A practical guide to understanding cancer

UNDERSTANDING SECONDARY CANCER IN THE LIVER
About this booklet

This booklet is about secondary cancer in the liver. Secondary cancer in the liver is cancer that has spread to the liver from another part of the body.

We hope this booklet answers some of your questions about its diagnosis and treatment, and helps you deal with some of the feelings you may have.

We can’t advise you about the best treatment for you. This information can only come from your own doctor, who knows your full medical history.

At the end of this booklet are some useful addresses and websites (pages 93–99), and a page to fill in with your questions for your doctor or nurse (see page 100).

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday–Friday, 9am–8pm. If you’re hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

If you have found this booklet helpful, you could pass it on to your family and friends. They may also want information to help and support you.

We’ve included some comments from people who have had secondary liver cancer, which you might find helpful. Quotes are from the Macmillan online community (macmillan.org.uk/community). Some names may have been changed.
Contents

Secondary cancer in the liver 5
Diagnosing secondary liver cancer 17
Treating secondary liver cancer 25
Your feelings and relationships 69
Work and financial support 81
Further information 87
SECONDARY CANCER IN THE LIVER

What is cancer? 6
The liver 10
Secondary cancer in the liver 12
Symptoms 15
What is cancer?

Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or can’t be repaired, it gets a signal to stop working and die.

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.
A lump that is not cancerous (benign) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

A lump that is cancer (malignant) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system (see page 8). When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a secondary cancer or a metastasis.
The lymphatic system

The lymphatic system helps to protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood. The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Lymph nodes (sometimes called lymph glands) are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection lymph nodes often swell as they fight the infection.

The lymphatic system
The liver

The liver is the largest organ in the body. It’s in the upper part of the tummy (abdomen) on the right-hand side under your lower ribs. It’s surrounded by a strong casing called a fibrous capsule and is divided into two lobes (see diagram below).

The liver and surrounding organs

Liver
Gall bladder
Small bowel (duodenum)

Stomach
Bile duct
Pancreas
The liver carries out important functions, such as:

• storing sugars and fats so they can be used for energy

• producing proteins which help blood to clot, prevent too much bleeding and keep the correct balance of fluid in the body

• producing bile, a substance which breaks down fats so they can be absorbed by the bowel (bile travels from the liver through the bile duct to the the bowel)

• breaking down harmful substances, such as alcohol and drugs, so they can be passed out of the body in urine or stools.

The liver is good at repairing itself and it can work well even when only a small part of it is working normally.
Secondary cancer in the liver

The place where a cancer starts in the body is called the **primary cancer**. Sometimes cells break away from the primary cancer and are carried in the bloodstream to another part of the body. The cancer cells may settle in that part of the body and form a new tumour. If this happens, it’s called a **secondary cancer** or a **metastasis**.

**Cancer cells entering the bloodstream**

![Diagram of cancer cells entering the bloodstream](image)
Secondary cancer in the liver happens when cancer cells spread to the liver from a primary cancer somewhere else in the body.

Any type of cancer can spread to the liver. Common types that do include:

- bowel cancer
- breast cancer
- cancer of the pancreas
- cancer of the stomach and oesophagus (gullet)
- lung cancer
- melanoma
- neuroendocrine tumours. A neuroendocrine tumour is a tumour of the neuroendocrine system. The neuroendocrine system makes chemical messengers called hormones. These regulate the workings of different organs in the body. Neuroendocrine cells are found throughout the body in organs such as the stomach, bowels and lungs.

If you have secondary liver cancer you may find it helpful to read this booklet together with the information for your primary cancer (where the cancer started), which we can send you.
Usually, people who develop secondary cancer in the liver know they have a primary cancer. Occasionally secondary liver cancer is found before the primary cancer is diagnosed. Sometimes the primary cancer can’t be found and this is called a cancer of unknown primary.

Occasionally cancer can start in the liver; this is known as primary liver cancer. Primary liver cancer is relatively rare while secondary liver cancer is much more common.

Causes

The cause of secondary cancer in the liver is always a primary cancer somewhere else in the body.
Symptoms

Secondary cancer in the liver may not cause any symptoms for a long time. It may only be discovered by routine tests.

Possible symptoms include:

• loss of appetite (see page 60)
• weight loss
• feeling sick (nausea) and vomiting (see page 61)
• tiredness (fatigue – see pages 59–60)
• aching or pain in the area of the liver and sometimes the right shoulder (see pages 61–62)
• high temperature and flu-like symptoms (see page 64)
• a swollen tummy which may be caused by fluid build-up (called ascites – see page 62)
• a yellow tinge to the skin and whites of the eyes (called jaundice – see page 63).

These symptoms can be caused by other conditions. But it is important to get them checked by your doctor or nurse.
DIAGNOSING SECONDARY CANCER IN THE LIVER

How secondary cancer in the liver is diagnosed
Understanding secondary cancer in the liver

How secondary cancer in the liver is diagnosed

You may see your family doctor (GP) or your cancer specialist. They will ask you about any symptoms you have and examine you. You may have some of the following tests and scans.

Blood tests

You may have a blood test to check your general health and see how well your liver is working.

CT (computerised tomography) scan

A CT scan (see picture on opposite page) takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10–30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least four hours before the scan.

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes. It’s important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection.

You’ll probably be able to go home as soon as the scan is over.
Having a CT scan
Liver ultrasound

A liver ultrasound uses sound waves to make up a picture of the liver. This test doesn’t hurt and only takes a few minutes. You will have it done in the hospital scanning department. You’ll be asked not to eat anything for at least four hours before your appointment.

Once you’re lying comfortably on your back, the person doing the ultrasound spreads a gel onto your tummy. They then pass a small device like a microphone, which produces the sound waves, over the area. The sound waves are made into a picture by a computer.

MRI (magnetic resonance imaging) scan

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it’s safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips or bone pins, etc. You should also tell your doctor if you’ve ever worked with metal or in the metal industry as very tiny fragments of metal can sometimes lodge in the body. If you do have any metal in your body, it’s likely that you won’t be able to have an MRI scan. In this situation, another type of scan can be used. Before the scan, you’ll be asked to remove any metal belongings including jewellery.

Some people are given an injection of dye into a vein in the arm, which doesn’t usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly. During the test, you’ll lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It’s painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It’s also noisy, but you’ll be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.
Liver biopsy

You may have a small piece of tissue taken from the liver to be looked at under a microscope. This is called a liver biopsy.

You will have blood tests taken before the biopsy to make sure your blood is clotting properly. You’ll have a local anaesthetic injection into the skin to numb the area. The doctor then passes a fine needle into the tumour through the skin. A CT scan or ultrasound guides the doctor to the exact area to take the biopsy from.

After a liver biopsy you’ll need to stay in hospital for a couple of hours or sometimes overnight. This is because there is a small risk of bleeding afterwards. The nurses will check you regularly and monitor your blood pressure. You may have some pain in your tummy and right shoulder after the biopsy. Your doctor can prescribe painkillers for you.

Laparoscopy

This is a small operation that allows the doctor to look at the liver. You have it done under a general anaesthetic, so you may have to stay in hospital overnight. The doctor makes 3–4 small cuts in the skin and muscle of your lower tummy (abdomen). Carbon dioxide gas is pumped into the tummy to lift the tummy wall so the liver can be seen clearly.

The doctor then puts a thin, flexible tube with a tiny camera on the end (laparoscope) through one of the cuts into the tummy. The doctor looks at the liver through the laparoscope and may take a small sample of tissue (a biopsy) to examine under a microscope.
After a laparoscopy, you may have one or two stitches in your lower tummy. You should be able to get up as soon as the effects of the anaesthetic have worn off. You may have discomfort in your neck or shoulder after the laparoscopy. This goes away in a day or two. Some people have uncomfortable wind after a laparoscopy. Taking sips of peppermint water and walking around can help.

