



Understanding Stomach and Oesophageal Cancers

A guide for people with cancer,
their families and friends

Cancer
information

Cancer Council Helpline

13 11 20

www.cancervic.org.au

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Understanding Stomach and Oesophageal Cancers is reviewed approximately every two years. Check the publication date above to ensure this copy of the booklet is up to date. To obtain a more recent copy, phone Cancer Council Helpline 13 11 20.

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Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain appropriate independent professional advice relevant to your specific situation and you may wish to discuss issues raised in this book with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

Interpreting service: Deaf or hearing or speech impaired

If you use text-based communication, call Cancer Council Helpline 13 11 20 through the National Relay Service (NRS) 13 3677. If you can hear and still use your voice, but have a speech impairment, call Cancer Council Helpline through NRS 1300 555 727.

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Introduction

This booklet has been prepared to help you understand more about cancer of the stomach and cancer of the oesophagus. Many people feel understandably shocked and upset when told they have stomach or oesophageal cancer. We hope this booklet will help you understand how these cancers are diagnosed and treated. We also include information about support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about questions you want to ask your doctors or other health carers.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. You may like to pass this booklet to your family and friends for their information. Some medical terms that may be unfamiliar are explained in the glossary.

How this booklet was developed

This information was developed with help from medical experts and people affected by stomach or oesophageal cancers. The booklet is based on clinical practice guidelines for these cancers.

If you're reading this booklet for someone who doesn't understand English, let them know that Cancer Council Helpline **13 11 20** can arrange telephone support in different languages.



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What is cancer?

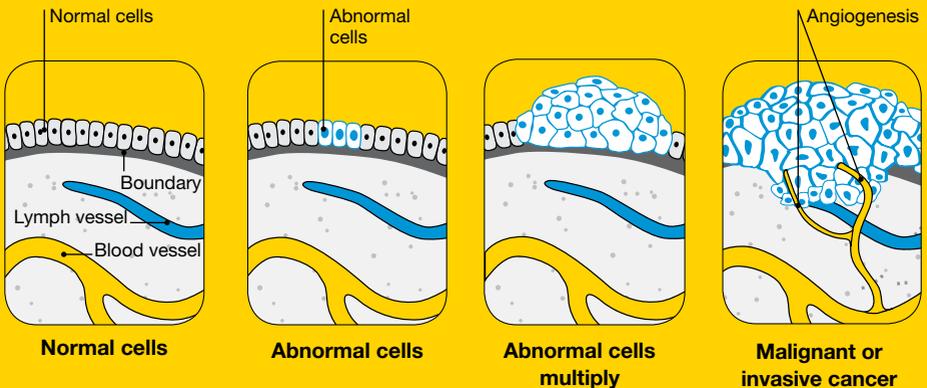
Cancer is a disease of the cells, which are the body's basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don't grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant.

Benign tumour – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

Malignant tumour – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).

How cancer starts



The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (called angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, stomach cancer that has spread to the bowel is called metastatic stomach cancer, even though the person may be experiencing symptoms caused by problems in the bowel.

How cancer spreads

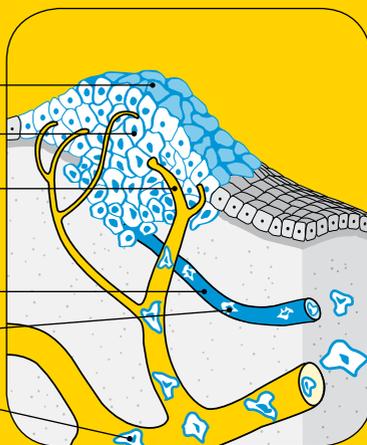
Primary cancer

Local invasion

Angiogenesis –
tumours grow their
own blood vessels

Lymph vessel

Metastasis –
cells invade other
parts of the body via
blood vessels and
lymph vessels





The oesophagus and stomach

The oesophagus and stomach are parts of the digestive system, which processes food, absorbs nutrients and disposes of solid waste. The digestive system is often called the gastrointestinal (GI) tract.

The oesophagus is a tube that takes food and fluids from the mouth to the stomach. The stomach is a hollow, muscular organ sitting in the upper left part of the abdomen between the end of the oesophagus and the beginning of the small bowel (small intestine). It stores food that has been swallowed and absorbs some vitamins and minerals, including iron.

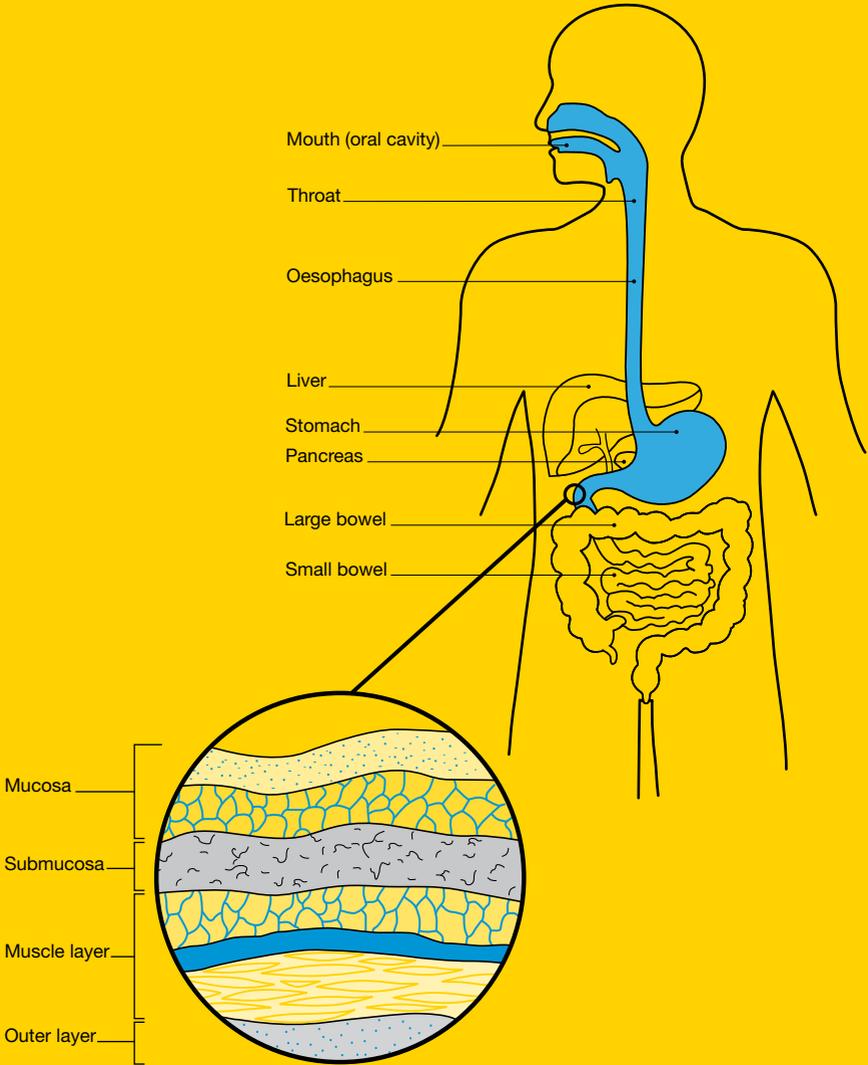
The different layers of tissue in the oesophagus and stomach are:

- **mucosa** – the innermost layer, which is moist to help move food into the stomach easily and start breaking it down
- **submucosa** – surrounds the mucosa and produces some of the moistness in the oesophagus
- **muscle layer (muscularis)** – pushes food down the oesophagus into the stomach and helps mash it up
- **outer layer (serosa)** – surrounds the layers of the stomach only.

