



LIVING WITH CANCER

# Getting on with life after treatment

Te hoki anō ki tō toioranga whai muri i te maimoatanga



A guide for people after cancer treatment



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#### **Publications Statement**

Our aim is to provide easy-to-understand and accurate information on cancer and its treatments. Our patient information booklets are reviewed and updated by cancer doctors, specialist nurses and other relevant health professionals to ensure the medical information is reliable, evidence-based and up-to-date. The booklets are also checked by consumers to ensure they meet the needs of people with cancer.

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## Foreword

This guide identifies many possible after-treatment stressors. However, it's important to realise that the after-treatment experience is different for everyone. After treatment you might experience a number of concerns or none at all.

Prevention is always better than cure. This guide provides many ideas to cope with possible hurdles to getting on with life after treatment. Relaxation techniques and exercise are good examples.

Emotional problems after your treatments such as stress, anxiety and self-doubt are common. This guide will give you some ways to cope and help you regain your sense of order and normality.

If you have emerged from your cancer ordeal feeling changed in some way, it may also be helpful to know that those who went before you managed to get through the challenges, with time. As is often the case, time can be a great healer.

However, a journey to a new sense of order can be exciting and ultimately rewarding too. Many people seem to find the outcomes of such a journey positive. Choosing to be proactive after treatment can both enrich the journey and smooth the way.

A cancer experience often provides people with a greater appreciation of the value of life. It can increase resilience and heighten self-awareness, fulfilment and joy. This can improve overall quality of life for both you and the people in your life.



Life is about choice more than chance and today there is more support to help guide you with the choices you make than ever before. The Cancer Society of New Zealand provides a range of support measures and programmes to help you and your whānau with your recovery and welcome your contact at any time.

I wish you the very best in your journey ahead.

Phil Kerslake

AUTHOR OF THE BOOK LIFE, HAPPINESS AND CANCER

## Getting on with life after cancer treatment

The information in this booklet was developed with help from people who have had cancer or who have cared for someone with cancer, and health professionals.

This booklet is for people who have finished their cancer treatment. It is about the feelings and challenges you may face now that your treatment is over and your focus has changed to carrying on with 'normal' life. We hope it will give you some of the information you need to help you do this.

Mā ngā tāngata kua mutu te whai i ō rātou maimoatanga matepukupuku tēnei whārangi pārongo. E kōrero ana mō ngā kare ā-roto me ngā mātātaki tērā pea ka puta inā kua oti te maimoatanga, kua huri hoki tō aro ki te whai oranga mōu e rite ana ki te toiora 'māori'. Ko te tūmanako, ka hoatu tēnei i ētahi o ngā pārongo e hiahia ana koe, hei āwhina i a koe ki te whakatutuki i tēnei.

Your family and friends may also find it useful to read this booklet. It can help them to understand that, although your treatment is over, you could still face difficult times. Their love and support will help you cope.

The words in **bold** are explained in the list at the back (the glossary).

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“You’re seeing somebody every day, day after day, and then suddenly it’s ‘goodbye, we’ll see you in three months’. So you’re left there on your own to cope with things.”

Neil

“It took me a long time to feel more like myself.”

Anne

## Coping with your feelings after treatment finishes

It’s common for people to feel excited and anxious when treatment finishes. During your cancer treatment it may have been hard to imagine that it would come to an end. You and your family may have focused on just getting through each day: getting to hospital appointments on time, having tests and dealing with side effects of treatment. You may have coped with many emotions and not thought much about life after treatment.

## Common feelings and questions

You may have thought life would return to normal once treatment was over. For many people who finish their cancer treatment, it isn’t that simple. You may no longer feel as unwell as you did during treatment but you might not feel that great either. Knowing what to expect after treatment can help you and your family.

Tērā pea i whakaaro koe, ka oti ana ngā maimoatanga, ka māori anō tō toiora. Mō te tokomaha o te hunga kua mutu ngā maimoatanga, ehara noa iho i te mea māmā. Tērā pea, kāre i pērā rawa tō māuiui, i a koe e whai ana i ngā maimoatanga, heoi anō rā, ehara i te mea, kei te tino pai hoki tō āhua. Mā te mōhio he aha ngā āhuatanga ka ara ake whai muri i te maimoatanga, e āwhina i a koe me tō whānau.



“As soon as the treatment finished, that was more of a shock. All of a sudden you’re on your own. Having spoken to quite a few other people, they felt the same. Not that people have left you: I could call on anyone, I could call on the hospital, I could call on my doctors – but it wasn’t the same, there wasn’t active treatment going on.”

**Patricia**

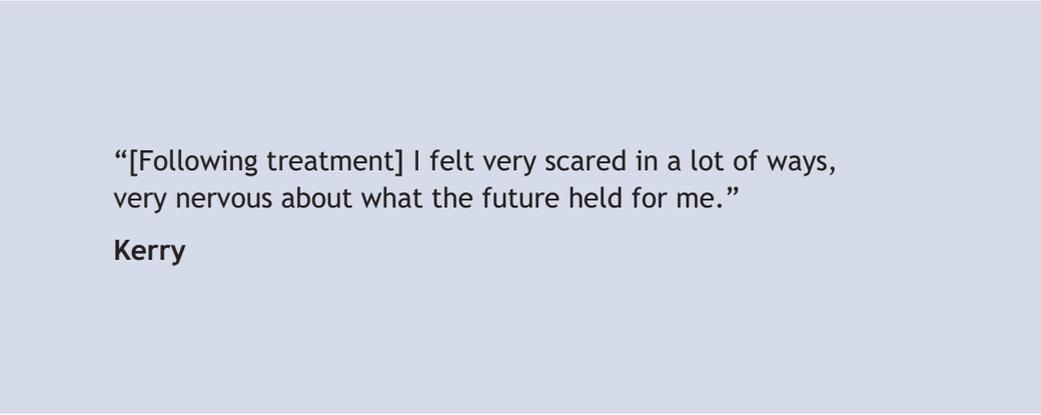
Most people go through a mixture of good and bad feelings after their treatment is over. Perhaps you feel relief and happiness that you have made it this far and your treatment seems to have been successful. But it isn’t uncommon to feel unsure during the first few months. You no longer have regular attention and support from your nurses and doctors. Even if they have told you to call them if you are worried, you might not want to do that. Your family and friends may not visit or call you as much. You may get the feeling that the people around you are assuming that you are doing okay. Many people who have had cancer say they can feel very lonely and angry about this. But, at the same time, you may think that you should be able to cope, now your cancer has gone. It can become confusing.



After completing treatment, it is normal to have concerns about your future and how you will cope. Like many people after cancer, you may feel:

- uncertain, not daring to believe that your treatment really has worked. Has the cancer really gone? How can you be sure? Will the cancer come back?
- in limbo and unsure how to start your life again or even if it is what you want right now: nothing feels secure or stable
- anxious about how you will be followed up: what tests will you need? How often will you have a **check-up**?
- worried about possible long-term side effects and how these may affect your work, social life and relationships
- lacking in confidence: How will you cope with the changes in your body image and sexuality that your cancer and its treatment may have caused?
- you don't trust your body like you used to.

Some people feel they need to make huge changes in their life. Others are happy with the way things were before their cancer **diagnosis**. This is okay. You don't have to make life changes.



“[Following treatment] I felt very scared in a lot of ways, very nervous about what the future held for me.”

Kerry

### Understanding your feelings

Some people adjust fairly quickly after their treatment finishes. But for many people their problems and fears won't just go away. You may need a lot of love and support: maybe even more than you did during your treatment.

Tere tonu te whakatikatika a ētahi ka mutu ana tō rātou maimoatanga. Heoi anō, he tokomaha rātou, e kore rawa e hiki ngā raruraru me ngā whakamataku. Tērā pea, me nui tonu te aroha me te tautoko me whiwhi koe: nui ake pea ki tērā i whiwhi koe i te wā o tō maimoatanga.



“Every day brings a new challenge. I think it’s been both a curse and a blessing, when I look back on it.”

Neil

Be kind to yourself during this time. Don’t expect to feel great about everything. Go slowly so you can come to terms with all you have been through.

You may have days when you feel very down. Other days you may feel angry, fearful or frustrated. This is okay. Try to ‘listen’ to your feelings and accept them as they happen. It is better not to ignore negative thoughts. Most people who have had cancer say that they do feel better with time. But it usually doesn’t happen overnight. Also, don’t be surprised if, some time after your treatment (sometimes a few years), you have periods of feeling down. This is not uncommon.

