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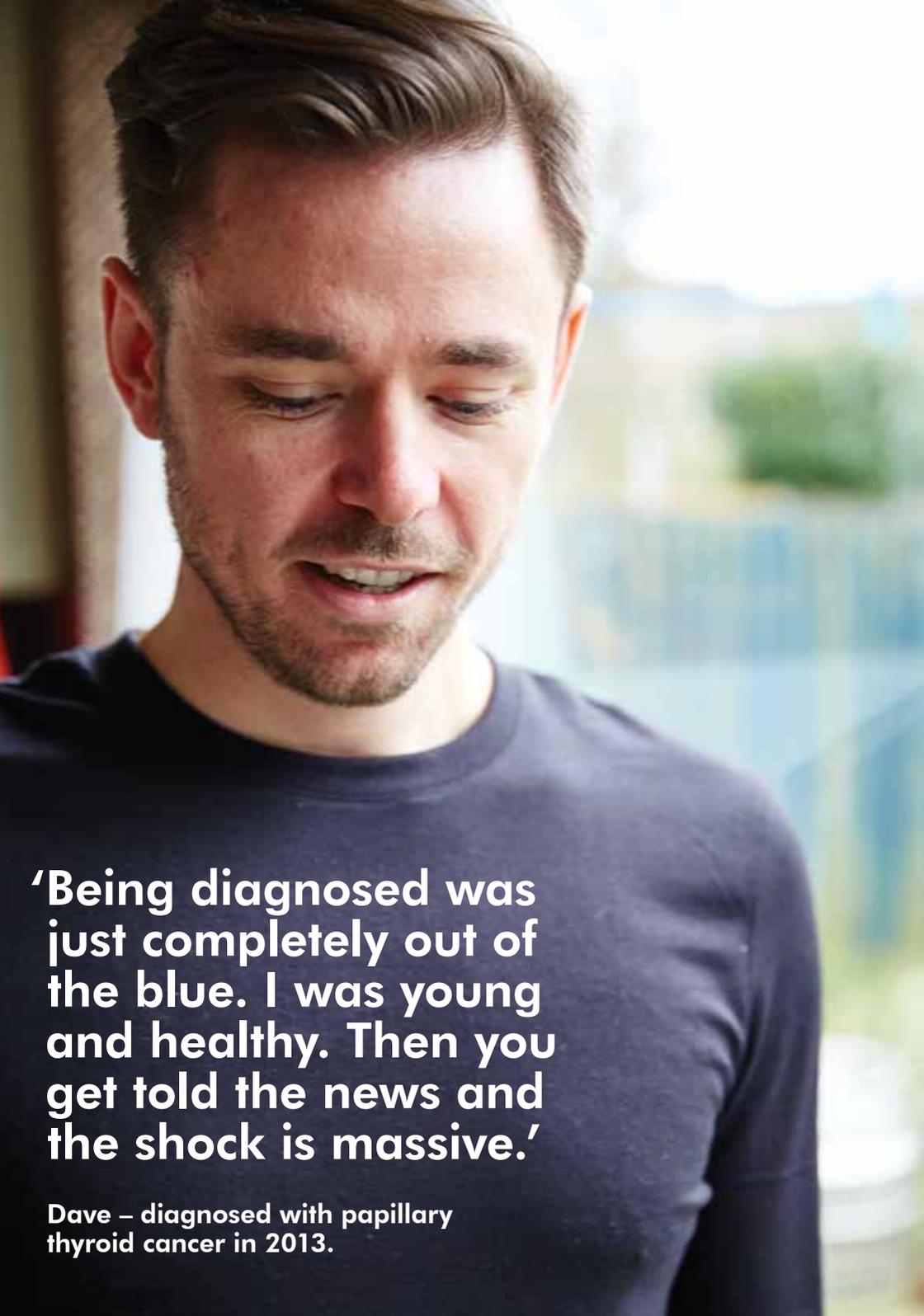
A practical guide to understanding cancer

UNDERSTANDING THYROID CANCER (FOLLICULAR AND PAPILLARY)



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'Being diagnosed was just completely out of the blue. I was young and healthy. Then you get told the news and the shock is massive.'

Dave – diagnosed with papillary thyroid cancer in 2013.

About this booklet

This booklet gives information about the most common types of thyroid cancer. These are called **papillary** and **follicular thyroid cancer**. We hope it answers some of your questions and helps you deal with some of the feelings you may have.

We've also listed other sources of support and information, which we hope you'll find useful. Turn to pages 90–99 for some useful addresses and helpful websites, and page 100 to write down any notes or questions for your doctor or nurse.

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

If you'd like to discuss this information, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. Our service has a thyroid cancer information nurse who you can arrange to speak with. 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**

Throughout this booklet we've included quotes from people affected by thyroid cancer. Some are from Dave, who is also on the cover of this booklet. Some are from members of our online community at **macmillan.org.uk/community**. Others are from people who have chosen to share their experiences with us by becoming a Cancer Voice – to find out more, visit **macmillan.org.uk/cancervoices**

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.



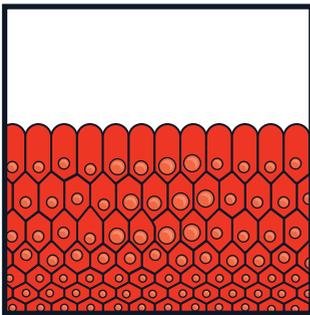
THE THYROID GLAND AND THYROID CANCER

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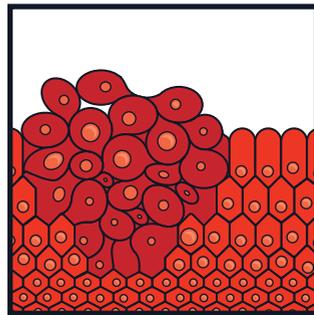
What is cancer?

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

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a **lump (tumour)**. Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a **biopsy**. The doctors examine the sample under a microscope to look for cancer cells.



Normal cells



Cells forming a tumour

A lump that is not cancerous (**benign**) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

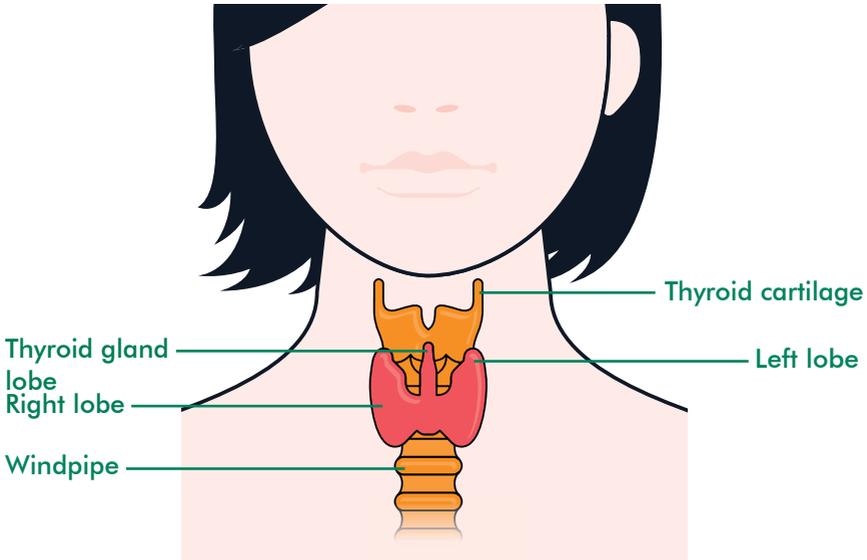
A lump that is cancer (**malignant**) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or **lymphatic system** (see pages 10–11). When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a **secondary cancer** or a **metastasis**.



