

Understanding Chemotherapy

A guide for people affected by cancer

This fact sheet has been prepared to help you understand more about chemotherapy, a treatment offered to some people with cancer.

What is chemotherapy?

Chemotherapy is the use of drugs to kill or slow the growth of cancer cells. There are many different chemotherapy drugs.

Chemotherapy may be used before or after surgery or radiation therapy, or together with radiation therapy. Medical oncologists specialise in treating cancer with chemotherapy and other cancer drugs.

Why is chemotherapy given?

Chemotherapy can be used for the following reasons:

As the main treatment – The aim is to reduce or stop the signs and symptoms of cancer.

To shrink the cancer before treatment –

Chemotherapy may be given to increase the success of the main treatment, such as surgery or radiation therapy.

To reduce the chance of the cancer coming back – Chemotherapy may be given after other treatments, such as surgery or radiation therapy, to kill any cancer cells that may remain.

For cancer that has spread – Chemotherapy may be used to slow the growth of cancer and stop it from spreading for a period of time.

To relieve symptoms – By shrinking a cancer that is causing pain and other symptoms, chemotherapy can improve quality of life.

How is chemotherapy given?

Most chemotherapy is given into a vein. This is called intravenous or IV chemotherapy. For IV chemotherapy, your nurse may insert a small tube with a needle into your arm – this is called a cannula.

If you will be having a lot of chemotherapy sessions, your doctor may suggest you have a device, such as a central venous access device (CVAD), inserted – this can stay in place between sessions. Some people with a CVAD can use a portable pump to deliver the chemotherapy.

Chemotherapy is sometimes given in other ways, such as tablets you swallow (oral chemotherapy), a cream you apply to the skin, or injections into different parts of the body.

The way you have chemotherapy depends on the type of cancer being treated and the chemotherapy drugs being used. Your treatment team will decide the best way to give you the drugs.



Does chemotherapy hurt?

If you have a cannula or injection for chemotherapy, you will usually feel a small prick, like having a blood test. If you have a CVAD in place, you won't need to have a cannula inserted each time.

You may have a cool feeling as the chemotherapy drug goes into the vein, through either a cannula or a CVAD.

Some chemotherapy drugs can cause inflamed veins (phlebitis), which may be sore for a few days. Tell your treatment team if this happens to you because there may be ways to reduce this discomfort or pain.

How long will chemotherapy take?

How often and for how long you have chemotherapy depends on the type of cancer you have, the reason for having treatment, the drugs that are used and whether you have any side effects.

Chemotherapy is usually given as a period of treatment followed by a break. This is called a cycle.

Chemotherapy treatment before or after surgery is often given for 6 months, but the time can vary. Chemotherapy given to prevent the cancer coming back or to control the cancer or relieve symptoms may continue for many months or years.

Where will I have chemotherapy?

Most people have chemotherapy during day visits to a hospital or treatment centre. In some cases, an overnight or longer hospital stay may be needed.

People who have oral chemotherapy or use a pump can usually have their treatment at home. Sometimes a visiting nurse can give you chemotherapy intravenously or by injection in your home.

“My chemo infusions took about 8 hours because I had 2 drugs and a saline solution in between.” CHERYL

Side effects of chemotherapy

Whether you have side effects and how mild or severe they are can depend on the type and dose of drugs you are given. Your reaction can also change from one treatment cycle to the next. Tell your cancer treatment team if you have any side effects.



Fatigue (tiredness)

This is the most common chemotherapy side effect. It can affect people for 12 months or more after treatment ends.



Nausea and vomiting

You may feel sick and your appetite may change. You will usually be given medicine to help manage nausea and vomiting.



Hair loss

Not all chemotherapy drugs cause hair loss. If you do lose your hair, it should grow back 4-12 months after treatment ends.



Diarrhoea or constipation

Bowel problems are common side effects of chemotherapy treatment. Talk to your doctor or pharmacist about how to manage these.



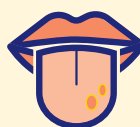
Increased risk of infection

Chemotherapy can reduce your white blood cell level, making it harder for your body to fight infections.



Memory problems

Some people find it can be hard to concentrate or remember things after having chemotherapy.



Mouth sores or ulcers

Some chemotherapy drugs can damage healthy cells in the mouth and cause sores, ulcers and infections.

Side effects are often temporary and can usually be treated. Some side effects may not show up for months or years. These are called late effects.

Other drug therapies to treat cancer

There are other types of drug therapies used to treat cancer besides chemotherapy. These include targeted therapy, immunotherapy and hormone therapy. Like chemotherapy, they are known as anticancer drug treatments or systemic anticancer therapy.

The different drug therapies work in different ways to destroy cancer cells. These other drug therapies may be used before or after chemotherapy, surgery or radiation therapy. Your cancer treatment team will recommend the most appropriate treatment plan for you.

Will chemotherapy affect my fertility?

Chemotherapy can affect your ability to have children (fertility). This may be temporary or permanent and depend on the type of cancer and treatment you have.

If you might want to have children in the future, talk to your doctor before starting chemotherapy about how the treatment might affect you and what options are available.

Eggs, embryos, ovarian tissue or sperm may be able to be collected and stored for use at a later date. This needs to be done before chemotherapy starts.

“All my life I wanted to be a father. I didn’t want cancer to ruin my chances so I stored sperm before treatment started.” ZAC

Acknowledgements

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See our [website](#) for the list of expert and consumer reviewers for this fact sheet.

Questions for your doctor

Asking questions can help you make an informed choice. Questions you may want to ask are:

- Why should I have chemotherapy?
 - How successful is chemotherapy for the type of cancer I have?
 - Will I have other treatments as well?
 - How will my treatment be given?
 - How much does chemotherapy cost?
 - How long will I have chemotherapy?
 - How will I know if the treatment is working?
 - What are the risks and possible side effects? How long will side effects last?
 - What can be done to help manage the side effects?
 - Will chemotherapy affect my sex life and fertility?
- For more questions, see our *Questions to Ask Your Doctor* fact sheet in your language.

Where to get help and information in your language

- **Call Cancer Council 13 11 20.** We can connect you with interpreter services and provide resources in your language.
- **Call TIS National on 131 450.** This is a free interpreting service that can connect you with an interpreter you can use for your medical appointments or to contact Cancer Council.

- **How to find this resource in English and other languages.** Visit our multilingual hub at cancercouncil.com.au/multilingual or scan this QR code.



Cancer Council NSW acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present.



Note to reader

Always consult your doctor about matters that affect your health. This fact sheet is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this fact sheet.

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