Understanding Hodgkin Lymphoma
A guide for people with cancer, their families and friends
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Editor: Jenny Mothoneos
Designer: Eleonora Pelosi
Printer: SOS Print + Media Group

Note to reader
Always consult your doctor before beginning any health treatment. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for your doctor’s or other health professional’s advice. However, you may wish to discuss issues raised in this booklet with them. All care is taken to ensure that the information in this booklet is accurate at the time of publication.

Cancer Council NSW
Cancer Council is the leading cancer charity in NSW. It plays a unique and important role in the fight against cancer through undertaking high-quality research, advocating on cancer issues, providing information and services to the public and people with cancer, and raising funds for cancer programs. This booklet is funded through the generosity of the people of NSW. To make a donation to help defeat cancer, visit Cancer Council's website at www.cancercouncil.com.au or phone 1300 780 113.

Cancer Council NSW
153 Dowling Street, Woolloomooloo NSW 2011
Cancer Council Helpline 13 11 20
Telephone 02 9334 1900 Facsimile 02 9334 1741
Email feedback@nswcc.org.au Website www.cancercouncil.com.au
ABN 51 116 463 846
Introduction

This booklet has been prepared to help you understand more about Hodgkin lymphoma (also called Hodgkin disease).

Many people feel understandably shocked and upset when told they have Hodgkin lymphoma. We hope this booklet will help you understand how the disease is diagnosed and treated. We also include information about support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about what you want to ask your doctors or other health professionals. You may also like to pass this booklet to your family and friends for their information.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary.

How this booklet was developed
The information in this booklet was developed with help from medical experts and people who have been diagnosed with Hodgkin lymphoma. The booklet is based on clinical practice guidelines for Hodgkin lymphoma.
What is cancer?

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

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

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

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

How cancer starts:

- **Normal cells**
- **Abnormal cells**
- **Abnormal cells multiply**
- **Malignant or invasive cancer**
The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

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

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, Hodgkin lymphoma that has spread to the liver is still called Hodgkin lymphoma, even though the person may be experiencing symptoms caused by problems in the liver.
Hodgkin lymphoma is a cancer of the lymphatic system. The lymphatic system is part of the immune system, which protects the body against disease and infection.

The lymphatic system includes a network of thin tubes (lymph vessels) found all over the body and a number of organs, such as the spleen, liver, thymus gland and bone marrow (see opposite).
Lymph vessels carry a clear fluid called lymph. This fluid travels to and from the tissues before being emptied into the bloodstream. Lymph contains white blood cells called lymphocytes, which help fight infection.

Along the lymph vessels is a network of small, bean-shaped structures called lymph nodes or glands. Lymph nodes are found throughout the body, including the neck, underarms, chest, abdomen and groin.

When germs are trapped in the lymph nodes, they become swollen, which is a sign that your body is fighting an infection. For example, the glands in your neck may swell when you have a sore throat.

Other parts of the lymphatic system include:
- **Spleen** – found on the left side of the abdomen, under the ribs. It contains lymphocytes, filters waste products from the blood and destroys old blood cells, abnormal cells and bacteria.

- **Thymus gland** – found inside the rib cage, behind the breastbone. It helps produce white blood cells.

- **Tonsils** – a collection of lymphatic tissue at the back of the throat that traps inhaled or ingested germs.

- **Bone marrow** – the soft, spongy material inside bones. Bone marrow makes three types of blood cells: oxygen-carrying red cells, infection-fighting white cells including lymphocytes, and platelets, which help the blood to clot.
**Q: What is Hodgkin lymphoma?**

**A:** Hodgkin lymphoma is a type of lymphoma, which is a general term for cancers of the lymphatic system. It is sometimes called Hodgkin disease.

Hodgkin lymphoma develops when lymphocytes become damaged. They grow and multiply uncontrollably, causing enlarged lymph nodes and painless lumps called tumours. As the damaged lymphocytes replace normal lymphocytes, your body’s immune system becomes less able to resist and fight infections.

Hodgkin lymphoma may affect a single lymph node, a group of lymph nodes, or an organ such as the liver, spleen or bone marrow. Sometimes, Hodgkin lymphoma can appear in several parts of the body at the same time.

**Q: What types are there?**

**A:** There are two main types of lymphoma: Hodgkin lymphoma and non-Hodgkin lymphoma. They are different diseases that are treated differently.

The cells of Hodgkin lymphoma have a particular appearance under the microscope. These cells are called Reed-Sternberg cells. They are not found in non-Hodgkin lymphoma.

There are two different types of Hodgkin lymphoma and many different types of non-Hodgkin lymphoma.
The two different types of Hodgkin lymphoma are classical and nodular lymphocyte-predominant type. These two types of lymphoma differ in how they look under the microscope and how they behave.

There are also four different types of classical Hodgkin lymphoma. Each look unique under the microscope, grow differently and involve different sites:

- **Nodular sclerosis** – the most common subtype, affects 60–80% of people.
- **Mixed cellularity** – affects 15–30% of people.
- **Lymphocyte-rich** – affects 5% of people.
- **Lymphocyte-depleted** – affects fewer than 5% of people.

**Q: What are the causes?**

**A:** The causes of Hodgkin lymphoma are largely unknown. Researchers think a combination of factors relating to a person's genes and from their environment may cause Hodgkin lymphoma.