We have a video on our website that explains how cancer develops. You can watch it at [macmillan.org.uk/aboutcancer](https://www.macmillan.org.uk/aboutcancer)

The thyroid gland

The thyroid is a small gland in the front of your neck just below your voicebox (larynx). It is made up of two parts called lobes.



The thyroid gland

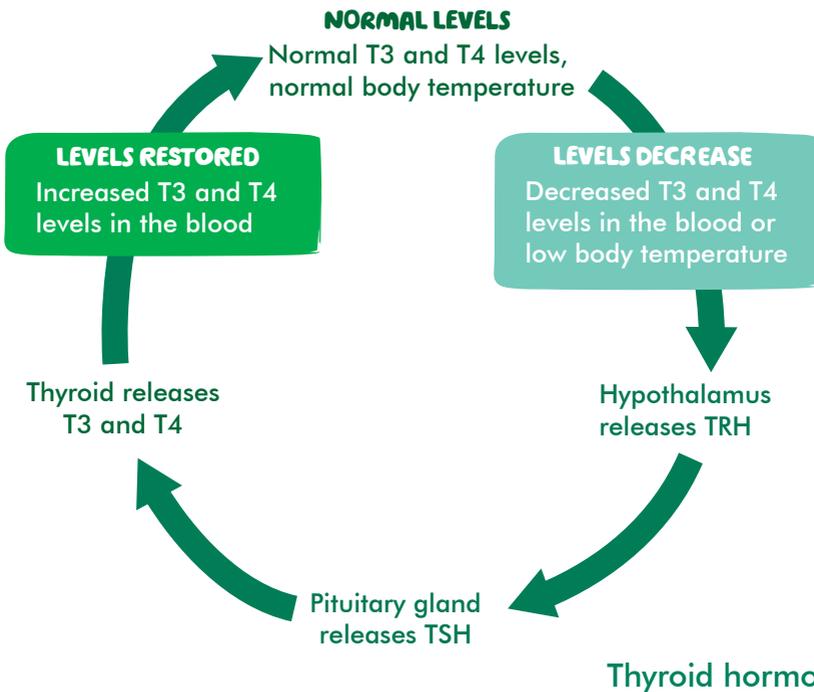
The thyroid gland is part of your endocrine system. This system makes hormones that help to control and influence the way your body functions. Your thyroid gland produces two main hormones:

- thyroxine (T4)
- triiodothyronine (T3).

These keep your body functioning at the correct speed. If your thyroid gland doesn't produce enough hormones, your body's cells will work slower than normal. You'll feel tired and lethargic and put on weight easily. This is called hypothyroidism.

If your thyroid gland produces too many hormones, your body's cells will work faster than normal. This is called hyperthyroidism or thyrotoxicosis. You'll lose weight, feel hungrier than normal, and feel shaky and anxious. Your heartbeat may be faster than normal or irregular.

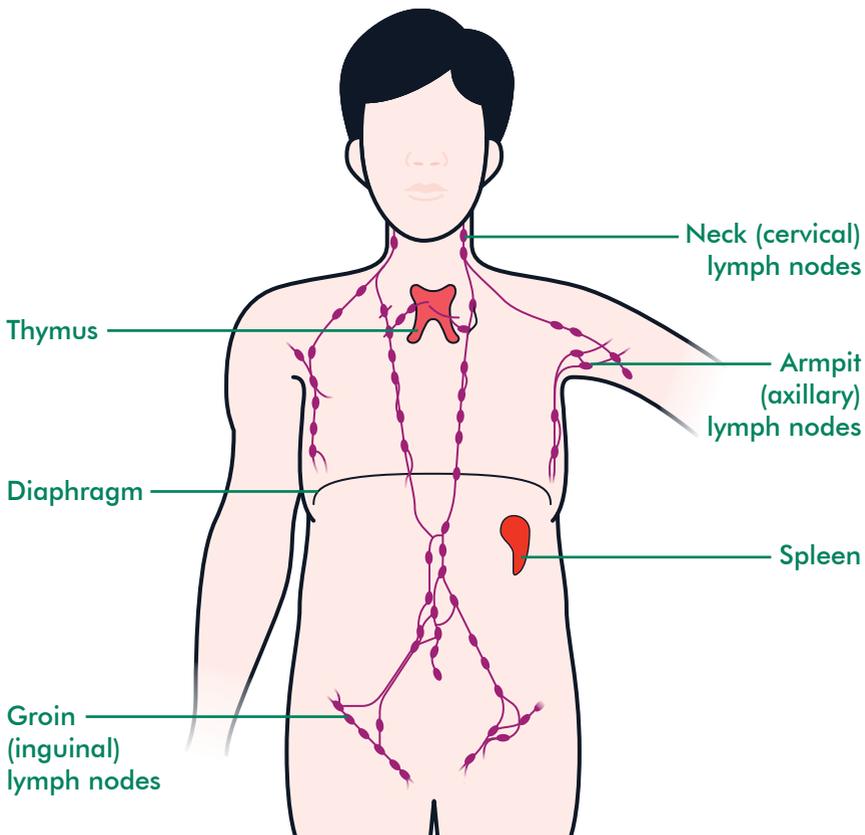
A part of your brain called the hypothalamus senses if the levels of T3 and T4 in your blood are too low. If they are it sends thyroid-releasing hormones (TRH) into your blood. The rising level of TRH makes another gland in the brain, called the pituitary gland, release thyroid-stimulating hormone (TSH). TSH then stimulates the thyroid gland to produce more T3 and T4.



The thyroid gland needs a regular supply of iodine, which is found in fish, seafood and dairy products, to produce thyroid hormones. We get iodine from our diet.

The lymphatic system

The lymphatic system helps to protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.



The lymphatic system

Lymph nodes (sometimes called lymph glands) are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection lymph nodes often swell as they fight the infection.

Thyroid cancer cells can sometimes spread to the lymph nodes in the neck and the chest.

Thyroid cancer

Thyroid cancer is uncommon. Each year, about 2,700 people in the UK are diagnosed with it. It's more common in women than men.

Types of thyroid cancer

There are different types of thyroid cancer.

Papillary

This is the most common type of thyroid cancer. It's slow-growing and is found more in younger people, mostly women.

Follicular

This is a less common type of thyroid cancer. It's usually found in young or middle-aged people.

This booklet is about papillary and follicular thyroid cancer. These two types of thyroid cancer are sometimes grouped together and called differentiated thyroid cancer (DTC). They are often treated in the same way. Most people with differentiated thyroid cancers are cured.

Other types of thyroid cancer

Medullary

This is a rare type of thyroid cancer that can run in families.

Anaplastic

This is a rare type of thyroid cancer that is fast-growing.

Thyroid lymphoma

This type of thyroid cancer starts in the lymph tissue of the thyroid. The lymph tissue is part of the body's lymphatic system (see pages 10–11). Most thyroid lymphomas are a type of non-Hodgkin lymphoma (NHL).

If you would like information about other types of thyroid cancer you can contact our cancer support line on **0808 808 00 00**. We have a thyroid cancer information nurse who you can arrange to speak to.



We can send you a fact sheet about thyroid lymphoma.

Risk factors and causes

The causes of thyroid cancer in most people are unknown, but research is going on to try to find out more.

There are a number of things that may increase your risk of developing thyroid cancer. These are called risk factors. Having a particular risk factor doesn't mean you'll definitely get cancer. Sometimes people without any known risk factors will develop cancer.

