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understanding
Stomach 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 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

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Introduction

This booklet has been written to help you understand more about cancer of the stomach. We hope it answers some of the questions you may have about its diagnosis and treatment.

We cannot advise you about the best treatment because this information can only come from your own doctor, who is familiar with your full medical history.

If, after reading this, you think it has helped you, do pass it

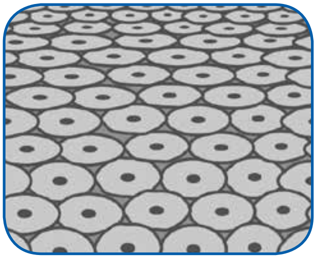
on to any member of your family and friends who might find it interesting. They too may want to be informed so they can help you cope with any problems you may have.

What is cancer?

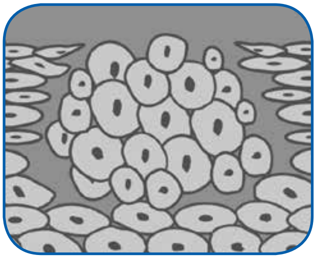
The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Cells in different parts of the body may look and work differently but most can repair and reproduce themselves in the same way. Normally, this division of cells takes place in an 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

How cancer spreads?

Sometimes cells break away from the original (primary) cancer and spread to other organs in the body via the bloodstream or lymphatic system. When these cells reach a new site they may go on dividing and form a new tumour, often referred to as a `secondary` or a `metastasis`.

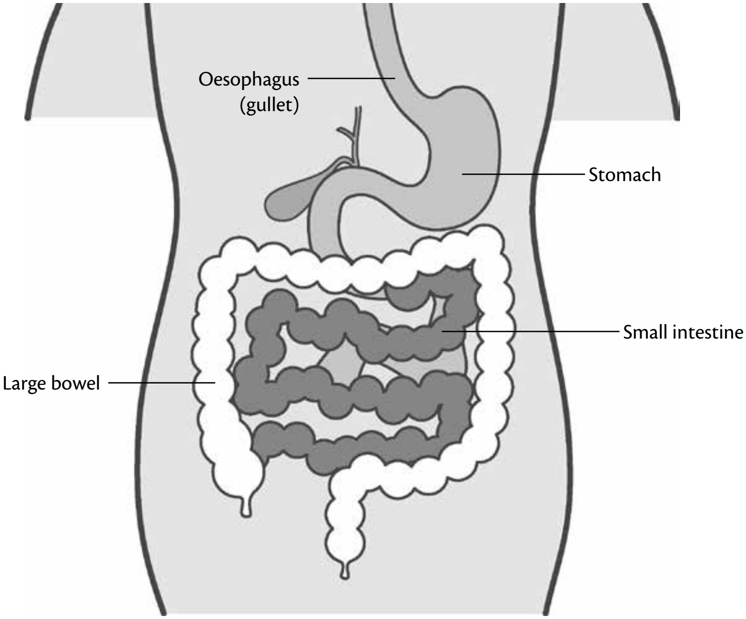
Doctors can tell whether a tumour is benign or malignant by examining a small sample of cells under a microscope (biopsy).

It is important to realise that cancer is not a single disease with a single cause and a single type of treatment. There are more than 200 different kinds of cancer, each with its own name and treatment.

The Stomach

The stomach is a muscular organ which lies between the lower end of the gullet (oesophagus) and the beginning of the bowel (intestine). Once food has been swallowed, it passes down the gullet and into the stomach. Glands in the wall of the stomach secrete substances which help break down the food so that when it leaves the stomach it is in a semi-solid form.

The stomach also produces a substance that helps to absorb vitamin B12. This is important for the development of red blood cells.



Situated close to the stomach are a collection of lymph nodes. These are small glands, about the size of a bean, through which a colourless fluid, the lymph, acting as a defence against disease The lymph nodes make up part of the lymphatic system which is a network of glands running throughout the body.

Stomach cancer

Causes

The exact causes of stomach cancer are still unknown. In the past few decades, the number of people with the disease has fallen considerably, especially in Western countries. Although the reason for this is unknown, it is thought to be related to changes in our diet particularly the use of refrigeration which has meant that people can now eat more fresh food and less smoked and pickled food.

Cancer of the stomach is more common in men, particularly in late middle age. It is also more common in people who have a condition known as pernicious anaemia, which affects the lining of the stomach and results in a lack of vitamin B12.

Symptoms

The symptoms of cancer of the stomach may include any of the following:

- Indigestion that does not go away
- Losing your appetite
- Difficulty in swallowing
- Losing weight
- A bloated feeling after eating
- Feeling sick (nausea) or vomiting
- Heartburn
- Blood in the stools or black stools
- Tiredness due to anaemia due to bleeding from the wall of the stomach

If you do have any of the above symptoms you must have them checked by your doctor - but remember - they are common to many conditions other than cancer of the stomach.

How common is it in Hong Kong?

- Stomach cancer ranks as number 6th most common cancer in 2016.
- Stomach Cancer is the number 4 cancer killer in Hong Kong.
- There were 1,224 new stomach cancer cases in 2016.
- There were 710 people who died of stomach cancer in 2016.