People who have a history of Epstein-Barr virus (EBV) infection (also called glandular fever or infectious mononucleosis) or HIV infection have a higher change of developing classical Hodgkin lymphoma. However, this accounts for few people who have Hodgkin lymphoma.

The disease does not run in families and is not contagious.
Q: **What are the symptoms?**

A: The most common symptom of Hodgkin lymphoma is a painless swelling in your neck, under your arm or in your groin. These swellings are enlarged lymph nodes.

Other symptoms may include:
- unexplained fevers
- sweating, particularly at night
- weight loss
- persistent tiredness
- rash or itching
- unexplained cough.

These symptoms are common to many conditions, such as the flu or a virus. Most people with these symptoms do not have Hodgkin lymphoma. However, if you have these symptoms and there is no obvious cause, such as an infection, see your doctor.

Q: **How common is it?**

A: About 11% of all lymphomas diagnosed are types of Hodgkin lymphoma. The rest are types of non-Hodgkin lymphoma.

Each year in NSW, about 160 people are diagnosed with Hodgkin lymphoma. The disease most commonly develops in younger people aged 15–29 and older people aged 60–70, but it can occur at any age. It is more common in men than women.
Cheryl’s story

When the doctor told me I had Hodgkin lymphoma, my indignant reply was ‘No way! I’m not having that!’ The doctor tried to outline what other tests had been done to confirm the diagnosis, but I cut him off and said, ‘But it’s impossible, Doctor! I don’t smoke; I rarely drink; I cook fresh vegetables with my meals every night of the week ... I can’t have cancer! I am not accepting it!’

The rest of our conversation is a blur. I stopped caring about what cards he was dealing me; I just needed to get out of his rooms. However, I don’t know whether I paid, signed, or even acknowledged the receptionist on my way past the front desk. I don’t have any memory of driving the three or so kilometres home – I must have navigated the familiar route on auto-pilot.

I had been to see my GP, or one of his colleagues, a few times over the course of some previous months with various symptoms, the main one being a breathing issue at night – a mysterious raspy cough that came and went, and a feeling as if I was drowning each time I laid down.

But as soon as either doctor had placed their cold stethoscope upon me and said; ‘can’t hear a thing’, I practically ran out, glad that my intuition that something untoward was happening had been misguided.

For some months I’d had nausea – I wasn’t eating well and had lost several kilograms. I had a lower leg rash that, even after seeing a skin specialist more than three times and several expensive creams later, wouldn’t clear up. I also had extreme fatigue, but I put that down to my busy role as carer to my son with an acquired brain injury.
Diagnosis

If your general practitioner (GP) suspects that you have Hodgkin lymphoma, you will have a physical examination. Your doctor will feel the lymph nodes in your neck, underarms or groin for signs of swelling and feel your abdomen to check for swollen organs.

You will also have a blood test to check how well your bone marrow, kidneys and liver are functioning. You may then be referred to hospital to have a biopsy and other tests.

Biopsy

Removing some cells from the enlarged lymph node and examining them under a microscope is the most common way to diagnose Hodgkin lymphoma. This is called a biopsy, and it is done in different ways:

**Excision biopsy** – The whole lymph node or part of it is removed by a surgeon while you are under a general anaesthetic. You will have some stitches afterwards, and you may be in hospital for a few days.

**Needle biopsy** – A needle is inserted into the lymph node to remove a small amount of cells. A fine needle biopsy sucks out cells with a small needle. A core needle biopsy takes a small piece of tissue with a larger needle. Both these biopsies can be done without a general anaesthetic.

Sometimes, the needle biopsy does not provide enough tissue to make a diagnosis and an excision biopsy is also needed.
The sample is sent to the laboratory for examination under a microscope. The results will probably be ready in a week. This waiting period can be an anxious time and it may help to talk to a supportive friend, relative or health professional.

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**Cell studies**

When tissue is biopsied, the pathologist may do a number of tests (sometimes called cell studies) to help determine specific features of the cells. These tests can help to identify where the cells came from and if a certain treatment is likely to be helpful. They can also help your medical team determine your prognosis.

The pathologist may look for genetic abnormalities, such as rearrangements (translocations) of the genetic information (DNA or chromosomes) and whether cells have receptors for specific proteins.

These tests include:

- **cytogenetic studies** – identify chromosomal changes in cells
- **immunohistochemistry (IHC) studies** – a type of protein called antibodies is used to distinguish between different types of cancer cells
- **flow cytometry** – prepared cells are passed through a laser beam for analysis
- **molecular genetic studies (highly sensitive DNA and RNA tests)** – determine specific genetic (DNA and RNA) characteristics of cancer cells.

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“My diagnosis was made after the biopsy. I felt relieved to finally have a label for my illness.”

Dee
Further tests
If the biopsy shows you have Hodgkin lymphoma, a number of other tests will be done. You may have one of these tests or a combination of several tests.

The following tests will show if the Hodgkin lymphoma has spread to other parts of your body. The test results will also help the doctor to determine how much cancer is in your body. This is called staging (see page 17).

Blood tests
Blood samples will be taken regularly to check your total number of red blood cells, white blood cells and platelets. Each type of blood cell performs a different function, such as carrying oxygen around your body (red), fighting infection (white) and helping your blood to clot (platelets).

If your blood count is low, it may mean that Hodgkin lymphoma has spread to your bone marrow.

Blood is also taken to see how well your kidneys and liver are working. These organs sometimes do not work properly if Hodgkin lymphoma is present. Further blood tests may be done to help determine if the Hodgkin lymphoma is affecting your other organs.

