



Cancer  
Society

UNDERSTANDING CANCER

# Chemotherapy Hahau



A guide for people having chemotherapy





# Chemotherapy

This booklet has been written to help you understand more about chemotherapy, and the support and information your doctors, nurses, and the Cancer Society can offer you. We hope it answers some of the questions you may have before and during treatment. You will be given more information when you have treatment. We can't advise about the best treatment for you personally. You need to discuss this with your own doctors.

The words in **bold** in the text are explained in the glossary at the end of the booklet.

## Hahau

Kua whakaputaina tēnei pukapuka kia mārama ai koe ki tēnei mea te hahau ā, kia mōhio ai koe mō ngā āwhina me ngā pārongo ka taea e ngā rata, ngā tapuhi me Te Rōpū Mate Pukupuku o Aotearoa (the Cancer Society of New Zealand) te hoatu. Ko te tūmanako kei konei ngā whakautu me ētahi o ngā whakaaro me ngā pātai ka ara ake i a koe e whai whakaoranga ana mō tō mate. Ka tīmata ana ngā whakamaimoa ka nui ake ngā pārongo ka whiwhi koe. Ehara mā mātou ki te tohutohu i a koe mō te maimoatanga pai ake, me kōrero kē koe ki ōu ake rata.

Kei te takoto ngā whakamārama mō ngā kupu kua **miramirahia**.





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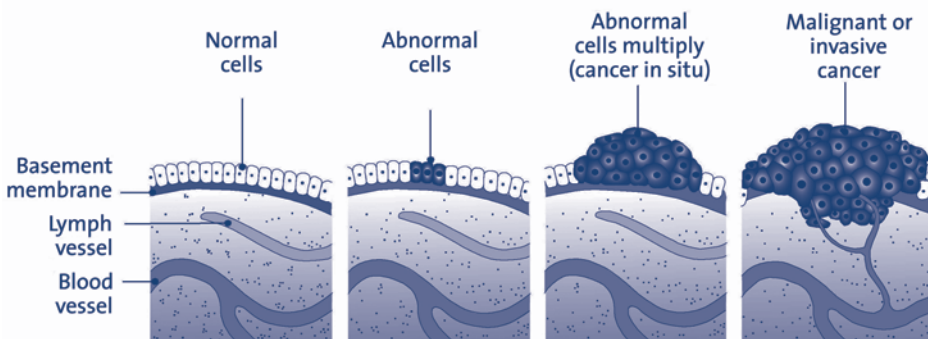
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# What is cancer?

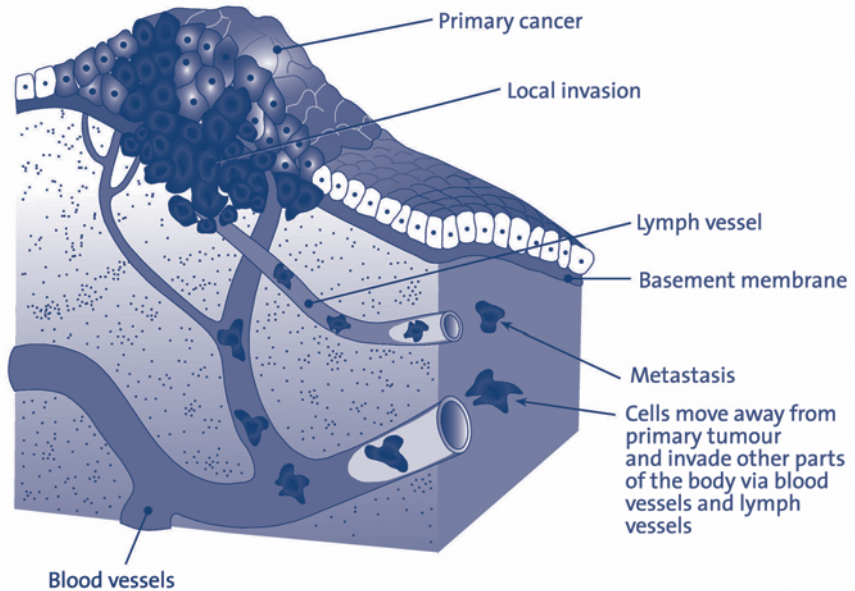
Cancer is a disease of the body's **cells**. It starts in our **genes**. Our bodies are constantly making new cells: to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. This process is controlled by certain genes. All cancers are caused by damage to these genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent when they are born. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump which is called a **tumour**.

## The beginnings of cancer



Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread outside their normal boundary to other parts of the body.

## How cancer spreads



A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site, a cancer in situ (or **carcinoma in situ**). If these cells are not treated they may spread beyond their normal boundaries and into surrounding tissues (invasive cancer).

Sometimes cells move away from the original (**primary**) cancer through the blood or lymph node systems and invade other organs. When these cells reach a new site they may continue to grow and form another tumour at that site. This is called a secondary cancer or





**metastasis.** For example, if breast cancer spreads to the bone, it is called a bone secondary (or metastasis). Your doctor will still refer to it as breast cancer even though it has spread to another organ.

The sort of treatment you are given for cancer depends on the type of cancer, where it began, and whether it has spread. Your doctor will also take into account individual factors such as your age and general health.

Treatments for cancer include surgery, chemotherapy (drug treatment), hormone treatment, or radiation therapy. Monoclonal antibodies, which are now used to treat a few cancers, will become increasingly important in the future. Sometimes only one of these methods of treatment is used for a cancer. Sometimes more than one is used.

## He aha te matepukupuku?

He mate tēnei ka pā ki ngā pūtau o te tinana. Ka tīmata i roto i ō tātou ira. He kaha ō tātou tinana ki te mahi pūtau i ngā wā katoa; hei āwhina i tō tātou tipuranga, hei whakahōu i ngā pūtau kua kore he kaha, kua mate rānei i ngā whara ka pā ki te tinana. Arā ētahi tino momo ira kei te whakahaere i tēnei mahi. Ka ahu katoa mai ngā mate pukupuku mai i ngā tūkinotanga ka pā ki ēnei ira. Kāore e kore ka pā ngā tūkinō nei i roto i te wā o tō tātou

oranga engari, ka whiwhi ētahi tāngata i taua ira kua tūkinotia, mai i ō rātou mātua i te wā whānau mai rātou. I te nuinga o te wā, pai noa iho te tipu me te rauroha haere o ngā pūtau. Heoi anō, mēnā kua tūkinotia tētahi, tērā pea, ka āhua rerekē te whanonga. Tērā pea ka tipu hei pukupuku ā, e kīia ana he puku.

Ko ētahi puku ka kīia he marire (arā, he kore mate pukupuku); ko ētahi atu, ka kīia he marere (he mate pukupuku).

Kāore ngā puku mate marire e rauroha haere ki ētahi atu wāhanga o te tinana. He pūtau matepukupuku ngā puku mate marere. Ka tīmata ana, ka noho te puku marere ki te wāhi ka puta ake, ka kīia he matepukupuku ‘in situ’ (ko te carcinoma in situ rānei). Ki te kore ēnei pūtau e maimoatia, tērā pea ka nekeneke haere ki tua atu o tōna rohe ki ngā kikokiko o te tinana (matepukupuku whakaekenga).

