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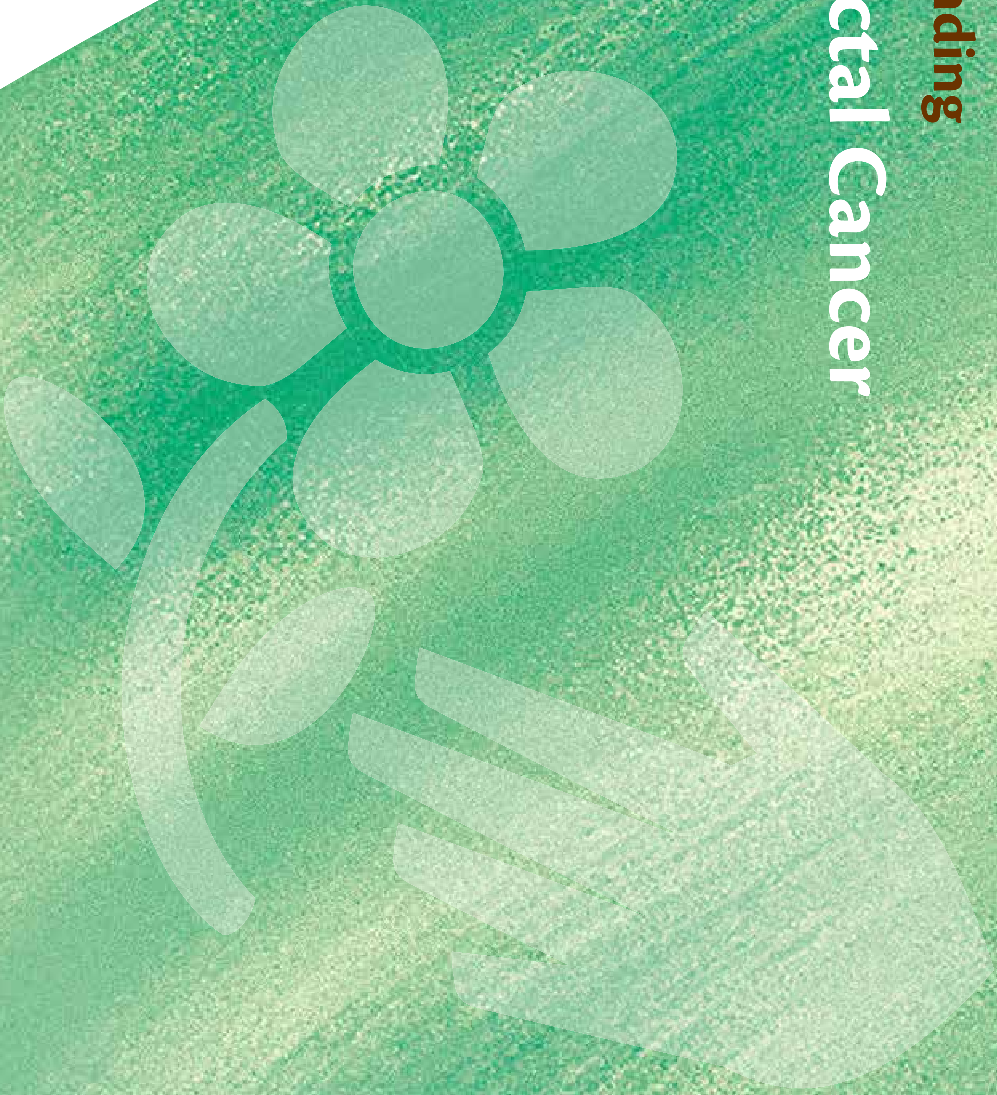
understanding
Colorectal Cancer



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Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in the community.

Our CancerLink support centres offer professional support and connect 22 cancer peer groups to form an extensive service network for those with cancer and their families, providing emotional support and practical assistance.

This publication is one in a series of information booklets that discuss different aspects of cancer, including possible treatment, side effects and emotional issues. They are intended to inform you about available treatments and care. A soft copy of the booklet is also available on our website for free download.

The free services offered by Hong Kong Cancer Fund are made possible only because of donations from the public. If you would like to show your support and concern for cancer clients, please contact us. Your generosity will directly benefit those touched by cancer in Hong Kong.

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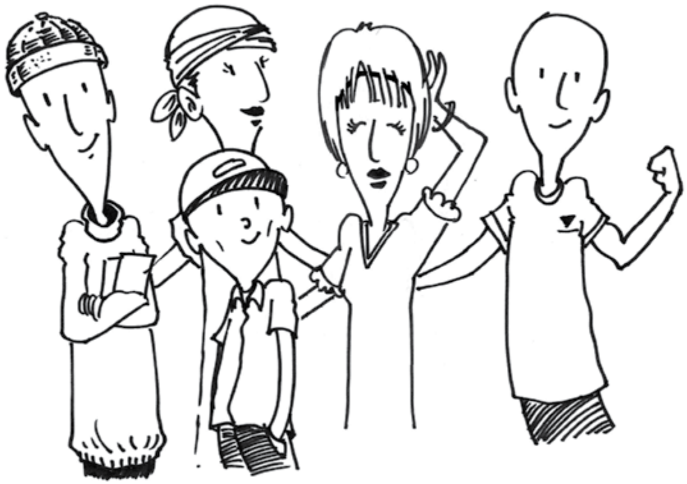
Preface

When you are diagnosed with colorectal cancer (also known as bowel cancer) it is natural to feel shocked and upset. You will also have a lot of questions. We hope this booklet can answer some of those you might have – ranging from diagnosis to treatment.

If you wish to consult professionals other than your doctor or talk to people who have gone through a similar experience, you can find information on this and other support services at the back of this booklet.

This booklet cannot help you decide which treatment to have. You should discuss with your doctor the one that is most suitable for you. However, we may be able to help you formulate the questions you want to ask before making your decision.

And, of course, you may share this booklet with your family and friends who want to show their support. In your fight against cancer, you are never alone.

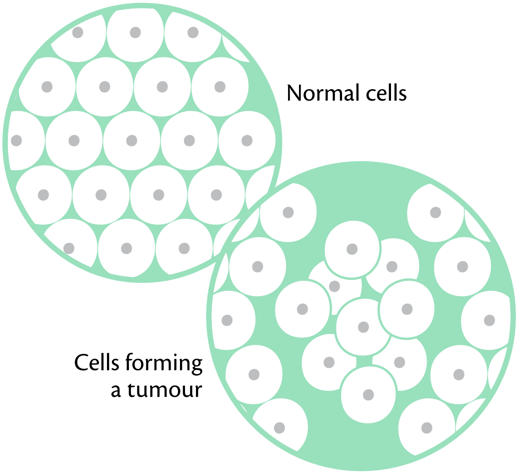


Contents

What is cancer?

Cancer is a disease of our cells, which are the body's building blocks. Our cells divide constantly to enable us to grow, to replace worn-out cells, and to heal damaged cells after an injury.

Cells normally divide in an orderly way, guided by their genes. But, occasionally, genes can be damaged due to our living environment or hereditary problems in the family, causing cells to divide and multiply uncontrollably, forming a lump called a tumour.



Not all tumours are cancerous. Benign (non-cancerous) tumours do not spread outside their normal boundary. While some benign tumours are pre-cancerous and must be treated before they turn malignant, most stop growing at a certain point and pose no discernible problem. You can, of course, have it removed by surgery or other means. But in general, unless it becomes too big and presses on tissues and organs or impedes the function of your body, it may be advisable to leave it and have regular check-ups to monitor it.

Malignant (cancerous) tumours are ones in which the cells multiply excessively and uncontrollably and form a lump. They can also migrate to other parts of the body (a secondary cancer site or metastasis) and start to drain our energy. If not treated in time, we can be consumed by them.

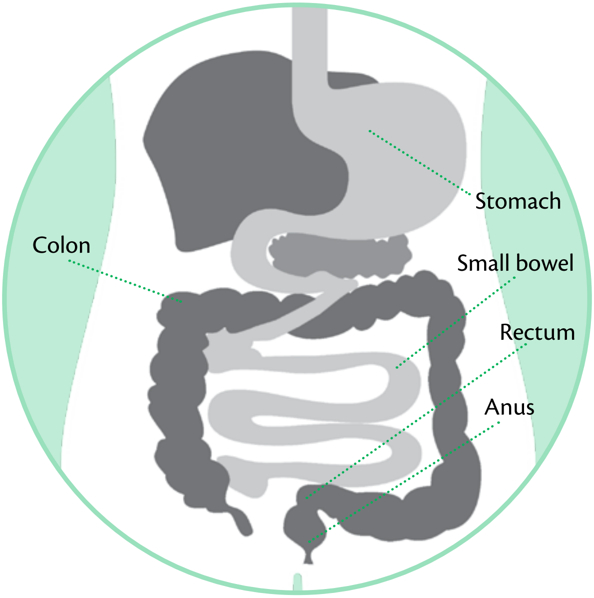
Cancer spreads via the body's fluid channels

There are two crisscrossing 'canal' systems in our body: blood vessels to compose the blood and circulating systems, and lymph vessels to compose the lymphatic system. If cancer cells enter nearby blood vessels or lymph vessels, they can reach other tissues and organs and settle there, forming secondary cancer sites. A cancer that has spread not only causes more harm to the body but is more difficult to treat than one sitting in just the original location.

