About this booklet

This booklet is about the most common type of stomach cancer called adenocarcinoma of the stomach. This information is for people who are having tests for stomach cancer and for people who have been diagnosed with stomach cancer. It also has information for family and friends.

We hope it answers some of your questions about diagnosis and treatment, and helps you deal with some of the feelings you may have. We can’t advise you on the best treatment for you. This information can only come from your own doctor, who knows your full medical history.

If you find this booklet helpful, you could give it to your family and friends. They may also want information to help them support you.

How to use this booklet

The booklet is split into sections to help you find what you need. You don’t have to read it from start to finish. You can always come back to it when you feel ready. You may also like to make notes on page 109 and think of questions to ask your doctor or nurse.

We’ve included quotes from people who have had stomach cancer, which you may find helpful. Quotes are from the Macmillan Online Community (macmillan.org.uk/community).
We also have an online community called The Source – visit source.macmillan.org.uk It has comments and advice from people who have been affected by cancer. It also has information for family and friends to help them know what to say or do when someone they care about has cancer.

On pages 105–108 there are some contact details of other useful organisations.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on 0808 808 00 00, Monday to Friday, 9am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use. If you are deaf or hard of hearing, call us using NGT (Text Relay) on 18001 0808 808 00 00, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these visit macmillan.org.uk/otherformats or call 0808 808 00 00.
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# About Stomach Cancer

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Understanding stomach cancer

The stomach

The stomach is a stretchy muscular bag, which stores food and helps to break it down (digestion). It is in the upper left-hand side of the tummy area (abdomen). An adult’s stomach is about 10 inches (25 centimetres) long but can expand to hold about a litre of food.

The upper part of the stomach joins to the gullet (oesophagus). The lower part of the stomach joins to the first part of the small bowel (the duodenum). The pancreas, gall bladder and liver are close to the stomach. They produce juices and enzymes (chemicals) that help us digest food.

After food is chewed and swallowed, it passes down the gullet into the stomach. The stomach churns up food and mixes it with acid and enzymes. This breaks the food down into much smaller pieces. This is so our bodies can absorb the nutrients we need to give us energy and keep us healthy.

Semi-solid food then passes from the stomach into the small bowel. Enzymes from the stomach and pancreas help the small bowel absorb important substances from food, such as vitamin B12, iron and calcium.
The position of the stomach

- Gullet (oesophagus)
- Spleen
- Stomach
- Pancreas
- Small bowel
- Large bowel (colon)
- Back passage (rectum)
- Liver
- Gall bladder
- Duodenum
The stomach wall

The wall of the stomach has four layers. The innermost layer is the mucosa (stomach lining). It contains glands that produce enzymes and acid used in digestion. It also protects the stomach lining from the acid. The next layer is called the submucosa. It is followed by a layer of muscle called the muscularis. The outer layer of the stomach is a strong membrane called the serosa.

Layers of the stomach wall
What is cancer?

Cancer starts in our cells. Cells are tiny building blocks that make up the organs and tissues of our body. Usually, these cells divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. When a cell is no longer needed or can’t be repaired, it gets a signal to stop working and die. Cells receive signals from the body telling them when to divide and grow and when to stop growing.

Sometimes, this goes wrong and the cell becomes abnormal. The abnormal cell keeps dividing and making more and more abnormal cells. These cells form a lump, which is called a tumour.

Normal cells

Cells forming a tumour
Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

A lump that is not cancerous (benign) cannot spread to anywhere else in the body. A lump that is cancer (malignant) can spread elsewhere in the body.

A lump that is cancer can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system. When this happens, the cancer that develops in another part of the body is called a secondary cancer or metastasis.
The lymphatic system

The lymphatic system is part of the immune system – the body’s defence against infection and disease. It’s made up of different organs including the spleen and lymph nodes (glands). There are lymph nodes throughout the body and they are connected by a network of tiny lymphatic tubes (ducts).

The lymphatic system has two roles:

• it helps protect the body from infection
• it drains fluid from the tissues.

Stomach cancer can sometimes spread to the lymph nodes close to the stomach. If you have surgery to remove stomach cancer, your surgeon will usually remove some lymph nodes as well.

The stomach and surrounding lymph nodes
About stomach cancer

Types of stomach cancer

About 7,000 people are diagnosed with stomach cancer in the UK each year. This information is about the most common type of stomach cancer called adenocarcinoma. 95% of stomach cancers are adenocarcinoma. It starts in the glandular cells of the stomach lining (see page 8).

Less common cancers that can start in the stomach include:

• soft tissue sarcomas, including gastrointestinal stromal tumours (GISTs)
• lymphomas, such as mucosa-associated lymphoid tissue (MALT) lymphomas
• neuroendocrine or carcinoid tumours.

The tests and treatments for these cancers are different from those for adenocarcinoma. We can send you more information about these cancer types – call us for free on 0808 808 00 00.
Causes and risk factors

The exact cause of stomach cancer isn’t known. But certain things called risk factors can increase the chance of developing stomach cancer. Having a risk factor doesn’t mean that someone will get cancer.

**Gender**

Stomach cancer is more common in men than in women. Men have more than double the risk.

**Age**

The risk increases as we get older – over half of people (51%) who develop stomach cancer are 75 or older.

**Helicobacter pylori (H. pylori) infection**

This is a common stomach infection that causes inflammation of the stomach lining. Over a long time, it can increase the risk of a cancer developing.

**Smoking**

Smoking increases the risk of stomach cancer. The longer a person smokes for and the more cigarettes they smoke, the greater the risk. The risk reduces when people stop smoking.
Diet

A diet low in fresh fruit and vegetables or high in salt can increase the risk of stomach cancer. Eating a lot of processed meats and foods that are smoked or pickled can also increase risk.

The number of people in the UK who develop stomach cancer is decreasing, probably because refrigeration means we eat more fresh foods.

Being overweight

People who are very overweight have an increased risk of cancer in the area where the stomach joins with the gullet (oesophagus). This area is called the gastro-oesophageal junction (GOJ).

Stomach conditions

Acid reflux
Sometimes acid from the stomach can flow back up into the gullet, causing indigestion and heartburn. Many people have this condition without it causing cancer. But people with severe acid reflux over a long time may have an increased risk of stomach cancer.

Changes to the stomach lining
Conditions such as atrophic gastritis and pernicious anaemia cause changes to the stomach lining and can increase risk.
Stomach surgery for another condition (such as an ulcer)
Removing part of the stomach reduces stomach acid. This means you have less protection from bacteria and can increase the risk of stomach cancer.

Family history
People who have a brother, sister or parent with stomach cancer may have a higher than average risk. This may be because close family members share some risk factors for stomach cancer such as eating a similar diet or having H. pylori infection. But shared genes may also have an effect.

Genes
In a very small number of families, an inherited cancer gene increases the risk of stomach cancer. In families with an inherited cancer gene, there may be two or more people on the same side of the family with stomach cancer or related cancers (such as bowel or womb cancer). If someone has an inherited cancer gene, they are also more likely to develop stomach cancer at a younger age (under 50).

Stomach cancer is not infectious and can’t be passed from one person to another.

We have more information about family history and genes in our booklet Cancer genetics – how cancer sometimes runs in families. Order a free copy by calling us on 0808 808 00 00.
Symptoms of stomach cancer

The early symptoms of stomach cancer are similar to the symptoms of some common stomach conditions. They include:

- heartburn or indigestion that doesn’t go away
- burping a lot
- having no appetite
- feeling full after eating only a small amount
- losing weight.

Other possible symptoms are:

- pain or swelling in the upper tummy area
- feeling or being sick
- having difficulty swallowing
- blood in your stools (bowel motions) or black stools
- feeling tired or breathless (due to anaemia, which is a reduced number of red blood cells).

These symptoms can be due to other conditions. But it’s important to get them checked. Your doctor can arrange tests if necessary. If you are over 55 and suddenly develop indigestion that doesn’t go away, you should always have an endoscopy (see pages 21–22).
DIAGNOSING STOMACH CANCER

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Staging and grading  26
How stomach cancer is diagnosed

Usually, you begin by seeing your GP (family doctor). Sometimes, people are diagnosed with stomach cancer after being admitted to hospital with a symptom that is making them unwell.

At your appointment, the GP will talk to you about any symptoms you have, examine you and arrange any tests that you need. If they think your symptoms may be serious, they will arrange immediate tests or an urgent referral to a specialist doctor at the hospital.

At the hospital, you will usually see a doctor called a gastroenterologist. They specialise in treating stomach and digestive problems. The doctor will ask you about your symptoms and your general health before examining you. You may also see a surgeon or a gastrointestinal nurse specialist.