I ētahi wā ka neke ngā pūtau, mai i te wāhi i tīmata ai te matepukupuku (tuatahi), ka haere mā te pūnaha toto me te tīpona waitinana, kātahi ka whakaeke i ētahi atu whēkau. Ka tae ana ēnei pūtau ki wāhi kē o te tinana, ka tupu anō ki reira, tērā pea ka puta he puku ki konā ā, ka kīia tēnei, he mate pukupuku.





## What is chemotherapy?

Chemotherapy is the treatment of cancer using anti-cancer (cytotoxic) drugs. The aim is to kill cancer cells while doing the least possible damage to normal cells.

## He aha te hahau?

He maimoatanga mō te matepukupuku te hahau mā te whakamahi i ngā whakapōauau e kīia ana, ko cytotoxic. Ko te whāinga, ko te patu i ngā pūtau matepukupuku me te whakaiti i te tūkinotanga ki ngā pūtau pai.

## How does it work?

Chemotherapy stops cancer cells from dividing and multiplying. It travels through the bloodstream and kills cancer cells in different parts of the body. It can also affect normal cells. Chemotherapy is more likely to affect the cells in the body that grow quickly, which is why some people lose their hair, have a sore mouth or have a fall in the number of blood cells. Fortunately, most cells in the body are not growing rapidly and so chemotherapy doesn't affect them. Even when normal cells are damaged, they grow again. Damaged cancer cells are less likely to grow back.



## Targeted treatment

Recently, new drugs have become available that are more specifically directed at cancer cells and the structures essential for their growth and survival than existing chemotherapy drugs. They are now being used in the treatment of a few kinds of cancers, and some promising new compounds are being developed. Through better targeting, these newer drugs should be more effective against cancers resistant to conventional chemotherapy and cause fewer unpleasant and dangerous side effects on health and normal cells.

A diagnostic technique known as microarray analysis can be used to study the genetic composition of cancers. It may soon be possible to predict accurately how a cancer will behave and how it will respond to different treatments.

## How will I be given chemotherapy?

Sometimes one type of chemotherapy drug is given by itself, either as tablets or capsules, or in a 'drip' (IV infusion). More often, two or more drugs are given together.

You'll probably be given your drugs by injection or drip into a vein, or via a portable **infusion pump**, although you might be given tablets as well. It is very important that you take your tablets when and how



your doctor says. If you are not sure about what to do, ask your doctor or nurse to write down instructions for you.

Drugs don't get into the brain, spinal cord, or the fluid bathing the brain and spinal cord very well, so for a few cancers the drugs are injected into the base of the spine through a process called **lumbar puncture**.

### How will my doctors decide on the type of chemotherapy?

The type of treatment your specialist chooses for you depends on what type of cancer you have, how far it has spread, and your general health. Chemotherapy has been used for many years, and new and better treatments are being discovered all the time, so your doctors will select the best treatment for you and your type of cancer.

Your doctors will keep a close eye on you during your treatment. You may have blood tests, X-rays, and scans to see how you are doing. If necessary, your doctors will change your drugs or how they give them to you. Sometimes they will stop the treatment early or continue it for longer than planned. It all depends on how your body and the cancer respond to the treatment.

“I used numbers. I had 30 days of chemo treatment. I used it like a football score. It was 1.29 tomorrow, then it was 2.28, 3.27, and as I got over half way I started to come right.”

Reg

## **How long will my treatment last?**

Your treatment could last several weeks or several months. You'll probably get one dose of treatment at a time or over a few days, and then you'll be given a rest before having the next treatment. Treatment cycles are usually two–four weeks apart. Spacing out your treatment in this way gives your body a chance to recover from any side effects.

## **Blood tests**

Before you have each treatment, a blood sample will be taken. This test (known as a blood count) measures the different cells in your blood. You need to have blood counts because chemotherapy drugs can lower blood count levels. If any part of your blood count is too low,





your doctors might give you a longer time between treatments, they may change your drugs, or give you additional treatment that boosts blood counts.

### **Will it cure me?**

Chemotherapy can cure some types of cancer. Sometimes it does this on its own, and sometimes when used with surgery or radiation therapy. At other times, chemotherapy controls your cancer by stopping it growing or by making it shrink. This treatment can give you a longer life or can help reduce any problems the cancer is giving you.

Whether or not chemotherapy cures you depends on what sort of cancer you have and its stage. Ask your specialist how chemotherapy will help you.

### **Use of chemotherapy to help other treatment**

Chemotherapy can be used to assist another treatment, such as surgery or radiation therapy; this is called **adjuvant chemotherapy**.

Adjuvant chemotherapy can be given either before or after the main treatment. When given before other treatment, the drugs can be used to make the cancer smaller so that the main treatment can be more effective.

When given after the main treatment, chemotherapy is often used to kill any cancer cells which have not been found but could cause problems later.

## Making decisions

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. Some people find that waiting for test results and for treatment to begin is very difficult.

While some people feel they are overwhelmed with information, others may feel they do not have enough. Understanding your illness, the possible treatment, and side effects will help you to make your own decisions.

If you are offered a choice of treatments, including no treatment for now, you will need to weigh up their advantages and disadvantages. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been advised.

The risk of not having treatment needs to be weighed against the risk of side effects from treatment. You may want to ask your doctor questions like: Can I expect to live longer if I have treatment? and If I have treatment, is there a risk that my quality of life could worsen because of the side effects?

Some people with cancer will always choose treatment, even if it only offers a small chance of cure.





Others want to make sure that the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment but to have any symptoms managed as they arise in order to maintain the best possible quality of life.

### Talking to doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

### Te kōrero ki ngā rata

Tērā pea ka hiahia koe kia nui ō kōrero me tō rata i mua i tō whakataua i te maimoatanga pai mōu. He uaua tonu te hopu i te maha o ngā kōrero ka puta, tērā pea ka mate koe ki te pātai anō i aua pātai. Kei a koe tonu te tikanga ki te whiu pātai mō te pai o te maimoatanga kua whiria mōu me te tikanga ki te whakaae atu ki te whakahē rānei.

“I got a little scared by the tests: it was a shock. I don't remember what was said but my husband did. He had all the questions.”  
Debbie

Māna anō e whakamāui ake.



Before you see the doctor, it may help to write down your questions. There is a list of questions at the end of this booklet that may assist you. Taking notes during the session can also help. You may find it helpful to take a family member or friend with you to take part in the discussion, take notes, or simply listen. Some people find it is helpful to record the discussion.

### Talking to others

Once you have discussed treatment options with your doctor, you may want to talk them over with someone else, such as:

- family or friends
- specialist nurses



- your family doctor
- the Cancer Society
- the hospital social worker or chaplain
- your own religious or spiritual adviser
- another person who has had cancer.

Talking it over can help to sort out what course of action is right for you.

