A practical guide to
understanding cancer

UNDERSTANDING STOMACH CANCER

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Contents

About this booklet

This booklet is about the most common type of stomach cancer – adenocarcinoma of the stomach.

We hope it answers some of your questions about diagnosis and treatment, and addresses the feelings you may have.

We can't advise you on the best treatment for yourself. This information can only come from your own doctor, who knows your full medical history.

At the end of this booklet are some useful addresses, a helpful book and websites (pages 84–92). There's also a page where you can write down any notes or questions you have for your doctor or nurse (page 94).

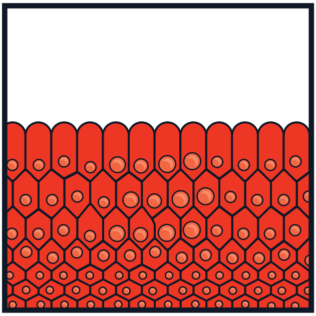
If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing, you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit **macmillan.org.uk**

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

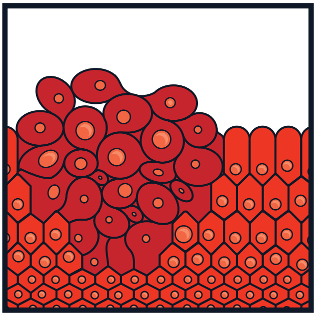
What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Cancer isn't a single disease with a single cause and a single type of treatment. There are more than 200 different kinds of cancer, each with its own name and treatment.

Although cells in different parts of the body may look different and work in different ways, most repair and reproduce themselves in the same way. Normally, cells divide in an orderly and controlled way. But if for some reason the process gets out of control, the cells carry on dividing, and develop into a lump called a tumour. Tumours can be either **benign** (non-cancerous) or **malignant** (cancerous). Doctors can tell whether a tumour is benign or malignant by removing a piece of tissue (**biopsy**) and examining a small sample of cells under a microscope.



Normal cells



Cells forming a tumour

In a benign tumour, the cells do not spread to other parts of the body and so are not cancerous. However, they may carry on growing at the original site, and may cause a problem by pressing on surrounding organs.

In a malignant tumour, the cancer cells have the ability to spread beyond the original area of the body. If the tumour is left untreated, it may spread into surrounding tissue. Sometimes, cells break away from the original (primary) cancer. They may spread to other organs in the body through the bloodstream or lymphatic system.

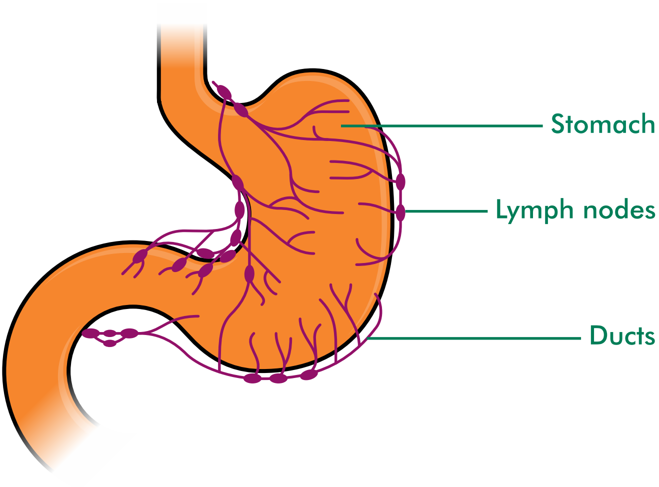
When the cancer cells reach a new area they may go on dividing and form a new tumour. This is known as a **secondary cancer** or a **metastasis**.

The lymphatic system

The lymphatic system is part of the immune system – the body's natural 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 and 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

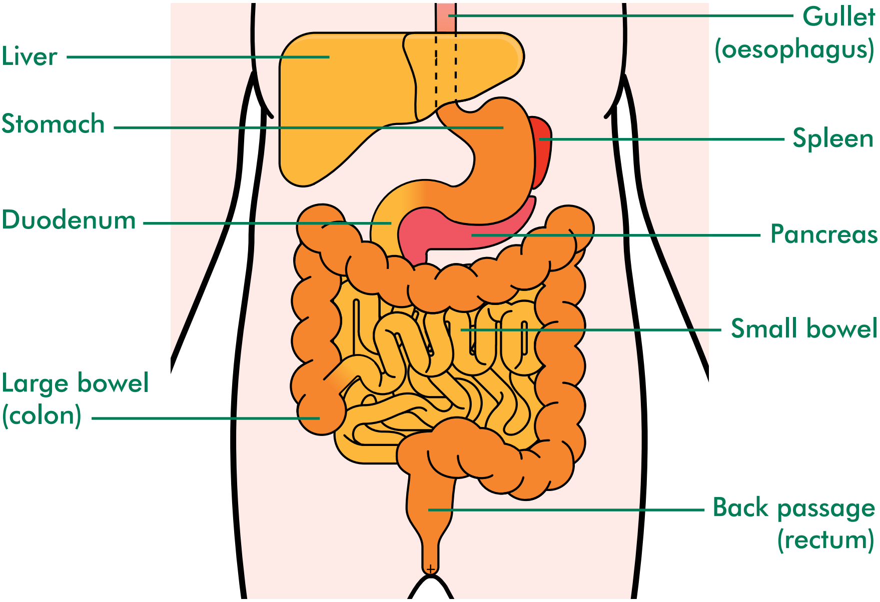
The stomach

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. It 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 that help break it 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

The stomach wall

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

Types of stomach cancer

About 7,300 people are diagnosed with stomach cancer in the UK each year. There are different types. This booklet is about **adenocarcinoma**, which is the most common type and accounts for 95% of all stomach cancers. Adenocarcinoma starts in the glandular cells of the stomach lining (see page 9).