Your doctor will arrange for you to have a test called an endoscopy (see page opposite) to look at the inside of your stomach.

You’ll have blood tests to check your general health and to find out if you’re anaemic (low amount of red blood cells).

Some people may also have a test called a barium meal. For this, you are asked to drink a liquid called barium, which helps to show the stomach more clearly on an x-ray.
Endoscopy (or gastroscopy)

An endoscopy, also called a gastroscopy, is the most common test used to diagnose stomach cancer. An endoscope is a thin, flexible tube with a tiny light and video camera at the end, which sends pictures to a screen. The doctor or nurse who does the test is called an endoscopist. They will use the endoscope to look at your gullet (oesophagus), the inside of your stomach and the beginning of your small bowel.
You can have an endoscopy as an outpatient, so you can go home the same day. It usually takes about 10 minutes and although it can be uncomfortable, it’s not painful. You’ll be asked not to eat or drink anything for several hours before the test. You’ll be given instructions about any medicines you’re taking.

The nurse or doctor may give you a sedative to relax you and make you drowsy. This is given as an injection into a vein in your arm. Sometimes they spray a local anaesthetic on to the back of your throat.

To have the endoscopy, you lie on your side on a couch. The endoscopist will then gently pass the endoscope down your gullet and into your stomach. They may put some air down it to inflate your stomach and make it easier to see everything. After the test is done, they will gently remove the endoscope.

If you had a sedative, the effects should only last a few hours. But you’ll need someone to drive or travel home with you. If you only had the anaesthetic spray, you’ll need to wait until the numbness wears off before you eat or drink.

Some people have a sore throat after their endoscopy. This is normal and it should get better after a few days.

**Biopsy**

During the endoscopy, the endoscopist can remove small samples of tissue from any areas that look abnormal. This is called a biopsy. A doctor called a pathologist will examine the tissue under a microscope to see if there are any cancer cells.
Further tests for stomach cancer

If the biopsy results from your endoscopy show there are cancer cells, your doctor will arrange more tests. These are to find out whether the cancer has spread outside the stomach.

Endoscopic ultrasound

This is like an endoscopy but the tip of the endoscope has an ultrasound probe on it. This uses sound waves to produce an image of the stomach and surrounding area on a screen. This scan helps to show if the cancer has spread into the stomach wall, the lymph nodes or into nearby tissue. The ultrasound also helps guide the doctor to the area of the stomach that they want to take biopsies from.

CT (computerised tomography) scan

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. It may be used to identify the exact site of the tumour, or to check for any spread of the cancer. The scan takes 10 to 30 minutes and is painless. You will probably be able to go home afterwards. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You’ll be asked not to eat or drink for at least four hours before the scan.
Understanding stomach cancer

You may be given a drink or injection of a dye, which allows particular areas of the body to be seen more clearly on the x-rays. The injection may make you feel hot all over for a few minutes. It’s important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

CT scans can also be used to guide a biopsy. You may need to stay overnight in hospital to have a biopsy.

**PET/CT scan**

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture and a positron emission tomography (PET) scan. A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body. PET/CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. You can’t eat for six hours before the scan, although you may be able to drink.

A mildly radioactive substance is injected into a vein, usually in your arm. The radiation dose used is very small. The scan is done after at least an hour’s wait. It usually takes 30 to 90 minutes. You should be able to go home after the scan.
**Laparoscopy**

This test involves a small operation and is done under a general anaesthetic. You may need to stay in hospital overnight.

The surgeon makes a cut about 2cm long in the skin and muscle near the tummy button. They then carefully insert a thin tube with a tiny video camera on the end (laparoscope) into your tummy (abdomen). The surgeon uses the laparoscope to look at the outside of your stomach and the organs nearby. Sometimes, they make more cuts to look at the stomach from different angles. They may also take biopsies to check for cancer cells.

During the operation, the surgeon may put gas into your abdomen to make it easier for them to see. This can cause uncomfortable wind or shoulder pain afterwards. It goes away in a day or two. Walking about and taking sips of peppermint water can help to relieve the wind.

You should be able to get up as soon as the effects of the anaesthetic have worn off. You will have one or two stitches in your tummy where the cuts were made.

**Waiting for results**

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.
Staging and grading

The stage of a cancer describes how far the cancer has grown from where it started, and whether it has spread anywhere else. Knowing the stage is important. It affects the decisions you and your doctors make about the treatment you have. It’s only possible to tell the exact stage of stomach cancer after an operation to remove it. You may find the illustrations on pages 8 and 11 useful when reading this information.

There are two staging systems:

**TNM staging system**

The most commonly used staging system for stomach cancer is the TNM staging system.

- **T** refers to the size and spread of the tumour:
  - T1 – the tumour has grown into the inner wall (mucosa or submucosa) of the stomach
  - T2 – the tumour has grown into the muscle layer of the stomach
  - T3 – the tumour has grown into the outer lining of the stomach
  - T4 – the tumour has grown through the outer lining of the stomach.

- **N** refers to whether nearby lymph nodes have cancer cells in them:
  - N0 – no lymph nodes contain cancer cells
  - N1 – cancer cells are in one to two nearby lymph nodes
  - N2 – cancer cells are in three to six nearby lymph nodes
  - N3 – cancer cells are in seven or more nearby lymph nodes.
M refers to whether the cancer has spread to other parts of the body (secondary or metastatic cancer):

- M0 – the cancer has not spread
- M1 – the cancer has spread to other parts of the body.

**Number staging system**

This is a different staging system that has just four stages. These can be described as follows:

**Stage 1**
The cancer is in the lining of the stomach (mucosa) and may have reached the muscle layer. Between zero to three lymph nodes may be involved.

**Stage 2**
The cancer is contained within the stomach wall and up to six lymph nodes are involved, or the cancer has grown through the stomach wall but no lymph nodes or other organs are involved.

Doctors sometimes call stages 1 and 2 *early stomach cancer.*

**Stage 3**
The cancer is contained within the stomach wall and more than six lymph nodes are involved. Or the cancer has grown through the stomach wall and up to six lymph nodes are involved.

Doctors call stage 3 *locally advanced stomach cancer.*

**Stage 4**
The cancer has spread outside the stomach to other parts of the body, such as the lungs, liver or the bones.

Doctors usually call stage 4 *advanced* or *metastatic stomach cancer.*
**An overview of staging stomach cancer**

<table>
<thead>
<tr>
<th>Number/TNM stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td></td>
</tr>
<tr>
<td>T1, N0, M0</td>
<td>The cancer is in the lining of the stomach (see page 8).</td>
</tr>
<tr>
<td>T1, N1, M0</td>
<td>The cancer is in the lining of the stomach and has spread to one to two lymph nodes.</td>
</tr>
<tr>
<td><strong>Stage 2</strong></td>
<td></td>
</tr>
<tr>
<td>T1, N2, M0</td>
<td>The cancer is in the stomach lining (mucosa) and has spread to three or more lymph nodes.</td>
</tr>
<tr>
<td>T2, N1, M0 or T2, N2, M0</td>
<td>The cancer has grown into the muscle layer and spread into one to six lymph nodes.</td>
</tr>
<tr>
<td>T3, N1, M0</td>
<td>The cancer has reached the outer stomach layer and is in one to two lymph nodes.</td>
</tr>
<tr>
<td>T4, N0, M0</td>
<td>The cancer has grown through the stomach wall but hasn’t grown into nearby tissues or spread to the lymph nodes.</td>
</tr>
</tbody>
</table>
## Number/TNM stage

<table>
<thead>
<tr>
<th>Stage 3</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2, N3, M0</td>
<td>The cancer has grown into the muscle layer and has spread into seven or more lymph nodes.</td>
</tr>
<tr>
<td>T3, N2, M0 or T3, N3, M0</td>
<td>The cancer has reached the outer stomach layer (serosa) and has spread into three or more lymph nodes.</td>
</tr>
<tr>
<td>T4, N1, M0 or T4, N2, M0</td>
<td>The cancer has grown through the stomach wall and spread into lymph nodes and/or into nearby tissues.</td>
</tr>
</tbody>
</table>

## Stage 4

| any T, any N, M1 | The cancer has spread outside the stomach to other parts of the body. |
Grading

Grading is about how the cancer cells look under the microscope compared with normal cells. The grade helps your doctor to decide if you need further treatment after surgery.

Grade 1 or low-grade or well-differentiated
The cancer cells look similar to normal cells and usually grow slowly and are less likely to spread.