### **A second opinion**

You may want to ask for a second opinion from another specialist. Your specialist or general practitioner can refer you to another specialist and you can ask for your records to be sent to the second doctor. You can ask for a second opinion even if you have already started treatment or still want to continue treatment by your first doctor. However, if the second opinion differs from that of the first doctor, he or she cannot be expected to give a treatment that he or she does not consider to be the one best for you. Treatment would then have to be given by the second doctor.

Sometimes people seek a second opinion overseas. An overseas doctor may recommend a treatment that is not available in New Zealand, which may be very expensive and the New Zealand public health system will not pay for. If the recommendation is to participate in a clinical trial (see below) this can only be done through a doctor registered with the clinical trial.

## The internet

You, your friends, or family/whānau may decide to search the internet looking for treatments for cancer. The internet is an excellent source of high-quality information. There is also a lot of opinion presented as fact, but supported by little, if any, evidence. The amount of information and opinion is often overwhelming; sifting and sorting it may be very difficult. Some suggested websites with information about chemotherapy are given on page 59.

## Taking part in a clinical trial

Research into the causes of cancer and into ways to prevent, detect, and treat it is continuing. Your doctor may suggest you consider taking part in a clinical trial. Clinical trials are a vital part of the search to find better treatments for cancer. Doctors conduct clinical trials to test new or modified treatments and see if they are better than existing treatments.

Many people all over the world have taken part in clinical trials that have resulted in improvements to cancer treatment. However, the decision to take part in a clinical trial is always yours. If your doctor asks you to take part in a clinical trial make sure you fully understand the reasons for the trial and what it means for your treatment. Before deciding whether or not to join the trial you may wish to ask your doctor:





- What treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if any problems occur while I am in the trial?

If you decide to join a randomised clinical trial you will be given either the best existing treatment or a promising new treatment. You will be chosen at random to receive one treatment or the other, but either treatment will be appropriate for your condition. If you join a clinical trial you have the right to withdraw at any time. Doing so will not jeopardise your treatment for cancer. It is always your decision to take part in a clinical trial. If you do not wish to take part your doctor will discuss the best current treatment for you.

## What can I expect from chemotherapy?

### Does chemotherapy hurt?

No, not usually. If you have a drip (IV infusion), you'll feel a brief sting as the needle goes in, but then the pain

should stop. However, if the pain continues or starts during the infusion let the doctor or nurse know immediately.

### **Will I have to stay in hospital?**

Most people have their treatment as an outpatient. Usually you have to spend a few hours at the hospital for each treatment. This is because you often have to have a blood test first, and your doctors must wait for the result to check that your blood count is okay before they can give you the treatment. Some people stay in hospital overnight or for two or three days.

### **Me noho ki te hōhipera?**

Ka whai oranga te nuinga o ngā tāngata hei tūroho noho kāinga. I te nuinga o te wā, ka noho koe i te hōhipera mō ētahi hāora, mō ia maimoatanga. Ko te tāke ka whēnei, ka tangohia he toto i te tuatahi ā, ka tatari ngā rata kia pai ai te titiro i tō kaute toto, i mua i te tīmatatanga o ngā maimoatanga. Ka noho ētahi tāngata mō te pō, ā, ka roa ake i ētahi wā.

If you live a long way from the hospital you will probably be able to stay free of charge, or at low cost, at a comfortable hostel or motel. Family members can stay (at a reduced rate) in some hostels. Contact your





regional Cancer Centre to find out about accommodation.

### **Can I keep working?**

Most people keep working during their treatment and arrange time off to go to hospital for each treatment. Some people can work part time instead of full time, while others take a few days off around each treatment. Others take an extended break for the whole course of the treatment. Talk to your employer, family, and friends and work out what suits you. Do not force yourself to do too much.

### **What about other activities?**

Do only what you feel comfortable doing. You may find you can go on with your normal life, or that you have to take things much easier. The important thing is to look after yourself during chemotherapy so that your body is strong enough to cope with the drugs. Do not do anything you do not need to do. Put your own needs and wishes first.

### **What about my other medications?**

Before you start chemotherapy, be sure to give your specialist a list of all the medications you are taking, including occasional Panadol, aspirins, anti-inflammatories (such as Nurofen), vitamins,

or treatments from herbalists, naturopaths, homeopaths, etc.

If you want to take any new medications while having chemotherapy ask your specialist about these before you begin taking them. Some chemotherapy drugs do not mix well with other medicines.

### **Can I drink alcohol?**

It is usually fine to drink a little alcohol during treatment, but check with your specialist first – some chemotherapy drugs do not mix well with alcohol.

### **Can I drive?**

You'll probably find it best to get someone to drive you to and from hospital for the first treatment, as you might not feel well enough to drive. If you feel okay to drive after your first treatment, you'll probably be fine to do so on following appointments.

### **Does chemotherapy cause cancer?**

Some people who have chemotherapy may get another form of cancer much later in life. However, this rarely happens, and it is much more likely that your treatment will either cure you or control your cancer. If this question concerns you, talk it over with your specialist.





## Side effects

The side effects that you might experience depend on the drugs you receive and how they affect you. Ask your specialist or nurse what to expect and how to deal with it. Most side effects are only temporary; they are not experienced between treatments and usually disappear shortly after the treatment stops. However, some side effects are permanent.

## Ngā pānga

Mā te āhua o ngā whakapōauau, e kitea ai ngā pānga ki a koe, ōna piki, ōna heke. Uiuitia tō rata, tō tapuhi rānei mō te āhua o ngā pānga ki pā ki a koe.

He rangitahi noa te nuinga o ngā pānga ka puta. Kāore e puta ana i waenganui i ngā wā maimoatanga ā, ka rere hoki ngā pānga i te nuinga o ngā wā mutu ai ngā maimoatanga.

Ask your specialist if you are likely to get any permanent side effects. This section lists the more common side effects and methods to help you deal with them. You probably won't get all of them, but tell your doctor or nurse about any that you do, as they need to know how you are coping with the drugs. They may

“It took me another three months after treatment to get over it. Having it every day you get tired by the end of the week. I was determined – we got through it.”

Reg

Haere e whai i te  
waewae o Uenuku, kia  
ora ai te tangata.

be able to help control the side effects, or they may want to change the treatment to try to avoid them. Chemotherapy mainly affects parts of the body where normal cells rapidly divide and grow. These include the lining of the mouth, skin and hair, the digestive system, the testes, and the bone marrow.

### **Changes to bone marrow**

Bone marrow is the spongy tissue that fills the hollow cavities of many of the flat bones of the body. It produces new blood cells. Chemotherapy reduces the number of blood cells produced by the bone marrow.





## The effects of chemotherapy on blood cells

White cells

### **Function**

Essential for fighting infections.

## **Effects of chemotherapy on blood cells**

You will be at increased risk of infection – have not enough white cells to fight bacteria.

### **Key points**

If your temperature is 38 degrees or more, or you feel unwell even with a normal temperature, call your cancer doctor or nurse.

Other signs of infection include swelling, redness, or pain. Don't 'wait to see what happens'. Follow the advice of your medical team. You may need to go to hospital for intravenous antibiotics.

Red cells

### **Function**

Contain the red iron-rich pigment haemoglobin to carry oxygen around the body.

