Understanding stomach cancer

About this booklet

This booklet is about stomach cancer. It is for anyone who is having tests for stomach cancer or who has been diagnosed with it. There is also information for carers, family members and friends.

The booklet explains what stomach cancer is and how it can be treated. We hope it helps you deal with some of the questions or feelings you may have.

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

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 on page 3 to help you.

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

On pages 112 to 127, there are details of other organisations that can help.

There is also space to write down questions and notes for your doctor or nurse on page 128.

Quotes

In this booklet, we have included quotes from people who have had stomach cancer, or cared for someone who did, which you may find helpful. These 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 Relay UK on **18001 0808 808 00 00**, or use the Relay UK 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**.

Contents

About stomach cancer

The stomach

The stomach is a stretchy, muscular bag that stores food and helps break it down through digestion. It is in the upper left-hand side of the tummy area (abdomen).

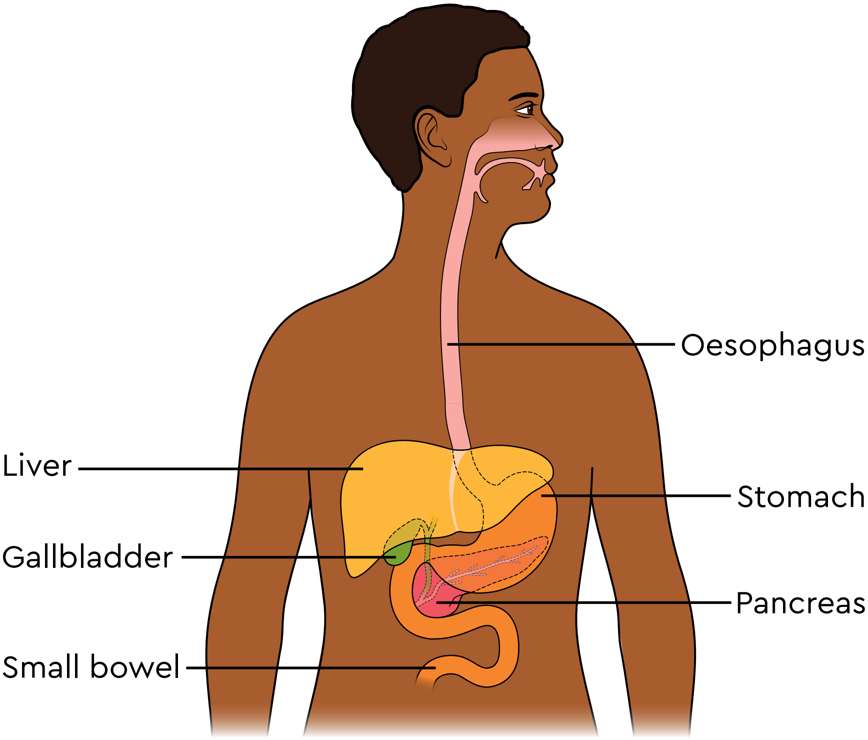
The upper part of the stomach joins to the oesophagus. The oesophagus is a muscular tube that connects the mouth to the stomach. The lower part of the stomach joins to the first part of the small bowel (the duodenum).

The pancreas, gallbladder and liver are close to the stomach. They produce juices and enzymes (chemicals) that help digest food.

After you have chewed and swallowed your food, it passes down the oesophagus to the stomach. The stomach churns up food and mixes it with acid and enzymes. This breaks the food down into much smaller pieces. This is how our bodies get the nutrients needed to give us energy and keep us healthy.

The stomach muscles squeeze together (contract) so that semi-solid food passes from the stomach into the small bowel. Digestive juices from the stomach and pancreas help the small bowel take in important substances from food. These include vitamin B12, iron and calcium.

The position of the stomach

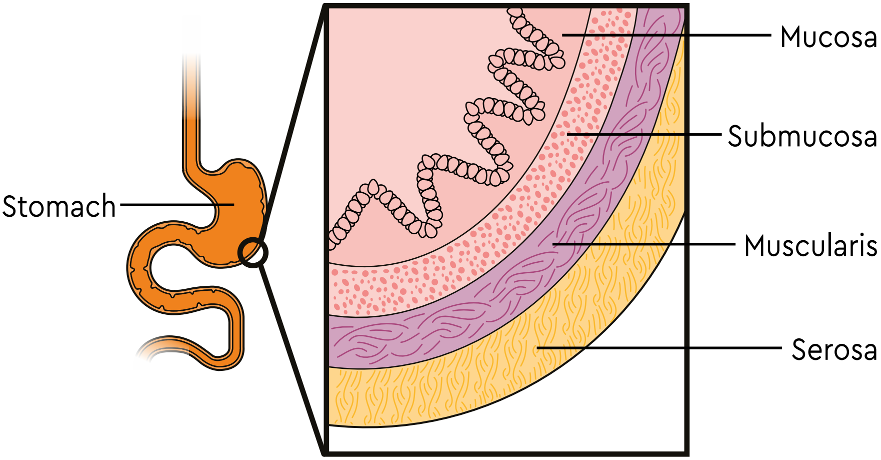


The stomach wall

The wall of the stomach has 4 layers:

1. The mucosa is the inner layer. It may be called the stomach lining. It contains glands that produce enzymes and acid to help digest food.
2. The submucosa attaches the mucosa to the muscularis.
3. The muscularis is a layer of muscle. It squeezes the stomach walls together to help break up the food and move partly digested food into the small bowel.
4. The serosa is a strong outer layer that covers the stomach.

Layers of the stomach wall



> "The consultant ordered a CT scan of my mum's abdomen. The scan showed significant thickening of her stomach wall, and fluid that had built up. "

Kevin, whose mother was diagnosed with stomach cancer

What is cancer?

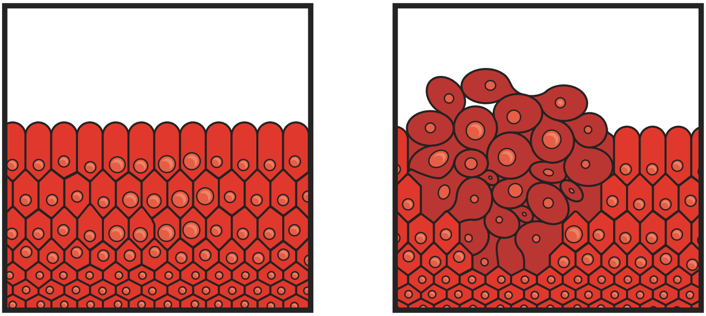
Our bodies are made up of tiny building blocks called cells. Inside every cell is a set of genes. Genes are the instructions the cell needs to work properly.

The instructions send signals to cells to grow and divide and make new cells. This is how our bodies grow and heal. Over time, cells become old or damaged. When this happens, signals tell the cell to stop working and die.

Sometimes genes in the cell can develop changes. If a gene is changed, it may not give the correct instructions anymore. A change in a gene is called a gene variant or mutation.

Gene variants in a cell may stop the cell working normally. Cancer may develop if cells like this multiply in an abnormal way and grow out of control. Over time, these cells can grow into a lump called a tumour.

Abnormal cells forming a tumour



Normal cells   Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample to look for cancer cells. This is called a biopsy. We have more information about having a biopsy on our website. Visit **macmillan.org.uk/biopsy**

Tumours that are not cancer are called benign. Benign tumours cannot spread anywhere else in the body. But they can cause problems if they grow and press on nearby organs.

Tumours that are cancer are called malignant. Malignant tumours can grow into nearby tissue and spread to other parts of the body.

Cancer can spread from one place (the primary site) to another through the blood or lymphatic system (pages 12 to 13). When cancer spreads and grows somewhere else, it is called a secondary cancer or a metastasis.

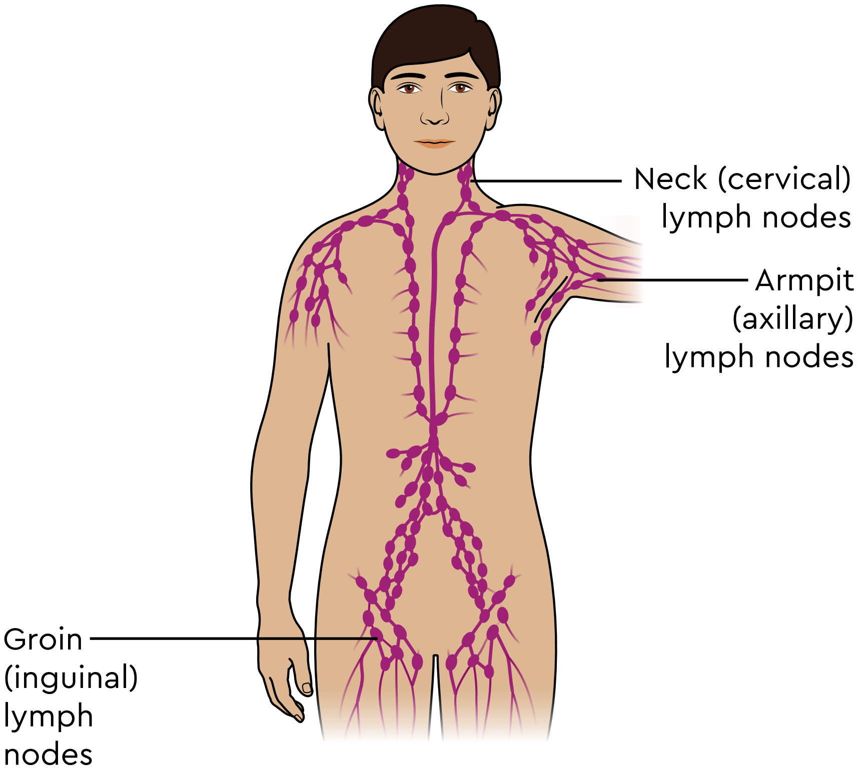
Cancer can start in any type of cell. This includes tissue or skin cells and cells that form the lining of the organs. It can also start in stem cells in the bone marrow. Stem cells make blood cells. Cancer that starts in stem cells does not cause a tumour. Instead, the stem cells create abnormal blood cells that behave differently from healthy blood cells.