The bowel

When we eat, the food passes down the oesophagus and then enters our stomach. Afterwards, it moves down to the small bowel, the first and the longest section of the bowel linking the stomach with the colon. Essential nutrients in the ground food emerging from the stomach are absorbed here. Water in the food left over from the small bowel is absorbed in the large bowel. The residue, poo (stool), is passed on to the back passage (rectum) for temporary storage before being discharged from the body with a bowel motion.

Our bowel consists of a small bowel and a large bowel. The colon and the rectum together are called the large bowel (large intestine). Hence, cancers of the large bowel, whether they appear in the colon or in the rectum, are collectively called colorectal cancer.



Causes of colorectal cancer

Colorectal cancers usually have no known cause. The only risk factor associated with lifestyle is probably diet: one that is high in animal fat and protein while low in fibre (fruit and vegetables). Other factors may be obesity, lack of exercise, smoking, alcohol and hereditary.

A person with a parent, brother or sister diagnosed with colorectal cancer under the age of 45, or with several close family members with the disease is considered at higher risk of having the same disease.

No processed meat?

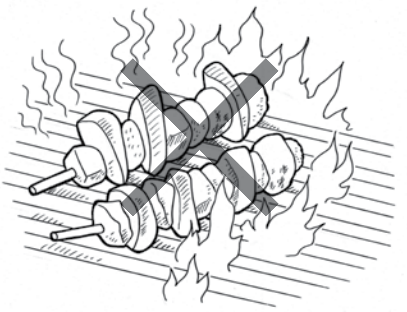
Processed meat (such as sausages and ham) – an integral part of light meals in Hong Kong – are now listed as a Group 1 cancer-causing substance by the World Health Organisation (WHO), placing it in the same category as smoking and alcohol. Red meat such as beef and pork is considered to have a lower risk.

Should we reduce consumption of processed meat to a minimum, or even stop eating it?

There is no reason to panic because some ingredients in commonly eaten meals are now considered risky. Health-risk listings are based on studies that reflect many years of over-consumption, not ordinary eating habits.

Key points behind the headlines

1. You should be concerned about the preservatives used in the meat, not the meat itself, and the way in which it is cooked. High-temperature cooking methods such as frying, broiling or grilling can convert some preservatives into harmful materials. Eating boiled or steamed ham and sausage is relatively less harmful in this respect.
2. You should be concerned only if you consume a high level of processed meat (reference from WHO: eating 50 grams of processed meat each day can increase the risk of colorectal cancer by 18%) habitually for many years. This is not the same as having a sausage or piece of luncheon meat in your breakfast or as a snack a few times a week.



3. The risk from the habitual high consumption of processed meat is not as great as from smoking and alcohol consumption.

While sticking to a healthy diet is the best option, completely cutting out the consumption of processed meat to prevent cancer may be unnecessary.

Areas where colorectal cancer is commonly found

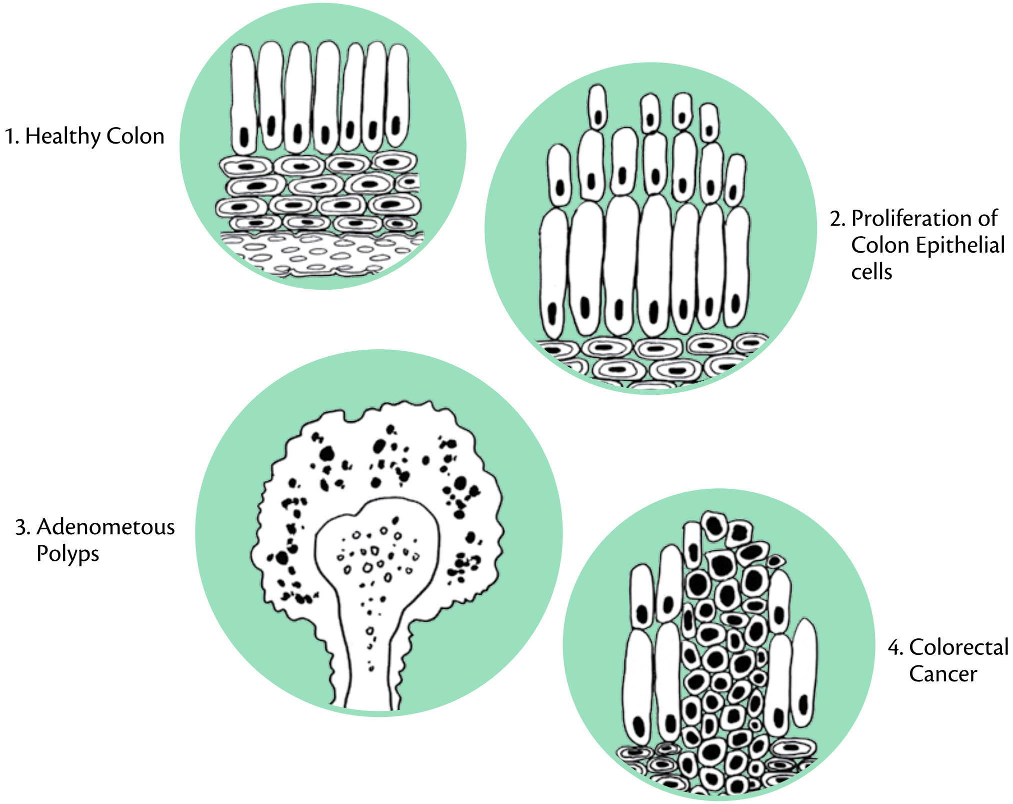
1. The inner lining of the rectum.
2. In polyps on the membrane lining inside the rectum. These are normally harmless but may form into a tumour.

Colorectal cancer statistics

As of 2013*, the year for which the most recent data is available, colorectal cancer is the most common cancer in Hong Kong, as well as the second leading cause of death from cancer. Some 4,769 new cases were recorded in the year and 1,981 deaths.

*Source: Hong Kong Cancer Registry, Hospital Authority, 2013

How a polyp transforms into carcinoma



The symptoms of colorectal cancer

- Blood in the stool, appearing bright red or dark in colour
- Mucus in the stool
- A change in bowel habits (such as diarrhoea or constipation) for no obvious reason
- Unexplained weight loss
- Pain in the abdomen or rectum
- A feeling that your bowel hasn't emptied completely
- Vomiting
- Signs of anaemia, including cold limbs, fatigue, heart palpitations, shortness of breath, pale skin, dizziness

In addition, colorectal cancer may also cause intestinal obstruction. This can result in constipation, pain or a bloated feeling in the abdomen. If you have any of these symptoms, go and see your doctor – don't self-diagnose.

Testing

If your doctor believes there are signs for concern, you will be referred to a specialist.

Rectal examination

The specialist may insert a gloved finger into your back passage to feel for lumps or swellings. You may feel embarrassed, but it is not painful.

Blood test

A blood test can help show if you have blood in your stools, which may be a sign of colorectal cancer. The amounts of blood may be so small that you cannot see them.

A blood test can help show if you have too few red blood cells. Colorectal cancer may make you anaemic because of prolonged bleeding from the tumour. Some people with colorectal cancer have a relatively high level of carcinoembryonic antigen (CEA) in their blood. However, this level alone cannot indicate if it is cancer because these so-called tumour markers can also come from other abnormalities.

Endoscope

An endoscope – a thin tube with a tiny camera at the end – is used to see inside the bowel. You will need to stop taking high-fibre food for a few days before the examination, and drink plenty of water and take a laxative the day before. During the examination, you need to lie on your side. Your doctor will insert the tube into your back passage. If necessary, a biopsy will be taken. You may feel a little bit of discomfort during the process. Most people can go home afterwards. As a relaxant may be used before the examination, it is advisable to have someone accompany you home.

Barium enema

This is a special type of bowel X-ray, which is usually undertaken in the X-ray department of a hospital.

To clear your bowel before taking the X-rays, you will be given a laxative and have to drink plenty of water the day before. A few days before the X-ray, you should avoid high-fibre food.