## **Effects of chemotherapy on blood cells**

You may feel tired, low in energy, dizzy, light-headed, and breathless – all symptoms of anaemia.

### **Key points**

Let your cancer doctor or nurse know if you have any of these symptoms. You may need a blood transfusion. Conserve your energy where you can. Talk to your doctor or nurse about ways to manage fatigue.

Platelets

### **Function**

Help the blood to clot and prevent bleeding.

## **Effects of chemotherapy on blood cells**

You will be at increased risk of bleeding, and will bruise easily.

### **Key points**

Contact your cancer doctor or nurse immediately if you have any unexplained bleeding or bruising.

You may need a platelet transfusion.





## Uruhua, heke toto rāne

Ki te rere ohorere tō toto, ki te puta rānei he uruhua, kia tere tonu te whakapā atu ki tō rata matepukupuku, tō tapuhi rānei.

### Infection and fever

A fever can be a sign that your body has an infection. Fevers can also cause other problems, such as chills, shivering, and headaches. It is important, therefore, to investigate the cause of infection and to treat it appropriately. It is also possible to have an infection but to not have a fever, just to feel unwell. In either case, contact your doctor immediately.

**If fever develops (if your temperature is 38 degrees or over) or you feel unwell, even with a normal temperature, don't wait to see what happens – take action quickly. Contact your cancer doctor or nurse and follow the advice given.**

## Mateurutā me te matekirikā

Ki te pāngia koe ki te matekirikā (ki te piki rānei tō pāmahana ki te 38 tākiri) kei te māuiuitia rānei koe, ahakoa te pai o te pāmahana, kaua e tatari - me kaha koe ki te whakapā atu ki tō rata matepukupuku, tō tapuhi rānei ā, ka whai koe i ō rātou tohutohu.

Be careful not to believe these myths about fever:

**1. ‘Fevers come and go – it’s best just to let them run their course.’ FALSE.**

Fevers are always an indication that something is wrong, and should be treated and reported. If they get too high, they can lead to dehydration and seizures. When someone is undergoing chemotherapy or radiation therapy, fevers often indicate infection, which is serious and requires medical attention.

**2. ‘Fevers help burn up whatever is wrong.’ FALSE.**

High fevers do not destroy bacteria that cause infection. This is why your doctor or health care team will treat both the fever and the possible infection – if your white blood cell count is low, your body will not be able to fight off the infection on its own.

## Feeling tired

Fatigue/tiredness is a very common side effect of chemotherapy.

If you do get tired, try to take things easier. Only do as much as you feel comfortable doing. Try to plan rest times in your day. Also try to ensure you are drinking plenty of fluids, eating well, and having some form of gentle physical activity. This will help you cope better with the treatment.





Don't be afraid to ask for some help. Family/whānau, friends, and neighbours may be happy to have the chance to help you – tell them how they can help.

If you're not sleeping well tell your doctor or nurse. They may be able to suggest ways to help, or prescribe sleeping tablets or a mild relaxant.

### Feeling sick or vomiting

Not everyone feels sick after chemotherapy, and anti-sickness medication has greatly improved over the past decade. If you do feel sick you'll find that it usually starts several hours after treatment and may last for a few hours. Anti-sickness medication is frequently given to prevent sickness occurring. It is important to take your medication for nausea exactly as prescribed. Check with your doctor or nurse to find out if you can drive whilst on this medication. If nausea or vomiting persist longer than 24 hours, contact your oncology nurse or doctor.

## Kei te pāngia koe ki te mate, kua hiahia ruaki rānei


Ki te pā mai te mate hiaruaki, ka kite koe, ka ara ake tēnei āhua i ngā hāora whai muri i te maimoatanga ā, tērā pea ka āhua roa tonu ngā hāora ka pērā. He mea nui kia kai tika koe i ō rongoā ārai mate, kia rite tonu ki ngā tohutohu. Ki te noho te mate hiaruaki mō te 24 hāora,

neke atu rānei, me whakapā atu ki tō tapuhi mātai  
matepukupuku, ki tō rata rānei.

If you feel sick, try some of these ideas:

- If you feel sick before treatments, eat lightly before each treatment.
- Eat smaller amounts more often.
- Eat slowly and chew well to help you digest your food better.
- Eat your main meal at the time of the day when you feel best.
- Try not to eat fatty things.
- Eat dry toast or crackers – they often help.
- Drink clear, cool, and unsweetened drinks like apple juice.
- Don't do anything too strenuous after a meal, but try not to lie down for at least two hours after a meal.
- Try breathing deeply through your mouth whenever you feel like being sick.
- If cooking or cooking smells make you feel sick, ask others to cook for you, or prepare meals between treatments and freeze them.
- Ask the nurse or hospital social worker where you can learn relaxation or meditation methods.





“ I am pleased to say my first round of chemo I handled very well. I was very tired but I didn't have the bad nausea. They kept saying You're doing so well! and I kept thinking I'm doing what I have to do” .  
Stephanie

### **Not wanting to eat**

You may have no problems with your appetite during treatment, or you may not feel like eating at all. Your sense of taste may change. This change can last for the duration of chemotherapy but will then return to normal once chemotherapy stops. Changes to your appetite can be because of your treatment, your cancer, or just because of the whole experience of having cancer and being treated for it.

Whatever your experience, do try to eat as well as possible during your treatment to maintain your energy levels and avoid weight loss. If you do not feel like eating, try different foods until you find foods you want to eat. Eat smaller amounts more often, or try drinking special liquid supplement foods that you can get from

your pharmacist. Even when you are unable to eat very much it is important to drink plenty of clear fluids.

You might find the Cancer Society's booklet *Eating Well/Kia Pai te Kai* helpful. It gives you many suggestions and recipes, and you can get it free from the Cancer Society or from your doctor or nurse, or you can download it from our website: [www.cancernz.org.nz](http://www.cancernz.org.nz). Your hospital may have its own diet information for cancer patients. You can also talk to the hospital or community dietitian for advice about what to eat.

## **Weight gain**


Some people gain weight during chemotherapy. Talk to a dietitian if this becomes a problem for you. Any weight gained during chemotherapy can be due to medication, but usually comes off when treatment stops.

## **Hair loss**

Some people don't lose their hair while others lose all their head and body hair. Whether this happens to you depends on what drugs you are given. Ask your specialist if you are likely to lose your hair.

Your hair may start to fall out two to three weeks after the first treatment, or it may not fall out for quite a while. Your scalp may feel hot or itchy just before your





“I’d always been proud of having really long hair and I think I coped well. I got it cut shorter and shorter as I came up to treatment.”  
June

hair starts to fall out. You might want to wear a hairnet at night to catch all the hairs, or use a mini vacuum to clean the hairs from your pillow.

Your hair will grow back again when your treatment stops. It takes between 4 and 12 months to grow back a full head of hair. It is possible your new hair may be a different texture or colour. Your scalp may be quite itchy as your hair grows back. Frequent shampooing can help. Many people find losing their head hair very upsetting. Try to remember that it will grow back. Until it does you might want to wear a wig.