Tērā pea ka puta he rā, e noho tino taumaha ana koe. I ētahi atu rā, tērā pea kei te noho riri koe, kei te noho matakū, kei te noho hōhā hoki. He pai noa iho tēnā. Me whakarongo ki ōu kāre ā-roto, ka whakatau i ngā āhuatanga e puta ana. He mea pai te kore karo i ngā whakaaro kino. E ai ki te nuinga kua pāngia ki te matepukupuku, ka pai ake tō oranga, ā huri noa te wā. Ēhara i te me ka tere pai. Kaua hoki e ohore mehemea, a tētahi wā whai muri i tō maimoatanga (i ētahi wā he nui tonu ngā tau), ka puta he wā tino taumaha ai koe. He āhuatanga tēnei e kitea ana.

Friends and colleagues may keep advising you to ‘think positively’. This is very difficult when you are dealing with what has happened and how your life has changed. There is no scientific evidence that ‘being positive’ has any effect on surviving cancer although many people who have had cancer say that being positive helped them to cope through their illness.

If family and friends think you should be doing more and feeling happier, let them know that you still have a lot to deal with. You may get sick of others telling you that you look so well. It’s normal to feel like this. Remember, go at your own pace.

If you feel very low for long periods of time, see your doctor (GP). You may have **depression**. This is different from the sadness and low moods many people have soon after their treatment. There is more about depression and its symptoms on page 27.



Mēnā e taumaha ana koe mō te wā roa, haere ki te kite i tō rata (GP). Tērā pea kei te mate koe i te matapōuri. He mea rerekē ake tēnei ki te pōuritanga me te taumaha o te hinengaro ka pā ki te nuinga o ngā mōrehu matepukupuku whai muri i ngā maimoatanga.

Similarly, if you are experiencing ongoing health issues, it is important to speak to your doctor (GP). For more about long-term side effects see page 23.

If you don't feel like talking to those close to you about your feelings, there are several other services and people you can contact. These include:

- your GP and practice nurse
- experienced cancer nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**
- a counsellor or a counselling service in your area (ask your local Cancer Society)
- Cancer Connect NZ arranges telephone peer support calls for people living with cancer and their caregivers. Call the **Cancer Information Helpline 0800 CANCER (226 237)** for more information
- Cancer Chat is an online support and information forum to join ([www.cancerchat.org.nz](http://www.cancerchat.org.nz)).



“People did shy away from it. I had to look after everyone else’s emotions.”

**Mike**

As well as talking to others about how you feel there are other things you can do for yourself. For example, try:

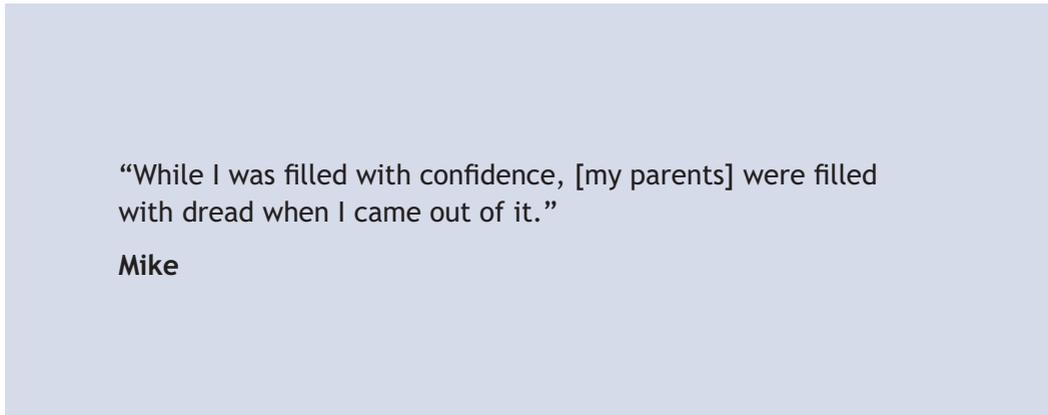
- being active and getting daily exercise (like walking) to help improve your mood
- eating a balanced, nutritious diet (see page 50 for more information)
- to stop drinking or limit alcohol
- some form of relaxation, such as meditation, visualisation, yoga, massage or deep breathing
- reading about other people’s experiences
- writing about your feelings in a journal or blogging or using Facebook.



## Reactions and needs of those close to you

After your cancer treatment is over, the people around you are also likely to go through strong emotions. What has happened to you might make them question things about their own life and future. Like you, their priorities may change: they may want to focus more on enjoying the important things in life, such as their family and friends. This can be very positive. Your relationships may be stronger and more loving because of it. But you may also find that some of their reactions upset and frustrate you.

Mutu ana tō maimoatanga matepukupuku, kāre e kore ka puta ngā kare ā-roto taumaha tonu ki ngā tāngata tata ki a koe. Nā runga i tō mate, tērā pea ka nui tā rātou māharahara ake mō tō ratou ake toiora, hauora hoki i ngā rā ki mua. Tērā pea ka rerekē anō ngā mahi ka hiahia rātou ki te whai, pērā ki a koe: tērā pea ka hiahia kē rātou ki te aro ki ngā mea nui o te toioratanga, pērā ki te whānau, ki ngā hoa hoki. He mea pai rā tēnei. Kāre e kore ka kaha ake ō hononga, ka hōhonu ake hoki tō aroha nā runga i tēnei. Heoi anō rā, tērā pea ka pōuri koe, ka hōhā hoki koe ki ētahi o ā rātou nā uruparenga.



“While I was filled with confidence, [my parents] were filled with dread when I came out of it.”

**Mike**

### When people who are close to you don't understand

Many people with cancer say that people very close to them don't really understand how much help they still need. They might expect you to be back to 'normal' much faster than you feel you can be. It can be hard to let them know this. People with cancer often feel guilty about what their family and friends have been through because of the illness. But don't let this override your needs. Your recovery may take a lot longer than your treatment did. This may come as a shock to both you and your family.

Let your family and friends know that you understand it is hard for them as well. Tell them how much you value all they have already done to help you, but that you still need their support.



“There were some friends who I think backed off and I was disappointed. Some of my friendships that I thought I really valued didn’t turn out to be like that. It’s not necessarily that they don’t care, it’s just that, possibly, they don’t know what to do or to say.”

**Rosemary**

Most people want to help all they can but sometimes they just don’t know the best way to do this. They might think that ignoring what has happened and trying to move on quickly is best for everyone. You can’t just ‘get on with it’ and move on as quickly as they might want you to. If you can work together and share your worries then it will be easier for everyone. On the other hand, some family and friends may find it more difficult than you to move on and may benefit from talking to a Cancer Connect volunteer or talking to a counsellor or their GP.

## **Coping with your children’s needs**

If you have children, you may not want to let them know that you still don’t feel great, even though your treatment is over. They may not have spent much time with you during treatment. It’s common for young people to worry that the person with cancer may die. For some children this time may have been very hard and they will be excited about having you ‘back in their life’.

Children’s reactions and needs will depend on their age. Be as open and honest as possible. Try to involve them in your recovery. With younger children, if you are feeling too tired to play with them, suggest that they lie next to you and read a book. We know from research that exercise helps **fatigue** so going for a short walk together benefits everyone. With older children you may be able to ask them to help you cook, clean and shop.

Involving your children, where you can, not only makes them feel you want and need them near you, but also allows them to spend more time with you. Pushing them away or trying to hide your feelings and needs only confuses them and makes them feel lost and lonely. Children can sometimes be the ‘best medicine’. They can make you laugh and give you reasons to want to cope.





Mēnā he tamariki āu, tērā pea kāre koe e pīrangi ki te whakamōhio i a rātou mō tō māuiuitanga, ahakoa kua mutu kē ōu maimoatanga. Tērā pea, kāre rātou i noho tata ki a koe i te wā o tō maimoatanga. Koinā tonu te āhua o te taitamariki, he māharahara kei mate te tangata e pāngia ana ki te mate pukupuku. He wā uaua tēnei wā mō ētahi tamariki, ā ka harikoa hoki rātou i tō hokinga oranga mai ki roto 'i tō rātou ao'.

He rerekē ngā hiahia o tēnā tamaiti, o tēnā tamaiti, e ai ki tō rātou pakeke. Me pono tonu te kōrero ki a rātou. Whakamōhioitia rātou mō tō huarahi whakaora. Mēnā ka āhua ngenge rawa koe i te wā tākaro me ngā tamariki, me kī atu ki a rātou kia takoto ki tō taha, ka pānui pukapuka ki a koe. Nā runga i ngā rangahau, e mōhio ana mātou, mā te kori tinana e āwhina te mate ngenge, nā reira mā ngā hīkoi poto e whai hua ai koutou katoa. Mehemea he pakeke ake ngā tamariki, tērā pea he pai noa iho te tono i a rātou kia āwhina i a koe ki te tunu kai, ki te whakapaipai i te whare, haere ki te toa hokohoko rānei.