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
- **carcinoid tumours**.

The tests and treatments for these cancers are different from the ones covered in this booklet.

We have more information about these other types of stomach cancer. Call 0808 808 00 00 to order it or visit macmillan.org.uk/cancerinformation

Risk factors and causes

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 someone will get cancer. Just as not having a risk factor doesn't mean that a person won't 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 – 95 out of every 100 people (95%) who develop stomach cancer are over 50 years old.

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. People with stomach symptoms are now usually tested for H. pylori and get treated if they have it.

Diet

Diet can affect the risk of stomach cancer. A diet low in fresh fruit and vegetables or high in salt can increase risk. 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.

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.

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 constant and more troublesome 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 such as H. pylori.

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 play a small part.

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.

Symptoms

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.

Other possible symptoms are:

- pain in the upper tummy area
- losing weight
- being sick
- having difficulty swallowing
- blood in your stools (bowel motions) or black stools
- feeling tired and sometimes 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 16–17).

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's making them unwell.

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

You'll have blood tests to check your general health and to find out if you're anaemic (see page 15). Your doctor will arrange for you to have a test called an endoscopy to look at the inside of your stomach. This is described below. 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 back to a screen. The doctor or nurse who does the test (called the endoscopist) examines the gullet (oesophagus), the inside of your stomach and the beginning of the 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 at least six hours before the test. You'll be given instructions about any medicines you're taking.

To have the endoscopy, you lie on your side on a couch. The nurse or doctor usually gives 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 instead. Or they might use both the injection and the spray. 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, they can remove small samples of tissue from any areas that look abnormal. This is called a biopsy. The tissue is examined under a microscope to find out if there are any cancer cells.

Further tests

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 (see pages 16–17) 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 (see photo opposite) 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 10–30 minutes and is painless. You'll 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.

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. This 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 (see page 17). You may need to stay overnight in hospital to have a biopsy.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PET/CT scan

This is a combination of a CT scan (see page 18) 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 at least an hour after this. It usually takes 30–90 minutes. You should be able to go home after the scan.

Laparoscopy

This test involves a small operation, 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 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 and/or shoulder pain afterwards. It goes away within 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'll have one or two stitches in your tummy where the cuts were made.

Ultrasound scan

Doctors sometimes use this test to examine different parts of your tummy (abdomen). It only takes a few minutes. You lie on a couch and the person taking the scan spreads a gel over your tummy area. They then pass a small device that produces sound waves over your abdomen. The sound waves make up a picture of the organs inside which is seen on a computer screen.

Waiting for test 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, family or a close friend. Your specialist nurse or one of the organisations listed on pages 84–88, 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

Staging

The stage 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 the cancer after an operation to remove it.

There are two main ways that stomach cancer is staged: the **TNM system** and the **number system**.

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 **t**umour. This will be a number between 0 and 4 depending on the size and spread of the tumour.

N refers to whether nearby lymph **n**odes have cancer cells in them. This will be a number between 0 and 3 depending on how many lymph nodes contain cancer cells.

M refers to whether the cancer has spread to other parts of the body (secondary or **m**etastatic cancer). The M stage will be 0 if it hasn't spread and 1 if it has.

As an example, a cancer may be described as T3 N2 M0.

Number staging system

This describes the stage of stomach cancer with a number ranging from 1 to 4.

Stage 1

The cancer is only in the lining of the stomach (mucosa) and may have spread to 1–2 lymph nodes.

OR

The cancer has grown into the muscle layer of the stomach but there is no cancer in the lymph nodes.

Stage 2

The cancer is in the stomach lining (mucosa) and has spread to 3 or more lymph nodes.

OR

The cancer has grown into the muscle layer and has spread into 1–6 lymph nodes.

OR

The cancer has reached the outer stomach layer (serosa) but is only in 1–2 lymph nodes.

OR

The cancer has grown through the stomach wall but hasn’t grown into nearby tissues or spread to the lymph nodes.

Doctors sometimes call stages 1 and 2 early stomach cancer.

Stage 3

The cancer has grown into the muscle layer and has spread into 7 or more lymph nodes.

OR

The cancer has reached the outer stomach layer (serosa) and has spread into 3 or more lymph nodes.

OR

The cancer has grown through the stomach wall. It has also spread into lymph nodes and/or into nearby tissues such as the liver, gullet or abdominal wall.

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 or bones.

Doctors usually call stage 4 advanced or metastatic stomach cancer.

Grading

Grading is about how the cancer cells look under a microscope when compared with normal cells. Knowing the grade helps your doctor decide whether you need further treatment after surgery.

Grade 1 or **low-grade** or **well-differentiated** means 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** means the cancer cells look more abnormal and are slightly faster growing.

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

Treatment overview

The main treatments for stomach cancer are surgery and chemotherapy. Sometimes, radiotherapy or targeted therapy treatments are used. The treatments can be used alone or in combination with each other. The treatment you have will depend on the stage of the cancer (pages 22–24), your general health and personal preferences.

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.

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

Chemotherapy is an important treatment for stomach cancer. Doctors often give it 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) after surgery. Doctors can also give radiotherapy to relieve symptoms if the cancer is advanced.

Sometimes, a **targeted therapy** drug 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 also see a symptom control specialist during treatment if there is any problem controlling symptoms.

How treatment is planned

In most hospitals, a team of specialists called a **multidisciplinary team (MDT)** will talk to you about the treatment they feel is best for your situation. 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.