It’s a good idea to get a wig fitted before you start losing your hair, so that it matches as closely as possible your style and colour. You may want to get your hair cut shorter so that it fits better under a wig. Spend some time choosing one that suits you.

The Government helps pay for the cost of a wig. You must get a certificate from your doctor that states you are entitled to one. Some people don't bother with a wig. They stay bald or cover up with a scarf or hat. What you do is up to you. There is no medical reason why you have to cover up your head. However, your scalp will be more sensitive to the sun than normal, so you should wear a hat or a high-protection sunscreen (SPF 30+) on your scalp when you're in the sun. In the winter your head may feel much colder than it normally would.

## Te kore makawe

Kāore e ngaro ngā makawe o ētahi tāngata, engari anō ētahi atu – ngaro katoa ana ngā makawe me ngā huruhuru o te tinana. Mehemea ka pā tenei āhuatanga ki a koe tērā pea nā ngā whakapōauau i hoatuna ki a koe. Uiuitia tō mātanga ki te pātai mēnā ka ngaro ō makawe. Ka tupu anō ō makawe ka mutu ana ngā maimoatanga. E whā ki te tekau mā rua marama te roa e tipu ana.

## Sore or dry mouth or throat

Chemotherapy drugs can give you a sore mouth or mouth ulcers. The cells that make up the lining of your mouth replace themselves very frequently, and so the drugs start acting on them quickly.





If your mouth is very sore or if you get ulcers or thrush (a white coating in the mouth), see your doctor or nurse straight away for advice on treatment.

It is important to keep your teeth, gums, and mouth very clean during your treatment to help stop infections. The nurses can show you how to do this. Use a very soft toothbrush or a cotton bud for your teeth and gums, and avoid vigorous or rough brushing.

## Kua mamae, kua maroke rānei tō waha me tō korokoro

Mehemea kei te tino mamae tō waha, ka pāngia koe ki te mate mariao, te mate thrush rānei (arā ka mā katoa o roto o tō waha) me haere tōtika ki te kite i tō rata, tō tapuhi rānei mō ētahi tohutohu ki te whakatika.

He mea nui kia noho tino mā ō niho, ō tako, me tō waha hoki i te wā o tō maimoatanga, hei āwhina ki te ārai i ngā mateurutā. Mā ngā tapuhi koe e whakaatu me pēhea te mahi.

Me whakamahi tētahi paraihe niho tino ngāwari, he rākau miro rānei mō ō niho me ō tako. Kua e kaha rawa te paraihe.

Use a mouthwash regularly. Don't use a 'bought one' because they can be too drying and make your mouth more painful. Ask your doctor or nurse for advice or you can make one yourself by mixing 1 teaspoon of salt and 1 teaspoon of baking soda (sodium bicarbonate) in 4 cups of warm water. Use it three times a day after meals or as often as you need to. Your specialist may give you a special liquid mouthwash.

Eat soft foods and have lots to drink. Don't have anything with a high acid level such as grapefruit, tomatoes, or oranges, and avoid spicy foods and spirits. Use a lip salve or ointment on your lips if they are dry.

If your mouth or throat is dry and you have trouble swallowing, try some of these ideas:

- Suck on ice blocks.
- Drink lots of liquids.
- Moisten foods with butter.
- Dunk dry biscuits in tea.
- Blend foods and eat soups and ice creams.
- Ask your dentist, doctor, or nurse about artificial saliva.
- Don't smoke.

### **Itchy skin and other skin problems**

Your skin may redden, peel, or become dry and itchy.





You might get drying and cracking of the fingers around the nails. Your nails may become discoloured, brittle, and ridged. You may get some acne. Tell your doctor about any skin problems. Use a lotion or cream to stop the dryness. Ask your doctor for something to help if these suggestions don't work.

Your skin may go red or thicken where the injection or the drip goes in. If this happens tell your doctor or nurse immediately. It's especially important to cover up your skin and use a high-protection sunscreen (SPF 30+) in the sun when having chemotherapy.

### **Bowel problems**

If you have bowel problems speak to your doctor or nurse for treatment.

## **Mate tiko**

Mehemea kāore i te tika tō tiko, kōrero ki tō rata, ki tō tapuhi rānei, mō te maimoatanga.

You will find some helpful suggestions in the Cancer Society booklet *Eating Well/Kia Pai te Kai*. This is available from the Cancer Society or you can download it from our website: [www.cancernz.org.nz](http://www.cancernz.org.nz). If problems persist tell your doctor.

If you get diarrhoea:

- drink between meals to replace lost fluids
- eat small frequent meals
- avoid seeds, pips, and skins in fruit, vegetables, and grains
- avoid cow's milk. Lactose (milk sugar) in milk can cause cramping pains and diarrhoea. Mild cheese and yoghurt are low in lactose and can be eaten.

If you are constipated:

- drink at least six to eight cups of fluid (1500mls) each day
- eat regular meals; don't miss breakfast
- add extra fibre to your food. For example, add wheatbran flakes to your breakfast cereal or use them in cooking.

## How will I know my treatment is working?

You may be able to tell if your treatment is working by improvement in symptoms or by noting a decrease in the size of a lump that you can see and/or feel. Sometimes only your doctors can tell you whether the chemotherapy is getting rid of the cancer or not.





They do this by talking to you, examining you, and carrying out blood tests, scans, and so on. Sometimes it is necessary to have many tests during treatment to see how the treatment is working.

The effectiveness of the treatment has nothing to do with how many side effects you get. If you have many side effects it does not mean you are getting any better or any worse. You may feel worse before you get better. Again, this does not mean that the treatment is or is not working.

## What happens when the treatment ends?

Most of your side effects should go within a few weeks. Sometimes they might last for months and some side effects might last forever. Ask your specialist which ones will go away, which ones will stay, and what you can do to help.

Some people feel worried or depressed when their treatment finally ends. It is almost as though the treatment kept them going. Of course, once the treatment ends you no longer see the hospital doctors as often, so it can seem like no-one is looking after you. But remember that you will continue to see your family doctor or go to the hospital for check ups. Make sure

you attend follow-up appointments. Blood tests, X-rays, and scans may be taken at these appointments. The doctor will want to know if there are any problems now treatment is over. Do report any symptoms that are worrying you.

You might want to join a support group to help you through the months after the treatment ends, or you may want to continue to see a counsellor or social worker. Ask your specialist, nurse, or the hospital social worker if you want to do any of these things.

As during your treatment, only do what you feel comfortable doing. You may be able to return to your normal life immediately, or build up to it a bit at a time, or you may be going on to another form of treatment and so need to take it easier for a bit longer. Continue to ask for help if you need it. It is always better to ask than to do too much.

## Ka aha ka mutu ana ngā maimoatanga?

Pērā ki te wā o tō maimoatanga, mahia ngā mahi e hiahia ana koe ki te mahi. Tērā pea ka taea anō te hoki ki tō āhua oranga, pērā ki ngā wā ki muri - ka huri rānei koe ki te whakarite kia hoki koe ki tērā āhua, a tōna wā. Tērā pea kei te huri koe ki tētahi atu momo maimoatanga, nā reira me āta haere noa iho mō te wā. Kaua e whakamā ki te tuku pātai āwhina, mehemea e hiahia ana koe. He pai ake te pātai ki te mahi noa.