Chest x-ray
An x-ray of the chest may be taken to check if the Hodgkin lymphoma has spread to the lymph nodes in your chest or to your lungs.
**Bone marrow biopsy**

In this procedure a sample of bone marrow is taken to see if it contains lymphoma cells. You will lie still while you have either a general or a local anaesthetic to your pelvis (hip). A needle is inserted into your bone to remove a small piece of bone marrow.

You may feel some pressure or discomfort during the biopsy, and this can last several days. Ask a member of your health care team about pain-relieving medication if you are uncomfortable.

**CT scan**

A CT (computerised tomography) scan uses x-ray beams to take a series of three-dimensional pictures of the inside of your body.

You may have a special dye injected into a vein before the scan. This dye shows blood supply to your organs so anything unusual can be seen more clearly. For a few seconds, the special dye may make you feel hot all over. The CT scan machine is large and round like a doughnut. You will lie on a table that moves in and out of the scanner.

This painless test takes 30–60 minutes. You will be able to go home when the scan is complete.

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The dye that is injected into your veins before a CT scan is called a contrast solution and may contain iodine. If you are allergic to iodine, fish or dyes, let the person performing the scan know in advance.
MRI scan
The MRI (magnetic resonance imaging) scan uses a powerful magnet linked to a computer to take detailed pictures of areas inside the body. MRI scans are not commonly used for people with Hodgkin lymphoma.

You will be asked to complete a checklist to ensure the MRI scan is safe for you. The checklist asks about any metal implants that you may have such as a pacemaker, surgical clips or bone pins.

You will lie on a table that slides into a metal cylinder. Some people find lying in this cylinder noisy and distressing. If you feel uncomfortable in confined spaces (claustrophobic), let your doctor or nurse know as they may be able to give you medication to make you feel more relaxed.

The test is painless and is usually complete in about one hour. You will be able to go home when the scan is finished.

PET scan
A PET (positron emission tomography) scan is a specialised imaging test. Before the scan you will be injected with a radioactive glucose (sugar) solution. Tell the hospital staff if you are diabetic. The PET scan detects increased amounts of radioactive glucose, which is taken up by active cancer cells.

You will be asked to sit quietly for 30–90 minutes while the glucose circulates through your body, then you will be scanned. The scanner is a confined space so let your doctor know if you are claustrophobic.
Ultrasound
An ultrasound uses soundwaves to create a picture of the internal organs. This test is most commonly used to help find a lymph node swelling or other lump, and to guide a needle biopsy.

A gel is spread over the skin and a small device called a transducer is passed over the area. The transducer creates soundwaves. When soundwaves meet something dense, such as an organ or tumour, they produce echoes. A computer turns the echoes into a picture on a computer screen. This painless test only takes a few minutes, so it is usually performed as an outpatient scan.

Stages of Hodgkin lymphoma
Different stages describe how far the lymphoma has spread. Each stage is also assigned a letter according to whether there are specific symptoms present. ‘A’ means you have no symptoms; ‘B’ means you have symptoms such as fever, night sweats or unexplained weight loss. Your doctor can explain your stage to you.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>One lymph node area is affected. This is either above or below the diaphragm muscle.</td>
</tr>
<tr>
<td>Stage II</td>
<td>Two or more lymph node areas are affected, either above or below the diaphragm.</td>
</tr>
<tr>
<td>Stage III</td>
<td>Lymph node areas on both sides of the diaphragm are affected.</td>
</tr>
<tr>
<td>Stage IV</td>
<td>Lymphoma is in the lymph nodes and has also spread to organs (e.g. liver, lungs) or to bones.</td>
</tr>
</tbody>
</table>
Prognosis

Prognosis means the expected outcome of a disease. You will need to discuss your prognosis and treatment options with your haematologist (see table opposite), but it is not possible for any doctor to predict the exact course of the disease.

Test results, the type of lymphoma you have, the rate of cancer growth, how well you respond to treatment, and other factors such as age, fitness and your medical history are all important factors in assessing your prognosis.

Most people treated for Hodgkin lymphoma can be cured. Many others will have the disease controlled for many years. This is known as remission. During remission, you will need regular check-ups to ensure you are still healthy and disease free.

Hodgkin lymphoma may come back (relapse) in some cases. See page 39 for more information about treatment for relapse.

Which health professionals will I see?

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

You will probably be cared for by a range of health professionals who are responsible for different aspects of your treatment. This multidisciplinary team may include:
<table>
<thead>
<tr>
<th>Health professional</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>haematologist</td>
<td>specialises in diagnosing and treating diseases of the blood, the lymphatics and bone marrow</td>
</tr>
<tr>
<td>surgeon</td>
<td>diagnoses Hodgkin lymphoma by removing an enlarged lymph node or abnormal tissue in a biopsy</td>
</tr>
<tr>
<td>cancer care coordinator or clinical nurse consultant</td>
<td>coordinates your care, supports you throughout treatment and answers any of your questions</td>
</tr>
<tr>
<td>radiation oncologist</td>
<td>prescribes and coordinates the course of radiotherapy</td>
</tr>
<tr>
<td>radiation therapist</td>
<td>operates the radiotherapy machine</td>
</tr>
<tr>
<td>nurses</td>
<td>help administer chemotherapy and other medications, and provide care, information and support throughout all stages of your cancer treatment</td>
</tr>
<tr>
<td>dietitian</td>
<td>recommends an eating plan for you to follow while you are in treatment and recovery</td>
</tr>
<tr>
<td>social worker, psychologist, occupational therapist and pastoral worker</td>
<td>link you to support services, and help you with any emotional, physical or practical issues</td>
</tr>
</tbody>
</table>
Key points

• The medical team will do a biopsy to determine if you have lymphoma. All or part of the affected lymph node will be removed, and the cells will be examined under a microscope. Two common types of biopsy are an excision biopsy and a needle core biopsy.

