The Canadian Cancer Society would like to thank the people who shared their personal stories with us. To protect their privacy, and with their permission, we have changed their names.
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About this booklet

This booklet is for people who have cancer and are about to start radiation therapy. You can use this booklet as a guide as you:

• talk to your healthcare team
• get ready to start radiation therapy treatment
• cope with side effects
• take care of yourself during and after treatment

For some of you, the information in this booklet may be enough. For others, it will be only a place to start. Either way, it can help you and your family and friends prepare for what lies ahead so you can get the care and support you need.

Throughout the booklet, you’ll hear from Canadians who have been where you are now. Their stories may not be the same as yours, but their words are offered here to help you understand that you’re not alone.

“ It’s only natural when you’re headed into something like this to be a bit scared and concerned – you wouldn’t be human if you weren’t. But I wished I’d known 6 and a half years ago that I’d be feeling really good now – despite having gone through the surgery and the radiation. ~ Adam
Working with your healthcare team

When you have cancer treatment, you become part of a team. You’re not alone. Your healthcare team is there to answer your questions and help you make decisions. They can help you find your way through the healthcare system and help you cope with the physical and emotional effects of cancer and treatment.

“I always felt really well taken care of. I trusted everybody there. When I was near the end of my treatment, I thought, I’m going to miss these people and I’m going to miss this place, because it feels like a family when you walk in.” ~ Adalene

Getting to know your team

Your healthcare team is a group of professionals who work together to treat your cancer. You may see some of your team members at every visit to your hospital or cancer centre and some of them only once. But every person on your healthcare team is there to help you. You should be consulted and informed at every stage of your care.

Your team may include these experts in radiation therapy:

A radiation oncologist is a doctor who is trained in treating cancer with radiation therapy. Your first visit is often with a radiation oncologist. They work closely with the rest of your healthcare team to oversee your treatment.
The radiation oncology nurse takes care of you while you are having radiation therapy. They talk to you about your treatment and how you are feeling and help you cope with any side effects.

The dosimetrist plans the amount (dose) of radiation you will have based on your treatment plan. They work closely with the radiation oncologist and the medical physicist. You may not meet the dosimetrist.

A medical physicist works with your radiation oncologist to help plan your radiation treatment. They make sure your radiation therapy dose and the radiation equipment are safe.

The radiation therapist helps plan and give you your daily treatment. You will see them at every visit.

“\[I\ do\ have\ to\ say\ that\ those\ techs\ are\ amazing.\ Every\ day,\ they\ remembered\ who\ I\ was.\ They\ never\ made\ me\ feel\ I\ was\ any\ better\ or\ any\ worse\ off\ than\ anybody\ else\ ...\ They\ understand\ when\ you\ first\ show\ up\ that\ you\ don’t\ know\ what’s\ going\ on\ and\ you’re\ a\ nervous\ wreck.\ ~\ Candra\]

There may be other people on your healthcare team to help you during and after your radiation therapy:

- A psychologist, social worker or counsellor talks with you about how you are coping and feeling.
- Physiotherapists and occupational therapists help you regain movement or fitness after treatment to get you back to work or your daily activities.
- A dietitian can help you decide what is best to eat before, during and after your radiation treatment.
- Your regular doctor is sometimes a part of your cancer care.
If you are having chemotherapy at the same time as your radiation therapy, you may also have a doctor who is a medical oncologist as part of your team. A medical oncologist specializes in diagnosing and treating cancer.

“Use all the services available, in whatever facility you’re at. Talk to everybody ... people like nutritionists, counsellors. There are a lot of services and ways to help yourself understand what is going on.” ~ Lin

Talking to your healthcare team

The people on your healthcare team are experts on radiation therapy and cancer. But you are the expert on you. Help your healthcare team get to know more about you, not just your cancer. For example, tell them how much information you need – if you want to learn more or if you’re getting too much.

You may want your healthcare team to know about your life away from the cancer centre – for example, that you live alone, that you have young children or that travelling to and from the hospital is hard for you. Tell them if you plan to continue working or studying during treatment or if you have special events coming up like a trip, wedding or graduation.

Talk to your healthcare team about any cultural or spiritual practices that are important to you. Ask if there is an interpreter if you prefer to talk in another language. If an interpreter isn’t available during your visit, bring a friend or family member along who can translate for you.