## Relationships and Sexuality

For some people, having cancer and treatment for it has no effect on their sexuality and sex lives. For others, it can have a profound impact, affecting how they feel about themselves, their attractiveness, and their sexual desire. This can be the case whether they have a partner or are not in a relationship. Dealing with any changes is an ongoing process of adjustment.

The side effects of chemotherapy may mean that you do not feel like having sex because you feel unattractive, too tired, and nauseous or are in pain. It is important to keep communication open with your partner – for both of you to share your fears and needs. You may be able to find creative ways to meet these needs and cope with the fears, identifying possible solutions that suit you.

## Ngā Hononga me te Hōkakatanga

Ko tētahi o ngā pānga o te mahi hahau ko te kore pīrangi ai, nā te mea, ki ō whakaaro, he anuanu koe, he hiamoe rawa koe, kua hiaruaki, kei te mamae rānei koe.

He mea hira kia kaha tonu koe ki te kōrerorero me tō hoa – kia kaha kōrua ki te whitiwhiti kōrero mō ōu hiahia. Tērā pea ka kitea e koe ētahi huarahi auaha hei whakatutuki i ēnei, hei kaupare atu i ngā matakū me te kimi huarahi pai rawa mōu.

“Through the chemo I lost all my sexual drive and the doctors got me on to pills and things have come right, but that was one side of treatment that was a downer.”

Reg

Tauārai i te pō, tītoko i te ao mārama.

Sexual intercourse is only one of the ways you can express affection for each other. Communicating and sharing your feelings can result in greater openness, sensitivity, and physical closeness between you both. Gestures of affection, gentle touches, cuddling, and fondling can also reassure you of your need for one another.

## Women

Your periods may become less regular or stop altogether. You may get hot flushes or other symptoms of menopause. Your vagina may itch or burn or feel dry. You may get vaginal infections, such as thrush. Ask your doctor or nurse for something to help if you have any of these problems.





## Men

During treatment some men may have difficulties achieving or maintaining an erection, though others will be fine. For most men their usual sex drive and fertility return sometime after treatment is over.

## Fertility

You may become infertile, either temporarily or permanently, during treatment. Talk to your doctor about this before you start treatment. However, contraception should be used if you have not gone through menopause because there is a slight risk of miscarriage or birth defects for children conceived during treatment. It is usually recommended that contraception is used for at least 12 months after chemotherapy is completed.

If you are pregnant now talk to your doctors about it straight away. Talk to someone you trust if you are experiencing ongoing problems with sexual relationships. Friends, nurses, or your doctor may be able to help. Your Cancer Society can also provide information about counsellors who specialise in this area.

# Support

## Emotional support

People react in different ways when they learn they have cancer. Feelings can be muddled and change quickly. This is quite normal and there's no right or wrong way to feel. It may be helpful to talk about your feelings with your partner, family members, friends, or with a counsellor, social worker, psychologist, or your religious/spiritual adviser. Talking to other people with cancer may also help.

## Tautoko

### Tautoko ā-Ngākau

Tērā pea he pai mēnā ka kōrero koe mō ōu ake kāre ā-roto me tō hoa moe, tō whānau, ngā hoa ake me tētahi kaitohutohu, tauwhiro, kaimātai hinengaro, tētahi pou hāhi rānei. Tērā pea mā te kōrero ki ngā tangata e pāngia ana ki te matepukupuku koe e āwhina.

It is usually best to tell your family and your closest friends about your cancer sooner rather than later. Some people worry that older people in the family or children will not cope with the news. But if you





“Having friends that allow you to talk: I don’t have to actually protect them all the time. I don’t have to protect my husband. I hand over things that I always took control of: I was the one to ferry the kids around, organised the meals, but they can do it.”  
Colleen

do not tell your family, they will probably know that something is wrong and then think things are much worse than they are.

Sometimes you may find your friends and family do not know what to say to you: they may have difficulty with their feelings as well. Some people may feel so uncomfortable they avoid you. They may expect you to lead the way and tell them what you need. You may feel able to approach your friends directly and tell them what you need, or you may prefer to ask a close family member or friend to talk to other people for you.

Anyone you tell needs time to take it in and to come back with his or her questions and fears – just like you. You can help them to adjust just as they can help you.

But remember that while you are having treatment your needs should come first. If you do not feel like talking, say so. If there are practical things they can do to help, say so. If you cannot cope with any more visitors, say so. Some friends are better at doing something practical to help than they are at sitting and talking. Some find it so difficult that they may stop visiting for a while. Everyone is different.

When someone is diagnosed with cancer, routines and family roles may change. The person who was the major source of income might now be unable to work and may be dependent on others. A partner who was sharing chores may now have to take on extra tasks or get a job. Maintaining your usual social life and hobbies and interests may be difficult or impossible for a while.

Cancer is not a normal event so it is important to acknowledge this and to not try to carry on with everything as before.

There are a number of ways that may help you manage, for example:

- prepare simpler meals
- be more relaxed about housekeeping standards
- ask children to help more around the house.





## Talking to children

How much you tell children will obviously depend on how old they are. Young children need to know that it is not their fault. They also need to know that you may have to go into hospital. Slightly older children can probably understand a simple explanation of what is wrong. Adolescent children can obviously understand much more.

All children need to know what will happen to them while you are in hospital, who will look after them, and how their daily life will be affected.

## Te kōrero ki ngā tamariki

Mā te pakeke o ngā tamariki e tohu i a koe ki te āhua o ngā kōrero ka hoatuna e koe. Me mōhio ngā tamariki nohinohi, ēhara nō rātou te hē. Me mōhio rātou, kāore e kore, ka haere te tangata mate ki te hōhipera. Pai noa iho ngā tamariki āhua pakeke ake ki te mōhio mō te mate, ā, ka taiohi ana, me nui ake ngā kōrero ki a rātou, he nui ake hoki ō rātou māramatanga.

Me mōhio katoa ngā tamariki ka ahatia rātou i te wā kei te hōhipera koe, arā; mā wai rātou e tiaki, ngā rerekētanga ki ngā mahi o ia rā, ia rā.

“I had two grandchildren  
when I was first diagnosed,  
now I have 10!”

Kath

“I needed to know that I had  
an action plan for focusing  
with. I knew there would be  
an action plan for me there  
at the Cancer Society.”

Colleen

Sometimes children rebel or become quiet. Keep an eye on them or get someone else to, and get help if you need it; for example, from the school counsellor or a hospital social worker.

Ask your local Cancer Society for a copy of the booklet *What do I tell the children? / He aha he kōrero māku ki āku tamariki?*

### **Cancer Society Information and Support Services**

Your local Cancer Society provides confidential information and support. Local centres offer a range of services for people with cancer and their families/whānau.