Grade 2 or moderate- or intermediate-grade
The cancer cells look more abnormal and are slightly faster growing.

Grade 3 or high-grade or poorly differentiated
The cancer cells look very different from normal cells and may grow more quickly.

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you and your health is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country. You can find more information at macmillan.org.uk/cancerregistry
TREATING STOMACH CANCER

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Treatment overview

The main treatments for stomach cancer are surgery and chemotherapy. Sometimes, radiotherapy or targeted therapy treatments are used. Treatments can be used alone or in combination with each other. The treatment you have will depend on the stage of the cancer (see pages 26–29), your general health and your personal choices.

You may have surgery to try to cure the cancer or to control it for as long as possible. This is a major operation, so you need to be physically well enough to have it. The operation involves removing part or all of the stomach and nearby lymph nodes.

If the cancer has spread to other tissue or organs nearby, the surgeon may remove part of these too to make sure all the cancer is removed. This type of surgery is less common.

Sometimes, surgery (see pages 40–47) is used to relieve the symptoms of the cancer, for example if it is causing a blockage (obstruction).

Chemotherapy (see pages 62–71) is another important treatment for stomach cancer. Many people have chemotherapy with surgery to cure the cancer. Doctors often give chemotherapy before and after surgery to reduce the risk of the cancer coming back. It can also be given on its own when an operation isn’t possible.

Occasionally, radiotherapy is given with chemotherapy (chemoradiation). Doctors can also give radiotherapy to relieve symptoms if the cancer is advanced. See page 72 for more information about this treatment.
Sometimes, a **targeted therapy** drug (see page 73) called trastuzumab (Herceptin®) is given with chemotherapy to treat stomach cancer that has spread. This isn’t suitable for everyone.

If the cancer has spread and you decide not to have chemotherapy, your doctors will give you treatment to control your symptoms. You’ll usually see doctors or nurses who specialise in **symptom control** (palliative or supportive care).

You can see a symptom control specialist at any time during treatment if there is any problem with symptoms.

**The benefits and disadvantages of treatment**

Treatment can be given for different reasons and the benefits or disadvantages will depend on your individual situation. Many people are frightened by the idea of having cancer treatments, because they are worried about side effects. However, these can usually be controlled with medicines.

Your cancer doctor or surgeon will explain the benefits and disadvantages of the treatments and how successful they are likely to be for you.

If the cancer is very advanced and has spread to other parts of the body such as the lungs or bones, treatment can only control it for some time. It may also help to reduce symptoms and extend or improve the quality of your life. However, for some people in this situation, the treatment will have no effect on the cancer and they will get the side effects without any of the benefit.
If you’ve been offered treatment that aims to cure the cancer, it may be easy to agree to it. But if a cure is not possible and the aim of treatment is to control the cancer for a while, it may be more difficult to decide whether to go ahead. Making decisions about treatment in these circumstances is always difficult, and you may need to discuss it with your doctor or nurse. If you choose not to have treatment, you can still be given supportive (palliative) care to control symptoms.
Your multidisciplinary team

In most hospitals, treatment is planned by a multidisciplinary team (MDT). This team of specialists will meet to talk about the treatment they feel is best for your situation. After the MDT meeting, your specialist doctor or nurse will talk to you about your treatment options. You and your doctor can then decide together on the best treatment for you.

The MDT will include:

• a surgeon who specialises in stomach and other gastrointestinal cancers
• a medical oncologist (chemotherapy and targeted therapies specialist)
• a clinical oncologist (chemotherapy, radiotherapy and targeted therapies specialist)
• a specialist nurse who gives information and support
• a dietitian who gives you advice about your diet
• a radiologist who analyses x-rays and scans
• a pathologist who advises on the type and extent of the cancer
• a palliative care doctor or a nurse who specialises in symptom control.

It may also include other healthcare professionals, such as a physiotherapist, an occupational therapist (OT), a social worker, a psychologist or a counsellor.
Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information.

If you do go for a second opinion, it may be a good idea to take a relative or friend with you. You may also find it helpful to have a list of questions ready so that you can make sure your concerns are covered during the discussion.

Giving consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

• the type and extent of the treatment
• its advantages and disadvantages
• any significant risks or side effects
• any other treatments that may be available.
If you don’t understand what you’ve been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it’s not unusual to need repeated explanations. It’s a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it’s important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can’t make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you don’t have it. It’s essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don’t have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.
Surgery for stomach cancer

Surgery is an important treatment, especially for early stomach cancer. It should only be carried out by specialist surgeons. It isn’t available in all hospitals, so you may need to go to a different hospital to have it done. Most people need treatment with chemotherapy (see pages 62–71) as well as an operation.

Sometimes, surgery may be the only treatment that’s needed. This is usually when stomach cancer is diagnosed at the earliest possible stage. Or it may be because having chemotherapy and surgery would be too intensive and hard to cope with.

Even when the cancer has spread outside the stomach to the surrounding area, it may still be possible to remove it. This involves major surgery and some people may not be physically well enough to have it. You need to talk to your surgeon about the benefits and risks of this operation before making a decision about it.

The operation you have depends on where the cancer is in the stomach and its size. You may have all or part of the stomach removed. The surgeon also takes away an area of healthy tissue around the cancer. This is to try to make sure all the cancer cells are gone.

They also remove nearby lymph nodes and the fatty tissue called the omentum that covers the stomach and the front of the bowel.

Depending on the position of the cancer and how far it has spread, the surgeon may remove part of some nearby organs to remove all the cancer. This may include the lower part of the gullet (oesophagus), the upper part of the small bowel (duodenum) and occasionally the spleen or part of the pancreas.
Before surgery for stomach cancer

Having part or all of your stomach removed is major surgery. You will have tests to make sure you are well enough for the operation. These include tests on your heart and lungs. They are usually done a few days to two weeks before your operation at a pre-assessment clinic.

A surgeon and a specialist nurse will talk to you about the operation. You may see the doctor who gives you the anaesthetic (the anaesthetist) at a clinic or when you’re admitted to hospital.

If you smoke, it’s important to try to give up or cut down before your operation. This will help reduce the risk of problems such as getting a chest infection. It will also improve wound healing after the operation. Your GP can give you advice on stopping smoking.

A dietitian will give you advice on eating well to help you to get ready for the operation. If you’ve had problems eating and have lost weight, you may need extra help and support with this.

‘Stay as fit and active as you possibly can – this makes a huge difference after the surgery.’

Lyn
Let the nurses know as soon as possible if you think you might need help when you go home after your operation. This may be because you live alone or are a carer for someone else. The staff can help you make arrangements in plenty of time.

Many hospitals now follow an enhanced recovery programme. This aims to reduce your time in hospital and speed up your recovery. It involves you more in your care. For example, you’ll be given information about exercises you can do to help you get fitter before surgery. And any arrangements needed for your return home will be put in place in advance. Your doctor will tell you if an enhanced recovery programme is suitable for you and if it’s available – not all hospitals have one.

You’ll usually be admitted to hospital on the morning of your operation. The nurses will give you special elastic stockings (TED stockings) to wear during and after the operation. These help prevent blood clots in your legs.

One of the most important things you can do before surgery is to make sure you’ve asked all the questions you want to and discussed any concerns with your nurse or doctor.
Surgery to remove part of the stomach

Depending on the position and size of the cancer, it may be possible to keep part of the stomach. This is called a partial gastrectomy. Having this operation makes eating easier after surgery.

If the cancer is in the lower stomach near the small bowel

The surgeon removes the lower part of the stomach (the white area in the diagram below). They then sew up the duodenum (the first part of the small bowel, which used to be attached to the lower stomach). They move the upper part of your stomach down and reconnect it to a different part of the small bowel, forming a smaller stomach.

The lower stomach is removed and the rest of the stomach is reconnected to the small bowel
If the cancer is in the upper stomach near the gullet

The surgeon removes the upper stomach and the lowest part of the gullet. This operation is called an oesophago-gastrectomy. They join the remaining end of the gullet to the lower end of the stomach.

The upper stomach is removed and the lower stomach is moved up and joined to the gullet
Surgery to remove all of the stomach

If the cancer is in the upper or middle part of the stomach, you’ll usually have the whole stomach removed (the white area in the diagram below). This is called a total gastrectomy.

When the stomach is removed, the small bowel is connected to the gullet. The duodenum, which used to connect to the bottom of the stomach, is sewn up at one end. The other end is reconnected to the small bowel.
Keyhole (laparoscopic) surgery

In some situations, it may be possible to have keyhole or laparoscopic surgery to remove some, or all, of the stomach. The surgeon does this operation through several cuts in the abdomen, rather than one large opening. They use a laparoscope (see page 25) which they put through the cuts to see and work inside the tummy.

