



Leukaemia
Foundation
VISION TO CURE
MISSION TO CARE

LIVING WELL AFTER TREATMENT

A guide for patients and families



1800 620 420



leukaemia.org.au

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The Leukaemia Foundation values feedback from people affected by a blood cancer and the healthcare professionals working with them. If you would like to make suggestions, or tell us about your experience of using this booklet, please contact the General Manager, Research, Advocacy & Services at info@leukaemia.org.au.

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CONTENTS

Acknowledgements	2
The Leukaemia Foundation	4
Introduction	5
Finding a ‘new normal’	6
Relationships with family and friends	10
Fatigue	13
Changed body image	15
Sexuality and intimacy	18
Fertility and menopause	22
Memory and concentration problems	26
Financial impact and returning to work	27
Dealing with fear of cancer recurrence	30
Staying healthy	32
Healthy eating	36
Exercise and physical activity	40
Follow-up care	42
Moving on	46
Contacts and further information	48
Glossary of terms	50
Making a donation	53

About the Leukaemia Foundation

The Leukaemia Foundation is the only national charity dedicated to helping those with leukaemia, lymphoma, myeloma and related blood disorders survive and then live a better quality of life.

It exists only because of the generous and ongoing support of the Australian community.

By raising money for the Leukaemia Foundation you can make a difference by giving families fighting blood cancer the emotional and practical support they need.

You will also fund critical medical research that will help more people beat their blood cancer.

Learn more about blood cancer and how you can beat it at leukaemia.org.au.

Introduction

You have probably thought about and looked forward to the milestone of having completed treatment. You may have mixed emotions (e.g. feeling happy and relieved, and at the same time, worried or sad). After treatment, some people report a greater appreciation of life, while others feel anxious about their health and worried about the future. All these feelings are normal.

The transition from being a ‘cancer patient’ to getting back to ‘normal life’ is a process that will take time. This journey is different for each person. You may find your life will return to a ‘new normal’. You may see things differently now or many aspects of your life may have changed during treatment. Some people find certain aspects of the post-treatment phase complex or challenging, such as staying healthy, returning to work, coping with feelings of tiredness, and follow-up care.

During treatment, a range of healthcare professionals were involved with your care and you may have had a close relationship with many members of that team. You saw them frequently and you probably felt a sense of support and security from them. Some people report feeling the ‘safety net’ of treatment is removed when treatment ends. It is at this time many people wish they had more guidance and support.

This booklet has been written to help you and your family know what to expect after your treatment, to help you become an active partner in the ongoing management of your health and to help you to feel more empowered. It was developed by healthcare professionals

who work in cancer care to help support you better after your treatment has finished. The contents were developed based on recommendations for caring for people after cancer treatment, which promote self-management and the use of care plans (outlining your treatment history and future care requirements).

This information is research-based where possible and is divided into three main topics:

- » Finding a new normal
- » Staying healthy
- » Moving on

As you may not find all the topics in this booklet relevant, read only those sections that you find interesting, helpful or important to you. Your partner, carer, family or friends may also find this booklet interesting to read. Certain topics will be more or less relevant at different time points in your journey, so you may wish to revisit this booklet from time to time.

People who have been treated for cancer often are called ‘survivors’ and this term is regularly used by the media, in research, newsletters, at support groups and fundraising events. Some people who have been diagnosed with a blood cancer do not like or do not identify with the term ‘survivor’. Therefore, this term is avoided, or used with caution and sensitivity in this booklet.

We hope you find this booklet useful in providing support and information to better equip you with getting on with your life after treatment. We would appreciate any feedback from you so we can continue to help you and your family in the future.

FINDING A 'NEW NORMAL'

Feelings

Your emotional health is a very important aspect of your overall health and being diagnosed with and treated for cancer can significantly affect the way you feel. Many people experience a range of mixed feelings and it is not uncommon to feel low, depressed or anxious. These feelings improve with time for some people. However, others may find these feelings persist and have an impact on their day-to-day lives. It is important to remember there is no right or wrong way to feel after treatment. Most people find it helpful to talk about their feelings.

A blood cancer diagnosis can turn your life upside down. After treatment, you may be surprised by the range of feelings and unanswered questions you have now you are not attending as many appointments and have more time to think about things. You may need some time to process your thoughts and feelings and come to terms with what you have gone through.

Everyone reacts in his or her own individual way to finishing treatment. Some people feel relieved and excited, and think about this time as a new beginning, making comments like "I can really appreciate the good things I have" or "I am so grateful for my family

and feeling well again". For others, their feelings can be more challenging and may include anxiety, sadness, depression, grief, guilt, uncertainty, anger, emotional numbness, spiritual distress, fear of the cancer returning, feeling lonely or isolated, and worry about changes to their body.

Feeling down, depressed or anxious

Feeling sad is a normal response to something unwanted in our lives and it is normal to be upset for a few days at a time. It is also normal to worry about the future after a cancer diagnosis. However, there is a big difference between feeling sad or worried and having depression or an anxiety disorder.

Depression and anxiety after cancer treatment is common and can occur at any time (weeks, months or years later). You may have depression if you feel sad, empty or hopeless or have a low mood most of the time (for two or more weeks) and you stop enjoying or have no (or less) interest in usually pleasurable activities. If you have some of the signs and/or symptoms of depression, please seek professional help. Depression does not go away by itself and left untreated it can continue for some time and have many negative effects on your life.

Signs and symptoms of depression may include:

- » feeling overwhelmed, worthless, excessive or inappropriate guilt,

irritable, frustrated, lacking confidence, unhappy, disappointed, miserable or sad

- » not doing activities that are usually enjoyable, or doing these activities but no longer gaining enjoyment from them
- » the inability to think or concentrate, or frequently being indecisive
- » feeling fatigued or having a loss of energy nearly all the time
- » not going out anymore
- » not getting things done at home/ work/school
- » withdrawing from contact with close family and friends
- » relying on alcohol, sedatives and other substances to feel better
- » feeling you are a burden to your family and friends
- » thinking about self-harm or suicide.

The following also may be an indication of depression when combined with many of the signs and symptoms above:

- » experiencing headaches and muscle pains, stomach difficulties, sleep problems (inability to sleep or over-sleeping), loss or change of appetite, significant weight loss or gain
- » being sick and run down.

Feeling stressed or worried at certain times in life is common and it is normal to feel stressed and anxious in situations where you feel under pressure. Anxiety is when these anxious feelings don't

subside even after the stressful situation has passed, and you feel worried without any particular reason or cause. Anxiety can become a serious condition that makes it hard to enjoy life. Without the help of healthcare professionals, feelings of anxiety can be difficult to control.

Different factors are known to play a part in causing anxiety, including personality traits, ongoing stressful events, physical health problems, substance use and a family history of mental health problems.

There are several different anxiety disorders including: general anxiety disorder, phobias (specific and social), panic disorder, post-traumatic stress disorder and obsessive compulsive disorder, which have different yet similar characteristics. Anxiety and depression are often interlinked. Symptoms of anxiety are not always obvious and can develop gradually.

Signs and symptoms of anxiety include:

- » changes in body temperature such as hot and cold flushes
- » tightening of the chest/chest pain
- » heart palpitations
- » shortness of breath
- » dizziness
- » dry mouth
- » nausea/upset stomach
- » increased muscle tension and tightness
- » numbness and tingling sensations

- » agitation – finding it hard to stay still and calm
- » feeling weak in the legs
- » increased headaches
- » difficulty sleeping
- » feelings of uneasiness, worry, fear, panic
- » fear the future will turn out badly.

These symptoms of anxiety and depression are a guide only and are not meant to provide you with a diagnosis.

Not everyone has the same signs and symptoms of depression or anxiety. It is normal for everyone to experience some of these feelings from time to time, and this does not mean they have an anxiety disorder or clinical depression. In general, it is important for everyone to be able to talk about their feelings and emotions, even if they do not have anxiety or depression. If you experience symptoms of anxiety and depression or would like to talk about any feelings and emotions, it is important you talk to your healthcare team, general practitioner (GP) or Leukaemia Foundation staff.

Helpful suggestions

- » Seek help from your healthcare team if you have symptoms of depression or anxiety. These conditions are best managed with the help of a GP or mental health specialist such as a psychologist or psychiatrist.
- » Depression can be treated in a range of ways including psychological interventions (talking therapies), medical interventions (medicines), and complementary and lifestyle interventions, e.g. diet and exercise. Anxiety is also treated with the same three categories of therapies (this could vary according to diagnosis and need). These therapies are best discussed with a mental health professional or your GP.
- » Try to understand the reason behind your feelings, e.g. you may feel down because you are worried about the future or because you are angry at the changes in your life caused by cancer.
- » Spend time with family and friends, even if you don't feel like it. Staying connected with other people helps to increase feelings of wellbeing, confidence and the chance to participate in physical activities.
- » Exercise is known to help treat or prevent mild to moderate depression and anxiety. Keeping active can help improve sleep, mood, energy levels and help to block negative thoughts. Exercise may also change levels of chemicals in the brain that affect mood.
- » Diet plays a role in physical and mental health. Eating a healthy diet can improve your overall feelings of wellbeing.
- » Attending support groups and participating in online forums for people with anxiety and depression (including the Leukaemia Foundation's

support groups and telephone forums) can provide an opportunity to share experiences, connect with others and find new ways to deal with difficulties. Support groups don't suit everyone so don't feel you need to go to a group if that doesn't feel right for you.

- » These suggestions are best carried out in conjunction with help from a mental healthcare professional or GP. It is also important to keep your treating specialist informed about your feelings, emotions and any mental health issues you are having.

- » Remember, there is no shame in needing help if you are feeling anxious or depressed or struggling with difficult feelings and emotions. Dealing with the diagnosis and treatment of blood cancer is a big life change and everyone handles it differently, is affected differently, and recovers at their own pace.