You may need to wash out your bowel before the X-ray is taken to make sure it is clean. You will need to lie on your side while water is passed through a lubricated soft tube inserted into your back passage and up to the colon. You hold the liquid there for a few minutes, then you can go to the toilet to let it out.

Just prior to the X-ray being taken, barium is pumped into the colon to ensure a clear image of the bowel is taken. You may feel a little bit of discomfort. After the X-rays are taken you can go home. As you may feel tired, you should have someone to accompany you home.

Your stools will be white for the first few days after the X-rays, while a laxative may be needed if you have hard stools.

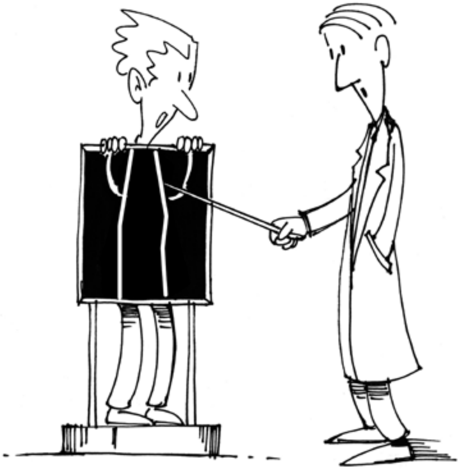
Further tests

Liver function test

This tests the blood in your liver and can indicate whether or not cancer cells have spread to this organ.

Chest X-rays

These are taken after colorectal cancer has been diagnosed to see if it has spread to the lungs.



Computerised tomography (CT) scan

A series of X-ray images of the tumour area will be taken and converted into cross-sectional images by computer to determine the tumour's location, shape and how far it has spread. The scan takes 10-40 minutes and is not painful. The radiation from the scanner will not harm anyone, including children.

You will need to stop eating or drinking four hours before. Just before the scan, you may be given a drink or intravenous injection of a solution to enhance the image taken. If you are allergic to iodine, certain foods or medicine, or the solution being used, or have asthma, measles, eczema, or allergic rhinitis, ask your doctor for an alternative.

During the scan, you will need to lie on the bed and remain still, otherwise the image taken will be blurred. You can go home as soon as it is finished.

Abdominal ultrasound scan

This scan uses sound waves bounced back from the liver and chest area to see if colorectal cancer has spread. Gel is spread on your front while you lie on your back. A hand-held device (transducer) that emits sound waves is then used to scan. The sound waves that bounce back are converted into black and white images and displayed on a screen. The test takes only a few minutes and is not painful.

Magnetic resonance imaging (MRI) scan

Similar to the CT scan, but radio waves and strong magnetic field are used to form cross-sectional pictures of your insides to locate and stage the tumour.

You will have to remove all metal items – such as a watch, jewellery and hairpins – prior to the scan. People with metal implants – such as a heart monitor, pacemaker or surgical clip – should not have an MRI.

You will need to lie on the

scanning couch inside a rotating hollow cylinder for about 30 minutes. You may be given earplugs or earphones because of the buzzing and clicking noises of the machine. Tell the doctor if you are not comfortable being in an enclosed space.

It may take several days for the results of some of these scans to become available. If you are worried during this time, it may help to share your feelings with your family or friends.

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Cancer stages

The main treatment for colorectal cancer is to remove it through surgery, sometimes in combination with radiotherapy and/or chemotherapy to enhance the effect.

The following factors are among those that will be taken into consideration when deciding which treatment is right for you: your health condition, the examination results, and the stage of the cancer. Some people need to undergo other treatments before surgery.

Staging

Stage 1: The cancer is contained within the muscle of the bowel wall
Stage 2: The cancer has spread through the muscle of the bowel wall, but nearby lymph nodes are not affected
Stage 3: The cancer has spread to nearby lymph nodes
Stage 4: Body parts outside the bowel are affected, most often the liver or the lungs

Treatment

When considering treatments, your doctor will take into account your age, health condition, the type of cancer, tumour size, tumour location and staging.

In early-stage colorectal cancer, the tumour can often be removed through surgery without any additional treatment. In some cases, minimally invasive surgery is used to reduce complication risks and to enhance recovery. In late-stage colorectal cancer that has not spread to other parts of the body, chemotherapy and radiotherapy may be used to reduce the chance of a relapse after surgery.

When the cancer has spread, chemotherapy is used mainly to control and help slow the growth of the cancer to ensure comfort. Targeted therapy may be used to enhance the effect if necessary. Depending on the case, surgery may be the best option.

If you have any doubts or questions about treatment methods, talk through the details with your doctor.

A. Surgery

Your doctor will consider the cancer type, size, and how far it has spread when deciding on the tumour-removal method. You will have to sign a consent form before undergoing surgery. Make sure you are clear about everything you need to do before signing. Talk with your doctor if there are any areas about which you are uncertain.

Removal of the colon/rectum

This is the most common treatment for colorectal cancer. The part of the bowel with the cancer and the nearby lymph nodes are removed. The two open ends of the bowel are joined together (anastomosis). If for some reason, the bowel cannot be re-joined, a colostomy or an ileostomy may be needed.

- **Colostomy**

  One end of the bowel is brought out on to the skin of the abdominal wall. The opening of the bowel (on the skin) is known as a stoma. A bag is worn over the stoma to collect body waste.

  Most colostomies are temporary after colorectal cancer surgery. The two ends of the bowel are re-joined a few months later in an operation called stoma reversal. But there is a possibility that the two ends cannot be joined again.

- **Ileostomy**

  The end of the small bowel (ileum), or a loop of ileum, is brought out on to the right side of the abdominal wall. As with a colostomy, stools are then collected in a bag worn over the stoma. This is usually a temporary situation.

  You will probably be admitted to the hospital the day before surgery to clean out your bowel and undergo some tests. Prior to arriving at the hospital, doctors or nurses will ask you to follow a strict diet. They will also give you a laxative and advise you how to use.

Treatment/removal of a metastasis

In some cases, when the cancer has spread to other parts of the body, such as the liver or lungs, you may consider having the affected area removed. If it has spread to the liver, you may consider the following methods.

- **Radiofrequency ablation (RFA)**

  This treatment uses a laser or electrical generator to destroy the cancer cells. Under a local anaesthetic, a fine needle is inserted into the centre of the tumour. Powerful laser light or radio waves are then passed through the needle and into the tumour, which heats the cancer cells and destroys them.

- **Microwave ablation (MWA)**

  This treatment uses microwaves to heat and destroy the cancer cells.

- **Cryotherapy**

  A device called a cryoprobe is inserted into the centre of the tumour during an operation. Liquid nitrogen is then passed through the probe. This freezes the surrounding area and destroys the cancer cells.

- **Selective Internal Radiotherapy (SIRT)**

  This treatment uses tiny radioactive beads to destroy the blood vessels and stop the flow of blood to tumours. Some of the healthy liver tissue will be damaged in this procedure. Limited radiation will remain in the body for a short period of time.

- **Stereotactic Body Radiotherapy (SBRT)**

  In this treatment, high doses of radiation are targeted at the cancer cells. It is only necessary to undergo SBRT a few times.

  These treatments are not available in all treatment centres or suitable for all people. You should discuss with your doctor the most suitable treatment for you.

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Recovering after surgery

To aid recovery after surgery try to start moving around as soon as you can. Even if you have to stay in bed, move your legs regularly. Ask a nurse to teach you a deep-breathing exercise.

In the first few days after surgery, you may have to urinate through a thin tube (catheter). In some cases, a tube might need to be placed on the wound to remove secretions.

To prevent infection, you may receive injections of antibiotics before and after the surgery. After the surgery, you are advised to wear long socks to prevent a blood clot.

In the days after the anaesthetic wears off, your bowel movements may slow down. Before they return to normal, do not drink. Usually, you can start to drink a little water after 2 to 3 days. After 4 to 5 days, you should be able to eat some plain food. Talk with the medical professionals caring for you to find out what's best in your situation.

In the first few days after surgery, the wound from surgery may feel a little painful. Taking pain killers may help. If the pain persists, tell your doctor so that they can adjust the dosage. Also, if you sit for a long period of time, the wound may feel sore. You should feel better gradually as the wound heals.

Normally, the doctor can take the stitches out of the wound about seven days after surgery.

Following surgery, your mind may be filled with doubts or questions. If you find it difficult to share your worries with others and would like to talk with people other than relatives and friends, you may come to CancerLink for professional advice. Our professional team of social workers, clinical psychologists, and people who have gone through the cancer journey will be available to offer information and support.

Sex after surgery

Most people are able to resume a normal sex life after recovering from surgery.

However, some may feel awkward about the changes to the body (eg. the surgical opening in the body, or stoma) and are reluctant to engage in sex. Tell your partner about your concern. Ask for understanding and support. You may also talk to your doctor, who is likely to have dealt with similar cases. There is no need to feel embarrassed.

Removing part of the rectum can occasionally damage the nerves linked to the sex organs. Women may lose some sexual responsiveness, while men may not be able to maintain an erection or ejaculate. There are not too many cases where this happens, and if it does it may be temporary.

If you have any concerns, talk with your doctor before the surgery.

A healthy diet for a speedy recovery

Following surgery, certain foods may upset the normal working of your bowel or stoma.

It may last for as short as several weeks or as long as several months. Bowel function should gradually return to normal. However, you may experience the following changes for a time: the frequent need to pass stools, an urgent need to pass stools, diarrhoea, constipation, a bloated abdomen, more wind, and hip pain. If the symptoms persist, let your doctor know so that they can decide whether to prescribe some suitable medicine or seek help from a nurse or dietitian.

Eating regularly can help you empty your bowel regularly. If you do not have a routine, try to eat more frequent but smaller meals each day. Drink at least 1-2 litres of liquid each day. Eat more high-protein food, such as fish, meat, or eggs, and vary your diet to enhance your recovery. Keep a record of the type and quantity of food you eat each day, as well as your body's reaction, so that you have a better idea what to eat to stay healthy. If you have diarrhoea, consume more low-fibre food, such as plain bread and noodles. Avoid high-fibre food such as whole-wheat bread. Eat fewer green-leaf vegetables. Soak vegetables and peel the fruit before eating.

When your bowel movements become regular, you may try more varieties of food.

You may find you have more wind than previously, and this can sometimes build up in the abdomen and cause pain. Taking peppermint-oil capsules, and drinking peppermint or fennel tea can help to reduce this. You should also eat slowly and avoid peas, beer, onions, chewing gum and carbonated drinks.

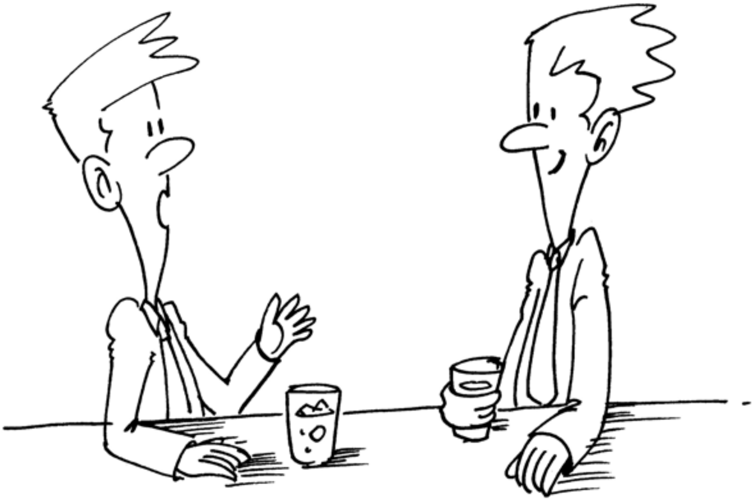
You may download our booklet, *Diet and Cancer*, at www.cancer-fund.org/booklet/en for more information.

Colostomy

Only a small number of people need a colostomy after bowel surgery. The spot for the body opening will be picked carefully, making sure that the stoma bag will not move or swing when you sit or walk. The swelling at the stoma opening when first created may take a few weeks to go down.

The stoma must be kept clean at all times. The nurse will help you to change the bag and clean the body opening the first few days after surgery. As you recover, you and the person to help you maintain the stoma will be guided to do it by yourselves. Do it slowly to begin with until you grow more adept, which will come with practice and patience.

You will be given a supply of stoma bags when you are discharged from the hospital. Ask the nurse about the type of stoma bags that suits you best and where to buy them when the initial supply runs out.



At home, you need to have plenty of stoma bags and cleaning materials at hand. For ease, store all supplies in one place. Make sure that you have a space with total privacy for changing the stoma bag. Allow yourself plenty of time when changing the bag: work at your own pace.

You may have heard that you can manage a colostomy by irrigating (flushing out) the bowel through the stoma about once a day without wearing a bag, but not all colostomies can be maintained in this way. Ask your doctor if it is suitable for you.

It may help to share your concerns and questions with people who have been through the same journey. You may call Hong Kong Stoma Association on 2834-6096 for more information.

Will I recover?

If the cancer cells have not entered the rectum wall, spread to areas outside the large intestine, or entered the lymphatic system, about 70% to 80% of people will be able to survive for five years after surgery.

B. Chemotherapy

Chemotherapy, or chemo, is the use of drugs to disrupt the growth of cancer cells and kill them. Chemo drugs usually act on the whole body. Injected into the veins or taken by mouth, they travel in the blood stream to all parts of the body and attack cancer cells along the way.

The most common types of chemotherapy medicine for colorectal cancer are Fluorouracil or 5-FU, Oxaliplatin, Irinotecan and Capecitabine.

Among these, Fluorouracil is often used because it can be combined with other cancer medicines such as folinic acid for an enhanced effect. You should talk with your doctor about the effects and potential side effects of different combinations of medicine.

Chemotherapy after surgery

Chemotherapy may be used after surgery to clean up residual cancer cells, thereby reducing the risk of the cancer coming back (recurrence).

If the cancer cells are found to have spread to nearby lymph nodes after the tumour has been removed, or it is found that there is a high chance of a relapse, chemotherapy may be used.

Chemotherapy targeting cancers that may have spread - Traditional chemotherapy

The two most common organs where metastases found are lungs and liver.

In most cases, metastases from colorectal cancer cannot be completely cured. However, chemotherapy can be used to relieve the symptoms and improve life quality. Your doctor will decide on the most suitable treatment for you.

In a few cases, the metastases from colorectal cancer may be removed through surgery. If your health allows, chemotherapy will be used before and after surgery.

Side effects

1. Low blood count

The bone marrow weakens, producing insufficient blood cells, leading to fatigue (too few red blood cells), a vulnerability to infection (too few white blood cells), bruising or bleeding easily (too few platelets). You will have regular blood tests during the treatment. If necessary, antibiotics may be used to fight infection.

2. Nausea

Some chemotherapy medicines will make you nauseous and feel like vomiting. These symptoms can usually be relieved with medicine.

3. Fatigue

You may feel tired all the time during the course of chemotherapy. You should therefore take plenty of rest.

4. Diarrhoea

Taking anti-diarrhoeal medicine may slow bowel movements and ease the problem of diarrhoea. Eating low-fibre food may also help. Remember to take plenty of fluids if you have diarrhoea.

5. Mouth sores

Chemotherapy may give you mouth sores or mouth ulcers. These can usually be relieved by using mouthwash, water or physiological saline (diluting 1 teaspoon of salt in 0.5 litres of water). If the pain is significant, you may consider replacing regular meals with nutritional drinks. Please refer to our *Diet & Cancer* booklet for more information.

6. Hair loss

Ask your doctor prior to treatment whether or not the medicine will cause hair loss. If it does, your hair should grow back a few months after treatment. Please download our *Hair Loss* booklet at www.cancer-fund.org/booklet/en for more information.

7. Swelling of arms and legs

Taking Fluorouracil for a long period of time may result in a skin rash, redness, pain or swelling on the palms of the hands and soles of the feet. These symptoms will usually disappear after the chemotherapy treatment.

Despite advances in chemotherapy medicine, it is still powerful and affects healthy cells. Because of this, some people try to avoid chemotherapy. It should be remembered that different anti-cancer medicines have different side effects, and that different people will react differently to them. Before treatment, you should ask your doctor about the possible side effects to prepare yourself for what might happen.

- Targeted therapy

A type of anti-cancer medicine. The side effects are normally milder than chemotherapy. However, there is still a chance that normal cells will be destroyed. Targeted therapy cannot completely cure metastases from colorectal cancer. However, using it alone or combining it with chemotherapy can help increase the effectiveness or lengthen the life of an individual.

There are five major targeted drugs used to treat colorectal cancer:
1. Cetuximab; 2. Panitumumab; 3. Bevacizumab; 4. Aflibercept; and
5. Regorafenib.

Drugs 1 and 2 are epidermal growth factor receptor (EGFR) inhibitors, which block the vital information that directs cancer cells to grow and split, and hence make them die naturally without being able to reproduce.

But they are effective only for cancer cells in which a gene has mutated (become defective). Chemo is still used on other types of colorectal cancer.

Drugs 3, 4 and 5 are angiogenesis or vascular endothelial growth factor (VEGF) inhibitors targeted drugs that prevent cancer cells from growing blood vessels and thus make them die.

Side effects

1. EGFR inhibitors

An allergic reaction to the intravenous injection – especially the first time it is given – with the symptoms including fever, sore muscles and shivering. Others may experience difficulty in breathing or go into shock. You may be given medicine prior to the injection and monitored throughout the process.

Common side effects after taking these include dry, itchy skin, a rash and diarrhoea.

2. Angiogenesis inhibitors (VEGF drugs)

High blood pressure and an excess of serum protein in the urine (proteinuria). Serious side effects are rare, but can include blood clots or bleeding, and holes (perforations) in the bowel.

How are cancer drugs used?

Most cancer drugs, both used for traditional and targeted therapy, are injected into a vein in the arm or through a chest-tube insertion. A chest-tube insertion is a flexible tube that is inserted into the chest and remains there for the entire period of the treatment. It can be connected to a portable pump with a timer and rate control so that you can inject the drugs yourself at home. In addition to injections, some medicine can be taken orally.

For the injection of some medicines you may be required to stay overnight in the hospital. After completing a phase of treatment, you will be told to rest for 2 or 3 weeks. This is to let your body has time to recover from the side effects before proceeding to the next phase. The number of phases required depends on the tumour and your body's response to the drug.

You may download our booklet, *Chemotherapy*, at www.cancer-fund.org/booklet/en.

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C. Radiotherapy

Radiotherapy uses high-precision, high-energy rays to destroy tumours localised to one or two sites. Its advantage is that the radiation can be focused on the tumour area, which reduces the chance of destroying normal cells.

Adjuvant and neoadjuvant therapy

The case for radiotherapy before surgery is especially strong for rectum cancer. If the surgery on the cancer is likely to be difficult, the doctor may consider using neo-adjuvant therapy to shrink the tumour first to make it easier to operate on. In the case of more advanced rectum cancer, radiotherapy can be used to control symptoms such as the pain caused by cancer cells having spread to the bones. If there is a high likelihood of the cancer returning, radiotherapy is often used as a supplement after surgery (adjuvant therapy) to help kill residual cancer cells and reduce the risk of recurrence.

In some cases, radiotherapy is combined with chemotherapy to enhance effectiveness. However, the side effects are usually greater when combined therapy is used.

- Radiotherapy for metastases

When a cancer returns, radiotherapy may be used to shrink the tumour and to relieve symptoms, such as pain from the cancer cells having spread to the bones.

Preparation beforehand

Radiotherapy usually takes place in a hospital. The dosage will depend on the type of cancer and the size of the tumour. Treatment periods vary by individual, but usually range from several days to several weeks.

A mark is made on your skin to indicate where the beams of radiation are to be focused: the goal is to minimise the harm to normal cells. Radiotherapists will teach you how to take care of your skin and to avoid washing off the mark.

Before you undergo radiotherapy, the doctor will map out the location and shape of your tumour in a 3-dimensional (3D) form using scans and/or X-rays. The more accurate the information is, the more effective the treatment is likely to be. You may need to attend this planning session a few times.

During treatment, you will have to lie still on a treatment couch in the radiotherapy room. If necessary, you can talk with the therapist in the adjacent room via an intercom. The radiation treatment may only last a few minutes and it will not make you feel unwell.

Side effects

The side effects of radiotherapy can vary in magnitude from mild to severe, depending on the tumour, the dose and the length of treatment as well as your physical condition. Most of them will be exacerbated as treatment continues, but should go away soon after treatment stops. Permanent side effects are not common.

The side effects depend on which area receives radiotherapy. Areas that are not being treated should not be affected.

1. Nausea

Normally, any feelings of nausea will not be serious and can often be controlled with medicine. If you lose your appetite, you may replace meals with high-energy drinks or food supplements. Nutritional supplements are available in local stores. You can talk with your doctor about the best course of action.

2. Diarrhoea

Diarrhoea may be relieved with medicine. Talk with your doctor.

3. Fatigue

If you feel tired during the period you are receiving radiotherapy, take as much rest as possible.

4. Skin allergy

The area of the skin that receives radiotherapy may become red and feel painful. A nurse will show you how to take care of the area and keep it dry and clean. Avoid clothes from rubbing against each other to prevent allergic symptoms from getting worse.

5. Decreased blood marrow function to produce blood

If the radiation affects a large area of bone marrow, the number of white blood cells, red blood cells, and hematoblasts (another type of blood cell) decreases, which means you can catch an infection more easily, and may lead to bleeding or anaemia. You should rest as much as possible. Avoid moving too quickly; otherwise you may feel dizzy. If you have the symptoms of anaemia, or if a bruise develops, tell your doctor immediately.

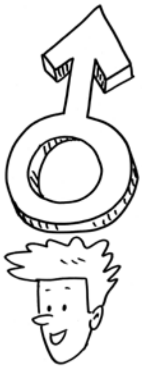
6. Ovaries

Irradiating the pelvic cavity can cause women to stop menstruating early and experience the symptoms of the menopause.

7. Testes

Irradiating the pelvic cavity can cause men's testicles to produce insufficient sperm for fertilisation. Radiotherapy does normally not affect the testes' ability to produce male hormones, so will not make a man impotent.

8. The perineum and the genitals



Radiotherapy may lead to pain in the skin around the sexual organs and perineum (the area between the genitals and the anus) or make it red. The area may also ulcerate and there may be secretions. Moreover, you may have an itchy feeling when you urinate. It may also affect your sex life. The side effects on the genitals may last for three to four weeks after treatment and will gradually abate.

9. Inflammation of the bladder lining

Radiotherapy may cause inflammation of the bladder lining, which may lead to the need to urinate frequently and a stinging sensation when urinating. Drinking plenty of water or liquid can help dilute the urine. You may ask your doctor for medicine to relieve the symptoms.

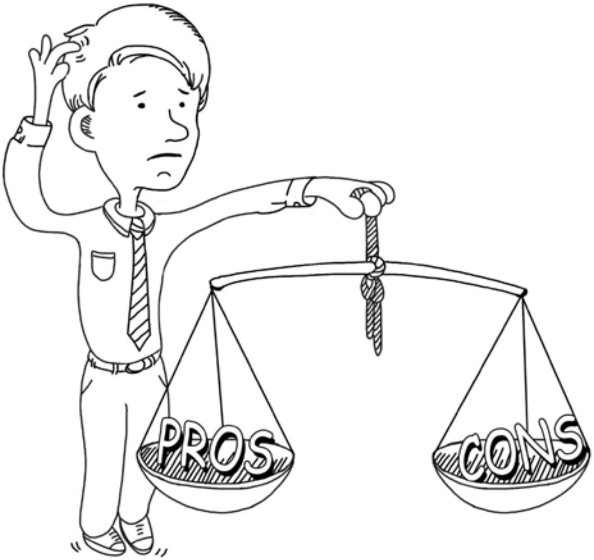
The magnitude of the side effects depends on the dose and treatment period of the radiotherapy. Don't let the side effects overwhelm you: most can be relieved with medicine and will go away after the treatment ends. If the side effects persist, tell your doctor.

Radiotherapy will not make you radioactive. During and after the treatment, you can maintain normal contact with other people, including children.

For more information, download our *Radiotherapy* booklet at www.cancer-fund.org/booklet/en.

How to choose the most suitable treatment

Each treatment method has pros and cons. As the health condition of people varies and illnesses are different, it is not easy to decide which treatment to take. If your doctor suggests only one treatment, make sure you understand it thoroughly before signing the consent form. You may ask your doctor if that is the only choice and why the other treatments are not suitable. If the doctor says several treatments are available, then you should weigh the pros and cons of each to decide which one is most suitable.



Before making your decision, understanding as much as possible what might happen will give you a better idea of whether or not you will be able to bear the associated levels of discomfort.

Before going to the doctor, it's good to have a list of questions ready, ideally written down. As discussions can make people feel tired and emotional, ask someone to go with you and help to record the conversation.

Ask for a second opinion

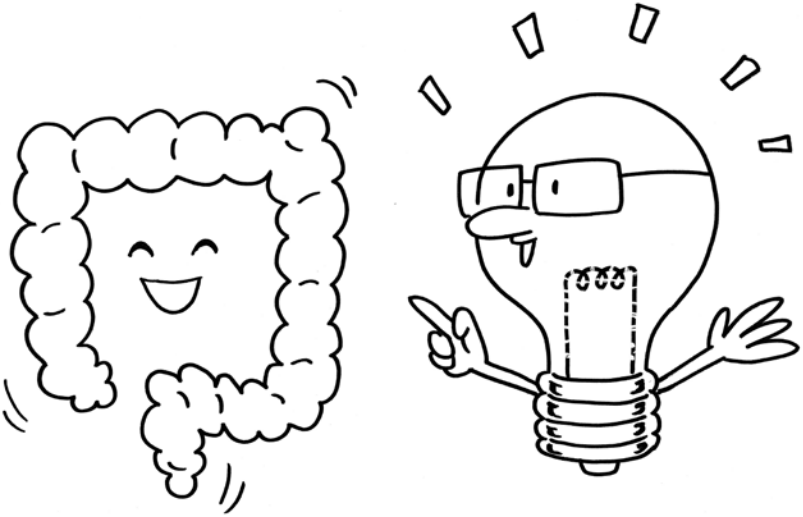
Some people want the opinion of another doctor. This doctor may be a recommendation from friends or relatives. You can also go online, where you can search for specialist doctors, medical organisations, hospitals, medical schools in universities, medical research centres, and forums.

After you have decided on the second doctor, you may ask your original doctor for a copy of your case history. If you and the second doctor have joined the Public-Private Interface – Electronic Patient Record Sharing Pilot Project, you can also authorise the doctor to view your electronic health records with your password. Call the project hotline on 2300-6654 for more information.

Remember to get the second doctor's opinion as soon as possible to avoid a delay in undergoing treatment. However, even if you have started treatment with your original doctor, you can still seek a second opinion. Once you have a second opinion, you can continue to ask the original doctor for treatment.

Follow-up

In the years following treatment, you will receive regular check-ups, which may include blood tests, X-rays, colonoscopies and/or carcinoembryonic antigen (CEA) tests. These will become less frequent as long as you are fine or until you notice new symptoms. If you notice anything unusual, you should tell your doctor. You may also develop your social network by joining a self-help group, in which people who have or have had colorectal cancer support one another.



Hong Kong Stoma Association

This association provides mutual support and information to ostomates, who share their experiences.

Tel: 2834-6096

Stoma Group, Tuen Mun Hospital

The group provides information and emotional support to people who have stomas as well as an environment in which they can share their experiences.

Tel: 2468-6167

Cheong Hong Club

This group focuses on those with colorectal cancer who do not have stomas. The club organises rehabilitation activities for patients to share their experiences and encourage each other to help them build confidence on the road to recovery.

Tel: 3656-0700

What to ask the doctor

Make a list of questions to ask before going to the doctor for a diagnosis report or treatment suggestion. You may ask a relative or friend to go with you to help you take notes; they can also remind you of the questions you need to ask, or even help you ask the questions. If you do not understand what the doctor says, ask them to explain until you do understand. Some people may want to record the conversation or video it. Before doing that you must obtain the consent of the doctor, who can reject the request. In a public hospital, you will need to get the consent of the Hospital Authority. The following are common questions that those with colorectal cancer ask.

1. Is it a late-stage tumour? What type of tumour is it? How have you confirmed the stage of the tumour?

2. How big is the tumour? Has it spread to other parts of my body? Is it affecting any other areas?

3. What is the best way to treat it? What is the likelihood of it being treated successfully? What are the risks involved?

4. I have heard that cancer treatments include surgery, radiotherapy, and chemotherapy. Would it be best for one method to be used in my case or multiple treatments?

5. How long will the treatment take? Will I need to stay in hospital? How is my life likely to be affected? Will I need to quit my job?

6. Will I need a stoma? Will it affect my sex life and fertility?

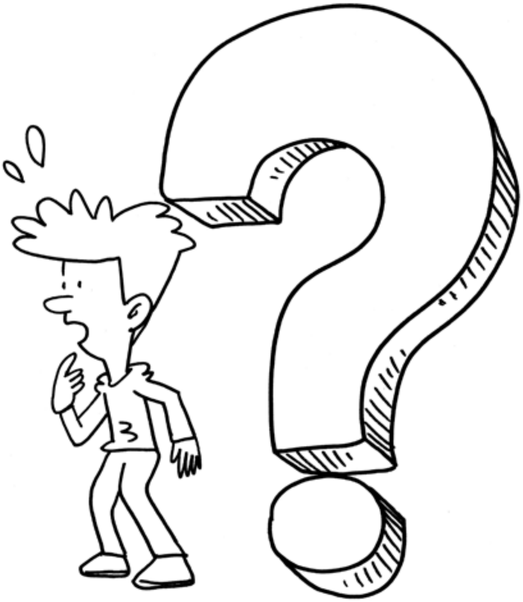
7. Are the side effects serious? Are there ways to relieve them?

8 How much will the treatment cost? How much will be covered by my insurance?

9 After the treatment, how will we know if it has been successful?

10 After the treatment, how often will I have to visit the doctor? What regular check-ups will I need?

11 Why is the treatment you are recommending the best? Are there alternatives? How do they differ?



12 What are the implications if I don’t undergo treatment now but change my mind later?

13 After treatment, will my body be so weak that I won’t be able to work? Will I still be able to take care of my children?

14 How likely is a relapse?

15 Can this type of cancer be inherited? What are the chances of my children getting this cancer?

16 During treatment, will it be okay for me to consult a Chinese herbal practitioner for advice? Would the two types of treatments be non-complementary?

Your feelings

Understandably, most people feel overwhelmed when they are told they have cancer. Many different emotions arise that can cause confusion and frequent mood changes.

This does not mean, however, that you are not coping with your illness. Reactions differ – there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you.

Shock and disbelief

"I can't believe it!" "It can't be true!"

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over, or you need to be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

Anger

“Why me?” “Why now?”

Anger can hide other feelings, such as fear or sadness, and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your god.

It is understandable that you may be deeply upset by many aspects of your illness, so you do not have to feel guilty about having angry thoughts or being irritable. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them.

If you can, it may be helpful to tell them this at a time when you are not feeling quite so angry or, if you find that difficult, perhaps you could show them this booklet. If you are finding it difficult to talk to your family, it may help to discuss the situation with a trained counsellor or psychologist. Hong Kong Cancer Fund can give you details on how to get help in your area. Call our hotline on 3667-3000.

Denial

“There’s nothing really wrong with me!”
“I haven’t got cancer!”

For many people, not wanting to know anything about their cancer, or wishing to talk as little as possible about it, is the best way to cope with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being.

Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you to talk to them about your illness.

Fear and uncertainty

"Am I going to die?" "Will I be in pain?"

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all people who are newly diagnosed is: "Am I going to die?" The fact is that there has been a downward trend in the cancer mortality rate*. Some people with colorectal cancer

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*According to the latest figures from the Hong Kong Cancer Registry, 2013, the mortality rate for all cancers declined over the 1999 to 2013 period.

may be cured, but even if your cancer is not curable there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with the emotional aspects of cancer.

“Will I be in pain?” and “Will my pain be unbearable?” are other common concerns. In fact, many people with colorectal cancer experience no pain at all. For those who do, there are many drugs and other techniques that are successful at relieving pain or keeping it under control.

Most people are anxious about their treatment: whether or not it will work and how to cope with the possible side effects. It is best to discuss your individual treatment in detail with your doctor.

Often you will find that doctors are unable to answer your questions fully, or that their answers may be vague. It is often impossible to say for certain that the cancer has been totally eradicated. From past experience doctors may know approximately how many people will benefit from a certain treatment; however, it is impossible to predict the future for individuals. Many people find the uncertainty hard to live with, and this can be disturbing for them.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying, so acquiring some knowledge about your illness can be reassuring, and discussing your findings with your family and friends can help to relieve the tension caused by unnecessary worry. You may gain authoritative medical information on the internet (make sure that the sources are reliable and accurate), or you may share your experiences with those who also have cancer. For more information, you may download our free cancer booklets at www.cancer-fund.org/booklet/en.

Blame and guilt

> ***"If I hadn't... this would never have happened."***

Sometimes people blame themselves or other people for their illness, or they try to find reasons for why it has happened to them. This may be because we often feel better if we know why something has happened. However, as doctors may not know exactly what has caused your cancer, there is no reason for you to blame yourself.

Resentment

> ***"It's all right for you, you haven't got to put up with this."***

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may occur from time to time during the course of your illness and treatment for a variety of reasons.

Relatives, too, can sometimes resent the changes that your illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

Withdrawal and isolation

"Please leave me alone."

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at this time, you will talk to them about it when you are ready.

Sometimes an unwillingness to talk can be caused by depression. You can discuss this with your doctor, who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of those with cancer. It is quite common for people with cancer to experience depression and there is no need to feel you are not coping if you need to ask for help.

Learning to cope

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

The treatment for colorectal cancer can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like, and try to get plenty of rest. Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling, they can be more supportive.