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

Diagnosis

Most people begin by seeing their doctor (General Practitioner) who will examine you and arrange for you to have further tests or X-rays. Your doctor may need to refer you to hospital for these tests and for specialist advice and treatment.

At the hospital, the doctor will take your full medical history before doing a physical examination. You will probably have a blood test and chest x-ray taken to check your general health. Your doctor may also ask you to bring a sample of your stool to the hospital to be tested for blood.

The following tests are all used to diagnose cancer of the stomach and your doctor may arrange for you to have one or more of them at the hospital.

Various tests

■ *Endoscopy*

This is the most common test used to diagnose cancer of the stomach. Before an endoscopy, the stomach has to be empty, you will be asked not to eat or drink anything for at least four hours beforehand. Once you lie on the couch, you will be given a sedative. The sedative is usally given as an injection into a vein in your arm. This will make you feel sleepy and reduce any discomfort during the endoscopy.

A local anaesthetic is then sprayed into the back end of your throat, then the doctor or nurse passes an endoscope (a thin, flexible telescope) down the gullet into the stomach. Photographs are taken of the lining of the stomach and a small sample of cells (biopsy) is taken for examination under microscope.

Sometimes the endoscopy tube has an ultrasound probe at the end, which allows an ultrasound scan to be done of the stomach and surrounding structures. This is known as endoscopic ultrasound.

An endoscopy can be uncomfortable but it is not painful. After a few hours, the effects of the sedative should have worn off. You will then be able to go home. You should not drive or travel by yourself for several hours afterwards and it is advisable to arrange for someone to either drive you home or travel home with you. Some people have a sore throat after their endoscopy. This is normal and should disappear after a few days.

■ *Barium meal*

In this test, a liquid called barium, which shows up on X-ray, is swallowed and used to outline the gullet and stomach. It will be done in the hospital x-ray department.

You will be asked not to eat or drink anything for about six hours before your barium meal. In the x-ray department, you will be given a white liquid, which contains barium, to drink. Once you are positioned on the couch, the doctor can trace the passage of the barium, through the stomach, on an x-ray screen. In order to get a clearer picture, the light in the room will be dimmed during the test and the couch will be tipped in several different positions to allow the barium to flow through the stomach.

A barium meal takes about an hour and can be slightly uncomfortable.

Although you are unlikely to feel unwell after your barium meal, it is often a good idea to arrange for a friend or relative to travel home with you. Sometimes the barium can cause constipation and it may be necessary to take a mild laxative for a couple of days after your test.

Further tests

If the tests show that you do have cancer of the stomach, your doctor will probably want to do some further tests to see if there has been any spread of the disease to other parts of the body. This also helps the doctor to decide on the best type of treatment for you. The tests may include the following:

■ *CT scan (CAT scan)*

A CT scan is another type of x-ray. A number of pictures are taken of the area and fed into a computer to form a 3-D image of the inside of the body.

On the day of your scan, you will be asked not to eat or drink anything for at least four hours before your appointment.

You will be given a special liquid, which shows up on x-ray, to drink a few hours before your scan and again in the x-ray department. If a scan is to be taken of the pelvic area, a similar liquid is passed into the rectum through a small tube. Although this may be unpleasant at the time, it does ensure that a clear picture is obtained.

Once you are comfortably positioned, the scan can be taken.

The scan itself is painless, but you have to lie still for about 30-40 minutes.

Most people are able to go home as soon as their scan is over.

■ *Ultrasound scan*

In this test sound waves are used to make up a picture of the area of the stomach and the liver.

Once you are lying on your back, some gel will be spread on your abdomen. A small probe, like a microphone, which can produce sound waves, is then passed over the area. Sound echoes are converted into a picture by using a computer.

Ultrasound can be used to measure the size and position of a tumour. It is a painless test and takes only a few minutes.

It will probably take several days for the results of your tests to be ready and a follow-up appointment will be arranged for you before you go home. Obviously this waiting period will be an anxious time for you and it may help to share your anxiety with a close friend or relative.

Staging and grading

■ *Staging*

The stage of a cancer is a term used to describe its size and to see whether it has spread beyond its original site. Knowing the extent of the cancer helps the doctors to decide on the most appropriate treatment.

A commonly used staging system is described below:

- **Stage 1A** : The cancer is contained within the inner lining of the stomach (mucosa) only.
- **Stage 1B** : The cancer has spread through the mucosal layer of the stomach either to the muscle layer, or it is affecting up to 2 of the nearby lymph nodes.
- **Stage 2** : The cancer has spread through the mucosa and is affecting between 7 and 15 lymph nodes nearby, or it is affecting the muscle layer and up to 6 lymph nodes, or it has spread to the outer layer of the stomach (serosa).
- **Stage 3A** : The cancer has spread to the muscle layer of the stomach and also to between 7 and 15 lymph nodes nearby, or it has spread to the outer layer of the stomach and is affecting up to 6 lymph nodes, or it has spread to structures close to the stomach but not to any lymph nodes or any other parts of the body.