RELATIONSHIPS WITH FAMILY AND FRIENDS

When your treatment is over, family and friends may expect life to go back to normal. Some families have trouble adjusting during the recovery phase. Their loved one often looks normal again but may still depend on others for support. It is important to be honest with your family and friends about what to expect from you and what you need during this time. Everyone needs time to adjust and you will need time to recover from your experience.

Relationships with family

Once a person's blood cancer treatment is complete, their family and friends often are keen for life to go back to normal and not prepared for the fact that recovery takes time. Recovery time is different for each person. You may not be able to return immediately to the physical roles you used to do, such as cooking, mowing, gardening or cleaning the house. Young children may have trouble understanding your energy levels are not back to normal immediately after treatment. Family members may not realise their family has changed permanently and they will have to adjust to a 'new normal'. Additionally, your family and friends may not understand any emotional stress you may still be feeling, as they may just be happy you have finished treatment.

You may have received lots of support from family and friends during treatment and after treatment you may find this support decreases even though you are still dependent on them. Some people feel disappointed, angry or frustrated and let down if their family and friends assume they no longer need help. It can be hard for people who have been treated for cancer, and their family and friends, to express their feelings and know how to talk about any issues. Some family members have difficulties adjusting to changes after treatment and all families deal with issues differently. Some families deal with issues on their own while others may consider seeking help.

Undergoing treatment for a blood cancer can affect your role as a parent and can present a set of unique challenges. During treatment, most people find they have less time to spend with their children and they can feel guilty and frustrated that they can't be a 'normal parent'. Children's response to cancer varies depending on their age, but it is important to be honest with them and make them feel safe. Kids can worry about what will happen to their parents, so it is important they are communicated with.

Helpful suggestions

- » Communicating effectively with your family and friends is essential. Being clear with others about what you want and need allows them to be of greater support and to work

together as a team to solve problems. It's also important to let your family and friends know what you are able to do and what to expect from you after treatment.

- » Be specific with people about how they can help you. They often want to help but are not sure how to make a difference. Consider letting them help by attending follow-up appointments with you, visiting, assisting with household tasks, or taking your mind off things by doing or talking about fun things not related to cancer. Also, let them know what topics you want to discuss and those you don't.
- » Be open with your friends and family and encourage them to be open with you in return. This will help to ensure everyone's needs are met.
- » Understanding that individuals cope differently in relation to serious illness can be helpful. Just because someone copes differently to you, or in ways you don't expect, does not mean they don't care.
- » Make time to focus on your relationship with your partner. Try to limit the amount of time you spend talking about cancer and reconnect with each other by discussing and doing things that remind you of life before cancer.
- » Be honest with children about your recovery and involve them in the process. Explain it may take a while for you to regain the energy you used to

have. Try to interact with your children in ways that allow you to spend quality time together by doing activities appropriate to your energy levels.

- » Don't be too hard on yourself or compare yourself to other parents. Try to interact with your children in relaxed and manageable ways that are not exhausting but that still give you quality time together.
- » Try to acknowledge the impact your blood cancer experience has had on all family members and the changes your family has made in dealing with your diagnosis and treatment. This will help them to feel appreciated – something especially important for teenage children.
- » Identify the things in life that are meaningful to you and focus on how grateful you are for these things.
- » Maintain a sense of humour and perspective on life.
- » Talk to the hospital social worker who is experienced in helping families to deal with issues related to cancer.
- » Ask your treating specialist or GP about a referral to a counsellor or therapist for you or your family, if needed.

Relationships with friends

The responses of friends, co-workers and acquaintances to your treatment for a blood cancer will vary. Some people will provide ongoing support, while others may shy away as they don't know how to offer support or deal with someone who has had cancer. Some people will feel anxious for you, or themselves, and feel confronted by your cancer experience. Many people find they worry about their own health when someone near to them has cancer.

While this may be frustrating for you, try to be patient with them and understand their perspective. There may be some friends who you are less involved with throughout your cancer journey and others who you become much closer to. As well, some people make many new friends, particularly at their hospital or where they are staying, such as at a Leukaemia Foundation accommodation centre. Friends who come to visit you may try to be happy and cheer you up. This can be exhausting if you feel pressure to be positive when you are feeling tired.

Helpful suggestions

- » Be honest with your friends if you are having a flat day and let them know they don't always have to cheer you up.
- » Be open to accepting help from family and friends when it is offered. Even if

you can do some things on your own, help will make life easier for you.

- » During your post-treatment recovery phase, keep in contact with friends and family members, as they may be worried about you. If it is easier, talk to them on the phone or send them an email to keep them updated.
- » Consider pre-planning what you will say about your cancer to friends and family so you are comfortable and prepared when they ask. Some people don't wish to focus on their diagnosis, while others are very open about it. The best approach is what feels right for you and having pre-planned responses to questions about your health will help you to feel less anxious and more in control.

FATIGUE

Cancer-related fatigue (tiredness, lethargy, lack of energy or weakness) can significantly affect health and quality of life and, in some circumstances, can continue after treatment has been completed. Many people do not tell their health professionals about their fatigue, believing nothing can be done to address it. A range of strategies such as increased activity, nutrition counselling, etc., can be used to lessen the impact of your fatigue.

Fatigue is one of the most common symptoms that affect people with cancer, and for some it is the most distressing. Many people with blood cancer do not tell their health professionals about their fatigue. Fatigue may lessen or stop when treatment ends. But sometimes it can linger and can be a persistent problem in the months and years after a cancer diagnosis.

A range of cancer therapies (chemotherapy, radiation, bone marrow transplantation and biological therapies) has been shown to cause fatigue.

Many other factors can contribute to cancer-related fatigue including:

- » pain
- » depression and anxiety
- » inactivity
- » sleep problems
- » poor nutrition
- » medications (such as antihistamines, antidepressants, narcotics and anti-nausea drugs)

- » other health conditions.

There are ways to limit fatigue and its adverse effects.

Helpful suggestions

If you experience fatigue, we suggest you tell your health professionals as there are many ways to help treat and manage cancer-related fatigue.

- » **Increasing activity:** while it may require a lot of effort to get up and move around, increasing your physical activity may reduce fatigue. Studies show cancer patients who exercise are less tired and depressed. They also sleep better than people with cancer who don't exercise.
- » **Nutrition counselling:** many people are not able to eat normally and they lose weight. This may be due to treatment-related nausea, vomiting, and lack of appetite. Ask your doctor to refer you to a dietitian who can work with you to ensure you are getting enough calories, fluids, protein and other nutrients to help prevent fatigue and increase energy.
- » **Psychosocial measures:** behavioural techniques including cognitive therapy, relaxation, counselling, social support, hypnosis, and biofeedback can decrease fatigue. The aim of these therapies is to educate people about fatigue and related factors that help reduce fatigue. Attending support groups and journaling also may decrease fatigue.

- » **Rest:** it is important to save energy and take on only the most important activities and at those times when you have the most energy. Keep a diary of the times when you are most and least tired. Move around and exercise when you are well rested and have the most energy. Be realistic about your limits and don't be hard on yourself. Also, don't be too shy or too proud to accept help. Let others take care of chores, driving, cooking, etc. when you are not up to it.
- » **Distraction:** try 'escaping' from your fatigue by doing things you enjoy. Listen to your favourite CD, read an interesting novel, relax with friends, or watch a movie.
- » **Sleep therapy:** many people with cancer suffer from disrupted sleep patterns. Using relaxation methods, limiting caffeine consumption to the morning, keeping naps short, and having good sleep habits all improve sleep. Good sleep habits include going to bed and getting up at the same time each day.
- » **Medications:** little research has been done to test medications for their effects on fatigue in people with cancer. Your doctor may prescribe medication based on the causes and severity of your fatigue. Treating anaemia with erythropoietin may help decrease fatigue. Antidepressants are not recommended to treat fatigue in cancer patients.



CHANGED BODY IMAGE

Having treatment for a blood cancer can change the way you feel about and view your body and it is quite normal to experience difficulties adjusting to these changes. Give yourself time to adjust to any changes, and allow yourself to grieve any physical losses – they are real and important to you. But remember, you are the same person inside no matter how your body has changed.

Body image is about more than just how we feel about our physical appearance. It is about overall wellness, how we function and how we relate to others; and it can influence our self-worth. Body image is about how we see ourselves in the mirror and in our own minds. Your body image is shaped by your personal experiences, relationships, personality type, and your society and culture. The perception you have of yourself can be negative or positive and often is very different from how others actually see you.

Common issues

Many people find their body image is changed after having a blood cancer. The impact of cancer and its treatment can affect the way your body looks and how it functions. Some changes are short-term, while others may be longer-term or last indefinitely. Not everyone experiences physical changes after treatment and

changes are different for each person. Some people feel their appearance, physical abilities and strength are an important part of their body image. Even if your body has not been outwardly changed by cancer and its treatment, other body changes may still bother you. You may feel insecure about physical changes that are not visible or you may have lost confidence in your body, seeing it as weak and vulnerable during treatment.

Changes that can affect body image include:

- » weight loss or gain
- » changes in hair (less, more or different)
- » bladder and bowel changes (colostomy or ileostomy)
- » skin changes (rashes and/or burns, or pale skin from staying out of the sun)
- » visible treatment effects (scars)
- » reduced muscle tone
- » swelling of the face (caused by steroids)
- » changes in distribution of body fat (caused by steroids)
- » eating and drinking problems (special dietary requirements)
- » decreased physical ability (including athletic capabilities, balance and agility)
- » fatigue, weakness or loss of stamina
- » infertility, early menopause, or erectile difficulties.

Physical changes can be particularly hard to deal with for young people. They may avoid hanging out with friends and hesitant to start new relationships because they worry about their changed appearance.

Impact of low body image

It is quite normal to experience difficulties as you adjust to physical changes, and feelings of anger and sadness are natural. After treatment, many people report they need help adjusting to changes in the way they feel about their body. Changes in body image can affect how you relate to others, and your self-image, which includes your views about your abilities and potential.