Benign thyroid disease

Having an overactive or underactive thyroid (hyperthyroidism and hypothyroidism) does not increase your risk of developing thyroid cancer.

However, if you have certain types of non-cancerous (benign) thyroid disease you are slightly more likely to develop thyroid cancer. These include:

- an enlarged thyroid (goitre)
- thyroid nodules (adenomas)
- inflammation of the thyroid (thyroiditis).

Benign thyroid disease can run in families. You are more at risk of getting thyroid cancer if you have family members with benign thyroid disease. The risk is higher if more than one member of your family is affected.



Exposure to radiation

If you have had radiotherapy treatment to the neck area you have an increased risk of developing thyroid cancer many years later. Exposure to high levels of radiation in the environment – for example, in the areas surrounding Chernobyl in the Ukraine following the nuclear power explosion of 1986 – can also increase your risk. However, only a small number of thyroid cancers are caused by radiation exposure.

Inherited altered gene

There's a slight increased risk of developing thyroid cancer if you have inherited an altered gene that causes a bowel condition called familial adenomatous polyposis (FAP). Family members of a person with FAP can be tested to see if they have the same altered gene.



We can send you more information about FAP.

Being female

Thyroid cancer is more common in women than men. There may be a link to female hormones.

Weight

It's thought that people who are overweight may have a higher risk of getting thyroid cancer. A healthy diet and regular exercise may reduce the risk.



We can send you information on healthy eating and cancer, and weight management during and after cancer treatment.

Symptoms

In most people, thyroid cancer develops very slowly. The most common symptom of thyroid cancer is a painless lump in the neck that gradually gets bigger. However, most thyroid lumps are benign (non-cancerous).

Other symptoms include:

- a hoarse voice, for no obvious reason, that doesn't go away after a few weeks
- difficulty swallowing – this can be caused by a thyroid tumour pressing on the gullet (oesophagus)
- difficulty breathing – this can be caused by a thyroid tumour pressing on the windpipe (trachea).

If you notice a lump in your neck, or any of the above symptoms, you should see your doctor as soon as possible. These symptoms can be caused by conditions other than cancer.



DIAGNOSING THYROID CANCER

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How thyroid cancer is diagnosed

You'll usually begin by seeing your GP if you have symptoms. They will examine you and arrange any necessary tests. If your GP thinks you may have cancer, they'll refer you to a hospital for specialist advice and treatment. You should be seen at the hospital within two weeks.

At the hospital

The specialist will ask you about your general health, family history and any previous medical problems you have had. They will do a physical examination. You may have some of the following tests:

Blood tests

Samples of blood will be taken to check your thyroid function and general health.

Ultrasound thyroid scan

An ultrasound scan uses sound waves to build up a picture of the inside of the neck and the thyroid gland. Your doctor will also check the lymph nodes in your neck to see if any of these are abnormal. This is because sometimes thyroid cancer can spread to the lymph nodes.

You will be asked to lie on your back for the scan. Once you're lying comfortably, the person doing the scan will spread a gel over your neck. They will then move a small hand-held device like a microphone around your neck area. A picture of the inside of your neck shows up on a screen. An ultrasound only takes a few minutes and is painless.

Fine needle aspiration

A doctor will gently pass a small needle into the swelling in your neck. You may have a local anaesthetic to numb the area. Sometimes the doctor will use an ultrasound scanner to help guide the needle to the right area. They'll then take a small sample of cells and examine it under a microscope to check whether there are cancer cells present.

Core biopsy

Very occasionally you may need to have a core biopsy. You will have a local anaesthetic to numb the area. Your doctor will then use a slightly bigger needle to take a sample of tissue. An ultrasound scanner may be used to guide the needle to the right area. You may have a core biopsy if:

- it isn't possible to do a fine needle aspiration
- the fine needle aspiration doesn't collect enough cells
- the doctor who looks at the cells under the microscope (a pathologist), isn't sure whether cancer cells are present from the fine needle aspiration or biopsy sample.

If you need to have surgery to remove all or part of your thyroid gland (see pages 37–45), your doctor may suggest you proceed straight to this rather than having a core biopsy.

'I was encouraged by how treatable thyroid cancer is and I was well supported by family, friends and work. But it was still hard coming to terms with the C word.'

Duncan

Further tests

Your specialist may want to do some further tests to find out the size and position of the cancer, and whether it has spread to other parts of the body. These may include any of the following:

MRI (magnetic resonance imaging) scan

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it's safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips or bone pins. You should also tell your doctor if you've ever worked with metal or in the metal industry as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body, it's likely that you won't be able to have an MRI scan. In this situation, another type of scan can be used. Before the scan, you'll be asked to remove any metal belongings including jewellery.

Some people are given an injection of dye into a vein in the arm, which doesn't usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly. During the test, you'll lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It's painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It's also noisy, but you'll be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

CT (computerised tomography) scan

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10–30 minutes and is painless. 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 may be asked not to eat or drink for at least four hours before the scan.

Occasionally you may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. 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.



If you are given a drink or injection this may affect treatment with radioactive iodine (see pages 48–54). Your doctor or specialist nurse will be able to discuss this with you.

You'll probably be able to go home as soon as the scan is over.

PET-CT scan

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture, and a positron emission tomography (PET) scan. A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body.

PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. You can't eat for six hours before the scan, although you may be able to drink.

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

You may have this scan if your doctors are concerned that your cancer has come back following your initial treatment.

Vocal cord check

You may need to have your vocal cords checked before and after surgery to remove your thyroid gland. This is because the nerves that control your vocal cords are close to the thyroid gland.

Your doctor will pass a thin, flexible tube with a small camera at the end, through your nose to look at how your vocal cords move.

Staging

The stage of a cancer describes its size and if it has spread from where it started. The stage of your thyroid cancer helps your doctors decide what treatment is best for you.

There are different ways of staging cancers. The most common staging system is the TNM system.

TNM staging

T describes the size of the tumour and whether it has spread into nearby tissues around the thyroid gland. There are four levels. They range from T1, where the tumour is less than 2cm and hasn't grown outside the thyroid gland, to T4, where the tumour is of any size and has spread to nearby tissues.

N describes whether the cancer has spread to the lymph nodes close to the thyroid gland. There are two levels:

- N0 – the lymph nodes aren't affected
- N1 – the cancer has spread to lymph nodes close to the thyroid gland or in the neck or chest area

M describes whether the cancer has spread to other parts of the body, such as the lungs or the bones (metastatic or secondary cancer).

Number stages

Doctors often combine the information from the TNM system into an overall number stage, for example stage 2.

Unlike most cancers, papillary and follicular thyroid cancer are also staged according to the age of the person

Papillary or follicular thyroid cancer in people aged under 45 Stage 1

The tumour can be of any size and nearby lymph nodes may be affected. But the tumour has not spread to other parts of the body.

Stage 2

The tumour is any size and has spread to other parts of the body, such as the bones or lungs.

There is no stage 3 or 4 thyroid cancer for people in this age group.

Papillary or follicular thyroid cancer in people aged 45 and over Stage 1

The tumour is no bigger than 2cm and hasn't grown outside the thyroid gland. There is no spread to the lymph nodes or to other parts of the body.

Stage 2

The tumour is between 2–4 cm and hasn't grown outside the thyroid gland. The cancer has not spread to the lymph nodes or other parts of the body.

Stage 3

The tumour is bigger than 4cm and hasn't grown outside the thyroid gland.

Or the tumour is any size and has spread just outside the thyroid gland. It has spread to nearby lymph nodes in the neck. It has not spread to other parts of the body.