It may also include other healthcare professionals, such as a palliative care doctor or a nurse who specialises in symptom control, a physiotherapist, an occupational therapist (OT), a social worker, a psychologist or a counsellor.

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 benefits and disadvantages of treatment

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

Surgery is used to try to cure stomach cancer. Most people also need chemotherapy. This can be quite intensive treatment. Your 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 prolong 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, deciding whether to accept it may not be difficult. However, if a cure is not possible and the purpose of treatment is to control the cancer for a period of time, 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 in detail with your doctor or nurse. If you choose not to have treatment, you can still be given supportive (palliative) care, with medicines to control any symptoms.

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. Having a list of questions ready will also help make sure your concerns are covered during the discussion. You could use page 94 to write down any questions.

Giving your 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 – you can use page 94 to write them down.

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.

We have a booklet, *Making treatment decisions*, which might help you during this time.

Surgery

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.

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.

Most people need treatment with chemotherapy 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.

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, to try to make sure all the cancer cells are gone. They also remove nearby lymph nodes (see page 7) and the fatty tissue called the omentum that covers the stomach and the front of the bowel.

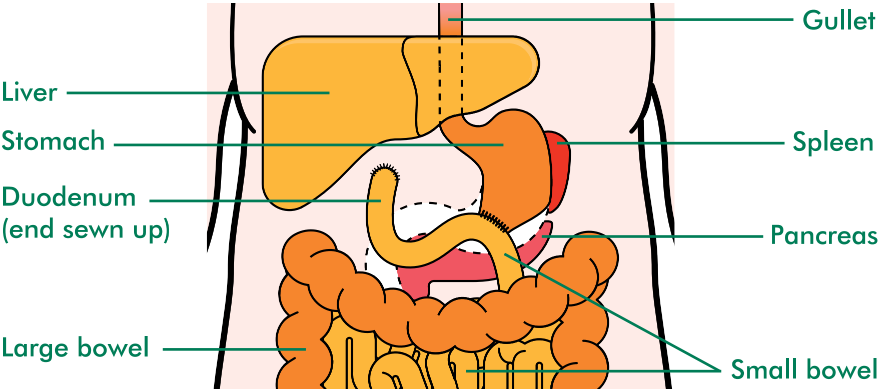
Depending on the position of the cancer and how far it has spread, the surgeon may remove part of some nearby organs. This may include the lower part of the gullet (oesophagus), the upper part of the small bowel (duodenum) and occasionally the spleen or part of the pancreas.

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

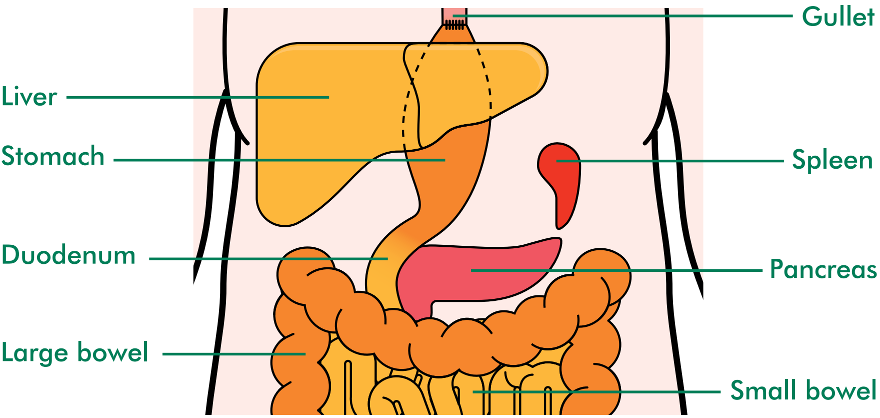
The surgeon removes the lower part of the stomach. They then sew up the duodenum (the first part of the small bowel, which used to attach to the lower stomach). They move the upper part of your stomach down and reconnect it to a different part of the small bowel, forming a smaller stomach.



The lower stomach is removed. 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 **oesophagogastrectomy**. They join the remaining end of the gullet to the lower end of the stomach.

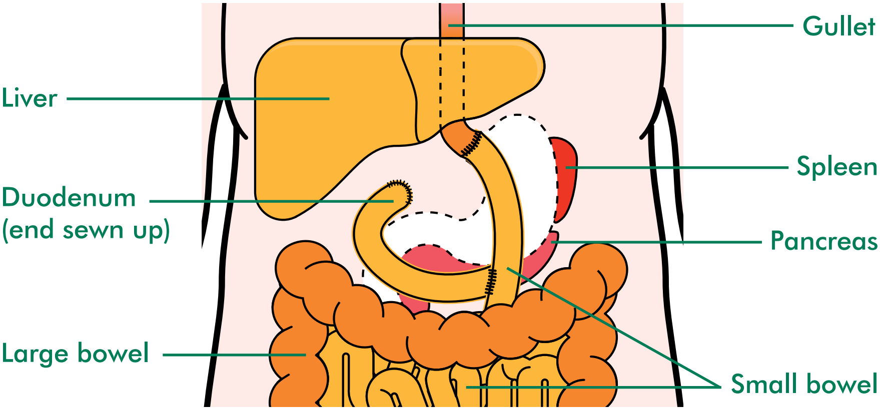


The upper stomach is removed. The lower stomach is moved up and joined to the gullet.

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. This is called a **total gastrectomy**. The surgeon joins the bottom of the gullet to part of the small bowel, making a small sac that can act as a stomach.

The duodenum, which used to connect to the bottom of the stomach, is sewn up at the end.



All of the stomach is removed. The gullet is joined to the small bowel.

Keyhole 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 small cuts in the abdomen, rather than one large opening. They use a laparoscope (see page 20), which they put through the cuts to see and work inside the tummy.

