sick or getting sick
Not everyone feels sick or gets sick with chemotherapy. It depends on the drugs being given. If you do, it can happen before, during or after treatment. It may last for several hours. But your doctor or nurse will give you medication to stop you feeling sick. This may be in injection or tablet form. It is important that you take all medication while on treatment.

Hair loss (alopecia)
The amount of hair loss you get will depend 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 ends. You may feel upset at the thought of losing your hair. Talk to your nurse about your feelings. He or she will help you to find ways to cope with hair loss. You can get a wig or hairpiece when this happens or you may prefer to wear a hat, turban or scarf.

If you would like a hairpiece try to organise this before your hair falls out. Your medical social worker or nurse may be able to help you with this. If your hospital does not have a social worker, ask if they have the name of a wig fitter you could go to see. Your local hairdresser may also be able to help. In some cases it is possible to get financial assistance towards the cost of a wig. Ask your medical social worker or nurse for more information about this. For some patients the amount of hair loss is small and a wig may not be needed.

A helpful factsheet called Hair Loss and Cancer is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a copy.

Sore mouth
Some drugs used to treat ovarian cancer may cause a sore mouth. They can also cause little ulcers to appear on the tongue, gums and inside the cheeks of your mouth. Try to keep your teeth, gums and mouth very clean, as this will reduce the risk of getting a mouth infection. Clean your teeth after every meal. Use a soft toothbrush. If you have dentures remove them if your gums are sore. There are special
Radiotherapy and side-effects

This is a treatment where high-energy X-rays are aimed at a cancer to cure or shrink it. Usually the X-rays come from a machine called a linear accelerator. This is known as external radiotherapy. Radiotherapy may be used along with chemotherapy and surgery to treat your cancer. The treatment may be as short as one session or continue for several weeks, depending on the stage of ovarian cancer.

Radiation can be given to the whole abdomen. But it is more usually given to the pelvic area to control or relieve any symptoms you may have. This could include any pain, discomfort or bleeding if the cancer comes back after having been treated.

Planning your treatment

Before radiotherapy your doctors and other specialists plan how to give it to you. They work out how to give you the right amount of radiotherapy with the least damage to normal cells. On your first visit to the radiotherapy department, you may be asked to lie under a simulator that takes X-rays of the area to be treated. Treatment planning is a very important part of radiotherapy and it may take a few visits before your treatment can go ahead.

You may be marked on the skin where you are to be treated. This may be with ink or a permanent tattoo. This way the rays can be aimed at the same area each day. The ink marks are temporary and should not be washed off until treatment is over. Before starting radiotherapy, you will be told how to look after your skin during and after treatment.

To sum up

- Chemotherapy is a treatment using anti-cancer drugs to destroy cancer cells.
- The drugs can be given directly into a vein as an injection or in a drip, or may be given in tablet form.
- Chemotherapy can be given before surgery, after surgery, or even if the cancer comes back after having been treated with chemotherapy already.
- Side-effects to chemotherapy vary between people and depend on the drugs used.
- Side-effects may include infection, bruising, feeling sick or getting sick, hair loss (alopecia), sore mouth, numbness or pins and needles in the hands and feet, feeling very tired and not wanting to eat.

mouthwashes that you can use. Your nurse will show you how to use them properly.

**Numbness or pins and needles in the hands and feet**

Some chemotherapy drugs can cause tingling or burning sensations in your hands and feet. You may also have trouble picking up small objects or buttoning up a shirt or cardigan. This side-effect is almost always temporary and goes away after treatment stops. But do tell your doctor or nurse if this happens, as some changes may need to be made to your treatment.

**Not wanting to eat**

It is best to eat as much you can while on chemotherapy to keep up your strength. Eat smaller amounts more often. If you do not feel like eating during treatment, you could try replacing some meals with special high-calorie drinks. Talk to the hospital dietician. He or she will give you advice on what to eat.

**Other side-effects**

If you have a different side-effect or symptom from those listed above that concerns you, tell your doctor or nurse straight away. He or she will tell you what to do. A helpful booklet called *Understanding Chemotherapy* is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.
Understanding cancer of the ovary

- Tiredness
- Skin changes
- Feeling sick
- Wanting to pass urine more often.

The belly board device helps to prevent or improve side-effects such as diarrhoea and feeling sick.

These side-effects usually last for 4 to 6 weeks after treatment. In some cases, more long-term side-effects can happen but they are very uncommon in ovarian cancer.

