



Canadian Cancer Society
Société canadienne du cancer

Radiation Therapy

A guide for people with cancer



1 888 939-3333 | cancer.ca

The Canadian Cancer Society would like to thank the people who shared their personal experiences with us. In some cases, their names have been changed – these names are marked with an asterisk (*).

Table of contents

3	About this booklet
4	Working with your healthcare team
4	Getting to know your healthcare team
6	Talking to your healthcare team
9	Treating cancer with radiation therapy
10	Types of radiation therapy
10	> <i>External beam radiation therapy</i>
12	> <i>Brachytherapy</i>
15	> <i>Systemic radiation therapy</i>
17	Managing side effects
18	Appetite changes
19	Depression
20	Fatigue
21	Hair loss
22	Nausea and vomiting
23	Sexual problems
23	Skin changes
25	Sleeping pattern changes
26	Radiation therapy to the brain
26	> <i>Changes to the way you think or behave</i>
27	> <i>Earaches and problems hearing</i>
27	> <i>Swelling of the brain</i>
28	Radiation therapy to the head and neck
28	> <i>Appetite and changes in your eating</i>
29	> <i>Changes to your teeth and gums</i>
29	> <i>Dry mouth</i>
29	> <i>Earaches and problems hearing</i>
30	> <i>Sore mouth and throat</i>
30	> <i>Voice changes</i>
31	Radiation therapy to the chest
31	> <i>Breast changes</i>
31	> <i>Heart problems</i>
31	> <i>Lung problems</i>

32	Radiation therapy to the stomach
32	> <i>Digestive problems</i>
33	Radiation therapy to the pelvis
33	> <i>Bladder problems</i>
34	> <i>Bowel problems</i>
35	> <i>Erectile dysfunction</i>
35	> <i>Fertility</i>
36	> <i>Menopausal symptoms</i>
37	> <i>Vaginal narrowing</i>
38	Life during treatment
39	Staying organized
39	Managing stress
41	Work and financial matters
41	> <i>Continuing to work</i>
42	> <i>Taking time off work</i>
43	> <i>Your finances</i>
44	Getting support
46	For the caregiver
48	After treatment
49	Follow-up care
50	Late and long-term side effects
52	Moving on
53	Resources
53	Canadian Cancer Society
54	Suggested websites

About this booklet

This booklet was written for people who've been diagnosed with cancer and are about to start radiation therapy. Let this booklet be your guide – it can help you:

- get ready to start treatment
- cope with radiation therapy, including its side effects
- get back to “normal” after your treatment is finished

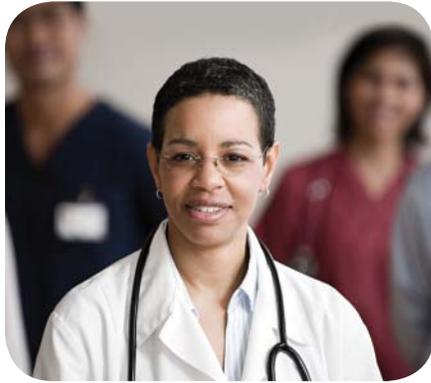
For some of you, the information in this booklet may be enough. For others, it may be only a starting point. Either way, it can help you prepare for the journey ahead. You can read the booklet cover to cover, or you can look at different sections as you need to. Friends and family who are caring for you may also find it helpful to read.

Throughout this booklet, you'll read the words of Canadians who've been where you are now – facing cancer. While their experiences may not be the same as yours, you might find that reading their stories helps you understand that you're not alone and that with your healthcare team, you can get the care and support you need.

“ *In my experience, it was a much easier treatment than I thought it would be. Of all the things I had to go through, this was the least scary and the easiest. It was more scary in theory than it was in practice.* ~ Christy

Working with your healthcare team

When you have cancer, you can feel very alone. But the truth is you're not alone at all. You're part of a team – a team committed to fighting your cancer. Your team is there to help you and your family or friends cope with the physical and emotional effects of cancer treatment and to help you find your way through the healthcare system. Together, you and your team can make sure you get the best care possible.



“ *Trust your team – they know what they are doing. And stay positive. That takes you a long way.* ~ Nahla*

Getting to know your healthcare team

Many different healthcare professionals are working together to help you – through your treatment and after your treatment is finished. The most important member of the team is you, and you should be informed and consulted every step of the way.

“ *These folks are absolutely incredible – they are so caring and comforting. They know what you're going through, and they want to make it as comfortable as possible.* ~ Dan

Your healthcare team may include:

A *dosimetrist* plans the amount, or dose, of radiation you receive during treatment, based on the plan the radiation oncologist develops for you.

Your *family doctor* or *general practitioner* (GP) gives general healthcare to you and your family. They play an important part in continuing your care, especially after your cancer treatment ends.

A *medical oncologist* is a doctor who specializes in diagnosing and treating cancer.

A *medical physicist* checks your treatment plan and makes sure the radiation equipment and radiation levels are safe.

A *nurse* cares for you in the hospital or at your home. Nurses can answer your questions, give medicine and offer emotional support. *Oncology nurses* and *oncology nurse practitioners* have special training in caring for people with cancer. A *radiation therapy nurse* provides nursing care during radiation therapy. They talk to you about your treatment and help you manage side effects.

The nurse navigator – a new member of the team

Nurse navigators (sometimes called patient navigators) are new members of many cancer treatment teams. They help you find your way through the healthcare system. Nurse navigators can speak on your behalf, make sure your questions are answered and help you find the resources you need. More and more hospitals have nurse navigators – ask if there's one available to help you.

A *radiation oncologist* is a doctor who specializes in treating cancer with radiation. The radiation oncologist develops your radiation treatment plan.

A *radiation therapist* is the person who plans your radiation therapy treatment at simulation and gives you your treatment based on the plan your radiation oncologist developed. Your radiation therapist is the member of your team you will see most often.

A *pathologist* looks at samples of tissue taken from your body to diagnose illness and see how cancer cells are reacting to treatment.

A *pharmacist* prepares medicines and explains to you how they work.

A *physiotherapist* or *occupational therapist* works with you to restore or maintain physical fitness. They can help when you have a hard time moving around or carrying out daily activities. An occupational

therapist can also help you return to work, adjust your work activities and make suggestions to modify your home while you have treatment or deal with side effects.

Psychiatrists and *psychologists* are mental health specialists. They can help you and your family understand, manage and cope with your feelings, thoughts, worries and behaviours.

A *registered dietitian* can answer your questions on diet and nutrition throughout your treatment and recovery.

A *social worker* helps you and your family cope with cancer and cancer treatment by giving you counselling or referring you to support groups, sources of financial assistance or any other kind of help you need.

A *spiritual care worker* offers spiritual care, support and prayer according to your spiritual and religious needs.

“ *I was just so impressed with all the people. They have a sense of compassion, they are skillful ... the whole sense of how to deal with patients in difficult situations. My doctor actually said to phone him at any time at all.* ~ Ron

Talking to your healthcare team

The members of your healthcare team are experts in cancer – but you’re the expert on *you*. Help them know more about you, not just your cancer. Tell them what you need, whether you’re getting too much information, not enough or just the right amount. Let them know how you’re feeling and if you have any fears or concerns about your treatment or side effects.

You may also want to tell them about your life outside cancer treatment – whether you live alone, if you have young children or if travelling to and from the hospital is hard for you. Tell them if you plan to keep working or studying during your treatment or if you have any special events coming up like a wedding, a graduation or a trip.

Talk to your healthcare team about any cultural or spiritual practices that are important to you. If you find it easier to communicate in another language (including sign language), let them know – they can arrange for an interpreter.

Good communication with your healthcare team is one of the best ways to get the best possible care. Be honest, open and direct.

> **TIPS** during your visits

There’s a lot going on in your life right now – feeling overwhelmed is normal and so is having lots of questions.