Be honest, open and direct with your team. Tell them how you’re feeling. Share any fears or worries you have about radiation therapy or the side effects so they can help you.
Doctors and other members of your healthcare team also need to share information with you. It’s part of their job to speak clearly and in a way that is easy for you to understand so you can make decisions about your care. This includes clearly explaining all treatment options and the benefits and risks of each. You may need them to explain things more than once.

It can be hard to decide on the type of treatment to have, but there is usually time to think about your options. If it feels like everything is happening too fast, ask your healthcare team how soon you need to start treatment. It is your right to accept or refuse any treatment offered to you, but it can help to let your healthcare team know your concerns so they can give you the best advice.

It can take time to develop a good relationship with your healthcare team. But if you find anyone on your team hard to talk to, or the relationship isn’t working, tell them or another team member you trust.

In some cases, you may have a great deal of fear, uncertainty and questions about your cancer and its treatment. You may want to get another doctor’s point of view. This is called getting a second opinion.
It can be hard to tell your doctor that you would like a second opinion. But this is common, and most doctors are comfortable with it. Sometimes it is your doctor who suggests getting a second opinion before deciding on your treatment plan.

Be honest with your doctor if you feel you would like to see someone else before deciding on treatment. They can refer you to another doctor and give them copies of your medical records to help with treatment decisions.

**During your visits**

- Ask all your questions. If you don’t understand something, ask the doctor or nurse to explain. Repeat what you hear, but in your own words. This can help make sure you understand.
- Write it all down, or ask someone to come with you to take notes for you. Bring a tablet or notebook.
- Get the information in print or ask where to find it online. Fact sheets or booklets with clear language and pictures can help you remember important information at home.
- Tell your doctor or nurse about anything new that has come up since your last visit. They need to know about new symptoms, changes in how you feel and any new medicines you are taking. They won’t know unless you tell them.
- Find out who you can contact if you have other questions. Ask who you should call or what you should do in an emergency or if you notice any unexpected side effects. Find out how to contact someone after office hours.

“ Always have somebody with you at the important appointments, because you will forget. You will miss half of it and they can pick up the slack. Don’t be scared to ask questions. There is never a dumb question.” ~ Adalene
After your visits

- Review your visit to help remember what was said. Look at your notes and discuss the visit with the person who went with you.
- Make a list of any new questions you have or questions you forgot to ask.
- Keep important information like test results, appointment dates, instructions, addresses and phone numbers in one place where you can find it easily, like in a 3-ring binder or an expandable folder with tabs. Or keep folders on your tablet or laptop.
- Keep phone numbers with you all the time for people to call if there’s an emergency or you start having new or unexpected side effects.

Questions to ask about radiation treatment

You may want to ask your healthcare team some of these questions before starting your treatment:

- How long will I get this treatment?
- What are the chances that the treatment will work? And how will we know if the treatment is working?
- What will we do if the treatment doesn’t work?
- What are the risks and side effects of this treatment? Are any side effects permanent?
- How will this affect my normal activities?
- Are there any clinical trials for my type of cancer?
- What safety measures do I need to follow during and after my radiation therapy?
What is radiation therapy?

Radiation is energy that moves through space. It is created naturally by the sun and stars and by soil and rocks. Radiation can also be made by machines. In lower doses it is used for things like x-rays, to take pictures of the inside of your body. At higher doses, radiation can treat cancer.

Many people with cancer have radiation therapy. There are different goals of radiation therapy. It can be used to:

• treat cancer, either alone or with other treatments
• shrink a tumour before surgery
• destroy any remaining cancer cells after surgery
• manage symptoms and improve quality of life

How radiation therapy works

Radiation therapy stops cancer cells from growing and dividing. By damaging the cancer cells over and over again, radiation therapy can shrink a tumour or get rid of it completely.

But radiation therapy can also damage normal cells. The goal of radiation therapy is to give enough radiation to destroy the cancer cells in your body but not too much, so that normal cells can recover.

Damage to normal cells causes side effects. Side effects can happen at any time during or after your treatment.
**Planning your treatment**

Your treatment plan is the amount of radiation and the number of treatments you will need over a certain period of time. A radiation oncologist, along with other members of your healthcare team, will talk to you about what treatment is best. Your plan will depend on:

- the type of cancer
- the size of the tumour and where it is in your body
- how sensitive the tumour is to radiation therapy
- how well the normal cells can recover
- other cancer treatments you have had or will have
- your overall health

**Types of radiation therapy**

The type of radiation therapy you have is also a part of your treatment plan. There are 2 ways to give radiation therapy:

External radiation therapy is given by a machine from outside your body.