Diarrhoea

Passing watery bowel motions more than twice a day is known as diarrhoea. You may also have some cramping and/or abdominal pain. Tell your doctor, as he or she may be able to give you tablets to prevent it. If you have diarrhoea it is important to drink plenty of clear fluids to replace the fluid you are losing. Let your doctor know if the diarrhoea last for longer than 24 hours.

Tiredness

This can build up over the course of your treatment. It may be due to the treatment itself or perhaps you have to travel long distances for treatment. Rest as much as you can. Cut down on the things you normally do while on treatment. 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.

Skin changes

During radiotherapy the skin in the treated area may become red and sore. It may look like sunburn. A special cream can be used to treat this problem. Only use creams recommended to you by the nurses and radiation therapists. If you need to wash the area, use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. Avoid perfumed creams or powders. Check with your radiation therapist or nurse before putting anything on your skin.

Cancer Helpline 1800 200 700

Getting your radiotherapy

Radiotherapy treatment is quite straightforward. You will be asked to come for treatment every day during the week with a rest at weekends. Your treatment can go on for several weeks. Each treatment session only lasts a few minutes. It will not cause you any pain during treatment but you will be asked to lie still. How much you need will depend on the type and size of the tumour. Your doctors will discuss this with you.

Each time you go for treatment you will go into a radiotherapy room. The radiation therapist will ask you to lie or sit in a certain position under the machine. To make sure less radiation reaches your small bowel and so reduce any side-effects, a special piece of equipment called a belly board will be fitted to you.

When you are ready the radiation therapist will leave the room. The machine will then be turned on and your treatment given. Even though you are on your own in the room, your radiation therapist will be able to see you all the time through a closed circuit camera. You can talk through an intercom to the radiography staff if you need to.

External radiotherapy does not make you radioactive. It is perfectly safe for you to meet and mix with family and friends.

Will I have any side-effects?

Radiotherapy is given directly to the area where the cancer is found. As a result, the side-effects that occur are related to the part of the body being treated. How severe these side-effects are will vary from person to person and depend on the amount of treatment received.

When the pelvic area is being treated, the most common side-effects are:

- Diarrhoea
Feeling sick
Your doctor can give you tablets to help prevent you feeling sick. Take these 1 hour before treatment. It can help to eat small amounts often. Drink plenty of clear fluids such as water or fruit juice.

Passing urine more often
During radiotherapy for ovarian cancer the bladder may be irritated. This may result in you passing urine more often. Sometimes a trace of blood may be in the urine. If this occurs, discuss it with your doctor.

Other side-effects
These or any other effects you develop will be watched very carefully during the radiation treatments. Information will be given on how to prevent side-effects and medication will be prescribed if needed.

All these side-effects should go away when treatment is over, but do let your doctor know if they continue. A helpful booklet called Understanding Radiotherapy is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

To sum up
- Radiotherapy is a treatment using high-energy X-rays or radiation.
- The X-rays are aimed at the cancer to cure or shrink it.
- There is a lot of preparation before the actual treatment is given.
- Radiotherapy is painless and only takes a few minutes.
- The treatment may be as short as one session or continue for several weeks, depending on the cancer.
- Side-effects to radiotherapy depend on the area being treated. They include diarrhoea, tiredness, skin changes, feeling sick, and wanting to pass urine more often.

Relief of symptoms
Sometimes when you have cancer it can be very hard to tell if the symptoms you are having 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, let your doctor or nurse know. He or she can give you treatment that should help. It is possible that there are things that can be done to make life easier.

Fatigue
Fatigue is often nature’s way of telling us to slow down and take some rest. With cancer, fatigue is a common symptom and is often described as an overwhelming tiredness. You may find it hard to concentrate or make decisions. The reason for this fatigue can be hard to identify at first. It may be caused by worry when a diagnosis of cancer is made and the added stress caused by treatment.

Even though you may find it hard to identify the reasons for your tiredness, there is action you can take 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 about what side-effects you can expect.

If you are feeling very worried and find it hard to sleep at night, tell your doctor or nurse. He or she may be able to help. Try talking to your close family or 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.

Get some regular exercise
If your illness allows you to take part in physical exercise, do some on a regular basis. 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 the 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.
Follow-up

No matter what type of cancer treatment you get, you will need to come back for regular follow-ups once it is over. At first these visits to the doctor will be quite often. Follow-ups may include seeing your doctor and having some tests such as blood tests and scans. Every 3 months you will need a pelvic and rectal exam by the gynaecologist.

These visits will continue for a number of years but will grow less over time.