- Take the time to write down your questions before your appointment so you don’t forget to ask them. And write down the answers. Or bring a family member or friend who can do this for you.
- If you don’t understand an answer, ask again. Keep asking until it’s clear. And repeat the answer back to the doctor in your own words – that way, you both can be sure you understand.
- Tell your healthcare team about anything new since your last visit. They need to know about any new symptoms or side effects you’re having.
- Ask your doctor to give you information in print. Fact sheets with clear language and pictures can help you remember important details later, when you’re at home.
- Write down any instructions so you don’t forget. Make sure you understand the medication schedule before you leave.
- Check when your next appointment is.

“ *It’s kind of overwhelming. It’s everyday for them, but they’re giving you all this information and you can’t remember half of what they said.* ~ Christy

For questions to ask

Our booklet *Questions to Ask about Cancer* suggests questions to ask your healthcare team and provides space to write down your answers.

> **TIPS** after your visits

- Review your visit to help remember what was said. Look at your notes and talk with the person who went with you about what the healthcare team said.
- Keep all the information or instructions the healthcare team gave you in one place so you can find them easily. Use a folder, binder, tablet or laptop to keep them close at hand so they're easy to look at.
- If you're not sure about something, have new questions or remember something you forgot to ask, write it down so you can ask at your next visit.

Know who to contact

Make sure you know who to contact if you have any questions that can't wait until your next appointment. Find out what to do if there's an emergency or if you start having new or unexpected side effects. Ask who to call at night or on weekends, and keep the numbers with you all the time.

It takes time to develop a relationship with your healthcare team. But sometimes, no matter how many appointments you have, you may feel like it's hard to talk to some members of your team. Communication can have a big effect on the success of your treatment, so if it's hard to talk with someone on your team, tell them. Or talk to someone else on your healthcare team about the problem. If the relationship still isn't working and you think it's affecting your treatment, you may be able to ask for a new member on your team.

Treating cancer with radiation therapy

In low doses, radiation is used for things like x-rays, to take pictures of the inside of your body. Radiation for cancer treatment uses higher doses of radiation to destroy cancer cells. Radiation therapy works by damaging the cancer cells over and over again. The cancer cells don't have time to repair themselves in between daily treatments, so eventually they disappear. But normal cells are able to repair and replace themselves between these daily sessions of radiation therapy.



Even though cancer cells and normal cells react differently to radiation, it's very hard to destroy cancer cells without damaging some normal cells too. The goal of radiation therapy is to give enough radiation to destroy cancer cells in your body – but only enough radiation so that normal cells can recover.

Your radiation oncologist will develop a plan for you based on:

- the type of cancer
- where it is in your body and what size the tumour is
- the stage and grade of the cancer
- possible side effects
- your general health

Radiation therapy may be your only cancer treatment or it may be given in combination with other treatments, like surgery or chemotherapy. In some cases, you may have radiation therapy to:

- shrink the tumour before surgery
- manage symptoms
- improve quality of life when cancer cannot be cured

Types of radiation therapy

There are three different types of radiation therapy – external beam, brachytherapy and systemic. You may get more than one type of radiation therapy during your treatment. Your radiation therapy team will plan what's best for you.

External beam radiation therapy

External beam radiation therapy is a common type of radiation therapy. It uses high doses of radiation to destroy cancer cells and reduce the size of tumours. During the therapy, a large machine directs radiation at the tumour and to some tissue around it.

Planning

To develop the best plan for you, the radiation therapy team learns as much as possible about your tumour. Imaging tests (such as MRIs or CT scans) help to find where the tumour is, how big it is and what shape it is. Members of your team will ask you about your overall health, give you a physical exam and review your test results. Your radiation oncologist uses all this information along with a simulation to decide how much radiation you need and to plan your treatment schedule.

Simulation is a planning session at the hospital before your first treatment. It makes sure the radiation is aimed at the same area of your body each time you get treatment. Your team will take you through the following steps, which can take 15 minutes to an hour or more:

- A simulation machine (a *simulator*) takes pictures of the tumour.
- The team then decides the best position for you to have your treatment. The simulation and your treatments are done in this position. If the simulation position is uncomfortable, tell your radiation therapy team. They may be able to make you more comfortable.
- The team may mark your skin with ink or a very small tattoo, about the size of a freckle. These markings help them send

the radiation to the exact same place each time. Tell your radiation therapy team if the ink starts to wear off in between therapy sessions.

- To help you stay still, the team decides if you need any special equipment. This may include a mask for your head, a special board for your arm position or a mold for your body. Or you may need a shield or block to protect some areas of your body from radiation. These are usually made specifically to fit you.

Therapy

External beam radiation therapy takes place at the hospital, but you won't have to stay overnight. Therapy sessions are about 15 to 30 minutes. The treatment may take only a few minutes, but the team needs time to get you in the right position and get the equipment ready. Treatment is usually once a day, 5 days a week, Monday to Friday, for several weeks. You get a break on weekends to give your healthy cells time to recover and repair themselves.

You may change into a hospital gown for your treatment, as well as take off any jewellery (depending on the area being treated). Radiation therapists will position you based on your simulation and check the machine settings. They'll position any special equipment to help you stay still or to help block healthy areas of your body from radiation.

Once you're in place, the therapist leaves the room while the machine delivers the radiation. You're not alone – the therapist watches you on a TV screen or through a window, and you can talk through an intercom.

A large machine sends a beam of radiation to the affected area. The machine may buzz and move around you to send the radiation from different directions. It doesn't touch you. External beam radiation therapy doesn't hurt, and you can't see or feel the radiation.

Safety precautions

It's safe to be around other people, including children, right after external beam radiation therapy. This type of treatment doesn't make you radioactive.

Brachytherapy

Brachytherapy (also called internal radiation therapy) delivers the radiation directly to the tumour or into a body cavity or passage (such as the esophagus) using something called an implant. Implants, which come in different sizes and shapes, can be temporary or permanent.

Planning

After looking at the results of your imaging tests, such as an MRI or ultrasound, your radiation therapy team decides how much radiation you need and plans the best way to deliver it. Brachytherapy planning may be done days before a permanent implant or hours before a temporary implant.

Therapy

Permanent implants

A permanent implant stays in your body even after treatment is finished. The implant (sometimes called a seed) gives small doses of radiation slowly over a period of time until there is no more radiation. The radiation affects a very small area around the implant and doesn't usually affect other people.

Temporary implants

A temporary implant stays in your body only for the time you're being treated. For temporary implants, the radiation therapy team places special applicators (such as hollow needles, tubes or a catheter) in your body. These applicators deliver the radiation. The applicators and implants do not stay in your body between treatment sessions.

For temporary implants, you may get treatment non-stop over several days. Or you may have a single treatment. These treatments may be repeated for several days to a week, or sometimes longer. Temporary implants can be **low-dose-rate** or **high-dose-rate**.

If you have **low-dose-rate therapy**, you may need to stay in the hospital in a special room for a few days. The team places the applicator in your body and then puts the temporary implant inside the applicator. The implant delivers a low dose of radiation slowly during your stay. You won't feel the radiation, but the applicator may be uncomfortable. Your team may give you medicine to help you relax or reduce pain. When your treatment session is done, your team removes the implant and the applicator. The treated area may be sore or sensitive for some time.

If you have **high-dose-rate therapy**, you probably won't need to stay in the hospital. The team places the applicator in your body and puts the temporary implant inside the applicator. When the applicator is in place, the doctor attaches it to a machine that gives high doses of radiation. Treatment takes only a few minutes and when it's over, there's no radioactive material left in your body. When your treatment session is done, your team removes the implant and the applicator. The treated area may be sore or sensitive for some time.

Safety precautions

Following these guidelines will help make sure that other people aren't exposed to radiation.

In hospital

The following precautions are for temporary, low-dose-rate implants:

- You will be in a private room, away from other patients. Your room is shielded so radiation can't leave the room and affect people outside.