- **Stage 3B** : The cancer has spread to the serosa and it is also affecting between 7 and 15 lymph nodes.
- **Stage 4** : The cancer has spread to organs close to the stomach and to at least 1 lymph node, or to more than 15 lymph nodes, or it has spread to other parts of the body such as the lungs. This is known as secondary cancer (or metastatic cancer).

If the cancer comes back after initial treatment, it is known as recurrent stomach cancer.

Grading

Grading refers to the appearance of the cancer cells under the microscope. The grade gives an idea of how quickly the cancer may develop. There are three grades:

- grade 1 (low grade)
- grade 2 (moderate grade)
- grade 3 (high grade)

Low grade means that the cancer cells look very alike the normal cells of the stomach. They are usually slow growing and are less likely to spread. In high-grade tumours the cells look very abnormal. They are likely to grow more quickly and are more likely to spread.

Treatment

Surgery, radiotherapy and chemotherapy may be used alone, or together, to treat cancer of the stomach.

Your doctor will plan your treatment by taking into consideration a number of factors including your age, general health, the type and size of the tumour, what it looks like under the microscope and whether it has spread beyond the stomach.

You may find that other people at the hospital are having different treatment from yourself. This will often be because their illnesses are taking different form, therefore they have different needs. It may also be that doctors take different views about treatment. If you have any questions about your own treatment, do not be afraid to ask your doctor or ward nurse. It often helps to make a list of questions for your doctor and to take a close friend or relative with you.

Some people find it reassuring to have another medical opinion to help them decide about their treatment. Most doctors will be pleased to refer you to another specialist for a second opinion if you feel this will be helpful.

Many people find it helpful to talk to a dietician before or soon after their operation for advice about possible changes to their diet. If your hospital does not have a dietitian available, please call our service hotline at 3656 0800 for details.

Surgery

Surgery is the most important treatment for most stomach cancers. The results of surgery have improved in the last 10 years, because nowadays the cancer is often found and treated earlier, and besides, better surgical methods have been developed.

If the cancer is diagnosed at an early stage, a surgical operation may be all that is needed to cure it. This usually involves removing only a part of the stomach (a partial gastrectomy). If all of the stomach is removed this is known as a total gastrectomy.

Often, the lymph glands (nodes) close to the stomach are removed at the same time to see if the cancer cells have spread into them. Depending on the extent of the cancer, some other organs in the area of the stomach may be removed during the operation. These may include the lower part of the gullet (oesophagus), the upper part of the small bowel (duodenum), the spleen or part of the pancreas.

If the lower part of the gullet has been removed, the gullet is reconnected directly to the small intestine.

Occasionally, before the surgeon decides to operate on your stomach, they may pass a small tube with a light at the end, through a cut in the wall of your abdomen. This is known as a laparoscopy. This helps to decide whether a full operation is needed. The laparoscopy is done under general anaesthetic. The area will feel sore for a few days afterwards.

Bypass surgery

Sometimes the cancer may block the passage of food from the stomach to the bowel. If this happens, the surgeon may make a connection between the stomach and the small intestine to allow food to bypass the blockage. This is known as bypass surgery and will not cure the cancer, but can relieve symptoms.

• After your operation

After your operation you will be encouraged to start moving about as soon as possible. This is an essential part of your recovery. If you have to stay in bed, the nurses will encourage you to do regular leg movements and deep breathing exercises. You will be seen by a physiotherapist who can help you to do the exercises.

A drip (intravenous infusion) will be used to maintain the body's fluids until you are able to eat and drink again.

You will also have a naso-gastric tube in place. This is a thin tube that passes down your nose into your stomach or small intestine and allows any fluids to be removed so that you do not feel sick. It is usually taken out within 48 hours.

After an anaesthetic, the movement of the bowel slows down, so it is important that you only drink small amounts until it is back to normal. After about 48 hours, you will probably be ready to start taking small sips of water. This will be gradually increased after a couple of days until you are able to eat a light diet, usually four or five days after your operation.

Sometimes a small tube (catheter) is put into the bladder to drain your urine into a collecting bag. You may also have a drainage tube in your wound for a few days to make sure that the wound heals properly.

After your operation you may need regular painkilling drugs for a few days. These are usually very effective in controlling any pain. If you still have pain, it is important to let the ward nurse know as soon as possible. Your painkillers can be changed until you find a type and dose that is effective.

You will probably be ready to go home about two weeks after your operation, once your stitches have been removed. Some people take longer than others to recover from their operation.

If you are having any problems, you may find it helpful to talk to someone who is not directly involved with your illness. Our professional staff are always happy to talk with you. They may also invite you to join support groups, where you can talk to other people who have had similar problems. You can reach us at service hotline 3656 0800.

Before you leave hospital, you will be given an appointment for a post-operative check-up at the outpatient clinic. This is a good time to talk to your doctor about any problems you may have after your operation.

• Eating after surgery

When someone has had part of the stomach removed, the stomach cannot hold as much food as before.