"The Helpline was great.  
I rang and said 'Help!  
I can't do this on my own.'  
Arhette

"You're in a secret club, but  
a really compassionate club.  
They know how you're  
feeling and I touch people  
more now."  
June

These may include:

- volunteer drivers providing transport to treatment
- accommodation
- support and education groups.

The range of services offered differs in each region so contact your local Cancer Society and speak to support services staff to find out what is available or phone **0800 CANCER (226 237)**.

## Pārongo a Te Rōpū Mate Pukupuku o Aotearoa me ngā ratonga tautoko

Ka whakarato tautoko me te pārongo nohotapu ngā Rōpū Matepukupuku ā-Rohe. Waea atu ki tō Rōpū Matepukupuku ā-rohe kia kōrero ki ngā kaimahi ratonga tautoko, me waea atu rānei ki tēnei nama waea **0800 226 237**. He whānui ngā momo ratonga a ngā pokapū matepukupuku ā-rohe mō ngā tāngata matepukupuku me ō rātou whānau.

Anei ētahi:

- kaihautū tūao mō ngā waka kawē tangata whai maimoatanga
- wāhi noho
- rōpū tautoko, rōpū mātauranga.

### Cancer support groups

Cancer support groups offer mutual support and information to people with cancer and often to their families/whānau. It can help to talk with others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. Ask your hospital or local Cancer Society for information on cancer support groups in your area.





## Home care

Nursing care is available at home through district nursing or your local hospital or hospice – your doctor or hospital can arrange this. You may be entitled to assistance with household tasks during your illness. For information on the availability of this assistance contact your hospital social worker or Community Health Service.

## Palliative care services

**Palliative** care services have particular expertise in dealing with pain and other symptoms. They can offer emotional support to you and your family/whānau at all stages of your illness. These services may be offered by your local hospital or hospice.

## Complementary and Alternative Therapies

Complementary therapy is a term used to describe any treatment or therapy that is not part of the conventional treatment of a disease.

Examples include:

- acupuncture
- Māori remedies
- positive imagery
- spiritual healing
- art

"Art feeds my soul. I follow my passion. It sustains me and feeds me. It's all connected with Whakapapa and Māori spirituality."

Mihi

"I have five things that I hope for – things to make me happy during the day (could be flowers or a great cup of coffee), five things to give thanks for ('thank you for being my friend'). I make them happen. Once you do that you can start a new life."

June

- relaxation therapy/meditation
- yoga
- aromatherapy/massage.


Alternative therapy is a term used to describe any treatment or therapy that may be used as an alternative to conventional treatments.

Examples include:

- homeopathy
- naturopathy
- Chinese herbs.

It is important to let your doctor know if you are taking any complementary or alternative therapies





because some treatments may be harmful if they are taken at the same time as conventional treatments.

## Ngā Haumanu Tautoko me te Rerekē

He mea nui me mōhio tō rata mehemea kei te whai koe i ētahi haumanu rerekē nā te mea, kāore pea ētahi o ēnei maimoatanga e noho pai i te taha o ngā rongoā o nāianei.

Some people find improvements to their quality of life and sense of wellbeing from complementary and alternative therapies. However, at present there is no evidence that such therapies can cure cancer or extend the life of people who have cancer.

### Financial assistance

Help may be available for transport and accommodation costs if you are required to travel some distance to your medical and treatment appointments. Your treatment centre or local Cancer Society can advise you about what sort of help is available.

Financial help may be available through your local Work and Income office. Work and Income **(0800 559 009)** has pamphlets and information about

financial assistance for people who are unable to work. Short-term financial help is available through the Sickness Benefit and longer-term help is provided through the Invalids Benefit. Extra help may be available, for example, through accommodation supplements and assistance with medical bills.

In February 2005, the Government announced future plans to introduce the Single Core Benefit, which will eventually replace the Unemployment Benefit, Sickness Benefit, Invalids Benefit, Domestic Purposes Benefit, and Widows Benefit. The Single Core Benefit will have “add ons” to provide support in circumstances that incur higher costs, for example, for childcare, accommodation, hardship, and disabilities. More information is available on the Ministry of Social Development’s website: [www.msd.govt.nz](http://www.msd.govt.nz) or by phoning **0800 559 009**.

## Interpreting services

New Zealand’s Health and Disability Code states that everyone has the right to have an interpreter present during a medical consultation. Family or friends may assist if you and your doctor do not speak the same language, but you can also ask your doctor to provide an interpreter if using family members is inappropriate or not possible.





## Ratonga Whakamāori ā-Waha

E takoto ana te kōrero i te New Zealand Health and Disability Code, e āhei ana te tangata ki te whai kaiwhakamāori i te wā o ngā hui hauora. Pai noa iho mēnā ka āwhina tētahi o te whānau, tētahi hoa rānei. Mehemea he rerekē tō reo ki tō te rata he pai noa iho hoki te tono kaiwhakamāori mā tō rata mehemea kāore i te tika, kāore rānei e taea e tētahi o te whānau.

## What can I do to help myself?

Many people feel there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

### Diet and food safety

A balanced, nutritious diet will help to keep you as well as possible and cope with any side effects of treatment. The Cancer Society's booklet called *Eating Well/Kia Pai te Kai* gives useful advice and recipes. Phone your local Cancer Society office for a copy of this booklet, call the Cancer Information Service on **0800 CANCER (226 237)**, or download it from our website: [www.cancernz.org.nz](http://www.cancernz.org.nz). The hospital will also have a dietitian who can help.

## Te kai tika me te haumaruru kai

Mā te kai tika me te kai pai hei āwhina i a koe ki te noho ora me te ārai i ngā pānga kino ka whai i ngā maimoatanga. Kei roto i te pukapuka *Eating Well / Kia Pai te Kai* a Te Rōpū Mate Pukupuku o Aotearoa, ētahi tohutohu whai kiko mō te kai, me ētahi tohutaka. Waea atu ki tō Rōpū Mate Pukupuku ā-Rohe mō tētahi kape o te pukapuka nei, me waea atu rānei ki a **0800 CANCER (226 237)** mō tētahi kape, me tikiake i tō mātou paetukutuku [www.cancernz.org.nz](http://www.cancernz.org.nz). Kei te hōhipera tētahi tohunga mō te kai pai, hei āwhina anō.

Food safety is of special concern to cancer patients, especially during treatment which may suppress immune function. To make food as safe as possible it is recommended that patients follow the guidelines below:

- Wash hands thoroughly before eating.
- Keep all aspects of food preparation clean, including washing hands before preparing food and washing fruit and vegetables.
- Handle raw meat, fish, poultry, and eggs with care and clean thoroughly any surfaces that have been in contact with these foods.
- Keep raw meats separate from cooked food.
- Cook meat, poultry, and fish thoroughly and use pasteurised milk and juices.
- Cover and refrigerate food promptly to minimise bacterial growth.





- When eating in restaurants, avoid foods that may have bacterial contamination, such as salad bars, sushi, and raw or undercooked meats, fish, poultry, and eggs.
- If there is any concern about the purity of your water, for example, if you have well water, have it checked for bacterial content.

### **Exercise**

Many people find regular exercise helps. Research has indicated that people who are able to maintain an appropriate level of exercise cope better with their treatment. Discuss with your doctor what is best for you.