A laparoscopy may not be possible for someone who has had major surgery to their tummy in the past.

**PET-CT scan**

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture (see page 18), and a positron emission tomography (PET) scan.

A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body. PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one. You can’t eat for six hours before the scan, although you may be able to drink.

A mildly radioactive substance is injected into a vein, usually in your arm. The radiation dose used is very small. The scan is done after at least an hour’s wait. It usually takes 30–90 minutes. You should be able to go home after the scan.
Diagnosing the primary cancer

Occasionally, secondary liver cancer is found before the primary cancer is diagnosed.

If this happens, your doctor may arrange for you to have tests to find out where the primary cancer is. Your doctor will be able to tell you more about these and what they involve.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse or one of the organisations listed on pages 93–99, can also provide support. You can also talk things over with one of our cancer support specialists on 0808 808 00 00.
TREATING SECONDARY CANCER IN THE LIVER

- Treatment overview: 26
- Chemotherapy: 33
- Surgery: 41
- Hormonal therapies: 50
- Targeted therapies: 51
- Using heat to destroy cancer cells (ablation): 52
- Embolisation treatments: 54
- Radiotherapy: 57
- Controlling symptoms: 59
- Research – clinical trials: 65
- Follow-up: 67
Treatment overview

Treatment for secondary cancer in the liver is usually aimed at controlling the cancer for as long as possible and reducing any symptoms.

The treatment you have depends on:

• where the cancer has spread from (where the primary cancer was)

• which parts of the liver are affected

• whether other parts of the body are affected.

Chemotherapy (see pages 33–39)
Chemotherapy is the most common treatment for secondary cancer in the liver. Sometimes chemotherapy is given before liver surgery as it can make the operation more successful. It may also be given after surgery to reduce the risk of the cancer coming back.

Surgery (see pages 41–48)
A small number of people will have surgery. It’s usually only possible for people where the cancer has spread into the liver from cancer in the bowel or a neuroendocrine tumour. However, it may also be an option for other types of cancer.

It’s most commonly used if the cancer cells affect a few areas of the liver and there is no cancer anywhere else in the body. In this situation, it is sometimes possible to cure the cancer.

If the secondary cancer is affecting many areas of the liver, it may not be possible to remove all of the cancer cells with surgery. Surgery is not usually suitable if you have cancer cells in another part of your body, for example, the bones.
Hormonal therapies (see page 50)
Hormonal therapies are sometimes used, usually for a cancer that started in the breast.

Targeted therapies (see page 51)
Targeted therapies are sometimes used to treat secondary cancer in the liver. They may be used with other treatments, such as chemotherapy and surgery.

Ablation (see page 52–53)
Ablation uses heat to destroy cancer cells. It may be used as a treatment for people with secondary cancer in the liver from the bowel – and occasionally other primary sites – who have already had surgery or who are not fit enough to have surgery.

Embolisation treatments (see page 54–56)
These treatments use chemotherapy (chemoembolisation) or radiation (radioembolisation) to cut off the blood supply to the tumour.

Radiotherapy (see page 57)
A type of radiotherapy called stereotactic radiotherapy may sometimes be used.
Supportive or palliative therapies
Some people with secondary liver cancer may not be well enough to have the treatments described above. Others may decide not to have treatment if it’s unlikely to shrink the cancer or has too many side effects. But there are other supportive or palliative therapies that can help to control your symptoms and improve your quality of life. These may also be used alongside other treatments.

You can find more information about controlling symptoms on pages 59–64.

How treatment is planned
In most hospitals, a team of specialists will decide which treatment they feel is best for your situation.

This multidisciplinary team (MDT) will include:

• a surgeon who specialises in liver cancers

• an oncologist (cancer specialist) who specialises in chemotherapy and radiotherapy

• a radiologist who analyses scans and x-rays

• a pathologist who advises on the type and extent of the cancer

• a nurse specialist.
The team may also include other healthcare professionals, such as a surgeon who specialises in the primary cancer, a dietitian, a palliative care specialist, a physiotherapist, an occupational therapist, a psychologist and a counsellor.

**Treatment choices**

If two treatments are equally effective for the type of cancer you have, your doctors may offer you a choice. You might want to ask more about what each treatment involves, and about possible side effects, before you decide what is right for you. Make a list of the questions you want to ask and take a relative or close friend with you. You may also find it helpful to keep notes about what has been said. There is space on page 100 to help you do this.

**Second opinion**

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.
Giving your consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

- the type and extent of the treatment
- its advantages and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you don’t understand what you’ve been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it’s not unusual to need repeated explanations. It’s a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it’s important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can’t make a decision when your treatment is first explained to you.
You are also free to choose not to have the treatment. The staff can explain what may happen if you don’t have it. It’s essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don’t have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

The benefits and disadvantages of treatment

Many people are frightened at the idea of having cancer treatments, particularly because of the side effects that can occur. However, these can usually be controlled with medicines. Treatment can be given for different reasons and the potential benefits will vary depending upon your individual situation.

For many people with secondary cancer in the liver, treatment will be able to control it, leading to an improvement in symptoms and a better quality of life.

However, for some people in this situation the treatment will have no effect on the cancer, and they’ll get the side effects with little benefit.

For a few people with secondary cancer in the liver, the treatment will aim to cure the cancer. It’s important to discuss the aims of your treatment with your doctors.

If you’ve been offered treatment that aims to cure the cancer, deciding whether to accept it may not be difficult. However, if a cure is not possible and the purpose of treatment is to control the cancer for a period of time, it may be more difficult to decide whether to go ahead.
Making decisions about treatment in these circumstances is always difficult. You may need to discuss in detail with your doctor whether you wish to have treatment.

If you choose not to have it, you can still be given supportive (palliative) care, with medicines to control any symptoms.
Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. The drugs work by disrupting the way cancer cells grow and divide, but they also affect normal cells. Chemotherapy is a common treatment for secondary cancer in the liver.

Whether you have chemotherapy and which chemotherapy drugs are used will depend on where your cancer started in the body (the primary). For example, if you have breast cancer that has spread to the liver, you’ll have chemotherapy drugs that are used to treat breast cancer.

Unfortunately, it’s not possible to completely cure secondary liver cancer with chemotherapy. However, it may slow or stop the growth of the cancer, and may shrink it and help relieve symptoms.

Chemotherapy may also be used to shrink secondary liver tumours so they can be removed by surgery. It’s sometimes also used after surgery to reduce the risk of the cancer coming back.

**How chemotherapy is given**

Chemotherapy may be given:
- by injection into a vein (intravenously)
- as a drip (infusion)
- by injection into muscle or under the skin
- by mouth as tablets (orally).
You will usually have chemotherapy as several sessions of treatment followed by a rest period of a few weeks before the next session. This allows your body to recover from the side effects.

The chemotherapy session and the rest period make up a cycle of treatment. Your doctor or nurse will explain how many cycles of treatment are planned for you and how you’ll be given your chemotherapy.

Occasionally, chemotherapy may be given into the hepatic artery, which is the artery that takes blood to the liver. This is known as *intra-arterial* or *hepatic artery chemotherapy*. It allows the drugs to be delivered directly to the liver tumour. It’s a very specialised technique and you may need to travel to another hospital to have it, if it is a suitable treatment for you.

Another technique for giving chemotherapy, known as *hepatic artery chemoembolisation*, is described in more detail on pages 54–55.