Stage 4A

The tumour is any size and has spread into surrounding parts of the neck (such as the muscles, nerves or blood vessels). It may or may not have spread to the lymph nodes, but has not spread to other parts of the body.

Or the tumour is any size and may have spread just outside the thyroid gland. It has spread to lymph nodes in the neck away from the thyroid or in the upper chest. It has not spread to other parts of the body.

Stage 4B

The tumour is any size and has spread to other parts of the neck but not to other parts of the body.

Stage 4C

The cancer has spread to other parts of the body, such as the lung or bones.

The staging of thyroid cancer is complicated. If you would like more information you can ask your doctor or nurse to explain it in more detail.



TREATING THYROID CANCER

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Treatment overview

The treatment you have will depend on the stage of your cancer and your general health. Differentiated (see page 12) thyroid cancers can usually be treated successfully and most people are cured.

Surgery is usually the first treatment for differentiated thyroid cancer. You may also have treatment with radioactive iodine or thyroid replacement therapy. Occasionally, external beam radiotherapy, targeted therapies or chemotherapy may be given.

Surgery

Surgery (see pages 37–45) is one of the main treatments for thyroid cancer. Your surgeon may advise you to have:

- half of the thyroid gland removed (hemithyroidectomy or lobectomy)
- all of the thyroid gland removed (total thyroidectomy).

Sometimes the surgeon also needs to remove the lymph nodes and tissue around the thyroid gland.

After thyroid surgery you may need to take thyroid hormone therapy to replace the hormones that are normally made by the thyroid gland.

Thyroid hormones

You may be advised to take thyroxine – a type of thyroid hormone (see pages 46–47) to reduce the risk of your cancer coming back after treatment.

Radioactive iodine

Your doctor may suggest you have radioactive iodine (see pages 48–54) after your surgery.

External beam radiotherapy

Occasionally external beam radiotherapy (see pages 55–56) is used to treat differentiated thyroid cancer.

Chemotherapy

Chemotherapy (see page 59) isn't usually used to treat differentiated thyroid cancer. Your doctor may suggest it if your cancer comes back after other treatments.

Targeted therapies

Targeted therapies (see page 58) are newer drugs that target the differences between cancer cells and normal cells. You may be offered them as part of a clinical trial if your cancer comes back after other treatments.

In England some targeted therapies are available from the Cancer Drugs Fund. In Wales your specialist can make an Individual Patient Funding request. In Scotland or Northern Ireland you can ask your specialist whether targeted therapies are available.

How treatment is planned

A team of specialists will meet to discuss and decide which treatment will be best for you.

This multidisciplinary team (MDT) will include:

- a surgeon who specialises in thyroid cancers
- an oncologist (cancer doctor who specialises in radioactive iodine treatment, radiotherapy, chemotherapy and targeted therapy)
- an endocrinologist (a doctor who specialises in glands and hormones)
- nurse specialist (sometimes referred to as your key worker)
- a radiologist (a doctor who advises on x-rays and scans)
- a nuclear medicine specialist (who analyses tests and scans using radioactive substances, such as a thyroid scan)
- a pathologist (who advises on the type and extent of the cancer).

There may also be a number of other healthcare professionals, such as a:

- speech and language therapist
- dietitian
- physiotherapist
- psychologist or counsellor.

After the team have met, your specialist will discuss your treatment options with you. You can ask questions about anything you don't understand or are worried about. You should also be given a telephone number for your specialist nurse or key worker, who you can contact if you have questions when you get home.

You can also talk to our cancer support specialists on **0808 808 00 00**. Our service has a thyroid cancer information nurse who you can arrange to speak with.

The benefits and disadvantages of treatment

Many people are frightened at 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 vary depending on your individual situation. Your doctor will be able to discuss with you the benefits and disadvantages of treatment for your situation.

Most people with papillary or follicular thyroid cancer will be cured. If you have been offered treatment that aims to cure your thyroid cancer, it may be easy to decide to accept treatment. However, if a cure is not possible and the treatment is being given to control the cancer for a period of time, it may be more difficult to decide whether to go ahead.

It's important you ask your doctors and nurse specialist any questions you have about your treatment.



We can send you a booklet called *Making treatment decisions*.

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, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

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 straightaway, so they can explain again. Some cancer treatments are complex, so it's not unusual to need repeated explanations. It's a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion.

You may also find it useful to write a list of questions before your appointment.

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

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

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



Surgery

Surgery is one of the main treatments for thyroid cancer. The type of operation you have will depend on the size of your cancer and your general health.

Surgery to remove the thyroid gland

Hemithyroidectomy or lobectomy

In this operation the surgeon removes half of the thyroid gland. Some people will have this operation to diagnose thyroid cancer.

Your doctor may suggest you have a further operation to remove the whole thyroid gland.

Total thyroidectomy

In this operation the surgeon removes the whole thyroid gland.

Surgery to the lymph nodes

Your surgeon may remove the lymph nodes in the front, or front and side of your neck. This is done to:

- remove cancerous lymph nodes
- reduce the risk of the cancer coming back.

Neck tissue

If the cancer has begun to spread outside the thyroid gland into the surrounding tissue, the surgeon may need to remove some of the tissue in the area around the thyroid gland. Your specialist team will provide you with further information if you need this surgery.

Before your operation

You may be seen at a pre-assessment clinic before your operation. At the clinic you will have some tests to check your general health. These may include blood tests, a chest x-ray and a recording of your heart.

You will see a member of the surgical team and in some hospitals a specialist nurse who will talk to you about your operation. This is a good opportunity to ask questions and talk over any concerns you may have.

You will see the doctor who gives you your anaesthetic (the anaesthetist) either 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 your risk of problems such as a chest infection, and help your wound heal after the operation. Your GP can give you advice and you can read our booklet *Giving up smoking*.

If you think you might need help when you go home after your operation, let the nurses know as soon as possible. It means the staff can help you make arrangements in plenty of time.

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

'The surgical team all talked to me before my operation and I felt very reassured.'

Jo

After your operation

After your operation the nurses on the ward will help you to lie in a fairly upright position supported by pillows. This helps to reduce swelling in your neck area. They will take your blood pressure and pulse and check your oxygen levels at regular intervals. You will have your blood tested for calcium levels (see page 43).

You'll be encouraged to start moving about as soon as possible. You should have a nurse with you the first time you get out of bed as you may feel drowsy and dizzy. If you have to stay in bed, you'll be encouraged to do regular leg movements and deep breathing exercises. A physiotherapist or nurse will explain these exercises.

Drips and drains

You may have a drip (intravenous infusion) going into your arm to replace your body's fluids. This can be removed as soon as you are drinking enough.

You may have one or two tubes (drains) to drain fluid from your wound. These are usually removed within 24–48 hours.

Your surgeon may use stitches or clips to close your wound. Sometimes dissolvable stitches are used. If you have stitches or clips that need to be removed you will be told when and where this will happen.

Pain and discomfort

You'll probably have some pain or discomfort after your operation, and your doctor will prescribe painkillers for you. If you find they're not helping, let your nurse know as soon as possible so that your painkillers can be changed.

The skin on your neck up to your jaw line might feel numb after surgery. This is caused by the local anaesthetic used during surgery.

Your neck will feel stiff after surgery and your nurse, surgeon or physiotherapist will show you some neck exercises to help with this.

Eating and drinking

You should be able to start drinking an hour or so after your operation. You may find it painful to swallow solid foods at first, and may need to start off eating soft foods. Over the next 2–3 days you should find it easier to swallow, and you can start eating solid foods. The nurses or a dietitian will discuss this with you before you go home. It's important to maintain a balanced diet. If you're finding it difficult to eat, nutritious drinks are a good way to supplement your diet.