### **Relaxation techniques**

Some people find relaxation or meditation helps them to feel better. The hospital social worker, nurse, or local Cancer Society will know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes. You may find yoga, tai chi, or medication help you to relax.

### **Seeking advice from health professionals**

If you feel uncomfortable or unsure about your treatment, it is important that you discuss any concerns with those involved in your care, including your general practitioner.

## Questions you may wish to ask

Ask as many questions as you want to. It's easy to forget the questions you want to ask when you see your specialist or nurse, so you may like to write them down as you think of them and take your list with you to your appointment.

## Ngā pātai tērā pea e hiahia ana koe ki te pātai

Kia kaha tonu te pātai i ngā pātai. I ētahi wā ka wareware i a koe ngā pātai e hiahia ana koe ki te whiu inā kite koe i tō mātanga, i tō tapuhi rānei, nā reira me tuhi i te wā ka whakaarohia e koe, ka hari i tō rārangi pātai i tō haerenga ki tō hui hauora.

1. What are the advantages and disadvantages of chemotherapy for me?
2. Are there any other treatments I can have instead?
3. Will chemotherapy cure me or simply control the cancer?
4. Am I having chemotherapy to lessen the chance of the cancer coming back?
5. What difference would it make if I waited?





6. What will happen to me if I don't have chemotherapy?
7. Can I have a second opinion?
8. How long will my treatment last and how often will I have to have it?
9. Will chemotherapy be given to me as tablets or injections or a drip?
10. Will I have to stay in hospital?
11. How long will each treatment take?
12. Will I be able to carry on with my normal life when I'm not at the hospital?
13. If I can have the treatment privately, how much does it cost?
14. What side effects can I expect?
15. How long after my treatment ends will it take for the side effects to go?
16. Will there be any permanent damage?
17. Will I still be able to have children in future?
18. Can I keep on taking my usual medicines?
19. Are there any special foods or drinks I should or shouldn't have?
20. Is there anything I need to be particularly careful about during my treatment, and/or after my treatment ends?

If there are answers you do not understand, feel comfortable to say:

- Would you please explain that again?
- I am not sure what you mean.
- Would you please draw a diagram, or write it down?

## Suggested reading and websites

### Reading

Phil Kerslake. *Life, Happiness & Cancer: survive with action and attitude*. Steele Roberts Publishers, Wellington, New Zealand, 2006.

### Websites

Cancer BACKUP (UK) [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Cancer Council Victoria (Australia)  
[www.cancervic.org.au](http://www.cancervic.org.au)

National Cancer Institute (USA)  
[www.cancer.gov/cancerinfo](http://www.cancer.gov/cancerinfo)

The suggested websites are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such





websites is correct, up-to-date, or evidence-based medical information. We suggest you discuss any information you find with your cancer care health professionals.

## Ngā whakamārama mō ngā whakatauki

### Explanation of proverbs

The whakatauki (proverbs) below are followed by the English translation, then with an explanation in Māori and English.

Page 15 Māna anō e whakamāui ake.

May the person be restored to health.

He kōrero tēnei e tūmanako ana ka puta he oranga ki te tangata.

This is often heard when someone is suffering a serious illness.

Page 23 Haere e whai i te waewae o Uenuku, kia ora ai te tangata.

Go in search of the footprints of Uenuku, so that humankind may be nurtured.

Ko tētahi kōrero, he tangata matau a Uenuku, a ko ia te mea mōhio ki ngā huarahi whai oranga – nā reira whāia ōna tapuwae.

It was known that Uenuku was a very wise person who knew the secrets of health, personal safety, and welfare.

Page 41 Tauārai i te pō, tītoko i te ao mārama.  
Screen from Hades, prolonger of life.

He kōrero mō rātou ka tere huri ki te āwhina i  
te tangata.

Applied to one who is quick to turn to assist  
people in need/danger.

## Glossary

(What does that word mean?)

**adjuvant chemotherapy** - treatment of cancer with  
drugs to aid or assist another treatment.

**benign** - a tumour that is not malignant, not cancerous,  
and won't spread to another part of your body.

**carcinoma in situ** - a malignant tumour that is  
confined to its original site.

**cells** - the 'building blocks' of the body. A human is  
made of millions of cells, which are adapted for  
different functions. Cells are able to reproduce  
themselves exactly, unless they are abnormal or  
damaged, as are cancer cells.

**genes** - the tiny factors that govern the way the body's  
cells grow and behave. Each person has a set of many  
thousands of genes inherited from both parents. Genes  
are found in every cell of the body.





**infusion pump** - some chemotherapy drugs can be given via an infusion pump which is a small portable device allowing the patient to have their chemotherapy at home. There are several types of pumps available, all designed to deliver a measured dose of medication continuously.

**lumbar puncture** - insertion of a hollow needle into the lower spinal canal to withdraw fluid for diagnosis or to give drugs.

**malignant** - a tumour that is cancerous and likely to spread if it is not treated.

**metastasis (plural = metastases)** - a cancer that has grown in a different part of the body because of the spread of cancer cells from the original site. For example, someone with breast cancer may have metastases in their bones. Also called secondary cancer.

**palliative** - controlling the symptoms of a disease rather than curing it.

**primary** - a malignant tumour starts in one site of the body where it is known as the primary tumour.

**tumour** - a swelling or lump. Tumours can be benign (not cancerous) or malignant (cancerous).

## Notes

You may wish to use this space to write down any questions you want to ask your doctors, nurses, or health providers at your next appointment.

Whakamahia tēnei wāhi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō te wā e hoki atu ai koe.





# Notes

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# Feedback

## Chemotherapy/Hahau

We would like to read what you thought of this booklet, whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out and send it to the Editor at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes  No

Please give reason(s) for your answer.

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2. Did you find the booklet easy to understand?

Yes  No

Please give reason(s) for your answer.

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3. Did you have any questions not answered in the booklet?

Yes  No

If yes, what were they?

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4. What did you like the most about the booklet?

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5. What did you like the least about the booklet?

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6. Any other comments?

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Personal information (optional)

Are you a person with cancer, or a friend/relative/  
whānau/member? \_\_\_\_\_

Gender: Female  Male  Age \_\_\_\_\_

Ethnicity (please specify) \_\_\_\_\_

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Editor, Cancer Society of New Zealand, PO. Box 10847, Wellington.

### **Information, support, and research**

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatments. Information for living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention, and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, healthy eating, physical activity, and discouraging smoking.

### **Acknowledgements**

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Editor.

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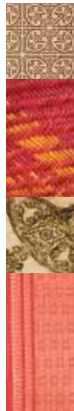
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### **Photography**

Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This cover photo of Flax (*Phormium* sp.) flowers heads at Cape Turakirae was taken by Rob Suisted.

### **Volunteers**

Many thanks to the Cancer Society volunteers who agreed to be photographed for our booklet covers.





Cancer  
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[www.cancernz.org.nz](http://www.cancernz.org.nz)

For cancer information and support  
phone **0800 CANCER (226 237)**