The lymphatic system

The lymphatic system helps protect us from infection and disease. It is made up of fine tubes called lymphatic vessels. These vessels connect to groups of small lymph nodes throughout the body.

The lymphatic system drains lymph fluid from the tissues of the body before returning it to the blood.

The lymphatic system

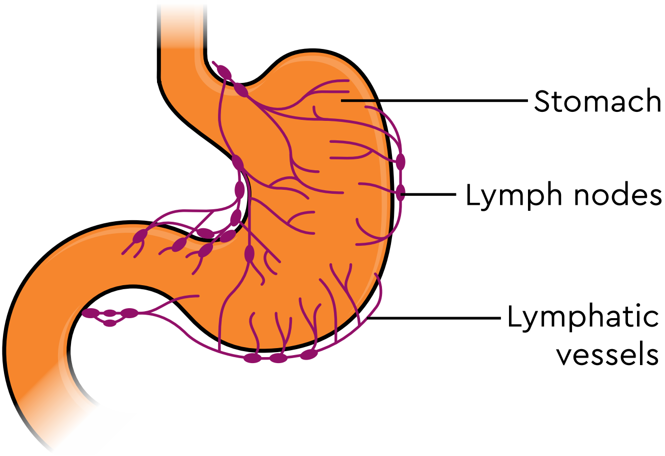


Lymph nodes are sometimes called lymph glands. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, some lymph nodes may swell as they fight the infection.

Lymph nodes and stomach cancer

Stomach cancer can sometimes spread to the lymph nodes close to the stomach or other parts of the body. If you have surgery to remove stomach cancer, your surgeon will usually remove some nearby lymph nodes to check for cancer cells.

The stomach and surrounding lymph nodes



Types of stomach cancer

Knowing the type of stomach cancer helps your cancer doctor plan your treatment.

This information is about adenocarcinoma, which is the most common type of stomach cancer. More than 9 in 10 stomach cancers (95%) are adenocarcinoma. Adenocarcinoma starts in the glandular cells of the stomach lining (page 8).

Less common cancers that can start in the stomach include:

- soft tissue sarcomas, including gastrointestinal stromal tumours (GISTs)
- lymphomas, such as mucosa-associated lymphoid tissue (MALT) lymphomas
- neuroendocrine tumours.

The tests and treatments for these types of stomach cancer are different from the ones we describe in this booklet. Our cancer information specialists can give you more information. You can call them free on **0808 808 00 00**.

We have more information about these cancer types on our website. Visit **macmillan.org.uk/cancer-types**

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in 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 (page 127).

Planning your treatment for stomach cancer

Finding out you have stomach cancer

Being diagnosed can cause many different emotions. There is no right or wrong way to feel. You may have been worrying about having cancer for a while. Or your diagnosis may have been unexpected. For example, you may have been diagnosed through screening. Having tests and waiting for test results can be a difficult time.

This information is written for people who have already been diagnosed with stomach cancer. We have more information about possible causes, risk factors and symptoms of stomach cancer on our website.
Visit **macmillan.org.uk/stomach-cancer**

Waiting for treatment to start can be a difficult time. You may be worried about telling people and about what treatment you will have. You might choose to spend some time reading about the cancer. Or you may prefer to wait until you meet with your cancer doctor. Do what feels right for you.

If you need support, you can contact our cancer support specialists on the Macmillan Support Line. They will be able to talk to you about what has happened and any worries you have.

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

Staging and grading

Your cancer doctor needs information about the cancer to advise you on the best treatment for you. This includes the cancer's:

- stage, which describes the cancer and whether it has spread (pages 19 to 21)
- grade, which gives an idea of how quickly the cancer might grow and spread (page 21).

Your cancer doctor can use the results of your tests to try to identify the stage of the cancer. They will do this before your treatment is planned to help decide the best treatment for you. But they may not know the exact stage of the cancer until it has been removed with surgery.

Your healthcare team may describe the cancer using the:

- TNM staging system (pages 19 to 20)
- number staging system (page 20).

TNM staging system

The TNM staging system is the most commonly used staging system for stomach cancer.

T is for tumour, N is for nodes and M is for metastases. It can help to review the information about the stomach (pages 6 to 8) when you read this to understand the staging:

- **T** describes how far the tumour has grown into the stomach wall.
- **N** describes whether the cancer has spread to the lymph nodes (pages 12 to 13).
- **M** describes whether the cancer has spread to other parts of the body (metastases).

Tumour

- **T1** means the tumour is in the inner layer (mucosa or submucosa) of the stomach. It has not grown outside of it:
  - **T1a** – the tumour is only in the mucosa.
  - **T1b** – the tumour has grown into the submucosa.
- **T2** means the tumour has grown into the muscle layer (muscularis) of the stomach.
- **T3** means the tumour has grown into the outer layer (serosa) of the stomach.
- **T4** means the tumour has grown through the outer layer of the stomach and into nearby structures, such as the diaphragm or a blood vessel. Doctors sometimes put the letter 'a' or 'b' after this. This gives extra detail about where the tumour is.

Nodes

- **N0** means there are no cancer cells in any nearby lymph nodes.
- **N1** means there are cancer cells in 1 to 2 nearby lymph nodes.
- **N2** means there are cancer cells in 3 to 6 nearby lymph nodes.
- **N3** means there are cancer cells in 7 or more nearby lymph nodes.

Metastases

- **M0** means the cancer has not spread to other parts of the body.
- **M1** means the cancer has spread to other parts of the body, such as the lungs or liver.

Number staging system

Another system used to describe the stage of the cancer is the number staging system. This is a combination of the TNM stages. It uses the numbers 1 to 4.

Your cancer doctor can explain number staging to you and how the number stage relates to the TNM stage (pages 19 to 20). There are different number staging systems, depending on whether the cancer is staged before or after surgery.

Grading

Grading compares cancer cells under the microscope with normal cells:

- Grade 1 means the cancer cells look similar to normal cells, usually grow slowly and are less likely to spread. Grade 1 is also called low grade or well differentiated.
- Grade 2 means the cancer cells look more abnormal and grow slightly faster. Grade 2 is also called moderate or intermediate grade.
- Grade 3 means the cancer cells look very different from normal cells, may grow more quickly and are more likely to spread. Grade 3 is also called high grade or poorly differentiated.

We have more information about staging and grading on our website. Visit **macmillan.org.uk/staging-and-grading**

Treatment overview

Stomach cancer can be treated with:

- surgery (pages 34 to 55)
- chemotherapy (pages 56 to 71)
- radiotherapy (pages 72 to 77)
- chemotherapy and radiotherapy (chemoradiation) – page 58
- targeted therapy (page 78)
- immunotherapy (page 79).

The treatments can be given alone or together.

Your treatment for stomach cancer depends on:

- the stage and grade of the cancer (pages 19 to 21)
- your general health
- your personal choices.

Preparing for treatment

After being diagnosed with stomach cancer, you may be referred to a dietitian. You may have difficulty eating and have lost weight. A dietitian can:

- give you support and advice on eating well
- help you stop losing weight.

This helps you prepare for treatment.

Research suggests that making certain lifestyle changes before your treatment can help you cope better with side effects and improve your recovery.

Your healthcare team may suggest things you can do to improve your general health before treatment. This is sometimes called prehabilitation. It can help reduce the risk of complications such as blood clots. It can also help you to recover faster. We have more information about blood clots on our website. Visit **macmillan.org.uk/blood-clots**

Prehabilitation can include:

- stopping smoking (if you smoke) at least 2 weeks before surgery or radiotherapy – visit **macmillan.org.uk/stop-smoking**
- gaining weight if you have had difficulty eating – we have more information in our booklet **The building-up diet** (page 106)
- doing gentle physical activity, such as regular short walks
- drinking less alcohol – visit **drinkaware.co.uk**

We have more information on keeping active in our booklet **Physical activity and cancer** (page 106).

Treating early-stage stomach cancer

If you have a very early-stage stomach cancer, you may be offered a treatment to remove the cancer using an endoscope. This is called an endoscopic mucosal resection (EMR), or an endoscopic sub-mucosal dissection (ESD). Your doctor or surgeon may offer you this treatment if the tumour is very small and is only affecting the inner layer of the stomach (page 8).

Your cancer doctor will talk to you about the treatment options that might be best in your situation.

If you have stomach cancer that has not spread, you may be offered surgery to remove the cancer. The operation you have depends on where the cancer is in the stomach.

You may have a total gastrectomy (pages 38 to 40), where all of the stomach is removed. Or you may have a partial gastrectomy (pages 35 to 37), where part of the stomach is removed. Nearby lymph nodes may also be removed. These are major operations. You need to be well enough to have them.

Chemotherapy is also used to treat stomach cancer (pages 56 to 71). You may have chemotherapy before and after surgery to reduce the risk of the cancer coming back. It may sometimes be given with radiotherapy. This is called chemoradiation (page 58).

Treating stomach cancer that has spread

Sometimes, surgery is used to relieve the symptoms of stomach cancer that has spread. For example, it may be used if the cancer is causing an obstruction (blockage) – page 41.

Chemotherapy (pages 56 to 71) may be used to treat stomach cancer that has spread. It may be given on its own when an operation is not possible. You may also have radiotherapy (pages 72 to 77) to relieve symptoms if the cancer is advanced.

Sometimes, immunotherapy or a targeted therapy drug such as trastuzumab is given (pages 78 to 79). This may be at the same time as chemotherapy. These are used to treat stomach cancer that has spread and where surgery has not been possible. They may not be suitable for everyone. Your cancer doctor or specialist nurse can explain whether trastuzumab may help you.

If the cancer has spread and you decide not to have chemotherapy, you might have treatment to control your symptoms. You will usually meet doctors or nurses who specialise in symptom control. This is called palliative or supportive care.

If you are having problems with symptoms, you can talk with a member of the palliative care team at any time during treatment.

How treatment is planned

After your test results, you and your doctor start to talk about your treatment. Your doctor usually meets with other specialists to get their opinions too.