• After the diagnosis is confirmed, you will have further tests to work out how far the lymphoma has spread.

• Blood tests are taken to see how well your kidneys are working, and to check the number of red blood cells, white blood cells and platelets.

• A bone marrow biopsy is when a needle is inserted into the bone and marrow is withdrawn. This can be painful.

• Other diagnostic tests, such as CT, MRI and PET scans, may be done to determine how far the lymphoma has spread.

• Your doctor may talk to you about your prognosis. This is a general prediction of what may happen to you. Some people with Hodgkin lymphoma are cured after initial treatment.

• The doctor will assign a stage to the cancer. This describes how far it has spread.

• Your GP will probably arrange the first tests. You will usually be referred to a haematologist, who specialises in diseases of the blood, lymphatic system and bone marrow.

• You will also be treated by other health professionals, such as nurses.
Treatment

The most important factor in planning treatment for Hodgkin lymphoma is the stage of the disease.

Chemotherapy and radiotherapy are the main treatments for Hodgkin lymphoma. These are often combined to improve treatment outcomes. Some people – usually those with more advanced or relapsed cases of Hodgkin lymphoma – have high-dose chemotherapy and radiotherapy with peripheral blood stem cell transplants.

Chemotherapy
Chemotherapy is the use of drugs to kill or slow the growth of cancer cells. It is used to treat most cases of Hodgkin lymphoma.

Chemotherapy is usually given by inserting a needle into a vein (intravenously). Less commonly, chemotherapy is given as tablets or injections.

The chemotherapy drugs you receive depend on your stage of lymphoma and general health. For Hodgkin lymphoma, a combination of several drugs is usually given over a few days followed by a rest period of a few weeks. Most treatments are spread over 3–6 months.

During treatment you will have regular blood tests. If your white cell count is low, you may have medicines to increase the count and help protect you from infection or you may need to have your chemotherapy delayed until your white cell count has recovered.
Chemotherapy side effects

Chemotherapy drugs affect both cancer cells and the healthy fast-dividing cells in your body. This causes side effects. Everyone reacts differently to chemotherapy. The side effects you experience will depend on the drugs you receive.

Before treatment, your health care team will discuss with you the potential side effects and how to manage them. Your doctor may give you medication to relieve symptoms you have.

People who are having chemotherapy for Hodgkin lymphoma may experience the following side effects:

**Nausea and vomiting** – Some chemotherapy may make you feel sick in the stomach or vomit. Anti-nausea medication can prevent or reduce this.

**Increased risk of infections** – Chemotherapy drugs lower the number of white blood cells that fight infection. Infections can be treated with antibiotics. See page 24 for more details.

**Heavy bleeding from minor cuts or easy bruising** – Chemotherapy can lower the number of platelets in your blood, which means you may bruise and bleed more easily. Your doctor may recommend you have a transfusion to increase your platelet count.

Women who are menstruating may be given drugs to stop heavy periods and any unnecessary blood loss while platelet counts are low.

**Fatigue** – Many people may feel weak for several weeks or even months. Your red blood cell count may drop, causing you to feel tired and breathless (anaemia). You may be given blood transfusions to treat these symptoms.
Dental problems – A low platelet count can cause tooth or gum problems. Using a soft toothbrush will help prevent bleeding gums. Non-alcohol based mouthwashes can supplement regular mouth care. See your dentist if you are having problems, and have regular dental check-ups.

Menopause and infertility – Some women’s periods become irregular but return to normal after treatment. For other women, chemotherapy may make periods stop completely (menopause). This will cause infertility.

Menopause may also increase the risk of developing osteoporosis, which means bones become weaker and break more easily.

In men, chemotherapy may lower the number of sperm produced, and reduce their ability to move. This can cause infertility, which may be temporary or permanent.

Although most people who are treated for Hodgkin lymphoma do not become infertile, if you are concerned talk to your doctor before treatment starts about your risk and ways fertility may be preserved.

When people learn that they may be permanently infertile they often feel a sense of loss. As well as talking to your partner, discussing your situation with a counsellor can be beneficial. For more information on sexuality and intimacy, see pages 35–36.

To learn more about chemotherapy and managing side effects, call Cancer Council Helpline 13 11 20 for free copies of Understanding Chemotherapy and Nutrition and Cancer or view them on the website, www.cancercouncil.com.au.
Taking care with infections

When you are having chemotherapy, colds and flu may be easier to catch and harder to shake off, and scratches and cuts may get infected easily. This is because chemotherapy reduces your white blood cell count, making it harder to fight infections.

You may want to ask people close to you to have a flu shot, if they are able and willing to do so. You should also ask family or friends with a cold or the flu to wait until they are well before visiting.

Of course, this is not practical for people you live with, so use your commonsense and try to avoid close contact until they are well.

