



癌症基金會
CANCERFUND
So no one faces cancer alone

understanding

Nasopharyngeal Cancer





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 through 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.

So no one faces cancer alone

FREE service hotline

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Introduction

Many people feel shocked when told they have cancer. We hope this booklet will answer some of the questions you may have about cancer of the nasopharynx.

All care is taken to ensure that the information contained is accurate at the time of publication. However, an introductory booklet like this is no substitute for professional advice. Before commencing any medical treatment, always consult your doctor.

You are welcome to pass this booklet to those close to you. They, too, may want to be informed so they can also help you through the cancer journey.

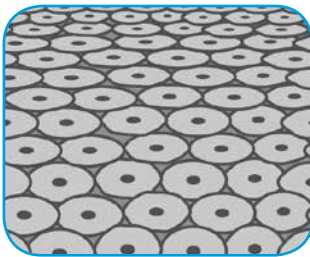


What is cancer?

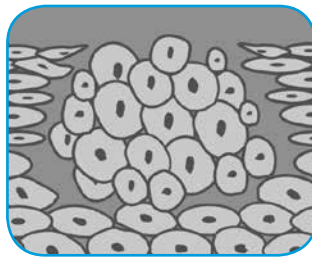
The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Cells in different parts of the body may look and work differently but most can repair and reproduce themselves in the same way. Normally, this division of cells takes place in an orderly and controlled manner, but if, for some reason, this process gets out of control, the cells will continue to divide, developing into a lump which is called a tumour. Tumours can either be benign or malignant.

In a benign tumour, the cells do not spread to other parts of the body and so are not cancerous. If they continue to grow at the original site, they may cause a problem by pressing on the surrounding organs.

A malignant tumour consists of cancer cells that have the ability to spread beyond the original site, and if left untreated may invade and destroy surrounding tissues.



Normal cells

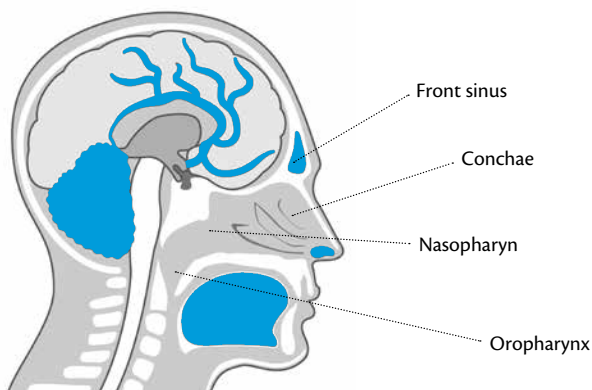


Cells forming a tumour



Nasopharyngeal cancer

Nasopharyngeal cancer (NPC) is found in the nasopharynx, an area at the centre of the head behind the nose. Nearby structures are the nose, nasal sinuses, the eustachian tube leading to the middle ear, and the base of skull bone with a few nerves that control sensation and movement of the eyes and face. The nasopharynx has a strong link with the lymph nodes at the neck. Thus, it is common to see NPC spread to the neck lymph nodes.



Causes

Known risk factors for nasopharyngeal cancer:

- Genetic (inherited) factor
- Infection by the Epstein-Barr virus (EB Virus)
- Environmental factor
- Diet factor

While uncommon in most parts of the world, NPC has a high occurrence in coastal areas of south-eastern China. With an occurrence in Guangdong province 25 times higher than the rest of the world, NPC is often referred to as 'Guangdong tumour'.

As close neighbours, Hong Kong and Macau residents, especially those with a family history of NPC, should be extra aware. (See “How common is it in Hong Kong?”)

Some suggest diet may be a factor. Studies have found that nitrosamines, a cancer-causing substance (carcinogen), are released in cooking salted fish which is a common delicacy in Guangdong province.

The EB virus has found to be linked to an increased risk of developing NPC.

Scientists believe the above factors make a person more likely to develop NPC. But remember, just because you have a risk factor or even several of them, doesn't mean you will definitely have the disease. Avoiding smoking and reducing your consumption of salted fish are effective ways to lower your risk of NPC.