Internal radiation therapy is given from sources placed inside your body. Brachytherapy uses implants or applicators or both to give radiation directly to a tumour or part of the body. Radioisotope therapy travels through the blood to reach cells all over the body.

**External radiation therapy**

External radiation therapy uses a machine to aim high-energy rays through your skin to the part of your body where the cancer is. It’s sometimes called external beam radiation therapy. It’s the most common type of radiation therapy used to treat cancer. Different types of external radiation therapy may use different machines, but the machines all work in similar ways.

You can’t see or feel external radiation therapy. It doesn’t hurt and you are not radioactive after having it.
External radiation therapy can be used to treat any part of your body. The type you have will depend on what cancer you have and where it is in your body. Some types of external radiation therapy can also be used together.

**What to expect with external radiation therapy**

You will usually have several visits to the radiation department of your cancer centre to get your external radiation treatment. You will usually be treated as an outpatient, which means you do not stay overnight.

Each visit may take 15 to 30 minutes or longer. Giving a dose of external radiation only takes a few minutes, but it takes time to set up the machine and get you into position for treatment.

Treatment is usually given each weekday for 1 to 8 weeks in a row. Treatments may be given once or twice a day or every other day. The number of treatments depends on your treatment plan.

**Planning your treatment**

A visit to your cancer centre is usually needed ahead of time to arrange for the treatment. It usually takes anywhere from 30 minutes to an hour or more.

You will lie on a table in a machine called a simulator. It may use a CT scan, an MRI or another imaging scan to take pictures of the part of your body to be treated. A simulator is not a treatment machine. The pictures help your healthcare team decide where and how to aim the radiation on your body.

The position that is chosen during this visit is the same position you will be in each time you have a treatment. Some things can be used to help you stay in your position. For example, moulds of your body or foam pads can help keep your body in place during treatment.
Your healthcare team may mark your skin with ink or a very small tattoo, about the size of a freckle. These markings help set you up in the same position at each visit.

*First you meet the tech that does the tattoos. Now I can say I have tattoos even though it’s really just 3 little dots.* ~ Lin

**During treatment**

Your healthcare team will help you get ready for your treatments. They will give you a hospital gown to change into and ask you to remove anything metal, such as jewellery.

Your radiation therapist will then position you on the treatment table in the same way as you were during the planning visit. You will be moved under the radiation machine.

*So I’d go down and they’d get me positioned. The hardest thing was trying to resist helping them to do that. They said, ‘Just let us move you,’ and then they got me lined up and then the radiation itself was 15 seconds on one side, 15 seconds on the other and 15 seconds straight down from overhead, so it was fast.* ~ Adam

Once everything is set up right, your radiation therapist will leave the treatment room. Other people are not allowed to stay with you during the treatment because they would be exposed to the radiation. The therapist controls and turns on the machine from the next room.

Even though you will be alone in the treatment room, your radiation therapist can see you through a monitor. The therapist can help you feel more comfortable and calmer by talking to you through an intercom or playing music during your treatment.

During external radiation therapy, the radiation machine does not touch you. In most cases, it moves around your body to give you radiation from different angles.
Safety
After your external radiation treatment visit, you can go home to rest or continue with your day if you feel you can. It is safe to be around other people, including children. External radiation treatment does not make you radioactive.

Your healthcare team may tell you to use birth control during or right after treatment, especially if you are having radiation treatment to your pelvis or near your genital area. They will also tell you about any other safety measures that you need to take during or after your external radiation therapy.

Internal radiation therapy
Internal radiation therapy puts a radioactive material inside the tumour or treatment area to destroy the cancer cells. A larger dose of radiation can be given to cancer cells while less radiation goes into your normal cells, so there may be fewer side effects.

Internal radiation therapy can only be used to treat certain types of cancer. Your radiation oncologist will talk to you about whether this type of treatment is best for you.

There are 2 different ways of giving internal radiation therapy – with brachytherapy and with radioisotopes.