Generally, several small cuts and one larger cut are needed for this operation. The surgeon removes the stomach through the larger cut.

With keyhole surgery, people may recover faster, but this hasn’t been proven in clinical trials yet. The chances of curing stomach cancer seem to be as good with keyhole surgery as with more invasive operations. But keyhole surgery hasn’t been used for long enough to be certain, so doctors still need to do more research on this.

Keyhole surgery for stomach cancer is only available in some hospitals in the UK. It should only be carried out by surgeons with specialist training and experience.
Surgery to relieve a blockage in the stomach

Sometimes, the cancer causes a blockage that stops food from passing through the stomach. Usually, the doctor treats this using a thin tube (stent). Your doctor will first give you a local anaesthetic and sedation before passing an endoscope down the gullet and into the stomach. The doctor can then pass a stent into the area where the blockage is to allow food to pass through. Sometimes a general anaesthetic may be used.

Another way of treating a blockage is by removing the part of the stomach where the blockage is (partial gastrectomy).

Sometimes, the surgeon may do an operation to bypass the blockage by making a new connection between two parts of the gut. This allows food to get through a different way.

Surgery or stents can be used to relieve a blockage and symptoms, but won’t cure the cancer.
After your operation

Knowing what will happen when you wake up after your operation can help you feel less anxious. It also prepares your family and friends for what to expect. How quickly you recover will depend on the type of surgery you’ve had.

Most people will be cared for in a high-dependency unit for a few days after their operation. You will probably feel quite drowsy and may not remember much about the first day or two after your operation.

The nurses will encourage you to start moving around as soon as possible. They will usually help you to get out of bed the day after your operation. While you’re in bed, it’s important to move your legs regularly and do deep breathing exercises. This helps to prevent chest infections and blood clots. A nurse or physiotherapist will show you how to do the exercises.

Drips and tubes

After the operation, you may have some of the following for a short time:

- A thin tube going into your back (epidural). This can be used to give you painkilling drugs.

- A drip (infusion) into a vein in your arm or neck to give you fluids until you’re eating and drinking again. It may also be used to give you painkillers.
• A fine tube (nasogastric tube) that goes up your nose and down into your stomach or small intestine. It drains fluids so you don’t feel sick. You may need this for several days.

• A feeding tube (jejunalostomy), which goes into the small bowel through a small cut in the abdomen. It is used to give you food and nutrients until you’re able to eat again.

• A small, flexible tube into your bladder to drain urine into a bag (urinary catheter).

• A drainage tube from your wound to drain fluid and blood.

**Drinking and eating**

You won’t usually have anything to drink or eat for the first 48 hours after surgery. You will then have small sips of clear fluids. The amount of fluids will be slowly increased. After a few days, when you’re able to drink enough, you’ll start to have light foods and then normal food in smaller-sized meals. This gives the new joins made during surgery some time to heal.

Some people go home with their feeding tube still in to make sure they get enough food and nutrients and don’t lose weight. Before leaving hospital, your nurse or dietitian will show you how to use your feeding tube. If you have a carer, they can have training too.
Pain control (analgesia)

After your operation, you’ll need painkilling drugs for a few days. To begin with, you may have an epidural. This is given into the space around the spinal cord to numb the nerves in the part of your body where the surgery is carried out.

If you are having an epidural, the anaesthetist puts a fine tube into your back before the operation. They connect the tube to a pump to give you a continuous dose of painkillers. Because the tube is very fine, you can still lie on your back when you have an epidural in place. You are also able to sit up and walk around while having this type of pain control.

Some people are given painkilling drugs into a vein (intravenously). These can be given continuously through an electronic pump.

You may have a hand control with a button you can press to give you a boost of painkilling medicine if you feel sore. This is called patient-controlled analgesia (PCA). This is designed so that you can’t have too much painkiller (an overdose), so it’s okay to press it whenever you are sore.

When you no longer need the epidural or PCA, you have painkillers as tablets or liquids.

It is important to let your doctor or nurse know if you are in pain so that the dose can be increased, or the painkillers changed, as soon as possible. Pain can usually be well controlled with painkillers.
Wound care

The wound is closed using clips or stitches. These are usually removed 7 to 10 days after your operation. Some surgeons use dissolving stitches that don’t need to be removed. These will dissolve completely when the area is healed. You will have a dressing covering your wound, which may be left undisturbed for the first few days. It is important to let your nurse or doctor know straight away if your wound becomes hot, painful or begins to bleed or leak any fluids, even after you go home.

Going home

You’ll probably be ready to go home about 10 to 14 days after your operation. You’ll still be recovering for some time after you go home and will need to take things easy for a few weeks.

Try building up the amount you do gradually. Gentle exercise, such as regular walks, will build up your energy. You can increase the amount you do as you feel better. Some people take longer than others to recover. It depends on your situation so don’t be hard on yourself.

‘Following your operation you will feel very tired so you need to listen to your body and rest when needed. I found this out the hard way as I was trying to do too much too soon.’

Donna
Avoid lifting heavy loads like shopping, or doing vacuuming or gardening, for at least eight weeks to give your wound time to heal.

If you feel able, it’s usually fine to drive four to six weeks after your operation. Some insurance policies give specific time limits. You should not drive until you can drive safely and perform an emergency stop. It’s a good idea to contact your car insurers to check you’re covered before driving again.

If you feel ready, it is usually fine to have sex from about four weeks after the operation.

We have more information about going home from hospital, which explains how to get support once you’re home.

**Outpatient appointment**

You will have an appointment for a check-up at the outpatient clinic. The ward staff may give you this appointment before you leave hospital.

At this appointment the doctor will check on your recovery and talk to you about the results of your operation. This is a good time for you to talk about any problems you’ve had after the operation. You should contact your doctor or specialist nurse sooner if you are unwell or worried about anything.
Emotional support

You can contact your specialist nurse if you need advice or support after your operation. Sometimes you may want to talk to someone who’s not directly involved with you. Call our cancer support specialists if you need to talk. They can also give you details of support groups in your area.

You may find our Online Community helpful. There you can talk to others who are going through similar experiences. Visit macmillan.org.uk/community
Eating after surgery

If you’ve had part of your stomach removed, the remaining stomach won’t be able to hold as much food as before. You’ll feel full even after smaller meals. Over several months, your stomach will gradually stretch. Eventually, most people are able to eat the way they did before the operation.

‘Because I don’t have a stomach I can only eat very small portions so I snack a lot in between meals.’

Donna

If you had all of your stomach removed, the food you eat will go straight from your gullet into the small bowel. This won’t affect being able to digest food but the small bowel won’t hold as much as your stomach could. Your body will gradually adjust so that you’ll be able to eat more at each meal.

People can have different types of eating problems after stomach surgery. These can generally be divided into:

• early problems that happen straight away or soon after the operation

• late problems that happen a few weeks or months after surgery, such as not being able to absorb certain vitamins and minerals from your food

• problems swallowing after surgery, which can be an early or late problem.
After your operation
You’ll feel full quite quickly when you eat or drink. You may not feel like eating and it’s common to lose some weight. You might find certain foods make you feel sick, or give you indigestion or diarrhoea. This should settle down when you know more about the foods that upset you. Keep a note of foods that regularly cause you problems so you can limit or avoid them. This also helps your doctor or dietitian to know if you have a particular problem.

It can take a couple of months to start eating a full range of foods again. Try to eat as well as possible. This will help with your recovery. Here are some tips:

• Softer foods are easier to eat for the first few weeks after your operation when you have swelling or bruising.

• Eat several (six to eight) small meals a day and have snacks with you when you go out.

• Take your time to eat – relaxing while you eat and chewing food well will help with your digestion.

• Avoid drinking half an hour before your meal and during it, because this will fill you up. Avoid fizzy drinks for the same reason.

• Have nourishing drinks instead of water, tea or coffee to give you more calories.

• Add new foods to your diet one at a time to find out how you tolerate them.
Diarrhoea and vomiting
Diarrhoea can happen in short episodes for a few days or weeks after surgery, before the bowel returns to normal. Taking an anti-diarrhoea drug called loperamide (Imodium®) regularly in the morning can sometimes help.

People find they have stomach pain and feel full when they wake up in the morning. This may be relieved after vomiting clear fluid, which has some dark brown fluid (bile) in it. This can be distressing, but it may only last for a short time. Some drugs that affect the digestive system may help control this vomiting.