Contact your doctor or go to the nearest hospital emergency department immediately if you experience one or more of the following symptoms:

- a fever over 38°C
- chills or constant shivering
- sweating, especially at night
- burning or stinging when urinating
- a severe cough or sore throat
- vomiting that lasts more than a few hours
- unusual bruising or bleeding, such as nosebleeds, blood in your urine or black bowel motions
- severe abdominal pain, constipation or diarrhoea
- tenderness, redness or swelling around an injection site
- prolonged faintness and a rapid heartbeat.
Radiotherapy

Radiotherapy uses high-energy gamma rays, x-rays or electrons to kill or damage cancer cells. Your treatment will be carefully planned to do as little harm as possible to your healthy cells.

Radiotherapy is usually given as multiple small doses over several days or weeks to maximise the effect of treatment and reduce side effects. The length of treatment will depend on the size and stage of the lymphoma and your general health.

During treatment, you will lie under a large machine that directs radiation at the cancer area. Each treatment session only takes a few minutes once started, but it can take longer to set up the equipment. Your first radiotherapy appointment will take 1–3 hours, as you will see the radiation oncologist, have extra tests and have your treatment carefully planned.

Side effects

The most common side effects of radiotherapy are tiredness and lethargy. Other side effects will depend on the part of the body being treated: radiotherapy to the abdomen may cause an upset stomach and diarrhoea; radiotherapy to the neck can make your mouth and throat sore and dry, cause difficulty swallowing and affect your sense of taste. Treatment can also lead to skin changes such as red, dry and itchy skin at the treatment area.

For suggestions on managing these and other side effects you may experience, call Helpline for a free copy of Cancer Council’s booklet, *Understanding Radiotherapy.*
Stem cell transplantation

Stem cells are primitive cells from which blood cells develop. Blood stem cells are normally found in the bone marrow, but after treatment with chemotherapy and/or medicines called growth factors, blood stem cells may also be found in the blood. These are called peripheral blood stem cells.

There are two main types of stem cell transplants, which are described below. Your haematologist will talk to you about the best option for your situation.

**Autologous transplant** – Your own stem cells are extracted from your body, stored and re-infused after high-dose chemotherapy and, occasionally, radiotherapy. If the disease comes back (relapses) or doesn’t respond completely to initial treatment, you will have this type of treatment.

You will usually be given a drug called granulocyte-colony stimulating factor (G-CSF) to help the stem cells multiply quickly and be released from the bone marrow into the blood. Stem cells are collected using a cell separator device, which uses a centrifuge to spin the blood and separate it into its different layers. The stem cells are collected from the white cell layer.

**Allogeneic transplant** – Stem cells are collected from another person (a donor) and infused into your body after high-dose chemotherapy and sometimes radiotherapy. This type of transplant is usually not used, as most people respond either to initial treatment with chemotherapy, radiotherapy or an autologous transplant.
Side effects
After autologous stem cell transplantation, you may be in hospital for 1–4 weeks, depending on whether the transplant is done as an outpatient or inpatient procedure, whether you have any other health problems, and the side effects you experience.

Many transplantation side effects are similar to the side effects of chemotherapy, but can be more severe. These include nausea and vomiting, infection, bruising, bleeding and fatigue. You will be more prone to mouth ulcers and diarrhoea. Your doctor and nurses will help you manage these side effects.

While you are in hospital, your health care team will limit your exposure to common germs (such as colds and flu) to help prevent and treat infections, which can be life-threatening when your immune system is suppressed.

Late effects of treatment
Some side effects from treatment may not show up until many years later. These are called late effects. They depend on the type of treatment you have. Not everyone will have late effects.

Radiotherapy – This can increase the risk of developing other types of cancer, especially near areas where treatment was given. Treatment to the chest may increase the risk of breast cancer in young women. Other late effects of treatment to the neck area may include an underactive thyroid gland (hypothyroidism) and increased risk of hardening of the arteries (atherosclerosis).
**Chemotherapy** – Some chemotherapy drugs may increase the chance of developing a second cancer later in life. Your doctor will talk to you about this before starting treatment, and you will be followed up regularly after your treatment is completed.

Ongoing research continues to find ways to improve treatments, so the risk of late effects is lower than it used to be. Researchers are looking for ways to reduce the late effects of treatment while maintaining the high remission and cure rate of Hodgkin lymphoma.

**Palliative treatment**

Palliative treatment helps to improve people's quality of life by alleviating symptoms of cancer without trying to cure a disease. It is particularly important for people with advanced cancer.

Often palliative treatment is concerned with pain relief and stopping the spread of cancer, but it also involves the management of other physical and emotional problems. Treatment may include radiotherapy, chemotherapy or other medication to help relieve symptoms without trying to cure the cancer.

For more information on palliative treatment or advanced cancer, call the Helpline on 13 11 20 for free printed information.

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Palliative treatment can help with pain and symptom management – it is not just for end-of-life care.
Key points

- Your treatment will be based on the type of lymphoma you have, which parts of your body are affected, your age, and your general health.

- You may have chemotherapy drugs, which are given to kill or slow the growth of cancer. Side effects may include nausea, tiredness and hair loss.

- Radiotherapy uses x-rays to kill cancer cells or injure them so they cannot multiply. Side effects depend on the area of your body that is treated.

- A peripheral blood stem cell transplant may be an option if the lymphoma returns or does not respond to treatment. An autologous transplant is when your own stem cells are used; an allogeneic transplant is when another person’s stem cells are collected (donor). Autologous transplants are more common.

