HEART HEALTH AND CANCER TREATMENT
About this booklet

This booklet is about heart health and cancer treatment. It is for anyone who:

• has been told their cancer treatment may affect their heart

• had a heart condition before starting cancer treatment

• wants to know more about keeping their heart healthy.

The booklet explains how the heart works and how different cancer treatments may affect the heart. It also has information about managing heart problems and looking after your heart.

We hope it helps you deal with some of the questions you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

For more information

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

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use. If you are deaf or hard of hearing, call us using NGT (Text Relay) on 18001 0808 808 00 00, or use the NGT Lite app.
We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these visit macmillan.org.uk/otherformats or call 0808 808 00 00.

If you have more questions or would like to talk to someone about heart health and heart conditions, call the British Heart Foundation Heart Helpline on 0300 330 3311, Monday to Friday, 9am to 5pm, or visit bhf.org.uk

Find out more about how the British Heart Foundation can help you on pages 78 to 79.

**How to use this booklet**

The booklet is split into sections to help you find what you need. You don’t have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

We have included quotes from people who have heart problems and have had cancer treatment, which you may find helpful. They are from people who have shared their experiences with Macmillan Cancer Support or the British Heart Foundation. To share your experience, visit macmillan.org.uk/shareyourstory
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THE HEART AND HEART PROBLEMS

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The heart and how it works

The heart is a large muscle that pumps blood around your body. The blood delivers oxygen and nutrients around your body, and takes away carbon dioxide and waste products.

The heart is divided into four chambers:

- Two chambers collect blood going into the heart. These chambers are called the right atrium and the left atrium.
- Two chambers pump blood out of the heart. These chambers are called the right ventricle and the left ventricle.

The inside of the heart
There are four valves inside the heart. They open and close as the heart pumps. The valves keep the blood flowing in one direction through the heart.

Blood travels from different parts of the body to the heart and back again through tubes called blood vessels. The blood going to the heart is low in oxygen. It travels through the heart and is pumped out to the lungs. In the lungs, the blood picks up oxygen and gets rid of carbon dioxide, which is then breathed out. The blood carrying oxygen travels back through the heart and is pumped out to the body again.

**The outside of the heart**

![Diagram of the heart with blood flow indicated]

**Key**
- Blood that has oxygen
- Blood that needs oxygen
Like the rest of your body, the heart needs its own blood supply to bring it oxygen and remove carbon dioxide. Small blood vessels on the outside of the heart carry blood and oxygen to the heart muscle. These are called coronary arteries.

The heart has its own electrical system that tells it when to beat and pump blood around the body. Cells called the sinus node send an electrical signal through the heart to start each beat. This happens about 60 to 100 times a minute.
Heart problems

Problems can happen when parts of the heart become diseased or damaged.

Coronary heart disease

Coronary arteries are the small blood vessels that carry blood and oxygen to the heart muscle. If fatty deposits build up inside them, these blood vessels may become narrow over time. Sometimes a blood vessel gets so narrow that it doesn’t let enough blood and oxygen flow through to the heart muscle. This is called coronary heart disease (CHD) or coronary artery disease.

A normal artery and a narrowed artery

Certain things increase the risk of CHD, including some cancer treatments.
CHD may cause symptoms called angina, which include:

- chest discomfort or pain that may feel like a heaviness or tightness in your chest
- pain that spreads to your arms, neck, jaw or stomach
- feeling short of breath.

These symptoms usually develop when you are physically active, exercising or stressed. They usually go away when you rest and relax.

Sometimes a piece of fatty deposit can break off and form a blood clot. This can block the blood vessel, stopping the flow of blood to parts of the heart. This is called a heart attack. It can cause permanent damage to the heart muscle.

The symptoms of a heart attack vary from person to person. They can include:

- chest pain or discomfort that can feel like tightness, heaviness or burning in your chest
- pain that spreads to the arms, neck, jaw, stomach or back.

The pain tends to stay even if you rest, sit or lie down. For some people, the pain is severe. Other people just feel uncomfortable.

You may also feel:

- sweaty
- dizzy or light-headed
- short of breath
- sick or you may vomit
- generally unwell.
Heart muscle damage

Damage to the heart muscle can make it harder for the heart to pump blood around the body.

The most common reasons for heart muscle damage are:
• a heart attack
• high blood pressure
• heart muscle disease, which is also called cardiomyopathy
• problems with the heart valves
• problems with the heart rhythm
• some infections
• alcohol
• recreational drugs
• some cancer treatments.

Heart failure

Damage to the heart muscle can lead to heart failure. This does not mean that the heart stops, just that it doesn’t pump blood around the body as well as it used to.

Symptoms of heart failure can include:
• feeling short of breath, especially when you are physically active, such as walking up the stairs, or lying flat at night
• feeling unusually tired or weak (fatigue)
• swollen feet, ankles or tummy.
Heart valve disease

Some people are born with an abnormal heart valve. This is known as congenital heart valve disease. The heart valves can also be damaged by:

• infection
• damage to the heart muscle from a heart attack
• disease of the heart muscle (cardiomyopathy)
• getting older
• radiotherapy to the heart or nearby areas.

Damaged valves may become stiff and not open properly. Or they may not close tightly and the blood may leak backwards. Both problems can put strain on the heart, which can cause:

• tiredness
• feeling short of breath
• swelling of the legs and ankles.

If valve problems are not treated, they can lead to heart failure over time.
Electrical heart problems

A problem with the heart’s electrical system may make your heart beat too fast, too slow or with an irregular pattern. An abnormal heart rhythm is called an arrhythmia.

There are many reasons why someone may have an abnormal heart rhythm. It is more common in older people or people who already have a heart condition. Some cancer treatments can also affect the electrical system and how the heart beats.

Some arrhythmias are more serious than others. The symptoms depend on the type of arrhythmia you have, and how it affects the way your heart works.

The most common symptoms include:

- the sensation of feeling your heart beat (palpitations), which may feel like:
  - a fluttering or thumping in the chest
  - your heart is beating too fast, too slow or irregularly
- feeling dizzy
- breathlessness
- blackouts (fainting).
Risk factors for heart problems

Risk factors are things that can make you more likely to develop certain heart problems. If you are worried about any of these risk factors, talk to your GP or nurse. They can give you information about your risk of future heart problems and advice about reducing this risk. You can also find out more about reducing your risk and check your heart age at bhf.org.uk/heartage

Risk factors you can’t control

There are some risk factors that you cannot change.