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.

Tips & Hints – fatigue

- Stop before you get overtired.
- 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 around the house, 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.
- Sit down when getting dressed or doing household jobs such as ironing, etc.
- 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: gentle exercise, relaxation tapes, etc.
- Avoid stimulants before bedtime, such as alcohol, coffee, tea, coke or chocolate.
Cancer and complementary therapies

There is great interest today in complementary and alternative treatments for cancer. 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.

**Conventional therapies**

Conventional therapies are treatments which doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy and hormone treatments. 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 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.

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Research – what is a clinical trial?

Research into new ways of treating cancer goes on all the time. Doctors can only find new and better ways of treating cancer by using new drugs or new combinations of drugs that are already in use. Many patients with cancer 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 it might be useful in treating cancer, 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 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.

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.
Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have cancer. Reactions can 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.

Some of the more 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 called Understanding the Emotional Effects of Cancer 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 your 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 don’t 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 and that people with 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 recurs. Living
with this uncertainty can make you feel anxious and fearful. You may
not wish to make any plans or decisions. Discuss your concerns with
your doctor, who will give you advice and help. 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 to make 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 help you feel more in control of your illness too.

Sorrow and sadness
‘I used to be so healthy.’ ‘I had so many plans.’ ‘I’ve left 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 that arise from 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 absurd, it is a valid way of coping. As a
result, people may not wish to mention or discuss their illness. Or
else they may talk as if their 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.
Blame and guilt

‘I should have watched my diet.’ ‘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 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.’

There is no doubt 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 are able to 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 too 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 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?

Families and friends can support people through their cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what their loved one can expect and what they are going through. Others may prefer to help 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 friend or relative 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 still you might 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 feelings too.

Don’t withdraw because you’re afraid of what might happen to your relative or friend in the future.

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 not think you are doing much by just listening. In fact, it is one of the best ways to help.

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 and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

Your friend or relative may sometimes get cross or irritable. These feelings are completely normal.
How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either large or small. Even so, it is best to keep family life going as much 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 changes in their lives.

Every family deals with cancer in a different 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 the children 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 left in the dark.

It is best that you, the parent, 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 what to expect from the side-effects of treatments and to answer their questions simply and honestly. 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, 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. Also, 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 a Parent with Cancer gives practical advice for talking to children about cancer. If you would like a 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

Cancer Helpline 1800 200 700
including using 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 to adjust to your new routine but keep an open mind. 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 yourself 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. 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.

- **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. Sometimes spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation can help you focus on what has value and meaning in your life. Even if you don’t consider yourself a religious or spiritual person, it is still possible to get support from any belief system that has importance for you. 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
- Oncology liaison nurses
- Cancer nurse co-ordinators
- Psycho-oncology services
- Community welfare officer and community health services
- Support groups
- Helpline nurses.

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.

In some larger hospitals there are special units that provide psycho-oncology services. This means that psychological care and support is given to patients with cancer during diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists, nurses and medical and surgical doctors working closely together.

When you go home there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live in an area which is remote or far from the hospital where you have been treated, your community welfare officer can also help with practical issues such as financial worries, etc. All these people in community health services
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. They can give you practical advice about living with cancer. You may find it easier to share your thoughts and feelings with someone who has a similar experience than with anyone else. There are a range of support groups that will 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.

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of what this involves are given in the following pages. 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 €60 a night charge up to a limit of €600 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 €60. 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 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, 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. It covers the applicant only and not their dependants.

For most people, to qualify for a medical card depends on a means test. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office, i.e. the former health board. If your means are over 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. 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 new type of medical card. The ‘GP visit card’ was introduced in 2005. It 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 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 dependant children pay a limit 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 HSE office. You can also register for this scheme by filling in a registration form at your pharmacy.
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, VIVAS Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

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 7 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 1 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 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. 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, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211, Ext. 8940 or Dublin (01) 704 3000, Ext. 8940.

Carer’s benefit
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 8 weeks before you intend to leave employment so that your eligibility can be assessed prior to leaving your employment.

More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211, Ext. 8787 / Dublin (01) 704 3000, Ext. 8787.
Appliances
For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.