Having a low body image can:

- » decrease your self-esteem or confidence
- » make you feel self-conscious about going out
- » make you more nervous when meeting new people
- » lessen your confidence as a sexual partner
- » reduce your sex drive
- » make you feel embarrassed about being seen naked
- » contribute to feeling less attractive.

It is natural to worry about how your family, friends and partner will react to any significant changes in your appearance (if you have any). People

who are close to you also may need time to adjust to these physical changes, as these can remind them you have been sick.

Recommendations

Here are several suggestions that may help you cope with body image changes.

- » Allow yourself time to grieve for the changes in your physical appearance and/or bodily functions – these changes are real and important to you.
- » Give yourself time to adjust to physical changes or limitations.
- » Talk to your partner about any issues you are having with body image. By sharing your concerns you can help them to understand how you feel and encourage them to be sensitive. How your partner responds to your body changes can affect how you feel about yourself.
- » Consider letting your family and friends know how you are feeling. They will want to support you and reassure you that they love you. To them, you may be the same person or they may consider you as being even stronger following treatment.
- » Talk to your healthcare team about your concerns and ask questions, as they may be able to help.
- » If your body image concerns are having an adverse effect on your life, ask your doctor for a referral to a professional counsellor.

- » Consider joining a support group, one-on-one peer support program or telephone or online forum, where you can talk to people who are in a similar situation.
 - » Talk to other people who have gone through cancer treatment about how they coped with and adjusted to changes in their body.
 - » Find ways to enhance your appearance and/or disguise changes to your body (with clothes, makeup or hair styles). 'Look Good....Feel Better' programs help men (skin care and grooming) and women (makeup and skin care) deal with the physical changes of having cancer. People with a blood cancer diagnosis can attend these workshops up until 12 months after treatment finishes.
 - » Take care of your body – exercise, eat a balanced diet and get enough sleep to feel your best.
 - » Join a specialised fitness club for cancer patients or see a physiotherapist to help you regain strength and stamina, or manage any physical limitations. There are many post cancer rehabilitation programs that help to improve physical status for people who are undergoing or have finished cancer treatment. Talk to your treating team about programs available in your area.
 - » In some instances, people may ask questions about your appearance. Be prepared for these and think about how you intend to respond. If you prefer not to talk about it, feel free to politely explain it is a private matter you do not want to discuss.
 - » Remember, you are still the same person inside no matter how your body has changed. Some people find self-talk helpful. When you wake up in the morning, you could stand in front of a mirror, look at yourself and list all the things (physical, emotional, spiritual or intellectual) that you admire and value about yourself. This allows you to develop greater self-acceptance.
 - » Some people find it helpful to develop new interests or hobbies. These can have a positive impact on your mood and energy levels, and increase your confidence in your body.
- Always remember: you are more than your illness and your physical appearance. Having a blood cancer does not define you or take away your individual personality. You have value, no matter how your body may have changed or what happens in your life.

SEXUALITY AND INTIMACY

Cancer and its treatment may affect you in physical and emotional ways, leading to changes in your sex drive, sexual functioning or the way you see yourself as a sexual being. Adjustment and healing following treatment is a process that occurs over time. There are many ways to deal with changes to sexuality and, be assured, many people who experience issues with sexuality go on to maintain, or create new, satisfying sexual and intimate relationships.

During treatment, most people find their sexuality and intimacy are not their most immediate concern. Sexuality and sexual functioning is connected to an overall feeling of wellbeing and can be difficult to engage in for someone who is feeling unwell. A person's interest in sex usually improves when they have recovered from treatment and this topic is often an overlooked aspect of post-treatment care. This section is designed for you whether you are young or old, transgender, gay or straight, in a relationship or single. Feel free to read the sections that are relevant to your situation.

Sexuality is about how a person expresses herself or himself sexually, their sexual feelings for others, and how they view themselves as a sexual being. Sexuality includes giving,

receiving or talking about intimacy that is soothing, affectionate, sensual and erotic. A person's sexuality is expressed in intimacy (being emotionally and physically close to another person) and in sexual pleasure. Intimacy is about feelings of love, care, concern and closeness.

Everyone is a sexual being in their own individual way and a diagnosis of cancer does not change that. It may affect levels of desire, sexual practices and the way a person feels about themselves sexually. This section has been written with the aim of positively changing the way you understand, express and engage in sexuality and intimacy following treatment. If you are in a relationship, it may be beneficial for your partner to read this information too.

Common issues

You may not have any issues with sexuality, intimacy or sexual function after treatment but for many people who do, dealing with it can be a challenge. Changes may be temporary or ongoing. Some people report not being aware they are not taking an interest in sex or being as intimate as they previously had been until the issue is raised with them. Changes in your sexuality and intimacy levels may also cause your partner (if you have one) to be concerned, confused or worried, and they may not be sure how to approach these issues.

Some people experience changes in their sex drive or sexual functioning as a result of the cancer, treatments and/or complications. Cancer and its treatment may affect you in physical and emotional ways.

Sexuality, intimacy and sexual function can be affected by:

- » fatigue and lack of exercise
- » poor physical health
- » bowel or bladder problems
- » mouth problems
- » changed appearance (weight loss or gain, hair loss, surgery scars)
- » depression and anxiety
- » emotional distress (including fear and sadness)
- » worries about being less attractive to a partner
- » worries about sexual performance
- » painful intercourse (caused by physical changes such as vaginal dryness)
- » dysfunction in sexual hormones (increased or decreased hormones)
- » concern about explaining cancer history and impact to a new partner.

Your relationship with your partner may have changed during treatment, especially if they assisted with practical and personal care such as hygiene, toileting and feeding. This can have an effect on sexuality and intimacy as the relationship temporarily takes on a 'caring' type role. Fertility problems and

early menopause also may change the way you feel about having sex.

These issues (and others) can lead to a range of complications including:

- » a decreased interest in sex/loss of libido
- » different levels of desire in the relationship
- » reduced arousal levels
- » decreased pleasure and/or satisfaction from sex and touch
- » delayed or absent orgasm or ejaculation
- » erectile dysfunction
- » premature ejaculation.

Adjustment and healing following treatment is a process that occurs over time. Be assured many people who experience issues with sexuality go on to maintain, or create new, satisfying sexual and intimate relationships. Re-establishing yourself as a sexual being is part of recovering after cancer. The range of suggestions below deal with changes in sexuality, intimacy and sexual functioning.

Helpful suggestions

- » **Talk to your partner:** talking openly and honestly with your partner can help to deal with challenges or issues you are experiencing. Express your feelings and fears, and listen to their thoughts as well. Try to accept what they are saying, without criticism and

blame. If you don't feel like having sex yet, explain why and reassure your partner that you love them. By talking openly with your partner, you can both be honest about the changes cancer may have caused and adapt to these changes in your lives.

- » **Talk to a healthcare professional:** go to one you feel comfortable with, either with your partner or alone. They may suggest specific investigations, treatments or provide support. They may also recommend you see a specialist such as a counsellor or sex therapist.
- » **Take care of yourself:** your overall wellbeing affects your sexual functioning. Try to take care of yourself. Exercising, minimising stress, eating a healthy diet and getting enough rest are important aspects of your health. Exercise can improve your mood and energy levels. Activities like dancing can also arouse your sexual desire as you become physically close to your partner.
- » **Engage in relaxation activities:** stress can reduce your receptiveness to desire, touch and arousal. Relaxing your body and mind can help you stay open to physical, sexual and emotional experiences. Relaxation preferences are different for each person and can include breathing exercises, thinking of calming memories, mindfulness, meditation, yoga, listening to relaxing music, visualising pleasing images, reading, or walking on the beach.
- » **Consider ways to improve self-esteem and body image:** self-esteem and body image are closely linked with how you feel and function as a sexual being. Some people find putting effort into their appearance can make them feel more confident. 'Look Good... Feel Better' programs are run for men and women who are diagnosed with cancer, and can be attended during or after treatment. Other suggestions for improving your body image can be found in the 'Changed body image' (pg15) section of this booklet.
- » **Change your sleeping rituals:** this can positively affect your sexuality and intimacy. Consider replacing old or well-worn sleepwear, especially those items worn during treatment. New sleepwear may enhance how you feel about your appearance, which can be helpful.
- » **Reconnect with your partner (if you have one):** after treatment, it can be important to be active in reconnecting with your partner and to rebuild your romantic relationship. Intimacy and sexuality with your partner can help you deal with the challenges associated with moving forward after treatment. Focusing on the emotional intimacy you have developed together as a couple enhances sexual intimacy. Reminiscing about your history together, such as how you first became a couple and milestones you have experienced together are ways to re-establish romance. Consider

reminiscing by creating a photo board of your life together, listening to 'your song', visiting restaurants you enjoyed in the past, and watching your favourite movies. Encourage your partner to hold hands and hug you romantically rather than just supportively, and to kiss you on the lips instead of the cheek or forehead. Your partner may also have felt a loss of sexuality during the treatment phase of your illness. Both of you may need help in re-establishing the romance in your relationship.

- » **Reclaim pleasurable sensations and reintroduce eroticism:** you and your partner may need to re-establish pleasurable sensations. Keep an open mind about ways to experience pleasure. If you feel comfortable you can stimulate yourself. People who have had cancer may find it is easier to masturbate before having sexual intercourse as it provides a way to explore changes in body sensation and reassurance of the ability to feel sexual pleasure.
- » **Reintroduce sexual intercourse at your own pace:** massaging neutral areas such as the face, hands, neck and back can often help reawaken sexual interest. Engaging in foreplay and sensuous massage with a shared understanding that there is no expectation of intercourse can help people to feel close and intimate with their partner. Take time to engage

each other in foreplay including guiding your partner to areas that feel pleasurable. Exploring alternative positions for sex may also reduce physical or emotional discomfort.