- Visitors will be limited. For example, visitors may stay for only 10 to 30 minutes a day and may have to stay at least 6 feet away from you. Children under 18 years old and pregnant women are not allowed in your room. A sign on your door will tell visitors to go to the nursing station for instructions before they go into your room.
- Nurses will provide the care you need but can stay in your room for only a short time. They may speak to you from the doorway or through an intercom.

At home

If you have a temporary implant, you can go home after it's removed with no safety precautions.

If you have a permanent implant, the radiation goes away over time.

Men who get permanent implants for prostate cancer should take these precautions for the first 2 months after treatment:

- Avoid close contact with women who are pregnant.
- Don't let children sit on your lap.
- Watch your semen or urine for seeds.
 - > Wear a condom during sex.
 - > If you find a seed, do not touch it - use a spoon or tweezers to pick it up and flush it down the toilet.
 - > Flush the toilet twice to make sure seeds are flushed down.
 - > Tell your radiation therapy team if you pass any seeds.
- Get a letter from your doctor that says you've received brachytherapy with seeds if you're planning to travel to another country.

Systemic radiation therapy

In systemic radiation therapy, radioactive material travels through your body and is absorbed by cancer cells.

Your team will give you systemic radiation therapy in one of three ways:

- by mouth - you swallow a capsule or drink a solution
- by intravenous injection - the radioactive material is injected into your vein
- by instillation - the radioactive material is placed (instilled) into a body cavity or space, such as your abdominal cavity

You won't feel the radiation travelling through your body. The therapy isn't painful, but the injection might be uncomfortable.

Planning

Your radiation therapy team looks at lab and imaging tests to decide the amount of radiation you need. This dose is different for each person depending on the cancer, the type of radiation and sometimes your body weight.

Therapy

You may need to stay in the hospital to have systemic radiation therapy. You usually only need one dose of therapy. You will stay in a private room for about 2 to 4 days while the radiation is most active. After that, you can go home. The radioactive material leaves your body over several days or weeks.

Safety precautions

Following these guidelines will help make sure that other people aren't exposed to radiation.

In hospital

- You will be in a private room, away from other patients. Your room will be shielded so radiation can't leave the room and affect people outside.

- Visitors will be limited. For example, visitors may stay for only 10 to 30 minutes a day and may have to stay at least 6 feet away from you. Children under 18 years old and pregnant women are not allowed in your room. A sign on your door will tell visitors to go to the nursing station for instructions before they go into your room.
- Nurses will provide the care you need but can stay in your room for only a short time. They may speak to you from the doorway or through an intercom.
- You may have to take some precautions with your bodily fluids for a few days, for example:
 - > Sit on the toilet while urinating to avoid splashing.
 - > Flush the toilet 2 to 3 times each time you urinate or have a bowel movement.
 - > Wipe up any spilled urine with a tissue and flush the tissue down the toilet.
 - > Wash your hands immediately after using the toilet.
 - > Use disposable dishes and cutlery when eating.
- Linens and garbage stay in your room until the treatment is done.

At home

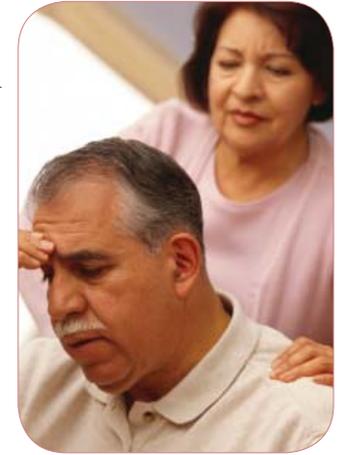
Your radiation therapy team will tell you what to do at home. Follow their instructions until your body no longer has enough radiation to be dangerous to others. They will probably tell you to do many of the same things you did while you were in hospital, as well as:

- Wash clothing and linens that are stained with urine or blood as soon as possible. Wash them separately from other laundry and rinse them thoroughly.
- If you cut yourself, clean up any spilled blood.

Managing side effects

The goal of radiation therapy is to destroy the cancer cells in your body, but it's hard to do this without damaging some healthy cells. Damage to these healthy cells is what causes side effects. The side effects you have depend on:

- the type of radiation
- the part of your body being treated
- the amount of radiation
- your overall health
- other medications you're taking



“ For the first month, I thought, ‘This is a breeze’ – and then the side effects hit. I wish I’d spent more time on the side effect possibilities – I wish it hadn’t surprised me so much. ~ Ron

Side effects can happen at any time during treatment. They often get stronger as treatment continues, and they may stay after treatment ends. Most side effects go away after treatment is over, but others may take longer to go away or may be permanent.

Your healthcare team will explain to you what to expect during and after treatment. Tell them what side effects you're experiencing so they can help you. You may also find it helpful to talk with other people who've had radiation therapy. They can share how they coped and give you ideas about what worked for them.

Keep track of side effects

Keeping a record of your side effects will make it easier to talk with your healthcare team. Let them know:

- what you're experiencing
- when it happens
- how you're dealing with it
- how you think they can help

Appetite changes

Radiation therapy can make it hard to eat well – and certain side effects can make it even harder. If you're feeling tired, you may not have the energy to eat. Or if you're feeling sick (nauseous), you won't feel like eating. Snacking often can help keep nausea away, but then you might gain weight.

Appetite changes usually happen several weeks into your treatment and may last for several weeks after your treatment has ended.

> TIPS

- Choose a healthy diet – your body needs all the nutrients it can get.
- Make eating something you look forward to – soft lights and music can help.
- Eat with family or friends to make mealtime social and fun.
- Eat several small healthy snacks throughout the day instead of large meals.
- Write down which foods bother you so you can tell your healthcare team.
- Ask your healthcare team to refer you to a dietitian who can help you choose healthy foods.

For more information on eating well during treatment

Our booklet *Eating Well When You Have Cancer: A guide to good nutrition* has tips and easy recipes to help you manage eating-related side effects during treatment.

Depression

When you're coping with cancer, you may feel sad, tearful or hopeless. These feelings may come and go. But if these feelings of sadness don't go away, they could be signs of clinical depression. Tell your healthcare team – they can prescribe medications to help you or refer you to a professional to talk to.

> TIPS

- Talk to someone who's had a cancer experience similar to yours – it can help you cope with depression and reduce your fears.
- Try not to keep your feelings inside. Share your worries and concerns with your healthcare team. Let family and friends know how you're feeling – they may be able to help.
- Eat well and be as active as possible.
- Follow a regular sleep schedule.
- Avoid alcohol – it can make depression worse.
- Look to your spiritual faith for comfort in hard times.

“ *I kept people informed – it was a way of dealing with your feelings, getting your feelings out. Your feelings can eat you up.*
~ Ron

What to watch for – Possible signs of depression

- not sleeping or sleeping too much
- overeating or having no interest in eating
- crying a lot
- feeling hopeless
- thoughts of harming yourself

Talk to your healthcare team if you have any of these signs of depression.

Fatigue

Radiation therapy to any area of the body can make you feel more tired than usual because your body is using energy to heal itself. And fatigue is more common when larger areas of the body are treated. Radiation therapy can make you feel tired for other reasons too – your schedule has changed with daily trips to the hospital, and you may not be eating or sleeping well.

You may not start feeling tired until the second week of treatment or later. Fatigue may get worse as treatment continues. Try not to be discouraged if you keep feeling tired for some time after your treatment ends. Fatigue is a sign that your body is still healing. Listen to your body, and don't overdo it. Your energy will come back.

> TIPS

- Try to get at least 8 hours of sleep at night.
- Be active if you can – take a walk, stretch, go for a swim or whatever activity you enjoy. It can help you feel better, eat better and sleep better.
- Do fewer things, and do the most important things first when you still have energy.
- Ask for help from friends or family when you need it.
- Plan time to rest. A short nap, reading or listening to music can make you feel much more energetic.
- Drink enough fluid – being dehydrated can make you feel tired.