Age
As your body gets older, you are more likely to develop coronary heart disease (CHD) or have a heart attack.

Gender
Men are more likely to develop CHD at an earlier age than women. CHD can lead to a heart attack.

Family history
Some heart problems can run in families. You may have a higher risk if your parents, brothers or sisters have had heart problems, high blood pressure or high cholesterol levels.

Ethnicity
If you live in the UK and are from a South Asian background, you may have a higher risk of developing CHD. CHD can lead to a heart attack. You are also more likely to have diabetes, which is another risk factor for heart problems.
If you are from an African Caribbean background, you are more likely to have risk factors such as high blood pressure or diabetes.

**Risk factors you can control**

There are some risk factors that you can control by changing your lifestyle (see pages 60 to 67) or with medicines from your doctor (see pages 51 to 53). This lowers your chance of developing CHD or of having a heart attack. Even if you already have a heart problem, you can help your heart by controlling these factors.

**Smoking**

Smoking increases your risk of CHD or a heart attack:

- It damages the lining of your coronary arteries, which can lead to CHD.
- It makes your heart beat faster and work harder.
- It reduces the amount of oxygen in the blood. This means your heart has to work harder to supply the body with enough oxygen.
- It makes your blood more likely to clot, which increases your risk of a heart attack.

**Weight and body shape**

If you are overweight or carry more weight around your waist, you have a higher risk of developing CHD. You are also more likely to develop conditions that can cause heart problems, such as diabetes or high blood pressure.

You can check whether you are a healthy weight and body shape in two ways (see next page).
Body Mass Index (BMI)
BMI is a measure of whether your weight is healthy for your height. The table below shows how BMI can be used to work out if you are underweight, a healthy weight or overweight.

Your GP or practice nurse can work out your BMI for you. Or you can check it online using a BMI calculator – visit [bhf.org.uk/bmicalculator](http://bhf.org.uk/bmicalculator)

<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight</th>
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<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to 24.9</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>25 to 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or more</td>
<td>Very overweight</td>
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Waist measurement
Whatever your height or weight, having too much fat around the middle of your body increases your risk of heart problems. You can measure your waist by placing a tape measure halfway between your lowest rib and the top of your hip bone. For most people, halfway will be at their tummy button.

A woman’s waist should measure less than 80cm (31.5 inches). A man’s waist should be less than 94cm (37 inches). Men from some ethnic groups should aim for a smaller waist measuring less than 90cm (35.5 inches). This includes South Asian, African-Caribbean, Black African, Chinese, Middle Eastern men, or men who have parents from two or more different ethnic groups.
Physical activity
People who spend more time sitting or being inactive have a higher risk of developing CHD, high blood pressure and diabetes.

High blood pressure
Blood pressure measures the pressure of your blood as your heart pumps it out to your body. If the pressure is higher, your heart has to work harder to pump the blood. Over time, high blood pressure can damage the heart muscle and cause heart failure. It can also increase your risk of having a heart attack.

You can improve your blood pressure by:
• being more physically active
• losing weight
• reducing the salt in your diet
• drinking less than 14 units of alcohol each week
• not drinking alcohol for several days each week.

Your doctor may also give you medicines to help control your blood pressure.

High cholesterol
Cholesterol is a fatty substance found in the blood. If there is too much cholesterol, fatty material can build up in the artery walls. This can increase the risk of CHD and heart attack.

You can improve your cholesterol level by eating a healthy diet and choosing unsaturated fats instead of saturated fats. It can also help to stop smoking, be more physically active and drink less alcohol.

Your doctor may also give you medicines to lower your cholesterol levels.
Diabetes
Diabetes is a condition where the level of sugar in the blood is too high. There are two main types:

• **Type 1 diabetes** is rare. It is more common in children or young adults. This type of diabetes is not related to diet or lifestyle. It is treated with insulin by injection or through a pump.

• **Type 2 diabetes** is more common and usually affects adults over the age of 40. This type is much more likely if you are overweight or physically inactive. It is treated with a healthy diet and physical activity. Tablets and insulin are also used to help manage it.

Over time, diabetes can damage the heart and blood vessels. This can increase the risk of high blood pressure and coronary heart disease.

If you have type 1 or type 2 diabetes, keeping your blood sugar under control will help reduce your risk of heart problems. Your doctor or nurse can give you more advice about this.
CANCER TREATMENT AND YOUR HEART

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How cancer treatments can affect your heart

Some cancer treatments can affect how your heart works. This may cause heart problems that are either short term (temporary) or long term (permanent). Problems may develop during or soon after cancer treatment, or they may develop many years later.

The risk of heart problems depends on the type of cancer treatment and how much treatment you have.

Your risk may be higher if:

• you have other risk factors for heart problems (see pages 15 to 19)
• you had a heart problem before starting cancer treatment
• you have several cancer treatments at the same time.

Your cancer doctor will explain if a cancer treatment is likely to affect your heart. If you are worried about heart problems, ask them for more information.

If your treatment has finished and you are worried about your heart, talk to your GP. Sometimes it is hard to remember the details of your cancer treatment. Your cancer doctor or your GP can give you more information and answer any questions you have.

If you had cancer treatment as a child, you may have a higher risk of developing heart problems as an adult. This depends on the type of cancer treatment you had. Some people will have regular follow-up appointments for the rest of their life to check their heart health (see pages 56 to 57).
Radiotherapy

Most people who have radiotherapy do not develop heart problems after treatment. Radiotherapy is only likely to cause heart problems if the heart is in the area that is being treated, such as radiotherapy for breast cancer in the left breast. If you have radiotherapy to another part of your body, it is unlikely to damage the heart.

Radiotherapy techniques are becoming more accurate. Treatment can usually be carefully planned to avoid affecting the heart. This means heart problems after radiotherapy are becoming less common.

Radiotherapy to the heart can:

• affect the coronary arteries, which can lead to coronary heart disease

• damage the heart muscle

• damage the heart valves.
After radiotherapy

Heart problems can sometimes develop five or more years after radiotherapy treatment.