You may find our booklets *Eating problems and cancer* and *The building-up diet* helpful.

Going home

Most people are ready to go home about 1–3 days after their operation. If you think you might have problems when you go home (for example, if you live alone or you have several flights of stairs to climb), let your nurse or the social worker know when you're admitted to the ward. They can arrange help before you leave hospital.

Some people take longer than others to recover from their operation. If you have any problems, you may find it helpful to talk to someone who is not directly involved with your illness. Our cancer support specialists can talk to you, and tell you how to contact a counsellor or local cancer support group. You can call them on **0808 808 00 00**.

Appointment

Before you leave hospital, you'll be given an appointment to attend an outpatient clinic for a post-operative check-up. Some hospitals will post this appointment to you once you have left hospital. At this appointment your doctor will discuss with you the results of your surgery and whether you need any further treatment. It's also a good time to ask any questions and discuss any concerns you may have.

Driving

Your doctor will tell you when it's safe for you to start driving after your surgery. When you start driving you should make sure that you are free from any side effects of painkillers. You should also make sure you're able to turn your neck in all directions.

You may need to let your insurance company know you have had thyroid surgery as some policies give time limits for not driving after surgery.

Getting back to work

Everyone recovers from surgery at their own pace. Most people can return to work within two weeks of having thyroid surgery. However, if your work involves heavy lifting, standing for long periods or walking around a lot, you may need more time before you are able to return to work.

You may find it helpful to speak to an occupational health nurse or your GP if you are uncertain when to go back.



Our booklet *Work and cancer* has information on returning to work.

'Everyone takes different amounts of time to heal and recover. I didn't have much pain at all, but if you do, just ask for painkillers.'

Heather

Side effects of surgery

Thyroid hormones

If you have all your thyroid gland removed, your body will no longer produce thyroid hormones. You'll need to replace them by taking tablets for the rest of your life (see pages 46–47).

If you have had a lobectomy you may also need to take thyroid hormones.

Hoarse voice

The thyroid gland is close to the nerves that control your vocal cords. Occasionally these nerves can be bruised or damaged during surgery. This can make your voice sound hoarse and weak. You may have a vocal cord check after your surgery (see page 24). A hoarse, weak voice is usually a temporary problem, but may be permanent in a very small number of people. You may be referred to a speech and language therapist for specialist advice.

Change in calcium levels

There's a small risk that surgery to remove the thyroid gland will damage the parathyroid glands. These are four very small glands behind the thyroid gland. They produce parathyroid hormone, which helps to control the level of calcium in your blood.

If your parathyroid glands are damaged, the level of calcium in your blood may become low (hypoparathyroidism). This can cause:

- tingling in your hands or feet, or around your mouth
- unusual muscle movements such as jerking, twitching, spasms or muscle cramps.

The calcium level in your blood will be checked after your operation. If your calcium level is low you will be given calcium either as a tablet or through a drip in your arm. Your calcium levels will be checked daily until your levels improve. Your doctor will prescribe calcium, and possibly vitamin D supplements, for you to take at home. They will arrange for you to have regular blood tests to check your calcium levels.

Often these supplements are only needed for a short time. Your doctor will tell you how long you need to take them for.

If the calcium level in your blood continues to be low, one of your specialists, often an endocrinologist or your GP, will monitor it regularly.



'The scar on my neck was pretty big and visible at first, but now it isn't too bad.'

Dave

Scar

After your operation, you'll have a scar at the level of your collar line on the front of your neck. The scar will usually be in one of your natural skin folds, and will fade as it heals. If you have more extensive surgery to remove neck tissue you may have a bigger scar.



Our booklet *Body image and cancer* has information about covering scars.

Neck stiffness

Your neck may feel stiff and uncomfortable following surgery. This usually gets better after a few weeks but may continue for longer if you have had more extensive surgery to remove neck tissue or some of your lymph nodes. Your doctor will prescribe painkillers to help and you may be referred to a physiotherapist.

Tiredness

It's normal to feel tired for a few weeks after your thyroid gland has been removed. Many people also find that they experience a mixture of emotions after surgery. This is natural as your body adjusts to the effects of the surgery.



Our booklet *Coping with fatigue* has information on how to deal with tiredness. We can send you a copy.

Thyroid hormones

If you have had your thyroid gland removed you will need to take thyroid hormone replacement tablets every day. You may have to take thyroid hormone replacement tablets even if you had just part of your thyroid gland removed. The usual long-term thyroid hormone drug is thyroxine (T4).

If you're likely to need radioactive iodine treatment (see pages 48–54), you may be given the hormone tablet liothyronine sodium (T3, Triiodothyronine or Tertroxin®)

Thyroid hormone tablets have two functions:

To keep your body functioning at the correct speed

Without hormone tablets you would develop the signs and symptoms of hypothyroidism. These include:

- weight gain
- tiredness
- dry skin and hair
- physical and mental slowness
- constipation
- feeling cold.

To reduce the risk of your cancer coming back

If you have had your thyroid gland removed, thyroxine may be given at a slightly higher dose than normal, to reduce the risk of the cancer coming back after surgery.

Thyroxine stops your body making thyroid-stimulating hormone (TSH). TSH stimulates the thyroid to produce thyroid hormones (see page 9). But in people who've had papillary or follicular thyroid cancer, it can also encourage thyroid cancer cells to grow.

Taking your thyroid hormone tablets

You may not need to start taking hormone tablets straight after surgery. Your doctor will tell you when to start.

It's important to remember to take your thyroid hormone tablets every day. You should swallow your tablets with plenty of water and take them before breakfast or your first meal of the day. It's also important to check with your pharmacist that the type of thyroid hormone tablets you've been given are exactly as prescribed. If you have any questions about your medication you should speak to your doctor, nurse specialist or pharmacist.

You'll be carefully monitored in a specialist clinic to make sure you're having the correct dose of thyroid hormone tablets. You will have regular blood tests to check the levels of thyroid hormones in your blood. It can sometimes take many months to find the right dose of thyroid hormones for you. You may have a variety of symptoms, such as tiredness, during this time. Once the correct dose is found, you shouldn't have any side effects from the tablets as they are simply replacing the hormones that your thyroid gland would have produced naturally.

Radiotherapy

Radiotherapy is the use of high-energy rays, usually x-rays and similar rays, to treat disease. It works by destroying cancer cells in the area that's treated.

There are different ways of giving radiotherapy to treat thyroid cancer:

- radioactive iodine
- external beam radiotherapy.

Radioactive iodine

Radioactive iodine is a type of radioisotope treatment that targets thyroid cells. Radioisotopes are radioactive substances given by mouth as a drink or capsules, or injected into a vein. Cancer cells absorb the radioisotope more than normal cells do and receive a higher dose of radioactivity. This causes the cancer cells to die. It is usually given:

- to destroy any remaining thyroid tissue in the neck after an operation. This is called radioiodine remnant ablation (RRA)
- to treat any thyroid cancer that it hasn't been possible to remove with surgery
- to treat thyroid cancer that has come back after initial treatment.

The radioactive substance used for treatment is called iodine-131. It is given as a capsule or occasionally as a liquid.

Under normal circumstances the thyroid gland takes up iodine from our diet and uses it to make thyroid hormones. When you have radioactive iodine, the thyroid cells absorb the iodine and receive a very high dose of radiation. This destroys the thyroid cells and any cancer cells that may remain after surgery.

Radioactive iodine has very little effect on other parts of the body, as other cells don't absorb iodine as much as thyroid cells.

If tests show that some thyroid cells remain after treatment or if the cancer comes back again, the treatment can be repeated.