‘I’ve been much better since I had a treatment plan, and I commenced chemotherapy this week.’

Anita
Side effects

The side effects you may get depend on the chemotherapy drugs you are having. Different drugs cause different side effects. Some side effects are mild and easily treated. Others can be harder to manage but can often be reduced or helped in some way. Most side effects are short-term and usually stop or gradually go away when chemotherapy is over. Chemotherapy can also make you feel better by relieving the symptoms of the cancer.

The main side effects of chemotherapy are described here. Your doctor or nurse will tell you about the side effects you may have.

Risk of infection
Chemotherapy can reduce the number of white blood cells, which help fight infection. If the number of your white blood cells is low you’ll be more prone to infections. A low white blood cell count is called neutropenia.

Always contact the hospital immediately on the 24-hour contact number you’ve been given and speak to a nurse or doctor if:

• you develop a high temperature – this may be over 37.5°C (99.5°F) or over 38°C (100.4°F) depending on the hospital’s policy. Follow the advice that you have been given by your chemotherapy team

• you suddenly feel unwell, even with a normal temperature

• you feel shivery and shaky

• you have any symptoms of an infection such as a cold, sore throat, cough, passing urine frequently (urine infection), or diarrhoea.
If necessary, you’ll be given antibiotics to treat any infection. You’ll have a blood test before each cycle of chemotherapy to make sure your white blood cells have recovered. Occasionally, your treatment may need to be delayed if the number of your white blood cells is still low.

**Bruising and bleeding**
Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot. If you develop any unexplained bruising or bleeding, such as nosebleeds, bleeding gums, blood spots or rashes on the skin, contact your doctor or the hospital straight away.

**Anaemia (reduced number of red blood cells)**
If chemotherapy reduces the number of red blood cells in your blood, you may become very tired and feel you have no energy. You may also become breathless and feel dizzy and light-headed. These symptoms happen because the red blood cells contain haemoglobin, which carries oxygen around the body.

If your haemoglobin is low you may be offered a blood transfusion. You’ll feel more energetic and any breathlessness will be eased.

**Feeling sick**
Some chemotherapy drugs can make you feel sick (nauseated) or possibly be sick (vomit). Your cancer specialist will prescribe anti-sickness (anti-emetic) drugs to prevent this. Let your doctor or nurse know if your anti-sickness drugs are not helping, as there are several different types you can take.

We can send you more information about nausea and vomiting.
Sore mouth
Your mouth may become sore or dry, or you may notice small ulcers during treatment. Drinking plenty of fluids, and cleaning your teeth regularly and gently with a soft toothbrush, can help to reduce the risk of this happening. Tell your nurse or doctor if you have any of these problems, as they can prescribe mouthwashes and medicine to prevent or clear mouth infections.

Taste changes
You may find that your sense of taste changes, or that the texture of food seems different. This may be due to the cancer, or it can be a temporary change following cancer treatment. You may no longer enjoy certain foods, or find that all foods taste the same. Some people having chemotherapy notice a metallic taste in their mouth. Others find that food has no taste at all.

Our booklet Eating problems and cancer has more information. You can order our booklets online at be.macmillan.org.uk

Hair loss
Some chemotherapy drugs may cause hair loss. Some people may have complete hair loss including eyelashes and eyebrows. Others may only experience partial hair loss or thinning. It depends on what chemotherapy drugs you are having (your doctor or nurse can tell you more about what to expect). If you do experience hair loss your hair should start to grow back within about 3–6 months of the end of treatment. It may grow back straighter, curlier, finer, or a slightly different colour than it was before. Your nurse can give you advice about coping with hair loss and how to look after your scalp.
Effects on the nerves
Some chemotherapy drugs can affect the nerves in your hands or feet. This can cause tingling or numbness, a sensation of pins and needles or muscle weakness (called **peripheral neuropathy**).

It’s important to let your doctor know if this happens. They may need to change the chemotherapy drug if it gets worse. Usually, peripheral neuropathy gradually gets better when chemotherapy is over but sometimes it’s permanent.

We can send you more information about peripheral neuropathy.

Tiredness (fatigue)
You’re likely to become tired and have to take things slowly. Try to pace yourself and save your energy for things that you want to do or that need doing. Balance rest with some physical activity – even going for short walks will help increase your energy levels.

Our booklet *Coping with fatigue* has more helpful tips.

We can send you more information about most of the side effects mentioned here. Although they may be hard to cope with at the time, these side effects will usually begin to disappear once your treatment is over.
**Contraception**

It’s not advisable to become pregnant or father a child while having chemotherapy, as it may harm the developing baby.

It is important to use effective contraception during treatment and for at least a few months afterwards. You can discuss this with your doctor.

It’s not known whether chemotherapy drugs can be present in semen or vaginal fluids. To protect your partner, it’s safest to either avoid sex or use a condom for about 48 hours after chemotherapy.
Understanding secondary cancer in the liver
Surgery

It may be possible to remove the affected part or parts of the liver with surgery (a liver resection). This operation is most commonly used to remove secondary liver tumours that have come from a primary cancer in the bowel. Occasionally it is used for other primary cancers.

Liver resection is a major operation that takes 3–4 hours. It is carried out in specialist hospitals by doctors called hepatobiliary surgeons, who are experienced in liver surgery. It is only suitable for some people with secondary liver cancer. There are usually no long-term side effects following a liver resection. This is because the remaining liver can regrow within a few months of the operation and carry out all its normal functions.

Chemotherapy (see pages 33–39) may be used to shrink tumours before surgery to make the operation safer and more successful. It may also be used after surgery to reduce the risk of the cancer coming back.

You can discuss with your doctor whether surgery may be helpful for you.

‘I saw a liver surgeon who agreed to operate once they had made sure I had no cancer anywhere else.’

Ian
Portal vein embolisation (PVE)

Before removing part of the liver, it is sometimes possible to encourage the healthy part of the liver to grow. This helps to make sure there is enough liver left after the operation and reduces the risk of liver failure. It is done by blocking a branch of the main vein leading to the liver (the portal vein) and is called portal vein embolisation (PVE).

PVE is usually done in the x-ray department. You will have a local anaesthetic to numb an area on your tummy (abdomen). Using ultrasound for guidance, your doctor will then make a small cut in your skin. A fine tube (catheter) is then gently pushed into the cut and guided into the portal vein. Once the catheter is in the right place in the liver, special glue and/or very small metal coils will be injected to block off the area.

PVE usually takes between 90 minutes and 2 hours. You may feel some gentle pushing as the catheter is inserted. Tell your doctor if you feel any pain or discomfort. They can give you painkillers. You will usually have to stay in hospital overnight for this treatment.

Staged liver resection

This is where the liver is removed (resected) in two stages. Usually, part of the liver is removed in the first operation, and then another resection is then done a week or more after the first one, when the liver has had a chance to grow back.
Keyhole (laparoscopic) surgery

In some situations, it may be possible to have keyhole (laparoscopic) surgery to remove the affected part of the liver. Several small cuts (incisions) are made instead of one large cut. Generally about three small cuts and one larger cut are needed.

The surgeon uses a laparoscope to see inside your tummy. This is a thin tube with an eyepiece at one end, and a light and a magnifying lens at the other. It is put into your abdomen through a small cut in the skin. The larger cut is usually made close to your belly button and is used to remove the affected part of the liver.

The main advantage of this type of surgery is that it leaves much smaller wounds, so you have less pain after the operation and a quicker recovery.

Keyhole surgery should only be carried out by surgeons with specialist training and experience in using laparoscopic techniques. So if it’s suitable for you and you choose to have this type of surgery, you may need to travel to another hospital to have it.