Generally, about three 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

Sometimes, the cancer causes a blockage that stops food from passing through the stomach. Usually, the doctor treats this by putting a thin tube (stent) into the area where the blockage is, to allow food to pass through. They do this under a local anaesthetic using an endoscope (see pages 16–17) that goes down the gullet and into the stomach.

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

Or, 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 to relieve a blockage can often relieve symptoms but won't cure the cancer.

Before surgery to remove part or all of your stomach

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

A member of the surgical team 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 quitting smoking.

We have a leaflet, *Giving up smoking,* which has practical tips for stopping smoking.

A dietitian will give you advice on eating well in preparation for the operation. If you've had problems with eating and have lost weight, you may need extra help and support with your diet.

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, for example, 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 what's called 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 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 make sure you've asked all the questions you want to and discussed any concerns with your nurse or doctor.

After your operation

You may be cared for in a high-dependency unit for a few days after your operation. This is routine in many hospitals and doesn't mean your operation has gone badly or that there are complications.

The nurses will encourage you to start moving around as soon as possible. You'll usually be helped 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 physiotherapist will show you how to do the exercises.

Drips and tubes

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

- A drip (infusion) into a vein in your arm or neck to give you fluids until you're eating and drinking again.
- A thin tube going into your back to give you painkilling drugs that numb the nerves and stop you feeling sore (called an epidural).
- A tube that goes up your nose and down into your stomach (nasogastric tube) which the nurses use to remove fluid so you don't feel sick.
- A feeding tube (jejunostomy), which goes into the small bowel through a small cut in the abdomen.
- A small, flexible tube into your bladder to drain urine into a bag (urinary catheter).
- A drainage tube to remove fluid from your wound, allowing it to heal properly.

Drinking and eating

You won't usually have anything to drink for the first 24–48 hours. 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.

You may have a feeding tube to give you liquid food for a few days until you're eating well. Some people go home with the feeding tube and have it a bit longer, to make sure they put on weight.

Pain

There are effective ways to prevent and control pain after surgery. For the first few days you'll have painkillers either into a vein (intravenously) or into your back (epidural).

Intravenous pain relief is given through an electronic pump to give you a continuous dose of painkiller. It's called patient-controlled analgesia (PCA). You can give yourself an extra dose by pressing a button if you feel sore. The machine is set to make sure you can't have too much.

With an epidural, the anaesthetist puts a fine tube into your back during surgery. They connect the tube to a pump to give you a continuous dose of painkillers.

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

Let your nurses and doctors know if you're in pain, so they can give you the dose of painkillers that's right for you.

Your wound

The nurses usually keep your wound covered with a dressing for the first few days. They'll check it regularly to make sure it's healing well. After about ten days, they'll remove your staples or stitches.

Going home

You'll probably be ready to go home about 10–14 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. Avoid lifting heavy loads like shopping, or doing vacuuming or gardening for at least eight weeks to give your wound time to heal.

Try gradually building up the amount you do, as you feel able. Gentle exercise like taking regular walks will help to 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.

If you feel able, it's usually fine to drive four to six weeks after your operation. Some insurance policies give specific time limits. 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 a leaflet, *Discharge from hospital to home*, which explains how to get support once you're home.

Outpatient appointment

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

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, although you can contact them 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 it can be helpful to talk to someone who's not directly involved in your situation. Call our cancer support specialists on **0808 808 00 00** if you need to talk. They can also give you details of support groups in your area.

You may also 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.

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 one time.

After your operation

You'll feel full quite quickly when you eat or drink. You probably won't feel like eating for a while 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 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. You could use page 94 to write things like this down.

It can take a couple of months to get back to eating a balanced diet 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 (6–8) small meals a day and have snacks with you when you go out.

- Take your time to eat, try to relax and chew foods well – this will help with your digestion.
- Avoid drinking half an hour before your meal and during it, because this will fill you up.
- 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.

Boosting your weight

To begin with, it's not unusual 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 explain 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 or meal replacement drinks
- adding energy or protein powder to food – these are available on prescription.

Our booklet *The building-up diet* and our video at macmillan.org.uk/poorappetite have tips for putting on weight.

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 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, especially folate (vitamin B9) and iron. These are important for making red blood cells and calcium, which we need for strong teeth and bones. Your doctor will do regular blood tests to check you're getting enough of these nutrients from your diet.

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.

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 may last for about 10–15 minutes and are caused by food entering the bowel quickly. Things you can do to help are:

- have small, frequent, dry meals
- eat slowly
- have drinks 30–60 minutes after food
- avoid meals high in added sugar, such as a bowl of 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 15–30 minutes immediately after meals.

Early dumping syndrome often gets better on its own after a few months.

Late dumping syndrome happens a couple of hours after a meal, or when you've missed a meal. It's caused by low blood sugar levels. You may suddenly feel faint, sick and shaky. If you have this, follow the same advice for early dumping syndrome. Taking glucose tablets or 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.

We have more information about dietary problems after surgery for stomach cancer. Call 0808 808 00 00 to order this.

Chemotherapy

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

Chemotherapy for stomach cancer may be given:

- before and after surgery to remove the cancer
- before surgery to shrink a cancer that's too large to remove – this sometimes works well enough to make an operation possible
- occasionally, in combination with radiotherapy (chemoradiation), after surgery – this is for people who didn't have chemotherapy before surgery and is normally given as part of a clinical trial
- to help control the cancer and improve symptoms if an operation to remove it isn't possible.

Perioperative chemotherapy

The most common use of chemotherapy with surgery is perioperative chemotherapy. This shrinks the cancer 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. How chemotherapy is given is explained on page 52.