If the diarrhoea and vomiting are due to the surgery, it may not be possible to reduce them by changing the foods you eat. But if you find that some foods regularly make the symptoms worse it may help to avoid them. Let your doctor or specialist nurse know if the symptoms don’t improve or your appetite is affected, as they will be able to give you advice or other treatments.

Indigestion
Indigestion or reflux (a backward flow of bile into the gullet) can happen after any stomach surgery. This can cause soreness and inflammation of the lining of the gullet. It can be reduced by antacid medicines, which your GP or cancer specialist can prescribe for you.

Take your time to eat, try to relax and chew foods well – this will help with your digestion. Avoid fizzy drinks, alcohol and spicy foods if you notice they make your symptoms worse.

Indigestion can also be caused by wind trapped in the digestive system. Wind can be reduced by drinking peppermint water or taking charcoal tablets. These are available from pharmacies.
Understanding stomach cancer

Boosting your weight
To begin with, it’s normal to find it hard to keep your weight steady. You might never regain all the weight you lose. But in time, most people find their weight gradually becomes steady.

You’ll usually see a dietitian who will talk with you about the effects the surgery has had on your diet. They’ll give you advice about eating a balanced diet and putting on weight. To gain weight, you need to find ways to add more energy (calories) and protein to your diet.

You can do this by:

• eating high-calorie foods, or adding more calories to your food by using things such as cream, butter or cheese
• having nutritious, high-calorie food supplements or meal replacement drinks
• adding energy or protein powder to food – these are available on prescription.

‘I have lost weight. The good side is that I can eat anything as long as I have small portions. It is best to graze and eat little and often.’

Donna
Dumping syndrome
After stomach surgery, food may pass too quickly into the small bowel. This can cause a group of symptoms called dumping syndrome. There are two types of dumping syndrome: early and late.

Early dumping syndrome happens within 30 minutes of a meal. You may feel dizzy or faint, and your heart may start to beat faster. Some people also have tummy cramps and diarrhoea.

The symptoms are caused by food entering the bowel quickly and may last for about 10 to 15 minutes. You may want to try to:

• have small, frequent, dry meals
• eat slowly
• have drinks 30 to 60 minutes after food
• avoid meals high in added sugar, such as sugary cereal
• eat meals high in protein, such as fish, meat, eggs or tofu
• eat starchy carbohydrates such as pasta, rice, bread and potatoes
• rest for 15 to 30 minutes immediately after meals.

‘Try to have smaller portions and eat really slowly. This is going to make it much easier for your body to digest and cope with the food that is arriving after chewing.’

Claudia, specialist dietitian
Early dumping syndrome often gets better on its own after a few months.

Late dumping syndrome can happen a couple of hours after a meal, or when you’ve missed a meal. It is caused by low blood sugar levels. You may suddenly feel faint, sick and shaky. If you have this, follow the same advice as for early dumping syndrome. Taking glucose tablets and a small snack when the symptoms happen may also help. If late dumping syndrome doesn’t improve or your symptoms are severe, your doctor may prescribe a drug called octreotide or another similar drug to help.

**Getting the vitamins and minerals you need**

After surgery, you may not be able to absorb certain vitamins and minerals from your food as well as before. You need these to keep healthy, so you may need to have them as an injection or as tablets.

Vitamin B12 is important for making healthy red blood cells. You need a chemical called intrinsic factor to absorb vitamin B12 from food. Intrinsic factor is made in the stomach. If all of your stomach was removed, your GP practice nurse will give you B12 injections every few months. If only part of your stomach was removed, your doctor will do a blood test to check your levels of B12 from time to time.

The stomach also helps to absorb other nutrients, such as folate (vitamin B9) and iron. These are important for making red blood cells and calcium, which we need for strong teeth and bones.

Ask your dietitian for advice if you’re worried about your diet or your weight. If you don’t have a dietitian, your doctor or nurse can arrange for you to see one.
**Problems swallowing**

When the whole stomach is removed, the lower end of the gullet (oesophagus) is joined to the upper end of the small bowel. The join is called an anastomosis. Occasionally this join can become narrow, which can make it difficult to swallow food. This is known as a stricture.

It’s a good idea to see your specialist as soon as possible, so that they can do an endoscopy to look into your gullet. If you have a stricture, the doctor may be able to stretch it or, rarely, put a tube (stent) into the narrowing to keep it open.

If you are having problems swallowing, you may find you begin to lose weight quite quickly. It can help to try eating soft or puréed foods and have nourishing drinks. Rarely, you may need to have food through a tube (enteral feeding) for a short time. Your doctor, specialist nurse or dietitian will give you more information about this.

We have more information about dietary problems after surgery for stomach cancer. Call us on 0808 808 00 00 to order a free copy.
Chemotherapy for stomach cancer

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It may be used on its own or with surgery, radiotherapy or a targeted therapy drug.

Chemotherapy for stomach cancer may be given:
• before and after surgery (peri-operative chemotherapy)
• before surgery to shrink a cancer (neo-adjuvant chemotherapy)
• with radiotherapy to make it work better (chemo-radiation)
• to control the cancer and improve symptoms (palliative chemotherapy).

Peri-operative chemotherapy

When chemotherapy is used before and after surgery, it is called peri-operative chemotherapy. This treatment shrinks the tumour to make surgery more effective and reduces the chance of cancer coming back. This treatment is usually given as three cycles of chemotherapy over nine weeks before the operation, and again after it.
Treating stomach cancer

Neo-adjuvant chemotherapy

Chemotherapy may be given before surgery to shrink a large cancer. This sometimes works well enough to make an operation possible.

Chemo-radiation

Chemotherapy may be given in combination with radiotherapy (chemo-radiation). It may be given before surgery (neo-adjuvant) or after surgery. It would be used after for people who didn’t have chemotherapy before surgery.

Palliative chemotherapy

If the cancer has spread to other parts of the body (advanced cancer), chemotherapy is the main treatment. It can help you to live longer and reduce symptoms. You may have the chemotherapy for up to six months.

Targeted therapy

Some people have a targeted therapy drug called trastuzumab (Herceptin®) as well as chemotherapy – see page 73. You will have tests first to see if trastuzumab is a suitable treatment for you.
You’ll usually have chemotherapy as an outpatient, which means you can go home on the same day. If you have it as an inpatient, you only need a short stay in hospital. Chemotherapy is usually given as a course of several sessions (or cycles) over a few months. Your doctor or nurse will explain more about this.

You have the chemotherapy drugs given into a vein (intravenously) or as tablets. Stomach cancer is often treated with a combination of both.

The chemotherapy nurse will give you the drugs into a vein by injection or as a drip (infusion). The drugs are given to you through:

- a small tube (cannula) into a vein in your hand or arm
- a soft plastic tube called a central line which goes into a vein in your chest
- a PICC line which goes into a vein above the bend in your arm.

A cannula will be removed after each treatment. A central or PICC line can stay in place until all your chemotherapy treatment is over. If you have a line, your nurse will show you how to look after it.

Some people may have a chemotherapy drug called fluorouracil through a small pump attached to their central or PICC line. You can go home with this pump attached. We can send you more information about central and PICC lines.

Some people are given a course of chemotherapy tablets called capecitabine to take at home.
Having chemotherapy treatment
Chemotherapy drugs used

Usually, a combination of drugs is used. The treatments are named after the initials of the drugs included. Possible treatments include:

- ECX, which is made up of epirubicin, cisplatin and a tablet called capecitabine (Xeloda®)
- EOX, which is made up of epirubicin, oxaliplatin and capecitabine (Xeloda®)
- ECF, which is made up of epirubicin, cisplatin and fluorouracil (5FU).

Sometimes only two of these drugs are given together.

With ECF chemotherapy, you have fluorouracil (5FU) given continuously through a small pump attached to your central or PICC line. The pump gives you a low dose of the drug continuously while you’re at home. You can carry it in a belt or a small bag. Your nurse will show you how to look after it.

If results show the cancer hasn’t responded well enough, your doctor may decide to change your treatment to different chemotherapy drugs, such as irinotecan and docetaxel.

We have more information about these chemotherapy drugs that we can send you.
Chemotherapy side effects

Chemotherapy drugs may cause unpleasant side effects, but these can usually be well controlled with medicines and will usually go away once treatment has finished. Not all drugs cause the same side effects and some people may have very few. You can talk to your doctor or nurse about what to expect from the treatment that’s planned for you. The main side effects are described here as well as some ways to reduce or control them.

Risk of infection
Chemotherapy can reduce the number of white blood cells, which help fight infection. If the number of your white blood cells is low you’ll be more prone to infections. A low white blood cell count is called neutropenia.