Multidisciplinary team (MDT) meeting

A team of specialists meet to talk about the best treatment for you. They are called a multidisciplinary team (MDT).

The MDT reviews national treatment guidelines or the latest evidence for the type of cancer you have. We have more information about cancer types on our website. Visit **macmillan.org.uk/cancer-types**

If you have any treatment preferences, your doctor will tell them about this.

The MDT will usually include the following professionals:

- a surgeon who specialises in stomach and gastrointestinal cancers
- a medical oncologist – a doctor who uses chemotherapy and other anti-cancer drugs to treat people with cancer

- a clinical oncologist – a doctor who uses radiotherapy, chemotherapy and other anti-cancer drugs to treat people with cancer
- a gastroenterologist – a doctor who treats problems with the digestive system
- clinical nurse specialist (CNS) – a nurse who gives information about cancer, and support during treatment
- a dietitian – someone who gives information and advice about food and food supplements
- a radiologist – a doctor who looks at scans and x-rays to diagnose problems
- a pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.

It may also include other healthcare professionals, including:

- a palliative care doctor or nurse – someone who helps with symptom control
- a physiotherapist – someone who gives advice about exercise and mobility
- an occupational therapist – someone who gives information, support and aids to help people with tasks such as washing and dressing
- a psychologist or counsellor – someone who can talk with you, and help you understand your feelings and find ways of coping with them.

Talking about your treatment plan

After the MDT meeting, you will usually meet with your cancer doctor and specialist nurse. They will talk to you about your treatment plan.

It can help to write down your questions before you meet with them. You may want to ask a family member or friend to come with you. They can help remember what is said and talk with you about it afterwards. You need to know as much as possible before you can make any treatment decisions.

If you have early-stage stomach cancer, you might have surgery with the aim of curing the cancer. If the cancer has spread outside the stomach, you might have treatments to help shrink the cancer. This can improve your symptoms and help control the cancer.

Your cancer doctor should explain:

- the aim of the treatment – whether it is to cure the cancer or control it
- the benefits of the treatment
- the disadvantages of the treatment – for example, the risks and side effects
- any other treatments that may be available
- what may happen if you do not have the treatment.

Cancer treatments can be complex. It can also be hard to concentrate on what you are being told if you are feeling anxious. If the doctor says something you do not understand, ask them to explain it again.

Most people worry about the side effects of treatment. Your doctor or nurse will explain how side effects can be controlled and what you can do to manage them. They can also tell you if your treatment is likely to cause any late effects and how these can be managed.

You may need more than 1 meeting with your doctor or nurse to talk about your treatment plan.

Making treatment decisions

You and your doctor can decide together on the best treatment plan for you. Your doctor is an expert in the best treatments. But you know your preferences and what is important to you. You can decide how involved you want to be in your treatment plan.

Sometimes doctors need to review a treatment plan. This may be when more information about the cancer becomes available – for example, when the doctor knows the results of surgery to remove the cancer. It may mean making more decisions with your doctor.

Choosing between treatments

Doctors sometimes ask you to choose between different treatments. This is usually when 2 treatments work equally well.

It can help to talk to your family or friends about your treatment options. Your doctor or nurse can help you with your decision. You do not usually need to decide straight away.

You could write a list of benefits and disadvantages for each treatment. When choosing a treatment, you may want to think about:

- how long you need to have it for
- how it may affect your everyday life
- how much time you will need to spend in hospital
- the different side effects and how they are likely to affect you.

Your doctor or nurse may give you printed information or show you videos about your treatment options. They may also show you web-based tools to help you make your decision. These are called decision-making aids.

We have more information about making treatment decisions on our website. Visit **macmillan.org.uk/making-treatment-decisions**

Giving your permission (consent)

Doctors need your permission (consent) before you have any treatment. They will give you all the information you need to make your decision. We explain this in our section on talking about your treatment plan (page 28 to 29).

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken agreement with your doctor. Your doctor records your consent in your patient notes.

You may decide not to have treatment even when your doctor advises you to have it. If you refuse treatment, your decision must be respected. But your doctor needs to make sure you have all the information you need to make your decision.

You need to understand all your treatment options and what will happen if you do not have the treatment. Always talk to your doctor about any concerns you have so they can give you the best advice.

Second opinion

A second opinion is an opinion from a different doctor about your treatment. If you think you want a second opinion, talk to your cancer doctor or GP first. Tell them your concerns or ask them to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, you can ask your cancer doctor or GP to arrange it. They are usually happy to do this. You may have to travel to another hospital to get a second opinion. Getting a second opinion could delay your treatment. Check with your doctor if this delay could be harmful to you.

If the doctor you meet with for the second opinion gives you the same advice, this can reassure you. Sometimes they give you other treatment options to think about.

We have more information about getting a second opinion on our website. Visit **macmillan.org.uk/second-opinion**

Treating stomach cancer

Surgery

Surgery for stomach cancer is done by specialist surgeons. It is not available in all hospitals, so you may need to travel to a hospital further away to have the operation.

Surgery to remove the stomach

The operation you have depends on where the cancer is in the stomach and its size. You may have:

- partial gastrectomy, where part of the stomach is removed (pages 35 to 37)
- total gastrectomy, where all of the stomach is removed (pages 38 to 40).

The surgeon also takes away an area of healthy tissue around the cancer. This is to try to make sure all the cancer cells are gone. The area of healthy tissue is called a margin.

They also remove nearby lymph nodes and the omentum. The omentum is the fatty tissue that covers the stomach and the front of the bowel.

Even when the cancer has spread outside the stomach to the surrounding area, it may still be possible to remove the cancer.

If the cancer has spread, the surgeon may remove parts of some nearby organs (page 7). This depends on the position of the cancer and how far it has spread. This may include:

- the lower part of the oesophagus (the tube that connects the mouth to the stomach)
- the upper part of the small bowel (duodenum)
- the spleen or part of the pancreas.

This is major surgery, and you may not be well enough to have it. Talk to your surgeon about the benefits and risks of this operation before making a decision.

Most people need treatment with chemotherapy as well as surgery. Sometimes, surgery is the only treatment that is needed. This is usually when stomach cancer is diagnosed at the earliest possible stage. Or it may be because you are not well enough to have both chemotherapy and surgery.

Partial gastrectomy

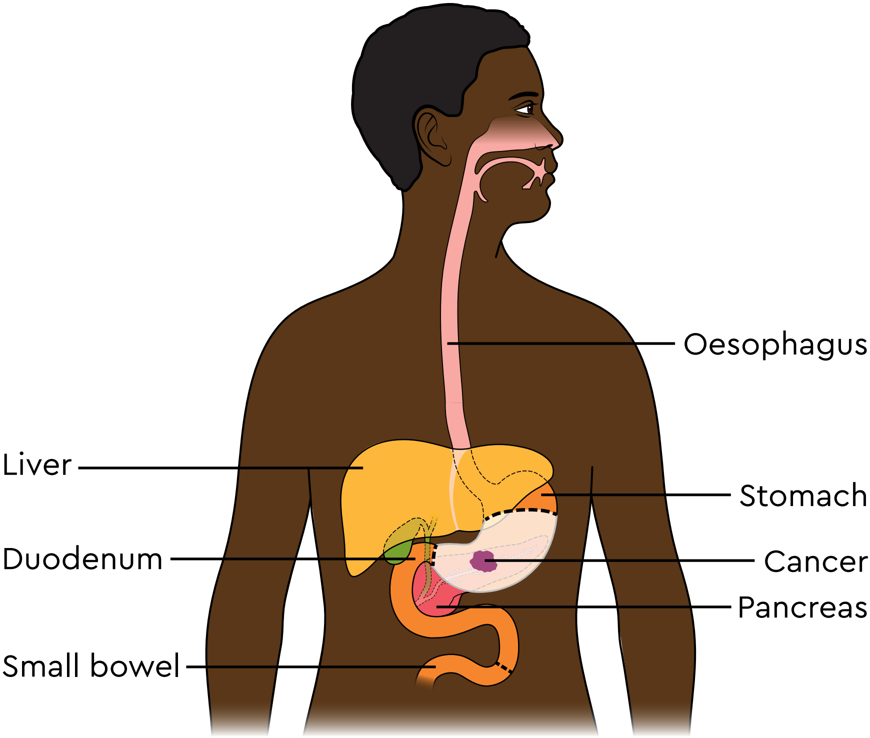
Depending on the position and size of the cancer, it may be possible to keep part of the stomach. This is called a partial gastrectomy. Having this operation makes eating easier after surgery. This is sometimes called a subtotal gastrectomy.

If the cancer is in the lower part of the stomach

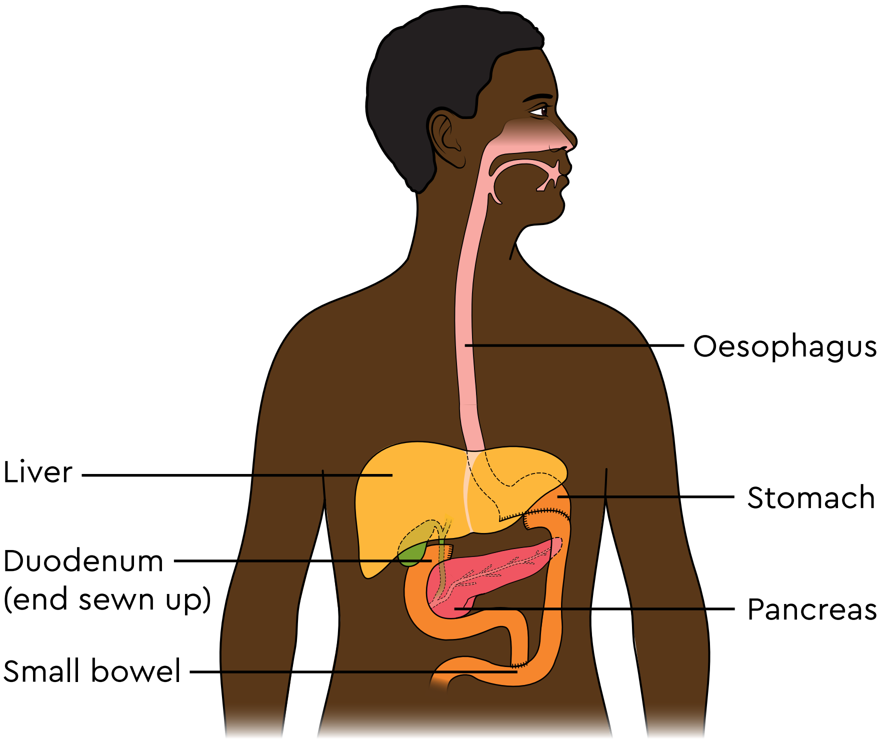
The surgeon removes the lower part of the stomach. They then reconnect the remaining part of the stomach to the small bowel.