Symptoms

The initial symptoms of NPC are not obvious and include: - A lump in the neck region

- Headache with unknown cause
- Sore throat
- Blocked nose or ears

As the tumour progresses, these symptoms may occur:

- Facial pain
- Double vision
- Nasal bleeding
- Hearing problems

Because the nasopharynx has a strong lymphatic link to the neck, the first sign of a spreading NPC may be a lump in the neck. Most of these secondary (metastatic) tumours in the neck lymph nodes can be cured with immediate medical attention.

In areas where chronic rhinitis and sinusitis are common due to air pollution, symptoms of NPC may be treated as simple nasal problems for months until the sign of metastatic neck gland appears. If you have symptoms persisted for months, make an appointment with specialist to check.

What is special about NPC?

- Symptoms are often unclear at early stage.
- Extra attention is needed for people living in Hong Kong and the Guangdong province.
- Younger people (20s to 40s) can be affected more as compared to other head and neck cancers.
- NPC is sensitive to radiotherapy and a cure is likely if diagnosed earlier.

How common is it in Hong Kong?

- NPC ranks as the number 6th most common cancer for men.
- NPC is the 8th highest cancer killer for men.

* Figures published by Hong Kong Cancer Registry, Hospital Authority, 2018



Diagnosis

There are a number of tests for nasopharyngeal cancer. What tests to take depend on the type and stage of the cancer.

Common tests

■ *Nasendoscopy*

A small camera with a light at the front of a flexible tube is inserted into the nasopharynx through the nose or mouth. The process is conducted under local anaesthesia. Your throat will feel numb after the procedure and you are advised not to drink and eat for an hour or so.

If any abnormalities are found, some tissues will be taken from the nasopharynx.

■ *Biopsy*

A small piece of body tissue is removed under local anaesthesia, usually during the nasendoscopy, and examined under a microscope to determine if the cells are cancerous.

■ *Blood test*

Your blood will be taken to measure the antibodies in the blood serum against the EB virus, and to also check your general health condition.

Further tests

Once NPC is confirmed, your doctor will arrange further tests to check the extent of the tumour, and to see if the cancer cells have spread to other tissues and organs.

■ *MRI (Magnetic resonance imaging)*

Use magnetic fields and radio waves to produce detailed pictures of internal organs and soft tissues that conventional x-ray could not reveal.

To obtain a clear image, you will be asked to remove metal belongings including jewellery. You may be given an injection of dye which may make you feel warm in your body for a few minutes.

During the scan, you have to lie still on a bed inside a hollow cylinder (tube) for about 30 minutes. There will be noise during the scan. You will be given earplugs. Let the doctor know beforehand if you have problem with enclosed spaces (claustrophobia).

■ *CT (computerised tomography) scan*

A CT scan uses a computerised technique to combine x-ray images into a three-dimensional (3D) image of the internal organs and tissues, the exact site of the cancer, or to check if it has spread.

You will be asked not to eat or drink for at least four hours before the scan and given an injection of dye as mentioned in MRI.

If you are allergic to iodine, tell your doctor beforehand. You may need anti-allergic medication from your doctor in advance.

■ *PET scan (positron emission tomography scan)*

You will be injected with radioactive glucose (sugar) in the vein, and positioned in the scanner. The machine rotates around the body and takes images of where glucose is being used in the body. Cancer cells are more active and take up more glucose than normal cells, thus showing up brighter in the picture. This helps to find out if cancer has spread to other organs or bones. Due to the limited resources available in public hospitals, patients are usually referred to a private hospital for a PET scan with a discount rate.

■ *Complete blood count (CBC)*

Blood is drawn and checked for the cell count of:

- red blood cells, white blood cells, and platelets
- haemoglobin, which is the protein that carries oxygen
- hematocrit, the proportion of red blood cells to the blood plasma

■ *Epstein-Barr virus (EBV) test*

A blood test to check for antibodies and DNA markers of the Epstein-Barr virus which will be present in people infected with EBV.

■ *Audio test*

Nasopharyngeal cancer may affect hearing. The doctor will check if you can hear soft and loud sounds as well as low- and high-pitched sounds. Each ear is checked separately.