Before your operation

Before your operation you will have some tests to prepare you for surgery. These tests are usually done a few days or weeks beforehand at a pre-assessment clinic. A member of the surgical team and a specialist nurse will discuss the operation with you. You will also be visited by the doctor who will give you your anaesthetic (the anaesthetist). You’ll usually be admitted to hospital the morning of your operation.
You will be given special elastic stockings (TED stockings) to wear during and after the operation to prevent blood clots forming in your legs. Make sure that you talk to your nurse or doctor about any questions or concerns that you have about the operation.

If you smoke, try to give up or cut down before your operation. This will help reduce your risk of chest problems, such as a chest infection, and will help your wound to heal after the operation. Your GP can give you advice and you may find it helpful to read our booklet *Giving up smoking*.

**Enhanced Recovery Programmes (ERP)**

Most hospitals follow an enhanced recovery programme, which can help reduce complications following surgery and speed up your recovery. The programme involves careful planning before your operation. This makes sure you are properly prepared and any arrangements that are needed for you to go home are already in place. You will be encouraged to:

- have high-protein and high-calorie supplements before and after your surgery
- get as fit as possible before your operation
- limit the amount of alcohol you drink
- stop or cut down smoking.

You will be given information about what to expect after your surgery and when you can expect to go home.

After your operation you’ll be encouraged to start moving around as soon as possible, sometimes on the day of the operation.
The surgeon will try not to use any tubes or drains unless absolutely needed. Any catheters and fluids through a vein will be removed soon after surgery. You’ll also be allowed to eat and drink soon after surgery. After you’ve gone home you’ll be regularly reviewed to make sure that you’re recovering well. You can ask your doctor whether you will be suitable for this type of recovery programme. Not all hospitals use ERP for surgery and it’s not suitable for everyone.

**After your operation**

You may be taken to the intensive care ward or high-dependency unit for about 24 hours. This is because the liver has a very good blood supply and there is a risk that it may bleed after surgery. The doctors and nurses will monitor you by keeping a close check on your blood pressure.
Drips and tubes
You may have some of the following for a few days:

• A drip (infusion) into a vein in your arm or neck to give you fluids until you’re eating and drinking again.

• A thin tube going into your back to give you painkilling drugs that numb the nerves and stop you feeling sore. This is called an epidural (see below).

• A tube that goes up your nose and down into your stomach (nasogastric tube). The nurses use this to remove fluid so you don’t feel sick.

• A drainage tube to remove fluid from your wound, allowing it to heal properly.

• A small, flexible tube going into your bladder to drain urine into a bag. This is called a urinary catheter.

Pain
You’re likely to have some pain and discomfort after your operation, but this can be controlled effectively with painkillers. It’s important to let your doctor know as soon as possible if the pain isn’t controlled so that your painkillers can be changed.

To start with you’ll need a strong painkiller, such as morphine. This can be given to you by injection or through a pump attached to a needle in your arm which you control yourself. This is called Patient Controlled Analgesia (PCA) and you will be shown how to use it.
You may be given painkillers through an epidural for a few days after your operation. A small tube is inserted in your back into the space just outside the membranes surrounding your spinal cord. A local anaesthetic can be given continuously into this space to numb the nerves in the operation area.

**Your wound**

You’ll have a dressing over your wound(s), which may be left undisturbed for the first few days. After this you will usually have the dressings changed if there is any leakage from the wound. If necessary you can have any stitches or staples removed after you have gone home. This will be done by a district nurse in your own home or at your GP surgery.

Always let you doctor know if your wound becomes hot, painful or starts to leak fluid, as these are possible signs of infection.

**Moving around**

The nurses will encourage you to start moving around as soon as possible. You will usually be helped to get out of bed the day after your operation or sooner. While you’re in bed, it is important to move your legs regularly to help prevent blood clots. You may be given special boots to wear. These encourage blood flow in your legs and reduce the risk of blood clots. You will be encouraged to do deep breathing exercises. This helps to prevent chest infections. A physiotherapist or nurse will show you how to do the exercises.
**Going home**

Most people are able to go home 3–6 days after an open resection operation or 2–3 days after keyhole surgery.

You will need painkillers for the next few weeks. It may take up to three months after a resection before you start getting back to normal. You need to avoid lifting heavy loads, such as shopping, or doing things like vacuuming or gardening for at least eight weeks, to give your wound time to heal. Your specialist will tell you when you should be able to drive again.

Make sure you get enough rest and eat well. This will help your recovery. Your liver specialist will advise you not to drink alcohol for about three months while your liver is regrowing.

Gentle exercise like regular short walks will help build up your energy and you can gradually do more as you recover.

It is usually fine to have sex anytime after the operation if you feel ready. You may find you’re just too tired or that your sex drive is low, but this should improve as you recover.

Some people take longer than others to recover. It depends on your situation, so don’t be hard on yourself.

At your check-up at the outpatient clinic your doctor will check on your recovery and talk to you about the results of your operation. This is a good time for you to talk about any problems you’ve had after the operation, although you can contact them sooner if you are unwell or worried about anything.
Hormonal therapies

You may be offered hormonal therapies to treat secondary cancer in the liver. This is usually if the cancer has spread from the breast. Hormones help to control how cells grow and what they do in the body. Some hormones can also affect the growth of breast cancer cells.

Hormonal therapies work by:

• lowering the levels of particular hormones in the body
• preventing hormones from being used by the cancer cells.

Hormonal therapies can slow down or stop the growth of the cancer cells. They can shrink the cancer and reduce or get rid of symptoms.

Side effects

Hormonal therapy can cause side effects for some people, including hot flushes and sweats. Although the effects can be mild for many people, for others they can be more difficult to cope with. It’s important to discuss the possible side effects with your doctor before you start treatment.

Our booklet Understanding secondary breast cancer has more information about hormonal therapies. We also have more information on the different hormonal therapy drugs.
Targeted therapies

Targeted therapies (sometimes called biological therapies) are substances that target the differences between cancer cells and normal cells.

There are several different types of targeted therapy. The type used will depend on where the cancer first started. They may be given alongside chemotherapy and can be given in different ways including:

- by mouth (orally)
- by injection under the skin (subcutaneously)
- by injection into a vein (intravenously).

Side effects vary depending on the targeted therapy drug used. Your hospital team can tell you more.

We have information on all the commonly used targeted therapies.
Using heat to destroy cancer cells (ablation)

Ablation uses heat to destroy cancer cells. It may only be available for certain cancers and sometimes as part of a research trial (see pages 65–66). It is often used in combination with other treatments such as chemotherapy or surgery.

If your doctor feels that ablation may be helpful in your situation, they can refer you to a hospital that carries out the treatments. Ablation treatments are only available in some specialist hospitals, so you may have to travel for treatment.

There are three types of ablation that produce heat in different ways. These are microwave, radiofrequency and laser ablation. Each type destroys cancer cells by heating them to a high temperature. They may be used if you have previously had surgery (see pages 41–48) or if you’re not fit enough to have surgery.

You will be given a sedative drug to make you feel drowsy and a local anaesthetic to numb the skin of your abdomen. Sometimes ablation is performed using a general anaesthetic.

The doctor puts a fine needle through the skin over your liver and into the centre of each tumour. They use an ultrasound or CT scan to guide them. The microwave, radiofrequency or laser then produces heat which passes through the needle and into the tumour. This treatment takes about 30–60 minutes and can be used to treat tumours up to 5cm (2in) in size. You can usually go home a few hours after you’ve had your treatment.
Side effects

The side effects of ablation are usually mild and may last up to a week. They include pain in the liver area, which you can control by taking regular painkillers. Other side effects are a fever (high temperature) and feeling tired and generally unwell. These side effects are due to the body getting rid of the cells that have been destroyed. Try to drink plenty of fluids and get enough rest.