If you had radiotherapy which you were told may affect your heart, you can still improve your heart health by making healthy lifestyle choices (see pages 60 to 67).

Your GP may arrange regular appointments after cancer treatment to check for signs of heart problems. At the appointments, you may have:

• your blood pressure checked
• a blood test taken to check your cholesterol levels
• a scan to check how your heart is working.

If you notice any warning signs of heart problems, tell a doctor as soon as possible (see page 68).
Chemotherapy

Some types of chemotherapy may cause heart problems. If you are taking several cancer drugs together or having chemotherapy with chest radiotherapy, the risk can be higher.

Your cancer doctor will explain any risks before you start chemotherapy. Different drugs can cause different problems:

• Some drugs are only likely to cause heart problems if you have a high dose. Your cancer doctor will plan your treatment carefully and record the doses you are given.

• Some may cause heart changes during or shortly after you have treatment.

• Some drugs can cause heart problems many years later.

Some chemotherapy drugs are given into a vein (intravenously) with large amounts of fluid. If you already have a heart condition, this can put pressure on your heart and may cause problems. Your nurse will monitor you for any signs of problems while you have these treatments.

Before treatment, you may have blood tests and a scan to monitor how your heart is working. For some types of chemotherapy, you will have these tests again during and after your treatment, to look for early signs of heart muscle damage. You may not have any symptoms, but it is important to treat early signs to stop further damage.
Sometimes chemotherapy causes symptoms that need urgent treatment to prevent serious problems. Tell your doctor or nurse straight away if you have:

- chest tightness, pain or discomfort
- pain that spreads to your shoulders, neck, jaw or arms
- shortness of breath
- blackouts (fainting)
- dizzy spells
- palpitations.

If you get any of these symptoms during treatment, your doctors will stop the chemotherapy drug and check your heart. They may change the type of chemotherapy to one that does not cause heart problems.

We have more information about different chemotherapy drugs – visit macmillan.org.uk/chemotherapy

**Anthracyclines**

Anthracyclines are the most common type of chemotherapy drugs to affect the heart. This includes the drugs:

- doxorubicin, which is also called Adriamycin®
- epirubicin
- daunorubicin
- idarubicin
- mitoxantrone.
Many people who have these drugs do not develop any heart problems. But sometimes they can cause heart muscle damage that causes symptoms during, shortly after or years after treatment.

Other chemotherapy drugs

Sometimes other types of chemotherapy drugs can affect the heart. These include:

• fluorouracil (5FU)
• capecitabine
• paclitaxel
• docetaxel
• cyclophosphamide
• cisplatin
• ifosfamide.

A small number of people may develop heart problems within hours to a few days of these treatments. This includes:

• symptoms of heart failure
• abnormal heart rhythms (arrhythmia)
• rarely, a heart attack.
Targeted therapies

Targeted therapy drugs (also called biological therapies) are used to treat many different cancers. Some of these drugs can affect the heart.

Different drugs can cause different heart problems. Some may cause high blood pressure or abnormal heart rhythms. Others can cause symptoms of angina or heart failure.

If you want to know more about a targeted therapy drug you are taking, ask your cancer doctor. They can give you information about possible effects on your heart.

Some of the most common drugs that may affect the heart include:

- trastuzumab (Herceptin®)
- bevacizumab (Avastin®)
- sunitinib (Sutent®)
- sorafenib (Nexavar®)
- imatinib (Glivec®).

We have more information about targeted therapy drugs – visit macmillan.org.uk/targetedtherapy

Researchers are still looking at the effect some newer drugs have on heart health. Your cancer doctor will talk to you about possible risks before you start any treatment. They will give you advice about any symptoms and may arrange tests to check your heart before, during and after treatment.
Hormonal therapies

These drugs are often used to treat breast cancer or prostate cancer. Sometimes they are used to treat other types of cancer.

Hormonal therapies do not usually damage the heart directly, but they can affect your risk factors for heart problems. They may raise your blood pressure or cholesterol levels. People also tend to gain weight while taking hormonal therapies. This can increase your risk of developing diabetes and heart problems.

If you are taking a hormonal therapy, you can reduce these risks by making healthy lifestyle changes (see pages 60 to 67). Your doctor may also suggest treatments for high blood pressure or high cholesterol.

We have more information about hormonal therapy drugs – visit macmillan.org.uk/hormonaltherapy
Surgery

Surgery is one of the main treatments for cancer. Sometimes surgery can put the heart under stress and cause heart problems. Having surgery with a general anaesthetic (drugs that keep you asleep) may also cause heart problems for some people.

If you have a healthy heart, surgery is not usually a problem. But there may be a higher risk of damage to the heart for people who:

- had heart problems before surgery
- have diabetes
- are over 70 years old
- have high blood pressure.

If you have minor surgery and only need to be asleep (anaesthetised) for a short time, the risk may be small. If you have major surgery and need to be asleep for several hours, the risk can be greater.

Your doctor will talk to you about the possible risks of your surgery. Before you have a general anaesthetic, you will have tests to check your heart and make sure you are fit enough for surgery (see pages 41 to 48). If you have a high risk of serious heart problems, your doctors may suggest other cancer treatments you can have.
Cancer research trials (clinical trials)

Your cancer doctor may talk to you about having cancer treatment as part of a clinical trial. Clinical trials test new treatments or new ways of giving treatments.

Before you decide if you want to take part, your doctor or a clinical researcher will explain the trial. They will give you information about any known side effects of the treatment. They may not know all the effects these treatments have on the heart. If you join the trial, you will be monitored closely for side effects.

If you develop any warning signs of heart problems, tell a doctor or nurse straight away (see page 68).
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Planning cancer treatment

Before you have cancer treatment, your cancer doctor will explain your treatment plan. They will tell you about any possible benefits and disadvantages of the treatment, including any possible risks to your heart.

Your cancer doctor may check your heart health. They will ask whether you have any heart problems or risk factors such as high blood pressure, high cholesterol or diabetes. They will ask what treatments you have had or are having for these conditions. If you are not sure about this information or can’t remember the name of a condition or treatment, it should be in your medical notes. Your cancer doctor might also speak to your GP or cardiologist (heart doctor).