“ *We have different types of energy – physical, mental, emotional, spiritual – so when I felt physical fatigue, I tried to go into a different area. I read, I talked to someone. If one kind of energy is petering out, move into another one.* ~ Ron

Hair loss

You may lose your hair, or your hair may get thinner in the area of your body being treated. For example, if you're being treated for breast cancer and the radiation therapy includes your armpit, the hair under your arm may fall out. When you have radiation therapy to the pelvis, you may lose some pubic hair.

If you're going to lose hair, it can start about 2 to 3 weeks into your treatment. If you've had a fairly low dose of radiation, your hair will grow back, usually a few months after your treatment ends. It may not be the hair you're used to though – it may change colour or texture, or it may be thinner or patchy. If you received a higher dose of radiation, your hair may not grow back.

“ *The weekend before I started treatments, I had all 18 inches of my wavy blonde hair styled then had a photo session with my husband. The next day my sister chopped her long hair off with me. It was just before Christmas, so I dyed my hair red and green! Halfway through radiation it started falling out, so I shaved it all off. I tried wigs but find them uncomfortable and hot, so inside I went bald and outside I have toques and hats. My hair has come back curly and red!* ~ Andrea*

> TIPS

- Use a mild shampoo to wash your hair and gently pat it dry.
- Avoid hairdryers and hairclips, as well as hair products like gel or hairspray.
- Don't perm, straighten or colour your hair when you're getting radiation therapy. The chemicals can damage your skin. Ask your healthcare team when it's okay to use these products again.
- Protect your head with a hat or scarf, especially when it's cold outside or the sun is strong.

Nausea and vomiting

Radiation therapy can make you feel sick to your stomach (nauseous) or can make you throw up (vomit) when certain parts of the body, like your stomach or brain, are treated. When this happens, it's often right after a treatment session. Your healthcare team may suggest you take anti-nausea medications to reduce nausea and vomiting. They may also suggest you start these drugs before you feel nausea, to prevent it from happening in the first place.

Nausea and vomiting can start during your first or second week of treatment, and they usually stop when your treatment is over.

“ *I tried to keep my routine normal as much as possible. Kept going to the gym – it really helped though sometimes I know I shouldn't have gone – I remember vomiting in the shower once.* ~ Christy

> TIPS

- Eat 5 to 6 small meals instead of 3 big meals each day.
- Nibble on dry foods such as crackers and toast throughout the day.
- Sip water, juice and other liquids (like flat ginger ale or sports drinks).
- Try relaxation techniques like deep breathing or complementary therapies like guided imagery.

Sexual problems

You may experience changes in your feelings about sex and intimacy when you're having radiation therapy. You may be too worried about your cancer or coping with side effects to be interested in sex. These feelings are normal.

> TIPS

- Tell your partner how you're feeling. It can help to share your thoughts with each other.
- Talk to a member of your healthcare team about sexuality while you're having treatment. They can refer you to a counsellor, such as a social worker or sex therapist, to talk about how you're feeling.
- Remember there are many ways to express your sexuality. Touching, holding or cuddling your partner can help you feel close to each other.

For more information on sexuality and cancer

Our booklet *Sexuality and cancer* has more details on coping with sexual problems for men and women.

Skin changes

If you're having external beam radiation therapy, the radiation travels through your skin to reach the cancer cells. So your skin in the treated area may become red, dry, burned or itchy. Your skin may also become darker, making you look like you're tanned in that area.

Skin reactions are usually mild and don't need special treatment. But if you have a strong reaction, talk to a member of your radiation therapy team. Sometimes it may mean you need a break from your radiation therapy to let your skin heal.

Most skin changes happen after the first 2 weeks of having radiation therapy, and they usually go away a few weeks after your treatment ends. But some skin changes, like darker skin, can be permanent.

“ *I did not have as much of a reaction in terms of redness, which I anticipated, because I burn in about 3 seconds in the sun. So I anticipated having red skin, but it wasn't too bad for me.* ~ Karyn

> TIPS

- Follow any special bathing instructions your healthcare team suggests.
- Avoid using powders, creams, perfumes, deodorants, body oils, ointments or lotions in the treated area, unless your healthcare team recommends them.
- Keep your skin clean, dry and moisturized during treatment.
- Use an electric shaver rather than a razor in the treated area to avoid cuts.
- Wear loose clothing to protect the treated areas from rubbing, pressure or irritation. Fabrics like cotton or silk feel better on radiated skin than rough fabrics like wool or denim.
- Don't wear a bra if you're having radiation therapy in the breast area. If you must wear one, talk to your radiation therapy team. They may suggest wearing a soft bra without an underwire.
- Do not squeeze or scratch pimples.
- Ask your treatment team about using saunas, pools and hot tubs. The chemicals in some swimming pools may irritate your skin.
- Be careful in the sun. Skin in the treated area may be more sensitive to the sun than you're used to, and you may get a sunburn more easily. Cover your skin with a hat or clothing, and check with your healthcare team about using sunscreen.
- Protect the treated area from heat or cold – don't use hot water bottles, heating pads or ice packs.
- Ask your healthcare team about using make-up to cover discoloured skin if it bothers you. Find out when you can start using it and what products to use.

Sleeping pattern changes

It's common to have trouble sleeping (insomnia) during treatment. You may have insomnia if you:

- are not able to fall asleep
- wake up at night and are not able to fall back asleep easily
- wake up earlier than you normally do

Pain, anxiety, depression and some medications can affect your sleep. And losing sleep can make it harder to cope with other side effects too. Not getting a good sleep can change your mood and energy level and make it harder to think and concentrate.

> TIPS

- Make sure your bedroom is quiet, dark and a little bit cool.
- If you're not asleep in about 20 minutes, get out of bed and do something else until you feel sleepy.
- Have a bedtime routine. This can include a warm bath, light snack or a few minutes of reading.
- Try to go to bed and get up at the same time every day, even on weekends and holidays.
- Keep your bed for sleep – do things like reading, writing, watching TV or talking on the phone somewhere else.
- Try to avoid caffeine in the afternoon and evening.
- If you just can't sleep, go for a gentle walk around the house or do some yoga – light exercise can help you relax.

Radiation therapy to the brain

The side effects of radiation therapy to the brain can be worrying, but not everyone has them. Your healthcare team will carefully watch your symptoms and, in many cases, they can prescribe medications or treatments to help.

“ *Radiation to the brain is painless – my daily injection of blood thinner is more painful than radiation.* ~ David

Changes to the way you think or behave

You may have some changes to the way your brain works and how you think or behave after radiation therapy to the brain. These changes include:

- how well you can concentrate, learn new things or think about the world around you
- changes in your emotions or personality
- loss of short-term or long-term memory
- problems speaking
- problems with your balance and coordination

“ *His personality changed in a way ... I can say we are very lucky because the tumour that affects memory affected only people's names mostly. About his business, he doesn't forget a thing.*
~ Sarife (caregiver)

Your healthcare team can refer you to a psychologist who can help you deal with these changes – this may include taking medication.

> TIPS

- Tell your family and friends that these changes could happen to you. Sometimes it's easier for someone else to see these changes – you may not notice them yourself.
- Make lists to help you remember things.
- Reduce stress with relaxation techniques like deep breathing.

- Try not to do too many tasks at once. Make it easier – do one thing at a time.
- Reduce your workload if you can.
- Make sure you get enough sleep.
- Avoid driving or using any machinery.

Earaches and problems hearing

If your radiation therapy is near your ear, you may have earaches or it may be hard to hear. Your hearing problems aren't permanent – they should go away about 1 to 2 weeks after your treatment ends.

> TIPS

- Protect your ear from exposure to the sun or cold.
- Tell your healthcare team if you're having problems hearing – they can prescribe ear drops to help you.