Acidic (gastric) juices are also released from glands in the stomach mucosa. These juices break food down into a thick fluid, which then moves into the small bowel.

When the broken-down food is in the small bowel, nutrients from the food are absorbed into the bloodstream. The waste matter moves into the large bowel (large intestine), where it is stored until it is passed out of the body as a bowel movement.

The digestive system





Key questions

Q: What are stomach and oesophageal cancers?

A: Stomach and oesophageal cancers are malignant tumours found in the tissues of the stomach or oesophagus. They are two separate cancers that can develop in any part of either organ. There are different types of both cancers.

Stomach and oesophageal cancers are usually slow-growing. They may grow for many years before any symptoms are felt.

Stomach cancer – This type of cancer can spread through the stomach wall to nearby organs, such as the liver, pancreas or large bowel. It can travel via the lymphatic system to the lymph nodes, or through the bloodstream to other parts of the body, such as the lungs. The cancer may also spread to the lining of the abdominal cavity (peritoneum), which can cause swelling in the abdomen.



Stomach cancer is also known as gastric cancer. You may hear your medical team use this term.

Oesophageal cancer – This cancer is often found where the oesophagus meets the stomach (gastro-oesophageal junction). If oesophageal cancer is not found and treated at an early stage, it can also spread to nearby lymph nodes and through the bloodstream to other parts of the body, such as the liver.

Q: What cancers affect the stomach?

A: Over 90% of stomach cancers start in the stomach lining (mucosa). This type of cancer is called adenocarcinoma of the stomach.

Q: What cancers affect the oesophagus?

A: Oesophageal cancer can occur in different types of cells in the oesophagus. The main types of cancer are:

Squamous cell carcinoma – begins in the cells lining the oesophagus (mucosa), which are called squamous cells. This type of cancer tends to occur in the middle and upper part of the oesophagus.

Adenocarcinoma – begins in the glandular tissue of the submucosa in the lower part of the oesophagus.

Rare stomach and oesophageal cancers

There are other less common types of cancer that can affect the stomach and oesophagus.

These include lymphomas, gastrointestinal stromal tumours (GIST), sarcomas, carcinoid tumours and small cell carcinomas.

These types of cancer aren't discussed in this booklet.

Call Cancer Council Helpline **13 11 20** for information about these rarer types of cancer, or speak to someone in your medical team.

Q: What are the risk factors?

A: The exact causes of stomach and oesophageal cancers are unknown, but some factors may increase your risk. However, having one or more of these risk factors does not mean you will get stomach or oesophageal cancer. See your doctor if you are concerned about any symptoms you are experiencing.

Risk factors for stomach and oesophageal cancers

Common risk factors are smoking, high alcohol consumption, a diet low in fresh fruit and vegetables, and being overweight or obese.

Stomach cancer

- eating smoked, salted, pickled or poorly refrigerated food
- infection with *Helicobacter pylori* (*H. pylori*), a type of bacteria found in the stomach
- low red blood cell levels (pernicious anaemia)
- chronic inflammation of the stomach (chronic gastritis)
- family history or previous diagnosis of stomach cancer
- inheriting a genetic change that causes the bowel disorders familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC).

Oesophageal cancer

- medical conditions, including gastro-oesophageal reflux disease (GORD) and Barrett's oesophagus (see opposite), coeliac disease, tylosis and achalasia
- exposure to certain chemical fumes or dry-cleaning agents
- frequent drinking of very hot liquids.

GORD and Barrett's oesophagus

Gastro-oesophageal reflux disease (GORD) and Barrett's oesophagus are risk factors for oesophageal cancer.

People who have repeated episodes of reflux (heartburn) may be diagnosed with GORD. This is when stomach acid backs up into the oesophagus.

Over time, the walls of the oesophagus become damaged, causing inflammation or loss of tissue (oesophagitis). This may cause the cells lining the oesophagus to be replaced by a different type of cell. This is called Barrett's oesophagus.

Q: How common are these cancers?

A: Each year, about 2000 people in Australia are diagnosed with stomach cancer. Stomach cancer makes up 2% of cancer cases in men and 1.4% of cancer cases in women.

Oesophageal cancer affects about 1450 people in Australia each year. It is rarer, making up 1.4% of cancer cases in men and 0.8% of cancer cases in women.

Both stomach and oesophageal cancers are more common in males – about three out of four people diagnosed with one of these cancers are men.

The average age of people diagnosed with either type of cancer is 69. These cancers are usually found in people over the age of 60 but can sometimes occur in younger people.

Q: What are the symptoms of stomach and oesophageal cancers?

A: In their early stages, stomach and oesophageal cancers may not cause symptoms. This means that they are not usually diagnosed until the cancer is more advanced.

Symptoms of these types of cancer are common to many other conditions. If you experience any of these symptoms and they are ongoing, schedule a check-up with your general practitioner (GP).

Stomach cancer

- a painful or burning sensation in the abdomen
- indigestion
- frequent burping
- heartburn or reflux
- a sense of fullness, even after a small meal
- nausea and/or vomiting
- appetite and/or weight loss
- swelling of the abdomen (ascites) or feeling bloated
- blood in vomit
- unexplained tiredness, which may be due to anaemia
- black-coloured or blood in bowel movements.

Oesophageal cancer

- difficulty swallowing
- painful swallowing
- significant weight loss
- hoarseness
- coughing or coughing up blood
- pain behind the breastbone and/or heartburn (reflux)
- vomiting of saliva, food or blood.



Diagnosis

Your GP will examine you and refer you for tests to determine if you have cancer. The diagnostic tests or scans you have depend on your symptoms and what is available at your treatment centre. Most tests can be performed on an outpatient basis.

Endoscopy (gastroscopy)

An endoscopy (also called a gastroscopy, upper GI endoscopy or oesophagoscopy) is the most common diagnostic test.

You will be given anaesthetic, then a thin, flexible tube with a camera on the end (endoscope) is passed into your body. The tube first enters your throat and oesophagus, then it goes into your stomach.

The doctor will use the endoscope to look at your digestive tract and may remove tissue in a procedure known as a biopsy. This means the tissue is examined under a microscope to check for signs of disease. Biopsy results are usually available within a few days.

An endoscopy takes about 10 minutes. Because of the anaesthetic, you will not feel or remember the procedure, but you may have a sore throat for a few days afterwards.

Endoscopies have risks, such as bleeding or getting a small tear or hole in the stomach or oesophagus (perforation). Perforation occurs in less than one out of every 1000 patients. Your doctor should explain all the risks before you consent to having the procedure.



Endoscopic ultrasound

In this less common test, an endoscope with a probe on the end is put down the throat. The probe releases soundwaves, which echo when they bounce off anything solid such as an organ or tumour.

During the scan, tissue samples may be taken (by biopsy or fine needle aspirate) from the stomach, oesophagus and nearby organs.

Before these tests, you will be asked not to eat or drink (fast) for about 4–6 hours. Most people have a sedative or an anaesthetic so they are comfortable during the tests.

Further tests

Most people have scans or other imaging tests to see if the cancer has spread from its original site.

CT scan

A computerised tomography (CT) scan uses x-ray beams to take pictures of the inside of your body. Unlike a standard x-ray, which takes a single picture, a CT scan uses a computer to compile many pictures. It's usually done at a radiology clinic or hospital.

You may have an injection or be asked to drink a medical dye before the scan. The dye will help make the scan pictures clearer. It may make you feel flushed or hot for a few minutes. Rarely, more serious reactions occur, such as low blood pressure or breathing difficulties.



The dye used for a CT scan is called contrast solution and may contain iodine. If you are allergic to iodine, fish or dyes, let the person performing the scan know in advance.