If all of the stomach has been removed, food is broken down in the small intestine instead of the stomach.

After any type of stomach surgery, eating and drinking can make you feel full quite quickly. So it is a good idea to have several small meals and snacks during the day, rather than a few larger meals. It is also best not to drink very much with your meal or to take drinks separately from meals.

Before your operation you will probably have lost some weight. It is important to return to a balanced diet as soon as possible.

This can help you to gain weight, and will help you recover more quickly. You may not feel much like eating for some time after the operation, so do not be worried if it takes you a couple of months to get back to have a balanced diet again. You may find that certain foods make you feel sick, or give you indigestion or diarrhoea, and you will begin to know which foods you should avoid or take. However, it is important to keep trying to build up your strength.

It can be very helpful to talk to a dietitian before, or soon after, your operation. He or she can give advice and information about possible changes to your diet. Most hospitals have a dietitian available and the staff on the ward can arrange one to visit you. Your GP may also be able to refer you to a community-based dietitian. You can also reach our dietitian by calling service hotline 3656 0800.

If you are still losing weight, you will need to increase your calorie and protein intake. A good way of doing this is by having nutritious, high-calorie drinks. There are several different types and they are available on prescription from your doctor or you can buy them at pharmacy. You could carry snacks in your pocket or handbag at all times and take them when you have appetite.

If at any time you have any problems with your diet, the hospital dietitian will be able to offer you advice and practical help.

After your operation your doctor may prescribe an injection

of vitamin B12 for you every few months. This is because it is difficult to absorb this vitamin from food once all or part of your stomach has been removed.

Hong Kong Cancer Fund has published a booklet on 'Diet and Cancer' and which may be of help. You can download it at the website: www.cancer-fund.org/booklet/en

• Dietary problems

People can have many different types of dietary problems after gastric surgery. These problems can generally be divided into two groups : early problems that occur straight away or soon after the surgery or, late problems that occur a few weeks or months after surgery.

1. Early problems and tips:

✓ *Feeling full after eating and drinking*

This is a sensation of fullness after meals and sometimes even after small snacks. The upper part of the stomach acts as a reservoir for food, and its muscle wall relaxes to accommodate a meal as a response to the sight or smell of food. This mechanism is controlled by the vagus nerve.

If the vagus nerve is damaged during surgery, or if the stomach is smaller and scarred, the capacity of the stomach is reduced. Food enters the stomach and puts direct pressure on the stomach wall, which makes it stretch (distend) and a feeling of fullness.

Sometimes, eating smaller, more frequent meals may reduce the sensation of fullness. Avoid foods that are very high in fibre, such as large portions of fruit, vegetables and wholegrain cereals, as high-fibre foods can make you feel full very quickly.

✓ *Weight loss and malnutrition*

If you are not able to eat very much due to feeling full very quickly, you may find that you lose weight very easily and may not absorb all the nutrients that you need to keep healthy.

It is useful to build up your calorie intake with small frequent meals and supplement drinks.

Your cancer specialist and dietitian

can give you further advice on how to manage this problem.

✓ *Poor appetite*

A poor appetite can be due to feeling full after meals or snacks. Eating little and often may help to stimulate your appetite. Again, you can ask your dietitian for further advice.

✓ *Indigestion*

Indigestion and/or reflux (a backward flow of stomach juices into the gullet) can occur after any stomach surgery. Indigestion can also be caused by wind trapped in the digestive system.

Wind can be helped by taking peppermint water or charcoal tablets and by avoiding substances such as fizzy drinks, alcohol and spicy foods.

Reflux can cause soreness and inflammation of the lining of the gullet, and can be reduced by antacid medicines. Your GP or cancer specialist can prescribe antacid medicines for you.

✓ *Dumping syndrome*

Dumping syndrome is divided into two types: early dumping syndrome and late dumping syndrome. Each of these has different processes and symptoms.

a. **Early dumping syndrome** often involves dizziness, a feeling of faintness, and palpitations (a sensation of the heart beating faster) very soon after meals. It can last for approximately 10- 15 minutes. Sometimes the person has a drop in their blood pressure.

   Early dumping syndrome is caused when a meal rapidly enters the bowel from the stomach. The sudden high concentration of food in the bowel draws fluid from the surrounding organs and tissues and causes a drop in blood pressure.

   Early dumping syndrome often gets better on its own over a few months, but it can be reduced by eating slowly and choosing small, frequent, dry meals. It is helpful to drink fluids between meals, rather than at meal times. It may also help to avoid high levels of refined sugars (foods that contain lots of sugar) in your diet. It is important to eat some sugars as these are a good source of energy (calories), so try not to cut them out of your diet completely.

   Some people find that sitting or lying down for 15-30 minutes immediately after meals can reduce the effects of early dumping syndrome.

b. **Late dumping syndrome** usually occurs a couple of hours after meals or when a meal has been missed, and often involves a sudden attack of faintness that can be severe and may even lead to a loss of consciousness. The person may also have nausea and tremors (shaking).