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, 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 medical 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

If you have queries about health and social services, contact the HSE office in your area. In 2005 the functions of the health boards were transferred to the Health Service Executive (HSE). HSE National Information Line: 1850 241 850. Email: info@hse.ie Website: www.hse.ie

HSE Eastern Region
[formerly Eastern Regional Health Authority]
Customer Services Department
Dr Steeven's Hospital
Dublin 8
Tel: 01 635 2400
or Freefone 1800 520 520
Email: customerservices@erha.ie
Website: www.erha.ie

HSE Midland Area
[formerly Midland Health Board]
Head Office
Arden Road, Tullamore
Co Offaly
Tel: 057 932 1868
Fax: 057 935 1760
Website: www.mhb.ie

HSE Mid-Western Area
[formerly Mid-Western Health Board]
Head Office
31-33 Catherine Street
Limerick
Tel: 061 483 286
Fax: 061 483 350
Website: www.mwhb.ie

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

HSE North Western Area
[formerly North Western Health Board]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400
or 1850 636 313
Fax: 071 9820 431
Website: www.nwhb.ie

HSE Southern Area
[formerly Southern Health Board]
Head Office
Wilton Road
Cork
Tel: 021 4545 011
Website: www.shb.ie

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

Cancer Information Service (CIS)

The Society also provides a Cancer Information Service with a wide range of services: the National Cancer Helpline is a freephone 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 such as prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put patients in contact with the various support groups that are available. The helpline 1800 200 700 operates Monday to Thursday from 9 am to 7 pm, and every Friday from 9 am to 5 pm. A Prostate Cancer Information Service 1800 380 380 also operates at the same time.

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. CancerForum is a bulletin board on our website (www.irishcancer.ie) that gives the public the chance to post their comments. The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.
Counselling
Coping with a cancer diagnosis can be very stressful at times. 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 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.

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. One that may be of interest to you is the Colostomy Care Group. This was set up to provide advice, support and encouragement to anyone who may need a colostomy or already has one. This confidential service is run by trained volunteers who themselves have a colostomy.

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. If you would like to request this kind of help contact your oncology or medical social worker at the hospital where you have been treated. He/she should then make the request in writing to the Irish Cancer Society.

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

Useful organisations

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<tr>
<th>Organisation</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
<th>Website</th>
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<tbody>
<tr>
<td>Irish Cancer Society</td>
<td>43/45 Northumberland Road Dublin 4</td>
<td>Tel: 01 231 0500 Fax: 01 231 0555 National Cancer Helpline 1800 200 700 Action Breast Cancer (ABC) 1800 30 90 40 Email: <a href="mailto:helpline@irishcancer.ie">helpline@irishcancer.ie</a> Website: <a href="http://www.cancer.ie">www.cancer.ie</a></td>
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<tr>
<td>Comhairle (formerly National Social Services Board)</td>
<td>7th Floor Hume House Ballsbridge Dublin 4 Tel: 01 605 9000 Email: <a href="mailto:comhairle@comhairle.ie">comhairle@comhairle.ie</a></td>
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<tr>
<td>Dept of Social and Family Affairs – Information Service</td>
<td>Áras Mhích Dhíarmada Store Street Dublin 1 Tel: 01 874 8444 Email: <a href="mailto:info@welfare.ie">info@welfare.ie</a> Website: <a href="http://www.welfare.ie">www.welfare.ie</a></td>
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<tr>
<td>European Institute of Women’s Health</td>
<td>9 Herbert Place Dublin 2 Tel: 01 676 6740 Email: <a href="mailto:info@eurohealth.ie">info@eurohealth.ie</a> Website: <a href="http://www.eurohealth.ie">www.eurohealth.ie</a></td>
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<tr>
<td>Health Promotion Unit</td>
<td>Dept of Health and Children Hawkins House Hawkins Street Dublin 2 Tel: 01 635 4000 Website: <a href="http://www.healthpromotion.ie">www.healthpromotion.ie</a></td>
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<tr>
<td>Irish Patients Association</td>
<td>Unit 1, 21 Church Road Ballybrack Co Dublin Tel: 01 272 2552 Out of Hours Emergency No. 087 6529448 Email: <a href="mailto:info@irishpatients.ie">info@irishpatients.ie</a> Website: <a href="http://www.irishpatients.ie">www.irishpatients.ie</a></td>
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<tr>
<td>Stoma Clinic</td>
<td>Baggot Street Community Hospital 18 Upper Baggot Street Dublin 4 Tel: 01 660 8904</td>
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<tr>
<td>Health insurers</td>
<td>BUPA Ireland Mill Island Fermoy Co Cork Local: 1890 70 08 90 Fax: 025 42122 Email: <a href="mailto:choices@bupa.ie">choices@bupa.ie</a> Website: <a href="http://www.bupa.ie">www.bupa.ie</a></td>
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<tr>
<td>VIVAS Health</td>
<td>Paramount Court Corrig Road Sandyford Dublin 18 Tel: 1850 717 717 Email: <a href="mailto:support@vivashealth.ie">support@vivashealth.ie</a> Website: <a href="http://www.vivashealth.ie">www.vivashealth.ie</a></td>
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<tr>
<td>Voluntary Health Insurance (VHI)</td>
<td>VHI House Lower Abbey Street Dublin 1 Tel: 01 872 4499 Email: <a href="mailto:info@vhi.ie">info@vhi.ie</a> Website: <a href="http://www.vhi.ie">www.vhi.ie</a></td>
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Support groups & support centres