You will lie still on a table while the CT scanner, which is large and round like a doughnut, slowly moves around you. The scan itself is painless and takes only a few minutes, but preparation time can take 10–30 minutes.

Laparoscopy

Laparoscopies are for people diagnosed with stomach cancer, and sometimes for people with oesophageal cancer. They are usually done as part of the diagnostic tests, but are sometimes used before major surgery.

You will be admitted to hospital and given a general anaesthetic for this procedure. The doctor will inflate your abdomen with gas and make small cuts in your abdomen. A thin tube called a laparoscope is inserted into your body. Through this tube, the doctor can look for small amounts of cancer that may have spread into the liver or lining of the abdomen, which are too small to be seen on CT or PET scans. It's also possible to take tissues samples for biopsy.

Less common tests

Some people have other tests, such as an ultrasound scan, PET scan, bone scan or bronchoscopy. These are not commonly used. For information about these tests and scans, talk to your health care team or call the Helpline.

Staging and grading

The treatment team will look at the cells that were removed during a biopsy or surgical procedure and assign a stage and grade to the cancer. This helps the team recommend the best treatment for you.

Stage – Describes how far the cancer has spread. Doctors commonly use an international staging system called TNM to describe different stages of stomach or oesophageal cancer.

TNM system

T (Tumour) 0–4	Refers to the size of the primary tumour. The higher the number, the larger the cancer.
N (Nodes) 0–3	Shows whether the cancer has spread to the regional lymph nodes of the neck. No nodes affected is 0; increasing node involvement is 1, 2 or 3.
M (Metastasis) 0–1	Cancer has either spread (metastasised) to other organs (1) or it hasn't (0).

Grade – Describes how quickly the cancer cells are growing. This is determined by looking at their appearance and rate of growth. Low-grade cancer cells tend to grow slowly, while high-grade cancer cells look abnormal and grow very quickly.

Ask someone in your medical team to explain the cancer's stage and grade to you in a way that you can understand. You can also call Cancer Council Helpline 13 11 20 for more detailed information.

Prognosis

Prognosis means the expected outcome of a disease. Generally, the earlier that stomach or oesophageal cancer is diagnosed, the better the prognosis.

You will need to discuss your prognosis with your doctor, but it is not possible for any doctor to predict the exact course of your illness. Test results, the rate and depth of tumour growth, how well you respond to treatment, and other factors such as age, fitness and your medical history are all important factors in assessing your prognosis.

“ I had surgery for stomach cancer, which is hard because my stomach is now so much smaller. I have good days and bad days, but I’m back at work and I exercise every week. My prognosis for the future is good. ” *Tim*

Which health professionals might I see?

Your GP will arrange the first tests to assess your symptoms. If these tests do not rule out cancer, you will usually be referred to a specialist doctor who will arrange further tests and advise you about treatment options.

You will be cared for by a range of health professionals who specialise in different aspects of your treatment. This is called a multidisciplinary team (MDT) – see the table on the next page.

Health professional	Role
endoscopist	a specialist doctor (surgeon or gastroenterologist) who diagnoses and treats diseases of the gastrointestinal tract
upper gastrointestinal surgeon	a specialist doctor who treats disorders of the digestive system using surgery
medical oncologist	a specialist doctor who prescribes and coordinates the course of chemotherapy
radiation oncologist	a specialist doctor who prescribes and coordinates the course of radiotherapy
cancer nurse coordinator or clinical nurse consultant	provides ongoing education, liaises with other care providers, and supports you throughout diagnosis, treatment and recovery
dietitian	recommends an eating plan for you to follow while you are in treatment and recovery
speech pathologist	helps with your rehabilitation if the cancer or treatment has affected your ability to talk or swallow
social worker	helps provide emotional support and practical assistance to you and your carers
psychologist or counsellor	helps you manage your feelings and cope with changes to your life as a result of cancer or treatment
palliative care physician	helps provide palliative care to relieve symptoms and make you more comfortable



Key points

- There are many tests used to diagnose gastric and oesophageal cancers.
- The main diagnostic test is an endoscopy. This allows doctors to look inside the digestive tract and take tissue samples (biopsies).
- Biopsied tissue is examined under a microscope to find out more about the cells, including whether cancer is present, how far the cancer has spread (its stage), and how quickly it is growing (its grade).
- An endoscopic ultrasound is a less common test that can show whether the cancer has spread into the stomach or oesophageal wall.
- You may also have scans, which show pictures of the inside of your body.
- Other procedures, such as a laparoscopy, can show if the cancer has spread to the liver or abdomen. A bronchoscopy can see if the cancer has spread to the trachea.
- Based on the test results and your general health, your doctor may predict the outcome of your disease (prognosis). Your prognosis is also affected by the treatment you choose and how successful it is.
- You will be cared for by a range of health professionals who work together in a multidisciplinary team (MDT).



Treatment

Surgery is a common type of treatment used to try to cure stomach and oesophageal cancer. About half of patients with stomach cancer have surgery; about one in three (a third of) people with oesophageal cancer have surgery.

Some people have chemotherapy or radiotherapy treatment as their only treatment or as additional treatment before or after surgery.

- **Neoadjuvant treatment** – Chemotherapy or radiotherapy given before surgery, with the aim to shrink the cancer before an operation and to destroy any cancer cells that may have spread away from the primary cancer site.
- **Adjuvant treatment** – Chemotherapy or radiotherapy given after surgery. This treatment is designed to destroy any cancer cells that remain in the body.

If it is not possible to have surgery, chemotherapy or radiotherapy, the doctor may insert a tube of flexible mesh called a stent into your oesophagus. The stent expands the oesophagus to allow fluid and food to pass into the stomach more easily.

Your doctor will discuss the recommended treatment options with you.



You may be advised to visit a dentist before starting cancer treatment, as treatment can increase the risk of mouth infections.

Surgery for stomach cancer

During a stomach cancer operation, the surgeon will remove the cancerous tissue and part or all of the stomach, leaving as much healthy tissue as possible. The type of operation you have depends on the location of the tumour and how advanced the cancer is:

Endoscopic mucosal resection (EMR) – This is an uncommon procedure. Very early-stage cancer is removed through a long, flexible tube (endoscope). You can usually go home the same day and recovery is a lot faster than other types of stomach surgery.

Subtotal or partial gastrectomy – The cancerous part of the stomach is removed, along with nearby fatty tissue (omentum), lymph nodes and part of the small bowel, if necessary. The upper stomach and oesophagus are usually preserved.

Total gastrectomy – The stomach is removed, along with nearby fatty tissue (omentum), lymph nodes and parts of adjacent organs, if necessary. The surgeon reconnects the oesophagus to the small bowel. The top part of this connection takes over some of the function of the stomach. Often, a small feeding tube is placed further down the small bowel and out through the abdomen. You can be given food through this tube while the join between the oesophagus and small bowel heals. The tube is usually removed after about six weeks.

You will be told how to prepare for surgery. For example, you may have to change your diet or fast before the operation.



Surgery for oesophageal cancer

Surgery removes the cancer, sometimes along with part of the oesophagus and other surrounding tissue.

Endoscopic mucosal resection – Very early-stage cancer is removed through a long, flexible tube (endoscope). You can usually go home the same day. Recovery is faster than for other surgeries.

Oesophagectomy – The cancerous sections of your oesophagus are removed, along with part of the upper stomach, lymph nodes and other tissue, if necessary. The remaining, healthy part of the oesophagus is reconnected to the remaining part of the stomach by raising the stomach into the chest. This will allow you to swallow and eat relatively normally. In rare cases, if the oesophagus cannot be reconnected to the stomach, it is connected to the small bowel or large bowel.