Late dumping syndrome is caused by stomach contents that are high in carbohydrate being released into the small bowel. This causes a rise in the level of glucose in the blood as the carbohydrate is absorbed. Large amounts of insulin

are released into the bloodstream as a response to this. The insulin levels continue to rise after the blood glucose levels have begun to fall. It is the high insulin level which causes the above symptoms.

Advice for early dumping syndrome: take small regular meals that are low in processed carbohydrate, e.g. sugar. Glucose tablets can be helpful to take when the symptoms first start. Eating food and drinking fluid separately - at different times - may also be useful in preventing late onset dumping syndrome.

✓ *Diarrhoea*

Diarrhoea can occur after any type of gastric surgery. It is more likely to occur after surgery involving the vagus nerve. If the vagus nerve has been cut during the surgery (vagotomy), the diarrhoea is often accompanied by a strong sense of needing to open the bowels urgently, which can be quite upsetting.

Immediately after surgery, diarrhoea can happen in short episodes for a few days or sometimes weeks, before the bowel returns to normal function. Everyone is very different, so it is difficult to predict how long it may last or how many times a day the diarrhoea will happen. Some people may have diarrhoea once a day, while for others it may be a few times a day.

Sometimes, taking an anti-diarrhoea drug prescribed by your doctor may be helpful. As the diarrhoea is due to the effect of post-operation, it may not be possible to reduce the symptoms by changing the foods that you eat. If you find that some foods particularly affect your bowel it may help to avoid these, but it is best not to exclude too many foods from your diet.

✓ *Bilious vomiting*

This usually occurs first thing in the morning. People find that they have stomach pain and a feeling of fullness when they wake up. This is relieved by vomiting clear fluid, which has some dark brown fluid (bile) in it.

Vomiting in this way can be very distressing for some people, but it only lasts for a short time. The cause is quite complex and it most often occurs after a partial gastrectomy (removal of part of the stomach).

Some drugs may be helpful in controlling bilious vomiting. However, some people find that any treatments they are given are not effective and they may need to learn to live with the condition. If the symptoms are severe and frequent, reconstructive surgery can sometimes be considered. Your surgeon can discuss the possible benefits and risks of further surgery.

Many of the problems mentioned above improve gradually over a period of time. You may need to make long-term changes to your daily eating patterns, such as eating smaller meals regularly, to reduce or control these problems. Your dietitian and nursing specialist can give you further information, support and advice about this.

Late problems and tips:

Your surgeon will monitor you after your treatment, and will see you on a regular basis, every 6-12 months. This is because late side-effects can occur months or years after treatment.

Your specialist will investigate any problems that occur later on after stomach surgery to see whether or not they are caused by your surgery.

✓ *Calcium malabsorption*

Following surgery to remove the stomach (gastrectomy), it can be difficult for people to absorb enough calcium from their diet. This can cause a condition known as osteomalacia (a weakening of the bones). Osteomalacia can be prevented or reduced by taking vitamin D and calcium supplements regularly, as prescribed by your doctor.

✓ *Anaemia*

Anaemia means that the blood is not carrying enough oxygen and can occur for several reasons. Iron-deficiency anaemia, the most common form, occurs if you do not have enough iron in your diet, or if you are not able to absorb iron from the foods that you eat. Iron is the main component of haemaglobin (Hb) which carries the oxygen in the blood.

There can be several reasons for an iron deficiency after gastric surgery. These are:

- changes in the way iron is converted from food, due to a reduction of gastric juice
- food moves more quickly through the intestine, reducing the time for absorption of iron
- if a small bowel (duodenal) bypass has been done, it reduces the normal surface area of the bowel, so that less iron is absorbed

Anaemia due to the reasons mentioned above can be treated with iron supplements.

Lack of vitamin B12, which is needed to make red blood cells, can be another cause of anaemia. This can happen if part or all of the stomach has been removed, because the stomach produces an enzyme known as the 'intrinsic factor', which is needed for the absorbtion of vitamin B12. After stomach removal, the body is no longer able to produce this enzyme, which leads to a reduction in the amount of vitamin B12 and folic acid absorbed. This can be treated with injections of vitamin B12. Everyone who has had a gastrectomy will need to have regular vitamin B12 injections from their GP.

✓ *Stricture of the anastomosis*

When the stomach is removed, the lower end of the gullet (oesophagus) is joined to the upper end of the small bowel. The joint is called an anastomosis. Ocasionally the anastomosis can become narrowed which can make it difficult to swallow food. This is known as a stricture.

If you find that it is getting difficult to swallow food, you may become worried that the cancer has come back. It is a good idea to see your specialist as soon as possible, so that he or she can arrange an endoscopy to look into your gullet. If you have a stricture, the doctor may be able to stretch it, making it easier for you to eat. Alternatively it may be possible to place a tube (a stent) into the narrowing to keep it open.

You may find that you begin to lose weight quite quickly if you are having problems swallowing. It can be helpful to try eating soft or puréed foods and to have nourishing drinks.

✓ *Psychological effects*

A lot of people find dietary complications after gastrointestinal surgery difficult to cope with. Different feelings and emotions can arise, which can include feeling depressed due to not enjoying food or meal times any longer. Some people find it hard to adjust to the change in their body image due to surgery and/or weight loss.