Staging

After undergoing the tests, your doctor can stage the cancer with the TNM system created by the American Joint Committee on Cancer (AJCC). The staging can tell you how far the cancer has spread, and is an important factor in planning the treatment regime and estimating the outlook for recovery and survival.

The TNM system:

- **T** refers to the local extent of the primary tumour
- **N** describes whether the tumour has spread to lymph nodes in the neck
- **M** refers to metastatic or secondary disease to other body parts

The letters T, N or M are subdivided using numbers, with a larger number indicating a more advanced stage. For example, T1 tumour is still confined to nasopharynx; T3 tumour has spread into the nearby skull bone; T4 tumour has spread into the brain, eye socket or is affecting nerves coming out from the skull bone.

TNM stage grouping

Once the T, N, and M categories have been determined, this information can be combined to form a stage group. The stage is expressed in Roman numerals I to IV. A stage group could be made up of different combinations of the TNM stages. For example, stage I means T1N0M0. In general, a higher stage means a more advanced tumour.



Treatment

Your doctor will advise you on the appropriate treatment after considering your age, general health, and whether the cancer has spread. The side effects you may encounter are also an important factor to consider.

Before starting treatment, make sure you understand the process and its possible outcomes. Tell the doctor if you have any doubts.

Radiotherapy is the main form of treatment for NPC. The doctor in charge is the clinical oncologist.

Chemotherapy is often given in combination with radiotherapy, also known as chemoradiation, for more advanced disease or metastatic conditions.

Surgery is mainly used when radiotherapy falls short of expectations or to remove lymphatic spread in the neck.

NPC and its treatment may affect patients' ears, eyes and teeth. Doctors specialising in these areas may also take part in the treatment process.

Radiotherapy

Radiotherapy treats cancer by targeting radiation to destroy cancer cells. It can be given externally, using a radiation source outside your body, or internally, with the source implanted into your body. While external radiotherapy is more common, your doctor will advise you of treatment

options depending on the type and stage of your cancer.

To prepare the area around the nose for radiation, you first need to fix existing dental problems, for example, decayed teeth may have to be removed. Your doctor will refer you for dental consultation before treatment.

■ *External radiotherapy*

A beam of high energy x-ray aims at the cancer cells while doing as little harm as possible to the surrounding tissues. A course usually lasts six to seven weeks with about five sessions per week.

To achieve the best result, radiotherapy requires careful planning.

To make sure your head rests still for the x-ray to reach the same spot each session as planned, your radiotherapist will help you to customise a plastic head support or 'shell' (mould) before the treatment.

The mould technician will take the contour of your face with quick-setting plaster. Your skin is protected from the plaster by a fine net with holes around the eyes, mouth and nostrils for breathing. People with beards will need to shave. The plaster only takes a few minutes to set.

The plastic shell is made from this plaster mould. Alternatively, the shell can be made by moulding the thermoplastic on your face directly.

Marks will be drawn on the shell to pinpoint the area that will receive the beam.

External radiotherapy is like having an x-ray. You only need to lie under the beam-emitting machine for several minutes. It is painless and does not make you radioactive. The operator (radiographer) will position you carefully on the bed.

While left alone in the machine room, you will be able to talk to the radiographer who monitors the process from an adjoining room on a screen.

To minimise damage to healthy tissue and reduce side effects, special techniques have been developed to shape the beam precisely and allow the dose of radiation to be varied in different parts of the treatment area. The use of techniques like intensity modulated radiotherapy (IMRT) or volumetric modulated arc therapy (VMAT) has become a standard nowadays.

■ *Managing side effects*

Most short-term side effects of radiotherapy will gradually disappear once treatment is completed.

Dry mouth (xerostomia) & sore mouth (mucositis)

After a few weeks of radiotherapy, your mouth and throat will feel dry, sore, or even develop ulcers due to side effects on salivary glands. Taking water may help. Avoid smoking, alcohol and spicy foods. Try a soft diet if swallowing solid food becomes difficult. Brush your teeth with a soft toothbrush. Your doctor will also give you mouthwash and

painkiller to alleviate the discomfort.

Dry mouth sometimes can be permanent. If you experience difficulties, ask your doctor if artificial saliva spray or medicine can help.