Risks of stomach and oesophageal surgery

As with any major operation, stomach and oesophageal operations have risks.

Complications may include: infection, bleeding, blood clots, damage to nearby organs or leaking from the connections between the oesophagus and stomach or small bowel.

Some people experience an irregular heartbeat, but this is usually temporary and settles within days.

Your surgeon will discuss these risks or any other concerns you may have before the operation, and you will be carefully monitored for side effects.

After stomach or oesophageal surgery

You will have some pain and discomfort for several days after your operation. You will be given some pain relief medication to cope with this.

You may have several tubes in your body after surgery. This may include an intravenous (IV) drip, which is used to replace your body's fluids until you are able to drink and eat again. You may have a catheter and be given nutrition through a feeding tube, if one was put in during surgery.

The number of post-operative tubes in your body depends on the operation you have. Generally, oesophageal cancers are more complex and require many temporary tubes and lines.

You will probably be taught breathing or coughing exercises to help keep your lungs clear. This is so you don't get pneumonia, a common risk of oesophageal surgery.

Most people are ready to go home 7–10 days after the operation to remove the stomach, and about 10–15 days after an oesophageal cancer operation.

“ I took my recovery slowly. Fortunately I could stay at my parents' house. I started eating broth and soft foods, and then built up from there. I lost so much weight though – my friends were shocked. ” *Tim*

Eating after surgery

Having a subtotal or total gastrectomy, or an oesophagectomy, can cause many side effects related to changes in eating.

These include:

- feeling too full after eating or drinking
- vomiting
- reflux
- swallowing difficulties (dysphagia)
- malnutrition and weight loss
- bloating
- diarrhoea
- dizziness
- fainting.

Depending on your recovery, you will be able to start eating foods again in hospital or when you return home. The hospital dietitian can prepare eating plans for you and work out whether you need any supplements to help meet your nutritional needs. They can also answer any questions you may have.

You will be advised to start off with liquids, such as soup, and then move on to soft foods for about a week.

When you are ready, you can try eating some solid foods. You may be told to eat 5–6 small meals or snacks throughout the day.

Some people find it difficult to cope with dietary changes and gastrointestinal symptoms after surgery. Your health care team can advise you whether the side effects are temporary or permanent and can help you manage them. The surgeon, speech pathologist and counsellor may also provide support.

For information about managing some of the side effects of surgery, see the *Coping with dietary changes* chapter on page 29.

Radiotherapy

Radiotherapy is the use of high-energy x-rays or electrons to kill or damage cancer cells. It is used to treat both stomach and oesophageal cancers, and is often combined with chemotherapy.

You will usually have treatment as an outpatient once a day, Monday to Friday, for about 2–6 weeks. Each treatment only takes a few minutes. You will lie on a table while radiotherapy is delivered to cancer sites in your body. Treatment is carefully planned to do as little harm as possible to your normal tissue.

Side effects

Your health care team will talk to you about the side effects caused by radiotherapy and how to manage them. You will not be radioactive after your treatment, and some people are able to continue working each day.

Most side effects are temporary. They include:

- fatigue and tiredness
- skin redness or soreness
- nausea and/or vomiting
- diarrhoea
- painful swallowing
- decreased appetite and/or weight loss.

For more detailed information about cancer treatments, including radiotherapy and chemotherapy, call **13 11 20** for a free booklet or visit your local Cancer Council website.



Chemotherapy

Chemotherapy treats cancer using anti-cancer (cytotoxic) drugs. The aim is to kill cancer cells and do the least possible damage to healthy cells. You may have chemotherapy before radiotherapy.

You will probably have chemotherapy as an injection into a vein in your arm or through a tube called a port, catheter or vascular access device. This is called intravenous treatment. Most people receive a combination of drugs over a few days, followed by a rest period of 2–3 weeks. Other people have continuous treatment, given through a pump. This can last for 5–7 days.

You usually don't have to be admitted to hospital to have chemotherapy. You should discuss with your doctor which drugs you are having, what side effects you may experience, and how long your treatment will last. Many people find they need to take time to recover following each chemotherapy session.

Side effects

Side effects of chemotherapy are generally temporary, and may include:

- nausea
- vomiting
- appetite changes
- fatigue and tiredness
- changed bowel habits (e.g. constipation, diarrhoea)
- hair loss or thinning
- lowered immunity (e.g. more prone to get infections)
- weight loss.

Steps can be taken to prevent or reduce any side effects you experience – your oncologist will discuss this with you.

Women should not become pregnant during chemotherapy treatment, as the anti-cancer drugs can harm an unborn baby. See page 44 for more information.

Palliative treatment

Palliative treatment helps maintain quality of life by alleviating symptoms of cancer without trying to cure the disease. It is particularly important for people with advanced cancer. Often treatment is concerned with relief of symptoms, such as pain and difficulty swallowing, and stopping the spread of cancer. It can also involve management and relief of other physical and emotional symptoms.

For people with advanced oesophageal or stomach cancer, a small, flexible tube (stent) is sometimes inserted into their oesophagus, or between their stomach and small bowel, to allow fluid and food to flow easily through the digestive system.

Radiotherapy, chemotherapy and other medications may also be used. For example, radiotherapy can help to relieve pain and make swallowing easier if an oesophageal cancer cannot be removed.

Call Cancer Council Helpline 13 11 20 for more information about palliative care and advanced cancer, or visit your local Cancer Council website to download free booklets.



Key points

- Stomach and oesophageal cancers may be treated with surgery. Some people also have chemotherapy and/or radiotherapy before or after surgery, or as their only treatment.
 - Different kinds of surgery are used for both cancers, depending on the type of cancer and how extensive it is.
 - An endoscopic mucosal resection is done for early stomach and oesophageal cancers. It can usually be done as a day procedure. Eating returns to normal soon after surgery.
 - Locally advanced cancers require more complicated surgery. You will need to allow yourself several months to recover.
 - The different types of surgery may remove part or all of the stomach and/or oesophagus.
- The remaining parts of your digestive system will be stitched together so that you can still eat, swallow and digest your food.
- These operations will affect your eating and digestion, and you will need to adapt to these changes. A dietitian can help with your recovery.
 - Chemotherapy is the use of drugs to kill or shrink the cancer. The drugs can cause side effects, such as a sore mouth or hair loss. Most side effects are temporary.
 - Radiotherapy is the use of x-rays that kill or shrink the cancer. It can cause side effects, such as tiredness, red skin or diarrhoea. Most side effects are temporary.
 - Your health care team will let you know how to prepare for treatment and how to manage any side effects.



Coping with dietary changes

Stomach and oesophageal cancers and their treatment can cause many side effects relating to eating and digestion. This chapter lists typical side effects and tips to help you manage the changes.

After surgery, chemotherapy or radiotherapy, some foods you used to eat may cause digestive problems, so they are no longer a good choice. However, it's important to make sure you are eating and drinking enough to maintain your weight. This means that the usual healthy eating advice to limit fat and sugar doesn't apply to you.

Many side effects are permanent but over time and with support, you will probably get used to your new way of eating. It is likely you will need to eat smaller meals more often throughout the day, so choose high energy, high protein foods. Everyone adapts individually to diet changes, so you will need to experiment with different foods and ways of eating to find out what works for you.

Some people find it difficult to cope emotionally with the changes to their eating habits. You may feel self-conscious or worry about eating in public or with friends. These reactions are natural. It may help to talk about how you feel with your family and friends, or speak with a counsellor or someone who has been through a similar experience. They may give you advice to help you adjust.

tip

It's a good idea to get advice from a dietitian with experience in cancer care. Cancer Council's *Nutrition and Cancer* booklet may also be helpful. Call **13 11 20** for a free copy.