Many people find that although their dietary problems may not disappear completely, they do learn to manage them so that they are not such a problem. Family and health care professionals can give support with this. It is often helpful to contact your hospital dietitian as soon as any dietary problems occur. Dietitians are experts in dealing with dietary problems, whatever the cause, and will be able to give you specialist advice regarding your diet and how to cope with associated problems.

Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. The drugs work by disrupting the growth and division of these cells.

Even when the tumour itself and the local lymph glands have been removed by surgery, there is a risk that tiny amounts of the cancer (micro-metastasis) have been left behind or have spread. These are too small to be seen on a scan and can cause the cancer to come back later on.

Occasionally, if the cancer has not spread beyond the stomach but it cannot be removed by surgery, doctors may use chemotherapy to try and shrink the cancer. Chemotherapy given before surgery is called neo-adjuvant therapy.

Neo-adjuvant chemotherapy may also be given if the cancer can be removed by surgery. Giving the chemotherapy in this way may help to reduce the chances of the cancer from coming back after surgery.

More commonly, chemotherapy is used when the cancer has spread beyond the stomach. In this situation, it can help to shrink and control the cancer for a period of time. This is known as palliative treatment.

Chemotherapy is usually given by injection into a vein, or know as intravenous. Intravenous chemotherapy is given as injection or drips (infusions) into a vein.

Chemotherapy is commonly given to you as an outpatient, but at rare times, it will mean a short stay in hospital.

Chemotherapy is often given in cycles of treatment. During each cycle, you will usually be given the therapy by injection or infusion.

Sometimes the injections or infusions of chemotherapy are followed by a rest period of a few weeks. This allows your body to recover from any side effects of the treatment. The number of cycles of chemotherapy you have will depend on the type of cancer you have and how well it is responding to the drugs. Your doctor or nurse will explain exactly how you will be given your chemotherapy.

Hong Kong Cancer Fund has a booklet on 'Chemotherapy' which discusses this treatment. Please download it at our website: www.cancer-fund.org/booklet/en/

■ *Side effects*

Chemotherapy can cause unpleasant side effects, but these can often be well controlled with medicine. The main side effects are described here, along with some ways of avoiding or reducing them.

- **Low resistance to infections**

  While the drugs are acting on the cancer cells in your body, they also temporarily reduce the number of normal cells in your blood. When these cells are reduced, you are more likely to get an infection and you may get tired easily. During chemotherapy your blood will be tested regularly. If necessary, you will be given antibiotics to treat any infection. Injections of proteins called growth factors may also be given to stimulate the production of white blood cells by the bone marrow.

If your temperature goes above 38°C (100.4°F), or you suddenly feel unwell even with a normal temperature, contact your doctor or the hospital straight away.

- **Anaemia**

  If the level of red blood cells (haemoglobin) in your blood is low, you will become very tired and lethargic. You may also become breathless. These are all symptoms of anaemia - a lack of haemoglobin in the blood. Anaemia can be very successfully treated by blood transfusions. You will feel more energetic and the breathlessness will be eased.

- **Bruising and bleeding**

  Platelets are a type of cell which can help to clot the blood. If the number of platelets in your blood is low, you will get bruises very easily and may bleed heavily from even minor cuts and grazes. If you develop any unexplained bruising or bleeding, contact your doctor or the hospital immediately.

- **Feeling sick**

  Some of the drugs used to treat stomach cancer may make you feel sick (nauseated) and possibly cause you to vomit. There are now very effective anti-sickness drugs (anti- emetics) to prevent or greatly reduce nausea and vomiting. Your doctor will prescribe these for you if you need them.

- **Sore mouth**

  Some chemotherapy drugs can make your mouth sore and cause small ulcers. Regular mouthwashes are important and your nurse will show you how to use these properly. If you do not feel like eating during your treatment, you could try replacing some meals with nutritious drink or snack. Hong Kong Cancer Fund publishes a booklet on ‘Diet and Cancer’ which contain some useful tips on coping with common eating problems. It is available for download at our website: www.cancer-fund.org/booklet/en/

- **Hair loss**

  Some of the drugs can cause hair loss. Ask your doctor if the drugs you are taking are likely to cause hair loss or other specific side effects. People who lose their hair often cover up by wearing wigs, hats or scarves. If you do lose your hair as a result of chemotherapy, it should grow back in a period of 3 to 6 months.

Hong Kong Cancer Fund has published a booklet on 'Hair Loss', and give you tips on how to cope with it. You can download it at website: www.cancer-fund.org/booklet/en/

- **Tiredness**

It is important to remember that chemotherapy affects different people in different ways. Some people find that they are able to lead a fairly normal life during their treatment,but many find that they become very tired and have to take things much more slowly.

Just do as much as you feel like and try not to overdo it.

Although these side effects may be hard to bear at the time, they will disappear once treatment is over.