Your doctor or nurse may ask you to contact the hospital if your temperature doesn’t settle within a few days or if it goes higher than 38°C (100.4°F). This is to make sure you don’t have an infection.

Your specialist can give you more information about the possible benefits and risks of these procedures.

We can send you information on radiofrequency ablation.
Embolisation treatments

Embolisation is when substances are injected into the liver to try to block the blood flow to the cancer cells. This reduces the supply of oxygen and food to the cancer, which can make it shrink or stop it from growing.

In secondary liver cancer, embolisation can be given in combination with chemotherapy (chemoembolisation), or using radiation (radioembolisation).

Chemoembolisation

In chemoembolisation a chemotherapy drug is injected directly into the liver. The drug is mixed with an oily liquid. The oily liquid creates blood clots in the blood vessels that carry blood to the tumour. This stops oxygen and nutrients getting to the tumour.

The chemotherapy stays in the tumour in high concentrations, which can kill some of the cells and shrink the tumour. In some hospitals the chemotherapy drug is loaded into special beads, which keep the drug in the tumour and cut off the blood supply at the same time.

Chemoembolisation is sometimes called TACE (trans-arterial chemoembolisation) or CT-ACE (computerised tomography guided arterial chemoembolisation).

How it is given

You may need to stay in hospital overnight and possibly for a day or two. Before treatment the nurse or doctor will usually give you a mild sedative to help you to relax. They then inject some local anaesthetic into the skin at the top of your leg (your groin) to numb the area. After this the doctor makes a tiny cut in the skin.
While using x-ray pictures, the doctor places a thin plastic tube (catheter) into a blood vessel in the groin. This is passed upwards until the tip is in the artery that takes blood to the liver (hepatic artery). A chemotherapy drug mixed with the oily liquid is then injected into the liver and the catheter is removed.

**Side effects**

Chemoembolisation can cause side effects such as sickness, pain, a raised temperature and feeling very tired. You will be given anti-sickness drugs and painkillers to take until the side effects settle down. This is usually within 1–2 weeks. Serious complications are rare, but occasionally it can damage the liver.

**Radioembolisation**

This treatment uses tiny radioactive beads (microspheres) to treat secondary cancer in the liver.

Radioembolisation is also known as selective internal radiotherapy (SIRT). It is only available in some hospitals so you may have to travel for this treatment if it is suitable for you.

Before having the treatment, a test called an angiogram is done. A fine tube (catheter) is put into a blood vessel in your groin area and passed into a blood vessel taking blood to the liver (hepatic artery). This shows where the SIRT beads would travel through the bloodstream and allows the doctor to close off any blood vessels that would take the SIRT beads to other parts of the body.

When you have the treatment you will have another angiogram and the SIRT beads will be injected into the catheter. They get stuck in the small blood vessels around the tumour.
The radiation given off by the SIRT beads damages the cancer cells and stops them growing. It also damages the blood vessels to the tumour so that it can’t get the nutrients it needs.

You may need to stay in hospital overnight after your treatment.

The amount of radiation given off by the beads is small and lasts for about 10–14 days. You will be told about any safety precautions you need to take during this time. You should drink plenty of fluids. The beads remain in the liver permanently and are harmless.

Depending on how effective it is, the treatment can sometimes be repeated.

**Side effects**
Side effects include having a high temperature and abdominal pain straight after the injection. These can last for a few days.

Other side effects include feeling sick (nausea), being sick (vomiting), and diarrhoea. Your doctor will prescribe medicines to control these.

We can send you more information on SIRT.
Stereotactic radiotherapy

This is a new way of giving radiotherapy that may sometimes be used if surgery or radiofrequency ablation aren’t suitable.

Stereotactic radiotherapy treatment is given using a radiotherapy machine, which delivers beams of radiotherapy from many different angles. The beams overlap at the tumour. The radiotherapy dose to the tumour is therefore very high, but the dose to surrounding tissues is very low.

This treatment is only available in a small number of hospitals in the UK. Your specialist can give you more information.

We can send you more information on stereotactic radiotherapy.
Controlling symptoms

The symptoms of secondary liver cancer can often be relieved with the treatments described in the previous section. However, if it’s not possible to use these treatments, or if they are not effective, there are several other ways to help relieve and control symptoms.

Your doctor may refer you to a palliative care team who can provide expert advice on controlling symptoms and also support you and your family. The palliative care team will often include a doctor and nurses. They are often linked to a local hospice and can visit you and your family at home (see page 79).

**Tiredness and weakness (fatigue)**

Fatigue means feeling exhausted all or most of the time. It’s a common and difficult problem for people with secondary liver cancer. It may be caused by the cancer itself or by other symptoms, such as pain.

Many people with secondary liver cancer find they feel tired and don’t have the energy to do everyday activities. If you feel tired, it’s important to pace yourself and save your energy for the things that matter to you and that you enjoy. Try not to feel guilty if you have to ask for help with chores. Letting other people do these can help you have energy for the things you really want to do. Often friends and relatives want to help and are pleased to be asked.
Just do as much as you feel like. You won’t do yourself any harm by doing too much, but you may need to rest and relax a bit more the next day. Tiredness and weakness can make it harder for you to concentrate or to take part fully in what’s going on around you. So if you have important things to do, try to do them when you feel less tired.

Our booklet *Coping with fatigue* has tips to help you cope with cancer-related tiredness.

**Loss of appetite**

Some people lose interest in food. This may be a symptom of the cancer or a side effect of the treatment you’re having. You may be put off even by the sight and smell of food. Small, frequent and simple meals, concentrating on your favourite foods, are likely to be most tempting.

Sometimes medicines such as steroids or a hormone called megestrol acetate (Megace®) can help to increase your appetite. Your doctor may prescribe these.

Our booklet *Eating problems and cancer* has lots of ideas about boosting your appetite and maintaining a good diet.
Feeling sick (nausea)

Secondary liver cancer can make you feel sick by changing the chemical balance of your blood. Some treatments may also make you feel sick.

This can often be effectively relieved by anti-sickness tablets (anti-emetics). There are several different types of anti-emetics available and your doctor will find the one that suits you best.

Your doctor may prescribe steroids for you to take. These can help to relieve sickness and make you feel more energetic, as well as improving your appetite.

We can send you more information about controlling nausea and vomiting.

Pain

Secondary cancer of the liver can make the liver grow larger. The enlarged liver stretches the capsule that surrounds it, which causes pain.

Chemotherapy may shrink the enlarged liver and this can help relieve the pain, but there are also several effective types of painkillers available that your doctor can prescribe.

Strong painkillers can cause constipation, so it’s important you try to have a diet high in fibre and to drink plenty of fluids. Your doctor should also prescribe a laxative with your painkillers to prevent constipation.
Steroids can also help to control pain by reducing swelling around the liver. This helps to reduce the size of the enlarged liver. They are usually given as a short course of treatment lasting a few weeks or months.

Our booklet *Controlling cancer pain* gives more information about painkilling drugs and other ways of relieving pain.

**Ascites**

Secondary liver cancer can cause a build-up of fluid in the tummy (abdomen). This is called ascites. Your abdomen becomes swollen and distended (bloated), which can be uncomfortable or painful. You may also have less of an appetite and feel breathless, as the swelling can prevent your lungs from fully expanding as you breathe.

Your doctors may treat ascites by inserting a small tube into your tummy to drain off the fluid. This is usually done in hospital using a local anaesthetic, and can be repeated when necessary. Sometimes your doctor can do this procedure at home.