Poor appetite and weight loss

You may have a poor appetite caused by changes to your digestive system after surgery. Your stomach may be a lot smaller or you may not feel like eating. You might feel full more quickly.

Chemotherapy and radiotherapy can also affect your appetite, for example, due to nausea, irritation to the oesophagus or a sore mouth. To avoid malnutrition and weight loss, try to improve your appetite by following the tips below.

tips

- Snack during the day – eat 5–6 small meals a day rather than three large ones.
- Let your family and friends cook for you and offer you food throughout the day.
- Pack snacks into your bag and car and have them spread around the house.
- Make the most of the times you feel like eating or when you crave certain foods.
- Don't drink at mealtimes to avoid filling up on liquids, unless you're filling up on a hearty, nourishing soup. Prevent dehydration by drinking liquids between meals (e.g. 30–60 minutes before or after meals).
- Test your ability to eat different foods after treatment. Experiment with different recipes – your taste for foods may have changed and may continue to change.
- Ask your dietitian how you can increase your kilojoules.
- Don't eat late at night. This may make you uncomfortable and disturb your sleep.
- Talk to your doctor or dietitian if you have pain or discomfort when swallowing.

“ Life changed as we knew it after my husband had surgery for oesophageal cancer. Reigniting his sense of wanting to eat again has taken time. ” Leslee

Difficulty swallowing

Before or after surgery, radiotherapy or chemotherapy treatments, you may find it difficult to swallow solid foods. It is important to change your diet so that you can still get enough nutrition, and to prevent losing weight and strength.

The following tips may help you if you are having difficulty swallowing.

tips

- Make food softer, for example, by cooking with a slow cooker to keep it moist or mashing it up using a fork.
- Try eating soft, nutritious foods, such as scrambled eggs, porridge, hearty soup, stew, casserole, ice cream, custard, diced tinned fruit and milkshakes.
- Snack on soft foods between meals, such as yoghurt, custard and chocolate mousse.
- Chew carefully and slowly.
- Add extra gravy and sauce to your meals.
- Take sips of fluid to wash the food down.
- Consider adding nutritional supplements to your diet to meet your nutritional requirements.
- Talk to your doctor or dietitian if you are losing weight, or if it is getting more difficult to swallow food.

Reflux and choking

Many people experience reflux following surgery. This can cause heartburn, nausea and discomfort in your chest. You may be unable to sleep lying flat or you may gag if you bend over too far.

Some people who have had surgery to the oesophagus find they choke or cough a lot while eating. This may be due to scar tissue. It is important to see your doctor if this is ongoing.

tips

- Ask your doctor if a tablet (antacid) will help the reflux.
- Try to chew foods well and eat slowly.
- Take small sips of liquid to reduce coughing or choking.
- Sit up during meals and for at least 30 minutes afterwards to help food digest.
- If possible, leave about four hours between your evening meal and going to bed.
- Raise the head of your bed using two bricks, to keep your chest higher than your abdomen when you sleep. You can also try using extra pillows.
- Wear loose-fitting clothing.
- Don't overexert yourself, as this can cause reflux.
- Limit your intake of spicy foods, fizzy (carbonated) drinks, alcohol and citrus fruits to prevent reflux.
- See your doctor if solid foods cause coughing or if you have a sense of food getting stuck.
- If it feels like food is getting stuck, consider eating softer foods (e.g. smoothies and cottage cheese).

“ I sometimes choke if I don't chew my food well, especially dry food such as bread and meat. But I've found that sipping a drink helps to dislodge the food. ” *Ivan*

Dumping syndrome

After surgery, partially digested food can go into the small bowel too quickly, and cause cramps, nausea, racing heart, sweating, bloating, diarrhoea or dizziness. This is called dumping syndrome.

Symptoms often begin 15–30 minutes after eating. However, sometimes the effects don't occur until 2–3 hours after a meal. These are called late symptoms and tend to cause weakness, light-headedness and sweating.

Symptoms usually improve over time. Your doctor may also prescribe medicine to help control the symptoms.

If you experience this, talk to a dietitian, who can help you work out how to change your meals to help with your symptoms.

tips

- Eat small meals slowly to make it easier for your body to sense when it is full.
- Drink between meals rather than at mealtimes.
- Have meals high in protein (e.g. eggs and fish) and some starchy food (e.g. pasta, rice or potato).

Anaemia

After a total gastrectomy, people cannot absorb vitamin B12 from food or oral supplements. Without this vitamin, you may not make enough red blood cells, which can lead to a condition known as pernicious anaemia.

Red blood cells carry oxygen around the body. If you don't have enough red blood cells, it causes symptoms such as tiredness, breathlessness, headaches, a racing heart and appetite loss. You will need regular injections of vitamin B12, and you may also need to take iron supplements.

There are other types of anaemia that cause the same symptoms as pernicious anaemia.

tips

- Talk to your doctor if you have symptoms of anaemia.
- Find out what kind of anaemia you have and how it can be treated. Ask your dietitian if you need vitamin B12, iron or other supplements, and whether eating certain foods can help.
- Eat foods rich in iron and B vitamins, such as meat, eggs and dark green leafy vegetables.
- Eat foods high in vitamin C (e.g. red or orange fruits and vegetables) in the same meal as iron-rich foods, as vitamin C helps the body absorb iron.
- Reduce tea and coffee consumption, as this can prevent iron absorption.
- Rest when you need to and don't overexert yourself.
- Stop smoking, as tobacco can worsen your symptoms.

Osteoporosis

After surgery to the stomach, many people don't absorb vitamin D and calcium well. This causes a loss in bone density. The bones become weak and brittle, causing pain and an increased risk of fractures (osteoporosis).

tips

- Talk to your doctor or dietitian about taking vitamin D and calcium supplements.
- Get vitamin D from sun exposure before 10am or after 3pm, a few minutes per day in summer and 2–3 hours per week in winter.
- Eat foods rich in calcium, such as milk, yoghurt and cheese. If you are unable to digest dairy foods, try dark green vegetables, tofu, bony fish such as tinned sardines or salmon, nuts and tahini.
- Reduce your salt, caffeine and alcohol intake.
- Stop smoking. If you need help quitting, talk to your GP, visit www.quitnow.gov.au or call Quitline on **13 78 48**.
- Do weight-bearing exercise such as brisk walking, dancing or tennis.
- Ask your doctor what other exercise you can do, such as lifting weights or practising balancing, which can reduce osteoporosis.

“ Being diagnosed with stomach cancer gave me the incentive to give up smoking and take up exercise. I now play squash and swim every week. My blood pressure has decreased and I feel so much fitter. ” *Tim*



Key points

- Surgery to the stomach and oesophagus can cause significant changes to the way you eat. This can affect your physical and emotional wellbeing.
- You may have a poor appetite, find it difficult to eat certain foods, or feel full quickly. This can lead to weight loss and malnutrition.
- Physical changes to the way you eat and digest food following treatment may include reflux (heartburn), coughing and choking. Dumping syndrome is less common. Eating several small meals a day slowly can help with these symptoms.
- Sitting up during and after meals can help swallowing and digestion. It's best to not eat late meals and to wait at least two hours after a meal before going to bed.
- Although it is best not to drink much liquid at mealtimes, it is important to drink fluid throughout the day, in between meals, to avoid dehydration.
- Dietitians can help tailor eating plans to suit your individual needs. They can also give you advice on nutritional supplements if you need to increase your vitamin or mineral intake. You may need to take tablets, powdered supplements or have injections. Making changes to your diet may also help.
- Talk to your doctor or dietitian if you have ongoing trouble with eating and digestion, or if you keep losing weight.
- Someone who has been through a similar experience to you may be helpful. Seeing a counsellor can also help you cope with the changes.



Making treatment decisions

Sometimes it is difficult to decide on the right treatment. You may feel that everything is happening so fast you don't have time to think things through. If you are feeling unsure about your options, check with your doctor how soon your treatment should start, and take as much time as you can before making a decision.

Understanding details about the disease, the available treatments and their possible side effects will help you make a well-informed decision. This decision will also take into account your personal values and the things that are important to you and your family. It is common to feel overwhelmed by information so it may help if you read and talk about the cancer gradually.

- Weigh up the advantages and disadvantages of different treatments, including the impact of any side effects.
- If only one type of treatment is recommended, ask your doctor why other choices have not been offered.
- If you have a partner, you may want to discuss the treatment options together. You can also talk to friends and family.

You have the right to accept or refuse any treatment offered by your doctors and other health care professionals. Some people with advanced cancer choose treatment even if it only offers a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so that they have the best possible quality of life. Some people choose options that focus on reducing symptoms and make them feel as well as possible.

Talking with doctors

When your doctor first tells you that you have cancer you may not remember all the details about what you are told. You may want to see the doctor again before deciding on treatment. Ask for the time and support to make your decision.

If you have questions, it may help to write them down before you see the doctor. You can also check the list of suggested questions on page 53. Taking notes or recording the discussion can help too. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If your doctor uses medical terms you don't understand, ask for an explanation in everyday language. You can also check a word's meaning in the glossary (see page 54).

tip

If you have several questions for your doctor, ask if it is possible to book a longer appointment.

A second opinion

Getting a second opinion from another specialist may be a valuable part of your decision-making process. It can confirm or clarify your doctor's recommendations and reassure you that you have explored all of your options.

Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to people doing this.

Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. Alternatively, you may decide you would prefer to be treated by the doctor who provided the second opinion.

Taking part in a clinical trial

Your doctor may suggest you consider taking part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

If you join what is called a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the promising new treatment.

To help you decide whether or not to participate, you can talk to your specialist or the clinical trials nurse. If you're still unsure, you can also ask for a second opinion from an independent specialist. If you do decide to take part, you have the right to withdraw from the trial at any time; doing so will not jeopardise your ongoing treatment for cancer.

For more information about clinical trials and other research, including questions to ask your doctor and how to find a suitable study, call Cancer Council Helpline 13 11 20. You can also find trials on the website www.australiancancertrials.gov.au.



Looking after yourself

Cancer can cause physical and emotional strain. Eating as well as possible, exercising and relaxing may help reduce stress and anxiety, and improve wellbeing. Dealing with changes in your emotions and relationships early on is also important.

Changes to eating

Having stomach or oesophageal cancer can mean you experience many changes to the way you eat and digest your food. Depending on your treatment, you may have special dietary needs. It is important to have nourishing food to help you to keep your weight and strength up. See pages 29–36 for tips.

A dietitian can give you the best advice for your situation. Cancer Council Helpline 13 11 20 can also send you information about nutrition and tips for eating during and after treatment.

Staying active

Research shows it is helpful to stay active and exercise regularly if you can. Physical activity, even if gentle or for a short duration, helps to improve circulation, reduce tiredness and elevate mood.

The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises. If you aren't used to exercise or haven't exercised for a while, make small changes to your daily activities. You could walk to the shops or do some gardening. If you want to do more vigorous or weight-bearing exercise, ask your medical team what is best for you.

Complementary therapies

Complementary therapies are treatments that may help you cope better with side effects such as pain. They may also increase your sense of control over what is happening to you, decrease your stress and anxiety, and improve your mood.

There are many types of complementary therapies, such as herbal medicine, acupuncture, massage, relaxation and meditation. Some cancer treatment centres offer these therapies as part of their services, but you may have to go to a private practitioner. Self-help CDs or DVDs can also guide you through different techniques.

Let your doctor know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment. For example, herbs and nutritional supplements may interact with your medication or surgery, resulting in harmful side effects. Massage, acupuncture and exercise therapies should also be modified if you have lowered immunity, low platelets or fragile bones.

Call the Helpline for more information about complementary therapies and alternative therapies.

Alternative therapies are often defined as those used instead of conventional medical treatments. These therapies may be harmful if people with cancer delay or stop using medical treatment in favour of them. Examples are coffee enemas and magnet therapy.



“ It was very important for our family and friends to be well informed about the ongoing problems with eating and digestion that occur after surgery. Having support and understanding helped us adjust to these changes, which really impacted on our lifestyle and social life. ” Leslee

Relationships with others

For many people, the experience of having cancer and any ongoing challenges causes them to make some changes in their life. You may also have a new outlook on your values, priorities, or life in general. Some people find that these changes can affect their relationships. However, sharing your thoughts and feelings with family, friends and colleagues may help to strengthen your relationships with them.

If you feel uncomfortable talking about your feelings, take your time and approach others when you are ready. People usually appreciate insight into how you are feeling and guidance on providing support during and after treatment. Calling Cancer Council Helpline may help you build your confidence to discuss your feelings with others.

Give yourself time to adjust to your cancer diagnosis, and do the same for friends and family. People often react in different ways, for example being overly positive, playing down fears, or keeping a distance. They are also dealing with the diagnosis and the changes. If someone's behaviour upsets you, it might help to discuss how you both feel about the situation.

Changing body image

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is common whether your body has changed physically or not.

Give yourself time to adapt to any changes. Try to see yourself as a whole person (body, mind and personality) instead of focusing only on the parts of you that have changed.

For practical suggestions about hair loss, weight changes and other physical changes, call the Helpline.

Look Good...Feel Better program

Cancer treatments, such as chemotherapy and radiotherapy, can sometimes cause side effects such as hair loss and skin irritation. These changes can make you feel self-conscious.

Look Good...Feel Better is a free two-hour program for both

men and women to teach them techniques using skin care, hats and wigs to help restore appearance and self-esteem during and after treatment.

Call **1800 650 960** or visit **www.lgfb.org.au** for more information and to book into a workshop.

“ I did the Look Good...Feel Better program before treatment. It helped me prepare mentally for losing my hair during chemotherapy. ” *Ann*

Sexuality, intimacy and cancer

Having cancer can affect your sexuality in both physical and emotional ways. The impact of these changes depends on many factors, such as treatment and side effects, the way you and your partner communicate, the way you see your changed body, and your self-confidence. Knowing the potential challenges and addressing them will help you adjust to these changes.

Some people with cancer have the support of a partner, while others do not. If you meet a new partner during or after treatment, it can be difficult to talk about your experiences, particularly if the cancer has had an impact on your sexuality.

While sexual intercourse may not always be possible during and immediately after treatment, closeness and sharing can still be part of your relationship. Call the Helpline for more information on sexuality and cancer.

Some treatments may also affect your fertility permanently or temporarily. If having children is important to you, talk to your doctor before you start treatment.

Contraception

Depending on the type of cancer and treatment you have, and your sexuality, your doctors may advise you to use contraception (such as condoms) for some time during and after treatment. This is to protect your partner and avoid pregnancy, as some treatments, such as chemotherapy or radiotherapy, can be toxic to your partner or harm a developing baby. Ask your doctors what precautions to take.

Life after treatment

Life after cancer treatment can present its own challenges. You may need to take some time to adjust to any physical and emotional changes.

You may have mixed emotions. Beforehand, you may have been busy with appointments and focused on treatment, but afterwards you may feel anxious or vulnerable. You might worry about every ache and pain and wonder if the cancer is coming back.

Some people say that after cancer they have changed priorities and see life in a new way. For example, you may decide to travel, spend more time with family, or do volunteer work.

Although you might feel pressure to return to normal life, you may find that you don't want your life to return to how it was before cancer.

You might find it helpful to:

- take time to adjust to physical and emotional changes
- re-establish a new daily routine at your own pace
- spend time on a leisure activity you enjoy
- maintain regular meals and exercise
- schedule regular check-ups with your doctor
- share your concerns with family and friends and tell them how they can support you
- call Cancer Council Helpline 13 11 20 to connect with other people who have had cancer, or to request a free booklet about life after cancer.

If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation to do things that previously gave you pleasure, you may be experiencing depression. This is quite common among people who have had cancer.

Talk to your GP, as counselling or medication – even for a short time – may help. Some people are able to get a Medicare rebate for sessions with a psychologist. Ask your doctor if you are eligible. Your local Cancer Council may also run a counselling program.



The organisation [beyondblue](http://www.beyondblue.org.au) has information about coping with depression and anxiety. Go to www.beyondblue.org.au or call **1300 224 636** to order a fact sheet.

After treatment: follow-up

After your treatment, you will need regular check-ups to monitor how your digestive system is working and confirm that the cancer hasn't come back. Blood tests, x-rays or other scans may be done.

Check-ups will become less frequent if you have no further problems. If you have health problems between appointments, contact your GP or specialist.

“ You get nervous and you tell yourself that it's only a check-up, but it becomes this mountain. I have my scans on Monday and see the doctor on Wednesday, because I can't handle having to wait for the results any longer. ” *Mark*

What if the cancer returns?

For some people, stomach or oesophageal cancer does come back after treatment, which is known as a relapse or recurrence.

If the cancer returns, you may have one of the treatments described on pages 20–28. You may have the same type of treatment you had after diagnosis, or a different type of treatment. Other people have palliative treatment to ease their symptoms – for instance, treatment may make it easier to swallow food (see page 27).

It is possible for the cancer to come back in another part of your body. In this case, you may have treatment that focuses specifically on the area of your body that has cancer.



Seeking support

When you are first diagnosed with cancer, and during different stages of treatment and recovery, you may experience a range of emotions, such as fear, sadness, anxiety, anger or frustration. If sadness or anxiety is ongoing or severe, talk to your doctor.

It may help to talk about your feelings. Your partner, family members and friends can be a good source of support, or you might prefer to talk to:

- your treatment team
- a counsellor, social worker or psychologist
- your religious or spiritual adviser
- a support group or someone who has had a similar experience to you – see page 50
- Cancer Council Helpline.

If you need practical assistance, such as help around the house, it may be hard to tell people what would be useful. You might prefer to ask a family member or friend to coordinate offers of help.

You may find that while some people you know are supportive, others struggle to know what to say to you. If you have children, the prospect of telling them you have cancer can be unsettling. Cancer Council has a range of free resources to help people talk about cancer and deal with the emotions that cancer may bring up. Publications are available for people with cancer, partners, carers, children, friends and colleagues.

Call 13 11 20 for resources and support. You can also download booklets from the Cancer Council website.

Practical and financial help

A serious illness can cause practical and financial difficulties. Many services are available so you don't have to face these problems alone:

- Financial or legal assistance – through benefits, pensions and programs – may help pay for prescription medicines, transport costs to medical appointments, utility bills or basic legal advice.
- Meals on Wheels, home care services, aids and appliances can be arranged to help make life easier at home.
- Subsidised travel and accommodation may be available if you need to travel long distances for treatment.
- Home nursing care may be available through community nursing services or local palliative care services.

Ask Cancer Council Helpline or your hospital social worker, occupational therapist or physiotherapist which services are available in your area and if you are eligible to receive them.

Cancer Council library*

Following a cancer diagnosis many people look for information about new types of treatment, the latest research findings and stories about how other people have coped. Cancer Council has a range of books, CDs, DVDs and medical journals that may be helpful for you. Call the Helpline for more information.

** Not available in Victoria and Queensland*

Talk to someone who's been there

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone. There are many ways for you and your family members to connect with others for mutual support and to share information.

In these support settings, people often feel they can speak openly and share tips with others. You may find that you are comfortable talking about your diagnosis and treatment, your relationships with friends and family, and your hopes and fears for the future.

Ask your nurse, social worker or Cancer Council Helpline about suitable support groups and peer support programs in your area.

Types of support services*

Face-to-face support groups – often held in community centres or hospitals

Online discussion forums – where people can connect with each other at any time – see www.cancerconnections.com.au

Telephone support groups – for certain situations or types of cancer, which trained counsellors facilitate

Peer support programs – match you with a trained volunteer who has had a similar cancer experience, e.g. Cancer Connect.

** Not available in all areas*



Caring for someone with cancer

You may be reading this booklet because you are caring for someone with cancer. Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and some types of programs can offer valuable opportunities to share experiences and ways of coping.

Support services such as Home Help, Meals on Wheels or visiting nurses can help you in your caring role. There are also many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Phone 1800 242 636 or visit www.carersaustralia.com.au for more information and resources.

You can also call the Helpline on 13 11 20 to find out more about different services and to request free information for carers and families looking after someone with cancer.

●● Caring for someone with oesophageal cancer is hard work, in particular trying to offer nutritious and interesting food that will encourage them to eat again. It's also really important to get support for yourself as a carer. ●● Leslee



Useful websites

The internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of support and information.

Australian

Cancer Council Australia	www.cancer.org.au
Cancer Australia	http://canceraustralia.gov.au
Carers Australia	www.carersaustralia.com.au
Department of Health	www.health.gov.au
HealthInsite.....	www.healthinsite.gov.au
GastroNet	www.gastro.net.au

International

Macmillan Cancer Support.....	www.macmillan.org.uk
American Cancer Society.....	www.cancer.org
US National Cancer Institute.....	www.cancer.gov



Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don't understand, it is okay to ask for clarification.

- What type of cancer do I have?
- How far has the cancer spread? How fast is it growing?
- What treatment do you recommend and why?
- Are there other treatment choices for me? If not, why not?
- What are the risks and possible side effects of each treatment?
- How long will treatment take? Will I have to stay in hospital?
- How much will treatment cost? How can the cost be reduced?
- Will I have a lot of pain with the treatment? What will be done about this?
- How will the treatment affect the way I eat and digest food? Should I change my diet during or after treatment? Can I be referred to a dietitian?
- Are the latest tests and treatments for this type of cancer available in this hospital?
- Are there any clinical trials or research studies I could join?
- How frequently will I need check-ups after treatment?
- Who should I go to for my check-up appointments?
- Are there any complementary therapies that might help me?
- If the cancer comes back, how will I know?



Glossary

You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words at www.cancercouncil.com.au/words or www.cancervic.org.au/glossary.

abdomen

The part of the body between the chest and hips, which contains the stomach, liver, bowel, bladder and kidneys.

achalasia

The inability of the oesophagus to move food into the stomach.

adenocarcinoma

A cancer that starts in glandular tissue.

adjuvant therapy

A treatment given with or shortly after another treatment to enhance its effectiveness.

anaemia

Deficiency in the number or quality of red blood cells.

ascites

Fluid build-up in the abdomen, making it swollen and bloated.

barium meal

A diagnostic test. The patient

drinks liquid (barium) to coat the stomach and small bowel, and has x-rays to show abnormal areas.

barium swallow

A diagnostic test. The patient drinks liquid (barium) that coats the pharynx and oesophagus to show any abnormalities in x-rays.

Barrett's oesophagus

Abnormal changes in the cells that line the lower oesophagus. This may be a risk factor for oesophageal cancer.

benign

Not cancerous or malignant.

biopsy

The removal of a small sample of tissue for examination under a microscope to diagnose disease.

bone scan

A diagnostic test. The patient is injected with a radioactive substance and has scans to measure the growth of any

cancer in the bones.

bronchoscopy

A diagnostic test to examine the lungs and respiratory system.

cancer

A disease of the body's cells that starts in the genes. Damaged genes cause cells to behave abnormally, and they may grow into a lump called a tumour.

catheter

A hollow, flexible tube through which fluids can be passed into the body or drained from it.

cells

The basic building blocks of the body. A human is made of billions of cells, which are adapted for different functions.

chemotherapy

The use of anti-cancer drugs to treat cancer by killing cancer cells or slowing their growth.

coeliac disease

A benign digestive disease that affects nutrient absorption.

CT scan

A computerised tomography

scan. This scan uses x-rays to create a picture of the body.

digestive system

The body system that processes food and drink, absorbs nutrients and disposes of solid waste. Also called the gastrointestinal (GI) tract.

dumping syndrome

When partially digested food moves into the small bowel too quickly, causing symptoms such as dizziness and diarrhoea.

dyspepsia

Heartburn or indigestion.

dysphagia

Difficulty swallowing.

endoscope

The flexible tube used during an endoscopy.

endoscopic mucosal resection (EMR)

A type of surgery for stomach cancer. Tissue is removed using an endoscope.

endoscopic ultrasound

A diagnostic test. An endoscope

with a probe on the end is inserted into the body. The probe releases soundwaves that are translated into a picture on a computer.

endoscopy

A diagnostic test. An endoscope is inserted into the oesophagus so the upper digestive tract can be examined. Also called a gastroscopy.

familial adenomatous polyposis (FAP)

A benign condition that causes polyps to form in the large bowel. The polyps will become cancerous if untreated. FAP is also a risk factor for stomach cancer.

gastric juices

Acidic juices in the stomach that help to break down food.

gastroenterologist

A specialist doctor who diagnoses and treats disorders of the digestive system.

gastrointestinal (GI) tract

See digestive system.

gastro-oesophageal junction

The point where the stomach meets the oesophagus.

gastro-oesophageal reflux disease (GORD)

A condition when stomach acid leaks back into the oesophagus, causing irritation.

gastroscopy

See endoscopy.

grade

A score that describes how quickly a tumour is growing.

heartburn

A sensation of tightness or burning in the chest, which is often caused by stomach acid backing up into the oesophagus (reflux).

Helicobacter pylori

Bacteria that can live in the stomach and small bowel and may lead to stomach ulcers and cancer. Also called H. pylori.

hereditary non-polyposis colorectal cancer (HNPCC)

A disease affecting the lower GI tract. HNPCC may be a risk

factor for bowel cancer. Also called Lynch syndrome.

laparoscopy

Surgery using a laparoscope, which is inserted into the body through a small incision. Also called keyhole surgery.

large bowel

The organ that stores waste until it can be passed out of the body.

lymph nodes

Small, bean-shaped structures that form part of the lymphatic system. Also called lymph glands.

lymphatic system

A network of tissues, capillaries, vessels, ducts and nodes that removes excess fluid from tissues, absorbs fatty acids and transports fat, and produces immune cells.

malignant

Cancer. Malignant cells can spread (metastasise) and cause death if they cannot be treated.

metastasis

A cancer that has spread from

another part of the body. Also known as a secondary cancer.

mucosa

Moist tissue that lines organs of the body, such as the digestive tract, lungs and nose. It is the innermost layer of the oesophagus and stomach.

muscle layer

The tissue layer surrounding the mucosa and submucosa in the digestive tract.

neo-adjuvant therapy

A treatment given before the primary treatment to enhance the primary treatment's effectiveness.

odynophagia

Pain on swallowing.

oesophageal cancer

A malignant tumour found in the oesophagus, usually in the gastro-oesophageal junction.

oesophagectomy

The surgical removal of all or part of the oesophagus.

oesophagoscopy

The examination of the

oesophagus with an endoscope.

oesophagus

The tube that carries food from the throat into the stomach.

omentum

A protective apron of fatty tissue over the abdominal organs.

osteoporosis

Thinning of the bones that can lead to bone pain and fractures.

palliative treatment

Medical treatment to help manage pain and other symptoms of cancer.

partial gastrectomy

See subtotal gastrectomy.

peristalsis

Muscle contractions that move food into the stomach.

peritoneum

The lining of the abdomen.

pernicious anaemia

A type of anaemia caused by vitamin B12 not being absorbed, which affects red blood cell development.

PET scan

A positron emission tomography

scan. This specialised imaging test uses a radioactive glucose solution to identify cancer cells in the body.

pharynx

The throat. This is a muscular tube about 10cm long that extends from the nose to the top of the larynx and oesophagus.

radiotherapy

The use of radiation, usually x-rays or gamma rays, to kill cancer cells or injure them so they cannot grow and multiply.

reflux

When stomach acid is released back up into the oesophagus.

serosa

The outermost layer of the digestive system, which is made up of fat and connective tissue.

small bowel

The organ in the abdomen that receives food from the stomach and absorbs nutrients.

squamous cell carcinoma

A cancer that starts in squamous

cells of the body (such as in the lining of the oesophagus).

staging

Performing tests to determine how far a cancer has spread.

stent

A flexible tube inserted into the oesophagus or between the oesophagus and stomach to keep these passageways open and make eating and drinking easier.

stomach

The hollow, muscular organ between the end of the oesophagus and the beginning of the small bowel that stores and breaks down food.

stomach cancer

A malignant tumour in the tissue of the stomach.

submucosa

The layer of the digestive system next to the mucosa. It has glandular cells that produce mucus and moisten the mucosa.

subtotal gastrectomy

The surgical removal of part of the stomach.

total gastrectomy

The surgical removal of the entire stomach.

tylosis

A genetic syndrome linked to oesophageal cancer.

ultrasound

A non-invasive scan that uses soundwaves to create a picture of part of the body. An ultrasound scan can be used to measure the size and position of a tumour.

upper GI endoscopy

See endoscopy.



How you can help

At Cancer Council we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council Helpline 13 11 20

Cancer Council Helpline is a telephone information service provided by Cancer Council Victoria for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family, or friends can talk about your concerns and needs confidentially with experienced cancer nurses. Helpline nurses can send you information and put you in touch with support services in your area.

If you need information in a language other than English, you can call the Multilingual Cancer Information Line (see the back cover).

The Helpline is open Monday to Friday, 9am to 5pm. If calling outside business hours, you can leave a message and your call will be returned the next business day.

Cancer Council publications

If you found this booklet helpful, you might want to request another free resource from Cancer Council. Call the Helpline if you would like a copy of any of the following resources:

Treatment and side effects

- Understanding chemotherapy
- Understanding radiotherapy
- Complementary and alternative cancer therapies

Coping with cancer and recovery

- Nutrition and cancer
- Exercise for people living with cancer
- Overcoming cancer pain
- Coping with cancer fatigue
- Sexuality, intimacy and cancer
- Living with advanced cancer



Cancer information in your language

For the cost of a local call (except from mobiles), you can talk confidentially to a Cancer Council nurse with the help of an interpreter.

Simply follow these steps:

- 1.** Call **13 14 50**, Monday to Friday, 9am to 5pm.
- 2.** Say the language you need.
- 3.** Wait on the line for an interpreter (may take up to 3 minutes).
- 4.** Ask the interpreter to contact Cancer Council Victoria Helpline **13 11 20**.
- 5.** You will be connected to the interpreter and a cancer nurse.

For further information and details please visit our website: **www.cancervic.org.au**