- A transplant can cause several side effects. The side effects you experience will depend on the type of transplant you have – you should discuss this with your doctor.

- Some people have delayed or late effects of radiotherapy or chemotherapy. In some cases, it may increase your risk of developing another type of cancer. This is not common. If you are concerned, talk to your medical team.

- Palliative treatment may be given to relieve the symptoms of lymphoma without trying to cure the disease.
Making treatment decisions

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

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

- Weigh up the advantages and disadvantages of different treatments, including the impact of any side effects.

- If only one type of treatment is recommended, ask your doctor why other choices have not been offered.

- If you have a partner, you may want to discuss the treatment options together. You can also talk to friends and family.

You have the right to accept or refuse any treatment offered by your doctors and other health professionals. Some people with advanced cancer choose treatment even if it only offers a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so that they have the best possible quality of life. Some people choose options that focus on reducing symptoms and make them feel as well as possible.
Talking with doctors
When your doctor first tells you that you have cancer you may not remember all the details you are told. You may want to see the doctor again before deciding on treatment. Ask for the time and support to make your decision.

If you have questions, it may help to write them down before you see the doctor. You can also check the list of suggested questions on page 45. Taking notes or recording the discussion can help too. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If your doctor uses medical terms, you don’t understand, ask for an explanation in everyday language. You can also check a word’s meaning in the glossary (see page 46).

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

Some people feel uncomfortable asking their doctor for a second opinion, but specialists are used to patients doing this.
Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. Alternatively, you may decide you would prefer to be treated by the doctor who provided the second opinion.

**Taking part in a clinical trial**

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

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

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

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

Cancer can cause physical and emotional strain. It can also impact on your body image, relationships and outlook for the future. It’s important to take time to look after yourself by eating well, exercising, reducing stress and improving your wellbeing.

Healthy eating
Eating nutritious food will help you keep as well as possible and cope with cancer and treatment side effects. Depending on your treatment, you may have special dietary needs. A dietitian can help you manage any eating difficulties, and choose the best foods and meals for your situation.

Cancer Council Helpline can send you free information about nutrition and cancer.

Staying active
Research shows it is helpful to stay active and exercise regularly if you can. Physical activity, even if gentle or for a short duration, helps to improve circulation, reduce tiredness and elevate mood. The amount and type of exercise you do will depend on what you are used to, how well you feel and what your doctor advises.

If you aren’t used to exercise or haven’t exercised for a while, make small changes to your daily activities. You could walk to the shops, take the stairs, do some gardening or join a gentle exercise class. If you want to do more vigorous exercise or weight-bearing exercise, ask your doctor what is best for you.
Complementary therapies

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

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

If you decide to use complementary therapies, speak to your doctor about the therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment. For example, herbs and nutritional supplements may interact with your medication or surgery, resulting in harmful side effects. Massage, acupuncture and exercise therapies should also be modified if you have lowered immunity, low platelets or fragile bones. Call the Helpline for more information about complementary and alternative therapies.

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

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

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

Give yourself time to adjust to your cancer diagnosis, and do the same for friends and family. People often react in a different ways, for example, being overly positive, playing down fears, or keeping their distance. They are also dealing with the diagnosis and the changes.

Sexuality, intimacy and cancer

Having cancer can affect your sexuality in both physical and emotional ways. The impact of these changes depends on many factors, such as your treatment and its side effects, the way you and your partner communicate, and your self-confidence. Knowing the potential challenges and addressing them will help you adjust to these changes.
Sexual intercourse may not always be possible, but there are other forms of sexual intimacy and ways to maintain the closeness and communication that may be possible. This is vital to a healthy relationship. Call Cancer Council Helpline 13 11 20 for a free copy of the booklet *Sexuality, Intimacy and Cancer*.

**Changing body image**

Cancer treatment can change the way you feel about yourself (your self-esteem). You may feel less confident about who you are and what you can do. This is common whether your body has changed physically or not. Give yourself time to adapt to any changes. Try to see yourself as a whole person (body, mind and personality) instead of focusing only on the parts of you that have changed. For practical suggestions about physical changes, call the Helpline.

**Look Good...Feel Better program**

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

Look Good...Feel Better is a free two-hour program for both men and women to teach them techniques using skin care, hats and wigs to help restore appearance and self-esteem during and after treatment.

Call **1800 650 960** or visit [www.lgfb.org.au](http://www.lgfb.org.au) for more information and to book into a workshop.
Life after cancer treatment can present its own challenges. You may need to take some time to adjust to physical and emotional changes.

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

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

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

You might find it helpful to:
• take time to adjust to physical and emotional changes
• re-establish a new daily routine at your own pace
• spend time on a leisure activity you enjoy
• maintain a healthy diet and lifestyle
• schedule regular check-ups with your doctor
• share your concerns with family and friends and tell them how they can support you
• call Cancer Council Helpline 13 11 20 to connect with other people who have had cancer, or to request a free booklet about life after cancer.
If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation to do things that previously gave you pleasure, you may be experiencing depression. This is quite common among people who have had cancer.

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

The organisation beyondblue has information about coping with depression and anxiety. Go to www.beyondblue.org.au or call 1300 224 636 to order a fact sheet.

**Living Well After Cancer program**

Living Well After Cancer is a free community education program run by Cancer Council and trained cancer survivors. It is held throughout NSW for people who have finished their treatment, their carers, family, friends and colleagues.