Your doctors may prescribe water tablets (diuretics) to try to stop or slow down fluid build-up.

We can send you more information about ascites.
Jaundice

Jaundice can occur if your bile duct (see the diagram on page 10) becomes blocked by the cancer. The bile duct drains bile from the liver and gall bladder into the bowel. If this happens, bile builds up in the liver and flows back into the blood. It makes the skin turn yellow and feel itchy. This is called jaundice.

Your doctor may prescribe medicines to help relieve the itching (see page 64).

Depending on where the blockage is, the jaundice can sometimes be relieved by putting a narrow tube (stent) into the bile duct to keep it open. This allows the bile to flow normally into the small intestine.

‘James had jaundice. He was put on a high protein diet and had his medication reduced to take some pressure off his liver and improve his liver function.’

Caroline
Extremes in body temperature

The liver is the major heat-producing organ of the body, and people with cancer in the liver sometimes find that they have extreme changes in body temperature. You may feel hot and sweat more, or feel cold and shivery.

Speak to your doctor if you have these changes, as there may be medicines that can help.

Hiccups

You may have hiccups if your liver is pressing on the nerve that leads to your diaphragm (the muscle layer separating the chest from the abdomen). A number of medicines may help to reduce or stop hiccups. Your doctor can prescribe these for you.

Itching

If the itching is due to jaundice, having frequent showers can wash off the bile salts and provide relief. Try to avoid soaps that dry your skin as they may increase itching. You may find moisturising lotions helpful. Your doctor can also prescribe medicines to help relieve itching.

We can send you our booklet Controlling the symptoms of cancer, which has detailed information on how to reduce these symptoms.
Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

• test new treatments, such as new chemotherapy drugs or targeted therapies

• look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects

• compare the effectiveness of drugs used to control symptoms

• find out how cancer treatments work

• find out which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, hormone therapy, radiotherapy, or other treatment is better than what is already available.

Taking part in a trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It’s important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.
If you decide not to take part in a trial, your decision will be respected and you don’t have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you’re treated by the hospital staff, and you’ll be offered the standard treatment for your situation.

Blood and tumour samples

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can’t be identified.

The research may be carried out at the hospital where you are treated, or at another one. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.
Follow-up

If you have secondary liver cancer, you will see your doctor regularly. They will monitor your health and treat any symptoms or discomfort caused by the cancer. You may have scans or blood tests to assess the cancer or the effects of any treatment.

These appointments are good opportunities to discuss with your doctor any worries or problems you may have. However, if you notice any new symptoms or are anxious about anything else between appointments, contact your doctor or specialist nurse for advice.
Your feelings

Most people feel overwhelmed when they are told they have cancer that has come back or spread. You may experience many different emotions. These are part of the process many people go through when dealing with their illness. Partners, family members and friends often have similar feelings and may also need support and guidance to help them cope.

Reactions differ from one person to another – there’s no right or wrong way to feel. We describe some of the common emotional effects of cancer here. However, reactions vary and people have different emotions at different times.

Shock and disbelief

Disbelief is often the immediate reaction when cancer is diagnosed. You may feel numb and unable to express any emotion. You may also find that you can only take in a small amount of information, and so you have to keep asking the same questions again and again. This need for repetition is a common reaction to shock. Some people find that their feelings of disbelief make it difficult for them to talk about their illness with family and friends. For others it may be the main topic of conversation as it’s the main thing on their mind.

You may find our booklet Talking about your cancer helpful.
Fear and uncertainty

Cancer is a frightening word. Understandably, one of the fears expressed by many people with cancer is ‘Am I going to die?’.

When a cancer isn’t curable, modern treatments often mean that the disease can be controlled for some time and many people can live an almost normal life in that time.

‘Will I be in pain?’ and ‘Will any pain be unbearable?’ are other common fears. If you do have pain, there are many drugs and other techniques that are very successful at relieving pain or keeping it under control.

Our booklet *Controlling cancer pain* describes the wide variety of medical and complementary treatments available for controlling pain.

Many people are anxious about whether their treatment will work and how to cope with possible side effects. It’s best to discuss your individual treatment and its possible outcomes in detail with your doctor. You may find it helpful to make a list of the questions you want to ask them.

You may find the doctors can’t answer your questions fully, or that their answers sound vague. Doctors know approximately how many people will benefit from a certain treatment, but they can’t predict the future for a particular person. Many people find this uncertainty hard to live with.

Uncertainty about the future can cause a lot of tension. Finding out more about your illness can help and talking with family and friends may relieve tension.
You might find it helpful to talk to other people in your situation. Call our cancer support specialists on 0808 808 00 00 to find out if there’s a support group in your area. Or you can visit our online community at macmillan.org.uk/community to chat any time with people who know what you’re going through.

Some people find some form of spiritual support helpful at this time, and you may like to talk to a spiritual or religious adviser.

**Denial**

Many people cope with their illness by not wanting to know much or talk much about it. If that’s the way you feel, just let your family and friends know that you’d prefer not to talk about your illness, at least for the time being.

Sometimes, however, it’s the other way around. You may find that your family and friends don’t want to talk about your illness. They may appear to ignore the fact that you have cancer, perhaps by playing down your worries and symptoms or deliberately changing the subject. If this upsets or hurts you, try telling them. Perhaps start by reassuring them that you know why they’re doing it, but that it will help you if you can talk to them about your illness.
Anger

People often feel very angry about their illness. Anger can also hide other feelings, such as fear or sadness. You may direct your anger at the people closest to you, or at the doctors and nurses caring for you. It’s understandable that you may be very upset by many aspects of your illness, so you don’t need to feel guilty about your angry thoughts or irritable moods.

Bear in mind that your family and friends may sometimes think that your anger is directed at them, when it’s really directed at your illness. It may help to tell them this, or perhaps show them this section of the booklet.

Blame and guilt

Sometimes people blame themselves or others for their illness, trying to find reasons to explain why it has happened to them. This may be because we often feel better if we know why something has happened. In most cases it’s impossible to know exactly what has caused a person’s cancer. So there’s no reason for you to feel that anyone is to blame.

Resentment

Understandably, you may feel resentful because you have cancer while other people are well. These feelings may crop up from time to time during the course of your illness and treatment. It usually helps to discuss these feelings, rather than keeping them to yourself.
Isolation and depression

There may be times when you want to be left alone to work through your thoughts and emotions. This can be hard for your family and friends, who want to share this difficult time with you. It may help them cope if you reassure them that, although you don’t feel like discussing your illness at the moment, you’ll talk to them about it when you’re ready.

Sometimes, depression can stop you wanting to talk. If you or your family think you may be depressed, discuss this with your GP. They can refer you to a doctor or counsellor who specialises in the emotional problems of people with cancer, or prescribe an antidepressant drug for you.

We have a video at macmillan.org.uk/depression that may be helpful.

If you need more help

These feelings can be very difficult to cope with and sometimes people need more help. This happens to lots of people and doesn’t mean you’re not coping.

Our booklet How are you feeling? The emotional effects of cancer discusses the feelings you may have in more detail, and has suggestions for coping with them.
What you can do

One of the hardest things to cope with can be the feeling that the cancer and its treatment have taken over your life. This is a common feeling, but there are lots of things you can do.

There may be days when you feel too tired to even think about what could help. You’ll have good and bad days, but if you’re overwhelmed by these feelings, let your doctor or nurse know. It may be that you have depression, and this is treatable so they should be able to help.