Advanced cancer

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 be given the chemotherapy for up to six months. Some people have a targeted therapy drug called trastuzumab (Herceptin®) as well as chemotherapy. Trastuzumab is explained on page 60.

How chemotherapy is given

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. A cycle often takes three weeks. 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) in your arm, or a soft plastic tube called a central line or PICC line. A central line goes into a vein in your chest and a PICC line is put into a vein above the bend in your arm.

If you have a central or PICC line, your nurse will show you how to look after it. These lines are designed to stay in until all your chemotherapy treatment is over. We have more information about central lines and PICC lines that we can send you.

Some people are also given a course of chemotherapy tablets called capecitabine to take at home. Or you may have a chemotherapy drug called fluorouracil through a small pump attached to your central or PICC line. You can go home with this in.

We have three videos about chemotherapy on our website, featuring health professionals and people having treatment. Visit macmillan.org.uk/chemotherapy

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. Other drugs such as irinotecan and docetaxel can also be used.

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.

Our booklet *Understanding chemotherapy* has more detailed information about chemotherapy. We also have information about the individual drugs. Call 0808 808 00 00 to order any information.

Side effects

Chemotherapy drugs may cause unpleasant side effects, but these can usually be well controlled with medicines and will normally 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 your treatment.

We have more printed information on all of the side effects described below, which we can send you. Call us on 0808 808 00 00.

Risk of infection

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

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, a sore throat, a cough, diarrhoea, or if you're passing urine frequently (sign of a urine infection).

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 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.

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 or hand-foot syndrome. It can be caused by capecitabine or 5FU and will improve when the treatment is finished. Using unperfumed moisturising creams can often help to relieve symptoms. Your doctor can prescribe creams if necessary.

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.

We have a video on our website about looking after your mouth during chemotherapy. Visit macmillan.org.uk/mouthcare

Anaemia (reduced number of red blood cells)

Chemotherapy may reduce the number of red bloods cells in your blood. This can make you feel very tired and you may become breathless. Anaemia can be treated with blood tranfusions. This should help you to feel more energetic and ease the breathlessness.

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 only experience partial hair loss or thinning. It depends on what 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.

We have a video about one person's experience of hair loss on our website. Visit macmillan.org.uk/hairloss

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 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 (fatigue)

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

Younger 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.

Contraception

It's not advisable to become pregnant or father a child while having chemotherapy, as the drugs may harm the unborn baby. It's important to use effective contraception during your treatment and for a few months afterwards.

Condoms should be used if you have sex within the first 48 hours after chemotherapy. This is to protect your partner from any of the drug that may be present in vaginal fluid or semen.

Radiotherapy

Radiotherapy is the use of 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 (**chemoradiation**). This is to try to reduce the risk of cancer returning after surgery. Chemoradiation is not often used as a treatment for stomach cancer in the UK. It's most likely to be given as part of a clinical trial (see pages 61–63).

Our booklet *Understanding radiotherapy* explains more about how radiotherapy is given and the side effects.

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 chemotherapy has stopped. The side effects of trastuzumab are usually mild.

Doctors are testing other targeted therapy drugs in clinical trials (see pages 61–63).

We can send you more information about trastuzumab (Herceptin®).

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 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'll 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.

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.

Our booklet *Understanding cancer research trials (clinical trials)* explains more about clinical trials and how they're carried out.

Current research

The STO3 trial is trying to find out whether adding a targeted therapy drug called bevacizumab (Avastin®) to chemotherapy before and after surgery will improve the results of treatment.

Another trial is trying to find out if giving a targeted therapy drug called onartuzumab with chemotherapy is more effective for people with stomach cancer that has spread.

There are many different trials going on and your doctor or nurse can give you more information.

Our website has links to clinical trials databases, which have details of current research trials on stomach cancer. Visit macmillan.org.uk/clinicaltrials

After treatment

After your treatment is completed, you'll have regular check-ups at the hospital. These check-ups will probably continue for several years. Many people find that for a while they get very anxious before their appointments. This is natural. It may help to get support from family, friends or one of the organisations listed on pages 84–88 during this time.

If you have any problems, or notice any new symptoms between check-ups, let your doctor know as soon as possible.

Our booklet *Life after cancer treatment* gives useful advice about keeping healthy and adjusting to life after treatment. We also have booklets about physical activity, diet and giving up smoking.

Well-being and recovery

After treatment, you'll probably be relieved that it's over. But you may still be coping with some treatment side effects and with some difficult feelings (see pages 66–69). You'll probably be very tired. Recovery takes time, so try not to be too hard on yourself.

There are some things you can do to improve your well-being. 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. The chapter on eating after surgery includes some helpful advice – see pages 44–49.

Try to eat healthily. This will give you more energy and help your recovery. Try to eat plenty of fresh fruit and vegetables – aim for five portions a day. Cut down on red, smoked and processed meats (such as bacon and sausages), and eat more chicken and fish.

If you drink, stick to sensible amounts. It's recommended that men drink no more than three units a day or 21 units a week. Women should drink no more than two units a day or 14 units a week. 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.

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 **macmillan.org.uk/cancervoices** for more information or call us on **0808 808 00 00**.

Your feelings

Most people feel overwhelmed when they are told they have cancer, and have many different emotions. These are part of the process you may go through when dealing with your illness. Partners, family members and friends often have similar feelings and may also need support and guidance to help them cope.

Reactions differ from one person to another – there's no right or wrong way to feel. We describe some of the common emotional effects of cancer here. However, reactions vary and people have different emotions at different times.

Our booklet *How are you feeling?* discusses the emotions you may have in more detail, and has suggestions for coping with them.