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

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

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 482615
Website: www.mwhb.ie/cancercentre

Colostomy and Ileostomy Care Group
c/o The Irish Cancer Society
43/45 Northumberland Road
Dublin 4
National Cancer Helpline
1800 200 700
Email: support@irishcancer.ie

Cork ARC Cancer Support House
Cliffdale
5 O’Donovan Rossa Road
Cork
Tel: 021 434 6688
Email: karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

The Cuisle Centre Cancer Support Group
2 Park Villas
Harper’s Lane
Mountmellick Road
Portlaoise
Co Laois
Tel: 0502 81492
Email: cuislecentre@eircom.net

Dóchas – Offaly Cancer Support
12 Henry Street
Tullamore
Co Offaly
Tel: 0506 28268
Email: dochasoffaly@hotmail.com

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

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

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

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weafer Street
Enniscorthy
Co Wexford
Tel: 054 923 8555

Ileostomy, Colostomy and Internal Pouch Support Group
Kilgragogue
Kilkiloon
Co Meath
Tel: 01 628 5462

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Callsave 1850 719719
Email: info@larcc.ie
Website: www.larcc.ie

Lios Aoiibhinn 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
Freefone 1800 200 700
Email: support@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

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

South East Cancer Foundation
7 Sealy Close
Earlscourt
Waterford
Tel: 051 876629
Fax: 051 876718
Email: infosecf@eircom.net

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

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

CancerLink UK
Macmillan Cancer Relief
89 Albert Embankment
London SE1 7UQ
Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk

Cancer Research UK
Website: www.cancerhelp.org.uk

Hysterectomy Support Network
c/o Women’s Health Information Centre
52 Featherstone Street
London EC1Y 8RT
Tel: 0044 7251 6580

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

Memorial Sloan-Kettering Cancer Center (US)
Website: www.mskcc.org

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

Ovacome
St Bartholomew’s Hospital
West Smithfield
London EC1A 7BE
Tel: +44 7071 78161
Email: ovacome@dial.pipex.com
Website: www.ovacome.org.uk

Royal Marsden Hospital Foundation
NHS Trust
Website: www.royalmarsden.org

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

University of Pennsylvania Cancer Center
Website: www.oncolink.com

Wessex Cancer Trust (UK)
Website: www.wessexcancer.org

Helpful books

Free booklets from the Irish Cancer Society:

- Understanding Chemotherapy
- Understanding Radiotherapy
- 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 a Parent with Cancer

Cancer at Your Fingertips (2nd edn)
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
Michael O’Mara Books Ltd, 2003
ISBN 1-85479-860-X

Cancer: What Every Patient Needs to Know
Jeffrey Tobias
Bloomsbury, 1999
ISBN 0-74754-565-0

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

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

The Key Model – A New Strategy for Cancer Recovery
Dr Sean Collins & Rhoda Draper
Ardagh Clinic, 2004

44½ Choices You Can Make If You Have Cancer
Sheila Dainow, Jo Wright & Vicki Golding
Newleaf, 2001
ISBN 0-71713-222-6

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

For children

Why Mum? A Small Child with a Big Problem
Catherine Thornton
Veritas, 2005
ISBN 1-85390-891-6
Frequently asked questions

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

- What tests do I need?
- What type of ovarian cancer do I have? Where exactly is it?
- Will you know what treatment I need after you have the test results?
- How long will it take to do all the tests?
- What type of treatment do I need? Why is this one better for me?
- How successful is this treatment for my cancer?
- Are there other treatment options?
- What side-effects or after-effects will I get?
- 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?
- Should I eat special foods?
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Debra McKnight, Cancer Nurse Co-ordinator
Elaine Purcell, Medical Social Worker

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. After reading this booklet or at any time in the future, if you feel you would like more information or someone to talk to, please phone our 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.

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