Mā te whakauru i āu tamariki i ngā wā e tāea ana e koe, e mōhio ai rātou e hiahia ana koe i a rātou kia noho tata ki a koe, otirā, ka whai wā hoki rātou ki te noho i tō taha. Ka pōraruraru noa iho rātou mehemea ka huna koe i ō kare ā-roto, i ō hiahia hoki, ā, ka noho ngaro, mokemoke hoki rātou. I ētahi wā, ko ngā tamariki te 'rongoā pai rawa atu'. Mā rātou koe e kata ai, e wero hoki i a koe kia tū pakari tonu.



## Will my children inherit my cancer?

This can cause a great deal of concern for many people who have had cancer. It is not uncommon for several members of the same family to develop cancer, though in most cases the cancers will be unrelated. For a small number of people, their family history suggests their chance of developing cancer is higher than the average population. If you are worried that your cancer may be inherited, talk with your doctor.

### **Ka heke iho taku matepukupuku ki aku tamariki?**

Ka puta te māharahara nui ki te tokomaha o ngā tāngata kua pāngia ki te matepukupuku. I te nuinga o te wā, ka puta te matepukupuku ki te tini o ngā mema o tētahi whānau kotahi, heoi anō ehara i te mea ka pāngia rātou ki te matepukupuku ōrite. Mō ētahi tāngata, mā te whakapapa e kitea ai tērā pea he kaha ake te puta o te matepukupuku ki a rātou e ai ki te taupori nui, mehemea kei te māharahara koe ka heke te matepukupuku ki a koe mai i ō mātua, me kōrero koe ki tō rata.

They can advise you about any risk and whether or not your children need regular screening. They will also be able to refer you for genetic counselling and testing.

Genetic Health Service NZ provides diagnostic and counselling services, and has clinics throughout the country. For more information, visit Genetic Health Service NZ's website ([www.genetichalthservice.org.nz](http://www.genetichalthservice.org.nz)).

## Side effects of cancer treatment

Most side effects of cancer treatment get better within a few weeks or months after finishing treatment. For some people, these effects carry on longer (long-term) or may develop after treatment is finished (late effects). Not everyone who has cancer treatment will have late effects. The effects can be both physical and emotional.

**People who have the same treatment won't always have the same side effects. Some people have very few or no side effects. However, we felt it was important to acknowledge the side effects some people get. If any of these side effects become a problem, talk to your doctor.**

Some of the more common side effects are:

- fatigue (extreme tiredness)
- feeling down or depressed
- pain
- neuropathy (tingling or numbness)
- changes in your sex life
- memory and concentration changes
- lymphoedema
- hormone changes
- bone and joint changes

- bowel or bladder changes
- loss of self-esteem and self-confidence
- heart and lung changes
- dental, hearing and vision changes
- secondary primary cancer
- skin, hair and nail changes.

## Ngā pāpātanga ki te taha o te maimoatanga matepukupuku

Ka pai ake te nuinga o ngā pāpātanga ki te taha o te maimoatanga matepukupuku i roto i ngā wiki torutoru, marama torutoru rānei whai muri i te mutunga o te maimoatanga. Engari ētahi tāngata, ka haere tonu ngā pāpātanga ki te taha mō te wā āhua roa tonu. Tērā pea ka puta kē ngā pāpātanga ki te taha whai muri i te mahi maimoatanga. Ehara i te mea ka whai pāpātanga ki te taha te katoa e whai ana i ngā maimoatanga matepukupuku. He mea ka pā ki te kikokiko tāngata, ngā pāpātanga ki te taha, ki te wairua o te tāngata rānei.

Mehemea ka puta he tino raruraru i ēnei pāpātanga ki te taha, me kōrero ki tō rata.

Ko ngā pāpātanga ki te taha e tino kitea ana, ko ēnei:

- hūhi (kaha hiamoe)
- taumaha me te matapōuri
- mamae
- 'neuropathy' (tōtō me te kēkerewai)
- rerekētanga ki tō mahi ai
- rerekētanga ki ō mahara, me te hāngai o ōu mahara
- 'lymphoedema'
- rerekētanga taiaki
- rerekētanga ki ngā kōiwi
- rerekētanga pukuhamuti, tōngāmimi hoki
- rerekētanga ki te manawa me ngā pūkahukahu
- rerekētanga ki ngā niho, ki te whakarongo me te āta kite
- kua heke tō kiritau me tō māiatanga
- rerekētanga ki tō kiri, ki ō makawe, ki ō maikūkū hoki.



“I had no idea that I would still be feeling tired five months after finishing treatment. I didn’t know how to make it better and I was scared that’s how it would be, that I wouldn’t go back to normal, that I would never go back to having energy again.”

Georgina

### Fatigue (extreme tiredness)

This is different from normal tiredness as it doesn’t go away with rest or sleep. It may be due to the cancer itself or treatments and carry on for months after treatment finishes. Often, small changes can help you manage fatigue.

Try setting small manageable goals. Don’t expect too much of yourself. Asking for or accepting offers of help can be hard, but can make life easier. For example, family or friends may be able to help with meals, childcare or shopping. Research has shown that exercise can boost energy levels and make you feel less tired.

For more information, read the Cancer Society’s information sheet “Managing Cancer Fatigue” on the Society’s website ([www.cancernz.org.nz](http://www.cancernz.org.nz)).

### Feeling down or depressed

Some people who have had cancer treatment struggle with how they are feeling. Others say they have a renewed outlook on life because of their cancer. For some people, feelings of sadness and anger after cancer treatment may continue and lead to depression. Depression can develop slowly or can hit you suddenly. One day you wake up and realise that you feel hopeless and helpless, and that you are engulfed in a ‘cloud’ of depression.

**Depression is more than feeling down for a few days. It may mean you feel in a low mood most of the time, or your sadness lasts two weeks or more.**

Symptoms of depression can include:

- change in sleeping patterns
- not enjoying your usual activities
- loss of libido (sexual desire)
- drinking alcohol and smoking more
- crying a lot
- feeling down most of the time
- feeling impatient and irritable
- poor concentration.



It is important to seek help and support. If you feel this way, tell your doctor about your feelings. They can arrange for you to see a counsellor, take some medication or both. For help you may like to phone LifeLine. LifeLine is the telephone counselling service operating 24/7, every day of the year. Calls to LifeLine from anywhere in New Zealand are free by calling **0800 543 354**. LifeLine counsellors are fully trained volunteers and located in any of nine centres throughout the country.

You can also view the **depression.org.nz** website.

## Pain

Some people experience pain after cancer treatment. Pain can prevent you from doing the things you want to do, which has a big impact on your life. Controlling the pain may allow you to return to many of the activities you enjoy.

**Chemotherapy** and surgery can injure nerves and cause pain and numbness in certain areas of your body. Your skin may be very sensitive in the area where you received **radiation treatment**. This can last for a few months. Scars from surgery can also hurt for a long time. Whatever the pain you have, there are usually many ways to manage it. If pain becomes a problem see your GP.

## Neuropathy (tingling or numbness)

Neuropathy is tingling or numbness in a part of the body due to nerve damage, especially in the hands and feet. It can be caused by some types of surgery, chemotherapy drugs and radiation treatment. In some cases, it isn't noticed until years after treatment. Ask your doctor about your risk of developing neuropathy.

Many people recover fully from neuropathy although this may take a long time as the nerves slowly recover. For others, neuropathy may be an ongoing problem. Taking pain medications for nerve pain can help you manage your neuropathy. Often, physiotherapy and occupational therapy can help. Some people have found using **acupuncture**, massage or a TENS (Transcutaneous Electrical Nerve Stimulation) machine has helped. Talk to your doctor about whether these might be suitable for you.

## Changes in your sex life

Cancer and its treatments may affect your ability or desire to have sex (also called your libido). You may not even be aware that you are not taking an interest in sex or being as intimate as you were before. If you have a partner, this can be confusing for them and they may worry that having sex might cause you pain. Some people don't feel any different sexually, but if you do, it can be difficult to deal with. Some of the changes are temporary, others can be longer lasting. It usually helps to talk to your partner about any issues. Let them know why it's difficult for you. Reassure them that you love them and want to be close. Most partners will be happy to do things at your pace.