- » **If vaginal dryness is an issue:** try using a water- or silicone-based gel (that has no perfumes or colouring added) or a vaginal moisturising cream to reduce friction and pain. For severe dryness, discuss the use of vaginal lubricant creams (dienenesterol 0.01%), suppositories or tablets with your doctor.
- » **Be intimate at a time of day that is best for you:** ideally, when you are well rested and relaxed. Some people report watching a romantic movie, looking at erotic magazines or DVDs and creating a sexual atmosphere with dim lighting, music or candles can stimulate sexual desire. If you do not feel like having sex, you and your partner can help each other reach satisfaction through touching or stroking. You may find embracing in a romantic position is also pleasurable and satisfying.

FERTILITY AND MENOPAUSE

Many people are able to conceive naturally after treatment for a blood cancer. However, for some people the possibility of having a baby naturally is reduced or eliminated, due to the effects of chemotherapy or radiation. Sometimes treatment can bring on early menopause. These changes to fertility can be temporary or permanent, and understandably can cause worry, concern or a great sense of loss and grief. Your treating doctor can advise you and refer you to a fertility specialist, for information on your ability to have a baby, and how long to wait after treatment before trying to conceive.

Fertility

You may already be aware chemotherapy and radiation therapy may affect your ability to have children. Certain treatments are toxic to the ovaries and can damage the surface of the uterus so implantation of an embryo may be unlikely or impossible. In some instances, if implantation does take place, the woman's uterus may not be capable of carrying a pregnancy to term. Radiation directed at the pelvic region can damage the reproductive organs responsible for the development of sperm and eggs. The destruction of sperm production or the inability to ejaculate adequately may prevent sperm from fertilising an egg.

How may this affect you?

Changes to fertility can be temporary or permanent. The impact of treatment is different for each person depending on many factors, including their age, genetic makeup and type of treatment. Your treating doctor can provide more details about your particular situation.

Your treating doctor may suggest you wait a certain period of time after treatment before trying to have a baby, to give your body time to recover and to allow eggs and sperm to become healthy again. For example, some people wait a year or two and during this time some form of contraception must be used. You may also need to undergo a physical review and certain testing to make sure your body can carry a baby.

If you have been told you might not be able to, or can't, have a child (or another child), you may feel a great sense of loss and grief. It is normal to feel disappointed or even devastated that you cannot have your own children, or more children. You may also be worried about how this will affect the relationship with your partner (if you currently have one), or a future partner.

Even if your family is complete, you may be upset and feel you have lost control of this aspect of your life. Some people feel very angry, sad or anxious the cancer and its treatments have caused such changes to their body.

If you are planning to have a child and are concerned your children are at risk of developing cancer, it is important to know, unless your cancer is passed on through families (which is extremely rare for blood cancers), your child's risk of developing cancer is likely to be the same as that of the general public. Please talk to your treating doctor for further information.

Menopause

Sometimes cancer treatments can lead to an earlier than expected onset of menopause, that is either temporary or permanent, even at a young age. Menopause is when a woman's ovaries no longer produce eggs and her periods (menstruation) stop, which usually occurs in healthy women around the age of 50. Some women can stop having their periods and experience menopausal symptoms after cancer treatment, and then their periods start again at a later time. This depends on

age, genetic makeup and the type of treatment they received. Regardless of whether your period stops temporarily or permanently, you may experience menopausal symptoms.

The most common symptoms of menopause are hot flushes and night sweats. Other symptoms clearly related to menopause include irregular periods in the time before menopause and changes to the genital region, such as vaginal dryness, irritation, yeast infections, and pain during intercourse.

Further symptoms commonly reported include:

- » trouble sleeping
- » mood swings
- » a decrease in sexual desire
- » anxiety and possibly depressive symptoms
- » headaches and general aches and pains.



Many of these symptoms will eventually pass, although this can take months or several years. Not all women experience all these symptoms, or to the same severity. There is research that indicates obesity and smoking can make hot flushes and night sweats worse, while exercise and slow deep breathing can reduce these symptoms. Women who have gone through menopause are at increased risk of developing weak and brittle bones (osteoporosis) or heart (cardiovascular) disease. Your treating doctor or GP can talk to you about how to monitor and manage these conditions.

Understandably, the early onset of menopause after blood cancer treatment can be very distressing. Some women find menopause difficult, because they feel it has taken away a part of their identity as a woman. For women who want to have children, menopause can be devastating.

Recommendations for dealing with fertility issues

- » Discuss your family planning goals with your treating doctor. If you are having trouble conceiving after cancer treatment, your treating doctor can refer you to a fertility specialist. There are many options that can be explored to help you to become a parent again, or for the first time, following treatment.
- » Let people close to you know how you are feeling. Sharing your feelings of

worry, grief or loss with your partner, family and close friends may help you to feel understood and better equipped to deal with these emotions. If changes in your ability to have a child are deeply troubling you, it may be beneficial to talk to a cancer social worker, counsellor or a psychologist about your feelings.

Recommendations for dealing with menopausal symptoms

Discuss any changes to your periods with your treating doctor, as they may feel you would benefit from a referral to a specialist doctor (gynaecologist) or clinic to learn about suggestions to reduce menopausal symptoms.

Medications

Discuss available medications for menopausal symptoms with your treating doctor prior to taking them. Hormone replacement therapy (HRT) is medication that contains hormones, and can be supplied as a tablet or patch. Short-term use of these medications can be beneficial in reducing menopausal symptoms for some women. However, there is evidence of an increased risk of developing diseases such as breast cancer.

Be aware that 'natural' or 'bio-identical' hormone medications are not tested or approved by the Therapeutics Goods Administration, and no research has been conducted on the safe use of these products.

Lifestyle

if you smoke, consider quitting, as smoking cigarettes has been consistently linked with hot flushes in menopause. Making this change will contribute to reducing hot flushes and improving your overall health.

Maintain a healthy diet and participate in regular exercise. Being overweight and obesity are associated with hot flushes, while engaging in physical activity is believed to reduce hot flushes and night sweats.

Hot flushes

Try to identify the causes of your hot flushes, such as anxiety or hot drinks, and avoid these stimuli.

Slow deep breathing, known as paced respiration, can decrease the intensity and frequency of hot flushes for some women. This therapy involves initially breathing in for three seconds, then breathing out for three seconds. Try and make the breaths in and out last longer and longer each time.

Dryness

If you have vaginal dryness, water based lubricant and moisturiser can help sexual intercourse be more comfortable. Ensure you take your time and engage in foreplay to help the vagina relax and become more lubricated.

If vaginal dryness is a significant issue, creams or pessaries that contain low dose oestrogen are available, however,

discuss this with your treating doctor to ensure it is safe for you to use.

If you experience dryness and irritation of the vagina wall, or are more prone to thrush or urinary tract infections, the following recommendations may be helpful:

- » wear cotton underwear
- » use soap-free and perfume-free products to wash the vaginal area
- » avoid oil-based lubricants or moisturisers
- » take a probiotic medication
- » drink sufficient amounts of water, and pass urine before and after engaging in sexual intercourse.

MEMORY AND CONCENTRATION PROBLEMS

During and after treatment many cancer patients say they have difficulty concentrating, focusing and remembering things. Although it is often referred to as 'chemo brain', people with cancer who have not previously received chemotherapy can experience memory and concentration problems. Currently, there is no single proven effective measure to eliminate memory and concentration problems. However, a number of general strategies can be used to lessen the impact of these problems.

Memory and concentration problems can also be related to:

- » fatigue
- » emotional concerns, such as stress, anxiety or depression
- » radiotherapy to the head, neck or whole body
- » hormone therapy
- » immunotherapy
- » other medications
- » infections
- » vitamin or mineral deficiencies, such as iron, vitamin B or folic acid
- » other health problems, including anaemia
- » brain surgery
- » cancer types.

'Chemo brain' usually improves with time, sometimes taking a year or

more. Researchers are still not certain about what causes the memory and concentration problems experienced by some people, but there is ongoing research to find out.

Tell your health professionals about any memory or concentration problems you have. Ask for a referral to a healthcare professional, such as an occupational therapist (OT), for advice on strategies to overcome these difficulties and to improve memory.

Helpful suggestions

- » Use your mobile phone, calendar or daily planner to keep track of tasks, appointments, social commitments, birthdays, etc.
- » Plan your activities so you do those things that require more concentration when you are more alert or when your energy levels are highest, e.g. in the morning.
- » Discuss these problems with your partner, family or work colleagues and ask for their support or assistance.
- » Let phone calls go through to your answering machine or voicemail so you can listen to them when you are ready and can prepare how you will respond.
- » Do tasks one at a time, rather than multi-tasking.
- » If you are working and have your own office, close the door when you don't want to be interrupted.

- » Make notes of things you have to remember, e.g. a shopping list or where you parked the car.
- » Set aside time each day to read and respond to emails.
- » Put personal items (e.g. wallet, keys) in a dedicated place at home and at work, so you don't misplace them.
- » Do some physical activity every day to help you sleep better. Deep sleep is important for memory and concentration.
- » Limit your intake of alcohol and coffee, etc. that can disrupt your sleep.
- » Consider meditation, yoga, and mindfulness-based stress reduction.

FINANCIAL IMPACT AND RETURNING TO WORK

Being diagnosed with a blood cancer and undergoing treatment can be expensive. Time off work and extra costs associated with treatment can lead to financial stress and you may need some additional support to help deal with this stress. After treatment, many people look forward to returning to work or increasing their working hours. This transition can be easy for some people and problematic for others. This section focuses on strategies to help you deal with financial stress, successfully re-entering the workforce, or the possibility of pursuing another career path after treatment.

Impact of treatment

Diagnosis and treatment for a blood cancer can affect your financial situation, employment and study, and other financial areas such as life insurance and superannuation. How, and to what extent, you will be affected will depend upon your individual situation and factors such as your age, type of blood cancer, treatment received, working conditions, study arrangements, employment status, and how much support is available from your family, friends and partner (if you have one).