Shock and disbelief

Disbelief is often the immediate reaction when cancer is diagnosed. You may feel numb and unable to express any emotion. You may also find that you can only take in a small amount of information, and so you have to keep asking the same questions again and again. This need for repetition is a common reaction to shock. Some people find that their feelings of disbelief make it difficult for them to talk about their illness with family and friends. For others, it may be the main topic of conversation, as it's the main thing on their mind.

You may find our booklet *Talking about your cancer* helpful.

Fear and uncertainty

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears people have is whether they will die. Many cancers are curable if found at an early stage. When a cancer is not curable, current treatments often mean that it can be controlled for some time.

Many people are anxious about whether their treatment will work and have any side effects. It's best to discuss your treatment and possible outcomes in detail with your doctor.

You may find that doctors can't answer your questions fully, or that their answers sound vague. But it's often impossible for them to say for certain how effective treatment will be. Doctors know roughly how many people may benefit from a certain treatment, but they can't predict the future for a particular person.

Many people find this uncertainty hard to live with, but your fears may be worse than the reality. Finding out about your illness can be reassuring. Discussing what you have found out with your family and friends can also help.

You might find it helpful to talk to other people in your situation. Call our cancer support specialists on **0808 808 00 00** to find out if there's a support group in your area. Or you can visit our online community at **macmillan.org.uk/community** to chat any time with people who know what you're going through.

Some people find some form of spiritual support helpful at this time, and you may like to talk to a spiritual or religious adviser.

Denial

Many people cope with their illness by not wanting to know much or talk much about it. If that's the way you feel, just let your family and friends know that you'd prefer not to talk about your illness, at least for the time being.

Sometimes, however, it's the other way around. You may find that your family and friends don't want to talk about your illness. They may appear to ignore the fact that you have cancer, perhaps by playing down your worries and symptoms or deliberately changing the subject. If this upsets or hurts you, try telling them. Perhaps start by reassuring them that you know why they're doing it, but that it will help you if you can talk to them about your illness.

Anger

People often feel very angry about their illness. Anger can also hide other feelings, such as fear or sadness. You may direct your anger at the people closest to you, or at the doctors and nurses caring for you. It's understandable that you may be very upset by many aspects of your illness, so you don't need to feel guilty about your angry thoughts or irritable moods. Bear in mind that your family and friends may sometimes think that your anger is directed at them, when it's really directed at your illness. It may help to tell them this, or perhaps show them this section of the booklet.

Blame and guilt

Sometimes, people blame themselves or others for their illness, trying to find reasons to explain why it has happened to them. This may be because we often feel better if we know why something has happened. In most cases, it's impossible to know exactly what has caused a person's cancer. So there's no reason for you to feel that anyone is to blame.

Resentment

Understandably, you may feel resentful because you have cancer while other people are well. These feelings may crop up from time to time during the course of your illness and treatment. It usually helps to discuss these feelings, rather than keeping them to yourself.

Isolation and depression

There may be times when you want to be left alone to work through your thoughts and emotions. This can be hard for your family and friends, who want to share this difficult time with you. It may help them cope if you reassure them that, although you don't feel like discussing your illness at the moment, you'll talk to them about it when you're ready.

Sometimes, depression can stop you wanting to talk. If you or your family think you may be depressed, discuss this with your GP. They can refer you to a doctor or counsellor who specialises in the emotional problems of people with cancer, or prescribe an antidepressant drug for you.

We have a video about depression on our website.
Visit macmillan.org.uk/depression

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 *Lost for words – how to talk to someone with cancer* has more suggestions if you have a friend or relative with cancer. If you're looking after someone with cancer, you may find our booklet *Hello, and how are you?* helpful. It's based on carers' experiences and has lots of useful tips and information.

There's 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 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 overburdened. 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 parent, 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.

Our booklet *Talking to children and teenagers when an adult has cancer* includes discussion about sensitive topics. There's also a video on our website that may help, at macmillan.org.uk/talkingtochildren

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. There's more information about making positive lifestyle changes on pages 64–65.

Understanding more 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 some control.

We have a booklet called *Cancer and complementary therapies*, which might be helpful.

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, such as meals on wheels, a home helper or hospital 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.

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.

From October 2013, a new benefit called **Universal Credit** is replacing income-related ESA. This 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**.

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

Carers 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.

Our booklet *Help with the cost of cancer* has more detailed information. You might also find our video at macmillan.org.uk/gettingfinancialhelp useful.

You can find out about state benefits and apply for them online at **gov.uk** (England, Wales and Scotland) and **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 or Citizens Advice (see pages 86–87). 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 pages 86–87.

Our booklets *Insurance* and *Getting travel insurance* may also be helpful.

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 that may be helpful. There's also more information at macmillan.org.uk/work

How we can help you

Cancer is the toughest fight most of us will ever face. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

Get in touch

Macmillan Cancer Support
89 Albert Embankment,
London SE1 7UQ
Questions about cancer?
Call free on **0808 808 00 00**
(Mon–Fri, 9am–8pm)
www.macmillan.org.uk
Hard of hearing?
Use textphone 0808 808 0121
or Text Relay.
Non-English speaker?
Interpreters are available.

Clear, reliable information about cancer

We can help you by phone, email, via our website and publications or in person. And our information is free to everyone affected by cancer.

Macmillan Support Line
Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists provide clinical, financial, emotional and practical information and support to anyone affected by cancer. 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, and offer you the opportunity to speak with someone face-to-face. Find your nearest one at **macmillan.org.uk/informationcentres**

Publications

We provide expert, up-to-date information about different types of cancer, tests and treatments, and information about living with and after cancer. We can send you free booklets, leaflets, and fact sheets.