Swelling of the brain

During treatment, you can get some swelling of your brain. It can come on quickly – you may have a headache, have vision changes, feel nauseous or vomit. Your muscles may feel weak, and you may not be able to concentrate or remember things. Or you may have a seizure (sudden body movements you can't control).

It's important to tell your radiation therapy team about these side effects. They can decide if you need to stop treatment temporarily, change medications or use pain-relieving drugs. To reduce swelling of the brain, your healthcare team will often give you a type of medication called a corticosteroid.

Reduce corticosteroids gradually

You can't stop taking a corticosteroid all at once. Your doctor will tell you how to gradually reduce your dose when you no longer need it.

Radiation therapy to the head and neck

Side effects from radiation therapy to your head and neck can affect your ears, mouth and throat.

Appetite and changes in your eating

Some side effects of radiation therapy to the head and neck can affect how well you eat:

- Your sense of taste can change – especially salty or bitter tastes. Foods like meat can taste bitter or metallic.
- It may be hard to swallow.
- You may lose your appetite. This can lead to weight loss.

These changes to your sense of taste or appetite usually start soon after your treatment begins and go away after your treatment ends.

> TIPS

- Use plastic cutlery and glass cooking pots if your food has a metallic taste.
- Add sugar to make foods taste sweeter or to take away the salty, bitter or acid taste of other foods.
- Make eating easier by:
 - > mashing your food or cutting it into small pieces
 - > adding gravy or broth to make foods wet and soft
 - > eating foods warm, not hot
 - > choosing soft foods, like cooked cereals, mashed potatoes or scrambled eggs
 - > dipping dry, crisp foods (such as biscuits) into milk, coffee or tea to make them softer
- Drink beverages high in calories and protein (such as milkshakes and commercial nutrition supplements) between meals when your appetite is low.
- Ask your healthcare team to refer you to a dietitian who can help you eat well during treatment.

Changes to your teeth and gums

Your teeth may also feel the effects of radiation therapy. Cavities can develop because of a dry mouth or because radiation has affected the enamel on your teeth.

> TIPS

- See your dentist before you start radiation therapy to get advice on mouth care during your treatment.
- Check inside your mouth daily to look for any changes.
- Keep your teeth as clean as possible, but avoid flossing.
- Gently brush your teeth, gums and tongue with a soft toothbrush after every meal and before bedtime.
- Avoid sugary snacks while you're having treatment – they make tooth decay worse.
- Keep your dentures clean by soaking or brushing them each day. Make sure they fit well, and limit how long you wear them each day.
- Avoid using alcohol-based mouthwashes – they can dry out your mouth.

Dry mouth

A dry mouth can develop a few weeks after treatment starts. It's possible that your dry mouth may not fully go away after treatment ends.

> TIPS

- Sip water or suck ice chips.
- Avoid alcohol and tobacco.
- Ask your doctor about medicine that helps increase saliva.

Earaches and problems hearing

If your radiation therapy is near your ear, you may get earaches or it may be hard to hear. Your hearing problems aren't permanent – they should go away a couple of weeks after your treatment ends.

> TIPS

- Protect your ear from the sun or cold.
- Tell your healthcare team if you're having problems hearing – they can prescribe ear drops to help you.

Sore mouth and throat

Radiation therapy may cause sores in your mouth or on your tongue, gums or lips. They can be painful and make it hard to eat. These sores usually appear 2 to 3 weeks after treatment starts and go away a few weeks after you finish treatment.

Sometimes your mouth or throat can also get infected.

> TIPS

- Clean and rinse your mouth often to prevent or reduce sores and infection. Your healthcare team may recommend a recipe for a rinse you can make yourself.
- Try fruit nectars like pear, peach or apricot when your mouth or throat is sore. Avoid acidic fruit and juices, alcohol and foods that are tart, salty or spicy.
- Talk to your healthcare team – your doctor can prescribe medicine for pain or special solutions to treat infections and sores.

Voice changes

You may also find your voice changes or becomes rough or husky during your treatment. These changes usually go away slowly after treatment ends.

> TIPS

- Don't try too hard to speak if it hurts.
- Avoid alcohol and tobacco if your voice is changing.

Your healthcare team may suggest you see a speech therapist to help with exercises for your voice.

Radiation therapy to the chest

Radiation therapy to this area of your body can cause side effects to your breasts, heart and lungs.

Breast changes

You may have some changes to your breasts during radiation therapy. These changes can last for 3 to 6 months after you finish treatment if you've had breast-conserving surgery. They can include:

- soreness and swelling
- changes in your breast size
- changes in the texture of your skin and how sensitive it is

Tell your healthcare team about any breast changes that continue long after radiation is finished.

Heart problems

Your radiation therapy team will plan your treatment to use the smallest dose of radiation possible near your heart. Heart problems are not very common with radiation therapy, but some people have heart disease after they've finished treatment. Tell your healthcare team if you have shortness of breath, swelling in your arms or legs, or chest pain. The team can then check your heart for damage. If necessary, they can prescribe medication or other treatment.

Lung problems

You may notice that you're coughing more, and there's more mucus in your throat and chest. Or you may feel short of breath. Tell your healthcare team – they can suggest medicines to treat your cough, different ways of breathing that may help or oxygen for shortness of breath.

> TIPS

- Plan your activities with rest periods so you can catch your breath.
- Use a vaporizer or humidifier to keep the air in your room moist.

- Drink more fluids.
- Make it easier to breathe by using extra pillows to keep your head and chest high when you're resting or sleeping.
- Avoid going outside in very hot and humid or very cold weather – it can affect your breathing.
- Wear light, loose-fitting tops, and avoid anything tight around your neck, like ties or shirt collars.

Radiation therapy to the stomach

Digestive problems

You may get indigestion, bloating or gas when you're having radiation therapy to this area of your body. These symptoms can be helped with antacids or other medications. They generally go away after you're finished your treatment.

Diarrhea can also be a problem, as well as the cramping that comes with it. Diarrhea often begins a few weeks after your treatment starts. Your healthcare team can suggest over-the-counter or prescription medications to help.

> **TIPS**

- Eat many small meals and snacks throughout the day.
- Drink plenty of clear fluids. Clear fluids include water, clear broth, juice and sports drinks. They help you stay hydrated when you have diarrhea.
- Stay away from milk or milk products, food or drinks with caffeine (coffee, tea, cola) and foods that cause gas, like broccoli, cabbage and lettuce.
- Avoid sugarless gum and candies made with sorbitol – it acts like a laxative.
- Take care of your rectal area. Try unscented baby wipes instead of toilet paper.

Foods and drinks that are easy on your stomach

- soup, like clear broths
- non-carbonated drinks, fruit juices, sports drinks, water
- mashed or baked potatoes (without the skin)
- chicken (broiled or baked without skin)
- crackers
- cooked cereal
- noodles
- white rice, bread or pasta
- toast

Radiation therapy to the pelvis

Radiation therapy to the pelvis can cause bladder, bowel or fertility problems. As well, there are some side effects that only women or only men may have.

Bladder problems

Radiation can irritate your bladder and make it swollen. As a result, you may have:

- bladder spasms
- burning or pain when you urinate
- a strong need to urinate or the need to urinate more often
- blood in your urine
- bladder infections
- loss of bladder control

“ *I felt like I had to urinate every 3 minutes ... My oncologist gave me medication, which helped.* ~ Ron

Symptoms usually appear 3 to 5 weeks after you start treatment, and most of them slowly go away after you finish your treatment. But some symptoms might continue after treatment is over.

Symptoms from radiation are often the same as for a bladder infection. Talk to your healthcare team about making sure you don't have an

infection – and getting treated if you do have one. Your doctor can prescribe medication to treat infections or to help other bladder problems.

“ *Looks like [frequent urination] is a permanent side effect. I know where every bathroom is, and I don't wait until it's too late!* ~ Christy

> TIPS

- Drink lots of fluids, enough so that your urine is clear to light yellow. Small sips throughout the day may be easier than drinking a lot at one time.
- Avoid coffee, black tea, cola, alcohol, spices or tobacco.
- Empty your bladder often.

Bowel problems

Some people can have bowel problems because of radiation therapy to the pelvis. These problems can include:

- diarrhea
- pain or itching during bowel movements
- partial loss of bowel control
- bloating and stomach cramps
- blood in your stools
- frequent or strong need to have a bowel movement
- rectal bleeding
- flare-up of hemorrhoids you had before treatment

Your bowel habits generally go back to normal after you finish treatment.

> TIPS

- Drink lots of fluids such as water, juice, herbal teas, broth and soup.
- Avoid caffeine and carbonated drinks.
- Sit in warm water for a few minutes a couple of times a day. This can make irritated areas feel better.

- Take care of your rectal area. Try unscented baby wipes instead of toilet paper.
- Tell your healthcare team if you have any bowel problems. They can prescribe medications to help you.

Erectile dysfunction

Radiation therapy to the pelvic area may cause erectile dysfunction (ED). ED means that a man can't get or keep an erection. It happens because radiation lowers your testosterone levels and can affect the arteries that carry blood to the penis, which are necessary for a firm erection.

There are different treatment options available for ED. Talk to your team about options that may work for you.

Fertility

Radiation therapy to the pelvis can affect your fertility after treatment is done. This can be emotional for many people and hard to talk about. People have different reactions to infertility. You may accept it and feel that treating the cancer is more important. Or you may be okay with it at first but have different feelings about it when treatment ends.

There's no right or wrong way to deal with infertility. Your partner may also be experiencing difficult emotions about your infertility. Talk to each other and share your feelings.

> FERTILITY TIPS for women

Radiation therapy can cause early menopause. Menopause is a time in a woman's life when her hormone levels drop and she stops getting her period. Early menopause can be temporary or permanent – if it's permanent, it means you can no longer get pregnant (infertility).

- Talk to your healthcare team about your fertility options before treatment starts. There may be some steps you can take, such as retrieving eggs and freezing them for later use. Your healthcare team can refer you to a fertility specialist to talk about these options.

- Your healthcare team can also refer you and your partner, if you have one, to a social worker or other counsellor who focuses on fertility to help you accept this change in your life.
- Use birth control during radiation therapy. Even if you're planning a family, you need to avoid getting pregnant because radiation can harm an unborn child.
- Talk to your healthcare team about the best methods of birth control while you're having radiation therapy.

> **FERTILITY TIPS** for men

Radiation therapy can make you unable to father children. This is because your testicles, where sperm are produced, are very sensitive to the effects of radiation therapy. Radiation can reduce the number of sperm you produce or damage the sperm so they don't work properly. This can cause temporary or permanent infertility.

- Talk to your healthcare team about banking (collecting and storing) your frozen sperm *before* you start treatment, so the sperm is available to you after treatment if you want to start a family.
- Keep using a condom for several months after treatment finishes. You will still produce sperm for some time after you finish treatment, and your sperm could be damaged by the radiation therapy. Damaged sperm may cause birth defects.

Menopausal symptoms

Radiation therapy can cause early menopause. Early menopause can cause stronger symptoms than natural menopause. Symptoms can include:

- hot flashes and sweats
- vaginal dryness
- more frequent urination
- less interest in sex
- fatigue and trouble sleeping
- dry skin
- aches and pains
- mood swings, poor concentration, loss of confidence and changes in memory

“ *I had menopause because of the radiation. It was awful. It was really condensed, really strong and right away. That was something I wasn't expecting.* ~ Christy

> **TIPS**

- Wear light clothing in layers that you can take off when you have hot flashes and put back on after.
- Use a water-based lubricant to make sex more comfortable.
- Talk to your healthcare team about the risks and benefits of using hormone replacement therapy (HRT) or other medications to control menopausal symptoms.
- Consider supplements or complementary therapies such as acupuncture to help you deal with your symptoms.
- Talk to your healthcare team about medications to prevent weak bones (osteoporosis) later in life – early menopause can make bones weaker.

Vaginal narrowing

Radiation therapy to the pelvic area can cause the vagina to become narrower and shorter. Vaginal narrowing can make sex painful and make pelvic examinations uncomfortable.

To help keep the vagina open, the walls of the vagina should be stretched a few times a week. This can be done by having gentle sex regularly or by using a vaginal dilator (a plastic or rubber tube-like device that helps stretch out the vagina). If you're not interested in having sex, it's still important to use a dilator to keep your vagina healthy during healing. This also makes follow-up examinations of the vagina less painful.

Life during treatment

You may think that your regular, everyday life can keep going while you're having radiation therapy. And maybe it can. But it's more likely that parts of your day-to-day life – and your family's day-to-day life – will change during treatment and even for some time after.



You and your family will have to focus on the tasks of each day, like getting to your treatment on time, having tests and managing any side effects.

“ *It's so vitally important to have a strong support infrastructure – family and friends who understand what you're going through.*
~ Dan

Your family's ways of doing things may have to change. Sometimes you'll just need to rest while others do more to help – you need to focus on getting better.

“ *You need the rest, you need the recovery, but you need to follow your own body. Let it guide you. There will be days you will not want to get out of bed – you won't have the energy.*
~ Claude*

Exercising and eating well can help you feel better and cope. Talk to your healthcare team about what's right for you during treatment.

Also, it can help to stay organized – feeling disorganized can increase your feelings of pressure or stress. Take care of work or financial concerns before you start treatment if you can. And don't be afraid to ask for support when you need it.

Staying organized

The healthcare system and your treatment can be very confusing. You're probably seeing a lot of different healthcare professionals, you've been given handouts and fact sheets, and you've collected lots of website addresses and contact information. And you're trying to manage appointments, tests and follow-up – all this while trying to keep the rest of your life in order too.

> TIPS

- Keep all your papers in one place – in a folder, binder or envelope. Make sure you keep all the handouts about your treatment, side effects and any medicines together. If you prefer, keep them electronically on your smartphone or computer. There's no perfect system – use the system that works best for you.
- Ask for copies of all your medical records and test results. Take them to all your appointments.
- Write down all the names and contact information of the people involved in your care, including information on how to contact them on weekends or evenings or in case of an emergency.
- Ask your pharmacist for a printed list of all your medicines. Keep it with your medical records and test results.
- Make copies of your health insurance documents.

This may seem like a lot of work, but having all the information close at hand can be useful when you have questions or are seeing a new member of your healthcare team.

Managing stress

Dealing with cancer and treatment can be stressful. You may feel many different emotions and also be tired – being tired can make it even harder to cope with your feelings. Your emotional health is just as important as your physical health. If you're stressed, it's important to get the support you need.

> TIPS

- Think about what's making you feel afraid or anxious – recognizing your fears and anxieties can help calm them.
- Keep a journal or diary to write down your thoughts and feelings. Be sure to write down positive thoughts as well – you can reread them when you're feeling down.

“ *I found it was very good to journal. Meditation and prayer were very important for me too.* ~ Ron

- Talk with a counsellor, a spiritual care worker or a social worker. Many people find it helpful to talk about their feelings with someone who's trained to listen.
- Join a support group. Talking to someone who's had cancer and knows what you're going through can help you know you're not alone.
- Do things you enjoy.
- Try to exercise – walking, biking, yoga or other activities can help you feel better.
- Relax and meditate. Meditation, deep breathing or guided imagery can help you relax when you feel tense or overwhelmed, or even during your treatment sessions.
- Listen to music or books to help you relax, especially while you're having treatment.

Sometimes the symptoms of stress and anxiety can be severe, or the feelings of sadness don't go away – these can be signs of depression. Tell your healthcare team how you're feeling, so they can get you the help you need *before* things become too overwhelming.