Preparing for radioactive iodine treatment

Before radioactive iodine treatment you will usually be asked to start eating a low iodine diet. You may be asked to stop taking your thyroid hormones (see pages 46–47).

'My employers were great and let me phase myself back into work after my surgery. Then I needed to have the radioactive iodine treatment, which wasn't too bad at all.'

Dave

Low iodine diet

You'll usually be asked to have a low iodine diet for about two weeks before your treatment. This is because having too much iodine in your body may make the treatment less effective.

Foods to avoid	Foods you can eat
<ul style="list-style-type: none"> • fish and seafood • table salt and sea salt (with added iodine). Table salt and sea salt with no added iodine can be used • cough medicines • foods that contain the pink food colouring E127, such as salami, glacé cherries, tinned strawberries and red sweets • vitamin and food supplements that contain iodine • soya beans and soya bean products • egg yolks • food from fast-food chains and takeaways • long-life bread. 	<ul style="list-style-type: none"> • fresh and frozen fruit and vegetables • fresh and frozen meats • rice, pasta and potatoes • soft drinks and fruit juices • beer and wine • tea and coffee • plain fats and oils (non dairy) • olive oil spread • fresh and homemade bread.

You should also try to cut down on the amount of dairy products that you eat, as these contain some iodine. This includes milk and milk products such as milk chocolate and cheese.

Thyroid hormones

Radioactive iodine needs a high level of thyroid stimulating hormone (TSH) to be effective.

Thyroid hormone replacement stops you producing TSH. So you may need to stop taking your thyroid hormones (T3 or T4) 2–4 weeks before your treatment. Your doctor or nurse will tell you when to stop taking them.

You will probably feel very tired during this time. But it's important to stop taking thyroid hormones or the radioactive iodine treatment won't work.

Recombinant human thyroid-stimulating hormone (rhTSH)

You may be given recombinant human thyroid-stimulating hormone (rhTSH). This is also known as thyrotropin alfa (Thyrogen®). It is a man-made drug, similar to the TSH produced in your body. It allows you to carry on taking your hormone replacement tablets so you avoid the symptoms of thyroid hormone withdrawal. You will be given two injections 24 hours apart, on the two days before your radioactive iodine. The injections will be given into the buttock (intramuscularly). You will usually have the injections as an outpatient.

rhTSH is not suitable for everyone. Your doctor or specialist nurse can tell you if you're able to have this treatment.

rhTSH has very few side effects. Possible side effects include:

- feeling sick (nausea)
- being sick (vomiting)
- muscle aches, headaches and fatigue.

You can't have radioactive iodine treatment if you are pregnant. It is important to tell your doctor if you are pregnant or think you might be. If you're breastfeeding, you must stop 6–8 weeks before you have your radioactive iodine treatment. It isn't safe to start breastfeeding again after your treatment, but it will be safe for you to do so after future pregnancies.

Having your radioactive iodine

You will usually be admitted to the ward on the day of your radioactive iodine treatment. Because the iodine is radioactive, you will be radioactive for a while after your treatment. The radioactivity gradually leaves your body in your urine, bowel motions (stools), blood (if you are a woman and having a period), saliva and sweat. This means you will need to stay in hospital, in a single room for a few days after your treatment. During this time the level of radioactivity will be measured regularly with a monitor (Geiger counter) and certain safety measures and restrictions will be in place. These will include:

- no contact with people under the age of 18 and pregnant women
- restrictions on the length of time visitors and staff can spend with you
- restrictions on what you can bring into hospital with you.

Each hospital has different routines and the staff looking after you will explain these restrictions in detail before you have your treatment. You may find these safety measures and restrictions difficult, particularly if you have young children. Do let the nursing and medical staff know if you have any concerns. It may be possible to visit beforehand to discuss the procedure with them.

You will be given the radioactive iodine as a capsule or occasionally as a drink. Following this you will be asked not to eat and drink for a couple of hours so the iodine can be absorbed. After this you can eat normally and will be encouraged to drink plenty of fluids. You will need to flush the toilet twice each time you use it and to let the nursing staff know if you spill or splash any urine. You will also be encouraged to have a shower each day.

Side effects of radioactive iodine

Many people will not have any side effects following radioactive iodine. Side effects that you may have include:

- a sore neck and throat
- a dry mouth
- taste changes
- nausea (feeling sick).

Let your doctor or nurse know if you have any of these symptoms as they can prescribe medicines to help.

A rare, long-term side effect of radioactive iodine treatment is a dry mouth. This can happen if the radioactive iodine is absorbed by the salivary glands. Let your doctor know if you develop a dry mouth.



Our booklet *Eating problems and cancer* has helpful tips on how to deal with a dry mouth.

Pregnancy, breastfeeding and fertility

If you stopped breastfeeding before your radioactive iodine, it isn't safe to start breastfeeding again after your treatment. However, it will be safe for you to do so after future pregnancies.

You should not become pregnant or father a child while being treated for thyroid cancer. You should not become pregnant for at least six months or father a child for at least four months after radioactive iodine. It is important to use contraception during this time.

Fertility isn't normally affected by radioactive iodine treatment. However, there is a very small risk for men who need to have repeated treatments. In this case, you may be offered sperm banking. Your doctor or nurse can give you more information and support about this.

Going home

When you go home you will need to continue taking certain precautions. These may include:

- avoiding close contact with people under the age of 18 and pregnant women
- limiting close and prolonged contact with people
- avoiding crowded places such as public transport and cinemas.

The length of time you need to take these precautions for will depend on the dose of radioactive iodine you have been given. Your doctor, nurse or medical physicist will give you more detailed information.

External beam radiotherapy

This type of radiotherapy is used much less commonly for treating differentiated thyroid cancer.

It may be used:

- if there is a high risk of your cancer coming back in your neck
- if it isn't possible to remove all your tumour
- if your cancer has spread to other parts of your body.
For example, the bone.

External radiotherapy doesn't make you radioactive and it's perfectly safe for you to be with other people, including children, throughout your treatment.

Planning your treatment

Before you start your treatment it needs to be planned. Planning makes sure that the radiotherapy is aimed precisely at your cancer so that it causes the least possible damage to the surrounding healthy tissue. All radiotherapy treatments are planned on an individual basis. You may need to have a mould or mask made before your treatment is planned.



We can send you information about making a radiotherapy mask.

Having external beam radiotherapy

External radiotherapy is normally given as a series of short, daily outpatient treatments with a rest at the weekend. It is given in the radiotherapy department using equipment similar to a large

x-ray machine. How many treatments you have will depend on the aim of your treatment.

Before each treatment session, the radiographers will explain to you what you'll see and hear. They'll position you on the treatment couch and carefully fit your mask if you have one. This is to keep your head still while you have your treatment.

Once you are in the correct position the radiographers will leave the room. There will be a camera or window so they can see you. Many treatment rooms have an intercom so the radiographers can talk to you while you're having treatment. You will also be able to speak to them if you need to.

Side effects

Radiotherapy can cause general side effects such as tiredness (fatigue).

Specific side effects of radiotherapy to the neck can include:

- pain when swallowing
- a dry mouth or throat
- taste changes
- dark, or red, sore skin.

Your doctor, nurse specialist or radiotherapist will discuss any possible side effects with you before you start your treatment.



Our booklet *Understanding radiotherapy* gives detailed information about this treatment and its side effects.



Targeted therapy

Targeted therapies use substances that target the differences in the biology between cancer cells and normal cells.

Clinical trials (see pages 60–61) are being carried out to see if targeted therapies may be useful for treating differentiated thyroid cancer.