Financial impact and practical problems

Any serious illness can have a major financial impact on a person's life. Being treated for a blood cancer can be expensive and can lead to financial stress as many people have to stop working and pay for medications, as well as travelling costs, hospital parking, and costs associated with private healthcare. Talk to hospital staff (e.g. social worker or welfare worker) about any financial stress you may be experiencing and ways to deal with this issue.

If you have an insurance policy (life, trauma or income protection) that was taken out prior to your blood cancer diagnosis, you should not have any problems claiming on these policies. Some people are also able to make a claim from insurance provided through their superannuation fund. For more

information about making a claim, talk to hospital staff (e.g. social worker or welfare worker), your fund manager or National Legal Aid.

After your cancer diagnosis, you may have trouble applying for new insurance policies (life insurance or income protection) in the future. Most insurers will ask for a medical history when you are making an application. Additionally, when applying for travel insurance, some companies will not provide medical travel insurance or cover medical costs associated with issues relating to your blood cancer, although you can take out a travel insurance policy that covers basics such as cancelled flights, lost baggage and theft. It is worth calling several different travel insurance companies and talking with your treating doctor or healthcare team to decide what is best for you. Also, in the short-term after you have finished treatment, it is important to discuss any travel plans with your treating doctor.

Helpful suggestions

- » If you are struggling with financial issues, ask if you can talk to someone at your hospital. A social worker or welfare worker can advise you on your options. Some financial lenders and banks make provisions for financial hardships and you may be eligible for assistance, payments or subsidies through Centrelink or certain charity/support groups. It may also be

beneficial to talk to a financial adviser about your particular circumstances.

- » You can also talk to the social worker and/or welfare worker about issues with insurance on existing policies or when trying to take out new policies. If you are not happy with the actions, decisions or communication from an insurer you are entitled to complain or make an appeal. For existing policies, talk to your fund manager for more information and, if necessary, seek advice from National Legal Aid.

Returning to work

While some people can continue working or studying throughout their treatment for a blood cancer, many people stop working, take time off, or reduce their work hours due to the side effects and time demands of treatment. Undergoing treatment also can interrupt study (or plans to study) at university, TAFE or high school. If you have been diagnosed near or at retirement age, you may decide it is time to stop working.

For many people, work is an important part of life for income, self-satisfaction and social interaction. Returning to work or increasing work hours can help you feel as if life is returning to 'normal'.

The type of treatment you received, the symptoms and side effects experienced and the type of work you are returning to (manual work versus sedentary work) will affect your ability to work and when you can return to the workplace. After

treatment, some people choose to change jobs or pursue other interests. It is important not to take on too much, too soon in a new role, or think you have to settle for less due to your diagnosis.

Making the transition back to work may feel overwhelming at times. Many people are able to successfully and smoothly resume or continue their employment with minimal disruption. However, there is evidence that people who have had treatment for a blood cancer are at risk of experiencing work-related problems.

The first step in returning to work, or increasing working hours after treatment finishes, is to speak with your treating doctor and healthcare team about if you are ready. The second step is to speak with your employer about a return to work plan. The law requires employers to take reasonable steps to accommodate an employee returning to work after an illness. You have no legal obligation to discuss details of your medical history and you are only obliged to discuss issues that directly affect your ability to perform your job (e.g. heavy lifting, work travel). The Disability Discrimination Act protects anyone who has had cancer and prevents employers from treating you unfairly or discriminating against you.

Recommencing study after treatment can be difficult, especially if you were previously supported by a part-time or casual job that you had to give up. Some people may rely on their parents

or partner, however, this may not be possible, particularly if you are a mature age student. You may be eligible to receive support from Centrelink or other charity/support groups.

Not being able to continue to work or study can affect your sense of confidence and competence, as well as your financial situation, and not working can contribute to feelings of being socially isolated.

Helpful suggestions

- » Talk to your treating doctor and healthcare team about commencing early targeted rehabilitation to help you get back to work, if appropriate.
- » When returning to work, remember not to overload, or undervalue yourself.
- » If you feel you are experiencing discrimination at work, speak to a social worker, solicitor, union official, Fair Work Australia or the State anti-discrimination body for advice.
- » Remember, your employer cannot ask you personal questions about your medical history. They can only ask questions related to the specific duties and responsibilities of the job, e.g. your ability to perform certain tasks essential to the work role.

DEALING WITH FEAR OF CANCER RECURRENCE

After you finish treatment, it is normal to be worried about the cancer returning. The chance of a cancer relapse, or a new cancer developing is different for each person and you should talk to your haematology specialist about your individual circumstances.

It is common for people to begin or continue to have fears about cancer recurrence once treatment is complete. The fear of cancer recurrence is one of the most commonly reported issues people face after treatment of a blood cancer and can be a major area of unmet need. While many people will not experience these fears, for others the fear of their cancer returning is extremely strong and is something they think about in day-to-day life. This fear can significantly affect their enjoyment in everyday life and their ability to make plans for the future.

Common issues

Many people find that they have increased worry at:

- » significant times or events that remind them of the cancer diagnosis
- » special occasions such as birthdays and Christmas

- » before follow-up appointments
- » hearing about other people's diagnosis with cancer
- » the death of a friend or family member
- » visiting or passing the hospital where they were treated.

Common concerns include:

- » how likely is it that the cancer will return?
- » signs and symptoms to watch out for
- » getting another type of cancer.

People who have survived a blood cancer diagnosis and treatment report their fear of cancer recurrence usually lessens over time and can increase at certain times. Be assured, if you are fearful of your cancer returning, or have increased worry at certain times, this is completely normal and there are ways to help reduce this stress. The first step is to assess how big a problem this fear is in your life.

Understanding your level of fear

There are many different questions healthcare professionals ask to assess the impact of fear of cancer recurrence in your life and some of these are listed below. It is a good idea to ask yourself these questions, for your own personal assessment of how much the fear of getting cancer again affects your life, or if you are planning to speak with a healthcare professional, family member or friend about your feelings:

- » Do you worry that your cancer may come back?
- » How often do you think about this possibility?
- » How would you rate your fear of a cancer relapse?
- » Do you need help to manage these concerns?

Recommendations

Here are some recommendations to help you manage your fear of the cancer returning:

- » Accept your fears and understand they are normal. Don't be afraid to express these feelings to your partner, family and friends. It may be helpful to discuss your concerns with other cancer survivors (support groups are available). Remember that everyone processes feelings differently and at their own pace, so do this in your own time.
- » Recognise the signs of worry for you and try to identify ways to manage this stress. Everyone is different in how they best cope with worry and there are techniques that have been found to be useful, which include walking, meditation and yoga.
- » Be open to the idea of seeing a specialist healthcare professional (social worker, therapist, psychologist or psychiatrist) if the fear of recurrence is overwhelming or is affecting your relationships.
- » Try to allocate time for you to worry when it is convenient for you to explore your fears. By setting aside 'worry time' (e.g. 1-2pm everyday) you can try to limit worrying thoughts from creeping into your mind at other times when you are trying to enjoy life.
- » Talk to your treating doctor about your risk of recurrence and be aware of the symptoms to watch out for and to report to your doctor.
- » Plan and attend your follow-up appointments, as scheduled. You may feel nervous on the day, so write down any questions or concerns you have in advance.
- » Focus on what you can control as having a sense of control over your life can help you cope better with your fears.
- » Try to enjoy yourself. Start a new hobby or pick an old one up again. Do things that are fun for you and seek out the things that make you laugh.

Monitoring for cancer recurrence is discussed in the section 'Follow-up care' (pg 42).

STAYING HEALTHY

Healthy behaviours

After cancer treatment, many people are motivated to live a healthier lifestyle based on eating a healthy diet, being physically active, quitting smoking, limiting or avoiding alcohol, and protecting yourself in the sun. Here are some tips.

A healthy lifestyle is important for everyone, but it is especially important for people who have been treated for cancer, as they have a higher risk of developing other health problems as a result of their treatment. Making the change to a healthier lifestyle can reduce the severity of some side effects and complications, improve your strength levels, and reduce the risk of further health complications in the future.

A healthy lifestyle includes:

- » eating a healthy diet
- » being physically active
- » quitting smoking
- » limiting or avoiding alcohol
- » protecting yourself in the sun.

If you decide to make some healthy changes to your lifestyle, it is important to be realistic: set small, achievable goals and realise that change is often a slow gradual process. This section covers smoking, alcohol and sun exposure. Eating a healthy diet and engaging in exercise and physical activity is discussed in a separate section (pg 40).

Smoking

Smoking is the leading cause of preventable disease and death in Australia and is a factor associated with increased risk of developing certain types of blood cancers. If you continue

Time since last cigarette	Benefits to your health
20 minutes	Heart rate drops.
12 hours	Blood levels of carbon monoxide drop dramatically.
72 hours	Sense of taste improves.
2 - 3 weeks	Heart attack risk begins to drop, lung function improves.
1 - 9 months	Coughing and shortness of breath decreases.
1 year	Risk of coronary heart disease halves after one year, compared to people who continue to smoke.
5 years	Stroke risk is reduced to that of a non-smoker 5 - 15 years after quitting. Risk of cancers of the mouth, throat and oesophagus decreases.
10 years	Risk of lung cancer death is about half that of a continuing smoker and continues to decline. Risk of cancers of the bladder, kidney and pancreas decrease.
15 years	Risk of coronary artery heart disease is the same as a non-smoker. The all-cause mortality in former smokers declines to the same level as for people who have never smoked.

to smoke after cancer treatment, you increase your risk of health complications, which can negatively affect the way you enjoy life. These include cardiovascular disease, respiratory complications and sexual dysfunction. People who have had a blood cancer and continue to smoke are at a significantly increased risk of developing a solid cancer.

There is no safe level of tobacco use and tobacco smoke contains 69 known cancer-causing chemicals, also called carcinogens. The good news is that it is never too late to stop smoking and the benefits of quitting start almost immediately (see the table on previous page).

Alcohol

Alcohol consumption is not believed to be associated with an increased risk of developing a blood cancer. However, considerable to heavy consumption of alcohol is linked to many other health problems such as cirrhosis (scarring) of the liver, alcohol dependence, stroke, suicide, injury and car accidents. Alcohol is an associated risk factor for several types of solid cancers including mouth, throat, oesophagus, bowel, liver and breast cancer. The more alcohol you drink, the greater your risk of these conditions. The combined effect of smoking and alcohol also significantly increases the risk of these cancers.

Sun exposure

Sun protection is important both before and after your treatment for a blood cancer. Australia is known as the skin cancer capital of the world. People who live in Australia and New Zealand have an increased risk of melanoma compared to any other country in the world. In

fact, skin cancer is the most commonly diagnosed cancer in Australia, but is also the most preventable.

Recommendations

Smoking

If you are a smoker, you are strongly recommended to quit. This is the single most important change you can make to reduce your health risks. Many smokers find it difficult to quit, so don't be discouraged if it takes several attempts before you do successfully quit. Here are some suggestions:

- » List all the reasons you want to quit.
- » Know what to expect – often nicotine withdrawal symptoms are at their worst in the first 24-48 hours and can be difficult to deal with. Withdrawal symptoms include cravings, depression, anxiety, restlessness and irritability, sleep disturbances, increased appetite and weight gain. These symptoms usually lessen in 10-14 days, but can persist for up to four weeks.
- » Learn from any previous attempts to quit smoking (know what worked and what didn't).
- » Don't do it on your own! Using counselled support and quitting aids can double the success rate of quitting, compared to people who try to do it without assistance.
- » See your GP or treating doctor for advice. They can tailor an individualised quitting plan for you and can recommend or prescribe quitting aids such as nicotine replacement therapy (gums, patches, lozenges, inhalers and tablets).
- » Avoid tempting situations, such as being stressed or being with other smokers.

- » Set yourself small achievable goals and reward yourself for choosing a healthier lifestyle.
- » Get support from friends, family, Quitline, and online.

Alcohol

Consider limiting your alcohol intake in the following ways:

- » Sip alcoholic drinks slowly.
- » Alternate between alcoholic and non-alcoholic drinks.
- » Switch to drinks with less alcohol, such as light beer, shandy or spritzer (beer or wine mixed with lemonade or soda water).
- » Don't fill your wine glass up to the top.
- » Keep count of your drinks and avoid binge drinking.
- » Have at least two alcohol-free days a week, especially if you are a heavy drinker.
- » Eat while you drink.
- » Offer to be the designated driver.

For people who choose to drink alcohol, the recommended amount is no more than two standard drinks a day for men, and one for women. One standard drink contains 10 grams of alcohol. However, different drinks have different alcohol volumes, so it is best to drink in moderation and know what you are consuming.

If you or your family have any concerns or questions about the amount of alcohol you drink, or believe you may have an alcohol addiction, please speak to your treating doctor or GP. Healthcare professionals can support you in reducing your alcohol intake and dealing with an alcohol addiction. Peer support groups also can be an invaluable source of guidance, assistance, and encouragement if you have an alcohol addiction.

Sun exposure

Protect yourself from the sun by:

- » wearing clothing that covers as much of your skin as possible
- » protecting your face, neck and ears with a well-covering hat
- » wearing SPF 30+ sunscreen if you will be in the sun for two hours or longer
- » protecting your eyes with sunglasses (Australian Standards AS 1067 approved)
- » avoiding being in the sun between 10am and 3pm and being careful not to burn between these times
- » avoiding solariums.

Get regular skin checks and report any changes in your skin to a medical professional (GP or your treating doctor). People over the age of 40, or with an additional risk of skin cancer (e.g. family history) should have their skin checked every 12 months.



HEALTHY EATING

Eating a healthy diet and maintaining a healthy body weight after treatment for a cancer can prevent certain health problems from developing, and improve your quality of life and overall survival. Your nutrition plan after treatment will depend on your individual situation and you should seek guidance from your healthcare team and a dietitian.

During treatment your nutritional goals were aimed at preventing or reversing malnutrition, avoiding weight loss (preserving lean body mass) and minimising side effects such as decreased appetite, nausea and taste changes. You were probably encouraged to eat a high-energy diet to meet the increased metabolic demands of chemotherapy, complications and the disease process. During treatment you may have experienced complications that negatively affected your nutrition and overall wellbeing such as mucositis (ulcers in the mouth/throat/stomach), nausea and diarrhoea. Once treatment is complete, you should recover quickly from most of these symptoms and side effects. Some eating problems such as reduced appetite, taste dysfunction and dry mouth may last longer. You may find you still cannot eat as much as usual and you may lose weight or be unable to gain weight. Weight loss and malnourishment can make you feel tired, weak, lacking in energy and mean you may have trouble doing everyday tasks.

Research suggests eating a healthy diet, maintaining a healthy body weight and leading an active lifestyle after treatment for a cancer can prevent certain health problems from developing and improve overall health, wellbeing and survival. While healthy eating on its own cannot prevent cancer or keep cancer from coming back, it can play a role in preventing many illnesses including diabetes and certain types of solid cancers, and help you regain strength and condition and improve how you feel. Your goals after treatment should be focused on eating a healthy balanced diet, leading an active lifestyle and achieving or maintaining a healthy body weight. What you should eat after treatment will depend on your individual situation and whether you need to gain weight, maintain weight or lose weight.

Excess weight places you at an increased risk of developing diabetes, heart disease, high blood pressure, stroke and sleep apnoea. Having fat around your stomach, regardless of the size of the rest of your body, also places you at risk of certain health conditions, more so than having fat on your hips and buttocks. If you are a man and your waist circumference is 94cm or more you are at increased risk, and if your waist is 102cm or more, you have a significantly increased risk of adverse health events. If you are a woman, a waist measurement of 80cm or more places you at increased risk, while a measurement of 88cm or

more means you are at significant risk of adverse health events. Healthy body weight can be estimated by different techniques such as the Body Mass Index and waist circumference (Cancer Council, 2012).

Being underweight or malnourished can have a negative effect on your health and overall quality of life. Low appetite and weight loss are associated with symptoms such as weakness, tiredness, difficulty sleeping and pain. A dietitian can help guide you with your diet choices to meet your weight management needs.

Organic food and dietary supplements

People who have had a cancer diagnosis often consider eating organic food or taking dietary supplements such as vitamins or herbal tablets to improve their health. The Cancer Council of Australia reports there is little scientific evidence to support these practices (2012). It is believed that some vitamins taken in very high doses can be harmful, and dietary supplements should not replace the consumption of whole foods. It is best to discuss any dietary supplements with your treating doctor and dietitian.

Recommendations

A dietitian with experience in cancer care can help you with any nutritional concerns, during and after your treatment. You can make an appointment to see the hospital dietitian as an

outpatient, or your treating doctor or nurse may refer you to a dietitian. You also can see a dietitian in private practice in the community.

Follow the Australian Dietary Guidelines that include the following recommendations:

- » Achieve and maintain a healthy weight, be physically active and consume nutritious food and drinks in appropriate amounts to meet your energy needs. If you do not know your energy needs, talk to your dietitian.
- » Enjoy a wide variety of nutritious foods from these five groups every day:
 1. Vegetables and legumes/beans (of different types and colours).
 2. Fruit.
 3. Grain-based foods, mostly wholegrain and/or high cereal fibre varieties such as cereal, rice, pasta, breads, noodles, polenta, couscous, oats, barley and quinoa.
 4. Lean poultry, fish, meat, eggs, tofu, nuts and seeds.
 5. Milk, yogurt, cheese (mostly reduced fat).
- » Limit your intake of foods with saturated fat, added sugar and added salt.
- » Limit your alcohol intake (see 'Staying Healthy' section on page 32).
- » Aim to eat at least two serves of fruit and five to six serves of vegetables every day. An example of one serving:

- 1 cup of raw fruits, vegetables or salad
- 1 medium-sized piece of fruit (i.e. apple or banana)
- 2 smaller fruits (i.e. plum, apricot or kiwi)
- ½ cup cooked fruit and vegetable
- ¼ cup dried fruit
- 1 cup fruit juice (limit to once a day).

Remember, a healthy diet and exercise go hand-in-hand when achieving good energy levels, a healthy weight and overall health and wellbeing.

Eating tips to lose or maintain weight

- » pick lean cuts of meat, trim off any fat and remove skin from chicken
- » limit your intake of red meat and processed meats such as sausages
- » cook food in ways that use minimal fat (e.g. grill, steam, poach or bake) and use a non-stick frypan or spray oil when frying
- » limit your intake of butter and whole fat dairy foods such as cheese, yogurt and cream
- » avoid high-fat and non-nutritious foods like take-away, junk food, biscuits and chips
- » reduce your portion sizes, only eat when you are hungry, eat slowly and stop eating when you are full
- » talk to a dietitian for advice.

Eating tips to gain weight

- » increase your energy and protein intake with nourishing drinks and nutritional supplements
- » eat energy dense foods
- » have small frequent meals or mid-meal snacks
- » avoid drinks (such as tea and coffee) that fill you up before meals
- » add extras such as cream and butter to your food at mealtimes
- » talk to a dietitian for advice.



Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.

Drink plenty of water.