Losing taste

After radiotherapy, many people either lose their sense of taste, feel that everything tastes the same, or experience a metallic taste. It may take some months for the sense of taste to return.

Try not to skip meals because of sore mouth and loss of taste. Eating well usually means a quicker recovery. If necessary, replace meals with high calorie drinks like milk supplements or baby foods. See our booklet 'Diet and Cancer' or consult a dietitian.

Dry skin

The skin which receives radiation may turn red after few weeks of treatment, and become dry, scaly or sore. In rare cases, the skin may tear apart with discharge. Avoid shaving, washing or applying scented material around that area. Ask your doctor if prescribed skin lotion can help.

Hair loss

You are likely to lose hair in the area where radiation enters and leaves the body, but only the hair on the upper portion of the neck is likely to be permanently lost. Otherwise, hair will start to grow back some weeks after treatment.

Feeling tired

Feeling tired is a common side effect of radiotherapy, but usually quite

mild. Get as much rest as possible during the treatment period.

Nausea

Nausea is uncommon and can usually be relieved by anti-sickness medicine (antiemetics).

Thyroid function

Your thyroid function may be affected by external radiotherapy. Ask your doctor to check your thyroid gland before and after therapy if you have doubts.

There are also side effects which may appear months or years after radiotherapy and persist. These include dry mouth, tooth decay, stiffness of the jaw and neck, hearing impairment, etc.

■ *Internal radiotherapy (Brachytherapy)*

Needles, seeds, wires, or catheters sealed with radioactive substance are implanted into or near cancer tissues. Over a few hours to a few days, a high dose of radiation acts directly on the tumour. This is in contrast to external radiotherapy where a lower daily radiation dose is applied from outside the body over a few weeks.

Chemotherapy

Chemotherapy is the use of cytotoxic drugs to disrupt the number of cancer cells being produced, thus killing them. While radiotherapy targets the tumour site, chemotherapy drugs move around in the bloodstream, trying to reach cancer cells along the way. Hence, it is

often used before or after radiotherapy to reduce the tumour size or kill residual cancer cells.

Chemotherapy is usually given intravenously, by injection into a vein. The treatment is divided into phases, each phase lasts for a few days, followed by a rest period of a few weeks to let your body recover. The number of phases depends on the type and stage of your cancer, also how well it is responding to the drug.

■ *Managing side effects Infection vulnerability*

Chemotherapy drugs will reduce temporarily the number of white blood cells that protect you from infection. During chemotherapy your blood will be tested regularly and, if necessary, you will be given blood transfusions.

Nausea and sore mouth

Some chemotherapy drugs can cause nausea or sore mouth and ulcers. Nausea can often be relieved by a doctor's prescribed medicine.

Sore mouth can be alleviated with proper care. Ask your nurse how to rinse your mouth properly. If you lose your appetite, try replacing meals with nutritious drinks or a soft diet.

Hair loss

Hair loss is usually a mild and short term side effect for NPC treatment. You may use wigs, hats or scarves to cover your head until

your hair grows back. We provide free education and provision of wigs at CancerLink support centres, please call our service hotline on 3656 0800 for details.

Other side-effects

Numbness in hands and feet or hearing impairment are other possible side effects. Inform your doctor if you have any of these symptoms.

Surgery

Surgery is used for NPC case that do not respond to radiotherapy, but most often to remove lymph nodes and other tissues in the neck invaded by the cancer.

Follow-up

You will be given regular check-ups, endoscopy or imaging scans after treatment to monitor your situation. These can continue for several years. Let the doctor know immediately if new symptoms appear.

After treatment

When you begin to feel better after treatment, set yourself some simple goals and gradually build up your confidence. A healthy, well-balanced diet and a suitable amount of exercise will help your recovery. The type of exercise and how strenuous it is depends on what you are used to before cancer and how well you feel after treatment. Call our service hotline on 3656 0800 to learn more about relaxation techniques you can practice at home.



Making treatment decisions

Deciding which treatment to go with

Sometimes it is difficult to decide on the right treatment for you. You may feel everything is happening so fast you do not have time to think things through. There is always time for you to consider what sort of treatment you want.