Sorafenib is a type of treatment called a multi-kinase inhibitor. Kinases are proteins that regulate the way cells grow and divide. Sorafenib works by blocking (inhibiting) signals within the cancer cells that make them grow and divide. Blocking the signals causes the cells to die. Sorafenib can also stop the cancer cells developing new blood vessels. This reduces their supply of oxygen and nutrients, so the tumour shrinks or stops growing.

Research has shown it might be a useful treatment for people whose cancer has come back and is no longer responding to radioactive iodine treatment.

It may not be widely available. In England, if your specialist thinks Sorafenib is suitable for you, they can apply for you to have it through the Cancer Drugs Fund. If you live in Scotland, Wales or Northern Ireland you can find out from your specialist if Sorafenib is available.



We can send you information on Sorafenib and on what to do if treatment isn't available.

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It's rarely used to treat cancer of the thyroid, but may be used if the cancer comes back or has spread to other parts of the body in some cases.



Our booklet *Understanding chemotherapy* discusses this treatment and its side effects in more detail. We can send you a copy.



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 will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It's important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you don't have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you're treated by the hospital staff, and you'll be offered the standard treatment for your situation.



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

Blood and tumour samples

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

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



AFTER YOUR TREATMENT

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Follow-up

You will have regular check-ups and tests when you have finished your treatment. How often you have check-ups and tests will depend on the stage of your cancer and the treatment you've had.

You may find you get anxious for a while before your appointments. This is natural and it may help to get support from family, friends or one of the organisations listed on pages 93–99.

Follow-up tests

Thyroglobulin test

Thyroglobulin is a protein that is normally made by the healthy thyroid gland. It can also be produced by papillary or follicular thyroid cancer cells. Levels of thyroglobulin can be detected in the blood.

When your thyroid gland has been removed and you have had radioactive iodine to destroy any remaining thyroid tissue and cancer cells, thyroglobulin should no longer be produced. If a small amount of thyroid tissue is left, or some thyroid cancer cells remain in your body, thyroglobulin will be detectable in your blood. The thyroglobulin blood test is a useful way of detecting any remaining papillary or follicular cancer cells. You will normally have this blood test at regular intervals after your treatment.

You may need to stop taking your thyroid hormone replacement before your blood test. Or you may be given recombinant human thyroid-stimulating hormone (rhTSH, see page 51) before your blood test. If you have rhTSH, you won't need to stop taking your thyroid hormone replacement tablets.

Your doctor or nurse will give you information about this.



**'I have check-ups
and an ultrasound
every six months.
I tell myself that
if it comes back it
can be treated and
sorted well.'**

Dave

Ultrasound scan of the neck

You may have a regular ultrasound scan of your neck.

Radioactive iodine scan

Some people may have a radioactive iodine scan a few months after treatment to check whether there are any thyroid cancer cells in their body. Your doctors will tell you if you'll need to have a scan.

This test uses radioactive iodine, which is injected into a vein in your arm. After about 20 minutes, you'll be asked to lie on a couch and a machine called a gamma camera will be positioned over your neck. The scan itself is painless.

To make the scan more sensitive you may be asked to stop taking your thyroid tablets and have a low iodine diet (see page 50) for a few weeks before your scan. Or you may be given recombinant human thyroid-stimulating hormone (rhTSH) (see page 51).

Your doctor or nurse will give you more detailed information about this test if you need to have it.

Other scans

If your thyroglobulin level is raised or your scan shows any abnormal areas, you may have further tests. These may include:

- MRI (magnetic resonance imaging) scan
- CT (computerised tomography) scan
- PET-CT (positron emission tomography) scan.

You can find further information about these scans on pages 22–24.

Well-being and recovery

Many people survive differentiated thyroid cancer. However, it may be some time after treatment before you feel fit and well again. Some people experience treatment side effects that gradually improve over time, while others may have ongoing side effects. You may have a range of other effects such as trouble sleeping, weight gain, or feeling weaker and more tired than usual, rather than specific treatment side effects.



Lifestyle – positive choices, helping yourself

Some people want to make changes to their lifestyle after cancer. You might choose to make just a few changes or completely change the way you live. Adopting a healthy lifestyle doesn't have to be very difficult or expensive.

It can sometimes appear that living a healthy lifestyle involves a lot of hard work and denying yourself all the pleasures in life. However, it's about making small, achievable changes to the way you live that will improve your health and well-being. Your healthy lifestyle will be individual to you, and what is right for you may not be right for someone else. A healthy lifestyle can include having a well-balanced diet, getting some exercise, reducing stress and being involved in your healthcare. You'll need to think about any side effects of treatment when planning changes to your diet and exercise. Don't try to do too much too soon.

A well-balanced diet should include:

- plenty of fresh fruit and vegetables (at least five portions a day)
- foods high in fibre, such as beans and cereals
- plenty of water or other non-alcoholic fluids.

Try to reduce your intake of:

- red meat and animal fats
- alcohol
- salted, pickled and smoked foods.

Before making major changes to your diet, it's a good idea to discuss your plans with your specialist or with a dietitian at the hospital.



We have a booklet called *Healthy eating and cancer*, which has more information.

If you are a smoker, you may want to stop smoking. This has many health benefits and reduces your risk of other diseases such as heart disease and stroke.



Our booklet *Giving up smoking* can give you information and guidelines on how to do this.

Exercise doesn't have to be particularly strenuous. You can start gently and build up the amount of physical activity you do. Whatever your age or physical health, there will be some kind of exercise you could try, such as walking, hiking, cycling or swimming. Activities like gardening, dancing and playing sport are also good to try.



We have booklets on physical activity and weight management with information and practical advice on how to increase your activity and control your weight.



YOUR FEELINGS AND RELATIONSHIPS

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Your feelings

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

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

Shock and disbelief

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

Fear and anxiety

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

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

Avoidance

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

Occasionally, this avoidance can be extreme. Some people may not believe that they have cancer. This is sometimes called being in denial. It may stop them making decisions about treatment. If this happens, it's very important for them to get help from their doctor.

Sometimes, avoidance is the other way around. Family and friends may seem to avoid you and the fact that you have cancer. They may not want to talk about it or they might change the subject. This is usually because they are also finding the cancer difficult to cope with, and they may need support too. Try to let them know how this makes you feel and that talking openly with them about your illness will help you.

Anger

You may feel angry about your illness and sometimes resent other people for being well. These are normal reactions, especially when you feel frightened, stressed, out of control or unwell. You may get angry with the people close to you. Let them know that you are angry at your illness and not at them.

Finding ways to help you relax and reduce stress can help with anger. This can include talking about or writing down how you feel, gentle exercise, breathing or relaxation therapy, yoga or meditation.

Guilt and blame

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

Feeling alone

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

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

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

If you need more help

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

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



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

'After the treatment, you come home and you're left alone. At that particular point I struggled to deal with my cancer. I needed help, and that's when I contacted Macmillan.'

Darren

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, and to help friends and family support their loved ones affected by cancer. Visit [macmillan.org.uk/learnzone](https://www.macmillan.org.uk/learnzone) to find out more.

We have more information about supporting someone with cancer at [macmillan.org.uk/carers](https://www.macmillan.org.uk/carers)



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

Talking to children

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

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

Teenagers

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

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

What you can do

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

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

Finding ways to cope

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

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

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

Who can help?

Many people are available to help you and your family. District nurses work closely with GPs and make regular visits to patients and their families at home if needed.

The hospital social worker can give you information about social services and benefits you may be able to claim, 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.