Work and financial matters

Many people want to know if they'll be able to keep working or studying during radiation therapy. Some people can. But it's hard to say at the start of treatment if you'll be able to. Your ability to keep working can depend on:

- what type of radiation you're having
- what side effects you have
- what type of work you do
- your finances

“ *Put yourself first. Sometimes you think, 'I've got to make money for my family, they need me at my job.' Your health is important – put the rest of your life on hold.* ~ Ron

Continuing to work

Many people are able to work full-time during radiation therapy. Others work part-time or don't work at all. Working during treatment may be necessary for financial reasons. It can also help your self-esteem and remind you that you're also a valued employee, boss or co-worker, not just someone with cancer. Contact with co-workers and their ongoing support can also make you feel better.

“ *I love my job – I get so much positive feedback from people.*
~ David

> TIPS

- Plan to have your treatments at the beginning or end of the day, whichever works best for your situation.
- Talk with your employer to see if there are ways you can make things easier for yourself while still doing a good job – like flexible work hours, working from home or other changes to your work schedule. These arrangements can be easier than you think and can help you balance work with your treatment schedule.

- Reduce your hours by working part-time while you're having treatment.
- Share your workload – see if there are parts of your job that your co-workers can do.

“ *Working keeps your mind active, focused on what you need to do to move on. It takes your mind to another place.* ~ Dan

Taking time off work

You may need to take time off work to rest and recover while you're having radiation therapy or after. If you're an employee, talk to your employer or your human resources department to find out about sick leave or leave without pay.

“ *I could not imagine being at work and having to concentrate on anything. My team continued to tell me, 'Don't be a hero,' so my advice is, don't be a hero. I chose not to work through my radiation treatments and returned to work about 2 weeks after my last treatment. My employer was very supportive – at some point you just realize that this time in your life, it has to be all about you.* ~ Claude*

Knowing when to go back to work can be hard. You may want to get your life back to “normal”, but it can take time to recover fully from radiation therapy. It may be a while before you feel ready to go back to work. Take the time to decide what's right for you.

Discrimination – it's against the law

Some people with cancer can have problems when trying to keep working or keeping their job when they take time off for treatment. It's against the law for employers to treat people with cancer differently than other employees. If you think your employer has discriminated against you, contact the Canadian Human Rights Commission by calling 1-888-214-1090 or visiting www.chrc-ccdp.ca.

Your finances

Whether you continue to work or not, cancer can affect your finances. You may have to pay for help around the house or child care, or drugs or therapies not covered by provincial plans. Start by finding out more about your health insurance – either private disability insurance or insurance through your employer. Ask your insurance broker or human resources department about the terms and conditions of your coverage (what it pays for and what you need to pay). Many disability insurance policies have a waiting period before coverage starts – check when your coverage starts.

You may also want to talk to other experts:

- Account managers at your bank, personal financial planners or advisors can help you budget your money and decide if you should use equity in your home, RRSPs or other investments to cover costs.
- An accountant can tell you about the medical expenses you can claim on your income taxes. The Medical Expense and Disability Tax Credits and the Attendant Care Expense Deduction allow you to claim many of your medical expenses on your tax return. Visit the Canada Revenue Agency's website to find out more (www.cra-arc.gc.ca).
- Social workers can help you find out more about financial assistance programs in your province and government benefits such as Employment Insurance sickness benefits and Canada Pension Plan Disability Benefits.

Information on government services

For information on government services and how to apply for them, call 1-800-0-Canada (1-800-622-6232) or visit www.servicecanada.ca.

Getting support

It's important to know that you're not alone. There are many resources to help you.

“ *I had amazing support from family and friends – not even friends, people I barely knew.* ~ David

Some of those resources are close to home – your own family, your friends, your neighbours. Others, like support groups or other people who've been through cancer treatment, can be found with the help of your healthcare team.

“ *I was new here, I didn't have any family here. It was rough. I met the most incredible people [in my group] who will be my friends for life.* ~ Christy

> **TIPS** for making it easier

- Accept help from the people closest to you. Helping you can also help your family and close friends deal with cancer. Ask them to pick up your prescriptions, do your grocery shopping, help with yardwork, walk the dog – whatever helps.
- Your local church, club, sports team or other community group may offer to help – make sure you say “yes”! Members can drive you to your appointments, make meals for you or your family or help get your kids to their after-school activities.

“ *I am fortunate enough to live in a fantastic neighbourhood. So, within 2 weeks of my diagnosis, I had a calendar in my mailbox with 100 women on it. Three meals a week from September to June. There were enough women on it that nobody had to do it more than twice.* ~ Karyn

- If you're overwhelmed by offers of help, ask someone else to coordinate the offers.
- Consider joining a support group or talking with a cancer survivor. Talking with others who've had similar experiences can be helpful.

“ *You're sitting with people, they all have cancer, and they're laughing and joking and telling stories. Everyone was supporting each other in this journey.* ~ Ron

- If you need more help than you're getting, either practical help or emotional support, ask your healthcare team about services in your community. They can also refer you to other hospital staff, mental health specialists or other professionals who can help you.

Want someone to talk to?

We can help you find the support you need close to home. Contact us to find out about professional counselling in your community or to find out what programs and services are available.

If you'd like to talk with someone who understands what you're going through, we can help you connect with a trained volunteer who's had a similar experience. You may meet with your volunteer in person or over the phone. To find out more:

- Call us at 1-888-939-3333.
- Visit the support/services section at cancer.ca.
- Contact your local Canadian Cancer Society office.

Want to connect with someone online?

If you'd like to connect with someone online, join our online community, CancerConnection.ca. There are discussions, blogs and groups that may interest you, and you'll find caring, supportive people there.

For the caregiver

A cancer diagnosis affects more than just the person with cancer. When a family member or friend has cancer, you may find yourself in a role you don't feel prepared for. You may feel overwhelmed or not know what's expected of you. Talking honestly with each other can help.

> **TIPS** to make talking easier

- Be a good listener. When the person with cancer wants to talk, listen – not just to their words but to their tone. Try to hear what they mean but may not be able to say.
- Follow the lead of the person with cancer. You don't always have to talk – silence is okay too. Sometimes, it's enough just to be there.
- Say what you feel. It's all right to say things like, "I find this hard to talk about," or "I don't know what to say." Your needs, emotions and concerns may be different than those of the person you're caring for, but they're important too. If there are things you don't feel comfortable discussing with the person with cancer, find someone else to talk to.
- Laugh a little. People don't want to talk about their illness all the time. It's okay to laugh and enjoy life.

As a caregiver, you can also help your loved one get the best care possible from the healthcare team by:

- going with them to appointments and treatment sessions
- helping to keep track of appointments, medications and side effects
- talking with the healthcare team
- collecting information to help decision-making
- writing down the answers to any questions

Caregivers are often so focused on the person they're caring for that they forget to care for themselves. It's important to pay attention to your own emotional and physical health as well. You can give good care only when you also take care of yourself.

> **TIPS** on taking care of yourself

- Keep up with your own health – eat well, drink plenty of water, get enough sleep.
- Be physically active as part of your daily routine. A simple walk can be good for your mind as well as your body.
- Don't put everything else on hold. Keep up with the important things in your own life, but also take some time to do something just for you. Read, take a long bath, go to a movie – the activity itself doesn't matter. What matters is that you enjoy it.
- Remember that – just like your loved one – you aren't alone. There are support groups for caregivers too. You can talk with other caregivers in person, over the phone or online.

“*When I start having my negative feelings or thoughts, I kind of think, 'Why am I suffering today?' I shouldn't suffer today because I don't know what is going to happen, so try to enjoy today and then we will see tomorrow.* ~ Sarife (caregiver)

For more information on living with cancer and being a caregiver

Our booklet *Living with Cancer: A guide for people with cancer and their caregivers* has more details that can help you manage.

After treatment

As you near the end of your treatment, you're probably looking forward to returning to your normal life. But give your body time to recover from your treatment. Some side effects may continue or even be permanent. And you may still feel tired for a while. This is a time to be easy on yourself.