- **Fertility**

Your ability to become pregnant or father a child may be affected by taking some of the chemotherapy drugs used to treat stomach cancer. It is important to discuss fertility with your doctor or nurse before starting treatment.

- **Early menopause**

Some women may find that the chemotherapy treatment brings on an early menopause, and they may have signs of the menopause such as hot flushes and sweats. In many women, replacement hormones (HRT) can be given to replace those that are no longer being produced. You may find it helpful to talk this through with your doctor.

- **Contraception**

  It is not advisable to become pregnant or father a child while taking any of the chemotherapy drugs used to treat stomach cancer, as they may harm the developing foetus. It is important to use effective contraception during your treatment and for a few months afterwards. You can discuss this with your doctor or nurse.

  Condoms should be used during sex within the first 48 hours after chemotherapy in order to protect your partner from any of the drug that may be present in semen or vaginal fluid.

Radiotherapy

Radiotherapy is not usually used to treat cancer of the stomach. This is because the stomach is so close to other major organs that it is difficult to give effective treatment without damaging the other organs. The doses that would be necessary to try to cure the cancer would cause many side effects.

In the situation where the cancer has spread beyond the stomach and is causing pain, a small dose of radiotherapy may be very helpful to relieve pain.

In some situations chemotherapy and radiotherapy may be given at the same time. This is known as chemo-radiotherapy and it is sometimes given after surgery. The exact role of chemo- radiotherapy in the treatment of stomach cancer is still being researched in clinical trials.

Follow-up

After your treatment has been completed your doctor will request you to attend regular check-ups and X-rays. These will often continue for several years. If you have any problems or notice any symptoms in between these times, let your doctor know as soon as possible.

What to ask your doctors?

You may find the following 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 stomach 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 disability might I have after surgery?
5. What happens if I do nothing?
6. Are there other treatment choices for me? If not, why not?
7. What are the side effects of each treatment?
8. How can the side effects be managed?
9. What problems might I expect if I have these treatments - surgery, chemotherapy and radiation?
10. Will I have to stay in hospital?

11. How long will the treatment take? Will it affect what I can do?
12. How much will it cost?
13. How will I know if the treatment is working or not?
14. If I need further treatment, what will it be like and when will it begin?
15. Will the treatment affect my diet? In what way?
16. After treatment, will I need checkups? What will they involve?
17. would like to have a second opinion. Can you refer me to someone else?

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.

Various 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 so angry, or, if you would find that difficult, perhaps you could show them this booklet. If you find it difficult to talk to your family, it may help to discuss the situation with our social worker, or oncology nurse by calling service hotline: 3656 0800 to get 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 of stomach 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.

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 putting to the doctor. Some people are afraid of the hospital itself. It can be a frightening place, especially if you have never been in one before, but 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 know from past experience approximately how many people will benefit from a certain treatment, but it is impossible to predict the future for individual people. Many people find the uncertainty hard to live with; not knowing whether or not you are cured can be disturbing.

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. It's my own fault"

Sometimes people blame themselves or other people for their illness. This may be because we often feel better if we know why something has happened. People who smoke may feel particularly guilty.

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 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 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 lung 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 cancer of the stomach 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 can you do?

A lot of people feel helpless when they are told that 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.

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 so by becoming involved in your own .health care. One easy way of doing this is by planning a healthy, well-balanced diet. Another way is to learn relaxation techniques that you can practise at home with online videos. Hong Kong Cancer Fund offers a series of Wellness programmes to help you relax and sleep better. They enchance your capacity to self-heal and deal with both the physical and mental side effects of your cancer and treatment. Contact our service hotline 3656 0800 for more information.

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

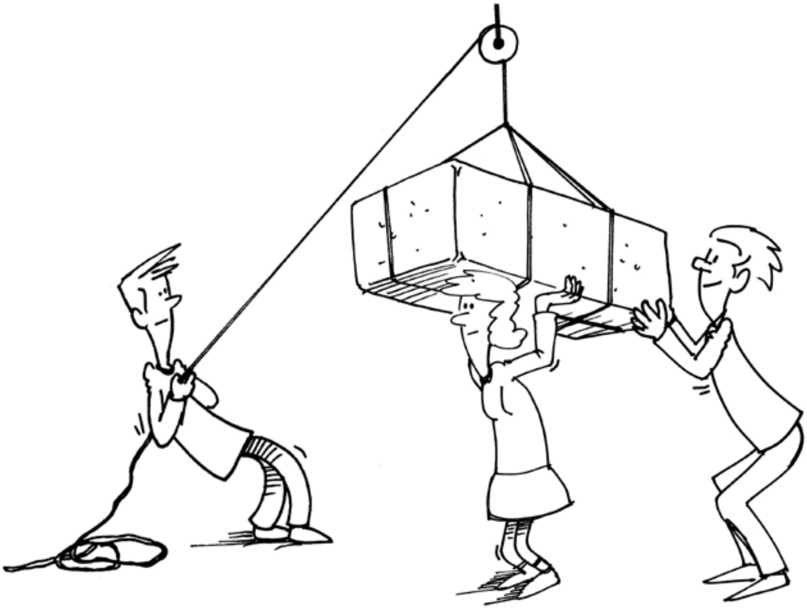
Understanding your illness

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 causing unnecessary fears. 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.

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, 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 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.

The booklet on 'Talking to Someone with Cancer' in the How to Cope series is written for friends and relatives of people with cancer. It looks at some of the difficulties people may have when talking about cancer. You can download it for free at our website: www.cancer-fund.org/booklet/en/

Talking to children

Deciding what to tell children about cancer is difficult. How much you can tell them will depend on their age.Very young children need simple explanations of why someone has to go to hospital.

Slightly older children may understand a story explanation in terms of good cells and bad cells, but all young children need to be repeatedly reassured that the illness is not their fault.

Adolescents 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 break free and gain their independence.

Open and honest approach is usually the best approach for all children. Listen to their fears and be aware of any behavioural changes which may be their way of expressing their feelings. It could be better to start by giving small amounts of information and gradually building up to a full picture of the cancer. A child's fears are likely to be much worse than the reality, so it is important not to keep them in the dark about what is really going on.

Hong Kong Cancer Fund's Rainbow Club helps children who have a family member with cancer or who have lost someone to cancer. Through playful activities and professional support, we help children cope with changes in the family as a result of cancer, ultimately minimising their anxieties and emotional distress. A significant part of our role is to help both parents and children communicate about cancer and its impact. Please call us on 3656 0800 for more details.

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

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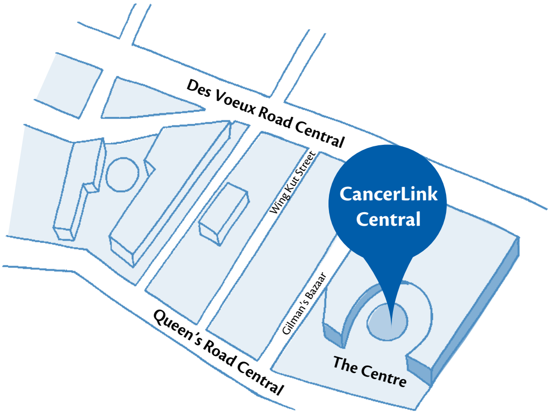
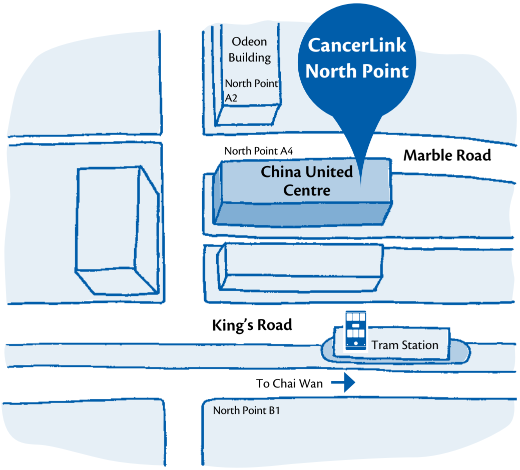
Hong Kong Cancer Fund CancerLink support centres



CancerLink Central

Unit 5, Ground Floor, The Center,
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,
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(MTR North Point Station Exit A4)

Email: canlinkcentral@hkcf.org

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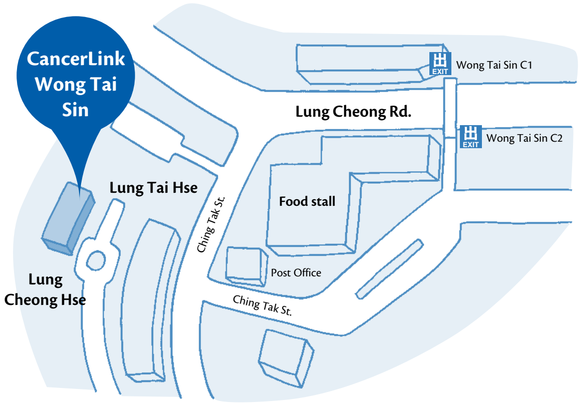

CancerLink Wong Tai Sin

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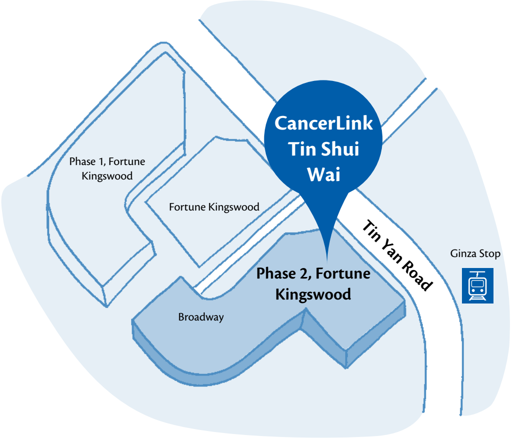
(MTR Wong Tai Sin Station Exit C2)

Email: canlink@hkcf.org



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

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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Hong Kong Cancer Fund

Service hotline: 3656 0800
Donation hotline: 3667 6333
Website: www.cancer-fund.org

Cancer booklets

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