WORK AND FINANCIAL SUPPORT

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Work

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

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

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

Employment rights

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



Our booklets *Work and cancer*, *Working while caring for someone with cancer* and *Self-employment and cancer* have more information that may be helpful. There's also lots more information at macmillan.org.uk/work

Financial help and benefits

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

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

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

There are two different types of ESA:

- contributory – you can get this if you have made enough national insurance contributions
- income-related – you can get this if your income and savings are below a certain level.

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

Personal Independence Payment (PIP) is a new benefit for people under 65 who find it difficult to walk or look after themselves (or both). You must have had these difficulties for at least three months, and they should be expected to last for the next nine months. Since April 2013, PIP has started to replace a similar older benefit called Disability Living Allowance (DLA) in England, Scotland and Wales.

Attendance Allowance (AA) is for people aged 65 or over who find it difficult to look after themselves. You may qualify if you need help with things like getting out of bed, having a bath or dressing yourself. You don't need to have a carer, but you must have needed care for at least six months.

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

Help for carers

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.

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 (see page 98) or Citizens Advice (see page 97). In Northern Ireland, you can call the Benefit Enquiry Line Northern Ireland on **0800 220 674**.



Our booklet *Help with the cost of cancer* has more detailed information. You might also find our video at [macmillan.org.uk/gettingfinancialhelp](https://www.macmillan.org.uk/gettingfinancialhelp) useful.

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. One of the organisations on pages 98–99 can help you to find a financial adviser.



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



FURTHER INFORMATION

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About our information

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

Order what you need

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

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

All of our information is also available online at **macmillan.org.uk/cancerinformation**. There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

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

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

Find out more at **macmillan.org.uk/otherformats**

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

Help us improve our information

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

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

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



Other ways we can help you

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

Talk to us

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

Macmillan Support Line

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

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

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

Information centres

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

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

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

Talk to others

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

Support groups

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

Online community

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

The Macmillan healthcare team

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

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

Mal

Help with money worries

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

Financial advice

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

Help accessing benefits

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

Macmillan Grants

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

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area.

Visit [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport) to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit [macmillan.org.uk/work](https://www.macmillan.org.uk/work)



Macmillan's My Organiser app

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

Other useful organisations

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

Thyroid cancer support organisations

British Thyroid Foundation

2nd Floor, 3 Devonshire Place,
Harrogate,
North Yorkshire HG1 4AA
Tel 01423 709 707 or
01423 709 448

www.btf-thyroid.org

Produces a newsletter and online booklets about the thyroid gland and thyroid cancer. Also runs a network of local support groups.

Butterfly Thyroid Cancer Trust

PO Box 205, Rowlands Gill,
Tyne & Wear NE39 2WX
Tel 01207 545469

Email enquiries@butterfly.org.uk

www.butterfly.org.uk

Offers information, support and encouragement for people with thyroid cancer. You can talk to others with thyroid cancer through their helpline, by email and telephone, or by arranging

for a buddy to help you through the treatment process.

Hypopara UK

6 The Meads,
East Grinstead,
West Sussex RH19 4DF
Tel 01342 316315

Email

lizglenister@hypopara.org.uk

www.hypopara.org.uk

An information website and self-help group for people with hypoparathyroidism – a condition that may develop as a result of thyroid 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 Research UK

Angel Building,

407 St John Street,

London EC1V 4AD

www.cancerhelp.org.uk

Tel 0300 123 1022

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

Cancer Support Scotland

The Calman 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.

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.

Maggie's Centres

2nd Floor Palace Wharf,
Rainville Road,
London W6 9HN

Tel 0300 123 1801

Email enquiries@
maggiescentres.org

www.maggiescentres.org

Provides information about cancer, benefits advice, and emotional or psychological support.

Penny Brohn Cancer Care

Chapel Pill Lane,
Pill, Bristol BS20 0HH

Tel 01275 371 100

(Mon–Fri, 9.30am–5pm)

Email

helpline@pennybrohn.org

**www.pennybrohn
cancercare.org**

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

Riprap

Att Pauline Hutchinson,
University of Sheffield,
Sykes House office,
St Luke's Hospice,
Little Common Lane,
Sheffield S11 9NE

www.riprap.org.uk

Developed especially for teenagers who have a parent with cancer.

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.

General health information

Health and Social Care in Northern Ireland

www.hscni.net

Provides information about health and social care services in Northern Ireland.

Healthtalk

Email

info@healthtalkonline.org

www.healthtalk.org

**www.youthhealthtalk.org
(site for young people)**

Has information about cancer, and videos and audio clips of people's experiences.

National Cancer Institute – National Institute of Health – USA

www.cancer.gov

Gives information on cancer and treatments.

NHS Choices

www.nhs.uk

The UK's biggest health information website. Has service information for England.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

www.nhsinform.co.uk

NHS health information site for Scotland.

Patient UK

www.patient.co.uk

Provides people in the UK with 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.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)

BACP House,

15 St John's Business Park,
Lutterworth,

Leicestershire 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

UK Council for Psychotherapy (UKCP)

2nd Floor, Edward House,
2 Wakley Street,
London EC1V 7LT

Tel 020 7014 9955

Email info@ukcp.org.uk

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

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-bfits

Provides information and advice about disability benefits and carers' benefits.

Citizens Advice

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

England 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**

Civil Legal Advice

Tel 0845 345 43 45

(Mon–Fri, 9am–8pm,
Sat, 9am–12.30pm)

Minicom 0345 609 6677

www.gov.uk/civil-legal-advice

Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English isn't your first language.

Department for Work and Pensions (DWP)

Disability Living Allowance

Helpline 0345 712 3456

Textphone 0345 722 4433

Personal Independence

Payment Helpline

0345 850 3322

Textphone 0345 601 6677

Carer's Allowance Unit

0345 608 4321

Textphone 0345 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.moneyadvice.service.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.moneyadvice.scotland.org.uk

National Debtline (England, Wales and Scotland)

Tricorn House,
51–53 Hagley Road,
Edgbaston,
Birmingham B16 8TP

Tel 0808 808 4000

(Mon–Fri, 9am–9pm,
Sat, 9.30am–1pm)

www.nationaldebtline.co.uk

A national helpline for people with debt problems. The service is free, confidential and independent.

Personal Finance Society – ‘Find an Adviser’ service

www.findanadviser.org

Use the website to find qualified financial advisers in your area.

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 advice, mortgage, accounting or legal advice.

Support for older people

Age UK

Tavis House,
1–6 Tavistock Square,
London, WC1H 9NA

Tel (England and Wales)

0800 169 6565

Tel (Scotland)

0845 125 9732

Tel (Northern Ireland)

0808 808 7575

(Daily, 8am–7pm)

www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Support for carers

Carers Trust (Princess Royal Trust for Carers in Scotland)

32–36 Loman Street,
London SE1 0EH

Tel (England)

0844 800 4361

Tel (Scotland)

0300 123 2008

Tel (Wales)

0292 009 0087

Email info@carers.org

www.carers.org and
www.youngcarers.net

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

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.

Disclaimer

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

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our senior medical editor, Dr Nicholas Reed, Consultant Clinical Oncologist and our chief medical editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Dr Jackie Gilbert, Consultant Physician and Endocrinologist; Professor Barney Harrison, Consultant Endocrine Surgeon; Ingrid Haupt-Schott, Clinical Nurse Specialist; Sonja Hoy, Clinical Nurse Specialist; Dr Laura Moss, Consultant Clinical Oncologist; and the people affected by cancer who reviewed this edition.

Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at [**bookletfeedback@macmillan.org.uk**](mailto:bookletfeedback@macmillan.org.uk)

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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.



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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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.



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.

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