The stomach is usually connected lower down the small bowel than it was before. This is to stop bile (a digestive fluid) and pancreatic juice from going back up the oesophagus. The juices drain from the gallbladder further down into the small bowel. The surgeon sews up the part of the small bowel (duodenum) that used to attach to the lower part of the stomach.

Surgery to remove the lower part of the stomach



After surgery to remove the lower part of the stomach

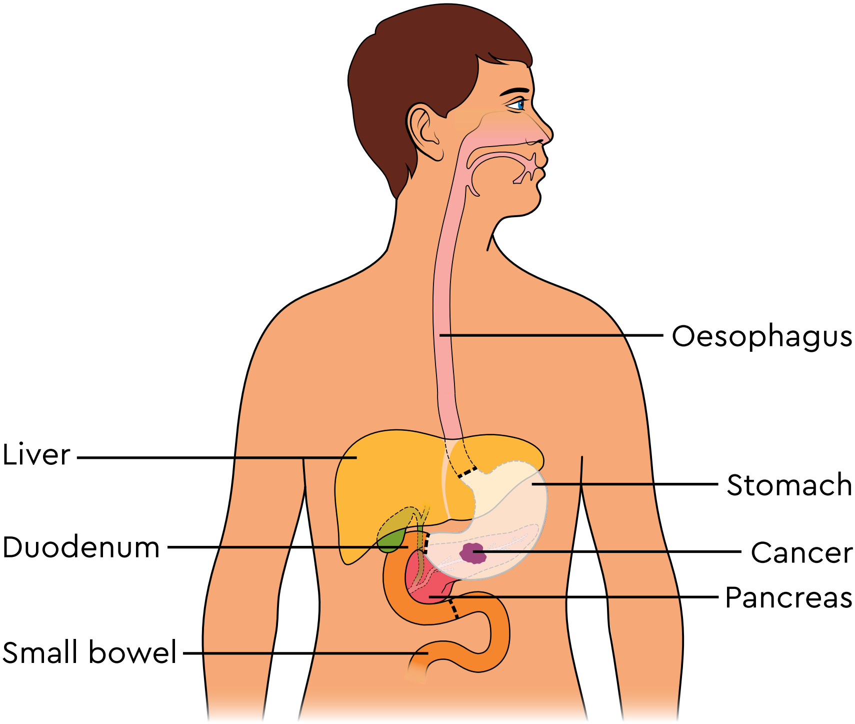


Total gastrectomy

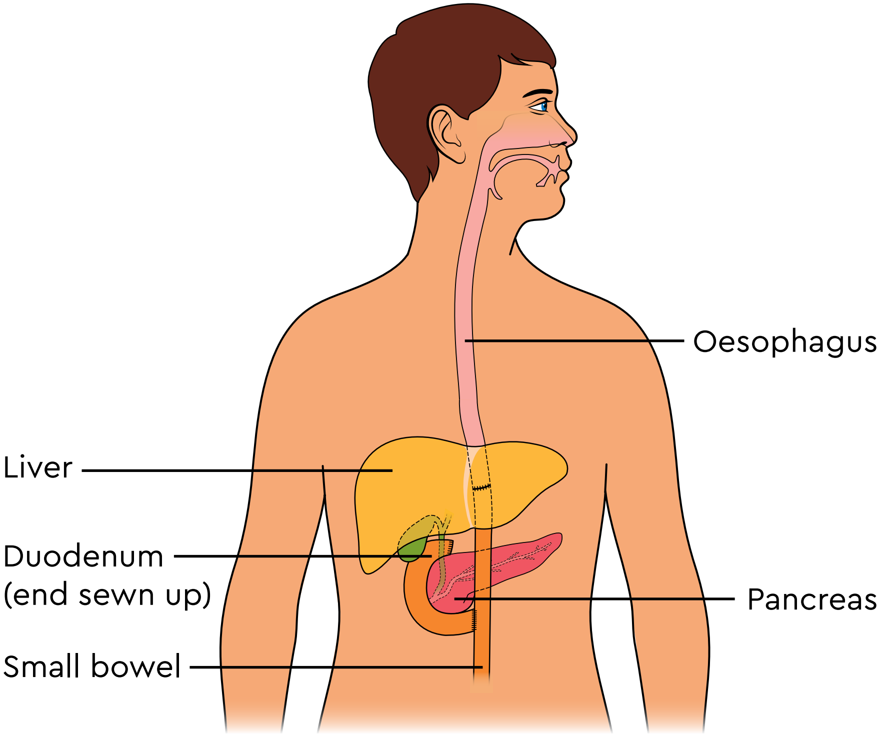
The surgeon removes the whole stomach. They usually do this operation if the cancer is in the upper or middle part of the stomach.

When the surgeon removes the stomach, they connect a part of the small bowel to the oesophagus. They connect it slightly lower down than where the stomach used to join. This is to stop bile (a digestive fluid) and pancreatic juice from going back up the oesophagus. The juices drain from the gallbladder further down into the small bowel. The surgeon sews up the part of the small bowel (duodenum) that used to attach to the lower part of the stomach.

Surgery to remove the whole stomach



After surgery to remove the whole stomach



Keyhole surgery (minimally invasive surgery)

This when the surgeon does the operation through a few small cuts in the tummy (abdomen), rather than 1 large opening. It is sometimes called laparoscopic surgery. The surgeon puts a long, fine tube with a camera and a light on the end through the cuts to see and work inside the body.

For a total gastrectomy, the surgeon makes a few small cuts and 1 larger cut. They remove the stomach through the larger cut.

Surgeons sometimes used robotic surgery to treat stomach cancer. The surgeon uses controls to move robotic arms that hold the surgical instruments. Having robotic surgery can reduce side effects for some people and they may spend less time in hospital.

> **"I felt poorly at work. I had heartburn and felt dizzy, and was diagnosed with stress. Eventually an endoscopy showed a tumour. A laparoscopy proved that I had cancer in my stomach and lining."**
>
> Jackie, diagnosed with stomach cancer

Surgery to relieve a blockage in the stomach

Sometimes, the cancer causes a blockage that stops food from passing through the stomach. Your cancer doctor may suggest putting a tube called a stent into the stomach. This can help keep the stomach open so food can pass through it more easily. The tube can be placed:

- in the opening at the top of the stomach
- at the lower end of the stomach, where it opens into the small bowel.

You will have a local anaesthetic, which is given as a spray to the throat. Or you may have some medicine to make you sleepy (sedation). Sometimes a general anaesthetic may be used. The doctor puts an endoscope down the oesophagus and into the stomach. They can then pass a stent into the area where the blockage is, to allow food to pass through.

Sometimes the surgeon does an operation to bypass the blockage. They do this by making a new connection between the stomach and small bowel. This allows food to pass through a different way.

Surgery or stents can be used to relieve a blockage and symptoms, but will not cure the cancer.

Your doctor or nurse will talk to you about the preparation and recovery for these types of surgery.

Before your operation

Before your operation, you will have tests to make sure you are well enough. These are usually done a few weeks before surgery at a pre-operative assessment clinic. They include tests on the heart and lungs.

Your surgeon and a specialist nurse will talk to you about the operation. You may meet the doctor who gives you the anaesthetic (anaesthetist) when you are at a clinic. Or you may meet them when you go into hospital for the operation.

If you think you might need help when you go home after your operation, tell your specialist nurse as soon as possible. For example, tell them if you might need help because you live alone or are a carer for someone else. Your healthcare team can help organise support before you go home.

You will usually go into hospital on the morning of your operation. Or you may go in the night before.

The nurses give you special elastic stockings (TED stockings) to wear during and after the operation. These help prevent blood clots in your legs.

Before surgery, it is important to make sure you have all the information you need. The operation can be complex, so it is fine to ask lots of questions. If there is anything you do not understand, talk to your surgeon or specialist nurse.

Enhanced recovery programmes

Many hospitals now have enhanced recovery programmes. These aim to reduce your time in hospital and speed up your recovery. They also involve you more in your own care. For example, you will get information about exercises you can do to help you get fitter before surgery. You will also get information about exercises to do after your operation.

The enhanced recovery programmes also make sure any arrangements needed for your return home are organised in advance.

Your cancer doctor will tell you if an enhanced recovery programme is suitable for you.

After your operation

You will probably be cared for in a high-dependency unit for a few days after your operation. You will probably feel quite tired, and may not remember much about the first day or 2 after your operation.

Drips and drains

You may have some drips and drains attached to your body for a few days after surgery. These include the following:

- A central venous catheter is called a CVC or central line. This is a thin, flexible tube that is put into a large vein in the neck, upper chest or groin. It can stay in place for up to a week. It is used to give you fluids and medicines until you can eat and drink again. It can also be used to take blood samples without using a needle.
- A nasogastric tube is a fine tube that goes up the nose and down into the stomach or small intestine. It drains fluid so you do not feel sick.
- A feeding tube is called a jejunostomy. This is a tube that goes into the small bowel through a small cut in the abdomen. It is used to give you food and nutrients until you can eat again.
- An abdominal drain is a tube that is put into the abdomen to help drain fluid and prevent swelling.
- A urinary catheter is a tube that is put into the bladder to drain urine into a collecting bag. It can be removed as soon as you can get up and walk around.

The nurses will encourage you to get out of bed and move around as soon as possible. This helps reduce the risk of complications after surgery, such as blood clots and infections. The nurses can help you manage your drips and drains while walking.

A physiotherapist or nurse will teach you deep-breathing exercises to help keep your lungs clear. They will also show you how to do regular leg movements to prevent blood clots forming in your legs.

A physiotherapist can also show you how to clear your lungs of any fluid that may have built up because of your operation.

Pain

You will probably have some pain and discomfort after the operation. Your cancer doctor or specialist nurse will explain how your pain will be controlled.

You may have painkillers put into the space around the spinal cord. This is called an epidural. The painkillers are given through a very fine tube that the surgeon places into your back during surgery. The tube connects to a pump, which gives you a continuous dose of painkillers.

Another way to control pain is through patient-controlled analgesia (PCA). A painkiller is given through a pump that you control. This allows you to give yourself an extra dose of pain relief when you need it.

When you no longer need the epidural or PCA, you have painkillers as tablets or liquids.

If you are still in pain, it is important to tell your healthcare team. Mild discomfort or pain in your chest can last for several weeks. You will get some painkillers to take home with you.

Your wound

You will probably have a dressing covering your wound. This will be removed after the first few days.

How long the wound takes to heal depends on the operation you had. The surgeon may have closed your wound with glue or stitches that dissolve and do not need to be removed. If you do not have stitches that dissolve, they are usually removed about 7 to 10 days after your operation.

If your wound becomes hot, painful or leaks any fluid, tell a nurse or your cancer doctor straight away.

Eating and drinking

You will not usually have anything to eat for the first 48 hours after surgery. When you are fully awake, you may have small sips of clear fluids. The amount of fluids you have is slowly increased. After a few days, when you can drink enough, you will start having small amounts of soft foods, and then normal food in smaller portions. This means the new joins made during surgery have some time to heal.

You will usually go home with your feeding tube still in, to make sure you get enough food and nutrients and do not lose weight. Before leaving hospital, your nurse or dietitian will show you how to use your feeding tube. If you have a carer, they can learn how to use it too.

You will meet the dietitian regularly as an outpatient to check how well you are eating. When you are eating and drinking enough, the tube can be removed.

Starting to recover from surgery

You will still be recovering for some time after you go home. Try building up the amount of physical activity you do slowly. Gentle exercise, such as regular walks, builds up your energy levels. You can increase the amount you do as you feel better. Everyone is different, and some people take longer than others to recover.

Avoid lifting heavy things like shopping, or doing vacuuming or gardening, for at least 8 weeks. This gives your wound time to heal.

Some insurance policies give specific time limits for not driving after surgery. Contact your insurance company to tell them you have had an operation. Most people are ready to drive about 4 to 6 weeks after their operation. Do not drive unless you feel in full control of the car.

We have more information in our booklet **Going home from hospital** (page 106). It explains how to get support after you get home.

Outpatient appointment

Before you leave hospital, you will be given an appointment for your check-up at an outpatient clinic. You may also be given contact details for your specialist nurse. The appointment is a good time to talk about any problems you have after your operation. If you have any problems before this appointment, you can contact your cancer doctor, specialist nurse or ward nurse for advice.

Eating

If you have had part of your stomach removed, the remaining stomach will not be able to hold as much food as before. You may feel full after eating small amounts. Some foods might make you feel sick, or give you indigestion or diarrhoea. It is important to try to eat, even if you do not feel like it.

Over time you will start to manage bigger portion sizes and different foods. If you continue to have problems, it can help to write down what is happening so you can limit or avoid certain foods. If you continue to have problems with food, talk to your cancer doctor or dietitian.

If you had all of the stomach removed, the food you eat will go straight from the oesophagus into the small bowel. This does not affect being able to digest food, but the small bowel cannot hold as much food as the stomach could. Your body will slowly adjust so you can eat more at one time (pages 86 to 87).

Diarrhoea and vomiting

You may have diarrhoea for a few days or weeks after surgery. Your cancer doctor or specialist nurse will give you medicines to help with this.

Some people have tummy pain and feel full when they wake up in the morning. This may get better after vomiting clear fluid, which has some dark-brown fluid (bile) in it. This can be upsetting, but it may only last for a short time. Your cancer doctor or specialist nurse might give you medicines to help with this.

If some foods regularly make your diarrhoea and vomiting worse, it may help to avoid them.

Tell your cancer doctor or specialist nurse if:

- the symptoms do not improve
- you are struggling to eat.

Indigestion

Indigestion or reflux is a backward flow of digestive juices into the oesophagus. You may have it after oesophagus surgery. This can cause pain and inflammation of the lining of the oesophagus. Your GP or cancer doctor can prescribe antacid medicines to help with this.

Avoid fizzy drinks, alcohol and spicy foods, as these may make your symptoms worse. Lying down may also make symptoms worse. After eating and drinking, try to stay sitting up for at least an hour. When you lie down to sleep, try using pillows to raise your head slightly.

Indigestion can also be caused by wind trapped in the digestive system. You can reduce wind by drinking peppermint water. You can buy this from a pharmacy.

> “On the whole, I haven't been impacted much aside from some feelings of nausea from time to time. Although if I get stressed or I don't feel well, I do start to worry that the cancer has come back.„

Elaine, diagnosed with stomach cancer

Preventing weight loss

To start with, you may find it hard not to lose weight. Your body will use lots of calories to help it recover from surgery, and you may not be eating as much as you normally would. But in time, most people find they stop losing weight.

You will usually meet a dietitian, who will talk with you about the effects of surgery on your diet. They will give you advice about eating a balanced diet and building up your weight. To gain weight, you need to add more energy (calories) and protein to your diet.

You can do this by:

- eating high-calorie foods, such as crisps, cakes, biscuits and pastries
- adding more calories to your food by using things like cream, butter or cheese
- having nutritious, high-calorie and high-protein food supplements – these are available on prescription as liquids or powders.

We have more information about preventing weight loss in our booklet **The building-up diet** (page 106).

Dumping syndrome

The stomach normally stores food and releases it into the bowel in a controlled way. After an operation to remove the stomach, food can travel more quickly through the digestive system. This can cause symptoms called dumping syndrome.

There are 2 types of dumping syndrome – early and late.

Early dumping syndrome

This can happen within 30 minutes of eating a meal. You may feel dizzy and faint, and your heart might beat faster. These symptoms may last for about 10 to 15 minutes. You may also have tummy cramps and diarrhoea.

The symptoms happen when food enters the bowel more quickly. This draws fluid into the bowel from the surrounding organs and tissues, which causes your blood pressure to drop.

Many people find early dumping syndrome gets better on its own in time. After a few months, symptoms can get less severe and happen less often.

Late dumping syndrome

Late dumping syndrome is more common if you have had part of the oesophagus removed.

This usually happens a few hours after eating a meal, or when you have missed a meal. You may suddenly feel faint, sick and shaky. The problem is caused by low blood sugar levels.

Controlling early or late dumping syndrome

For most people, the symptoms of dumping syndrome slowly reduce over time. If the symptoms do not stop, tell your cancer doctor or dietitian. If your symptoms continue or are severe, your cancer doctor may give you medicine to help.

You can help prevent or reduce the chances of having early or late dumping syndrome if you:

- eat slowly
- eat small, frequent meals
- drink fluids slowly between meals, rather than at mealtimes – try to leave 15 to 30 minutes between eating and drinking
- eat foods that are high in protein, such as fish, meat and eggs
- eat foods that are high in starchy carbohydrates, such as pasta, rice, bread and potatoes
- avoid having foods or drinks that have a lot of added sugar, such as sugary cereals, sweet drinks and desserts – if you have them, eat slowly and only have small amounts
- rest for 15 to 30 minutes straight after eating a meal.

Getting the vitamins and minerals you need

After surgery, your body may not be able to absorb certain vitamins and minerals from your food as well as it could before. You need these to keep healthy, so you may need to have them as an injection or as tablets.

Vitamin B12 is important for making healthy red blood cells. If all of the stomach was removed, the practice nurse at your GP surgery will give you B12 injections every few months. If only part of the stomach was removed, your GP will do a blood test to check your levels of B12.

The stomach also helps absorb other nutrients. This includes folate (vitamin B9) and iron, which are important for making red blood cells. It also absorbs calcium, which we need for strong teeth and bones. Your GP will do regular blood tests to check you are getting enough of these nutrients from your diet.

Ask your dietitian for advice if you are worried about your diet or your weight. If you do not have a dietitian, your cancer doctor or specialist nurse can arrange for you to visit one.

Problems swallowing

When the whole stomach is removed, the lower end of the oesophagus is joined to the upper end of the small bowel. The join is called an anastomosis. Sometimes the join becomes narrow, which can make it difficult to swallow food. This is called a stricture.

If you are having problems swallowing, tell your specialist nurse or cancer doctor straight away. Your cancer doctor can do an endoscopy to check for a stricture. They may be able to stretch it to make swallowing easier. Sometimes they insert a small tube into the stricture to keep it open. This is called a stent.

If you are having problems swallowing, you may find you start losing weight quite quickly. It can help to try eating soft or puréed foods and have nourishing drinks. Rarely, you may need to have food through a tube (enteral feeding) for a short time. Your cancer doctor, specialist nurse or dietitian can give you more information about this.

We have more information about enteral nutrition on our website. Visit **macmillan.org.uk/enteral-nutrition**

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. It may be used on its own, or with surgery (pages 34 to 55), radiotherapy (pages 72 to 77) or an immunotherapy or targeted therapy drug (pages 78 to 79).

Chemotherapy for stomach cancer may be given:

- both before and after surgery (perioperative chemotherapy)
- after surgery (adjuvant chemotherapy)
- with radiotherapy (chemoradiation) – page 58
- on its own or with immunotherapy or targeted therapy (palliative treatment) – page 58.

Perioperative chemotherapy

When chemotherapy is used both before and after surgery, it is called perioperative chemotherapy. This treatment shrinks the tumour to make surgery more effective. This reduces the chance of the cancer coming back. You usually have chemotherapy for 2 to 3 months before the operation, and again for 2 to 3 months after it.