You may also have tests to check your heart health. For some cancer treatments, you may have these tests even if you don’t have heart problems. Tests can be repeated during and after treatment to check for any heart changes.

‘I had a pre-op visit to the hospital and had an echocardiogram as part of that. It was very routine. A few days later, I was told my results were unusual and that people with a heartbeat pattern like mine usually need to have a pacemaker.’

Judith
Making your decision

Making a decision about your cancer treatment can be complicated. For many people, the possible benefits of cancer treatment are greater than the risk of possible heart problems later in life. But it is your decision.

Your doctor and nurse will give you information and support to help you understand the benefits and risks of having treatment. It is important to understand this information before you decide what is right for you. You might find it helps to make a list of the questions you want to ask. Some people take a relative or friend with them to help them remember what was said.

You will normally have time to think about your decision, and another appointment with your doctor or nurse to discuss it.

‘My team gave me the best information to help me make my decision. They explained everything in a way I could understand. My cardiologist didn’t become part of the team treating the cancer, but they did exchange emails about my situation.’

Judith
If you already have a heart problem

Not all cancer treatments are suitable for people with heart problems. But this can depend on the type of heart problem and how well controlled it is. Your cancer doctor will talk to you about this. If a cancer treatment is likely to cause serious problems, they may suggest a different type of treatment.

If you are having a cancer treatment that might make a heart problem worse, you may need:

• heart tests before, during or after cancer treatment
• other treatments to control the heart problem.

You might need to go to extra appointments before cancer treatment starts. Your cancer doctor may arrange for you to see your cardiologist (heart doctor) for specialist advice about the heart problem. If this delays your cancer treatment, you may feel frustrated or worried. But it is important to get the right information, treatment and advice so that you can have the cancer treatment as safely as possible.

You may find it helpful to:

• know who to contact if you have a question about your cancer treatment, heart problems or test results
• check what will happen next at the end of each appointment
• speak to your specialist doctors, GP or clinical nurse specialist about any worries you have – they should have access to your test results and medical notes.
If you have an implanted electronic device

Some people have an electrical device placed under the skin near the heart. It is used to treat abnormal heart rhythms. There are several types of device, including pacemakers and implantable cardioverter defibrillators (ICDs).

Radiotherapy and some types of scans can affect how these devices work, so it is important to tell your healthcare team if you have one. They will plan any scans and treatment to avoid affecting your device. They will also arrange any extra monitoring you need to check your device or adjust its settings.

‘I had to have more appointments, for example to monitor effects of radiotherapy on my heart device. I had extra practical issues to manage too. I was unexpectedly unable to drive myself to hospital for daily radiotherapy because of DVLA rules following heart treatment.’

Judith
Having a blood test
Tests to check your heart health

Your doctors may use different tests to check how well your heart is working before, during and after your cancer treatment. How often you have tests depends on the type of treatment and whether you already have heart problems. Your doctor or nurse will explain any tests that you need. Some people find it helpful to have a relative or friend come with them to the test.

You can find more information and videos of people having heart tests on the British Heart Foundation website – visit bhf.org.uk/tests

Blood tests

Blood tests help check how well your heart is working. They are also used to monitor the effects of any heart medicines you take. The most common blood tests used to check heart health are:

- **Cardiac troponin test.** This can help show whether your heart muscle has been damaged.

- **Natriuretic peptide tests (for example, B-type natriuretic peptides or BNP).** This can help show whether you have heart failure. A normal level means that you don’t have heart failure. If the level is high, you will need further tests such as a heart ultrasound (an echocardiogram).

- **Urea and electrolytes (U&Es) tests.** These give information about the function of your heart and the effect of any medicines you are taking.
Electrocardiogram (ECG)

This test records the rate, rhythm and electrical activity of the heart. It can detect heart rhythm problems, and can sometimes show if someone has had a heart attack in the past. It can also show if the heart is enlarged or thickened.

Small sticky pads (electrodes) are placed on your chest, arms and legs. Wires connect the pads to an ECG recording machine, which picks up the electrical signals that make your heart beat. The electrical activity is recorded and printed on paper. The test takes about five minutes and is painless. You need to lie still during the ECG, as moving can affect the results.

An ECG can also be recorded over 24 to 48 hours. This is called Holter monitoring or ambulatory ECG monitoring. You have electrodes put on your chest and the wires attached to these will be taped down. The wires go under your clothes to a small portable recorder on a belt around your waist. While you are wearing the ECG recorder, you can do everything you would normally do except have a bath or shower. When the test is finished, you return the recorder to the hospital. Your doctor will check the results.

‘I’ve had pretty much every type of ECG going and they’re all as painless and minor as each other.’

Amy
Having an ECG
Ultrasound of the heart (echocardiogram)

An echocardiogram (echo) uses sound waves to build up a detailed picture of your heart. It is like the ultrasound scan used during pregnancy. It gives information about:

- the structure of the heart
- the heart valves
- how well the heart is pumping.

You will be asked to lie down, usually on your left side. When you are comfortable, some gel is rubbed on your chest. A probe is then placed over different areas of your chest. This probe gives off pulses of sound waves, which echo against the structures of the heart. These echoes are picked up by the probe. They are shown as pictures on the screen of the echo machine.

The test can take from 15 to 60 minutes. It is usually painless, but it may cause some discomfort if you have had recent surgery on the left-side of your chest. Your doctor can give you painkillers to help with this.

Trans-oesophageal echocardiogram (TOE)

Some people will have a trans-oesophageal echocardiogram (TOE). This test takes more detailed pictures of the heart from inside the gullet (oesophagus). The gullet is the tube that connects your mouth to your stomach. It lies behind your heart. This means a TOE can get a closer and clearer picture of the heart valves.

Before you have a TOE, you may be given drugs to make you feel sleepy (sedation). Your doctor will gently pass a small, flexible ultrasound probe through your mouth and into the throat. You will then be asked to swallow.
The test usually takes around 20 minutes. It can feel uncomfortable, but it should not be painful. You can usually go home after the sedation has worn off.

**Multigated acquisition (MUGA) scan**

This scan shows how well the heart is pumping and measures the amount of blood pumped out of your heart every time it beats.

It may be used to check for heart changes caused by some types of chemotherapy or targeted therapy treatment.