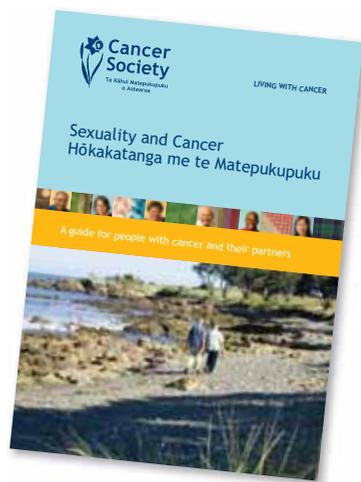
“I didn’t know when I was able to lift a vacuum cleaner or when it was safe to have sexual intercourse again. These things just weren’t mentioned.”

**Abbie**

If you are having problems, talk to your GP or contact the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

There are sexual counsellors specialising in sexuality and intimacy whom you can be referred to. For more information, read the Cancer Society’s booklet *Sexuality and Cancer*, which is available at your local Cancer Society or you can read it on our website ([www.cancernz.org.nz](http://www.cancernz.org.nz)).

For information on where to find a sexual counsellor go to New Zealand Sex Therapist <http://www.sextherapy.co.nz/>



## Memory and concentration changes

Problems with thinking, memory and concentration can happen after treatment to the brain, for example, by the removal of a brain tumour or radiation treatment to the brain. Some people notice these changes with chemotherapy. This is sometimes called ‘chemo brain’. It usually improves with time after treatment finishes, but can make your daily life and your ability to work more difficult. Stress and anxiety can also make these changes worse.

Some tips to manage these changes are:

- Plan your activities so you do things that require more concentration when you’re more alert (for example, in the morning).
- Use your mobile phone or daily planner to keep track of daily tasks.
- Make notes of things you have to remember (for example, shopping lists).
- Do tasks one at a time rather than multi-tasking.
- Get plenty of sleep and exercise.



## Lymphoedema

Lymphoedema is swelling of a part of the body where lymphatic drainage has been affected by treatment, such as surgery and radiation treatment.

Signs of lymphoedema include redness; swelling; skin warmth; a feeling of pain; heaviness or fullness; and tingling in the arm, leg or the part of the body affected by surgery or radiation. Symptoms are better managed if treated early. Talk to your cancer doctor or GP if you have any concerns.

Lymphoedema can take months or years to develop – many people who are at risk never develop it. For more information, read the Cancer Society's information sheet titled "Understanding Lymphoedema" on the Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)) or get a copy from your local Cancer Society.

## Hormone changes

Chemotherapy, radiation treatment, surgery and **hormone treatment** can cause:

- damage to both the male and female reproductive system, which may cause hot flushes, sexual dysfunction, osteoporosis (thinning of the bones) and early **menopause**
- infertility for both men and women (not able to conceive a child or maintain a pregnancy).

For more information, read the Cancer Society's information sheet "Early Menopause and Cancer". For men with prostate cancer there is a section on "Sex and prostate cancer" in the Society's booklet, *Prostate Cancer*. You can receive a copy of this from your local Cancer Society or by phoning the **Cancer Information Helpline 0800 Cancer (226 237)**. These resources can also be read and downloaded from the Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)).



## Bone and joint changes

Some cancer drugs, such as hormone treatments for breast or prostate cancer, can cause loss of bone density which may lead to osteoporosis. Osteoporosis is a condition that causes your bones to weaken and become fragile (break easily).

To lower your risk, have a good diet with plenty of calcium and vitamin D. Limit the amount of alcohol you drink, don't smoke and do regular weight-bearing exercise (for example, walking).

Some cancer drugs can cause muscle and joint pain.

Gaining a lot of weight can also put stress on your joints and muscles and cause pain. Regular exercise and control of your weight will help. Talk with your doctor about managing this.

## Bowel or bladder changes

Chemotherapy, radiation treatment and surgery can cause problems with the bowel and bladder:

- Surgery and/or radiation treatment to the pelvis can lead to tissue scarring, chronic (long-term) pain, bowel problems or bladder irritation (needing to go to the toilet often).
- Some people who have had cancer treatment may have chronic diarrhoea because their body can't absorb food properly.

If these are problems for you, talk to your doctor and/or a dietitian. The Cancer Society has a booklet you may find useful titled *Bowel cancer and bowel function: Practical advice*. You can view it on the Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)), or receive a copy by phoning your local Cancer Society or the **Cancer Information Helpline 0800 CANCER (226 237)**.



New Zealand Continence Association  
[www.continence.org.nz](http://www.continence.org.nz)

## Loss of self-esteem and self-confidence

Treatment can affect your appearance or how you feel about your body (for example, facial surgery, removal of a breast or having a stoma). These can cause a loss of self-esteem and self-confidence. For some people, having cancer makes them lose confidence in their body and can make them feel more vulnerable. Talking to those close to you or someone who has also been through a cancer experience or to a professional counsellor can help.



## Heart and lung changes

Heart and lung problems in people who have had cancer treatment are most often caused by certain types of chemotherapy, radiation treatment to the chest, or both. Problems may include weakening of the heart muscle and scarring of lung tissue. People aged 65 or older, and anyone who had high doses of some chemotherapy drugs, have a higher risk of heart problems. Hormonal changes can also increase your risk of having heart problems and diabetes. Talk with your doctor about your risk.

## Dental, hearing and vision changes

Chemotherapy and radiation treatment to the head and neck can affect tooth enamel, the gums and saliva production and increase the risk of long-term dental problems. For more information, read our booklet *Got Water?/He Wai?* and the “Coping with a Sore Mouth, Dry Mouth or Mouth Infections” information sheet on the Society’s website ([www.cancernz.org.nz](http://www.cancernz.org.nz)). You can also receive a copy by phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Some types of chemotherapy drugs can cause hearing problems, such as tinnitus (ringing in the ear).

Steroid medications and radiation treatment near the eye may increase the risk of eye problems, such as cataracts (clouding of the lens of the eye).

## Second primary cancer

Some people are at risk of developing a second cancer due to their treatment. Some chemotherapy drugs and radiation treatment may cause genetic damage to normal cells, which may lead to those cells becoming cancerous at a later date. The risk is thought to be small.

People can have more than one cancer during their life. Cancer is a very common disease, and not all second cancers are due to cancer treatment. Talk to your doctor about your risk of developing a second cancer.

## Skin and nail changes

Some cancer drugs can cause changes to the nails such as changes in colour, lines and marks in the nails, loosening of the nail and change in the shape of the nail. All these reactions are temporary but can take months to grow out.

Tips to reduce these problems include:

- keeping nails trimmed and clean
- wearing gloves for cleaning and gardening to protect your hands and reduce the risk of infection
- not wearing nail polish or false nails.

You may need antibiotics if you get an infection.

Skin problems can result from cancer treatments. Skin can be dry, scaly, rough, feel tight and itchy. Things that make skin problems worse include dehydration, extreme weather conditions and perfumed soaps.





Things that may help with skin reactions:

- Avoid perfumed soaps and skin care products and lanolin-based creams.
- Avoid anything you think you may be allergic to, such as detergents, plants or metals.
- Dry your skin carefully by patting and not rubbing.
- Use mild, un-perfumed skin products.
- Drink plenty of fluids.
- Shower instead of bathe.
- Be careful about shaving.
- Wear cotton close to your skin. Wash clothes in mild detergents.
- Protect your skin in the sun and in very cold, windy weather (see page 49).

Talk to your nurse or doctor for advice if you have any skin problems.

## Fear of your cancer coming back

Feeling anxious and frightened about the cancer coming back (recurrence) is the most common fear for people after cancer, especially in the first year after treatment.

For some people, this fear may affect their ability to enjoy life and make plans for the future.

Many people who have had cancer say that, with time, they feel less anxious. You may feel more anxious at times like the anniversary of the day you were diagnosed or hearing about cancer in the media.

### Te noho wehi ki te hokinga mai anō o tō matepukupuku

Ko te mea wehi katoa ki ngā tāngata matepukupuku, ko te noho anipā me te matakū mō te hokinga mai anō (hohokitanga) o te matepukupuku. He āhuatanga e tino kitea ana i te tau tuatahi whai muri i te maimoatanga.

Mō ētahi tāngata, ka tino pā tēnei wehi ki tō rātou kaha ki te whai oranga pai me te whakarite mahere mō ngā rā e tū mai ana.

E ai ki te nuinga kua pāngia ki te matepukupuku, ā tōna wā ka heke te āhuatanga anipā. Heoi anō, i ngā wā, pērā ki te rā huritau i whakamōhiohia ai koe mō tō matepukupuku, te rongo rānei i te kaupapa matepukupuku i te ao pāpāho, ka anipā ake anō koe.





“Cancer will always leave a scar. The scars are internal, they’re emotional, they’re intellectual, and they are physical. The physical scars are probably the least of my worries. I found the emotional scars the hardest to cope with.”

**Jill**

You may wonder how likely it is that your cancer will come back, or how long most people who have had your type of cancer live for. Your cancer doctor is the best person to talk with about your situation, but they still won’t be able to tell you for sure what will happen. You may find this hard to accept and want someone to be able to give you definite answers. This is natural.

How your body is affected by your cancer and its treatment won’t be the same for everyone. We are all unique: for example, the same type of cancer can respond differently to the same treatment in different people. Your doctor will be able to give you some answers based on research and from their experience with other patients, but there is always going to be some uncertainty. Try not to let it get you down.

As well as worrying about your cancer coming back, you may also worry about getting a different cancer. Most people who get cancer only get one primary type. It is less common to develop another, different cancer, but, like most things in life, it is possible. Your risk may be higher if:

- you were born with genes that increase your chance of developing cancer. This affects fewer than five out of every 100 people (less than 5 percent)
- you have previously been exposed to cancer-causing agents such as tobacco smoke
- you have not used sun protection or have been exposed to the sun regularly
- your cancer treatment has increased your risk. For example, radiation treatment and chemotherapy can, sometimes, increase your risk of getting a different cancer later in life, particularly if you were treated as a child.

If you are worried about getting a different type of cancer, talk to your doctor. They should be able to tell you about your risk.





“People have recovered from every type of cancer, no matter how gloomy the first reports. Yes, we’re all going to die someday of something. But I plan to push that day back as far as I can.”

**Betty**

“Make fear of recurrence a ‘back seat passenger’ in your life rather than letting it sit up front and annoy you all day and night. You can also book an appointment time for your recurrence fear, say 30 minutes a day. You can worry as much as you like during this time but after that you have to send it to the back seat and tell it to be quiet.”

**Sue (GP)**

## Managing your fears

For some it can be helpful to reflect or write about their cancer experience. You may wish to talk to someone else who has had a similar experience or a counsellor. (Contact your local Cancer Society to talk to someone who’s been through a similar experience through the Cancer Connect telephone peer support service.)

Some people find learning more about the cancer they had is helpful. Call the **Cancer Information Helpline 0800 CANCER (226 237)**.

## Ideas that might help with fears

- Live one day at a time.
- Set realistic and manageable goals.
- Start learning to trust your body again.
- Learn positive self-talk.
- Find ways to enjoy yourself.
- Do the things you want to do instead of the things you ought to do.
- Make plans for the future.
- Distract yourself and take steps to take your mind off fear.
- Take time to relate to and enjoy your environment.

### Ētahi whakaaro hei āwhina:

- Kaua e kaha whakaaro mō āpōpō.
- Whakaritea he whāinga ka taea e koe te whai.
- Me whakaponu ki ngā korero a tō tinana.
- Ako ki te whakaaro kōrero pai-mōu ake.
- Rapua ngā huarahi whakakoakoa i a koe.
- Whāia ngā mahi e hiahia ana koe ki te whai, kaua ko ngā mahi me whai koe.
- Whakarite mahere mō ngā rā e tū mai ana.
- Whakaware i a koe, whakangaro atu i ngā whakaaro whakamataku.
- Whakarite wā ki te hono me te whakanui i tō taiao.

### Knowing what to look for: the signs of a recurrence or a new cancer

Below is a checklist of possible signs of a cancer coming back or a new cancer. You should contact your doctor if you have:

- a lump anywhere in your body that won't go away
- a mole or skin spot that changes shape, size, colour or itches
- a cough or hoarseness that won't go away
- a change in bowel habits: diarrhoea or constipation for more than six weeks

“The more you know, the better your chances are ... you make better choices, you feel more confident.”

**Jason**

- any abnormal bleeding (in bowel motions, in urine, or if you cough up blood)
- pain that doesn't go away
- unexplained weight loss
- unexplained fatigue
- breathing problems.

**Remember: This is only a guide. If you have any symptoms that you are concerned about, see your doctor.**

## Me tūpato ki te aha: ngā tohu o te hohokinga mai o te matepukupuku, te putanga rānei o tētahi matepukupuku hou

Kei raro tetahi rārangi arowhai o ngā tohu o te hokinga mai o te matepukupuku, te putanga rānei o tētahi matepukupuku hou. Me whakapā atu ki tō rata mehemea ka puta enei mea:

- tētahi puku kei tō tinana, kāre hoki e heke ana
- he kiritona, he ira kiri e rerekē ana tōna hanga, tōna rahi, tōna tae hoki i ētahi wā, he māeneene hoki
- he maremare, he mate whango e kore e mutu
- he rerekētanga ki te pukuhamuti: mate kōrere, tikotiko hoki mō te nui ake i te ono wiki
- te rere o te toto (ki roto i tō hamuti, tō mimi rānei, ki te maremare toto rānei koe)
- te noho o te mamae
- hekenga taumaha
- mate hūhi mō te kore noa iho
- raruraru te mahi whakahā.

## What I can do to help myself He aha ngā mea hei āwhina i au anō

There are practical ways to help yourself after cancer treatment that can have a positive impact on your recovery and how you feel.

### Not smoking

#### Te kore kai hikareti

If you're a smoker, the Cancer Society strongly recommends you quit. There is no safe level of tobacco use. Many smokers find quitting difficult. Don't be discouraged if it takes several attempts before you are able to quit successfully. Talk to your doctor or call the Quitline on **0800 778 778**.

### Regular exercise

#### Kia auau te kori tinana

If you exercised regularly before your cancer diagnosis, you may wonder when you can start again. Be sure to build up your level of activity slowly and balance this with periods of rest. You may wish to start by taking regular walks then build up and include other types of exercise as you feel stronger. Discuss with your doctor what exercise is best for you. Physical activity helps protect against some types of cancer coming back. There are many other benefits to being active besides this possible protection. Exercise can also boost energy levels, decrease fatigue, increase strength, relieve stress, reduce heart diseases and lower anxiety and depression.



Contact your local Cancer Society about exercise programmes in your area or talk to your doctor about “Green Prescriptions”.

## Protecting yourself from the sun

### Te whakamarumarū i a koe i te rā

Between September and April, especially between the hours of 10am-4pm when UV radiation levels are very high, try to protect yourself by following this advice:

**Slip** on some sun protective clothing, such as a shirt with a collar and long sleeves, and trousers or long-legged shorts, and into shade whenever possible.

**Slop** on SPF30+ sunscreen 15 minutes before you go outdoors and every two hours afterwards. (Note: sunscreen should never be your only or main method of sun protection.)

**Slap** on a hat that protects your face, head, neck and ears.

**Wrap** on some sunglasses: make sure they meet the Australian/New Zealand Standard.

### Avoid sunbeds.

Using sunbeds significantly increases your risk of melanoma. People with a history of skin cancer, sun damage or who are taking medicines that affect photosensitivity should use sun protection all year round. Sun protection should also be used throughout the year when at high altitudes or near highly reflective surfaces, such as snow or water.





## Eating a healthy and varied diet

### Te kai hauora me te matahuhua o te kai

Your body needs a variety of nutrients from the food you eat, so a balanced diet is essential. The World Cancer Research Fund's diet and lifestyle recommendations (which are aimed at people with and without cancer) are summarised below. So when your appetite is good and your weight is normal, the following simple ideas can help you eat well.

- Keep to a healthy weight - be as lean as possible especially around your waist.
- Reduce your intake of high-calorie foods and avoid sugary drinks.
- Eat at least five portions of fruit/vegetables every day.
- Eat a portion of pulses or wholegrain foods with every meal.
- Reduce your intake of red meat to no more than 500g (18oz) a week and eat minimal amounts of processed meats.
- Limit your alcohol intake to two drinks a day for men or one drink a day for women and have some alcohol-free days.
- Lower your salt intake. This can be helped by reducing the amount of salty and processed foods you eat.
- Do not use dietary supplements for the prevention of cancer.





## Some common questions answered

### Do I need to take vitamin and mineral supplements?

By eating a healthy diet you will get a wide variety of vitamins and minerals from your food. At certain times, if you're not eating well, you may need to take a one-a-day multivitamin tablet.

At present, there is no evidence that taking extra vitamins as supplements will reduce the chance of cancer recurring (returning). Very high doses, well above the recommended daily intake, may be harmful and have unpleasant side effects (for example, headaches and skin discoloration).

Never take large doses of vitamins or minerals without first speaking to your doctor.

### Should I buy organic fruit and vegetables?

Organic is the term given to food grown in a way to avoid the use of chemicals as much as possible. Organic foods are likely to be a lot lower in pesticide residues than in conventionally produced food although organically produced food will not necessarily be residue free. Organic foods may be more expensive.

Organic fruit and vegetables contain the same nutrients, vitamins and minerals as fruit and vegetables grown in the conventional way.

### Should I be eating soya foods?

Some plant foods, particularly soya, contain small amounts of phyto-oestrogens. Larger amounts of phyto-oestrogens are also present in supplements, such as those made from red clover. These substances are known to act like very mild oestrogens in the body. It is unclear what action such substances may have on patients who have breast cancer. Small quantities in food are unlikely to have a harmful effect but always check with your doctor or dietitian before taking more concentrated supplements.

### Is there any special diet I should follow?

Some people have claimed to cure or control cancer using an alternative diet and people are often confused as to whether or not they should follow one of these.

### Should I be on one of these diets?

There have been few clinical trials or research studies in this area. To date there is no scientific evidence to support claims made by alternative diets.





### What are the problems with them?

Many people experience eating difficulties or lose weight as a result of their cancer or their treatment. These diets are low in energy (calories) and protein and tend to be bulky and, therefore, very filling. They can cause weight loss and malnutrition in people who have problems eating.

Making these meals may be time-consuming and expensive.

Many alternative diets recommend very large doses of vitamins and mineral supplements.

### Should I eat dairy products?

A number of **complementary** and alternative diets recommend that you don't eat dairy products, as it is suggested that these may promote cancer growth. These recommendations are based on individual case studies rather than clinical trials and have no scientific evidence to support them. Therefore, it isn't necessary to avoid these foods. Dairy products can be a good source of vitamins and minerals, particularly calcium. If you are concerned about your fat intake, choose low fat products.

*Source: Retrieved from <http://www.royalmarsden.nhs.uk/cancer-information/living/eating-well/pages/good-appetite-healthy-weight.aspx> (11 July 2012).*

### Does sugar feed cancer?

No. Sugar intake has not been shown to directly increase risk or progression of cancer. However, sugars (including honey, raw sugar and brown sugar) and drinks containing sugar (soft drinks and fruit drinks) can add a large number of calories to your diet and so can promote weight gain. Being overweight or obese increases the risk of several cancers so it is important to maintain a healthy weight by eating a balanced diet and being physically active.

Most foods and beverages that are high in sugar do not contribute many vitamins and minerals to your diet and can often be replaced by more nutritious food choices.

*Source: World Cancer Research Fund booklet: **Eating Well and Being Active following Cancer Treatment (World Cancer Research Fund 2011).***





## Learn how to relax

Some people find relaxation or meditation helps them to feel better. Many people have already developed their own methods of dealing with anxiety and stress and these can be applied just as successfully to coping with the diagnosis of cancer. Others decide to learn to relax or meditate when they are diagnosed with cancer. There are many different methods of relaxation techniques, such as controlled breathing exercises, yoga, meditation and guided imagery.

Many relaxation exercises are based on the control of breathing or the tensing and relaxation of muscles. Here is a simple technique that you can try at home. Lie, stand or sit with your feet apart. Rest your hands loosely in your lap.

1. Close your eyes and slow yourself down for a few minutes, by breathing a little more deeply and slowly than usual.
2. Be conscious of the tension in your whole body, through your toes, feet, calves, thighs, abdomen, chest, back, fingers, arms, shoulders, neck, head, scalp and face.
3. Now, each time you breathe out, allow some of the tension to go out of these areas. Let all your muscles slowly relax and enjoy the feeling of peace and calm that comes from total relaxation.
4. Sit quietly for a while and help your mind relax by thinking about the pleasant experience of complete relaxation.
5. Open your eyes and stretch slowly, return to your day.

Allow yourself a regular period of relaxation. Ten to 15 minutes, twice a day, may be enough.

The hospital social worker, doctor or Cancer Society will know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes.

Other relaxation techniques:

- relaxation therapy/meditation
- yoga
- positive imagery
- art
- aromatherapy/massage
- Pilates
- listening to favourite music
- watching comedy or listening to things that make you laugh.





“When it was painful I transported myself to the fresh fruit market at home. I remembered songs that have no words that reminded me of home, like streams and natural sounds. I imagined myself at moments throughout my lifetime – special places on the beach, certain things we did as children. I took myself there.”

Silei

### **Keeping a record of your medical information**

As time passes it can be difficult to recall all the details about your diagnosis and treatment. Keeping all the information you have about your diagnosis and treatment in one place is a good idea. Some people keep all their medical information (letters from the hospital, pathology/histology reports) in a folder or journal. The information can be useful to doctors who care for you in the future.



## Check-ups

When your treatment finished, your doctor probably told you that you would need regular check-ups. You may need check-ups for several years, depending on the type of cancer you had.

You may have mixed feelings about this. **Follow-up** appointments may make you feel anxious, especially in weeks before they are due. You may keep having thoughts about your cancer coming back, or that your doctor will find a different (new) cancer. This can be very frightening. There is more about coping with the fear of cancer coming back on page 39.

At your first check-up, ask your doctor what tests you will need and when you will have them, and who will be following you up. Ask who you should contact if you are worried. Get phone numbers and times when it is best to contact them. See page 77 for a list of questions that you may find useful to ask your doctor.

Your doctor may ask you about things that are not worrying you at all, but not ask you about things that are concerning you. Feel free to talk with your doctor about your concerns.

## Ngā whakamātau hihira

Kāre e kore, i kōrero tō rata ki a koe i te wā i mutu ai ō maimoatanga, mō tō haere ki te whai whakamātau hihira auau whai muri i tō maimoatanga. Tērā pea, ka mate koe ki te whai i ēnei whakamātau mō te maha o ngā tau, ā, kei te āhua rā o tō momo matepukupuku te tikanga mō te roa.

Tērā pea ka pōraruraru ō whakaaro mō tēnei āhuatanga. Tērā pea ka anipā katoa koe mō te haere ki ō whakamātau hihira ka whai ake, tae noa ki ngā wiki noho tata ki te wā me haere koe. Tērā pea kei te māharahara koe mō te hokinga mai o tō matepukupuku, te kitea rānei o tētahi matepukupuku hou, tētahi matepukupuku rerekē rānei. He mea tino whakamataku hoki.

I tō whakamātau tuatahi, uiuitia tō rata e pā ana ki ngā whakamātautau me whai koe, te wā e tū ai hoki ēnei whakamātautau, ā, ko wai te tāngata ka whaiwhai i a koe whai muri i tēnei. Me pātai anō, ko wai te tangata me whakapā atu koe inā ka māharahara koe. Tangohia a rātou nama waea, me ngā wā pai ki te whakapā atu ki a rātou.

Tērā pea ka uiui tō rata i a koe mō ētahi kaupapa kāre noa iho koe i te aro atu me te kore uiui i a koe mō ngā kaupapa e pā ana ki a koe. Kaua e matakū ki te kōrero ki tō rata mō ōu māharahara.



## Why do I need to have regular check-ups?

Everyone is different and follow-up care will vary depending on:

- the type of cancer you had
- the type of treatment you had
- any side effects that you may have.

Regular check-ups allow your doctor to keep an eye on your health and wellbeing.

### He aha te take me whai whakamātau hihira auau au?

He rerekē tēnā, ki tēnā nā reira ka rerekē anō te mahi tautiaki ka whai, e ai ki te āhua o ēnei e whai ake nei:

- te momo matepukupuku i pā ki a koe
- te momo maimoatanga i whai ai koe
- ngā momo pāpātanga ki te taha kei te rongu tonu koe.

Ma ngā whakamātau hihira auau e āhei ai tō rata ki te āta tiaki i tō hauora me tō oranga.





They will also be looking for any signs that your cancer might have come back. Your doctor may use the check-ups to:

- see how you are recovering
- ask how you're feeling and coping with life after cancer
- monitor and treat any ongoing side effects
- ask if you have any concerns
- check any new symptoms.

Symptoms can be caused by other illnesses, a lot of them much less serious than cancer. Always check with your doctor if your symptoms persist.

## What happens during check-ups?

Your doctor will ask you how you have been feeling and may examine you. Tell them about any symptoms that are bothering you. You may need to have a blood test, an X-ray or scan.

Most people will see their doctor at regular intervals after their treatment ends. As time goes on, and assuming that you stay well, your check-ups will become less often. Your follow-up appointments may be with your cancer doctor, or after a period of time you may be referred back to your GP for follow-up. It depends on the type of cancer and treatment you had.

There are national guidelines for follow-up care for some types of cancers (for example, melanoma, breast and bowel cancer). Call the **Cancer Information Helpline 0800 CANCER (226 237)** for details on these guidelines.

**Remember: If you are worried or notice any new symptoms between appointments, let your doctor know. Don't worry and don't wait until the next time you are due to see your doctor.**

**Me maumahara: Mehemea kei te māharahara koe, kei te mōhio rānei koe kua puta he tohumate hou i waenganui i ngā wā haere ai koe ki ō whakamātau hihira, whakamōhiohia atu tō rata. Kāua e māharahara, kāua hoki e tatari mō te wā e kite rā anō koe i tō rata.**





“You do get nervous and you tell yourself in your mind it’s only a check-up and they’re not doing it for any reason other than it’s just a check-up. It’s hard for it not to get out of proportion.”

**Georgina**

### **Coping with anxiety before your check-ups**

Worry and anxiety before follow-up appointments is normal. Sleeping problems, having bad dreams and feeling more general aches and pains than usual are not uncommon before a check-up. Some people say they suffer from mood swings and don’t feel hungry.

You may feel anxious because going back to the hospital brings back memories of your treatment, tests and side effects. Just when your life is getting back to normal and you feel in control again, a check-up can make you fearful. It forces you to think about the chance of your cancer coming back and your life being turned upside-down again.

Find ways to try to cope with your worries before each check-up. Once you have had a few check-ups and all is okay, you may be less concerned. These tips may also help.

- Take a close friend or relative with you to your check-up: don’t try to deal with it alone.
  - You will be surprised how much it helps to share your fears. And people close to you want to feel they are helping.
  - Make the day something to look forward to. Plan to do something special after your check-up. Going out for a meal or meeting a friend can add a positive touch to the day.
  - As hard as it may be, try to see your check-ups as positive. Regular check-ups increase your chance of any problems being picked up early when they are easier to treat.
  - Distracting yourself can help you manage the anxiety prior to appointments. (See page 56 for ideas on relaxation techniques.)
- 

## Working after your treatment is over

Some people continue working during their treatment. Some are unable to work or go back to their previous type of work after treatment. Some people may be able to re-train and take on a different job. Others may be physically able to return to their old job but not feel emotionally up to going back straight away.

Some people who have had cancer want to take some time out from work after treatment and re-think what they would like to do with their life. Others are very keen to get back to work as soon as possible. For many, working may represent 'normality' and is a sign that they are over their cancer. Some people have no choice but to keep working through and after treatment.

If you had to leave your old job before or during treatment, you may find it hard to get another job now treatment is over. Many employers are supportive of employing someone who has had cancer. Sometimes, this is not the case.

Mehemea i mate koe ki te whakarere i tō mahi tawhito i mua i tō maimoatanga, i te wā rānei o tō maimoatanga, tērā pea ka uaua mōu ki te kimi mahi anō inā mutu ai tō maimoatanga. He ngākau aroha tonu ētahi kaiwhakawhiwhi mahi ki te hoatu mahi ki tētahi kua pāngia ki te matepukupuku i ngā rā ki mua. Mō ētahi atu, kāore tēnei āhua e kitea ana.

## Effects on employment

*Looking for a new job after cancer: Your legal responsibilities about telling your future employer about your cancer*

A person who has had cancer does not have to, legally, tell a possible employer that they have had cancer/finished cancer treatment unless they are asked directly.

Ehara i te mea (ā-ture nei), me whakamōhio atu tētahi kua whai matepukupuku i ngā rā ki mua, i tētahi kaiwhakawhiwhi mahi mō tana pāngia ki te matepukupuku ki mua, kia mutu rānei i te whai maimoatanga, engari koa te wā ka hāngai te pātai atu.

It's more common for employers during an interview to ask general health questions, such as whether the person has been diagnosed with or treated for any medical conditions which would affect the person's ability to do a job. Questions about your ability to do a job are legally allowed to be asked. A person must answer these questions truthfully.



## Challenges you may face if you do go back to work

If you return to your job, or start a new one, and people are aware that you have had cancer treatment, you may face some challenges. Co-workers are often great friends and provide strong support. However, some co-workers may not know how to react and be frightened of hurting your feelings, so they may avoid saying anything at all. They may act as though nothing has happened and believe you must be okay because you look well and seem to be able to do your job again. Others may ask you questions that you are not ready to answer. You may feel angry, hurt and frustrated by people's reactions. The more relaxed and open you are about your cancer and its treatment, the more likely it will be that your co-workers respond to you in a way that feels right for you. If you are having a lot of trouble settling back into your work life, it may help to talk with a counsellor. Some workplaces will have someone on site who you can talk to.

The Cancer Society has information sheets on managing cancer in the workplace, benefits and entitlements, and insurance, legal and employment issues. Visit our website ([www.cancernz.org.nz](http://www.cancernz.org.nz)) or telephone the **Cancer Information Helpline 0800 CANCER (226 237)** or your local Cancer Society to ask for them.

He pārongo wā te Kāhui Matepukupuku e pā ana ki te mahi whakahaerenga matepukupuku ki ngā wāhi mahi, ki ngā huanga me ngā tikanga kaimahi, ki ngā āhuetanga rīanga, ngā kaupapa ture, whiwhi mahi hoki. Waea atu ki ngā tapuhi pārongo matepukupuku **0800 CANCER (226 237)**, ki tō Kāhui Matepukupuku ā-rohe rānei ki te inoi i ēnei mea.

The information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** can talk to you about returning to work.

### Useful employment websites

Work Bridge Mahiri  
[www.workbridge.co.nz](http://www.workbridge.co.nz)

Employers and Manufacturers Association (EMA)  
[www.ema.co.nz](http://www.ema.co.nz)

Ministry of Business, Innovation and Employment  
[www.dol.govt.nz](http://www.dol.govt.nz)

### Insurance, superannuation and loans

Many people who have had cancer say that after they finish treatment they feel they want to get their 'money matters' in order. This could mean talking with a superannuation fund, wanting to get life insurance or managing your income to provide for yourself or your family.



You may worry that because you have had cancer you may no longer be eligible for certain financial services (for example, getting a credit card or personal loan). You often don't have to give your medical history to get any of these.

Getting new insurance (life, income cover or travel) may be more difficult because you have had cancer. You will need to provide your medical history for many insurance policies. A mortgage is often linked with some kind of insurance so you are likely to have to let them know that you have had cancer.

Many people do not know they can claim disability benefits from their superannuation or insurance. If your working life is cut short, you probably won't have enough superannuation. Extra disability benefits will help you.

Visit the New Zealand Federation of Disability Information Centre's website ([www.nzfdic.org.nz](http://www.nzfdic.org.nz)) for more information or phone (03) 214 5000 for general enquiries.

For legal matters contact the New Zealand Law Society or District Law Society, your local Community Law Centre or the Legal Services Agency.

New Zealand Law Society (National Office)  
Address: 26 Waring Taylor Street  
PO Box 5041, Wellington 6145, New Zealand  
Email: [inquiries@lawsociety.org.nz](mailto:inquiries@lawsociety.org.nz)  
Website: [www.lawsociety.org.nz](http://www.lawsociety.org.nz)

Community Law Centre: see your local telephone directory, phone, or contact or visit their website ([www.communitylaw.org.nz](http://www.communitylaw.org.nz)).

Legal Services Agency (Head Office)  
Address: 89-90 Lambton Quay, Wellington  
PO Box 5333, Wellington  
Phone: (04) 495 5910  
Fax: (04) 495 5912  
Email: [info@lsa.govt.nz](mailto:info@lsa.govt.nz) or  
Website: [www.lsa.govt.nz](http://www.lsa.govt.nz)

#### **Financial advice:**

- Citizens Advice Bureau [www.cab.org.nz](http://www.cab.org.nz) ph 0800 367 222 provides a range of information on managing your money. They can help you find a budgeting service that suits your situation, and offer a free budget advisory service in some centres.
- The New Zealand Federation of Family Budgeting Services, [www.familybudgeting.org.nz/](http://www.familybudgeting.org.nz/) ph 0508 BUDGETLINE (283 438) offers free budgeting advice.
- Sorted [www.sorted.org.nz](http://www.sorted.org.nz) can help with budget advice and debt management.

#### **What if I can no longer work?**

Not being able to work can be very stressful. You will most likely still need a regular income to pay for bills, the mortgage or rent, and other living expenses.

It's important you get the support and advice you need. Work and Income provides financial assistance and employment services throughout New Zealand. Visit their website ([www.workandincome.govt.nz](http://www.workandincome.govt.nz)).





## Support services and resources

This is a brief listing of some major services and resources you may find helpful.

### Cancer Society information and support services

The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with trained nurses on **0800 CANCER (226 237)**.

Your local Cancer Society offers a range of services for people with cancer and their families. The range of services offered differs in each region, so contact your local centre to find out what is available in your area.

### Counselling

Counselling can help you understand what is happening, and discuss ways of coping with difficulties you may be facing. Contact your local Cancer Society to see what counselling services are available in your area.

### Cancer support groups/education programmes

Cancer support groups and education programmes offer mutual support and information to people with cancer and their families. It can help to talk with others who have gone through the same experience. They 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.

The Cancer Society has worked with Māori to develop an education programme called Kia Ora E te iwi. Contact your Cancer Society to see if this is offered in your area.

Kua mahi ngātahi te Kāhui Matepukupuku me ngāi Māori ki te whakahiato i tētahi hōtaka mātauaranga kua tapaina Kia Ora E te iwi. Whakapā atu ki tō Kāhui Matepukupuku kia mōhio ai koe mēnā ka whakaratoa ki tō takiwā.

### Your general practitioner (GP)

If you don't have a GP, call your local health centre to find a GP in your area. It's a good idea to make an appointment to see your GP a few weeks after completing treatment so they can get a better idea of how you are, especially if you haven't seen them since starting treatment. The practice nurse is also someone you can talk to. Your GP is also an advocate working for you and can sort out issues you may be having with treatment centres or health professionals.





## Websites

These websites will be useful for people who want to know more about life after cancer.

The National Cancer Institute, Facing Forward:  
Life After Cancer Treatment:  
[www.cancer.gov/cancertopics/coping/life-after-treatment](http://www.cancer.gov/cancertopics/coping/life-after-treatment)

American Cancer Society: Cancer Survivors Network  
[www.csn.cancer.org](http://www.csn.cancer.org)

The National Coalition of Cancer Survivorship  
[www.canceradvocacy.org](http://www.canceradvocacy.org)

Peter MacCallum Cancer Centre (Melbourne)  
[www.petermac.org/cancersurvivorship/Home](http://www.petermac.org/cancersurvivorship/Home)

US National Cancer Institute's Center for Complementary and Alternative Medicine (NCCAM): a US government centre that supports scientific research into complementary therapies and alternative therapies  
[www.nccam.nih.gov](http://www.nccam.nih.gov)

Memorial Sloan Kettering Cancer Center: for information about the safety of using many different herbs, botanicals and other products  
[www.mskcc.org](http://www.mskcc.org)

Macmillan Cancer Support (UK)  
[www.macmillan.org.uk](http://www.macmillan.org.uk)

Get the Tools is the Cancer Society's men's health website  
[www.getthetools.org.nz](http://www.getthetools.org.nz)

## Questions to ask

You may find the following list helpful when thinking about questions for your doctor after your treatment.

- Am I at risk of getting long-term health problems because of my cancer or its treatment?
  - Where can I get help for dealing with my feelings?
  - What exercise programme would you recommend?
  - I'm having problems getting back to my usual sex life. Who can I talk to about this?
  - Are there any problems I should watch out for?
  - Is it possible to talk to someone who has had a similar experience to me?
  - Are my children at risk of inheriting my cancer?
  - Who can I talk to about financial problems?
- 



## Glossary: What does that word mean?

Most of the words here are used in this booklet; others are words you are likely to hear used by doctors and other health professionals who will be working with you. If there are any other words in this booklet you don't understand and that aren't listed here, call the **Cancer Information Helpline 0800 CANCER (226 237)**.

**acupuncture** – A type of complementary therapy where fine needles are inserted into the skin at specific points to try to relieve pain and other symptoms.

**advanced cancer** – Cancer that is locally advanced and/or has spread (metastasised) and is less likely to be cured.

**anaemia** – Having a low number of red blood cells in your body. This is measured by a blood test and treated with iron supplements or a blood transfusion or blood stimulating medications.

**analgesic** – A drug that relieves pain.

**anti-depressant** – Medication to help relieve the symptoms of depression and sometimes also used to treat some types of pain.

**check-up(s)** – Medical appointments after treatment has finished. These appointments may also be called 'follow-up'.

**chemotherapy** – The use of special drugs to treat cancer by killing cancer cells or slowing their growth. Chemotherapy can also harm normal cells, but they are usually able to repair themselves.

**complementary therapies** – Therapy used alongside medical treatment to help manage symptoms and side effects and improve wellbeing.

**diagnosis** – The process of finding out about a person's illness by considering their signs and symptoms, medical background and results of diagnostic tests.

**depression** – Prolonged very low mood. Feeling sad, having no energy and being unable to change how you feel.

**fatigue** – Feeling extremely tired and lacking energy.

**fertility** – Ability to have children.

**follow-up** – Medical appointment to follow your progress after treatment.

**hormone-dependent cancer** – A tumour where cell growth is influenced by hormones.

**hormone treatment** – Treatments for 'hormone-dependent' cancers, including breast cancer and prostate cancer, to block hormones that may cause a cancer to grow.

**menopause** – The end of menstruation. Usually it happens in women around the age of 50, but illness and some medical treatments can cause an early menopause.





**menopausal side effects** – Side effects from menopause such as hot flushes, sweating, putting on weight and feeling anxious. These happen because the body is getting used to lower levels of sex hormones (oestrogen and progesterone).

**metastases** – Also known as ‘secondaries’. Tumours or masses of cells that develop when cancer cells break away from the original, ‘primary’ cancer and are carried by the lymphatic and blood systems to other parts of the body. Metastases are named for the organ they came from: prostate cancer that spreads to the liver is secondary prostate cancer, not liver cancer.

**morphine** – A strong and effective drug for pain relief that is used commonly to treat people with cancer who have pain.

**primary cancer** – Where the cancer started. At some stage, cells from the primary cancer may break away and be carried to other parts of the body, where secondary cancers may form.

**radiation treatment** – The use of radiation, usually X-ray or electron beams, or radioactive inserts or substances to destroy cancer cells or injure them so that they cannot grow or multiply. Radiation treatment can also harm normal cells, but they are usually able to repair themselves.

**recurrent cancer** – A cancer that grows from the cells of a primary cancer despite previous treatment. Recurrent cancer may appear some years after the primary cancer was treated, depending on the type of cancer.

**statistics** – Collecting and analysing data to make comparisons and see patterns in research results.

## Notes



# Notes



## Notes

## Cancer Society of New Zealand Inc.

### **National Office**

PO Box 12700, Wellington 6144

Telephone: (04) 494-7270

### **Auckland Division**

PO Box 1724, Auckland 1140

Telephone: (09) 308-0160

Covering: Northland

### **Waikato/Bay of Plenty Division**

PO Box 134, Hamilton 3240

Telephone: (07) 838-2027

Covering: Tauranga, Rotorua, Taupo, Thames and Waikato

### **Central Districts Division**

PO Box 5096, Palmerston North 4441

Telephone: (06) 356-5355

Covering: Taranaki, Wanganui, Manawatu, Hawke's Bay and Gisborne/East Coast

### **Wellington Division**

52 Riddiford Street, Wellington 6021

Telephone: (04) 389-8421

Covering: Marlborough, Nelson, Wairarapa and Wellington

## Canterbury/West Coast Division

PO Box 13450, Christchurch 8141

Telephone: (03) 379-5835

Covering: South Canterbury, West Coast and Ashburton

## Otago/Southland Division

PO Box 6258, Dunedin 9059

Telephone: (03) 477-7447

Covering: Urban and rural Otago and Southland

## Cancer Information Service

0800 CANCER (226 237)

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

## Feedback

### Getting on with life after cancer treatment

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 information manager 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?

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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 Information Manager, Cancer Society of New Zealand, PO Box 12700, 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.

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Information Manager

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Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country.

Cover photo: New Water Fern (*Histiopteris incisia*) frond shoot unfurling in rain

Photographer: Rob Suisted.

# ANY CANCER, ANY QUESTION

## 0800 CANCER (226 237)

### Cancer Information Helpline