Participants can:
- discuss changes, challenges and opportunities they may face after completing treatment
- learn how to connect with others
- share tips and ideas about living well after cancer.

Call 1300 200 558 or email livingwellaftercancer@nswcc.org.au for more information.
After treatment: follow-up

After your treatment, you will need regular check-ups to monitor your health and confirm that the cancer hasn’t come back.

You may have scans or tests at your check-ups, including physical examinations, blood tests, x-rays, ultrasounds and CT scans.

Checkups will be necessary on a regular basis even if you haven’t had any sign of cancer for some time. Your checkups will become less frequent if you have no further problems, and you may have fewer scans and tests at your follow-up appointments. If you have any health problems between follow-up appointments, let your doctor know immediately.

If Hodgkin lymphoma returns

While many people achieve long-lasting or permanent remission following their treatment, sometimes Hodgkin lymphoma does come back after a period of remission. This is called a relapse.

Hodgkin lymphoma that has relapsed can still be treated, and most people who relapse will go into remission again and many will be cured.

Further chemotherapy (and, possibly, radiotherapy) will usually be given. Often people with advanced or relapsed Hodgkin lymphoma receive an autologus blood stem cell transplant to increase the chance of a cure (see pages 26–27).
Seeking support

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

It may help to talk about your feelings. Your partner, family members and friends can be a good source of support, or you might prefer to talk to:
- your treatment team
- a counsellor, social worker or psychologist
- your religious or spiritual adviser
- a support group or someone who has had a similar experience to you – see page 42
- Cancer Council Helpline.

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

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

Call 13 11 20 for resources and support. You can also download booklets from the Cancer Council website.
Practical and financial help
A serious illness can cause practical and financial difficulties. Many services are available so you don’t have to face these problems alone:

• Financial or legal assistance – through benefits, pensions and programs – may help pay for prescription medicines, transport costs to medical appointments, utility bills or basic legal advice.

• Meals on Wheels, home care services, aids and appliances can be arranged to help make life easier at home.

• Subsidised travel and accommodation may be available if you need to travel long distances for treatment.

• Home nursing care may be available through community nursing services or local palliative care services.

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

Cancer Council library
Following a cancer diagnosis many people look for information about new types of treatment, the latest research findings and stories about how other people have coped.

Cancer Council has a range of books, CDs, DVDs and medical journals. Call the Helpline for information.
Talk to someone who’s been there

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

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

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

**Types of support services**

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

**Online discussion forums** – where people can connect with each other at any time – see [www.cancerconnections.com.au](http://www.cancerconnections.com.au)

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

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

* Not available in all areas
Caring for someone with cancer

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

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

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

You can also call Cancer Council Helpline 13 11 20 to find out more about different services and to request free information for carers and families looking after someone with cancer.
The internet has many useful resources, although not all websites are reliable. The websites below are good sources of information.

**Australian**

- Cancer Council NSW .................................. www.cancercouncil.com.au
- Cancer Council Australia ................................ www.cancer.org.au
- Cancer Connections ......................................... www.cancerconnections.com.au
- Arrow Bone Marrow Transplant Foundation .......... www.arrow.org.au
- Australian Bone Marrow Donor Registry .......... www.abmdr.org.au
- Australian Red Cross Blood Service .................. www.donateblood.com.au
- Leukaemia Foundation .................................... www.leukaemia.org.au
- Lymphoma Australia ....................................... www.lymphoma.org.au
- Talk Blood Cancer (online support and information forum) .......... www.talkbloodcancer.com

**International**

- American Cancer Society ................................ www.cancer.org
- Leukaemia & Lymphoma Research ..................... http://leukaemialymphomaresearch.org.uk
- Macmillan Cancer Support ................................ www.macmillan.org.uk
- National Cancer Institute ................................ www.cancer.gov
You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don’t understand, ask for clarification.

- What type of Hodgkin lymphoma do I have?
- Where is my lymphoma? What stage lymphoma do I have?
- What treatment do you recommend and why?
- Are there other treatment choices for me? If not, why not?
- What are the risks and possible side effects of each treatment?
- How long will treatment take? Will I have to stay in hospital?
- How much will treatment cost? How can the cost be reduced?
- Will the treatment cause any pain and how will it be managed?
- Are the latest tests and treatments for Hodgkin lymphoma available in this hospital?
- Are there any clinical trials or research studies I could join?
- How frequently will I need check-ups after treatment?
- Who should I go to for my check-up appointments?
- Will the treatment affect my sex life and fertility?
- Are there any complementary therapies that might help me?
- Should I change my diet during or after treatment?
- If the lymphoma comes back, how will I know?
- What are my treatment options if the lymphoma comes back?
  Is it possible to treat or cure lymphoma that recurs?
You may come across new terms when reading this booklet or talking to health professionals. You can check the meaning of other health-related words at www.cancercouncil.com.au/words.

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

**allogeneic transplantation**
A transplant where blood cells are taken from one person and given to another.

**anaemia**
A drop in the number or quality of red blood cells in the body.

**anaesthetic**
A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs a part of the body; a general anaesthetic causes a person to lose consciousness for a period of time.

**autologous transplantation**
A transplant where blood cells are taken from a person’s body and given back following high-dose chemotherapy.

**B-cell**
A type of white blood cell that helps produce antibodies to fight infection. It is found in the bone marrow.

**benign**
Not cancerous or malignant.

**biopsy**
The removal of a small sample of cells or tissue from the body for examination under a microscope to help diagnose a disease.