During the scan, your doctor will give you two injections into a vein in your arm. The second injection is a small amount of radioactive dye. If you are pregnant or breastfeeding, talk to your doctor before having this test.

A special camera then takes images of your heart. This measures how the dye is pumped through your heart.

The test takes about an hour and usually isn’t uncomfortable. You may be asked to avoid close contact with children and pregnant women for a few hours after.
Computerised tomography (CT) coronary angiogram

A CT scan takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. A CT coronary angiogram helps show the blood flow through the coronary arteries.

Before this test, you may be given a tablet or injection of a drug that slows your heartbeat slightly. A slower heartbeat makes it easier to get clear scans. You will also have a dye injected into a vein in your arm. This dye helps show how blood is moving through the heart.

You lie on a bed which is moved inside the scanner. The scanner is shaped like a large doughnut. The total time of the test is about 90 minutes, but the scan itself only takes 15 minutes.

A small amount of radiation is used during this test. If you are pregnant, talk to your doctor before having this test. Radiation can also increase your long-term risk of developing cancer. However, the benefits of having the test usually outweigh the risk.
Cardiac magnetic resonance (CMR) scan

This is a magnetic resonance imaging (MRI) scan of the heart. An MRI scan uses magnetic waves to build up detailed pictures of areas of your body. A CMR scan gives information about:

- the structure of the heart
- the heart valves
- how well the heart is pumping.

The scanner is a powerful magnet. It may not be suitable for people with metal implants, such as a pacemaker or surgical clips. If you have ever worked with metal or in the metal industry, you should tell your doctor, as tiny fragments of metal can sometimes lodge in the body. Before the scan, you will need to remove any metal belongings including jewellery.

For some cardiac MRIs, the doctor will inject a dye into a vein in the arm. The dye helps to give a clearer picture of the heart muscle and the blood flow through and around the heart. Your doctor can tell you more about this.

During the scan, you will be asked to lie still on a couch. The couch is moved inside a tunnel-shaped scanner that is open at both ends. The scanner is noisy, but you will be given earplugs or headphones.

The scan can take up to an hour, but you will be able to speak to the person operating the scanner. Some people feel a bit claustrophobic inside the scanner. If you are worried about this, tell your doctor before having the scan. You may be offered a mild sedative drug to help you relax.
24-hour ambulatory blood pressure monitor

Some cancer drugs can cause high blood pressure. Your cancer doctor or nurse will check your blood pressure regularly. But sometimes they may want to monitor it over a longer time.

This can be done with a portable (ambulatory) blood pressure monitor. You wear it for 24 hours while you continue your normal routines. A blood pressure cuff (a band) is wrapped around your upper arm. A tube goes from the cuff, under your clothes, to a small monitor on a belt around your waist.

The cuff inflates around your arm and records your blood pressure. It does this automatically at regular times. For example, it could happen every 30 minutes during the day and every hour at night. The monitor records your blood pressure measurements and the time they were taken. After 24 hours, the monitor is removed. The information is collected for your doctor to check.
If heart problems develop

If you develop heart problems during or after cancer treatment, your doctors will talk to you about the best way to manage them. Heart problems are often treated with medicines. Some conditions are treated with a heart procedure or surgery.

Your cancer doctor may arrange for you to see a cardiologist (heart doctor) for advice. Some heart problems will be managed and monitored by your GP.

If you are having cancer treatment when the heart problem starts, your cancer doctor may suggest changing your cancer treatment to prevent further damage to the heart. These changes may include:

- stopping cancer treatment for a time
- lowering the dose
- changing to a different treatment that is less likely to cause heart problems
- stopping cancer treatment completely.

‘I had just finished my third cycle of chemotherapy when a routine echocardiogram and ECG showed problems with my heart. My treatment was stopped immediately and I was referred to a cardiologist who put me on medication.’

Kyle
Heart medicines

Medicines are often used to treat heart problems. They may also be used to help protect your heart during cancer treatment. Your doctor or pharmacist can give you more information about your heart medicines. You can also get more detailed information from the British Heart Foundation – visit bhf.org.uk/medicines

ACE inhibitors
ACE inhibitors make your blood vessels relax and widen. This can lower your blood pressure. They are used to treat high blood pressure and heart failure. They are also used after a heart attack.

Examples are ramipril and lisinopril.

Angiotensin receptor antagonists (ARBs)
ARBs work in a similar way to ACE inhibitors. They relax and widen your blood vessels. They are used to treat high blood pressure and heart failure.

Examples are candesartan and losartan.

Beta blockers
Beta blockers work by slowing your heart rate, which means your heart has less work to do. They can help control angina and reduce the risk of a heart attack in people who have already had one. They can also be used to treat abnormal heart rhythms and heart failure.

Examples are bisoprolol and carvedilol.
Cholesterol-lowering medicines
These medicines reduce the amount of cholesterol in the blood. This can reduce your risk of coronary heart disease, heart attack and stroke.

Examples are simvastatin and atorvastatin.

Diuretics (water tablets)
Diuretics make the kidneys reduce the amount of fluid in the body. This can reduce the pressure on the heart muscle. They are used to treat heart failure, heart valve disease and high blood pressure.

There are different types of diuretics which work in slightly different ways. Your doctor or pharmacist can tell you more about the type of diuretic you are taking.

Examples are bumetanide and furosemide.

Anti-platelet medicines
These medicines help to make the blood less sticky and reduce the risk of clots forming. This means you are less likely to have a heart attack or stroke.

People who have a higher risk of heart attack or stroke may take these. This includes people with coronary heart disease, angina, or who have had a previous heart attack or stroke.

Some types of chemotherapy may cause a low level of platelets in your blood (cells that help your blood to clot). If your platelets are low, your cardiologist and cancer doctor may suggest you stop taking the anti-platelet medicine for a time. You will have regular blood tests to check your platelet levels.

Examples are aspirin and clopidogrel.
Anti-coagulants
Anti-coagulants prevent harmful blood clots from forming. They are most commonly prescribed for people who have an abnormal heart rhythm, or who have an artificial heart valve.

Examples are warfarin and rivaroxaban.