Waiting for test results and for treatment to begin can be difficult. While some people feel overwhelmed with information, others feel they do not have enough. You need to make sure you understand enough about your illness, the treatment and side effects to make your own decisions.

If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

It is important to remember that you are the most important person on your health care team. You are a consumer of services, and you have the right to ask questions about what treatment you are getting and who is providing it. If you are not happy with the information you are given or how it is given, you should not be afraid to tell the doctor about your concerns.

You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Decision-making steps :

Think through the advantages and disadvantages of each treatment.

1. Consider how important each side effect is to you -- particularly those that affect your life. If you have a partner, discuss the side effects with them.
2. If only one type of treatment is recommended, ask your doctor if other treatment choices are available.
3. Find out more about the treatment choices offered to you -- speak to your doctor, get a second opinion, talk to your family and to others who have received these treatments.
4. Some people with more advanced cancer will choose to receive treatment, even if it only offers a low chance of cure. Others want to ensure the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment but to have symptoms managed to maintain the best possible quality of life.

■ *Talking to doctors*

You may want to see your doctor a few times before deciding on the treatment. When your doctor first tells you that you have cancer, it is obviously stressful and you may not remember very much. It is often difficult to take everything in, and you may need to ask the same questions more than once.

Before you see the doctor, it may help to write down your questions. A suggested list of questions to ask your doctor is at the end of this booklet. Taking notes during the session or recording the discussion with your doctor's permission, can also help. Many people like to have a family member or friend to go with them, to take part in the discussion, to take notes or simply to listen.

■ *Talking with others*

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, medical staff, the hospital social worker or chaplain of your own religion. You can call our CancerLink service hotline on 3656 0800 to contact our registered social worker and oncology nurse to sort out the right course of action for your cancer journey.



■ *Getting a second opinion*

You may want to ask for a second opinion from another specialist. This is understandable and can be a valuable part of your decision-making process.

A second opinion can or suggest changes to your doctor's recommended treatment plan, reassure you that you have explored all of your options, and answer any questions you may have.

Your specialist or family doctor can refer you to another specialist and you can ask for your results to be sent to the second-opinion doctor.

You may later decide you prefer to be treated by the doctor who provided the second opinion, and this is your right.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.



What to ask your doctors?

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you do not understand, it is alright to ask your doctor to explain again.

Some suggested questions are listed below:

1. What type of nasopharyngeal cancer do I have?
2. What is the stage and grade of my cancer and what does that mean?



3. What treatment do you recommend and why?
4. What happens if I do nothing?
5. Are there other treatment choices for me? If not, why not?
6. What are the chances that I will become incontinent or impotent?
7. How can the side effects be managed?
8. Is my surgeon a certified urologist experienced in this kind of operation or technique?
9. Will I have to stay in the hospital?
10. How long will the treatment take? Will it affect what I can do?
11. How much will it cost?
12. How will I know if the treatment is working or not?
13. If I need further treatment, what will it be like and when will it begin?
14. After treatment, will I need check ups? What will they involve?
15. I would like to have a second opinion. Can you refer me to someone else?
16. Is my cancer hereditary? If so, what do you recommend?



Your feelings

Most people feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and frequent changes of mood. You might not experience all the feelings discussed below or experience them in the same order. This does not mean, however, that you are not coping with your illness. Reactions differ from one person to another and 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 do.

General feelings:

■ *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 again, 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.

■ *Denial*

“There’s nothing really wrong with me!

I haven’t got cancer!”

Many people do not want to know anything about their cancer, or wish to talk as little as possible about it, they think this is the best way of coping 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 if you can talk to them about your illness.

■ 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 and you should not feel guilty about your angry thoughts or irritable moods. 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 would find that difficult, perhaps you could show them this. If you find it difficult to talk to your family it may help to discuss the situation with a trained counsellor or psychologist. You can call our service hotline on 3656 0800 for more information.

■ *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 newly- diagnosed cancer patients is: ‘Am I going to die?’

In fact, nowadays many cancers are curable if caught at an early enough stage. This is especially true for nasopharyngeal cancer.

Even if the cancer is not completely curable, modern treatments often mean that the disease can be controlled for years and many patients can live an almost normal life.

‘Will I be in pain? and ‘Will my pain be unbearable?’ are other common fears. In fact, many patients with cancer experience no pain at all. For those who do, there are many modern drugs and other techniques that are very successful at relieving pain or keeping it under control. Other ways of easing or preventing you from feeling pain are radiotherapy and nerve blocks.

Many people are anxious about their treatment: whether or not it will work and how to cope with possible side effects. It is best to discuss your individual treatment in detail with your doctor. Make a list of questions you may want to ask and do not be afraid to ask your doctor to repeat any answers or explanations you do not understand. You may like to take a close friend or relative to the appointment with you. If you are feeling upset, they may be able to remember details of

the consultation which you might have forgotten or you may want them to ask some of the questions you yourself might be hesitant of raising with the doctor. Some people are afraid of the hospital itself. The hospital can be a frightening place, especially if you have never been to one before. However, you can talk about your fears to your doctor, he or she should be able to reassure you.

Often you will find that doctors are unable to answer your questions fully, or that their answers may sound vague. It is often impossible to say for certain that the cancer has been totally eradicated. Doctors, from past experience may know approximately how many people will benefit from a certain treatment, however, it is impossible to predict the future for individual people. Many people find the uncertainty cured 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 tension caused by unnecessary worry.

■ *Blame and guilt*

“If I hadn’t... this would never have happened”

Sometimes people blame themselves or other people for their illness, they usually try to find out reasons for why it should have happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.

■ *Resentment*

“It’s all right for you, you don’t have 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 crop up 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 the patient’s 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 the moment, you will talk to them about it when you are ready.

■ *Depression*

Sometimes an unwillingness to talk can be caused by depression.

It may be an idea to discuss this with your GP who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of cancer patients. It is quite common for people with cancer of the prostate to experience depression and there is no need to feel you are not coping if you need to ask for help.



What can you do?

A lot of people feel helpless when they are first told they have cancer and feel there is nothing they can do other than hand themselves over to doctors and hospitals. This is not so. 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. As mentioned earlier, it can be useful to make a list of questions before your visit or take a friend or relative with you to remind you of things you want to know but can forget so easily.



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.

Many people talk about “fighting their illness”. This is a healthy response and you can do it by becoming involved in your illness. One easy way of doing this is by planning a healthy, well balanced diet. Another way is to learn relaxation techniques that you can practice at home with tapes. Contact our service hotline on 3656 0800 for more information.

Many people find regular exercise helpful. The type of exercise you choose, 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.

We have booklets on 'Cancer and Complementary Therapies' and 'Cancer and Diet' which you can download at the website: www.cancer-fund.org/booklet/en

Financial help

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

Apart from using the public health care services, the medical insurance and welfare provided by employers as well as Government hardship funds for the less well-off are useful to cut down your medical expenses.

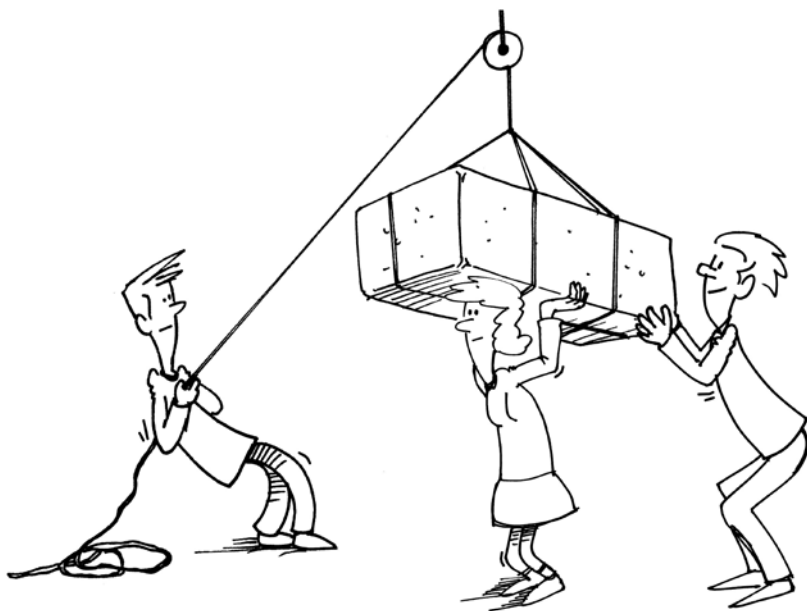
You may approach the medical social workers or cancer patient resource centres in major hospitals or institutions who might be able to provide assistance. The 'Comprehensive Social Security Assistance' (CSSA) offered by the Social Welfare Department (SWD) may also be able to help in solving your financial difficulties. For details please call the SWD hotline on 2343 2255.