Finding ways to cope

You may find it helps to try to carry on with life as normally as possible, by staying in contact with friends and keeping up your usual activities. Or you may want to decide on new priorities in your life. This could mean spending more time with family, going on the holiday you’ve dreamed about or taking up a new hobby. Just thinking about these things and making plans can help you realise that you still have choices.

Some people want to improve their general health by eating a more healthy diet, by getting fitter or by finding a relaxing complementary therapy.

Understanding about the cancer and its treatment helps many people cope. It means they can discuss plans for treatment, tests and check-ups with their doctors and nurses. Being involved in these choices can help give you back control of your life.
If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it’s best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you’re letting them down if you admit to being afraid. Unfortunately, denying strong emotions can make it even harder to talk, and may lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it’s enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit macmillan.org.uk/learnzone to find out more.

Our booklet Lost for words – how to talk to someone with cancer has more suggestions if you have a friend or relative with cancer.

If you’re looking after a family member or friend with cancer, you may find our booklet Looking after someone with cancer helpful. It’s based on carers’ experiences and has lots of practical tips and information.

We have more information about supporting someone with cancer at macmillan.org.uk/carers
Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information, and gradually tell them more to build up a picture of your illness.

Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and they may feel over-burdened. It’s important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website riprap.org.uk which has been developed especially for teenagers who have a parent with cancer.

You may find our booklet Talking to children helpful.
Who can help?

Many people are available to help you and your family.

**District nurses** work closely with GPs and make regular visits to patients and their families at home if needed.

The hospital **social worker** can give you information about social services and benefits you may be able to claim. These may include meals on wheels, a home helper or money to help with hospital transport fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called **palliative care nurses**. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes known as **Macmillan nurses**. However, many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you’re at a clinic or in hospital.

**Marie Curie nurses** help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There’s also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor or GP to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families. Our cancer support specialists on **0808 808 00 00** can tell you more about counselling and can let you know about services in your area.
WORK AND FINANCIAL SUPPORT

Financial help and benefits 82
Work 85
Financial help and benefits

If you are struggling to cope with the financial effects of cancer, help is available.

If you cannot work because you are ill, you may be able to get **Statutory Sick Pay**. Your employer will pay this for up to 28 weeks of sickness. If you qualify for it, they cannot pay you less.

Before your Statutory Sick Pay ends, or if you do not qualify for it, check whether you can get **Employment and Support Allowance (ESA)**. This benefit is for people who cannot work because they are ill or disabled.

There are two different types of ESA:

- contributory – you can get this if you have made enough national insurance contributions
- income-related – you can get this if your income and savings are below a certain level.

Since October 2013, a new benefit called Universal Credit has started replacing income-related ESA in England, Scotland and Wales. This benefit is for people who are looking for work or on a low income.

**Personal Independence Payment (PIP)** is a new benefit for people under 65 who find it difficult to walk or look after themselves (or both). You must have had these difficulties for at least three months, and they should be expected to last for the next nine months. Since April 2013, PIP has started to replace a similar older benefit called Disability Living Allowance (DLA) in England, Scotland and Wales.
**Attendance Allowance (AA)** is for people aged 65 or over who find it difficult to look after themselves. You may qualify if you need help with things like getting out of bed, having a bath or dressing yourself. You don’t need to have a carer, but you must have needed care for at least six months.

If you are terminally ill, you can apply for PIP, DLA or AA under the ‘special rules’. This means your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate.

**Help for carers**

**Carer’s Allowance** is a weekly benefit that helps people who look after someone with a lot of care needs. If you don’t qualify for it, you can apply for **Carer’s Credit**. This helps you to build up qualifying years for a State Pension.

**More information**

The benefits system can be hard to understand, so it’s a good idea to talk to an experienced welfare rights adviser. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**. We’ve just listed some benefits here, but there may be others you can get.

You can find out about state benefits and apply for them online at [gov.uk](http://gov.uk) (England, Wales and Scotland) and [nidirect.gov.uk](http://nidirect.gov.uk) (Northern Ireland). These websites have information about financial support, your rights, employment and independent living. You can also get information about these issues from the relevant Department for Work and Pensions helplines (see page 97) or Citizens Advice (see page 96). In Northern Ireland, you can call the Benefit Enquiry Line Northern Ireland on **0800 220 674**.
Our booklet **Help with the cost of cancer** has more detailed information. You might also find our video at [macmillan.org.uk/gettingfinancialhelp](http://macmillan.org.uk/gettingfinancialhelp) useful.

**Insurance**

People who have, or have had, cancer may find it hard to get certain types of insurance, including life and travel insurance. A financial adviser can help you look at your needs and find the best deal for you. You can find a financial adviser by contacting one of the organisations on pages 96–98.

Our booklets *Insurance* and *Getting travel insurance* may also be helpful.
Work

You may need to take time off work during your treatment and for a while afterwards. It can be hard to judge the best time to go back to work, and this will depend mainly on the type of work you do and how much your income is affected. It’s important to do what’s right for you.

Getting back into your normal routine can be very helpful, and you may want to go back to work as soon as possible. It can be helpful to talk to your employer about the situation – it may be possible for you to work part-time or job share.

On the other hand, it can take a long time to recover fully from cancer treatment, and it may be many months before you feel ready to return to work. It’s important not to take on too much, too soon. Your consultant, GP or specialist nurse can help you decide when and if you should go back to work.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets Work and cancer, Working while caring for someone with cancer and Self-employment and cancer have more information that may be helpful.

There’s lots more information at macmillan.org.uk/work
# Further Information

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About our information</td>
<td>88</td>
</tr>
<tr>
<td>Other ways we can help you</td>
<td>90</td>
</tr>
<tr>
<td>Other useful organisations</td>
<td>93</td>
</tr>
</tbody>
</table>
About our information

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

Order what you need

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

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

All of our information is also available online at macmillan.org.uk/cancerinformation

There you’ll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

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

• audiobooks
• Braille
• British Sign Language
• Easy Read booklets
• ebooks
• large print
• translations.

Find out more at macmillan.org.uk/otherformats

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

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

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

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

At Macmillan, we know how a cancer diagnosis can affect everything, and we’re here to support you. No one should face cancer alone.

**Talk to us**

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

**Macmillan Support Line**

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

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

Call us on **0808 808 00 00**
or email us via our website, [macmillan.org.uk/talktous](http://macmillan.org.uk/talktous)

**Information centres**

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face. Visit one to get the information you need, or if you’d like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us on **0808 808 00 00**.
Talk to others

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

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

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

The Macmillan healthcare team

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

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

Mal
Help with money worries

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

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

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

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

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

Help with work and cancer

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

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

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

**Bowel Cancer UK**  
Willcox House,  
140–148 Borough High Street,  
London SE1 1LB  
**Tel** 020 7940 1760  
**Email** admin@bowelcanceruk.org.uk  
[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)  
Aims to raise awareness of bowel cancer and improve the quality of life of those affected by the disease. Provides information about bowel cancer prevention, screening and symptoms through its website and factsheets.

**Breast Cancer Care**  
5–13 Great Suffolk Street,  
London SE1 0NS  
**Helpline** 0808 800 6000  
(Mon–Fri 9am–5pm, Sat 10am–2pm)  
**Email** info@breastcancercare.org.uk  
[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)  
Provides information, practical assistance and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline. Offers a peer support service where anyone affected by breast cancer can be put in touch with a trained supporter who has had personal experience of breast cancer.

**British Liver Trust**  
2 Southampton Road,  
Ringwood BH24 1HY  
**Tel** 0800 652 733  
**Helpline email** helpline@britishlivertrust.org.uk  
[www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)  
Works to pioneer liver health and reduce the impact of liver disease through awareness, care and research. Produces numerous leaflets on liver disease.
General cancer support organisations

Cancer Black Care
79 Acton Lane,
London NW10 8UT
Tel 020 8961 4151
Email info@cancerblackcare.org.uk
www.cancerblackcare.org.uk
Offers information and support for people with cancer from ethnic communities, their friends, carers and families.