**blood count**
A test that counts the number of red blood cells, white blood cells and platelets in the blood.

**bone marrow**
The soft, spongy material found inside bones. Bone marrow contains stem cells that make red blood cells, white blood cells and platelets.

**bone marrow biopsy**
The removal of a small amount of bone marrow with a needle for
examination under a microscope.

**bone marrow transplantation**
A procedure to replace bone marrow destroyed by high doses of chemotherapy and/or radiotherapy with healthy bone marrow.

**chemotherapy**
The use of cytotoxic drugs to treat cancer by killing cancer cells or slowing their growth.

**CT scan**
A computerised tomography scan. This type of scan uses x-rays to create a picture of the body.

**diaphragm**
A dome-like sheet of muscle that divides the chest cavity from the abdomen and is used when breathing.

**fertility**
The ability to conceive a child.

**haematologist**
A doctor who specialises in studying and treating diseases of the blood, bone marrow and lymphatic system.

**Hodgkin lymphoma**
A cancer of the lymphatic system. Also called Hodgkin disease.

**immune cells**
White blood cells (leucocytes).

**immune system**
A network of cells and organs that defends the body from foreign invaders like bacteria and viruses.

**late effects**
Side effects of cancer treatment that occur several months or years after completing treatment.

**lymph**
A clear fluid that circulates around the body through the lymphatic system, carrying cells that fight infection.

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

**lymph vessels**
Thin tubes that carry the body's
tissue fluid (lymph).

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

**lymphocyte**
A type of white blood cell that helps fight infection.

**lymphoma**
A type of cancer affecting the lymphatic system. There are two main types of lymphoma: Hodgkin lymphoma and non-Hodgkin lymphoma.

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

**menopause**
When a woman stops having periods (menstruating). This can happen naturally (usually around the age of 52 years), because of chemotherapy or hormone treatment, or because the ovaries have been removed.

**metastasis**
A cancer that has spread from another part of the body.

**MRI scan**
A magnetic resonance imaging scan. A scan that uses magnetism and radio waves to take detailed cross-sectional pictures of the body.

**oncologist**
A doctor who specialises in the treatment of cancer.

**palliative treatment**
Medical treatment to help people manage pain and other physical and emotional symptoms of cancer.

**PET scan**
A positron emission tomography scan. A specialised imaging test that uses a radioactive glucose solution to identify cancer cells in the body.

**plasma**
The fluid part of the blood that
carries blood cells and blood proteins.

**platelets**
One of three types of cells found in the blood. These help the blood to clot and stop bleeding.

**primary cancer**
The original cancer. Cells from the primary cancer may break away and be carried to other parts of the body, where secondary cancers can form.

**prognosis**
The likely outcome of a person’s disease.

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

**recurrent cancer**
a cancer that grows from cells of a primary cancer that have resisted treatment, or cancer that has spread to another part of the body.

**red blood cells**
one of three types of cells found in the blood. They carry oxygen around the body.

**relapse**
The return of a disease after a period of improvement.

**remission**
When the symptoms and signs of the cancer reduce or disappear. A partial remission is when there has been a significant improvement in the cancer. A complete remission is when there is no evidence of any remaining cancer. This does not necessarily mean that the cancer is cured.

**staging**
Performing tests to determine how far a cancer has spread.

**stem cells**
Early-stage cells found in the bone marrow from which blood cells develop.

**stem cell transplant**
A treatment in which diseased blood cells are destroyed by high-dose chemotherapy or radiotherapy before being replaced by healthy stem cells to restore the
function of the bone marrow, blood and immune system. Stem cells are obtained from either the bone marrow or the peripheral blood of the patient or a donor.

**tissue**
A collection of cells that make up part of the body.

**transfusion**
The process of transferring body fluid (such as blood) from one person into another.

**tumour**
A new or abnormal growth of tissue on or in the body. A tumour may be benign or malignant.

**ultrasound**
A non-invasive scan that uses soundwaves to create a picture of part of the body.

**white blood cells**
One of three types of cells found in the blood. They help fight infection. Types of white blood cells include neutrophils, lymphocytes and monocytes.
How you can help

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

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

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

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

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

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

To find out more about how you, your family and friends can help, please call your local Cancer Council.
Cancer Council Helpline is a telephone information service provided by Cancer Council NSW for people affected by cancer.

For the cost of a local call (except from mobiles), you can talk about any concerns confidentially with oncology health professionals. Helpline consultants can send you information and put you in touch with services in your area. If you need information in a language other than English, an interpreting service is available.

You can call the Helpline, Monday to Friday, 9am to 5pm.

If you have difficulty communicating over the phone, contact the National Relay Service (www.relayservice.com.au) to help you communicate with a Cancer Council Helpline consultant.

For more information, go to www.cancercouncil.com.au.

### Regional offices

**Central and Southern Sydney**
- Woolloomooloo
  - 02 9334 1900

**Hunter and Central Coast**
- Charlestown
  - 02 4923 0700

**North Sydney**
- Crows Nest
  - 02 9334 1600

**Northern**
- Byron Bay
  - 02 6639 1300

**Southern**
- North Wollongong
  - 02 4223 0200

**Western**
- Wagga Wagga
  - 02 6937 2600

**Western Sydney**
- Parramatta
  - 02 9354 2000
For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.

For further information and details please visit our website: www.cancercouncil.com.au