Adjuvant chemotherapy

When chemotherapy is used after surgery, it is called adjuvant chemotherapy. Adjuvant chemotherapy may be given to reduce the risk of the cancer coming back.

> **“I had a full gastrectomy. The plan was 4 sessions of chemotherapy before the operation, and 4 afterwards.”**
>
> Jackie, diagnosed with stomach cancer

Chemoradiation

This is when you have chemotherapy at the same time as radiotherapy (pages 72 to 77).

Chemoradiation may be given after surgery for people who have not already had chemotherapy. It helps reduce the risk of the cancer coming back.

Chemotherapy makes the cancer cells more sensitive to radiotherapy. Combining both treatments is more effective than having either treatment on its own. Your cancer doctor or specialist nurse will explain what your course of chemoradiation involves.

Palliative chemotherapy

Chemotherapy can be used as the main treatment:

- if the cancer cannot be removed by surgery
- to control cancer that has spread to other parts of the body (advanced cancer).

You may have more than 1 course of chemotherapy. It can help control the cancer and reduce symptoms.

Some people have a targeted therapy drug called trastuzumab or an immunotherapy drug called nivolumab as well as chemotherapy (pages 78 to 79). You will have tests first to find out if trastuzumab or nivolumab is a suitable treatment for you.

Chemotherapy drugs used to treat stomach cancer

Usually, a combination of drugs is used to treat stomach cancer. The chemotherapy drugs most commonly used are:

- fluorouracil (5FU) or capecitabine
- cisplatin
- docetaxel
- oxaliplatin.

Other drugs that may be used are:

- capecitabine
- irinotecan
- paclitaxel.

The treatments are sometimes named after the initials of the drugs included. One example is FLOT, which uses:

- fluorouracil (5FU)
- folinic acid (leucovorin)
- oxaliplatin
- docetaxel (Taxotere®).

We have more information about these chemotherapy drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

How chemotherapy is given

You usually have chemotherapy treatment in a chemotherapy day unit. This means you can go home on the same day.

After each session, you usually have a rest period of a few weeks. This allows your body to recover from the side effects. The treatment and the rest period make up a cycle of treatment. Your specialist will talk to you about this and tell you how many cycles you are likely to have.

You have the chemotherapy drugs given into a vein (intravenously) or as tablets. Stomach cancer is sometimes treated with a combination of both.

Chemotherapy into a vein can be given through:

- a cannula – a short, thin tube put into a vein in the back of the hand
- a PICC line – a thin tube put into a vein near the bend of the elbow
- a central line – a plastic tube put into a large vein in the chest
- an implantable port (portacath) – a disc that is put under the skin on your chest or arm and goes into a vein in your chest.

Sometimes chemotherapy is given as tablets. If you have tablets, your nurse will explain how to take them at home.

Some chemotherapy drugs can be given continuously for several days. The drug is given through a small, portable pump that is attached to a central line or PICC line. The pump controls how much of the drug is given. You can go home with the pump. This means you can spend less time in hospital.

We have more information about chemotherapy in our booklet **Understanding chemotherapy** (page 106).

DPD testing before treatment (5FU)

Before starting treatment with fluorouracil (5FU), you should have a blood test. This test checks for gene changes that affect how your body produces DPD. DPD is an enzyme that helps the body break down 5FU.

If you have low DPD levels or no DPD (DPD deficiency), you have more risk of serious or life-threatening side effects from 5FU. To reduce your risk, your doctor may give you:

- a lower dose of 5FU to start with
- a different type of chemotherapy.

Having low DPD levels does not usually cause any symptoms. Without a test, you will not know whether your DPD levels are low. Testing finds most people who are affected, but not all. Your doctor, nurse or pharmacist can give you more information about your risk of DPD deficiency, before you start treatment.

Having a blood test

Side effects

Chemotherapy drugs may cause unpleasant side effects. But these can usually be well controlled with medicines and usually go away once treatment has finished. Not all drugs cause the same side effects and some people have very few. You can talk to your cancer doctor or specialist nurse about what to expect from your treatment.

The main side effects are described on the next few pages, as well as some ways to reduce or control them. Always tell your cancer doctor, specialist nurse or pharmacist about any side effects you have.

Risk of infection

This treatment can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible. If you have any of the following symptoms, contact the hospital straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time, until your cell count increases.

Anaemia (low number of red blood cells)

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

Bruising and bleeding

This treatment can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods
- blood in your urine (pee) or stools (poo)
- tiny red, brown or purple spots that may look like a rash – these spots can be harder to see if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

Feeling tired (fatigue)

Feeling tired is a common side effect of this treatment. It is often worse towards the end of treatment and for some weeks after it ends.

Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery.

We have more information about fatigue in our booklet **Coping with fatigue (tiredness)** – page 106.

Hair loss

Some chemotherapy drugs may cause hair loss. Some people may have complete hair loss, including eyelashes and eyebrows. Others may only have some hair loss or thinning. Some people may also lose other body hair such as leg, arm, underarm and pubic hair. It depends on the chemotherapy drugs you are having.

Your doctor or nurse can tell you more about what to expect. If you lose your hair, it will start to grow back once your chemotherapy has finished. Your nurse can give you advice about coping with hair loss and how to look after your scalp. We have more information about hair loss in our booklet **Coping with hair loss** (page 106).

Feeling sick

Some chemotherapy drugs can make you feel sick (nausea) or possibly be sick (vomit). Your cancer doctor will prescribe anti-sickness (anti-emetic) drugs to prevent this. Anti-sickness drugs work better when you take them regularly. Tell your doctor or nurse if your anti-sickness drugs are not helping, as there are several different types you can take. Some anti-sickness drugs can make you constipated. Let your doctor or nurse know if this happens.

If you feel sick, take small sips of fluids and eat small amounts regularly.

Loss of appetite

This treatment can affect your appetite. Don't worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell your doctor, nurse or pharmacist. They can give you advice. They may give you food or drink supplements. Or they may suggest changes to your diet or eating habits to help.

Sore mouth and throat

This treatment may cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact the hospital straight away on the 24-hour number if:

- a sore mouth is or affecting how much you can drink or eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

They can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow their advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

If you are having continuous treatment through a pump, it is important to contact the hospital without delay if your mouth becomes sore.

Changes to your taste

Some foods may taste different or have no taste. Try different foods to find out what tastes best to you. You may also get a bitter or metallic taste in your mouth. Your doctor, nurse or pharmacist can give you advice. It might help to try:

- sucking sugar-free sour or boiled sweets
- eating cold foods
- eating sharp-tasting fresh fruit.

Taste changes usually get better after treatment ends. We have more information about coping with changes to taste and other changes in our booklet **Eating problems and cancer** (page 106).

Diarrhoea

Some chemotherapy drugs can cause diarrhoea. Diarrhoea may be severe depending on what treatment you have.

Diarrhoea means passing more stools (poo) than is usual for you, or having watery or loose stools. Tell your hospital team if you have diarrhoea, or if it is getting worse. Your doctor may prescribe drugs to control it. It is important to take them exactly as they tell you.

Try to drink at least 2 litres (3½ pints) of fluid each day if you have diarrhoea. It can help to avoid alcohol, caffeine, milk products, high-fat foods and high-fibre foods.

If you are taking capecitabine tablets at home, it is important to tell your doctor or nurse if you have diarrhoea.

Numb or tingling hands or feet (peripheral neuropathy)

This treatment may affect the nerves in your fingers and toes. This can cause numbness, tingling or pain in your hands or feet. This is called peripheral neuropathy. You might find it hard to do fiddly tasks such as fastening buttons or tying shoelaces.

If you have these symptoms, always tell your doctor, nurse or pharmacist. They sometimes need to change the drug or the dose of the drug. The symptoms usually improve slowly after treatment ends. But for some people they continue and are a long-term side effect of treatment.

We have more information about peripheral neuropathy on our website. Visit **macmillan.org.uk/peripheral-neuropathy**

Hand-foot (palmar-plantar) syndrome

This treatment can affect the palms of your hands and the soles of your feet. This is called palmar-plantar or hand-foot syndrome.

If you have white skin these areas may become red. If you have black or brown skin, these areas might get darker.

The skin on the palms of your hands and the soles of your feet may:

- be sore
- be painful, tingle, or swell
- peel, crack or blister.

If you have any of these symptoms, contact the hospital straight away on the 24-hour number. They can give you advice. This is especially important if you have any broken skin or if walking is difficult. They can prescribe creams and painkillers to help.

You can care for your hands and feet by:

- keeping your hands and feet cool by washing in cool water
- gently moisturising your hands and feet regularly
- wearing gloves to protect your hands and nails when working in the house or garden
- wearing loose cotton socks and avoiding tight-fitting shoes and gloves.

Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call **999** if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

Effects on the heart

5FU can affect how the heart works. You may have tests to check how well your heart is working. These may be done before, during and after treatment.

You may develop heart problems even if these test results are normal. Very rarely, 5FU causes heart failure or a heart attack. The risk of this happening is very low. It happens to less than 1% of people who have 5FU. But it is important that you know about it.

Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- breathlessness
- dizziness
- changes to your heartbeat
- swollen feet and ankles.

Always call **999** if you have:

- chest pain, pressure, heaviness, tightness or squeezing across the chest
- difficulty breathing.

Fertility

Some cancer drugs can affect whether you can get pregnant or make someone pregnant. If you are worried about this, it is important to talk with your doctor before you start treatment.

Changes to periods

If you have periods, these may become irregular or stop while you are having this treatment. They might return after treatment, but this does not always happen. Your menopause may start sooner than it would have done. Your doctor, nurse or pharmacist can give you more information.

Radiotherapy

Radiotherapy uses high-energy rays called radiation to treat cancer. It destroys cancer cells in the area where the radiotherapy is given.

Some normal cells in the area can also be damaged by radiotherapy. This can cause side effects. As the normal cells recover, the side effects usually get better.