It can be hard emotionally to finish treatment as well. You may have feelings of relief, happiness, even joy that treatment is over one minute, and the next minute you may feel anxious about the future, afraid of what's to come and alone without the regular contact with your healthcare team. All of this is normal.

For many people, moving on isn't easy. You and your family may find it easier to deal with any issues that come up or changes you have to make if you know what to expect after your treatment ends:

- Ask your doctor what you can expect after treatment. Ask about any symptoms you can expect, including any long-term or permanent side effects.
- Keep in touch with the people who've helped you so far, especially people who've been through cancer themselves.
- Join a support group. Many people find it helpful during this part of their journey.

Tell all your healthcare providers about your cancer history

If you see healthcare professionals other than your cancer specialists – like dentists, dietitians or complementary therapy practitioners – it's important to tell them you've had cancer. It may affect decisions about the care they provide.

Follow-up care

When your treatment is done, you'll have regular checkups to keep track of how you're doing. This is called *follow-up care*. It lets you and your healthcare team watch your progress and your recovery from treatment.

Follow-up appointments happen every few months for the first couple of years after your treatment ends. Some of the people you're used to seeing won't be part of the team any more – your radiation therapist, for example. Your medical oncologist may provide follow-up care at first, but your family doctor may take over at some point.

So what happens at a follow-up appointment? Your doctor will examine you. You may need to have tests such as blood tests, x-rays or scans. You can talk about any concerns you have or any symptoms that are bothering you. Tell your doctor about:

- how you feel, including any emotional problems you may be having
- any fears or concerns you have
- new medications you've started taking since your last visit, including prescription drugs, over-the-counter drugs like painkillers and nutritional supplements, vitamins and minerals
- herbal therapies or other complementary therapies you're thinking of trying
- lifestyle changes that you've made or would like to make, such as quitting smoking, exercising or making changes to your diet
- names of new doctors or specialists you've started seeing

After going through cancer and radiation therapy, you may find yourself more aware of your body and how you feel. Pay attention to changes in your body and let your doctor know if there's anything you're worried about.

Late and long-term side effects

Many people say they wish they'd known more about side effects after the end of treatment. Side effects that take weeks, months or even years to disappear – or that are permanent – are called *long-term effects*. Some side effects, called *late effects*, can appear a long time after treatment finishes.

“ *I wish I'd known more about the long-lasting effects of radiation – it wouldn't have changed my mind, but knowledge is power. If someone had said this could cause long-term physical issues, I could have understood them better.* ~ Dan

Late side effects can be different depending on where on your body you had radiation therapy. Here are some possible side effects you may have:

- fertility problems (if you had radiation to the pelvis)
- heart problems (if you had radiation to the chest)
- lung problems (if you had radiation to the chest)
- changes in skin colour
- mental or emotional changes (if you had radiation to the head and neck)
- osteoporosis (loss of bone mass)
- second cancers

Whether you have permanent, late or long-term effects depends on the type and stage of your cancer as well as on your treatment. Everyone is different, and your body will cope with treatment and recovery in its own way.

“ *Four years after treatment, I was working hard outside doing construction-type work and I started passing blood. The urologist said the blood vessels had been weakened by the radiation and that nothing could be done about it. They would continue to rupture then heal. No one told me that 4 years after treatment I would pass blood – it scared the hell out of me.* ~ Dan

Sometimes late or long-term effects can be made worse by other health problems that you had before your cancer diagnosis, like diabetes, arthritis or heart problems.

Your healthcare team can help you understand which late or long-term effects you may need to be prepared for. Team members can also work with your other healthcare providers to manage any problems that come up because of your other health problems.

You may also need emotional support. Late and long-term effects, like everything else about cancer, can cause strong emotions. Finding the best way to work through them can take time and patience, but having good support can help.

For more information on life after treatment

Look for in-depth information on late and long-term effects and how to manage them on cancer.ca.

Our booklet *Life after Cancer Treatment*, also available on cancer.ca, can help you understand more about late and long-term effects and healthy living after cancer treatment.

Our Cancer Information Service can answer your questions.

- Call us toll-free at 1-888-939-3333 Monday to Friday, 9 a.m. to 6 p.m.
- Email us at info@cis.cancer.ca.

Moving on

Many people say that they feel like a different person after cancer treatment. You may find that your interests and attitudes about life have changed.

“ *The journey was a good one. I've really grown, become more mature through that journey.* ~ Ron

Sometimes friends and family expect things to get back to normal right away – they may not understand how cancer and radiation have affected you and that your recovery may take time. If you feel comfortable, talk to your family, friends and co-workers to help them understand how you feel as you move on. Give yourself time to get back to normal – whatever that is for you.

“ *I wish I'd known cancer isn't so frightening. Cancer is not in control of my life – I am. Having knowledge, good people, a good healthcare system, a positive attitude lets you make peace with cancer.* ~ Ron

Resources

Canadian Cancer Society

The Canadian Cancer Society fights cancer by doing everything we can to prevent cancer, save lives and support people living with cancer.

All of our services are free and confidential.

Helping you cope with radiation therapy

Our trained information specialists take the time you need to answer your questions over the telephone and by email. If you need information in a language other than English, interpreters are available. We have the information you need about:

- managing side effects
- support groups
- life after treatment



Through our Community Services Locator, we can help you find services and programs in your community that are offered by the Canadian Cancer Society and other organizations.

We offer resources on a wide range of cancer-related topics in print and online. You may find these publications useful:

Pain Relief: A guide for people with cancer

Complementary Therapies: A guide for people with cancer

Living with Cancer: A guide for people with cancer and their caregivers

Life after Cancer Treatment

Living with Advanced Cancer

Note: These titles may change when new versions of the booklets are published.

Canadian Cancer Society division offices

British Columbia and Yukon

565 West 10th Avenue
Vancouver, BC V5Z 4J4
604-872-4400
1-800-663-2524
inquiries@bc.cancer.ca

Alberta/NWT

325 Manning Road NE, Suite 200
Calgary, AB T2E 2P5
403-205-3966
info@cancer.ab.ca

Saskatchewan

1910 McIntyre Street
Regina, SK S4P 2R3
306-790-5822
ccssk@sk.cancer.ca

Manitoba

193 Sherbrook Street
Winnipeg, MB R3C 2B7
204-774-7483
info@mb.cancer.ca

Ontario

55 St Clair Avenue W, Suite 500
Toronto, ON M4V 2Y7
416-488-5400

Quebec

5151 de l'Assomption Blvd.
Montreal, QC H1T 4A9
514-255-5151
info@sic.cancer.ca

New Brunswick

PO Box 2089
133 Prince William Street
Saint John, NB E2L 3T5
506-634-6272
ccsnb@nb.cancer.ca

Nova Scotia

5826 South Street, Suite 1
Halifax, NS B3H 1S6
902-423-6183
ccs.ns@ns.cancer.ca

Prince Edward Island

1 Rochford Street, Suite 1
Charlottetown, PE C1A 9L2
902-566-4007
info@pei.cancer.ca

Newfoundland and Labrador

PO Box 8921
Daffodil Place, 70 Ropewalk Lane
St John's, NL A1B 3R9
709-753-6520
ccs@nl.cancer.ca

We'd like to hear from you

Email us at publicationsfeedback@cancer.ca if you have comments or suggestions to help us make this booklet more useful for you and other readers.

What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer, our services or to make a donation.



Canadian Cancer Society
Société canadienne du cancer

1 888 939-3333 | cancer.ca
TTY 1 866 786-3934

This is general information developed by the Canadian Cancer Society.
It is not intended to replace the advice of a qualified healthcare provider.

The material in this publication may be copied or reproduced without permission; however, the following citation must be used: *Radiation Therapy: A guide for people with cancer*. Canadian Cancer Society 2012.