Contact the medical social worker in your hospital or call our service hotline on 3656 0800 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. The first reaction of many relatives is that the person with cancer should not be told. They may be afraid that he or she will be unable to cope with the news or perhaps that they themselves will find it difficult if the person with cancer knows the truth. If a decision is made not to tell a patient, the family then has to cover up and hide information. These secrets within a family can be very difficult to keep and they can isolate the person with cancer, causing unnecessary fear and creating tension among family members. In any case, many people suspect their diagnosis, even if they are not actually told. It is much easier to cope with the problems you may experience if you are all open and truthful with each other.



Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush them 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' (Chinese only) is written for friends and relatives of people with cancer. It looks at some of the difficulties that people may have when talking about cancer. You can download it at the website: www.cancer-fund.org/booklet/en



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 3656 0800 for more information.

Hong Kong Cancer Fund service network

Our five CancerLink support centres and seven cancer patient 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 people at different stages of their cancer journey.

- **CancerLink support centres**

We have five 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 Central, North Point, 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 people living with cancer and their families. Our volunteer groups, formed by cancer survivors, pay visits to hospitals to provide emotional relief. More than 18,000 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 another group for English speakers.

Care specialists – including registered social workers, registered nurses, registered dietitians, 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.

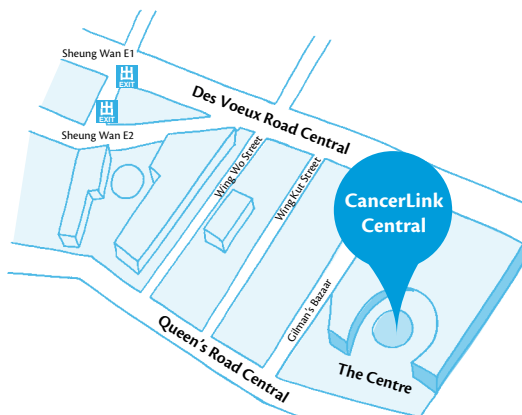
“I managed to go through treatment but was worried about a relapse. A feeling of loneliness was haunting me. I felt especially grateful to have my support group, the members of which stood by me all the time.”

CancerLink support centre user

This booklet is published by Hong Kong Cancer Fund, 2019.

The contents of the booklet are correct as of print

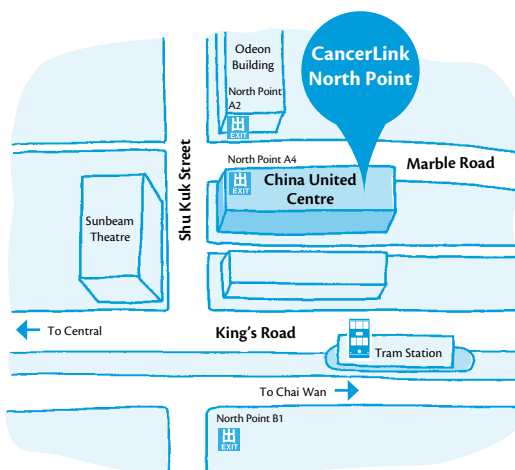
Hong Kong Cancer Fund CancerLink support centres



CancerLink Central

Unit 5, Ground Floor, The Centre,
99 Queen's Road Central,
Hong Kong
(MTR Sheung Wan Station Exit E1/E2)