Always contact the hospital immediately on the 24-hour contact number you’ve been given and speak to a nurse or doctor if:

• you develop a high temperature – this may be over 37.5°C (99.5°F) or over 38°C (100.4°F) depending on the hospital’s policy. Follow the advice that you have been given by your chemotherapy team
• you suddenly feel unwell, even with a normal temperature
• you feel shivery and shaky
• you have any symptoms of an infection such as a cold, sore throat, cough, passing urine frequently (urine infection) or diarrhoea.

If necessary, you’ll be given antibiotics to treat any infection. You’ll have a blood test before each cycle of chemotherapy to make sure your white blood cells have recovered. Occasionally, your treatment may need to be delayed if the number of your white blood cells is still low.
Feeling sick
Some chemotherapy drugs can make you feel sick (nauseated) or possibly be sick (vomit). Your cancer specialist will prescribe anti-sickness (anti-emetic) drugs to prevent this. Let your doctor or nurse know if your anti-sickness drugs are not helping, as there are several different types you can take. We have more information about nausea and vomiting that we can send you.

Diarrhoea
Some chemotherapy drugs can cause diarrhoea. Your doctor can prescribe drugs to control this. Make sure you drink plenty of fluids if you have diarrhoea.

If you’re taking capecitabine tablets at home, it’s important to let your doctor or nurse know if you have diarrhoea.

Sometimes, your treatment may need to be interrupted.

Sore hands and feet
This is sometimes known as palmar-plantar erythema or hand-foot syndrome. It can be caused by capecitabine or 5FU and will improve when the treatment is finished. Your doctor or nurse can give you advice and prescribe creams to improve the symptoms. It can also help to keep your hands and feet cool, and to avoid tight-fitting clothing, such as socks, shoes and gloves.
Mouth problems
Chemotherapy can cause mouth problems such as a sore mouth, mouth ulcers or infection. Drinking plenty of fluids, and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. Your chemotherapy nurse will explain how to look after your mouth to reduce the risk of problems. They can give you mouthwashes, medicines and gels to help. It’s a good idea to see your dentist before you start treatment. Dental treatment may need to be delayed during chemotherapy because of the risk of infection and a sore mouth.

Anaemia
Chemotherapy may reduce the number of red bloods cells (haemoglobin) in your blood. A low level of red blood cells is known as anaemia, which can make you feel very tired and lethargic. You may also become breathless.

You’ll have regular blood samples taken to check the number of red blood cells in your blood (called a full blood count). Anaemia can be treated with blood transfusions. This should help you to feel more energetic and less breathless.

Bruising and bleeding
Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot. If you develop any unexplained bruising or bleeding, such as nosebleeds, bleeding gums, blood spots or rashes on the skin, contact your doctor or the hospital straight away.
Hair loss
Some chemotherapy drugs may cause hair loss. Some people may have complete hair loss, including eyelashes and eyebrows. Others may have only some hair loss or thinning. It depends on the chemotherapy drugs you’re having.

Your doctor or nurse can tell you more about what to expect. If you lose your hair, it will start to grow back again once your chemotherapy is over. Your nurse can give you advice about coping with hair loss and how to look after your scalp.

Effects on the nerves
Some chemotherapy drugs can affect the nerves in your hands or feet. This is called peripheral neuropathy and can cause tingling or numbness, a sensation of pins and needles or a muscle weakness.

It’s important to let your doctor know if this happens. They may need to change the chemotherapy drug if it gets worse. Usually, peripheral neuropathy gradually gets better when treatment is over, but it can sometimes become permanent.

Tiredness
You’re likely to become tired and have to take things slowly. Try to pace yourself and save your energy for things that you want to do or that need doing. Balance rest with some physical activity – even going for short walks will help increase your energy levels.
Effects on fertility
Some chemotherapy drugs can affect your ability to become pregnant or father a child. If this concerns you, it’s important to talk about it with your cancer doctor before you start chemotherapy.

Early menopause
Women may find that chemotherapy causes an early menopause. This can cause menopausal symptoms such as hot flushes and sweats. Your doctor can prescribe hormone replacement therapy (HRT) to help with this. You can talk this over with your cancer doctor or specialist nurse.

Sex and contraception
Doctors will advise you to use condoms for a few days after chemotherapy to protect your partner from the drugs. It’s important to use contraception during treatment and for a few months after.

It’s not advisable to become pregnant or father a child while having chemotherapy as the drugs may harm the unborn baby. You can discuss this with your doctor or specialist nurse.

We have more information about chemotherapy and its side effects that we can send you. Call us on 0808 808 00 00 to order free copies.
Radiotherapy

Radiotherapy uses high-energy rays such as x-rays to destroy cancer cells. Radiotherapy is most often used to relieve symptoms caused by advanced stomach cancer, such as bleeding from the stomach. This is called palliative radiotherapy.

Occasionally, chemotherapy and radiotherapy may be given together (chemo-radiation). This is to try to reduce the risk of cancer returning after surgery. It may be given before surgery (neo-adjuvant) or after surgery. It would be used after for people who didn’t have chemotherapy before surgery. Chemo-radiation is not often used as a treatment for stomach cancer in the UK.

We have more information about how radiotherapy is given and its side effects in our booklet Understanding radiotherapy.
Targeted therapy

Occasionally, a targeted therapy drug called trastuzumab (Herceptin®) is given with chemotherapy for advanced stomach cancer. Targeted therapy drugs interfere with the way cancer cells grow.

Trastuzumab only works for people with a stomach cancer that has high levels of a protein called HER2. About 1 in 5 people with stomach cancer (20%) have this. Tests can be done on tissue taken at a biopsy or during surgery to find out if the cancer cells have high levels of HER2.

Trastuzumab attaches to the HER2 proteins on the surface of the cancer cells. This stops the cancer cells from dividing and growing.

Trastuzumab is given as a drip (infusion) every three weeks. If it works well, your doctor may decide to carry on giving it after your course of chemotherapy has finished. The side effects of trastuzumab are usually mild.

Some people may be offered treatment with a targeted therapy drug called ramucirumab. Doctors are testing other targeted therapy drugs in clinical trials (see pages 74–75).

We can send you more information about trastuzumab and targeted therapy.
Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

• test new treatments, such as new chemotherapy drugs or targeted therapies
• look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects
• compare the effectiveness of drugs used to control symptoms
• find out how cancer treatments work
• find out which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, hormone therapy, radiotherapy, or other treatment is better than what is already available.

Taking part in a clinical trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It’s important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.
If you decide not to take part in a trial, your decision will be respected and you don’t have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you’re treated by the hospital staff, and you’ll be offered the standard treatment for your situation.

Clinical trials are described in more detail in our booklet *Understanding cancer research trials (clinical trials)*. We can send you a free copy.

**Blood and tumour samples**

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can’t be identified.

The research may be carried out at the hospital where you are treated, or at another one. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.
After treatment

During and after your treatment, you will usually have regular appointments at the outpatient clinic at the hospital. You will usually have regular talks with someone from your cancer team. This may be your surgeon, specialist doctor, nurse or another health professional.

During your appointment, your doctor or nurse may examine you and check your blood results. They will talk to you about what to expect during and after treatment. They will ask you about how you are feeling, if you are eating well, or about any symptoms or worries you have. If you have any problems or notice any new symptoms between appointments, let your doctor or specialist nurse know as soon as possible.

‘I have now realised that it will take a while to recover, but I will get there.’

Donna
Some hospitals provide a treatment summary that describes:
• the treatment you’ve had
• what you should expect
• details of the follow-up or tests you’ll have.

You keep a copy and the hospital should send a copy to your GP. You may have your follow-up appointments with your GP. This is called a shared care agreement.

Many people find they get very anxious before appointments. This is natural and it may help to get support from family or friends during this time.

Some cancer teams use holistic needs assessments (HNA) to plan your care. Your team may write a care plan based on this. This should give information about the support you are getting and other services that may be useful. You should have a copy of the care plan and can update it whenever you need to. You can use it at follow-up appointments or when you see your GP or another doctor.

These treatment summaries, assessments and care plans aren’t used everywhere, but more hospitals are starting to use them.
Well-being and recovery

After treatment, you’ll probably be relieved that it’s over. But you may still be coping with some side effects or with some difficult feelings. You will probably be very tired. Recovery takes time, so try not to be too hard on yourself.

You might choose to make some positive lifestyle changes to make the most of your health.

Stop smoking
If you’re a smoker, giving up is one of the healthiest decisions you can make. Smoking increases the risk of smoking-related cancers and heart disease.