‘I take eight medicines a day, but it is a small price to pay. They are helping to keep me healthy.’
Kyle
Heart procedures and surgery

Some heart problems can be treated with a procedure or surgery rather than medicines. This is always carried out by a specialist doctor, such as a cardiologist or a cardiothoracic surgeon. They will explain your treatment in detail, including possible risks and benefits.

If coronary heart disease has caused narrow arteries and symptoms of angina, this can be treated with a procedure called angioplasty or with coronary bypass surgery.

During angioplasty, a small tube (stent) is put into the narrowed artery. The stent keeps the artery open. This lets blood flow through the artery and supply oxygen to the heart muscle.

Coronary bypass surgery involves bypassing the narrowed artery. The surgeon uses a small section of artery from another area of your body. They attach this above and below the narrow section of coronary artery.

If you have a heart valve problem, you may be able to have an operation to repair or replace the valve.

Some people have surgery to implant an electrical device to treat certain heart conditions. There are different types of device, including pacemakers and implantable cardioverter defibrillators (ICDs). These can help treat electrical problems such as abnormal heart rhythms or a slow heartbeat. Sometimes pacemakers are used to treat heart failure because they can help improve the pumping action of the heart.
You can find out more about different treatments at bhf.org.uk/treatments

Heart procedures and surgery are not always possible. It can depend on the heart problem and your general health. Sometimes the risks of a procedure or surgery are too high. Your doctor may suggest heart medicines or healthy lifestyle changes instead.
After cancer treatment

If you develop any symptoms of heart problems during or after cancer treatment, tell your doctor straight away. They will assess you and arrange any tests or treatment you need.

Some people will have regular follow-up appointments to check their heart health after cancer treatment. This is useful for people who:

• developed a new heart problem during cancer treatment
• developed heart changes during cancer treatment
• had a cancer treatment that may cause heart problems many years later
• have other risk factors for heart problems.

Follow-up appointments may be with a GP or a cardiologist (heart doctor). You may have regular blood pressure or cholesterol blood tests. Some people will have scans to check how the heart is working. Ask your cancer doctor or GP for more advice about your situation.

‘I always felt I was getting the best care. You become very close to your medical team – I still go back to see the same people for check-ups.’

Kyle
If your cancer treatment is unlikely to cause heart problems, you may not need follow-up appointments. But if you have other risk factors for heart problems (see pages 15 to 19), you can talk to your GP or nurse. They can give you information about your risk of future heart problems and how to reduce your risk.

**Pregnancy after cancer treatment**

Pregnancy and giving birth can put pressure on your heart. Women who are thinking about having a baby after cancer treatment should ask their doctor for advice.

Your doctor may arrange for you to see a cardiologist. They can give you specialist advice before or during your pregnancy. You may also have extra tests to check your heart health while you are pregnant.
LOOKING AFTER YOUR HEART

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Keeping your heart healthy

You can improve your heart health at any age, even if you already have a heart problem. Making changes such as eating well or stopping smoking can help before, during or after cancer treatment.

Even small changes can make a difference. Keeping your heart healthy is important throughout your life, not just during cancer treatment. If you need more advice or support about keeping your heart healthy, talk to your doctor or nurse.
Eat well

A healthy diet can help prevent some heart problems. It can also help with weight control, high blood pressure, cholesterol levels or diabetes.

A healthy diet includes:

• at least five portions of fruit and vegetables – try to have a variety

• meals based on starchy foods, such as bread, cereal, rice, pasta, noodles, couscous and potatoes – choose wholegrain where possible

• some beans, pulses, fish, egg, meat and other proteins

• some dairy (for example, milk, cheese or yoghurt) or dairy alternatives – choose lower fat and lower sugar where possible

• small amounts of unsaturated oils and spreads

• small amounts of food and drinks that are high in fat, salt or sugar, and having them less often

• plenty of fluids which are lower sugar or sugar free – water, tea, coffee and lower-fat milk all count.

‘I used to really enjoy my food but it was always the wrong foods I would enjoy, but now I enjoy the right types of food. I’ve got myself a diet plate and it tells you exactly what amount of foods to have on the plate. It’s great for portion sizes.’

Dave
To keep your heart healthy, choose foods that contain healthy fats instead of saturated fats. See the table below for examples of healthy fats. Saturated fats are found in butter, lard, ghee, palm oil, coconut oil, cakes, biscuits, cream and fatty meat.

<table>
<thead>
<tr>
<th>Healthy fats</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Monounsaturated</strong></td>
<td>• Olive or rapeseed oil.</td>
</tr>
<tr>
<td></td>
<td>• Spreads that are made from these oils.</td>
</tr>
<tr>
<td></td>
<td>• Some nuts and seeds, including almonds and cashews.</td>
</tr>
<tr>
<td><strong>Polyunsaturated</strong></td>
<td>• Soya, vegetable or sunflower oil.</td>
</tr>
<tr>
<td></td>
<td>• Spreads that are made from these oils.</td>
</tr>
<tr>
<td></td>
<td>• Some nuts and seeds, including walnuts and sesame seeds.</td>
</tr>
<tr>
<td><strong>Long-chain Omega-3 fats</strong></td>
<td>This is a type of polyunsaturated fat found in oily fish, such as:</td>
</tr>
<tr>
<td></td>
<td>• mackerel</td>
</tr>
<tr>
<td></td>
<td>• salmon</td>
</tr>
<tr>
<td></td>
<td>• sardines</td>
</tr>
<tr>
<td></td>
<td>• trout</td>
</tr>
<tr>
<td></td>
<td>• kippers</td>
</tr>
<tr>
<td></td>
<td>• pilchards</td>
</tr>
<tr>
<td></td>
<td>• herring.</td>
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</tbody>
</table>
It is also important to avoid drinking too much alcohol or binge drinking. This can increase the risk of arrhythmias and high blood pressure, and can damage the heart muscle.

The British Heart Foundation has information about healthy eating for your heart – visit bhf.org.uk/healthyeating

**Keep to a healthy weight**

If you are overweight, losing weight will help to protect your heart. If you want and need to lose weight, the British Heart Foundation has more information. You can order the booklet *Facts not fads – Your simple guide to healthy weight loss* at bhf.org.uk/publications

Cancer and cancer treatment can cause problems that may make keeping to a healthy weight more complicated. Macmillan has more information about cancer, healthy eating and eating problems – visit macmillan.org.uk/information-and-support

If you are finding it hard to keep to a healthy weight, talk to your doctor or nurse. They can give you advice and may arrange for you to see a dietitian for more support.
Keep active

Regular physical activity helps to keep your heart healthy. It can also help control risk factors for coronary heart disease, such as:

- high blood pressure
- high cholesterol
- being overweight
- diabetes.