Radiotherapy is always carefully planned by a team of experts. They will plan your treatment so it does as little harm as possible to normal cells.

We have more information about radiotherapy in our booklet **Understanding radiotherapy** (page 106).

Preparing for radiotherapy

Radiotherapy for stomach cancer

Radiotherapy for stomach cancer may be given:

- to help symptoms, such as bleeding from the stomach – this is called palliative radiotherapy
- as extra treatment to prevent cancer from coming back.

Planning your radiotherapy treatment

You will have a hospital appointment to plan your treatment. You will usually have a CT scan of the area to be treated. Some people may have an MRI or a PET scan. During the scan, you need to lie in the position that you will be in for all your radiotherapy treatments.

Your radiotherapy team uses information from this scan to plan:

- the dose of radiotherapy
- the area to be treated.

You may have some small, permanent markings made on your skin. The marks are about the size of a pinpoint. They are made in the same way as a tattoo. The marks help the radiographer make sure you are in the correct position for each session of radiotherapy.

These marks will only be made with your permission. If you are worried about them or already have a tattoo in the treatment area, tell your radiographer. They can discuss this with you.

Having radiotherapy treatment

Radiotherapy is normally given as a number of short, daily treatments in a hospital radiotherapy department. A radiotherapy machine aims high-energy rays at the area of the body being treated. This type of radiotherapy is sometimes called external beam radiotherapy.

You usually have radiotherapy as an outpatient. You sometimes have it during a hospital stay. Usually, each appointment takes about 10 to 30 minutes. Your radiotherapy team will explain how many treatments you will have and when you will have them. Your course of treatment may last up to a few weeks.

The person who operates the machine is called a radiographer. They give you information and support during your treatment.

At the beginning of each session, the radiographers will make sure you are in the correct position. They will tell you how long your treatment will take. When everything is ready, they leave the room and the treatment starts. The treatment itself is not painful. It does not make you radioactive. You will not be a risk to anyone during the course of your treatment.

The radiographers can see and hear you from outside the room. There is usually an intercom, so you can talk to them if you need to during your treatment.

During treatment, the radiotherapy machine may stop and move into a new position. This is so you can have radiotherapy from different directions.

Side effects of radiotherapy

Radiotherapy can cause side effects in the area of your body that is being treated. You may also have some general side effects, such as feeling tired. Side effects may be worse during radiotherapy. Sometimes, they get worse for a time after radiotherapy has finished, before they get better.

Your cancer doctor, specialist nurse or radiographer will tell you what to expect. They will give you advice on what you can do to manage side effects. If you have any new side effects or if side effects get worse, tell them straight away.

Tiredness

Radiotherapy often makes people feel tired. Tiredness (fatigue) may get worse as treatment goes on. If you are having radiotherapy alongside other treatments, such as surgery or chemotherapy, you may feel more tired. But there are things you can do to help, such as:

- getting plenty of rest
- doing some gentle exercise, such as short walks
- eating a healthy diet and drinking plenty of fluids
- asking others for help with everyday jobs, if you have friends or family members who can support you.

After treatment finishes, you may continue to feel tired for weeks or months. If it does not get better, tell your cancer doctor or specialist nurse.

We have more information in our booklet **Coping with fatigue (tiredness)** – page 106.

Skin reactions

The skin in the area that is treated may feel sore or itchy. If you have white skin, the area may become red. If you have black or brown skin, the area may become darker.

Your radiographer or specialist nurse will give you advice on taking care of your skin. If your skin becomes sore or itchy or changes colour, tell them straight away. They can give you advice and treatments if needed.

Skin reactions should get better within 4 to 6 weeks of treatment finishing.

During your treatment, you are usually advised to:

- wear loose-fitting clothes made from natural fibres, such as cotton
- wash your skin gently with soap and water and gently pat it dry
- avoid rubbing the skin
- avoid very hot things – for example, heat pads
- avoid cooling pads – these may be helpful in some situations, so speak to your team about using these first
- avoid wet shaving
- avoid hair-removing creams or products, including wax and laser treatment
- follow your radiotherapy team's advice about using moisturisers and deodorants
- protect the treated area from the sun.

Loss of appetite

During radiotherapy, you may not feel like eating very much. But it is important to try to maintain your weight. Your dietitian can give you advice on ways to build up your diet and maintain or gain weight. We have more information in our booklets:

- **The building-up diet**
- **Eating problems and cancer**.

Feeling sick

Radiotherapy and chemotherapy can cause you to feel sick (nausea) and be sick (vomit). This can usually be treated with anti-sickness drugs (anti-emetics). Your cancer doctor can give you these.

Indigestion

Radiotherapy to the stomach can cause indigestion. If you have this, let your radiographer or specialist nurse know. They may be able to give you medicines to help.

Tummy pain

This should get better after treatment. Your cancer doctor can give you painkillers to help.

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

Targeted therapy and immunotherapy

Targeted therapy uses drugs to find and attack cancer cells. There are many different types of targeted therapy drugs. Each type targets something in or around the cancer cell that is helping it grow and survive. We have more information on our website at **macmillan.org.uk/targeted-therapy**

Immunotherapy drugs use the immune system to find and attack cancer cells. We have more information on our website at **macmillan.org.uk/immunotherapy**

Targeted therapy drugs

Targeted therapy drugs may be used to treat advanced stomach cancer.

Sometimes a targeted therapy drug called trastuzumab is given with chemotherapy to treat advanced stomach cancer. Targeted therapy drugs target something in or around the cancer cell that is helping it grow and survive.

Trastuzumab only works for people with a stomach cancer that has high levels of a protein called HER2. 10 to 15 out of every 100 people with stomach cancer (10 to 15%) have a HER2-positive cancer. Tests can be done on tissue taken at a biopsy or during surgery to find out if the cancer cells have high levels of HER2.

Trastuzumab attaches to the HER2 proteins on the surface of the cancer cells. This stops the cancer cells from dividing and growing.

Trastuzumab is given as a drip (infusion) every 3 weeks. If it works well, your cancer doctor may decide to keep giving it after your chemotherapy finishes. The side effects of trastuzumab are usually mild.

Immunotherapy drugs

You may be offered an immunotherapy drug called nivolumab. Nivolumab targets and blocks a protein (receptor) called PD-1 on the surface of T cells, which are part of the immune system. It also blocks another protein called PD-L1. This helps the immune system to find and attack the cancer cells.

Some people have tests on the cancer cells to check the levels of PD-L1. The results can tell your doctor how likely this type of immunotherapy drug is to be helpful. Immunotherapy drugs can still work for you even if results do not show high levels of PD-L1.

Nivolumab is given as a drip (infusion). You may be given nivolumab along with chemotherapy if you have advanced stomach cancer. Your cancer doctor can tell you more about whether nivolumab might be helpful in your situation.

Some people with advanced stomach cancer may be offered another immunotherapy drug called pembrolizumab with chemotherapy. This will depend on the treatments you have had before and the levels of PD-L1 that are found on the cancer cells. Your cancer doctor can tell you more about whether this might be suitable for you.

You have pembrolizumab, along with chemotherapy, as a drip (infusion) into a vein. A nurse will give them to you in the chemotherapy day unit.

We have more information about these treatments on our website. Visit **macmillan.org.uk/treatments-and-drugs**

Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials help answer questions about treatments we already use. They may test whether combining treatments is more effective. Or they may research different ways to give a treatment so it works better or causes fewer side effects.

Clinical trials also research other areas of cancer care. These include diagnosis and managing side effects or symptoms.

We have more information about clinical trials on our website. Visit **macmillan.org.uk/clinical-trials**

Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of cancer you have.

Not all hospitals have the expertise or resources to take part in certain trials. This means for some trials you may have to travel to a different hospital.

A research nurse or doctor will give you information about the trial. You can ask them any questions you have. It is important to understand what is involved before you agree (consent) to take part – pages 30 to 31. They will explain the possible benefits and any possible risks of the trial. Clinical trials are designed with safety measures to keep any risks to you as low as possible.

Some trials involve collecting blood samples, or tissue samples from a biopsy. This often happens as a standard part of your treatment. But your research nurse or doctor will explain if they need to take extra samples for the trial.

Your samples can only be stored and used for research if you give your permission. Your name is removed from the samples before they are used. This means you cannot be identified.

After treatment for stomach cancer

After treatment

After your treatment has finished, you will have regular follow-up appointments. You will usually talk with someone from your healthcare team at the appointment. This may be your surgeon, cancer doctor, specialist nurse or another healthcare professional.

During your appointment, your cancer doctor or specialist nurse may examine you and check any recent blood test results.

They will ask you:

- how you are feeling
- if you are having problems eating
- about any symptoms you have.

If you have any problems or new symptoms between appointments, tell your cancer doctor or specialist nurse as soon as possible.

Some healthcare teams use holistic needs assessments (HNAs) to plan your care. These assessments give you the chance to think about your concerns. These might be:

- physical
- emotional
- practical
- financial
- spiritual.

Your team may write your care plan based on the assessments. A care plan should give information about the support you are getting and other services that may be useful. You should have a copy of the care plan, and you can update it whenever you need to. You can use it at follow-up appointments, or when you meet with your GP or another doctor.

These treatment summaries, assessments and care plans are not used everywhere, but more hospitals are starting to use them. We have more information about HNAs in our booklet **Holistic Needs Assessment: Planning your care and support** (page 106).

You might feel very anxious before your appointments. This is natural. It can help to get support from family members, friends, your specialist nurse or a support organisation (pages 112 to 127). You can also talk to one of our cancer support specialists.

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

Eating after treatment for stomach cancer

It can take a few months to recover from treatment for stomach cancer. And it may take up to a year to adjust to the changes in your digestive system.

You usually have a soft food diet while you are still in hospital. You are normally advised to keep to this diet for a few weeks. It also helps to eat small amounts more often.

Gradually, you will be able to start eating solid foods again. It will help if there are no large lumps of food. Try to chew everything well. You may worry about eating solid foods at first. This should get easier as you become more used to having your usual diet again.