Other formats

We have a small range of information in other languages and formats. Our translations are for people who don't speak English and our Easy Read booklets are useful for anyone who can't read our information. We also produce a range of audiobooks. Find out more at **macmillan.org.uk/otherformats**

Please email us at **cancerinformationteam@macmillan.org.uk** if you'd like us to produce our information for you in Braille or large print.

You can find all of our information, along with several videos, online at **macmillan.org.uk/cancerinformation**

Review our information

Help us make our resources even better for people affected by cancer. Being one of our reviewers gives you the chance to comment on a variety of information including booklets, fact sheets, leaflets, videos, illustrations and website text.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk**

Need out-of-hours support?

You can find a lot of information on our website, **macmillan.org.uk**
For medical attention out of hours, please contact your GP for their out-of-hours service.

Someone to talk to

When you or someone you know has cancer, it can be difficult to talk about how you're feeling. You can call our cancer support specialists to talk about how you feel and what's worrying you.

We can also help you find support in your local area, so you can speak face-to-face with people who understand what you're going through.

Professional help

Our Macmillan nurses, doctors and other health and social care professionals offer expert treatment and care. They help individuals and families deal with cancer from diagnosis onwards, until they no longer need this help.

You can ask your GP, hospital consultant, district nurse or hospital ward sister if there are any Macmillan professionals available in your area, or call us.

Support for each other

No one knows more about the impact cancer has on a person's life than those who have been affected by it themselves. That's why we help to bring people with cancer and carers together in their communities and online.

Support groups

You can find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online community

You can also share your experiences, ask questions, get and give support to others in our online community at **macmillan.org.uk/community**

Financial and work-related support

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. Some people may have to stop working.

If you've been affected in this way, we can help. Call the Macmillan Support Line and one of our cancer support specialists will tell you about the benefits and other financial help you may be entitled to.

We can also give you information about your rights at work as an employee and help you find further support.

Macmillan Grants

Money worries are the last thing you need when you have cancer. A Macmillan Grant is a one-off payment for people with cancer, to cover a variety of practical needs including heating bills, extra clothing, or a much needed break.

Find out more about the financial and work-related support we can offer at **macmillan.org.uk/financialsupport**

Learning about cancer

You may find it useful to learn more about cancer and how to manage the impact it can have on your life.

You can do this online on our Learn Zone – **macmillan.org.uk/learnzone** – which offers a variety of e-learning courses and workshops. There's also a section dedicated to supporting people with cancer – ideal for people who want to learn more about what their relative or friend is going through.

Other useful organisations

Support for stomach/ digestive problems

CORE

Freepost LON4268,
London NW1 0YT
Tel 020 7486 0341
Email info@corecharity.org.uk
www.corecharity.org.uk

Used to be called the Digestive Disorders Foundation. Produces 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
(Mon–Fri, 9am–3pm)
Email enquiries@opa.org.uk
www.opa.org.uk

Run by people who’ve had or have got oesophageal cancer. Publishes useful advice, information and support for 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
Tel 0800 783 3339
(Mon–Fri, 9am–1pm)
Email hello@cancerfocusni.org
www.cancerfocusni.org

Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

Cancer Support Scotland

Calman Cancer Support Centre,
75 Shelley Road,
Glasgow G12 0ZE
Tel 0800 652 4531
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.

Irish Cancer Society

43–45 Northumberland Road,
Dublin 4, Ireland
Tel 1800 200 700 (Mon–Thu, 9am–7pm, Fri, 9am–5pm)
Email helpline@irishcancer.ie
www.cancer.ie

National cancer charity offering information, support and care to people affected by cancer. Has a helpline staffed by specialist cancer nurses. You can also chat to a nurse online and use the site's message board.

Maggie's Centres

1st Floor, One Waterloo Street,
Glasgow G2 6AY
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org

Maggie's Centres provide information about cancer, benefits advice, and emotional or psychological support.

Penny Brohn Cancer Care

Chapel Pill Lane,
Pill, Bristol BS20 0HH
Tel 0845 123 2310 (Mon–Fri, 9.30am–5pm)
Email helpline@pennybrohn.org
www.pennybrohncancercare.org

Offers a combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques.

Tenovus

Head Office,
Gleider House, Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
(Mon–Sun, 8am–8pm)
www.tenovus.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.

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 people to appropriate services. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

Financial or legal advice and information

Benefit Enquiry Line Northern Ireland

Tel 0800 220 674
(Mon–Wed and Fri, 9am–5pm, Thu, 10am–5pm)
Textphone 0800 243 787
www.nidirect.gov.uk/money-tax-and-benefits

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

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 the following websites:

England and Wales
www.citizensadvice.org.uk

Scotland
www.cas.org.uk

Northern Ireland
www.citizensadvice.co.uk

You can also find advice online in a range of languages at **adviceguide.org.uk**

Department for Work and Pensions (DWP)

Disability Benefits Helpline
08457 123 456
Textphone 0845 722 4433
Personal Independence Payment Helpline
0845 850 3322
Textphone 0845 601 6677
Carer's Allowance Unit
0845 608 432
Textphone 0845 604 5312
www.gov.uk/browse/benefits
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Gov.uk

www.gov.uk
Has comprehensive information about social security benefits and public services.

The Money Advice Service

Tel 0300 500 5000 (Mon–Fri, 8am–8pm, Sat, 9am–1pm)
Typetalk 18001 0300 500 5000
www.moneyadviceservice.org.uk
Runs a free financial health check service and gives advice about all types of financial matters. Has an online chat service for instant money advice.

Money Advice Scotland

Tel 0141 572 0237
www.moneyadvicescotland.org.uk

Unbiased.co.uk

Email contact@unbiased.co.uk
www.unbiased.co.uk
On the website you can search for qualified advisers who specialise in giving financial, mortgage, accounting or legal advice.