You may find it hard to think about being active when you are coping with cancer and possible side effects of treatment. But even making small changes can help. You could:

- go for a walk once or twice a day
- do some gardening
- go cycling
- do some housework, such as vacuuming
- wash the car
- dance
- park your car some distance from work or the shops and walk the rest of the way
- get off the bus one or two stops early and walk the rest of the way
- use the stairs instead of the lift or escalator.
As well as helping your heart, there are lots of other benefits to being active. It can:

• improve your mood and quality of life
• help reduce tiredness and some other side effects of cancer treatment
• help strengthen your muscles, joints and bones.

If you are having cancer treatment or are worried about getting more active for any reason, talk to your doctor. They can give advice and may be able to arrange more support for you.

We have more information about ways to keep active – visit macmillan.org.uk/physicalactivity

If you are ready to become more active, we have a pack called Move More that may help. Visit be.macmillan.org.uk or call 0808 808 00 00 to order a free copy.

‘I had to make changes. Instead of getting the bus to work, I got a bike and cycled. At first it was difficult but after two or three weeks it gets easier. You notice your trousers are just a little bit looser, which inspires you to do it even more.’

Dave
Stop smoking

If you smoke, giving up is the best thing you can do for your heart. After you stop smoking, your risk of developing coronary heart disease or having a heart attack dramatically reduces.

If you are thinking about quitting, there are organisations that can help:

• In England, visit nhs.uk/smokefree or call the free Smokefree National Helpline on 0300 123 1044 (Monday to Friday, 9am to 8pm, and Saturday and Sunday, 11am to 4pm).

• In Scotland, visit nhsinform.scot/smokeline or call the free Smokeline on 0800 84 84 84 (Daily, 8am to 10pm).

• In Wales, visit stopsmokingwales.com or call the free Stop Smoking Wales Helpline on 0800 085 2219 (Monday to Thursday, 8am to 8pm, Friday, 8am to 5pm, and Saturday, 9am to 4pm).

• In Northern Ireland, visit want2stop.info

You could also speak to your doctor for advice and to find out about more support in your local area.

Macmillan Cancer Support and the British Heart Foundation also have information about stopping smoking. Order the booklet Giving up smoking from be.macmillan.org.uk or visit macmillan.org.uk/smoking You can also visit bhf.org.uk/smoking
Coping with stress

Cancer can be stressful for lots of reasons. You may be dealing with some difficult emotions, worrying about the future, and coping with treatment and side effects.

Stress can raise your blood pressure and put more strain on your heart than usual. Smoking, drinking alcohol or over-eating to cope with stress can also increase the risks to your heart.

If you already have a heart problem, feeling extremely stressed or anxious can sometimes cause symptoms such as angina. It is important to find healthy ways of coping with stress. You could try some of these ideas:

• **Talk about it.** This is not always easy, but it can often help you feel better. You may want to talk to someone you know well, such as family or friends. Or you may decide to talk to your GP or nurse specialist, or a religious leader.

• **Ask for more support.** If you have questions about your treatment or other worries, ask your doctor or nurse. And if you feel you need more help to cope, let them know.

• **Work out what makes it worse.** Once you know what makes you stressed, avoid these things or get help so you can cope with them.

• **Find ways to relax.** You could try listening to relaxing music or doing some physical activity, such as walking, swimming or yoga. Some people find that complementary therapies help, such as a massage.

The British Heart Foundation has information about coping with stress at [bhf.org.uk/stress](http://bhf.org.uk/stress) If you want to talk about how you are feeling, call the Macmillan Support Line on **0808 808 00 00.**
Heart health and cancer treatment

Warning signs of heart problems

If you have any warning signs of heart problems, it is important to let your doctor know straight away. Early treatment for a heart problem can prevent further damage.

Sometimes the symptoms of heart problems are like the symptoms of other conditions. But it is important to get any new symptom checked by your doctor. Always tell your doctor if you:

- have chest discomfort, pain or tightness
- have pain that spreads to your arm, neck, jaw, stomach or back
- feel short of breath
- feel unusually tired or weak (fatigue)
- have swollen feet, ankles, tummy or lower back
- have palpitations, which might feel like a thumping or fluttering in your chest
- have blackouts (faint)
- feel dizzy or light-headed.

A heart attack is life-threatening. If you think you or someone else is having a heart attack, phone 999 for an ambulance straight away.
‘When you look back, you think something wasn’t quite right. I did a lot of walking but put feeling tired or out of breath down to getting older. It wasn’t anything I thought about going to the GP for.’

Judith
TIPS FOR HEART HEALTH

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Share your experiences 75
10 top tips for heart health

These tips will help to keep your heart healthy before, during and after cancer treatment.

1 Before you start cancer treatment, tell your cancer doctor if you already have a heart problem. You should also tell them if you have risk factors such as high blood pressure, high cholesterol or diabetes, or if your close family have any of these.

2 Talk to your doctors about any heart medicines they give you. It might be helpful to write down the medicines.

3 Do not stop taking the medicines given to you unless you are told to. If you have side effects, talk to your doctor.

4 Ask your cancer doctor if your cancer treatment is likely to affect your heart. If it is, find out how they will monitor your heart.

5 When you finish cancer treatment, ask your cancer doctor if you will need regular heart check-ups.

6 Go to your heart follow up appointments, even if you don’t have any heart symptoms.
7 Know the warning signs of heart problems. If you get any of them, contact your GP.

8 If you have risk factors for heart problems, ask your GP or nurse for more information and advice about reducing your risk.

9 If your lifestyle means you are at a greater risk of heart problems, make some changes.

10 Get more information and support about keeping your heart healthy or understanding your heart condition from the British Heart Foundation. Call the Heart Helpline on 0300 330 3311 (Monday to Friday, 9am to 5pm). If you need more information about cancer and its treatment, contact Macmillan Cancer Support on 0808 808 00 00 (Monday to Friday, 9am to 8pm).

‘My lifestyle hasn’t changed a lot, but I’m more conscious now that I know about my heart condition. I do try to take care of myself.’

Judith
Share your experiences

Your experience of cancer and heart problems may be helpful to other people. They may find it useful to hear how you coped or felt about your experience. There are many ways you can share this. You can:

• join a patient or support group – you can find one near you at macmillan.org.uk/supportgroups or bhf.org.uk/heart-support-groups

• volunteer with a cancer or heart disease charity – you can often find out more on the charity’s website

• take part in research or fill in a survey – ask your healthcare team for more information about this, or let them know what you think about the care you had.

If you want to get more involved, most hospitals also have Patient and Public Involvement Departments or Patient Participation Groups.
# Further Information

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How the British Heart Foundation can help you

The British Heart Foundation (BHF) is fighting for every heartbeat.

We are the UK’s number one heart charity and through 50 years of funding cutting edge research we have already made a big difference to people’s lives.

Far more people are living with debilitating heart failure, shouldering the daily burden of this ruthless disease. But our research gives people hope. We will continue to revolutionise treatments, transform care and ultimately find a way to beat heart disease for good.

Visit bhf.org.uk to find out more or make a donation.

Information and support
If you or someone you know has been diagnosed with a heart problem, you may be feeling worried, overwhelmed or anxious. We want to make sure that you have all the information, support and guidance you need.

We produce a range of resources to help you look after your heart health or to manage your heart problem, including:

• Keep your heart healthy (Heart Information series)
• Heart failure (Heart Information series)
• Medicines for your heart (Heart Information series)
• The road ahead: Your guide to heart tests and treatments (DVD).
To order any of our heart health information:

- call the BHF orderline on 0870 600 6566
- email orderline@bhf.org.uk
- visit bhf.org.uk/publications where you can also download many of our publications.

**Heart Helpline**

Call our Heart Helpline on 0300 330 3311 (similar cost to 01 or 02 numbers). Lines are open Monday to Friday, 9am to 5pm.

Our cardiac nurses and information support officers are on hand to help with any questions or concerns you have about heart health and heart conditions.

**Heart Matters**

Heart Matters is the BHF’s free, personalised service that provides support and information for people who want to improve their heart health. Join today and enjoy the benefits, including Heart Matters magazine and an online members’ area.

Join online at bhf.org.uk/heartmatters

**Heart support groups**

Local heart support groups give you the chance to talk about your own experience with other heart patients and their carers. They may also include exercise classes, talks by guest speakers and social get-togethers.

To find out if there is a heart support group in your area, contact the Heart Helpline on 0300 330 3311 or visit bhf.org.uk/heart-support-groups
How Macmillan Cancer Support can help you

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

Order what you need

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

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

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

Other formats

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

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

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

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

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

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

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you.

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 to Friday, 9am to 8pm. Our cancer support specialists can:
- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

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

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

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

Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.
Talk to others
No one knows more about the impact cancer can have on your life than those who have been through it themselves. That’s why we help to bring people together in their communities and online.

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

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

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

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

Mal
Help with money worries

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

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

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

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

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

Help with work and cancer

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

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

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

**Heart support**

**The British Cardiac Patients Association**
**Tel** 01223 846 845  
**Email** admin@bcpa.eu  
**www.bcpa.eu**  
Gives support, reassurance and practical advice to people with heart problems, their family and carers.

**Cardiomyopathy UK**

**Tel** 0800 0181 024  
(Mon to Fri, 8.30am to 4.30pm)  
**Email** supportnurse@cardiomyopathy.org  
**www.cardiomyopathy.org**  
Offers information and support for people living with cardiomyopathy. Has support groups across the UK.

**Heart UK**

**Tel** 0345 450 5988  
(Mon to Fri, 10am to 3pm)  
**Email** ask@heartuk.org.uk  
**www.heartuk.org.uk**  
Provides support, guidance and education services to people with concerns about cholesterol.
General cancer support

Cancer Black Care
Tel 020 8961 4151
Email info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

Cancer Focus
Northern Ireland
Helpline 0800 783 3339
(Mon to Fri, 9am to 1pm)
Email helpline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

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

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

Tenovus
Helpline 0808 808 1010
(Daily, 8am to 8pm)
Email info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk
Aims to help everyone in the UK 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.healthtalk.org/young-peoples-experiences (site for young people)
Has information about cancer, and videos and audio clips of people’s experiences. Also provides advice on topics such as making decisions about health and treatment.

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.info
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.

NHS Choices
www.nhs.uk
The UK’s biggest health information website. Has service information for England.
Counselling

British Association for Counselling and Psychotherapy (BACP)
Tel 01455 883 300
Email bacp@bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at itsgoodtotalk.org.uk

UK Council for Psychotherapy (UKCP)
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.

Emotional and mental health support

Mental Health Foundation
www.mentalhealth.org.uk
Provides free well-being podcasts through its website, including relaxation and mindfulness exercises.

Mind
Helpline 0300 123 3393
Text 86463
Email info@mind.org.uk
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

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

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

Thanks

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

With special thanks to: June Davison, Senior Cardiac Nurse, British Heart Foundation; and Dr Alexander Lyon, British Heart Foundation Senior Lecturer and Honorary Consultant Cardiologist.

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Sources

We’ve listed a sample of the sources used in the booklet below. If you would like further information about the sources we use, please contact us at cancerinformationteam@macmillan.org.uk

Can you do something to help?

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

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

**5 WAYS YOU CAN HELP SOMEONE WITH CANCER**

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

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

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

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

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

Call us to find out more
0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details
Mr/Mrs/Miss/Other
Name
Surname
Address

Postcode
Phone
Email

Please accept my gift of £
(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro
Card number

Valid from Expiry date

Issue no Security number

Signature
Date / /

Don’t let the taxman keep your money
Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

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

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

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

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
This booklet is for anyone who has cancer and is worried about heart health.

It explains how cancer treatments can affect the heart and how to cope with heart problems. It also include tips for heart health.

WE ARE MACMILLAN. CANCER SUPPORT

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

If you have questions about your heart health, call the Heart Helpline on 0300 330 3311, Monday to Friday, 9am to 5pm, or visit bhf.org.uk