Email: canlinkcentral@hkcf.org



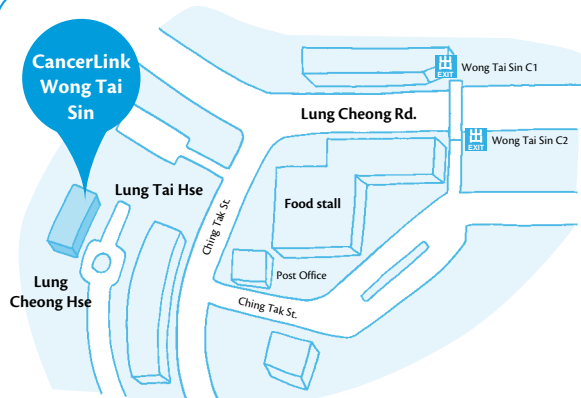
CancerLink North Point

2201-03, China United Centre,
28 Marble Road,
North Point, Hong Kong
(MTR North Point Station Exit A4)

Email: canlinkcentral@hkcf.org

Special Thanks

SATINU
RESOURCES GROUP LIMITED



A map of the Wong Tai Sin area in Kowloon. A blue callout bubble points to the location of CancerLink Wong Tai Sin. The map shows Lung Cheong Hse, Lung Tai Hse, Lung Cheong Rd., Ching Tak St., Food stall, Post Office, Wong Tai Sin C1, and Wong Tai Sin C2. The MTR Wong Tai Sin Station Exit C2 is also indicated.

CancerLink Wong Tai Sin

Unit 2-8, Wing C, G/F,
Lung Cheong House,
Lower Wong Tai Sin (II) Estate,
Kowloon
(MTR Wong Tai Sin Station Exit C2)

Email: canlink@hkcf.org

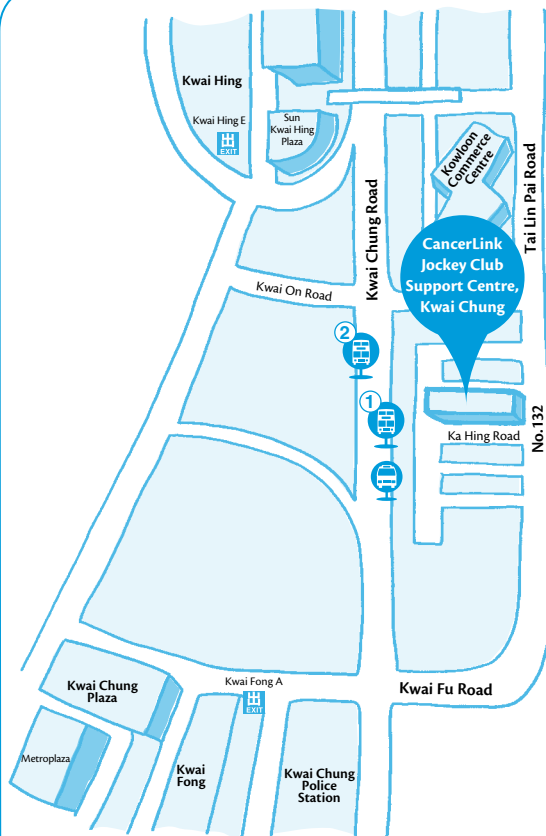


A map of the Tin Shui Wai area in the New Territories. A blue callout bubble points to the location of CancerLink Tin Shui Wai. The map shows Phase 1, Fortune Kingswood, Fortune Kingswood, Phase 2, Fortune Kingswood, Broadway, Tin Yan Road, and Ginza Stop. The Light Rail Ginza stop is also indicated.

CancerLink Tin Shui Wai

Shop 201C, 2/F,
Fortune Kingswood Phase 2,
12-18 Tin Yan Road,
Tin Shui Wai, New Territories
(Light Rail Ginza stop)

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
(MTR Kwai Fong Station Exit A)

Email: canlink-kcc@hkcf.org



Green Minibus Station

(Kwai Chung Road)

94, 302, 313



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



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

Funded by



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

同心 同步 同進 RIDING HIGH TOGETHER

Acknowledgement



傅德蔭基金有限公司
Fu Tak Iam Foundation Limited

We are grateful to the Fu Tak Iam Foundation Limited for their sponsorship of this cancer booklet.

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Hong Kong Cancer Fund

Service hotline: 3656 0800

Donation hotline: 3667 6333

Website: www.cancer-fund.org



Cancer booklets



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