Cancer Focus Northern Ireland
40–44 Eglantine Avenue,
Belfast BT9 6DX
Tel 0800 783 3339
(Mon–Fri, 9am–1pm)
Email hello@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.

Cancer Research UK
Angel Building,
407 St John Street,
London EC1V 4AD
Tel 0300 123 1022
www.cancerhelp.org.uk
Has patient information on all types of cancer and has a clinical trials database.

Cancer Support Scotland
The Calman Centre,
75 Shelley Road,
Glasgow G12 0ZE
Tel 0800 652 4531
Email info@cancersupportscotland.org
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

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 Centres
20 St. James Street,
London W6 9RW
Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org
Provides information about cancer, benefits advice, and emotional or psychological support.

Penny Brohn Cancer Care
Chapel Pill Lane,
Pill, Bristol BS20 0HH
Tel 01275 370 100
(Mon–Fri, 9.30am–5pm)
Email helpline@pennybrohn.org
www.pennybrohn.cancercare.org
Offers a combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques.

Riprap
Maggie’s,
The Stables,
Western General Hospital,
Crewe Road,
Edinburgh EH4 2XU
www.riprap.org.uk
Developed especially for teenagers who have a parent with cancer.

Tenovus
Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
(Mon–Sun, 8am–8pm)
Email info@tenovuscancercare.org.uk
www.tenovus.org.uk
Aims to help everyone get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, an ‘Ask the nurse’ service on the website and benefits advice.

Counselling and emotional support

British Association for Counselling and Psychotherapy (BACP)
BACP House,
15 St John’s Business Park,
Lutterworth,
Leicestershire LE17 4HB
Tel 01455 883 300
Email bacp@bacp.co.uk
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services. You can search for a qualified counsellor at itsgoodtotalk.org.uk

**Samaritans**
Freepost RSRB-KKBY-CYJK, Chris, PO Box 9090, Stirling FK8 2SA
Tel 08457 90 90 90
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.

**UK Council for Psychotherapy (UKCP)**
2nd Floor, Edward House, 2 Wakley Street, London EC1V 7LT
Tel 020 7014 9955
Email info@ukcp.org.uk
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

**Financial or legal advice and information**

**Benefit Enquiry Line**
**Northern Ireland**
Tel 0800 220 674
(Mon–Wed and Fri, 9am–5pm, Thu, 10am–5pm)
Textphone 0800 243 787
www.nidirect.gov.uk/money-tax-and-benefits
Provides information and advice about disability benefits and carers’ benefits.

**Citizens Advice**
Provides advice on a variety of issues including financial, legal, housing and employment issues. Find details for your local office in the phone book or on one of these websites:

**England and Wales**
www.citizensadvice.org.uk

**Scotland**
www.cas.org.uk

**Northern Ireland**
www.citizensadvice.co.uk
You can also find advice online in a range of languages at adviceguide.org.uk
Civil Legal Advice
Tel 0845 345 43 45
(Mon–Fri, 9am–8pm,
Sat, 9am–12.30pm)
Minicom 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
isn’t your first language.

Department for Work
and Pensions (DWP)
Disability Living Allowance
Helpline 0345 712 3456
Textphone 0345 722 4433
Personal Independence
Payment Helpline
0345 850 3322
Textphone 0345 601 6677
Carer’s Allowance Unit
0345 608 4321
Textphone 0345 604 5312
www.gov.uk/browse/benefits
Manages state benefits in
England, Scotland and Wales.
You can apply for benefits
and find information online
or through its helplines.

GOV.UK
www.gov.uk
Has comprehensive information
about social security benefits
and public services.

The Money Advice Service
Tel 0300 500 5000
(Mon–Fri, 8am–8pm,
Sat, 9am–1pm)
Typetalk
18001 0300 500 5000
www.moneyadvice
service.org.uk
Runs a free financial
health check service
and gives advice about
all types of financial matters.
Has an online chat service
for instant money advice.

Money Advice Scotland
Tel 0141 572 0237
www.moneyadvice
scotland.org.uk
Understanding secondary cancer in the liver

National Debtline (England, Wales and Scotland)
Tricorn House, 51–53 Hagley Road, Edgbaston, Birmingham B16 8TP
Tel 0808 808 4000 (Mon–Fri, 9am–9pm, Sat, 9.30am–1pm)
www.nationaldebtline.org
A national helpline for people with debt problems. The service is free, confidential and independent.

Personal Finance Society – ‘Find an Adviser’ service
www.findanadviser.org
Use the website to find qualified financial advisers in your area.

Unbiased.co.uk
Email contact@unbiased.co.uk
www.unbiased.co.uk
On the website you can search for qualified advisers who specialise in giving financial advice, mortgage, accounting or legal advice.

Support for carers

Carers Trust (Princess Royal Trust for Carers in Scotland)
32–36 Loman Street, London SE1 0EH
Tel (England) 0844 800 4361
Tel (Scotland) 0300 123 2008
Tel (Wales) 0292 009 0087
Email info@carers.org
www.carers.org and www.youngcarers.net
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
Tel (England, Scotland, Wales) 0808 808 7777
Tel (Northern Ireland) 028 9043 9843 (Wed–Thu, 10am–12pm and 2–4pm)
Email advice@carersuk.org
www.carersuk.org
Offers information and support to carers across the UK. Can put people in contact with support groups for carers in their area.

**Advanced cancer and end-of-life care**

**Hospice UK**  
Hospice UK,  
34–44 Britannia Street,  
London WC1X 9JG  
**Tel** 020 7520 8200  
**Email** info@hospiceuk.org  
[www.hospiceuk.org](http://www.hospiceuk.org)  
Provides information about living with advanced illness. Has a directory of hospice services and practical booklets available free from the website.

**Marie Curie**  
89 Albert Embankment,  
London SE1 7TP  
**Tel** 0800 716 146  
(Mon–Fri, 9am–5pm)  
**Email** supporter.relations@mariecurie.org.uk  
[www.mariecurie.org.uk](http://www.mariecurie.org.uk)  
Marie Curie nurses provide free end-of-life care to people in their own homes, or in Marie Curie hospices, 24 hours a day, 365 days a year.

You can search for more organisations on our website at [macmillan.org/organisations](http://macmillan.org/organisations), or call us on 0808 808 00 00.
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 photographs are of models.

Thanks

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

With thanks to: Dr Nicholas Maisey, Consultant Medical Oncologist; Wendy Martin, HPB Clinical Nurse Specialist; Professor Ricky Sharma, Consultant Clinical Oncologist; Fenella Welsh, Consultant Hepatobiliary and General Surgeon. Thanks also to the people affected by cancer who reviewed this booklet, and those who shared their stories.

Sources

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

Can you do something to help?

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

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

### 5 Ways you can help someone with cancer

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

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

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

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

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

Call us to find out more

0300 1000 200
macmillan.org.uk/getinvolved
Please fill in your personal details

Mr/Mrs/Miss/Other
Name
Surname
Address

Postcode
Phone
Email

Please accept my gift of £
(Please delete as appropriate)
I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from
Expiry date

Issue no
Security number

Signature

Date / /

Don’t let the taxman keep your money

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

☐ I am a UK taxpayer and I would like Macmillan Cancer Support to treat all donations I have made for the four years prior to this year, and all donations I make in the future, as Gift Aid donations, until I notify you otherwise.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

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

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

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

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk