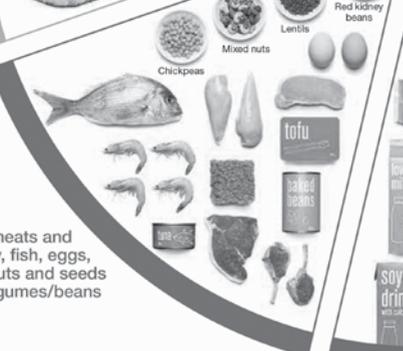
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Vegetables and legumes/beans



Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans



Fruit



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Use small amounts



Only sometimes and in small amounts



EXERCISE AND PHYSICAL ACTIVITY

Exercise is a great way to help you feel better, physically and emotionally. How much exercise you participate in depends on how fit you are. It is important not to overdo it and to listen to your body and build up slowly.

How exercise can affect you

Having a blood cancer can affect your levels of physical activity and capacity to engage in exercise. The cancer and its treatments, such as the side effects of chemotherapy, high dose steroids and stem cell transplantation can affect your ability to move in the way you would normally. This can contribute to:

- » weakness
- » fatigue
- » joint pain
- » shortness of breath
- » altered sensation in your hands or feet
- » decreased mobility and balance.

How exercise can benefit you

Traditionally, people with a blood cancer diagnosis have been advised to rest and avoid physical activity. However, now there is evidence that people who engage in exercise, before, during and after treatment for a blood cancer experience many positive benefits. Research demonstrates exercise is

consistently associated with positive physical effects and emotional and psychosocial wellbeing. The benefits of exercise for people with a blood cancer are known to include improvements in:

- » physical performance and functioning
- » energy levels (fatigue)
- » mood (reduces risk of depression)
- » overall quality of life
- » quality of sleep.

The benefits of exercise in people with other types of cancers also includes improvements in:

- » body image and self-esteem
- » sexuality
- » emotional wellbeing
- » anxiety.

In general, the benefits of exercise and increased physical activity include:

- » weight management (loss or gain)
- » improved muscular fitness
- » improved functioning of the heart and lungs
- » reduced risk of diabetes
- » reduced risk of heart disease
- » reduced risk of osteoporosis (reduces risk of fracture to hips and back)
- » reduced risk of high blood pressure and stroke
- » possible reduction in developing certain types of cancer (breast and colon).

Recommendations

Each person is different and has a varying level of fitness. Your frequency and intensity of exercise should be according to your individual health condition. If you are a beginner, start by exercising two days per week, and increase as you are able. Exercises that are known to be of benefit to people with a blood cancer include:

- » walking (outdoors or on treadmill)
- » cycling (outdoors or on cycle machine)
- » yoga
- » strength resistance training (gentle weights, exercise band).

Guidelines for the general population recommend at least 30 minutes of moderate-to-vigorous exercise five days a week and strength training at least two days a week. Depending on your fitness levels pre-treatment, this may take some time to work up to. Don't be deterred by these recommendations – it is OK to start slowly. Remember, physical activity also includes leisure time physical activities, household chores, play, games, sport or planned exercise. Exercise physiologists or physiotherapists who specialise in the cancer arena can help guide you to improving your physical activity and level of fitness.

Suggested exercises include:

- » walking
- » dancing
- » gardening
- » hiking
- » strength training exercises
- » stretching
- » yoga
- » Thai Chi
- » bike riding
- » weight training
- » team sports
- » swimming.

General guidance from physiotherapists and exercise physiologists regarding exercise include:

- » **Start slowly:** especially if it has been a while since you have been active
- » **Pace yourself:** spread your exercise and activities out across the day
- » **Pick something you enjoy:** this will help you stick with it
- » **Exercise with a friend:** the social aspect of exercise can make it more enjoyable
- » **Wear comfortable, well-fitting shoes:** this will help minimise injury
- » **Incorporate aerobic, strengthening and flexibility exercises:** you may need a physiotherapist to develop a suitable program for you.

FOLLOW-UP CARE

After your treatment is complete you will continue to see your treating doctor and other healthcare professionals regularly. This follow-up care is important to identify any changes in your health, side effects caused by treatment, and to monitor for signs of cancer recurrence.

The frequency and nature of your follow-up care depends on your blood cancer type, treatment received, overall health and complications experienced during treatment. One of the main reasons for follow-up care is to monitor in case the cancer comes back, or a new kind of cancer develops. Follow-up care is also important to manage current problems caused by the cancer and its treatments, and to monitor for any new health issues that may develop, known as late-effects.

People treated for a blood cancer are at risk of late-effects including but not limited to:

- » fertility issues
- » damage to the heart
- » damage to the lungs
- » damage to the liver or kidney
- » dental problems
- » changes to brain function
- » developing other types of cancer.

These late-effects can be caused by treatment such as chemotherapy and radiation. The development of late-effects depends on the type of drugs used

during treatment, the doses, the number of treatments, the use of radiation, and individual characteristics of a patient. Not everyone experiences late-effects so do not assume you will develop a late-effect if you have been treated for a blood cancer. It is important, however, for you to be monitored for any potential issues.

Your treating doctor will discuss your ongoing follow-up plan with you and link it in with your GP for ongoing support.

During follow-up appointments you will have your medical history reviewed, undergo a physical examination and have blood samples taken. You may also require other tests such as x-rays, bone marrow aspirates, CT scans, PET scans, electrocardiogram (ECG), ECHO, lung function test, or other necessary tests. Some tests are required even when you are feeling healthy and have no symptoms, while others will be additional tests requested by your treating doctor or GP.

During follow-up appointments, your treating doctor, GP and extended healthcare team will ask you how you are feeling in all aspects of your life. It is important for them to assess if you are experiencing any distress caused by social, emotional, body image, relationship, spiritual, employment or financial aspects of your life. Taking into account all aspects of your life is an important part of your recovery and return to normal life.

Cancer recurrence

A large component of follow-up care is focused on assessing for cancer recurrence. The risk of the original cancer relapsing or developing a secondary cancer is different for each person and depends on a range of factors. Disease recurrence is one of the biggest issues for people who have had a blood cancer diagnosis. Compared to the general population, people who have had treatment for a blood cancer are more likely to develop a second type of cancer. While this information may upset or worry you, try not to worry too much about what you cannot control. While it is important to be aware of the risks, try to enjoy life and not focus too much on the cancer coming back. Also see the section 'Dealing with fear of recurrence' (pg 30).

Your treating doctor can provide you with individualised information about your risk of recurrence or developing a new cancer and survival statistics, and can suggest ways to minimise your risk. Also see the section 'Staying healthy' (pg 32).

Your healthcare team will assess for cancer recurrence at your follow-up appointments. However, it is important to be aware of any changes in your health and to report any problems immediately. General signs of cancer recurrence are listed below and your treating doctor will tell you other signs to watch out for. If you have any of these signs or notice anything unusual, you should make an appointment to see your treating doctor or GP. Remember, you can take control

of your health by staying healthy with an active lifestyle, good diet and being proactive in monitoring your health and participating in follow-up appointments and screening.

General signs of cancer recurrence can include, but are not limited to:

- » abnormal bleeding
- » increased infections
- » unexplained fatigue
- » a lump anywhere in your body that does not go away (especially around your neck, chest, abdomen and groin)
- » unexplained weight loss
- » a mole or skin spot that changes shape, colour or size
- » a cough or hoarseness that won't go away
- » changes in bowel habits (constipation or diarrhoea for more than six weeks).

While your doctor can provide you with the best information possible on your specific circumstances, it is impossible to predict what will happen in the future. It is difficult not to think about the possibility the cancer might come back, however, there is no need to worry yourself unnecessarily. Various techniques can help reduce your fears. Here are some suggestions.

Recommendations

- » Tell your treating doctor, GP and healthcare team about any physical symptoms or problems affecting your daily life or troubling you.

- » Tell your treating doctor, GP and healthcare team about any signs or symptoms listed above.
- » Talk to your treating doctor about your risk of recurrence and be aware of the symptoms to watch out for and report any to your doctor.
- » Tell your treating doctor, GP and healthcare team about any emotional problems you are experiencing, such as anxiety and depression.
- » Always attend your follow-up appointments and plan for them ahead of time. You may feel nervous on the day so write down in advance any questions or concerns you have.
- » Continue to take all recommended medications. If you have to stop or change medications for a particular reason, let your treating team know. Also, let them know about additional medications you are taking, including vitamins, herbs and other natural therapies.
- » Live a healthy lifestyle by eating healthy and exercising regularly. It is also important to quit smoking, limit your alcohol intake, maintain a healthy weight and use skin protection in the sun.
- » Attend regular screening in national programs for breast, bowel and prostate cancer.

Managing anxiety before check-ups

Many people feel anxious before their routine check-ups and report problems sleeping, a decrease in appetite and a fragile mood in anticipation of these appointments. The reasons you may feel nervous or anxious at this time include:

- » Returning to the hospital brings back painful memories.
- » Follow-up appointments make you feel vulnerable at a time when you are trying to regain control in your life.
- » You worry the doctor will tell you your cancer has come back.

Over time you will feel more comfortable with follow-up appointments. You may find certain techniques helpful in coping with anxiety in the lead-up to these appointments, including:

- » Plan to do something special or fun after your appointment such as going to dinner, a movie, or buying yourself a treat
- » Take a partner, family member or close friend with you to your appointments and share your fears with them
- » Try to remember that follow-up visits increase the chance of any issues being picked up early, and being easier to manage
- » If you get very anxious on the day of your appointment, ask if you can have an early time slot so you don't have to dwell on it throughout the day.
- » Listen to relaxing music and do deep breathing or relaxation exercises while waiting for your appointment.



MOVING ON

After treatment you may feel you are reflecting on your life and re-evaluating old routines and priorities. On reflection, people who have had cancer often report positive changes in their life as a result of their experience, alongside the negative impacts from a cancer diagnosis and treatment. Positive effects can include discovering your strengths, forming closer relationships with others, or developing a deeper spiritual belief.

Personal reflection

After treatment is finished, you may find yourself struggling to make sense of your experiences and searching for meaning. You may feel confused, angry or even guilty. Common questions asked by people at this time include:

- » Why did I have cancer?
- » What can I learn from my experiences?
- » Why did I survive when others did not?
- » What is important in my life now?

Positive growth

The negative affects you may experience after treatment for a blood cancer already have been discussed, however, the impact of your illness can have both a negative and positive impact on your overall life. While many people experience negative effects, such as distress and anxiety after a cancer diagnosis, there is increasing evidence that people with a cancer diagnosis often

report positive changes in their lives as a result of their experiences. This is termed post-traumatic growth or stress-related growth.

Negative and positive feelings can exist alongside each other regarding your personal experience of illness. Research shows around 80% of people with a cancer diagnosis report at least some personal growth and benefit from their experience. The underlying concept being, that each person can make meaning from their own personal experience. This growth is unique for each person and is influenced by health, disease factors, resources and support available, and personal factors. Little is known about post-traumatic growth specifically in the blood cancer setting, as much of the research in this area has involved people with a solid tumour.

Examples of reported growth from a blood cancer diagnosis and its treatment include:

- » discovery of your own strength and subsequent increased confidence, calmness, serenity and assertiveness
- » a new appreciation of life and a desire to make the most of everyday experiences
- » greater awareness of personal physical and emotional needs and an improved ability to meet those needs
- » the importance of close relationships with family and friends

- » heightened levels of compassion and empathy, and deeper insights into the struggles of others.

Recommendations

You may find you can create meaning from your experiences and identify areas of positive personal growth in these ways:

- » Keep a diary exploring your thoughts, feelings and detailing what gives meaning to your life now. This will help you to start a process of self-discovery and help identify positive growth from your experiences.
- » Re-evaluate old patterns, relationships and priorities in your life. Ask yourself if your roles and relationships at work or with family and friends are fulfilling. Ask yourself what are the most important things in your life now.
- » Share your thoughts, feelings and emotions regarding personal reflection with someone you feel close to (family, a friend or healthcare professional).
- » If you find spirituality and faith as a source of guidance and comfort, seek out others to support you such as friends, family or a religious community with a shared faith. Most hospitals have faith-specific and multi-faith chaplains who spend time with, and encourage people of all religious faiths, or those who are spiritual but do not consider themselves religious.

- » Explore new ways to express yourself and support your emotional wellbeing. Activities such as meditation, yoga, music therapy, painting or drawing may help meet your spiritual or emotional needs.

CONTACTS AND FURTHER INFORMATION

Leukaemia Foundation

1800 620 420
leukaemia.org.au

FEELINGS, RELATIONSHIP AND SUPPORT

Look Good...Feel Better program

1800 650 960
lgfb.org.au

Australian Psychological Society

psychology.org.au

Beyond Blue

beyondblue.org.au

Black Dog Institute

blackdoginstitute.org.au

Blue Pages

bluepages.anu.edu.au

e-Couch

ecouch.anu.edu.au

Headspace – run by the National Youth Mental Health Foundation. Provides assistance for people aged 12-25 years.
headspace.org.au

Lifeline – a 24-hour service
Ph: 13 11 14

Mensline Australia

mensline.org.au

MOODGYM – a free online resource to help people with anxiety or depression, developed by the Australian National University. moodgym.anu.edu.au

Mental Health Online

mentalhealthonline.org.au

Partners in Depression

partnersindepession.com.au

Reachout

reachout.com.au

Sane Australia – a helpline is available from 9am-5pm AEST. Ph: 1800 187 263
sane.org

Suicide Call Back Service

suicidecallbackservice.org.au

Mind health connect – has information about anxiety and depression.
mindhealthconnect.org.au

STAYING HEALTHY

Australasian Sleep Association

sleep.org.au

Exercise and Sports Science Australia

essa.org.au

Dietitians Association of Australia

daa.asn.au

Cancer Council – information on how cancer treatments can affect you and your recovery. Ph: 13 11 20 cancer.org.au

Call Quitline on 13 QUIT (13 7848) to talk confidentially to a quitting advisor and request a free Quit Pack (quitting smoking).

Support for quitting smoking online
quitcoach.org.au or icanquit.com.au

Information on standard drinks and alcohol
alcohol.gov.au

Calculate your BMI
heartfoundation.org.au/healthy-eating/Pages/bmi-calculator.aspx

FERTILITY AND MENOPAUSE

Livestrong Foundation – resources on fertility. fertilehope.org

Australian Menopause Society
– information about menopausal symptoms and a guide to finding a health professional with expertise in this area.
menopause.org.au

Jean Hailes – information about menopause.
jeanhailes.org.au/health-a-z/menopause

PRACTICAL AND FINANCIAL IMPACT

Centrelink – provides information on employment, disability, sickness and carers payments and subsidies.
Ph: 13 27 17 centrelink.gov.au

WorkWelfareWills – an online guide about health and life changes that provides information about Centrelink entitlements, health privacy, superannuation, insurance, travel insurance and legal advice for people with disabilities.
chronicillness.org.au/workwelfarewills/

Redkite – support for children and young people (up to 24 years) with a cancer diagnosis, and their families. Has an education scholarship program for young people aged 16 - 24 years. redkite.org.au

Financial Counselling Australia – to find a financial counsellor in your area
financialcounsellingaustralia.org.au

National Legal Aid – Ph: 1300 888 529
nationallegalaid.org

RETURNING TO WORK

Fair Work Ombudsman
fairwork.gov.au

Work after Cancer
workaftercancer.com.au

GLOSSARY OF TERMS

Body image

how you feel about your physical appearance.

Cancer recurrence

the return of the original cancer or development of a secondary cancer.

Cancer relapse

return of the original cancer.

Carcinogens

an agent known to cause cancer.

Exercise

physical activity that is planned, structured, and repetitive for the purpose of improving the physical fitness of the body.

Fertility

the ability to have children.

Follow-up care

the care provided to a person after the completion of treatment.

Income protection

insurance that pays part of a person's wage in the event of an accident, illness or major trauma.

Intimacy

being emotionally and physically close to another person.

Late-effects

a condition that appears after the acute phase of an earlier condition (such as cancer) has run its course.

Life insurance

insurance that pays out a sum of money

either on the death of the insured person or after a set period.

Menopause

the end of menstruation (also called 'change of life').

Personal reflection

to reflect upon and evaluate your own experiences, memories, values and opinions in relation to a specific issue or topic.

Physical activity

any bodily movement that requires energy expenditure.

Post-traumatic growth

positive psychological change experienced as a result of the struggle with highly challenging life circumstances.

Secondary cancer

development of a second primary cancer which may or may not be related to previous therapy received to treat the primary cancer.

Sexuality

how a person experiences and expresses themselves as a sexual being.

Sexual functioning

the desire and ability to engage in sexual activities.

Travel insurance

insurance that covers medical expenses, trip cancellation, lost luggage and other losses associated with travelling.



MAKING A DONATION

The Leukaemia Foundation is the only national charity dedicated to helping those with leukaemia, lymphoma, myeloma and related blood disorders survive and then live a better quality of life. It exists only because of the generous and ongoing support of the Australian community.

How can I give?

 **ONLINE** leukaemia.org.au

 **PHONE** 1800 620 420

 **POST** (complete this form or enclose cheque/money order and return)
The Leukaemia Foundation, Reply Paid 9954 in your capital city

Name

Address

Postcode

Phone

Mobile

Email

I enclose my gift of (please tick box)

\$30 \$50 \$75 \$100 \$250 Other \$

My cheque/money order made payable to the Leukaemia Foundation is enclosed.

I wish to pay with my credit card and my details are included below:

Visa MasterCard Diners Amex

Card Number

Expiry Date

MM

YY

Cardholder's Name

Signature

Your privacy is important to us. That is why we treat your personal information with confidence. To learn more about how and why we collect and use any personal or sensitive information about you, please view our Notification Statement at www.leukaemia.org.au/privacy



PLEASE SEND ME A COPY OF THE FOLLOWING BOOKLETS:

- Leukaemia, Lymphoma, Myeloma, MDS, MPN and related blood disorders
- Acute Lymphoblastic Leukaemia in Adults (ALL)
- Acute Lymphoblastic Leukaemia in Children (ALL)
- Acute Myeloid Leukaemia (AML)
- Amyloidosis
- Chronic Lymphocytic Leukaemia (CLL)
- Chronic Myeloid Leukaemia (CML)
- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma (NHL)
- Myelodysplastic Syndrome (MDS)
- Myeloma
- Myeloproliferative Neoplasms (MPN)
- Eating Well
- Living with Leukaemia, Lymphoma, Myeloma, MDS, MPN and related blood disorders
- Allogeneic Stem Cell Transplants (also called Bone Marrow Transplants)

- Autologous Stem Cell Transplants
- Young Adults with a Blood Cancer
- My Haematology Diary

Books for children:

- Tom has Lymphoma
- Joe has Leukaemia
- Ben's Stem Cell Transplant
- Jess' Stem Cell Donation

Or information about:

- The Leukaemia Foundation's Support Services
- Workplace Giving
- Monthly giving program
- National fundraising campaigns
- Volunteering
- Receiving our newsletters
- Leaving a gift in my will

Name

Address

Postcode

Phone Mobile

Email

 **POST TO** The Leukaemia Foundation, Reply Paid 9954 in your capital city

 **PHONE** 1800 620 420 **EMAIL** info@leukaemia.org.au

 **FURTHER INFORMATION ONLINE** leukaemia.org.au

This information booklet is produced by the Leukaemia Foundation and is one in a series on leukaemia, lymphoma, myeloma, MDS, MPN and related blood disorders.

Copies of this booklet can be obtained from the Leukaemia Foundation by contacting us.

The Leukaemia Foundation is a not-for-profit organisation that depends on donations and support from the community. Please support the Leukaemia Foundation today.

May 2017

CONTACT US



1800 620 420



GPO Box 9954, IN YOUR CAPITAL CITY



info@leukaemia.org.au



leukaemia.org.au