> **"I may not eat as much as everyone else, but I am alive. I have to eat small and often now. For a life, and to live to see my children, my grandchildren, my third generation...it's all worth it."**
>
> Elaine, diagnosed with stomach cancer

Your dietitian will talk to you about your diet and give you advice to help you recover from treatment. They can also help you maintain your weight. If you have any questions or worries about eating after you have gone home, contact the dietitian or your specialist nurse for advice.

We have more information in our booklets **The building-up diet** and **Eating problems and cancer** (page 106).

Starting to recover after surgery

Treatment can be very hard for the body to cope with, and it may be some time before you are feeling well again. You might have treatment side effects that slowly improve over time, or you may have ongoing effects.

You may have general side effects such as trouble sleeping or feeling tired, rather than more specific side effects.

Having a healthy lifestyle can help your body recover more quickly, and may help stop the cancer coming back. It also helps reduce the risk of illnesses such as heart disease and strokes. We have more information in our booklet **Healthy eating and cancer** (page 106).

Stop smoking

If you smoke, stopping is one of the healthiest decisions you can make. Smoking increases the risk of smoking-related cancers and heart disease. The NHS has stopping smoking services that can help you stop smoking (page 116).

We have more information about stopping smoking on our website. Visit **macmillan.org.uk/stop-smoking**

Eat healthily

Eating healthily will give you more energy and help your recovery. A well-balanced diet should include 5 portions of fresh fruit and vegetables a day and foods that are high in fibre. But if you have had surgery or a stent, your healthcare team may advise you to avoid certain fruits and vegetables.

Your dietitian and specialist nurse can tell you what may be suitable in your situation. It can help your general health to eat less:

- red and processed meat
- salt
- pickled or smoked food.

We have more information in our booklet **Healthy eating and cancer** (page 106).

Drink less alcohol

It is recommended that you drink no more than 14 units of alcohol a week, and have a few alcohol-free days a week. 1 unit is:

- half a pint of ordinary-strength beer, lager or cider
- a small glass (125ml) of wine
- a single measure (25ml) of spirits.

Drinkaware (page 115) has more information that may help.
Visit **drinkaware.co.uk**

Keep active

Keeping active helps build up your energy levels. It also helps reduce stress and the risk of other health conditions. We have more information in our booklet **Physical activity and cancer** (page 106).

Share your experience

When treatment finishes, you might find it helps to talk about your experience and share your thoughts, feelings and advice with other people. We can help you share your story. Vist **macmillan.org.uk/cancer-voices**

Get help and support

Different people can help you during and after treatment. Your specialist nurse or GP can explain what services may be available to help. They may be able to refer you to one. You may be able to get other types of help and support by contacting services yourself.

Practical help

If you need help at home during or after treatment, a nurse or hospital social worker may be able to arrange this. If you have children, the social worker may arrange help with childcare. A social worker or welfare rights adviser can tell you about any benefits you may be able to claim and possible help with other costs.

If you need help with a wound, district nurses can visit you at home to help with this.

Emotional support

It is common to have different, and sometimes difficult, feelings after cancer treatment. But as you recover and get back to your everyday life, these usually get easier to deal with. Talking to family members and friends often helps.

If you think you may be depressed or if you feel helpless or anxious a lot of the time, talk to your cancer doctor, specialist nurse or GP. They can refer you to a psychologist or counsellor, who specialises in the emotional problems people with cancer often have. Our cancer support specialists can tell you more about counselling and let you know about services in your area. Call us on **0808 808 00 00**.

Complementary therapies

Some people find complementary therapies help them relax or cope with treatment or side effects. Some hospitals or support groups offer therapies such as relaxation or aromatherapy. We have more information in our booklet **Cancer and complementary therapies** (page 106).

Support groups

Self-help or support groups offer a chance to talk to other people who understand what you are going through. Visit **macmillan.org.uk/localsupportgroups**

Online support

Many people get support on the internet. There are online support groups, social networking sites, forums, chat rooms and blogs for people affected by cancer. You can use these to share your experience and ask questions, get advice or just read about other people's experiences.

Our Online Community is a social networking site where you can:

- talk to people in our chat rooms
- write blogs
- make friends
- join support groups.

You can join our Online Community at **macmillan.org.uk/community**

Coping with stomach cancer

> **"You need that shoulder to cry on. I'm so glad I had my children and my family there for me, at that time in my life."**

Elaine, diagnosed with stomach cancer

Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions in our booklet **How are you feeling? The emotional effects of cancer** (page 106).

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit **macmillan.org.uk/supportgroups** Or talk to other people on our Online Community at **macmillan.org.uk/community**

There is more information on pages 108 to 111 about other ways we can help you.

We have more information about cancer and emotions on our website. Visit **macmillan.org.uk/emotions**

Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships on our website at **macmillan.org.uk/relationships** and in our booklets:

- **Talking about cancer**
- **Cancer and relationships: support for partners, families and friends**.

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone in our booklet **Talking with someone who has cancer** and on our website. Visit **macmillan.org.uk/supporting-someone**

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers in our booklet **Looking after someone with cancer** and on our website. Visit **macmillan.org.uk/carers**

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready.

Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer**.

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

Money and work

Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to. We also have information for carers (page 106).

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- **gov.uk** if you live in England or Wales
- **socialsecurity.gov.scot** if you live in Scotland
- **nidirect.gov.uk** if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. You can get information about benefits and other types of financial help from:

- Citizens Advice if you live in England, Scotland or Wales (pages 118 to 119)
- Advice NI if you live in Northern Ireland (page 118).

Our booklet **Help with the cost of cancer** has lots more information.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance.

If you are thinking about buying insurance or making a claim, one of our expert money advisers can help. You can call them on **0808 808 00 00**.

We have more information about travel insurance in our booklet **Travel and cancer**. Our Online Community forum on **Travel insurance** may also be helpful. Visit **macmillan.org.uk/community**

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

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, sometimes with reduced hours or other changes to their job.

Your cancer doctor, GP or specialist nurse can help you decide whether you should stop working, and when and if you should go back to work.

Our booklets have more information that may be helpful:

- **Work and cancer**
- **Working while caring for someone with cancer**
- **Self-employment and cancer**.

You can also find out more about your employment rights in our booklet **Your rights at work when you are affected by cancer**.

There is also lots more information online at **macmillan.org.uk/work**

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

Further information

About our information

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

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.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 **informationproductionteam@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 want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

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.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

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 support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and see the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

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**

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 advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

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**

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 money adviser, cancer information nurse 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.

Other useful organisations

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

Stomach cancer support organisations

Guts UK

Tel **0207 486 0341**
www.gutscharity.org.uk
Used to be called CORE. Set up to increase research into all digestive conditions. Provides expert information for people affected, their families and carers. Also promotes awareness and discussion about digestive health.

Oesophageal Patients Association

Helpline **0121 704 9860**
www.opa.org.uk
An organisation made up of people who have had, or still have, oesophageal or stomach cancer. Produces information and offers advice and support to people with oesophageal or stomach cancer and their families.

General cancer support organisations

Black Women Rising

www.blackwomenrisinguk.org
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

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.

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 3000 118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

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

Drinkaware

www.drinkaware.co.uk
Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

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-related and illness-related websites.

Stop smoking services

England

National Smokefree Helpline **0300 123 1044**
www.nhs.uk/better-health/quit-smoking

Help Me Quit Wales

Helpline **0800 085 2219**
www.helpmequit.wales

Quit Your Way Scotland

Helpline **0800 84 84 84**
www.nhsinform.scot/care-support-and-rights/nhs-services/helplines/quit-your-way-scotland

Stop Smoking Northern Ireland

www.stopsmokingni.info

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 the 'Therapist directory' page.

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 its 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 **0800 022 4250**
Textphone **0800 587 1297**
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

www.gov.wales/find-your-local-authority

Macmillan Benefits Advice Service (Northern Ireland)

Tel **0300 1233 233**

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 or 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

Tel **0344 871 11 11**
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 999 0004**
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

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.

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.

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

Tel **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

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.

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.

The Natural Death Centre

Helpline **0196 271 2690**
www.naturaldeath.org.uk
Offers independent advice on aspects of dying, funeral planning and bereavement.

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.

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)

www.digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

www.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**
www.phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
www.qub.ac.uk/research-centres/nicr/AboutUs/Registry

Your notes and questions

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 Dr Chris Jones, Clinical Lecturer and Specialty Registrar in Clinical Oncology.

With thanks to: Laura Askins, Senior Specialist Dietitian; Dr Lubna Bhatt, Consultant Clinical Oncologist; Jeanette Collings, Macmillan Support and Information Radiographer; Mike Hallissey, Consultant Surgeon; Rebekah Hart, Upper GI Clinical Nurse Specialist; Pauline McCulloch, Macmillan Clinical Nurse Specialist; Chris Peters, Clinical Senior Lecturer, Consultant Upper GI and General Surgeon; Dr Ganesh Radhakrishna, Consultant Clinical Oncologist; Dr Keith Siau, Consultant Gastroenterologist; Dr Amen Sibtain, Consultant Clinical Oncologist; and Rachel White, Specialist Oncology Dietitian.

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

Sources

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

Lordick F, Carneiro S, Cascinu T, Fleitas K, Haustermans G, Piessen A, et al. Gastric cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Annals of Oncology. 2022; 33(10): 1005–1020. Available from www.doi.org/10.1016/j.annonc.2022.07.004 [accessed July 2023].

National Institute for Care and Health Excellence. Oesophago-gastric cancer: assessment and management in adults NICE guideline [NG83]. 2018. Available from www.nice.org.uk/guidance/ng83 [accessed July 2023].

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, money 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
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Valid from
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Expiry date
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Issue no
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Security number
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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**

Registered with FUNDRAISING REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

MACMILLAN
CANCER SUPPORT

This booklet is about stomach cancer. It is for anyone who has been diagnosed with stomach cancer. It explains what stomach cancer is and how it may be treated.

The booklet also has information about feelings, practical issues and money.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **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 Relay UK on **18001 0808 808 00 00**, or use the Relay UK 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** or call our support line.

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