Equipment and advice on living with a disability

British Red Cross
UK Office, 44 Moorfields,
London EC2Y 9AL
Tel 0844 871 11 11
Email information@redcross.org.uk
www.redcross.org.uk
Offers a range of health and social care services such as care in the home, a medical equipment loan service and a transport service.

Support for carers

Carers UK
Tel (England, Scotland, Wales) 0808 808 7777
Tel (Northern Ireland) 028 9043 9843
(Wed–Thu, 10am–12pm and 2–4pm)
Email advice@carersuk.org
www.carersuk.org
Offers information and support to carers across the UK. Can put people in contact with support groups for carers in their area.

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

Further resources

Related Macmillan information

You may want to order some of the resources mentioned in this booklet. These include:

- *Cancer and complementary therapies*
- *Coping with fatigue*
- *Coping with hair loss*
- *Discharge from hospital to home*
- *Getting travel insurance*
- *Giving up smoking*
- *Healthy eating and cancer*
- *Hello, and how are you? A guide for carers, by carers*
- *Help with the cost of cancer*
- *How are you feeling? The emotional effects of cancer*
- *Insurance*
- *Life after cancer treatment*
- *Lost for words – how to talk to someone with cancer*
- *Making treatment decisions*
- *Physical activity and cancer treatment*
- *Self-employment and cancer*
- *Talking about your cancer*
- *Talking to children and teenagers when an adult has cancer*
- *The building-up diet*
- *Understanding cancer research trials (clinical trials)*
- *Understanding chemotherapy*
- *Understanding radiotherapy*
- *Work and cancer*

- *Working while caring for someone with cancer*
- *Your feelings after cancer treatment*

To order a booklet, visit **be.macmillan.org.uk** or call **0808 808 00 00**.

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

We have information about surgery, chemotherapy and radiotherapy in Bengali, Gujarati, Hindi, Polish, Punjabi, Russian, Traditional Chinese, Urdu and Welsh. We also have Easy Read books about cancer. Visit **macmillan.org.uk/otherformats** to find out more.

Helpful book

100 questions and answers about gastric cancer
MA Shah, et al. Jones and Bartlett. 2008. £12.99.
A useful book for people with gastric cancer and their carers. Written for a US audience, so some information will not be relevant in the UK. The easy-to-read question and answer format covers topics such as available treatments and ways of coping with emotional and physical difficulties.

Macmillan audiobooks

Our high-quality audiobooks, based on our variety of booklets, include information about cancer types, different treatments and about living with cancer. To order your free CD, visit **be.macmillan.org.uk** or call **0808 808 00 00**.

Macmillan videos

There are many videos on the Macmillan website featuring real-life stories and information from health and social care professionals.

Useful websites

A lot of information about cancer is available online. Some websites are excellent; others have out-of-date or misleading information. The sites listed here are considered by nurses and doctors to contain accurate information and are regularly updated.

Macmillan Cancer Support

ww.macmillan.org.uk

Find out more about living with the practical, emotional and financial effects of cancer. Our website contains expert, accurate and up-to-date information on cancer and its treatment, including:

- all the information from our 150+ booklets and 360+ fact sheets
- videos featuring real-life stories from people affected by cancer and information from professionals
- how Macmillan can help, the services we offer and where to get support
- how to contact our cancer support specialists, including an email form for sending your questions
- local support groups search, links to other cancer organisations and a directory of information materials
- a huge online community of people affected by cancer sharing their experiences, advice and support.

American Cancer Society

www.cancer.org

Nationwide community-based health organisation dedicated to eliminating cancer. It aims to do this through research, education and advocacy.

Cancer Research UK

www.cancerhelp.org.uk

Contains patient information on all types of cancer and has a clinical trials database.

Health and Social Care in Northern Ireland

www.n-i.nhs.uk

The official gateway to health and social care services in Northern Ireland.

Healthtalkonline

www.healthtalkonline.org
www.youthhealthtalk.org
(site for young people)
Contains information about some cancers and has video and audio clips of people talking about their experiences of cancer and its treatments.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

National Cancer Institute – National Institute of Health – USA

www.cancer.gov
Gives information on cancer and treatments.

NHS Choices

www.nhs.uk
NHS Choices is the online 'front door' to the NHS. It's the country's biggest health website and gives all the information you need to make decisions about your health.

NHS Direct Online

www.nhsdirect.nhs.uk
NHS health information site for England.

NHS 24 in Scotland

www.nhs24.com
NHS health information site for Scotland.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk
NHS health information site for Wales.

Patient UK

www.patient.co.uk
Provides people in the UK with good quality information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health and illness-related websites.

Riprap

www.riprap.org.uk
Developed especially for teenagers who have a parent with cancer.

Disclaimer

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Dr Tim Iveson, Consultant Medical Oncologist and Macmillan Chief Medical Editor.

With thanks to: Mr William Allum, Consultant Upper GI Surgeon; Dr David Gilligan, Consultant Clinical Oncologist; Ms Dorothy Steel, Macmillan Upper GI Clinical Nurse Specialist; and the people affected by cancer who reviewed this edition.

Sources

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YOUR NOTES AND QUESTIONS

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
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Valid from
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Expiry date
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Issue no
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Security number
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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 taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that 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.

FRSB 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

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available.
Braille and large print versions on request.

Next planned review 2016. Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604).

The Information Standard
Certified member

This organisation has been certified as a producer of reliable health and social care information.
www.theinformationstandard.org

Printed using sustainable material. Please recycle.

WE ARE MACMILLAN.
CANCER SUPPORT