What you can do

A lot of people feel helpless when they are first told they have cancer, and believe there is nothing they can do other than hand themselves over to doctors and hospitals. This is not the case. There are many things you and your family can do at this time.

Understanding your illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

However, for information to be of value it must come from a reliable source to prevent it from causing unnecessary fears. Some people may offer advice and information based on their own experience, but remember that your disease pertains only to you and what is true for them may not apply to you. Personal medical information should come from your own doctor, who is familiar with your medical background.

Practical and positive tasks

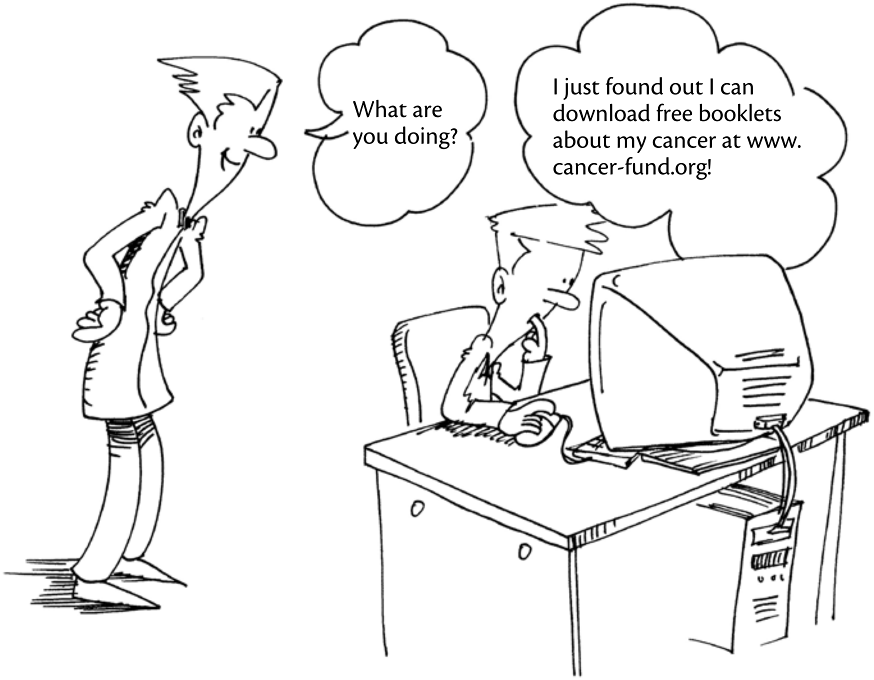
At times you may not be able to do things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

One easy way of doing this is by planning a healthy, well-balanced diet. You may start by designing a balanced diet on your own or with your family. If necessary, you may consult a dietitian for advice. Another way is to learn relaxation techniques that you can practice at home.

Many people find it helpful to take some form of regular exercise. The type of exercise you take, and how strenuous it is, depends on what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

If you find it hard to follow a restricted diet or are not used to doing exercise, you can try to develop hobbies. Taking a walk after meals, going on a hike, taking a vacation, dancing, playing music, and gardening are some of the options you may consider.

You can request our *Cancer and Complementary Therapies* and *Diet and Cancer* booklets by calling 3667 3000.

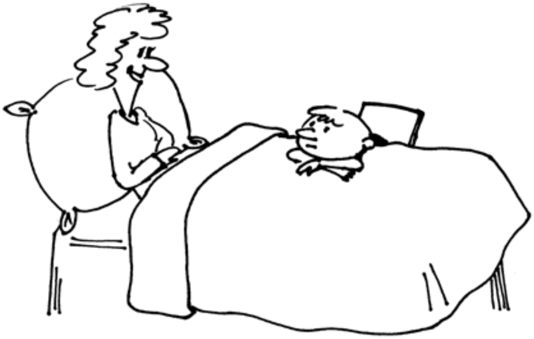


Financial help

Cancer is a serious illness. Many people with cancer face not only the side effects of the treatments and emotional trauma, but also financial difficulties. The disease can become a tremendous burden.

Apart from using public health-care services, you may approach medical social workers or the Cancer Patient Resource Centres in the major hospitals or institutions that might be able to provide assistance. The Comprehensive Social Security Assistance (CSSA) offered by the Social Welfare Department (SWD) may also be able to help solve your financial difficulties. You can call the SWD hotline on 2343-2255.

Talking to children



Deciding what to tell your children about your cancer is difficult. How much you tell them will probably depend on their age and how mature they are.

Very young children are concerned with immediate events. They do not understand illness, and they need only simple explanations of why their relative or friend has had to go into hospital or why they are not their normal self. Parents can try to tell them they have cancer. It is important to let them know the proper cancer name so that the children can have a better understanding of the illness.

Slightly older children may understand a story explanation in terms of "good cells and bad cells". All young children need to be reassured repeatedly that the illness is not their fault, because whether they show it or not, children often feel they may somehow be blamed and may feel guilty for a long time.

Adolescents have a greater ability to comprehend. When they ask questions, parents should tell them the truth to prevent any misunderstanding. Children at this stage are forming their own identity. They may be more willing to communicate with their peers than their parents. In addition, they may not be willing to listen to their parents. They may find it particularly difficult to cope with the situation, because they feel they are being forced back into the family just as they were beginning to gain their independence.

An open, honest approach is usually best for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only a small amount of information and gradually building up a picture of the illness. Even very young children can sense when something is wrong, so do not keep them in the dark about what is going on. Their fears are likely to be much worse than the reality.

Hong Kong Cancer Fund publishes a booklet, *What do I tell the children?* which may be able to help you. You can request a copy – by calling us on 3667-3000 – and we will send it to you.

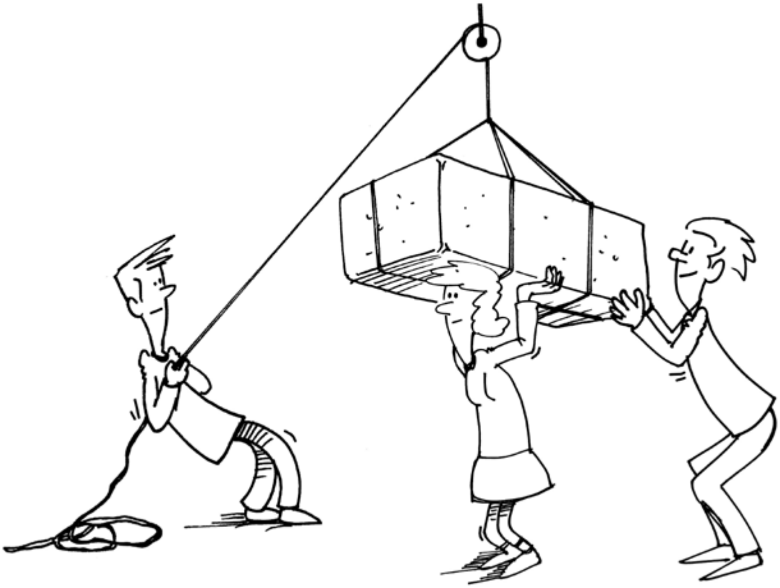
Hong Kong Cancer Fund's Rainbow Club is designed to help children who have a family member with cancer or who have lost someone to the disease. Through playful activities, free emotional support and a counselling service, we help them understand cancer and cope with changes in the family. A significant part of our role is to help both parents and children communicate on cancer and its impact. Call us on 3667-3000 for more information.

What to do if you are a relative or friend

Some families find it difficult to talk about cancer or share their feelings. But this can cause unnecessary fear and creating tension between family members.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Our booklet, *Talking to Someone with Cancer*, in the How to Cope section of our website is written for friends and relatives of those with cancer. It looks at some of the difficulties people may have when talking about the illness.



Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Staff at Hong Kong Cancer Fund are always willing to discuss any problems that you might have and can put you in touch with a counsellor or a support group. Call us on 3667-3000 for more information.

Hong Kong Cancer Fund Service Network

Our three CancerLink support centres and seven Cancer Patients' Resource Centres in major public hospitals provide free counselling, support and information to those in need. Together they form a seamless service network that meets the needs of those at different stages of their cancer journey.

• CancerLink support centres

We have three support centres outside the hospital setting that cater to the specific needs of those with cancer throughout the different stages of their illness. The centres – located in Wong Tai Sin, Tin Shui Wai, and Kwai Chung – offer well-designed, holistic rehabilitation programmes that emphasise individual needs.

We also provide backing to 22 support groups, helping them to share resources so as to offer the best services to those with cancer and their families. Our volunteer groups, formed by recovered individuals, pay visits to hospitals to provide emotional relief. More than 14,000 participants have joined our support network, which is divided into three groups – one for those with cancer, another for those with specific types of cancer (such as breast cancer, colorectal cancer and nasopharyngeal cancer), and one other group for English speakers.

Care specialists – including registered social workers, registered nurses, registered dietitian, art therapists, counsellors and professional volunteers – are available to provide support, information and specialised services. Private and family counselling is conducted by registered professionals to help those touched by cancer, their families and caregivers deal with the different emotional aspects experienced over the course of treatment. There are also programmes and rehabilitation classes to develop coping skills, relaxation classes to help relieve mental and physical stress, and dietetic support to provide advice on nutrition. Our comprehensive range of wellness programmes and therapeutic workshops helps users relax, tackle negative emotions, relieve stress, and restore confidence. We provide free classes, ranging from yoga and meditation to horticulture and insomnia management. The centres also feature well-stocked libraries.

> ***"I managed to go through the treatment but was worried about a relapse. A feeling of loneliness was haunting me. I felt especially grateful to have my support group, the members of which stood by me all the time."***
>
> Quote from CancerLink user

• Cancer Patient Resource Centres

These are the first place many go for support and information after a diagnosis. Our registered nurses and social workers can offer both practical and emotional support, while the centres also provide booklets on navigating the cancer journey.

- **Hotline**

Managed by professionals, our hotline is a channel through which to access advice on both physical and emotional difficulties. Talking with someone who understands can make a huge difference. The hotline number is: 3667-3000.

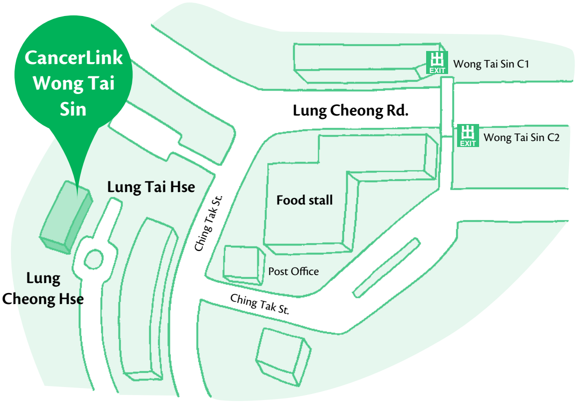
To learn more about cancer and how we can help,
call the Hong Kong Cancer Fund on 3667-3000,
or visit www.cancer-fund.org.

This booklet is published by Hong Kong Cancer Fund 2016.

We would like to express our gratitude to the following specialists in clinical oncology for helping with the content of this booklet: Dr. Fu Yiu-tung, Dr. Wong Kam-hung, Dr. Leung Hoi-leung and Dr. Kwok Yuen-lam.

***Hong Kong Cancer Fund does not charge for health checks**
Hong Kong Cancer Fund is a charitable institution, and all our services are FREE for people touched by cancer. We do not produce health products, nor do we charge for health checks, screenings or vaccines. Any company using our name to sell these services has no relationship with Cancer Fund. For enquiries, call our hotline: 3667-3000

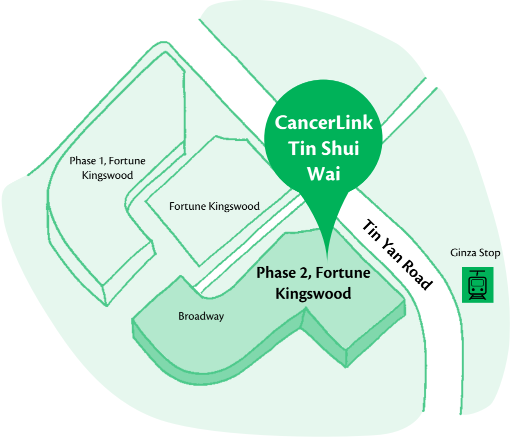
Hong Kong Cancer Fund CancerLink Support Centres



CancerLink Wong Tai Sin

Unit 2-8, G/F., Lung Cheong
House, Lower Wong Tai Sin
Estate, Kowloon

Tel: 3656 0700
Fax: 3656 0900
Email: canlink@hkcf.org



CancerLink Tin Shui Wai

Shop No. 201C, 2/F., Phase 2,
Fortune Kingswood,
12-18 Tin Yan Road, Tin Shui Wai,
New Territories

Tel: 3919 7070
Fax: 3919 7099
Email: canlink-tsw@hkcf.org

CancerLink Jockey Club Support Centre, Kwai Chung

3/F, TLP132, 132-134 Tai Lin Pai Road, Kwai Chung, New Territories

Tel: 3667 3200

Green Minibus Station
(Kwai Chung Road)

94, 302, 313

① **Kwai Fong Estate Bus Station**
(Kwai Chung Road, opposite to Kwai Fong Estate/Outside Yee Lim Factory Building)

237A, 265M, 269A, 269M, 290, 290A, 33A, 36A, 38A, 40, 46P, 46X, 57M, 59A, 61M, 935

② **Kwai Fong Estate Bus Station**
(Kwai Chung Road, near Kwai Yik Road)

240X, 260C, 265M, 269M, 46P, 46X, 47X, 57M, 58M, 58P, 59A, 67M, 269P

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The Hong Kong Jockey Club Charities Trust
同心同步同進 *RIDING HIGH TOGETHER*

Hong Kong Cancer Fund Support Network

Self-Help Groups

CanSurvive
Helps: those with all types of cancers (English-speaking)
Tel: 3667 3000

Hong Kong Pioneer Mutual Support Association
Helps: those with all types of cancers
Tel: 3656 0799

Cheong Hong Club
Helps: those with colorectal cancer without a stoma
Tel: 3656 0700

Hong Kong Stoma Association
Helps: those with colorectal with a stoma
Tel: 2834 6096

Tuen Mun Hospital Stoma Group
Helps: those with colorectal with a stoma
Tel: 2468 6167

Hong Kong Cancer Fund Partners

Queen Mary Hospital Cancer Care & Support Unit
2/F, Professorial Block, Queen Mary Hospital, Hong Kong
Tel: 2255 3900 Fax: 2255 3901

Pamela Youde Nethersole Eastern Hospital
Cancer Patients' Resource Centre
1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Queen Elizabeth Hospital
Cancer Patients' Resource Centre
Room 601, 6/F., Block R, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon
Tel: 3506 5393 Fax: 3506 5392

Princess Margaret Hospital
Cancer Patients' Resource Centre
2/F. & 3/F., Block H, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

United Christian Hospital
Cancer Patients' Resource Centre
Block P, 130 Hip Wo Street, Kwun Tong,
Kowloon
Tel: 3949 3756   Fax: 3949 5595

Prince of Wales Hospital
Cancer Patients' Resource Centre
3/F., Sir Yue Kong Pao Cancer Centre, Prince
of Wales Hospital,
30-32 Ngan Shing Street, New Territories
Tel: 2632 4030   Fax: 2632 4557

Tuen Mun Hospital
Cancer Patients' Resource Centre
Lower Ground, Tuen Mun Hospital,
Tsing Chung Koon Road, Tuen Mun, New
Territories
Tel: 2468 5045   Fax: 2455 1698

Other Organisations in Hong Kong

Social Welfare Department
Hotline: 2343 2255

Rehabaid Centre
Tel: 2364 2345
Email: rehabaidcentre@ha.org.hk

The Samaritans
Tel: 2389 2222

Employees Retraining Board (ERB) – Smart Living Scheme
Tel: 182 182
Email: erbhk@erb.org

The Chain of Charity Movement
Community support and transportation services
Can arrange visits and transportation to hospitals and shopping
Tel: 2777 2223   Fax: 2777 2269

Emergency Number
Emergency no.: 999

Government Ambulance Service
Tel: 2735 3355

Easy Access Bus
Can arrange visits and transportation to and from hospitals/clinics for those aged 60 or above with mobility difficulties
Tel: 2348 0608

Accessible Hire Car
Provides a personalised service to passengers with their own wheelchairs
Tel: 8106 6616

St. John Ambulance (24-hour service)
Tel: 1878 000

The Jessie and Thomas Tam Centre - Society for the Promotion of Hospice Care
Provides a bereavement counselling service
Tel: 2725 7693
Email: jttc@hospicecare.org.hk

Comfort Care Concern Group
Provides bereavement counselling for those who are terminally ill and their families
Tel: 2361 6606
Email: cccg@cccg.org.hk

Hong Kong Cancer Fund

Service Hotline: 3667 3000
Donation Hotline: 3667 6333
Website: www.cancer-fund.org

Facebook:
www.facebook.com/hongkongcancerfund

YouTube:
www.youtube.com/hongkongcancerfund