Eat healthily and stick to sensible drinking
If you’ve had surgery, it will take time to adjust to changes in the way you now eat (see pages 55–61).

Try to eat healthily. This will give you more energy and help your recovery. A well-balanced diet should include five portions of fresh fruit and vegetables a day and foods high in fibre, such as beans and cereals.

‘Your whole digestive system will need to re-adjust and that takes time and effort on the part of yourself, dietitians and other health professionals.’

Lyn
Try to eat less:
• red and processed meat
• salt
• pickled or smoked food.

Before making changes to your diet, it can help to talk to your dietitian or specialist nurse. They can help you make changes and can advise you about any other dietary problems you might have during or after treatment.

If you drink, stick to sensible amounts. It’s recommended that men and women drink no more than 14 units of alcohol a week and have a few alcohol-free days. One unit is half a pint of ordinary strength beer, lager or cider, one small glass (125ml) of wine, or a single measure (25ml) of spirits.

‘It’s very important to continue to have meals and mealtimes with friends and family, to continue to have a good routine and to sit down and enjoy the food.’

Claudia, specialist dietitian

**Be physically active**

Being active helps to build up your energy levels. It also helps to reduce stress and the risk of other health conditions.
Share your experience

When treatment finishes, some people find it helps to talk about it and share their thoughts, feelings and advice with other people.

We can help you share your story. Visit Cancer Voices at macmillan.org.uk/cancervoices for more information. Or call our support line on 0808 808 00 00.
LIVING WITH STOMACH CANCER

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Your feelings

It’s common to feel overwhelmed by different feelings when you’re told that you have cancer. We talk about some of these here. Partners, family and friends may also have some of the same feelings.

You might have different reactions to the ones we describe here. There is no right or wrong way to feel. You’ll cope with things in your own way. Talking to people close to you or other people affected by cancer can often help.

Shock and disbelief

You may find it hard to believe it when your doctor tells you that you have cancer. It’s common to feel shocked and numb. You may not be able to take in much information and find that you keep asking the same questions again and again. At first, you might find it hard to talk to family and friends about the cancer. This usually gets easier as the shock wears off and it becomes more real to you. You may find you can’t think or talk about anything but the cancer. This is because your mind is trying to process what you’re going through.
Fear and anxiety

People can be very anxious or frightened about whether treatment will work and what will happen in the future. This uncertainty can be one of the hardest things to cope with. It can help to try to focus on what you can control. You may want to find out more about the cancer, its treatment and how to manage side effects. It can also help to talk about your feelings and to take time to do things that are important to you and that you enjoy.

Doctors often know roughly how many people can benefit from a type of treatment. But they can’t be sure what will happen to an individual person. Although they may not be able to answer your questions fully, they can usually talk through any problems with you and give you some guidance.

Avoidance

Some people cope by not wanting to know very much about the cancer and by not talking about it. If you feel like this, let your family and friends know that you don’t want to talk about it right now. You can also tell your doctor if there are things you don’t want to know or talk about yet.

Occasionally, this avoidance can be extreme. Some people may not believe that they have cancer. This is sometimes called being in denial. It may stop them making decisions about treatment. If this happens, it’s very important for them to get help from their doctor.
Sometimes, avoidance is the other way around. Family and friends may seem to avoid you and the fact that you have cancer. They may not want to talk about it or they might change the subject. This is usually because they are also finding the cancer difficult to cope with, and they may need support too. Try to let them know how this makes you feel and that talking openly with them about your illness will help you.

**Anger**

You may feel angry about your illness and sometimes resent other people for being well. These are normal reactions, especially when you feel frightened, stressed, out of control or unwell. You may get angry with the people close to you. Let them know that you are angry at your illness and not at them. Finding ways to help you relax and reduce stress can help with anger. This can include talking about or writing down how you feel, gentle exercise, breathing or relaxation therapy, yoga or meditation.

**Guilt and blame**

Some people feel guilty or blame themselves or others for the cancer. You may try to find reasons for why it has happened to you. Most of the time, it’s impossible to know exactly what has caused a person’s cancer. Over time, several different factors may act together to cause a cancer. Doctors don’t fully understand all of these factors yet. Instead, try to focus on looking after yourself and getting the help and support you need.
Feeling alone

Some people feel alone because they don’t have enough support. Family and friends may live far away, have other commitments or feel uncomfortable because of their own fears about cancer. Try to let your family and friends know how you feel and how they could support you more.

If you need more support, you can call the Macmillan Support Line free on 0808 808 00 00 and talk to one of our cancer support specialists. Our website can help you find out about local support groups – visit macmillan.org.uk/supportgroups. You can also talk to other people going through the same thing on our online community at macmillan.org.uk/community.

It’s normal to have times when you want to be left alone to sort out your feelings. But if you find you’re avoiding people a lot of the time, then try to talk to your doctor or nurse.

If you need more help

These feelings can be very difficult to cope with and sometimes people need more help. This happens to lots of people and doesn’t mean you’re not coping.

If you feel anxious, panicky or sad a lot of the time, or think you may be depressed, talk to your doctor or nurse. They can refer you to a doctor or counsellor who can help. They may also prescribe medicine to help with anxiety or an antidepressant drug.

Our booklet How are you feeling? The emotional effects of cancer discusses the feelings you may have in more detail, and has suggestions for coping with them.
If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it’s best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you’re letting them down if you admit to being afraid. Unfortunately, denying strong emotions can make it even harder to talk, and may lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it’s enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit macmillan.org.uk/learnzone to find out more.

Our booklet Talking with someone who has cancer has more suggestions if you have a friend or relative with cancer.

If you’re looking after a family member or friend with cancer, you may find our booklet Looking after someone with cancer helpful. It’s based on carers’ experiences and has lots of practical tips and information.

We have more information about supporting someone with cancer at macmillan.org.uk/carers
Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information, and gradually tell them more to build up a picture of your illness.

Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and they may feel over-burdened. It’s important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website riprap.org.uk which has been developed especially for teenagers who have a parent with cancer.
What you can do

One of the hardest things to cope with can be the feeling that the cancer and its treatment have taken over your life. This is a common feeling, but there are lots of things you can do.

There may be days when you feel too tired to even think about what could help. You’ll have good and bad days, but if you’re overwhelmed by these feelings, let your doctor or nurse know. It may be that you have depression, and this is treatable so they should be able to help.

Finding ways to cope

You may find it helps to try to carry on with life as normally as possible, by staying in contact with friends and keeping up your usual activities. Or you may want to decide on new priorities in your life. This could mean spending more time with family, going on the holiday you’ve dreamed about or taking up a new hobby. Just thinking about these things and making plans can help you realise that you still have choices.

Some people want to improve their general health by eating a more healthy diet, by getting fitter or by finding a relaxing complementary therapy.

Understanding about the cancer and its treatment helps many people cope. It means they can discuss plans for treatment, tests and check-ups with their doctors and nurses. Being involved in these choices can help give you back control of your life.
Who can help?

Many people are available to help you and your family.

District nurses work closely with GPs and make regular visits to patients and their families at home if needed.

The hospital social worker can give you information about social services and benefits you may be able to claim. These may include meals on wheels, a home helper or money to help with hospital transport fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called palliative care nurses. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes known as Macmillan nurses. However, many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you’re at a clinic or in hospital.

Marie Curie nurses help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There’s also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor or GP to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families. Our cancer support specialists on 0808 808 00 00 can tell you more about counselling and can let you know about services in your area.
WORK AND FINANCIAL SUPPORT

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Work

You may need to take time off work during your treatment and for a while afterwards. It can be hard to judge the best time to go back to work, and this will depend mainly on the type of work you do and how much your income is affected. It’s important to do what’s right for you.

Getting back into your normal routine can be very helpful, and you may want to go back to work as soon as possible. It can be helpful to talk to your employer about the situation – it may be possible for you to work part-time or job share.

On the other hand, it can take a long time to recover fully from cancer treatment, and it may be many months before you feel ready to return to work. It’s important not to take on too much, too soon. Your consultant, GP or specialist nurse can help you decide when and if you should go back to work.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets Work and cancer, Working while caring for someone with cancer and Self-employment and cancer have more information. There’s also lots more information at macmillan.org.uk/work
Financial help and benefits

If you are struggling to cope with the financial effects of cancer, help is available.

If you cannot work because you are ill, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks of sickness. If you qualify for it, they cannot pay you less.

Before your Statutory Sick Pay ends, or if you do not qualify for it, check whether you can get Employment and Support Allowance (ESA). This benefit is for people who cannot work because they are ill or disabled. There are two different types of ESA:

• **contributory** – you can get this if you have made enough national insurance contributions

• **income-related** – you can get this if your income and savings are below a certain level.

Since October 2013, a new benefit called Universal Credit has started replacing income-related ESA in England, Scotland and Wales. This benefit is for people who are looking for work or on a low income.

**Personal Independence Payment** (PIP) is a new benefit for people under 65 who find it difficult to walk or look after themselves (or both). You must have had these difficulties for at least three months, and they should be expected to last for the next nine months. Since April 2013, PIP has started to replace a similar older benefit called Disability Living Allowance (DLA) in England, Scotland and Wales.
Attendance Allowance (AA) is for people aged 65 or over who find it difficult to look after themselves. You may qualify if you need help with things like getting out of bed, having a bath or dressing yourself. You don’t need to have a carer, but you must have needed care for at least six months.

If you are terminally ill, you can apply for PIP, DLA or AA under the ‘special rules’. This means your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate.

Help for carers

Carer’s Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you don’t qualify for it, you can apply for Carer’s Credit. This helps you to build up qualifying years for a State Pension.

More information

The benefits system can be hard to understand, so it’s a good idea to talk to an experienced welfare rights adviser. You can speak to one by calling the Macmillan Support Line on 0808 808 00 00. We’ve just listed some benefits here, but there may be others you can get.
You can find out about state benefits and apply for them online at [gov.uk](https://www.gov.uk) (England, Wales and Scotland) and [nidirect.gov.uk](https://www.nidirect.gov.uk) (Northern Ireland). These websites have information about financial support, your rights, employment and independent living. You can also get information about these issues from the relevant Department for Work and Pensions helplines (see page 107) or Citizens Advice (see page 107). In Northern Ireland, you can call the Benefit Enquiry Line Northern Ireland on **0800 220 674**.

**Insurance**

People who have, or have had, cancer may find it hard to get certain types of insurance, including life and travel insurance. A financial adviser can help you look at your needs and find the best deal for you. You can find a financial adviser by contacting one of the organisations on page 107.

Our booklets [Insurance](https://www.maccmillan.org.uk), [Getting travel insurance](https://www.maccmillan.org.uk) and [Help with the cost of cancer](https://www.maccmillan.org.uk) have more detailed information. You might also find our video at [macmillan.org.uk/gettingfinancialhelp](https://www.macmillan.org.uk/gettingfinancialhelp) useful.
Further information

About our information 100
Other ways we can help you 102
Other useful organisations 105
Your notes and questions 109
About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit be.macmillan.org.uk or call us on 0808 808 00 00.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at macmillan.org.uk/cancerinformation

There you’ll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at macmillan.org.uk/otherformats

If you’d like us to produce information in a different format for you, email us at cancerinformationteam@macmillan.org.uk or call us on 0808 808 00 00.
Help us improve our information

We know that the people who use our information are the real experts. That’s why we always involve them in our work. If you’ve been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you’d like to hear more about becoming a reviewer, email reviewing@macmillan.org.uk You can get involved from home whenever you like, and we don’t ask for any special skills – just an interest in our cancer information.
Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

• help with any medical questions you have about your cancer or treatment
• help you access benefits and give you financial guidance
• be there to listen if you need someone to talk to
• tell you about services that can help you in your area.

Call us on 0808 808 00 00 or email us via our website, macmillan.org.uk/talktous

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you’d like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.
Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That’s why we help to bring people together in their communities and online.

Support groups
Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](http://macmillan.org.uk/selfhelpandsupport)

Online community
Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people’s posts at [macmillan.org.uk/community](http://macmillan.org.uk/community)

The Macmillan healthcare team
Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

‘Everyone is so supportive on the online community, they know exactly what you’re going through. It can be fun too. It’s not all just chats about cancer.’

Mal
Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you’ve been affected in this way, we can help.

Financial guidance
Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits
Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants
Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on 0808 808 00 00 to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with work and cancer

Whether you’re an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit macmillan.org.uk/work

Macmillan’s My Organiser app
This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search ‘My Organiser’ on the Apple App Store or Google Play on your phone.
Other useful organisations

There are lots of other organisations that can give you information or support.

**CORE**
3 St Andrews Place,
London NW1 4LB
Tel 020 7486 0341
Email info@corecharity.org.uk
www.corecharity.org.uk
This organisation used to be called the Digestive Disorders Foundation. They produce information and leaflets on common digestive diseases and illnesses.

**Oesophageal Patients’ Association**
22 Vulcan House,
Vulcan Road, Solihull,
West Midlands B91 2JY
Tel 0121 704 9860
Email enquiries@opa.org.uk
www.opa.org.uk
This organisation is made up of people who have had or still have oesophageal cancer. They offer advice, information, and support to anyone with eating difficulties after stomach or oesophageal surgery.

**General cancer support organisations**

**Cancer Black Care**
79 Acton Lane,
London NW10 8UT
Tel 020 8961 4151
Email info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers information and support for people with cancer from ethnic communities, their friends, carers and families.

**Cancer Focus Northern Ireland**
40–44 Eglantine Avenue,
Belfast BT9 6DX
Helpline 0800 783 3339
(Mon–Fri, 9am–1pm)
Email helpline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services including a free helpline, counselling and links to local support groups.
Cancer Research UK
Angel Building,
407 St John Street,
London EC1V 4AD
Helpline 0808 800 4040
(Mon–Fri, 9am–5pm)
www.cancerresearchuk.org
Has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland
Cancer Support Scotland Centre,
75 Shelley Road,
Glasgow G12 0ZE
Tel 0800 652 4531
(Mon–Fri, 9am–5pm)
Email info@cancersupportscotland.org
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie’s Centres
The Gatehouse,
10 Dumbarton Road,
Glasgow G11 6PA
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org
Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Tenovus
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Helpline 0808 808 1010
(Daily, 8am–8pm)
Email info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk
Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an ‘Ask the nurse’ service on the website and benefits advice.
Financial information

Citizens Advice
Provides advice on a variety of issues including financial, legal, housing and employment issues. Find details for your local office in the phone book or on one of these websites:

England
www.citizensadvice.org.uk

Wales
www.citizensadvice.org.uk/wales

Scotland
www.cas.org.uk

Northern Ireland
www.citizensadvice.co.uk

You can also find advice online in a range of languages at citizensadvice.org.uk/resources-and-tools/languages

Department for Work and Pensions (DWP)
Personal Independence Payment (PIP) Helpline
0345 850 3322
Textphone 0345 601 6677
(Mon–Fri, 8am–6pm)

Carer’s Allowance Unit
Tel 0345 608 4321
Textphone 0345 604 5312
(Mon–Thurs, 8.30am–5pm, Fri, 8.30am–4.30pm)

GOV.UK
www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

NiDirect
www.nidirect.gov.uk
Has information about benefits and public services in Northern Ireland.
Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)
BACP House, 15 St John’s Business Park, Lutterworth LE17 4HB
Tel 01455 883 300
Email bacp@bacp.co.uk
www.bacp.co.uk
Promotes awareness of counselling and signposts to appropriate services. Search for a qualified counsellor at itsgoodtotalk.org.uk

Living with a disability

British Red Cross
UK Office, 44 Moorfields, London EC2Y 9AL
Tel 0344 871 11 11
Email information@redcross.org.uk
www.redcross.org.uk
Offers health and social care services such as care in the home, a medical equipment loan service and transport.

Support for carers

Carers Trust
32–36 Loman Street, London SE1 0EH
Email support@carers.org
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend.

Advanced cancer and end-of-life care

Marie Curie
89 Albert Embankment, London SE1 7TP
Helpline 0800 090 2309
(Mon–Fri, 8am–6pm, Sat, 11am–5pm)
www.mariecurie.org.uk
Marie Curie nurses provide free end-of-life care to people in their own homes, or in Marie Curie hospices, 24 hours a day, 365 days a year.

You can search for more organisations on our website at macmillan.org.uk/organisations, or call us on 0808 808 00 00.
Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

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Sources

We’ve listed a sample of the sources used in the publication below. For more information, please contact us at bookletfeedback@macmillan.org.uk

Can you do something to help?

We hope this booklet has been useful to you. It’s just one of our many publications that are available free to anyone affected by cancer. They’re produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we’re there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 Ways you can help someone with cancer

Share your cancer experience
Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other
Name
Surname
Address
Postcode
Phone
Email

Please accept my gift of £

(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from Expiry date

Issue no Security number

Signature
Date / / 

Don’t let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

give with confidence

If you’d rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk