

Heart health and cancer treatment



Created in partnership with



“ My nurse explained everything that was happening and that it could be managed. She has kept adjusting my medication and it has improved my breathing. ”

Philippa, diagnosed with non-Hodgkin lymphoma and heart failure

About this booklet

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

- has been told cancer treatment may affect their heart
- had a heart condition before starting cancer treatment
- wants to know more about keeping their heart healthy.

The booklet explains how the heart works and how different treatments may affect the heart. It also has information about tests to check your heart health and looking after your heart.

We hope it helps you deal with some of the questions you may have.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

British Heart Foundation

The information in this booklet has been produced in partnership with the British Heart Foundation (BHF). You can find out more about how the British Heart Foundation can support you on [pages 80 to 81](#).

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list to help you.

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

On [pages 88 to 104](#), there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have heart problems and have had cancer treatment, which you may find helpful. This includes Philippa, who is on the cover of this booklet. Some are from people who have chosen to share their story with us. To share your experience, visit macmillan.org.uk/shareyourstory

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit macmillan.org.uk/otherformats or call **0808 808 00 00**.

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The heart

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The heart and how it works

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

The heart is divided into 4 main areas, called chambers. There are 2 chambers on the right side of the body and 2 chambers on the left side of the body:

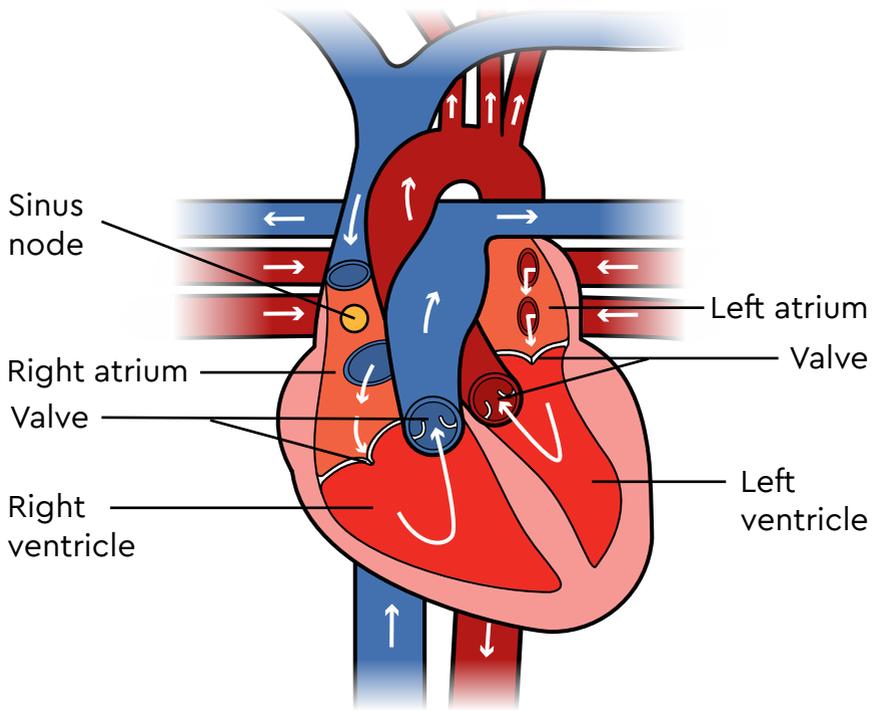
- The 2 smaller, upper chambers collect blood going into the heart. These chambers are called the right atrium and the left atrium.
- The 2 larger, lower chambers pump blood out of the heart. These chambers are called the right ventricle and the left ventricle.

There are 4 valves inside the heart. They open and close as the heart pumps blood. The valves keep the blood flowing in one direction through the heart.

Blood travels around the body through tubes called blood vessels. The blood going to the heart is low in oxygen. It travels through the heart and is pumped out to the lungs.

In the lungs, the blood picks up oxygen and gets rid of carbon dioxide, which is then breathed out. The blood carrying oxygen travels back through the heart and is pumped out to the body again.

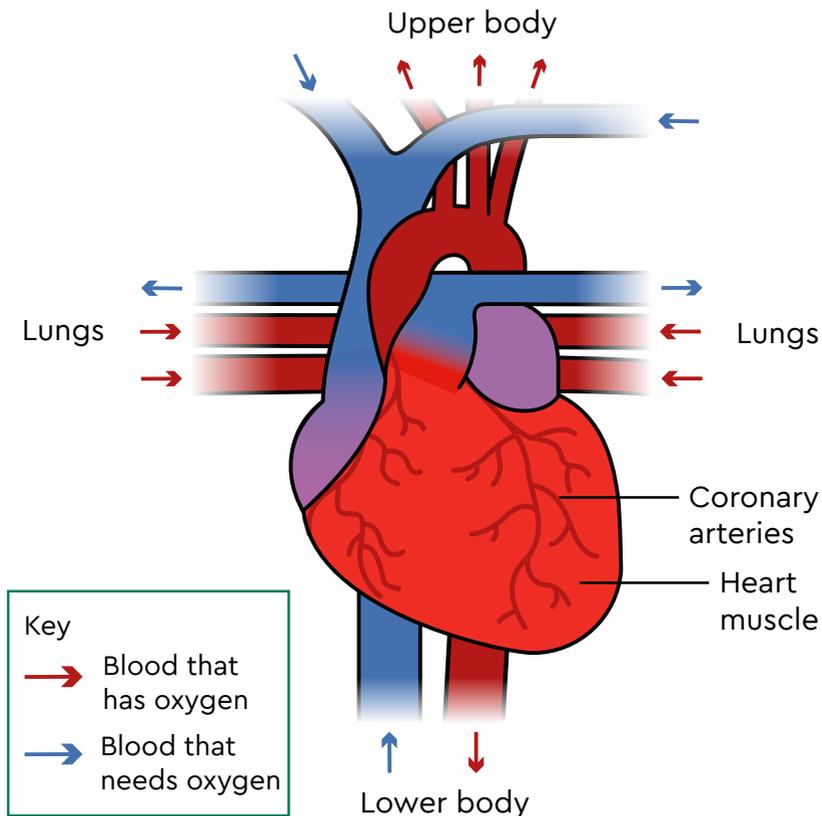
The inside of the heart



Like the rest of the body, the heart needs its own blood supply to bring it oxygen. Small blood vessels on the outside of the heart carry blood and oxygen to the heart muscle. These blood vessels are called coronary arteries.

The heart has its own electrical system that tells it when to beat and pump blood around the body. A group of cells called the [sinus node](#) sends an electrical signal through the heart to start each beat. This happens about 60 to 100 times a minute. The sinus node is also called the heart's natural pacemaker.

The outside of the heart





Heart problems

When parts of the heart become diseased or damaged, this can stop it from working properly. Heart problems can be caused by many things, including:

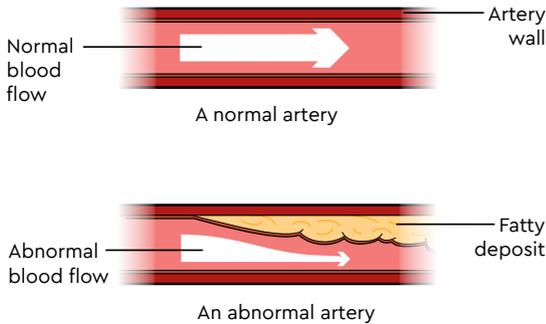
- narrow or blocked blood vessels
- damage to the heart muscle
- damaged heart valves
- damage to the heart's electrical system.

These are some of the most common types of heart condition.

Coronary heart disease (CHD)

Coronary arteries are the small blood vessels that carry blood and oxygen to the heart muscle. Sometimes, fatty deposits can build up inside the artery walls. These are called atheromas. The fatty deposits cause the arteries to harden and narrow. This process is called atherosclerosis and it is what causes coronary heart disease (CHD). The fatty deposits make it difficult for blood and oxygen to reach the heart muscle. CHD is sometimes called coronary artery disease or ischaemic heart disease.

Coronary arteries



Certain things, called risk factors, can increase the risk of developing CHD. These include:

- smoking
- being overweight
- high blood pressure
- a high blood cholesterol level
- diabetes
- not doing enough exercise
- age – you are more likely to develop CHD as you get older
- a family history of CHD
- being of a Black African, African Caribbean or South Asian background
- some cancer treatments.

The more risk factors you have, the more likely you are to develop CHD.

We have more information about risk factors on [pages 18 to 26](#).

Symptoms of CHD

Sometimes a blood vessel gets so narrow that it does not let enough blood and oxygen flow to the heart muscle. This can cause symptoms.

The main symptom of CHD is chest pain or discomfort, called angina. Angina often feels like pressure, tightness or squeezing in your chest. Some people describe feeling:

- a dull ache – a bit like indigestion
- severe tightness.

The pain and discomfort may spread to your arms, neck, jaw, back or stomach.

Other symptoms of CHD include:

- feeling short of breath
- extreme tiredness (fatigue) when doing physical activity
- feeling sick (nausea)
- feeling faint.

These symptoms often develop when you are physically active, exercising or stressed. They may also develop after a meal, or in cold weather. Symptoms usually go away when you rest and relax.

Heart attacks

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

Symptoms of a heart attack

The symptoms of a heart attack vary from person to person. The most common sign is sudden pain or discomfort in your chest that does not go away.

For some people, the pain is severe. Other people just feel uncomfortable. Sometimes the chest pain or discomfort:

- feels like tightness, heaviness or burning in your chest
- may spread to the arms, neck, jaw, stomach or back.

You may also:

- feel sweaty
- feel dizzy or light-headed
- be short of breath
- feel sick or be sick (vomit)
- feel generally unwell.

If you think you or someone else may be having a heart attack, call 999 immediately for an ambulance.

Heart muscle damage

Sometimes damage to the heart muscle can cause the walls of heart chambers to become stretched, thickened or stiff. This can make it harder for the heart to pump blood around the body.

The most common reasons for heart muscle damage are:

- a heart attack
- high blood pressure
- heart muscle disease, which is also called cardiomyopathy
- problems with the heart valves or rhythm
- being born with a heart problem (congenital heart disease)
- some infections
- using recreational drugs or excessive alcohol
- some cancer treatments.

Symptoms of heart muscle damage

The symptoms of heart muscle damage can vary from person to person. Some people may not notice any symptoms, or their symptoms might be mild. Others may have symptoms that get worse over time.

The main symptoms of heart muscle damage include:

- feeling short of breath
- feeling dizzy or light-headed
- swollen tummy (abdomen), legs, or feet
- an abnormal heart rhythm
- tightness, heaviness or burning in your chest.

Heart failure

Damage to the heart muscle can lead to heart failure. This does not mean that the heart stops. It just means that it does not pump blood around the body as well as usual.

Symptoms of heart failure

Symptoms of heart failure can include:

- feeling short of breath, even when you are resting
- a new cough that does not go away
- feeling unusually tired or weak (fatigue)
- swollen feet, ankles, legs or tummy (abdomen).

Heart valve disease

The heart valves can become stiff and not open properly. Or they may not close tightly and the blood may leak backwards. These problems can make it harder for the heart to pump blood around your body. This can make you feel very tired or breathless. It can also increase your risk of having a heart attack, stroke and other heart conditions.

The main causes of heart valve disease are:

- infection
- damage to the heart muscle from a heart attack
- disease of the heart muscle (cardiomyopathy)
- being born with an abnormal heart valve (congenital heart valve disease)
- getting older
- radiotherapy to the heart or nearby areas.

Symptoms of heart valve disease

You may not have any symptoms of heart valve disease. But if you do, the main ones are:

- feeling unusually tired
- feeling short of breath
- swollen legs, feet and ankles
- palpitations (a fluttering or pounding feeling in your chest or neck).

If valve problems are not treated, it can put a strain on the heart. This can sometimes lead to heart failure.

Electrical heart problems

A problem with the heart's electrical system may make your heart beat:

- too fast
- too slow
- with an irregular pattern.

This is different to the normal changes in heart rhythm that can happen during the day. For example, your heart may beat slower when you are resting, and faster when you are active or feeling anxious.

An abnormal heart rhythm is called an arrhythmia.

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

Many people have palpitations from time to time. This is the sensation of feeling your heart beating. It may feel like your heart is:

- fluttering
- pounding
- beating too fast, too slow or irregularly
- skipping a beat.

For most people, palpitations are harmless and do not mean anything is wrong with your heart. But sometimes it can be a sign of a problem.

Symptoms of arrhythmia

Some arrhythmias are more serious than others. The symptoms depend on the type of arrhythmia you have.

The most common symptoms include:

- palpitations
- feeling dizzy
- feeling breathless
- fainting (blackouts).

Risk factors for developing heart problems

Risk factors are things that can make you more likely to develop certain heart problems. Some risk factors cannot be changed. You can control other risk factors by making changes to your lifestyle or by taking medicines.

If you are worried about any of these risk factors, talk to your GP or nurse. They can give you information about your risk of future heart problems and advice about reducing this risk. You can also find out more about risk factors on the British Heart Foundation website at bhf.org.uk. You can find out more about the British Heart Foundation on pages 80 to 81.

Risk factors you cannot control

There are some risk factors that you cannot change.

Age

As your body gets older, you are more likely to develop coronary heart disease (CHD). This can lead to a heart attack.

Family history

Some heart problems can run in families. You have a higher risk if your parents, brothers or sisters have had heart problems.

Ethnicity

Research has shown that people from certain ethnic groups are more likely to develop certain conditions that can cause heart problems.

If you are from a Black African, African Caribbean or South Asian background, you are more likely to have high blood pressure and type 2 diabetes compared with white Europeans.

Risk factors you can control

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

Smoking

Smoking increases your risk of CHD or a heart attack in several ways:

- It damages the lining of your coronary arteries, which can lead to a build-up of fatty deposits called atheromas.
- It reduces the amount of oxygen in the blood. This means your heart has to work harder to supply the body with enough oxygen.
- It makes your blood more likely to clot. This increases your risk of a heart attack or stroke.
- It makes your heart beat faster and work harder. This can be dangerous because blood is not pumped around the body as well as it should be. This increases your risk of a stroke.

Weight and body shape

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

You can check whether you are a healthy weight and body shape in 2 ways.

Body Mass Index (BMI)

BMI measures whether your weight is healthy for your height. The table below shows how BMI can tell you which weight range you are in – underweight, healthy weight, overweight or very overweight (obese).

Your GP or practice nurse can tell you what your BMI is. Or you can check it online using a BMI calculator.

BMI	Weight range
Less than 18.5	Underweight
18.5 to 24.9	Healthy weight
25 to 29.9	Overweight
30 or more	Very overweight (obese)



Waist measurement

Whatever your height or weight, having too much fat around the middle of your body increases your risk of heart problems. You can measure your waist by placing a tape measure halfway between your lowest rib and the top of your hip bone. For most people, this will be at the level of their tummy button. You can check if your waist measurement is putting your health at risk on the [British Heart Foundation](#) website.

A healthy waist measurement varies depending on your ethnic group.

For people of white European heritage:

- Women have an increased risk if their waist measures more than 80cm (31.5 inches). The risk is severe if it measures over 88cm (35 inches).
- Men have an increased risk if their waist measures more than 94cm (37 inches). The risk is severe if it measures over 102cm (40 inches).

People of South Asian, African Caribbean, Black African, Chinese and Middle Eastern heritage have a greater risk of heart problems at a lower waist measurement:

- For women, the risk is severe if their waist measures more than 80cm (31.5 inches).
- For men, the risk is severe if their waist measures more than 90cm (35.5 inches).

Physical activity

People who spend more time sitting or being inactive have a higher risk of developing CHD, high blood pressure and diabetes.

Regular activity helps to keep your heart healthier. It can:

- lower your cholesterol
- keep your blood pressure at a healthy level
- help control diabetes.

High blood pressure

Blood pressure is the pressure of your blood as your heart pumps it out to your body. If the pressure is high, it can damage the arteries. This increases the risk of a heart attack or stroke. High blood pressure can also damage the heart muscle, which can lead to heart failure.

You can improve your blood pressure by:

- being more physically active
- keeping to a healthy weight
- reducing the amount of salt in your diet
- eating more fresh fruit and vegetables
- drinking less than 14 units of alcohol each week and not drinking alcohol for several days each week.

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

High cholesterol

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

You can improve your cholesterol level by:

- eating a healthy diet – try to choose polyunsaturated fats (sunflower, soya and corn oils, and oily fish) and mono-unsaturated fats (olive and rapeseed oil) instead of saturated fats (such as full-fat dairy products, fatty meats, biscuits, cakes and pastries)
- stopping smoking
- being more physically active
- keeping to a healthy weight and waist measurement.

Your doctor may also give you medicines to lower your cholesterol.

Diabetes

Diabetes is a condition where the level of sugar in the blood is too high. There are 2 main types:

- Type 1 diabetes – this is rare. It is more common in children and young adults. This type of diabetes is not related to diet or lifestyle. It is treated with insulin by injection or through a pump.
- Type 2 diabetes – this is more common and usually affects adults over the age of 40. This type is much more likely if you are overweight or physically inactive. It is treated with a healthy diet and physical activity. Tablets and insulin can also help manage it.

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

Managing your diabetes and keeping your blood sugar under control will help reduce your risk of heart problems. Your doctor or nurse can give you more advice about this.

Stress

Stress alone does not cause heart problems. But unhealthy habits or behaviours, such as smoking, drinking alcohol or over-eating to cope with stress can increase the risks to your heart.

Being stressed can also raise your blood pressure and put more strain on your heart than usual. If you already have CHD, feeling extremely stressed or anxious can sometimes cause symptoms such as angina.

It is important to find healthy ways of coping with stress. You could try some of these ideas:

- Talk about it – this is not always easy, but it can often help you feel better. You may want to talk to someone you know well, such as a family member or friend. Or you may decide to talk to your GP or nurse specialist, or a religious leader.
- Ask for more support – if you have questions about your treatment or other worries, ask your doctor or nurse. And if you feel you need more help to cope, let them know.
- Work out what makes it worse – once you know what makes you stressed, try to avoid these things or get help so you can cope with them.
- Find ways to relax – you could try listening to relaxing music or doing some physical activity, such as walking, swimming or yoga. Some people find that complementary therapies help, such as a massage.

Cancer can be stressful for lots of reasons. You may be dealing with some difficult emotions, worrying about the future, and coping with treatment and side effects. The [British Heart Foundation](#) has information about heart health and coping with stress.

You can also find information about coping with stress on the [NHS website](#). Visit [nhs.uk/mental-health](https://www.nhs.uk/mental-health)

If you want to talk about how you are feeling, you can call the Macmillan Support Line on **0808 808 00 00** (open 7 days a week, 8am to 8pm).







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How cancer treatments can affect the heart

Some cancer treatments can affect how your heart works. This may cause heart problems that are either short term (temporary) or long term (permanent). Problems may develop during or soon after cancer treatment. Some problems may develop many years later. These are called late effects. You can find out more about late effects of treatment on our website macmillan.org.uk/late-effects-of-treatment

The risk of heart problems depends on:

- the type of cancer treatment you have
- how much treatment you have.

Your risk may be higher if:

- you have other risk factors for developing heart problems
- you had a heart problem before starting cancer treatment
- you have several cancer treatments at the same time.

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

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

If you had cancer treatment as a child, you may have a higher risk of developing heart problems as an adult. This depends on the type of cancer treatment you had.

Some people will have regular follow-up appointments for the rest of their lives to check their heart health.

“ My heart nurse has always been a great support. ”

Philippa

Heart tests during cancer treatment

Before treatment, you may have tests to monitor how your heart is working. This may include blood tests, a blood pressure check, an [ECG](#) or another type of heart scan. For some types of cancer drug treatment, you will have these tests again during and after your treatment. These tests look for early signs of heart muscle damage or abnormal heart rhythms, and monitor your heart function. You may not have any symptoms, but it is important to treat early signs to stop further damage.

You can find out more about cancer treatment and abnormal heart rhythms on the British Heart Foundation website at bhf.org.uk You can find out more about the British Heart Foundation on [pages 80 to 81](#).

Sometimes cancer treatments can cause symptoms that need urgent medical attention to prevent serious problems. You should tell your doctor or nurse straight away if you:

- have tightness, pain or discomfort in your chest
- have pain that spreads to your shoulders, neck, back, jaw or arms
- feel unwell, sick or sweaty
- have shortness of breath or are wheezing
- faint (black out)
- feel dizzy or light-headed
- can feel your heart beating (palpitations).

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

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic means toxic to cells. Most chemotherapy drugs are carried in the blood. This means they can reach cancer cells anywhere in the body.

Some types of chemotherapy may cause heart problems.

The risk can be higher if you are:

- taking several chemotherapy drugs together
- having chemotherapy with chest radiotherapy
- also having some types of targeted therapy, immunotherapy or hormonal therapy.

Your age when you have chemotherapy may also increase the risk of heart problems. With some types of chemotherapy, the risk of developing a heart problem is increased in:

- young children
- people over 65 years old.

Your cancer doctor will explain any risks before you start chemotherapy.

Chemotherapy drugs and the heart

There are many different types of chemotherapy drug that can affect the heart in different ways and at different times.

Some chemotherapy drugs may:

- cause high blood pressure
- cause abnormal heart rhythms
- cause symptoms of angina or heart failure
- cause inflammation or damage to the muscle of the heart
- increase your risk of developing other health problems, such as diabetes.

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

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

Some may cause heart problems during or shortly after treatment. Others can cause heart problems many years later. These are called late effects.

We have more information about different chemotherapy drugs, how they are given and possible side effects in our booklet [Understanding chemotherapy](#).

You can also visit the Electronic Medicines Compendium (EMC) website for more detailed information about specific chemotherapy drugs at medicines.org.uk/emc

“After chemotherapy, I started feeling breathless. One time I drove to hospital for my appointment and when I got out of the car, I was struggling to breathe. ”

Philippa

Targeted therapy and immunotherapy drugs

There are different types of targeted therapy and immunotherapy drugs. They are used to treat many types of cancer. These drugs work in several ways and often have other names that describe how they work. We have more information about targeted therapy at [macmillan.org.uk/targeted-therapy](https://www.macmillan.org.uk/targeted-therapy) and immunotherapy at [macmillan.org.uk/immunotherapy](https://www.macmillan.org.uk/immunotherapy)

In general:

- targeted therapy drugs target something in or around cancer cells that helps them to grow and survive
- immunotherapy drugs use the body's immune system to find and attack cancer cells.

Some targeted therapy and immunotherapy drugs can affect the heart. This may happen during or soon after treatment. Sometimes it happens months after treatment finishes. Side effects that happen after treatment finishes are called late effects.

Researchers are still looking at the effect some of these newer drugs have on heart health. Your cancer doctor, specialist nurse or pharmacist will talk to you about the drug you are having. They will explain any risks before you start treatment.

Some drugs may cause high blood pressure or abnormal heart rhythms. Others can damage the muscle of the heart or cause symptoms of angina or heart failure. We have more information about the different targeted therapy and immunotherapy drugs at [macmillan.org.uk/treatments-and-drugs](https://www.macmillan.org.uk/treatments-and-drugs)

You can also visit the Electronic Medicines Compendium (EMC) website for more detailed information about specific targeted therapy and immunotherapy drugs at [medicines.org.uk/emc](https://www.medicines.org.uk/emc)

Radiotherapy

Radiotherapy uses high-energy rays, such as x-rays, to treat cancer. It destroys cancer cells in the area where it is given.

Most people who have radiotherapy do not develop heart problems after treatment. Radiotherapy is only likely to cause heart problems if it is given to the left side of the chest. This might happen if you have radiotherapy for breast cancer in the left breast, or to the chest for lymphoma. If you have radiotherapy to another part of your body, away from the heart, it is unlikely to damage the heart.

Modern radiotherapy techniques are very accurate. Treatment can usually be planned and delivered to avoid affecting the heart. This means heart problems after radiotherapy are rare.

Radiotherapy to the heart can:

- cause scarring or thickening of the coronary arteries, which can lead to coronary heart disease (CHD)
- cause inflammation of the protective sac called the pericardium that covers the heart – this is called pericarditis
- cause a build-up of fluid between the inner and outer layers of the protective sac called the pericardium that covers the heart – this is called pericardial effusion
- damage the heart muscle
- damage the heart valves
- affect the heart's electrical system and cause an abnormal rhythm.

The risk of damage to the heart depends on:

- the total dose of radiotherapy given
- how much of the heart is in the treatment area.

The higher the overall dose of radiotherapy and the amount of the heart exposed, the greater the risk of damage. But the risk is still very small.

The risk of heart damage is also increased if you:

- are having chemotherapy at the same time
- already have a heart condition.

To protect the heart during radiotherapy to the left side of the chest, doctors use a technique called deep inspiration breath hold (DIBH). This means they ask you to breathe in deeply and hold this breath while they give you the radiation. The air in your lungs can help to reduce the amount of radiation the heart is exposed to.

After radiotherapy

Heart problems can sometimes happen during treatment. Or they may develop months or many years later. These are called late effects. You can find out more about late effects of treatment on our website at macmillan.org.uk/late-effects-of-treatment

If you were told the radiotherapy may affect your heart, you can reduce the risk by making healthy lifestyle choices. You can find out more about this on our website at macmillan.org.uk/eating-well-keeping-active

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

- your blood pressure checked
- a blood test to check your cholesterol levels
- scans to check how your heart is working.

If you notice any warning signs of heart problems, tell a doctor as soon as possible.

Hormonal therapy

Hormonal therapies change the way certain hormones are made or used in the body. These drugs are often used to treat breast cancer and prostate cancer. Sometimes they are used to treat other types of cancer. The type of hormonal therapy given depends on the type of cancer being treated.

Hormonal therapies do not usually damage the heart directly, but they can affect your risk of heart problems. They may:

- raise your blood pressure or cholesterol levels
- cause weight gain, which may increase your risk of developing diabetes and heart problems in the future
- cause an early menopause – the risk of heart problems increases after the menopause.

Some people who take hormonal therapies for many years to treat prostate cancer can also have a higher risk of early heart failure.

If you are taking a hormonal therapy drug, you can reduce these risks by making healthy lifestyle changes. Your doctor may also suggest treatments for high blood pressure or high cholesterol.

We have more information about hormonal therapy drugs on our website at [macmillan.org.uk/hormonal-therapy](https://www.macmillan.org.uk/hormonal-therapy)

You can also visit the Electronic Medicines Compendium (EMC) website for more detailed information about specific hormonal therapy drugs at [medicines.org.uk/emc](https://www.medicines.org.uk/emc)

Surgery

Surgery is a medical procedure to examine, remove or repair tissue. For example, it can be used to diagnose or remove cancer. The type of surgery you have and how long you stay in hospital depends on your situation.

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

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

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

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

Your doctor will talk to you about the possible risks of your surgery. Before you have a general anaesthetic, you will have some [tests](#). These are to check your heart and make sure you are fit enough for surgery. If you have a [high risk](#) of serious heart problems, your doctor may suggest other cancer treatments you can have instead.

Cancer research trials (clinical trials)

Your cancer doctor may talk to you about having cancer treatment as part of a clinical trial. Clinical trials test new treatments or new ways of giving treatments. You can find out more about clinical trials on our website at [macmillan.org.uk/clinical-trials](https://www.macmillan.org.uk/clinical-trials)

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

If you develop any warning signs of heart problems, tell a doctor or nurse straight away.



Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected by a cancer registry.

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out.

You can find details of the cancer registries on [page 104](#).

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Planning your cancer treatment

Before you have cancer treatment, your cancer doctor or specialist nurse will explain your treatment plan at your pre-treatment appointments. They will tell you about any possible benefits and disadvantages of the treatment, including any possible risks to your heart.

Your cancer doctor may check your heart health using different tests (pages 50 to 59). They will ask whether you have any heart problems or risk factors such as:

- high blood pressure
- high cholesterol
- diabetes.

They will ask what treatments you have had or are having for these conditions. If you are not sure or cannot remember the name of a condition or treatment, your cancer doctor can check your medical notes. They might also speak to your GP or cardiologist (heart doctor).

For some cancer treatments, you may have these tests even if you do not have heart problems. Tests can be repeated during and after treatment to check for any heart changes.

Making your decision

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

Your cancer team will help you understand the benefits and risks of having treatment. It is important to understand this information before you decide what is right for you. You might find it helps to make a list of the questions you want to ask when you talk about your treatment plan. You could take a family member or friend with you to this appointment. They can help you remember what was said, or write notes.

You will normally have time to think about your decision, and have another appointment with your cancer team to discuss it.

We have more information to help you make your decision in our booklet [Making treatment decisions](#).

If you already have a heart problem

If you have a heart condition, this may affect the cancer treatment you have or how it is planned.

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

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

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

You can find out more about other treatments for heart conditions on our website at [macmillan.org.uk/treatments-heart-conditions](https://www.macmillan.org.uk/treatments-heart-conditions)

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

You may find it helpful to:

- know who to contact if you have a question about your cancer treatment, heart problems or test results
- check what will happen next at the end of each appointment
- speak to your specialist doctors, GP, nurse or other health professionals in your cancer team about any worries you have – they should have access to your test results and medical notes.

If you have a cardiac implantable electronic device

Some people have an electrical device placed under the skin near the heart. It is used to treat abnormal heart rhythms. There are 2 types of this device:

- pacemakers
- implantable cardioverter defibrillators (ICDs).

Radiotherapy and some types of scan can affect how these devices work. So it is important to tell your cancer team if you have one. Take any written information or guidance about your device to your radiotherapy pre-treatment appointments and your first radiotherapy treatment appointment. This will help your cancer team to plan any scans and treatment so it does not affect your device. They will also arrange any extra monitoring you need to check your device or change its settings.

Heart tests and cancer treatment

Your doctors may use different tests to check how well your heart is working before, during and after your cancer treatment. How often you have tests depends on the type of treatment and whether you [already have heart problems](#).

Your cancer doctor or specialist nurse will explain any tests you need. You may find it helpful to have a family member or friend come with you for the test.

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

Blood tests

Blood tests help check how well your heart is working. They are also used to monitor the effects of any heart medicines you take. You can find out more on the British Heart Foundation website at bhf.org.uk

These are the most common blood tests used to check heart health:

- Cardiac enzyme tests (including troponin test) – these can help show whether your [heart muscle has been damaged](#). During chemotherapy, they can help find early signs that your heart is sensitive to chemotherapy.
- Natriuretic peptide tests (BNP or NT-proBNP) – these tests can help show whether your heart is under strain. They can help find early signs that your heart may be struggling to cope with your cancer treatment. They can also show whether you need more tests to check for heart failure.

- Urea and electrolytes tests (U&Es) – these give information about the levels of sodium, potassium and magnesium in your blood. These electrolytes are substances in your blood that are important to keep your heart healthy. U&Es also show how well your kidneys are working. Your kidneys may be affected by any medicines you are taking.
- Full blood count (FBC) – this test measures the number of red cells, white cells and platelets in your blood. It also measures the level of haemoglobin (Hb) in your blood. Haemoglobin carries oxygen around the body.
- Cholesterol blood tests – these tests measure cholesterol levels in your blood. Having too much cholesterol in your blood increases the risk of heart problems. If your cholesterol level is high, you can make changes to your lifestyle that can help reduce it. Your doctor may suggest you take a medicine to lower cholesterol, called statins.

Electrocardiogram (ECG)

An ECG:

- records the electrical activity of the heart
- measures heart rate (how many times it beats in 1 minute)
- detects heart rhythm problems
- can show if there is damage to the heart muscle that may have been caused by a heart attack in the past
- can show if the heart is enlarged or thickened – these are signs of cardiomyopathy.

Small sticky pads (electrodes) are put on your chest, arms and legs. Wires connect the pads to an ECG recording machine. This picks up the electrical signals that make your heart beat. These signals are recorded and printed on paper. The test takes about 5 minutes and is painless. You need to lie still during the ECG, as moving can affect the results.

24-hour ECG

An ECG can also be recorded over 24 to 48 hours. This is also called Holter monitoring or ambulatory ECG monitoring.

Small sticky pads are put on your chest. The wires attached to these are taped down. The wires go under your clothes to a small portable recorder on a belt around your waist.

While you are wearing the ECG recorder, you can do everything you would normally do except have a bath or shower.

When the test is finished, you return the recorder to the hospital. Your doctor will check the results.



An exercise ECG

Exercise ECG

The aim of an exercise ECG is to see how your heart works when you are more active. It is sometimes called a stress test. An ECG is recorded while you are walking on a treadmill or cycling on an exercise bike.

You can find out more about ECGs on the British Heart Foundation website at [bhf.org.uk/information-support/tests/exercise-ecg](https://www.bhf.org.uk/information-support/tests/exercise-ecg) There is more information about the British Heart Foundation on [pages 80 to 81](#).

Angiogram

An angiogram:

- looks inside your coronary arteries to find out if any of them are narrowed, and how severe the narrowing is
- gives information about your risk of having a heart attack
- gives information about how effectively your heart is pumping
- gives information about the blood pressure inside your heart.

You will be asked not to eat or drink anything for several hours before your angiogram.

Having an angiogram

You have a local anaesthetic injection to numb the skin in your groin or on your wrist. The doctor then makes a small cut in the skin so they can insert a thin, flexible tube called a catheter into an artery. Using x-ray, the catheter is guided to the heart.

The doctor injects a dye into the catheter and takes x-rays. This dye is called a contrast. It is picked up on the x-rays and helps show how blood is moving through the heart. You might feel a hot, flushing sensation from the dye. Tell your doctor if you feel uncomfortable or unwell at any time.

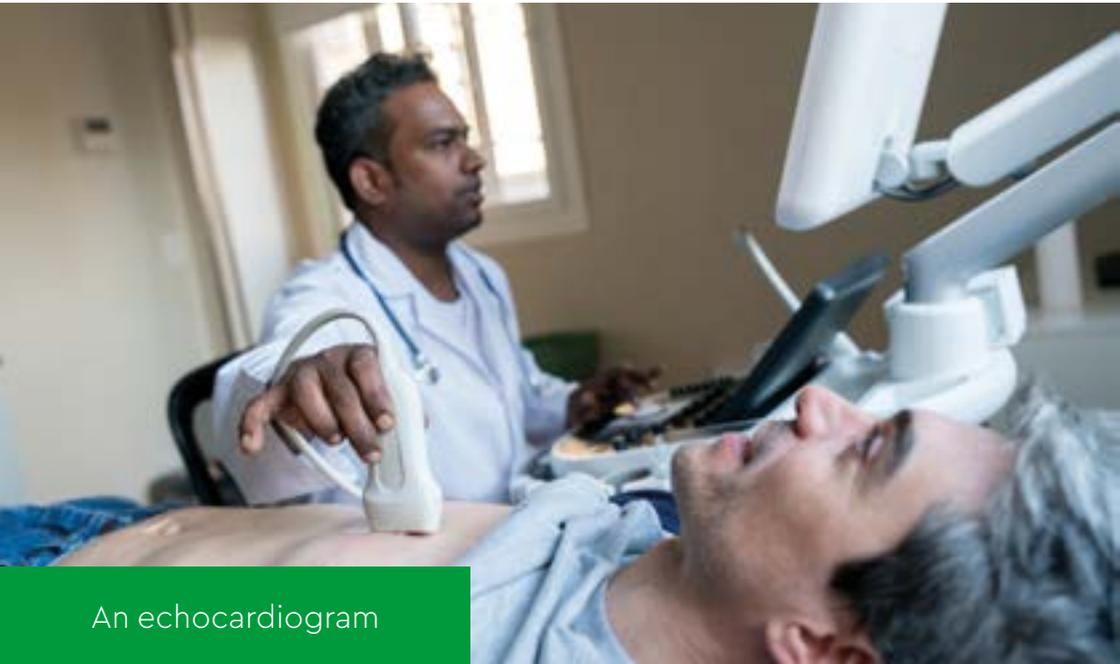
Having a CT angiogram

A CT angiogram takes a detailed picture of the coronary arteries. It can be used to look at how blood is flowing through the heart.

You lie on a bed which is moved inside the scanner. The scanner looks like a large, thick ring. The scanner moves around your body and takes x-rays. These x-rays build up a picture of your heart.

A dye is injected into a vein in your arm. This is called a contrast. The contrast helps show certain areas of the body more clearly. It may make you feel hot all over for a few minutes. It is important to tell your doctor if you are allergic to iodine or have asthma. This is because you could have a more serious reaction.

A small amount of radiation is used during a CT scan, but this is very unlikely to harm you. It will not harm anyone you come into contact with either. If you are pregnant, talk to your doctor before having this test.



An echocardiogram

Ultrasound of the heart (echocardiogram)

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

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

You will be asked to lie down. When you are comfortable, some gel is rubbed onto your chest.

The person doing the scan uses a small device called an ultrasound probe. They move the probe over different areas of your chest. The probe produces sound waves, which bounce off the structures of the heart and make echoes. These echoes are picked up by the probe. A computer converts the echoes into pictures, which are shown on the screen of the echo machine.

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

You may need several echocardiograms during your cancer treatment to check how well your heart is working. Your doctor uses 2 measurements to find out how well your heart is functioning:

- left ventricular ejection fraction (LVEF)
- global longitudinal strain (GLS).

A decrease in your LVEF or your GLS may be an early sign that your heart is under strain. If there are any signs that your heart is not working as well as it should, your cancer doctor might refer you to a heart specialist (cardiologist) for review.

Cardiac MRI scan (CMR)

An MRI scan uses magnetism to build up detailed pictures of areas of your body. A cardiac MRI scan gives information about:

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

Before a cardiac MRI scan

The scanner is a powerful magnet. You may be asked to complete and sign a checklist to make sure it is safe for you. This will check whether you have:

- any metal implants, such as surgical clips, bone pins, artificial joints or artificial heart valves
- any electrical implants, such as a pacemaker, implanted defibrillators, nerve stimulators or cochlear implants.

It is safe to have an MRI if you have coronary stents in place. It would be useful to provide any records about any metal implants you have.

You should also tell your doctor if you have ever worked with metal or in the metal industry. This is because very tiny fragments of metal can sometimes lodge in the body.

Having metal in your body does not always mean you cannot have an MRI scan. Your doctor and radiographer will decide if it is safe for you. If you are not able to have an MRI scan, another type of scan can be used. Some tattoo ink contains traces of metal. Most tattoos are safe. But tell the radiographer immediately if you feel any discomfort or heat in your tattoo during the MRI scan.

You should tell the radiographer before the scan if you are pregnant or think you could be.

Before the scan, you will be asked to remove any metal objects, such as jewellery and hair clips.

How is a heart MRI scan done?

For some cardiac MRIs, the doctor injects a dye into a vein in your arm. This is called a contrast. It does not usually cause discomfort. The dye helps to give a clearer picture of the heart muscle and the blood flow through and around the heart. Your doctor can tell you more about this.

During the scan, you need to lie still on a bed inside a cylinder (tube). The bed moves slowly inside the scanner. The radiographer is in a separate room, but you can hear and speak to them.

The scan can last for up to 1 hour. It is painless, but you may find it uncomfortable to lie still for that long. The scan is noisy, but you will be given earplugs or headphones. You may be able to listen to music during the scan.

After the scan, you can usually go home. If you had a sedative, you should:

- not drive for 24 hours
- have someone to take you home
- have someone to stay with you overnight.

Myocardial perfusion scan

A myocardial perfusion scan shows [how well the heart is pumping](#). It looks at the flow of blood to the heart muscle.

You can find out more about myocardial perfusion scans on the British Heart Foundation website at bhf.org.uk/information-support/tests/myocardial-perfusion-scan.

A myocardial perfusion scan may be used to check for heart changes caused by some types of [chemotherapy](#) or [targeted therapy](#) treatment.

Having a myocardial perfusion scan

During the scan, your doctor injects a dye into a vein in your arm. This is called a contrast. The contrast helps to show how blood is moving through the heart. Your doctor can tell you more about this.

A special camera takes pictures of your heart. This measures how the dye is pumped through your heart. The scan may be done while you are resting and then during exercise on a treadmill or exercise bike.

After a myocardial perfusion scan

You may be asked to avoid close contact with children and pregnant women for a few hours after the scan. If you are pregnant or breastfeeding, talk to your doctor before having this test.

24-hour ambulatory blood pressure monitor

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

This can be done with a portable (ambulatory) blood pressure monitor.

Wearing a blood pressure monitor

You wear the monitor for 24 hours. You can still do most of your normal activities. But you should not have a bath or shower.

A blood pressure cuff (a band) is wrapped around your upper arm. A tube goes under your clothes from the cuff to a small monitor on a belt around your waist.

The cuff inflates around your arm and measures your blood pressure. It does this automatically at regular times. For example, it could happen every 30 minutes during the day and every hour at night. The monitor records your blood pressure measurements and the time they were taken.

After 24 hours, the monitor is removed by your doctor or nurse. The information is collected for your doctor to check.



Preparing for cancer treatment

Before you start cancer treatment, it can be helpful to focus on making healthy lifestyle changes. Here are some things you can do to prepare your body for cancer treatment and improve your long-term heart health.

Healthy eating

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

A healthy diet can include:

- at least 5 portions of fruit and vegetables every day – try to have a variety of types and colours
- meals based on starchy foods (carbohydrates), such as potatoes, bread, cereal, rice, pasta, noodles and couscous – choose wholegrain or wholemeal where possible
- beans, pulses, fish, eggs, meat or other vegetarian sources of protein, such as tofu, bean curd and nuts
- some dairy or dairy alternative products (such as soya milk) – choose those with lower fat and lower sugar where possible
- small amounts of unsaturated oils and spreads
- small amounts of foods and drinks that are high in fat, salt or sugar – try to have these less often
- plenty of fluids (6 to 8 cups or glasses a day) that are low sugar or sugar-free – this includes water, tea, coffee and lower-fat milk.

Limit how much alcohol you drink

It is important to avoid drinking too much alcohol or binge drinking (having a lot of alcohol in a short space of time). This can increase the risk of heart problems such as arrhythmias and high blood pressure.

You can find out more about arrhythmias on the British Heart Foundation website at bhf.org.uk/information-support/conditions/arrhythmias.

Drinking too much alcohol can also damage the heart muscle. NHS guidelines suggest that you should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units they drink in a week over 3 or more days
- have several alcohol-free days every week.

A unit of alcohol is half a pint of ordinary strength beer, lager or cider, 1 small glass (125ml) of wine, or a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at drinkaware.co.uk

Keep to a healthy weight

Cancer and cancer treatments can cause problems that may make keeping to a healthy weight more complicated. If you are overweight, losing weight will help to protect your heart. It can also help to lower your blood pressure and keep your blood sugar levels within healthy limits.

We have more information about healthy eating and managing your weight in our booklet [Healthy eating and cancer](#). You can also find information on our website at macmillan.org.uk/eating-well-keeping-active

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

The NHS also has a Weight Loss Plan app that you can access for free. Visit nhs.uk/better-health/lose-weight

The [British Heart Foundation](#) has more information.

Keep active

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

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

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

- go for a walk once or twice a day
- do some gardening
- go cycling
- wash the car
- dance
- park your car some distance from work or the shops and walk the rest of the way
- get off the bus 1 or 2 stops early and walk the rest of the way
- use the stairs instead of the lift or escalator.

As well as helping your heart, there are lots of other benefits of being active. It can:

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

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

How much activity is recommended?

There are UK recommendations on physical activity. Adults are advised to do 1 of the following every week:

- at least 2½ hours (150 minutes) of moderate aerobic activity, such as walking or gardening
- at least 1¼ hours (75 minutes) of vigorous aerobic activity, such as running or playing sport
- a combination of moderate and vigorous aerobic activity.

To do 150 minutes of activity in a week, you could do 30 minutes of activity on 5 days of the week. You could break this up into 10 minutes of activity, 3 times a day. It is important to build this up slowly, at a pace that is comfortable for you. If you feel tired or unwell, have a rest.

It is also important to do activities that improve muscle strength on at least 2 days of the week, such as digging in the garden or carrying shopping bags.

How much activity is right for you?

What and how much you do will depend on the following:

- How fit you were before you were diagnosed. If you were active before, you may be able to continue with the same activities when you feel able to.
- The type of cancer and treatments you had or are still having. There may be some activities you need to be careful with.
- Any symptoms or treatment side effects you have.
- Your age and any long-term conditions you have, such as heart problems.
- Whether you have bone loss, lymphoedema, peripheral neuropathy or a stoma because of the cancer or its treatment.

During your treatment, your energy levels will change from day to day. The main goal is for you to try to spend less time sitting or lying down. If you can, you should try to balance small amounts of light or moderate exercise with periods of rest.

Choose an activity you enjoy and set some goals for yourself. But if you feel very tired the day after activity, you may be trying to do too much, too soon. Over time, you will be able to increase the amount you do.

After treatment ends, increase your activity slowly. Try to increase slowly to the suggested 150 minutes of moderate activity or 75 minutes of vigorous activity a week.

We have more information about physical activity and cancer in our [Physical activity and cancer](#) booklet. You can also visit our website at macmillan.org.uk/eating-well-keeping-active

Guide to physical activity

Be active		Build strength	
	Keep your heart and mind healthy	Strengthen muscles, bones and joints	
How often?	150 minutes or 75 minutes of moderate activity a week of vigorous activity a week	2 days a week	
Activities	<p>Walking</p>  <p>Gardening</p>  <p>Swimming</p> 	<p>Running</p>  <p>Sport</p>  <p>Stairs</p> 	<p>Gym</p>  <p>Aerobics</p>  <p>Carrying bags</p> 

Sit less

Break up long periods of sitting down to help keep your muscles, bones and joints strong.

TV



Sofa



Computer



“ I can walk to the shop and back again, but I have to sit down for 2 or 3 minutes at different times. ”

Leon, living with a heart condition and prostate cancer

Stop smoking

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

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

- In England, visit the [NHS website](#) or call the free Smokefree National Helpline on **0300 123 1044**.
- In Scotland, visit NHS inform [nhsinform.scot](#) or call the free Smokeline on **0800 84 84 84**.
- In Wales, visit Help Me Quit [helpmequit.wales](#) or call the free Stop Smoking Wales Helpline on **0808 252 8216**.
- In Northern Ireland, visit Stop Smoking [stopsmokingni.info](#)

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

We have more information on giving up smoking on our website at [macmillan.org.uk/stop-smoking](#)

The British Heart Foundation also has information about stopping smoking at [bhf.org.uk/information-support/risk-factors/smoking](#) You can find out more about the British Heart Foundation on [pages 80 to 81](#).

Keeping your heart healthy

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

Even small changes can make a difference. Keeping your heart healthy is important throughout your life, not just during cancer treatment.

If you need more advice or support with keeping your heart healthy, talk to your doctor or nurse.

The British Heart Foundation has more information about how to keep your heart healthy at bhf.org.uk/information-support/support/healthy-living You can find out more about the British Heart Foundation on [pages 80 to 81](#).

If heart problems develop during or after cancer treatment

If you develop heart problems during or after cancer treatment, your cancer doctor will talk to you about the best way to manage them.

This might involve:

- changes to your cancer treatment
- treatment for the heart condition
- follow-up appointments to check your heart health after cancer treatment.

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

Changing cancer treatment

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

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

Treatments for heart conditions

Different heart problems can be treated in different ways. Heart problems are often treated with medicines. Some conditions are treated with a heart procedure or surgery.

Your cancer doctor, GP or heart doctor (cardiologist) will explain if you need treatment and what this involves. You can find out more about different heart medicines, and other treatments on the [British Heart Foundation website](#).

“ I continue to have haematology follow-up appointments every 8 weeks with bloods and PET scans as necessary. My haematologist is amazing and emails me at home and allows me to contact him with any concerns. ”

Philippa

Follow-up

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

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

Follow-up appointments may be with a GP, practice nurse or a member of the heart team (cardiology team) at the hospital. You may have regular blood tests or have your blood pressure checked regularly. Some people will have scans to check how the heart is working. Ask your cancer doctor or GP for more advice about your situation.

If your cancer treatment is unlikely to cause heart problems, you may not need follow-up appointments. But if you have other [risk factors](#) for heart problems, you can talk to your GP or nurse. They can give you information about your risk of future heart problems and how to reduce your risk. They can also talk to you about a health check to assess your risk of heart disease and other conditions.

Pregnancy after cancer treatment

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

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

Warning signs of heart problems

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

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

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

A heart attack is life-threatening. If you think you or someone else may be having a heart attack, phone 999 for an ambulance straight away.

We have more information about the symptoms of heart problems on [page 10 to 17](#).

“ I think the cancer made me a bit twittery about other things, because I’ve got a heart murmur. If you get aches and pains you think, ‘Oh gosh, I wonder what’s happening now’. Whereas without a heart condition you might think, ‘Oh, that’s just a pain, it’ll go’. „

Evelyn, living with a heart condition and chronic lymphocytic leukaemia

Top 10 tips for heart health – before, during and after cancer treatment

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

- 1.** Before you start your cancer treatment, tell your cancer doctor if you already have a heart problem. You should also tell them if you have any [risk factors](#), such as high blood pressure, high cholesterol or diabetes.
- 2.** Ask your cancer doctor if the treatment you are having is likely to affect your heart. If it is, find out how they will monitor your heart during treatment.
- 3.** If you have a heart problem, your doctor will want to make sure it is controlled before your cancer treatment starts. For example, if you know your blood pressure is usually high, get it checked by your GP. You may be given medicines to control it.
- 4.** Do not stop taking any medication that you have for your heart unless you have been told to. If you have side effects, talk to your doctor.
- 5.** When you finish cancer treatment, ask your cancer doctor if you will need regular heart check-ups. Ask how long these need to continue for.

6. Go to your heart follow-up appointments, even if you do not have any heart symptoms. Remember that some heart problems may not have symptoms. But problems may show up on tests during follow-up appointments. Most problems can be treated quickly, and more serious heart problems can be prevented.
7. Know the [warning symptoms of heart problems](#) and what to do if you have them. Ask your GP if you are not sure.
8. If you have risk factors for heart problems, ask your GP or nurse for advice about reducing your risk. Your GP or nurse can also talk to you about a health check to assess your risk of heart disease.
9. If your lifestyle means you are at a greater risk of heart problems, try to [make some changes](#).
10. Get more support and information about heart disease and keeping your heart healthy from the British Heart Foundation. Call the British Heart Foundation Helpline on **0808 802 1234** (freephone). If you need more information about cancer and its treatment, contact Macmillan Cancer Support on **0808 808 00 00** (7 days a week, 8am to 8pm).



Further information

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How the British Heart Foundation can help you

Macmillan Cancer Support has produced the information in this booklet in partnership with the British Heart Foundation. Here is some information from them about how they can support you.

Our vision at British Heart Foundation is a world free from the fear of heart and circulatory conditions. We raise money to research cures and treatments, so we can give people more time with the ones they love.

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

Information and support

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

We produce a range of resources online and in print to help you understand and manage a heart or circulatory condition.

To order any of our heart health information:

- visit bhf.org.uk/publications, where you can also download many of our publications
- call the BHF Orderline on **0300 200 2222**
- email [**orderline@bhf.org.uk**](mailto:orderline@bhf.org.uk)

Heart Helpline

Call the British Heart Foundation's helpline nurses on **0808 802 1234** (freephone) for support and information about heart and circulatory conditions and their risk factors.

Heart Matters magazine

Heart Matters is the British Heart Foundation's award-winning free magazine. It is for anyone with heart and circulatory conditions, including coronary heart disease, stroke and vascular dementia, and their risk factors, such as diabetes. Join today at bhf.org.uk/heartmatters to receive Heart Matters in print or online.

Heart support groups

Our online and local heart support groups provide spaces where patients and carers can share knowledge, experience and practical help with each other. They are open to anyone with any type of heart condition, as well as their partners and families. To find out more, visit bhf.org.uk/support

About our information

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

Order what you need

You may want to order more booklets or leaflets like this one.

Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

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

Online information

All our information is also available online at macmillan.org.uk/information-and-support You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

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

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

Find out more at macmillan.org.uk/otherformats

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

The language we use

We want everyone affected by cancer to feel our information is written for them.

We try to make sure our information is as clear as possible. We use plain English, avoid jargon, explain any medical words, use illustrations to explain text, and make sure important points are highlighted clearly.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected. Our aims are for our information to be as clear and relevant as possible for everyone.

You can read more about how we produce our information at [macmillan.org.uk/ourinfo](https://www.macmillan.org.uk/ourinfo)

You can order our booklets and leaflets for free.
Visit be.macmillan.org.uk or call us on **0808 808 00 00**.



Other ways we can help you

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

Talk to us

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

Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. We can:

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

Our trained cancer information advisers can listen and signpost you to further support. Call us on **0808 808 00 00**. We are open 7 days a week, 8am to 8pm.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to

[macmillan.org.uk/talktous](https://www.macmillan.org.uk/talktous)

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

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

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial guidance

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

Help accessing benefits

Our welfare rights advisers can help you find out what benefits you might be entitled to, and help you complete forms and apply for benefits. They can also tell you more about other financial help that may be available to you. We can also tell you about benefits advisers in your area. Visit macmillan.org.uk/financialsupport to find out more about how we can help you with your finances.

Help with energy costs

Our energy advisers can help if you have difficulty paying your energy bills (gas, electricity and water). They can help you get access to schemes and charity grants to help with bills, advise you on boiler schemes and help you deal with water companies.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing, to changes needed to your home.

Call us on **0808 808 00 00** to find out more about Macmillan Grants.

Help with work and cancer

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

Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser.

Talk to others

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

Support groups

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

Online Community

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

You can also use our Ask an Expert service on the Online Community. You can ask a financial guide, cancer information nurse, work support adviser or an information and support adviser any questions you have.

Macmillan healthcare professionals

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

Call the Macmillan Support Line free on
0808 808 00 00, 7 days a week, 8am to 8pm.



Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Heart health support organisations

The British Cardiac Patients Association

Helpline **0122 384 6845**

www.bcpa.eu/default.htm

Gives support, reassurance and practical advice to people with heart problems, and their family and carers.

British Heart Foundation

Helpline **0808 802 1234** (freephone)

www.bhf.org.uk

Provides support and information for people diagnosed with a heart or circulatory condition, and their family and friends. Also raises money to research cures and treatments.

Cardiomyopathy UK

Helpline **0800 018 1024**

www.cardiomyopathy.org

Offers information and support for people living with cardiomyopathy. Has support groups across the UK.

Heart UK – The Cholesterol Charity

Tel **0162 877 7046**

www.heartuk.org.uk

Provides support, guidance and education to people with concerns about cholesterol.

General cancer support organisations

Cancer Black Care

Tel **0208 961 4151**

Offers UK-wide information and support for people from Black and ethnic minority communities who have cancer. Also supports their friends, carers and families.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**

www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**

www.cancerresearchuk.org

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Cancer Support Scotland

Tel **0800 652 4531**

www.cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices

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

Maggie's

Tel **0300 123 1801**

www.maggies.org

Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 300 0118**

www.pennybrohn.org.uk

Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Riprap

www.riprap.org.uk

Developed especially for teenagers in the UK who have a parent with cancer. Has an online forum where teenagers going through similar experiences can talk to each other for support.

Tenovus

Helpline **0808 808 1010**

www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net

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

NHS.UK

www.nhs.uk

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

NHS 111 Wales

111.wales.nhs.uk

NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**

www.nhsinform.scot

NHS health information site for Scotland.

Patient UK

www.patient.info

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

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**

www.bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on their 'How to find a therapist' page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**

www.psychotherapy.org.uk

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

Emotional and mental health support

Mind

Helpline **0300 123 3393**

www.mind.org.uk

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**

Email jo@samaritans.org

www.samaritans.org

Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**

Provides advice on a variety of issues including financial, legal, housing and employment issues.

Benefit Enquiry Line Northern Ireland

Helpline **0800 232 1271**

Textphone **028 9031 1092**

www.nidirect.gov.uk/money-tax-and-benefits

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

Carer's Allowance Unit

Tel **0800 731 0297**

Textphone **0800 731 0317**

www.gov.uk/carers-allowance

Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**

www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**

www.cas.org.uk

Wales

Helpline **0800 702 2020**

www.citizensadvice.org.uk/wales

Civil Legal Advice

Helpline **0345 345 4345**

Textphone **0345 609 6677**

www.gov.uk/civil-legal-advice

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

Disability and Carers Service

Tel **0800 587 0912**

Textphone **0800 012 1574**

nidirect.gov.uk/contacts/disability-and-carers-service

Manages Disability Living Allowance, Attendance Allowance, Carer's Allowance and Carer's Credit in Northern Ireland. You can apply for these benefits and find information online or through its helplines.

GOV.UK

www.gov.uk

Has information about social security benefits and public services in England, Scotland and Wales.

Jobs and Benefits Office Enquiry Line Northern Ireland

Helpline **0300 200 7822**

www.nidirect.gov.uk/money-tax-and-benefits

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

Law Centres Network

www.lawcentres.org.uk

Local Law Centres provide advice and legal assistance. They specialise in social welfare issues including disability and discrimination.

Local councils (England, Scotland and Wales)

Your local council may have a welfare rights unit that can help you with benefits. You can also contact your local council to claim Housing Benefit and Council Tax Reduction, education benefits, and for help from social services (the Social Work department in Scotland).

You should be able to find your local council's contact details online by visiting:

England

www.gov.uk/find-local-council

Scotland

www.cosla.gov.uk/councils

Wales

gov.wales/find-your-local-authority

Macmillan Benefits Advice Service (Northern Ireland)

Tel **0300 123 3233**

Money Advice Scotland

www.moneyadvicescotland.org.uk

Use the website to find qualified financial advisers in Scotland.

NI Direct

www.nidirect.gov.uk

Has information about benefits and public services in Northern Ireland.

Northern Ireland Housing Executive

Tel **0344 892 0902**

www.nihe.gov.uk

Offers help to people living in socially rented, privately rented and owner-occupied accommodation.

StepChange Debt Charity

Tel **0800 138 1111**

www.stepchange.org

Provides free debt advice through phone, email, the website and online through live chats with advisers.

Unbiased.co.uk

Helpline **0800 023 6868**

www.unbiased.co.uk

You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues. Equipment and advice on living with a disability

British Red Cross

Helpline **0808 196 3651**

www.redcross.org.uk

Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)

www.disabilityrightsuk.org

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

Living Made Easy

Helpline **0300 123 3084**

www.livingmadeeasy.org.uk

Provides free, impartial advice about all types of disability equipment and mobility products.

Motability Scheme

Tel **0300 456 4566**

www.motability.co.uk

The scheme enables disabled people to exchange mobility allowances they have as part of benefits (including the enhanced rate mobility component of Personal Independence Payment) to lease a new car, scooter or powered wheelchair.

Scope

Helpline **0808 800 3333**

Textphone Use Type Talk by dialling **18001** from a textphone followed by **0808 800 3333**.

www.scope.org.uk

Offers advice and information on living with disability. Also supports an independent, UK-wide network of local Disability Information and Advice Line services (DIALs) run by and for disabled people.

Support for young people

Young Lives vs Cancer

Tel **0300 330 0803**

www.younglivesvscancer.org.uk

Provides clinical, practical, financial and emotional support to children with cancer and their families in the UK.

Teenage Cancer Trust

Tel **0207 612 0370**

www.teenagecancertrust.org

A UK-wide charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

Youth Access

Tel **0208 772 9900**

www.youthaccess.org.uk

A UK-wide organisation providing counselling and information for young people. Find your local service by visiting youthaccess.org.uk/find-your-local-service

Support for older people

Age UK

Helpline **0800 678 1602**

www.ageuk.org.uk

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

LGBT-specific support

LGBT Foundation

Helpline **0345 330 3030**

lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients (formerly called Live Through This)

www.outpatients.org.uk

A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Support for carers

Carers Trust

Tel **0300 772 9600**

www.carers.org

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

Carers UK

Helpline **0808 808 7777**

www.carersuk.org

Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Support with sight loss

Royal National Institute of Blind People (RNIB)

Helpline **0303 123 9999**

www.rnib.org.uk

Offers support and advice to blind and partially sighted people in the UK.

Support with hearing loss

Royal National Institute for Deaf People (RNID)

Helpline **0808 808 0123**

Text Relay call **18001** and then **0808 808 0123**

SMS **07360 268 988**

www.rnid.org.uk

Offers support and practical advice to people in the UK with hearing loss and tinnitus.

Advanced cancer and end of life care

Hospice UK

Tel **0207 520 8200**

www.hospiceuk.org

Provides information about living with advanced illness. Also provides free booklets and a directory of hospice services in the UK.

Marie Curie

Helpline **0800 090 2309**

www.mariecurie.org.uk

Marie Curie nurses provide free end of life care across the UK. They care for people in their own homes or in Marie Curie hospices, 24 hours a day, 365 days a year.

Bereavement support

Cruse Bereavement Support

Helpline **0808 808 1677**

www.cruse.org.uk

Provides bereavement support to anyone who needs it across the UK. You can find your local branch on the website.

Winston's Wish

Helpline **0808 802 0021**

www.winstonswish.org.uk

Helps bereaved children and young people throughout the UK re-adjust to life after the death of a parent or sibling.

Call the Macmillan Support Line free on
0808 808 00 00, 7 days a week, 8am to 8pm.



Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services.

There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/our-areas-of-work/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**

phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**

qub.ac.uk/research-centres/nicr/AboutUs/Registry

Disclaimer

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

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by members of Macmillan's Centre of Clinical Expertise.

With special thanks to Sindy Jodar, Senior Cardiac Nurse, British Heart Foundation.

Thanks to: Prof Diana Greenfield, Consultant Nurse and Honorary Professor; Emma Hallam, Radiographer; Dr Alexander Lyon, Senior Lecturer and Honorary Consultant Cardiologist; Dr Hazel O'Sullivan, Medical Oncologist; and Marc Pearce, Pharmacist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our heart health information. If you would like more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

Curigliano G, et al. European Society for Medical Oncology (ESMO) Clinical Practice Guidelines. Cardiovascular toxicity induced by chemotherapy, targeted agents and radiotherapy: ESMO Clinical Practice Guidelines. *Ann Oncol*. 2012. 23 (suppl 7): vii155-vii166.

Lyon, A R, et al. European Society of Cardiology (ESC). Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS). Developed by the task force on cardio-oncology of the European Society of Cardiology (ESC). *European Heart Journal*, Volume 43, Issue 41, pages 4229–4361. November 2022. Available from <https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Cardio-oncology-guidelines> [accessed December 2022].

National Institute for Health and Care Excellence. Obesity: identification, assessment and management [internet]. 2022. Available from <https://www.nice.org.uk/guidance/cg189/chapter/Recommendations#identification-and-classification-of-overweight-and-obesity> [accessed December 2022].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer.

They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

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

5 ways you can help someone with cancer

1. Share your cancer experience

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

2. Campaign for change

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

3. Help someone in your community

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

4. Raise money

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

5. Give money

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

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

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

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

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

If you would rather donate online go to macmillan.org.uk/donate



Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

This booklet is about heart health and cancer treatment. It is for anyone who has, or has had, a heart condition and cancer, or anyone who has been told cancer treatment may affect their heart.

The booklet explains how the heart works and how different treatments may affect the heart. It has information about tests to check your heart health and looking after your heart. There is also information about feelings, practical issues and money.

At Macmillan, we give people with cancer everything we've got. If you are diagnosed, your worries are our worries. We will help you live life as fully as you can.

For information, support or just someone to talk to, call **0808 808 00 00** or visit [macmillan.org.uk](https://www.macmillan.org.uk)

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations.

To order these, visit [macmillan.org.uk/otherformats](https://www.macmillan.org.uk/otherformats) or call our support line.



Trusted
Information
Creator

Patient Information Forum