Treatment with brachytherapy
Brachytherapy places a solid, sealed container with radioactive material directly into or near the tumour to treat the cancer. This is sometimes called an implant. The radioactive source comes in different shapes and sizes. Some can be implanted and stay in your body and never be removed, while others can stay in place for different amounts of time, including just a few minutes. They can be thin wires, needles, seeds or capsules. Sometimes an applicator is used to place the radioactive source in your body. The type of implant used for your treatment depends on the type of cancer you have.
Different implants will stay in place in your body for different amounts of time, and they will give low or high doses of radiation. High-dose radiation stays in place in your body for just a few minutes.

Lower-dose radiation will stay in place for hours or days. Some lower-dose radiation will never be removed. These permanent implants are usually very small, often about the size of a grain of rice. They get less radioactive each day until they decay.

_Treatment with radioisotopes_

Radioisotope therapy is radiation treatment in liquid form. The radioactive material is not sealed in a container like brachytherapy. The radioactive liquid travels through your blood to reach the cancer cells in your body.

It can be given by mouth in a capsule or as a drink, or by needle with intravenous injections. Usually only one dose is needed.

Radioisotope therapy is also used to relieve pain when cancer has spread to the bone.

_What to expect with internal radiation therapy_

Internal radiation therapy is given in the hospital or cancer treatment centre. Sometimes it can be given as an outpatient, so you won’t have to stay overnight.

In other cases, you may have to stay in the hospital overnight or for a few days. You may need to stay in a private room and limit time with visitors while the radiation is most active. The length of time you’ll need to stay depends on the type and dose of internal radiation you have.
During treatment

Your healthcare team will follow your treatment plan and help you get ready for your brachytherapy or radioisotope treatment. You may need to lie still to get your treatment, but while getting it you can often read, watch TV, listen to music or talk on the phone.

You may be in an operating room to get brachytherapy radiation placed in your body. You will be given medicine to help you relax and deal with any pain. Sometimes you can take a drug called an anesthetic to make you sleep during your treatment. Once your treatment is done, the radioactive source is removed unless you have a permanent implant. Removing the implants does not hurt, but the treatment area may be sore or tender for a few days.

A medical physicist may measure the level of radioactivity in the room during your internal radiation therapy. With low-dose radiation therapy and radioisotopes, they may also measure your radioactivity after your treatment to make sure it’s safe for you to have visitors and to leave the hospital.

Safety

The safety measures you need to follow will depend on the type of treatment you have. Sometimes the brachytherapy implant is taken out after your treatment, and you will able to go home and your body will not give off radiation. Other times, you will have to stay in the hospital until all the treatments are given.

Permanent implants and radioisotopes give off small amounts of radiation over a few weeks or months. The amount given off becomes less each day. Your healthcare team will talk to you about any safety measures you should follow in the hospital and at home and for how long. You may be asked to do the following:

- Drink plenty of fluids to flush the radioactive material out of your body.
• Sit on the toilet to avoid splashing and wipe up any spilled urine with a tissue. Flush the tissue down the toilet too. After using the washroom, wash your hands well.
• Use separate dishes and cutlery and wash them separately from other dishes and cutlery. Or use disposable ones and throw them away after eating.
• Wash your clothes and any linens you’ve used separately from other laundry in your household. Wash anything that gets blood or urine on it as soon as possible.
• Do not have sex or sexual contact.
• Do not touch babies, children or pregnant women.
• If you plan to travel to another country, get a letter from your doctor that says you’ve received brachytherapy.

Talk to your healthcare team if you have any safety concerns or questions. They will help you make sure you and your family and friends are safe during and after your internal radiation therapy.

Clinical trials
Clinical trials test new treatments or ways to give treatment and how well they work compared to the current standard therapies.

Clinical trials are carefully planned to have as few risks and as many benefits as possible for everyone who takes part. Being part of the trial may help you – and it may help others. But you may also have side effects from the treatment being tested, or you may need to travel some distance to be part of the trial. If you are thinking about a clinical trial, be sure to talk to your doctor about all the possible benefits and risks.
My family doctor referred me back to this urologist. When we were in there seeing him, he said, ‘Oh, want to be part of a clinical trial?’ and he told me what it was about. So we went into Vancouver one afternoon, and we met with some other men and the doctors about it. And I started it. It’s been quite effective – and it may well save me from having to have another surgery. ~ Adam

Taking part in a clinical trial is up to you. Your choice will not affect how your healthcare team cares for you. If you decide not to take part in a clinical trial or if you decide to leave the trial that you joined, you will continue to receive the best known treatment available.
Managing general side effects from radiation therapy

The goal of radiation therapy is to destroy the cancer cells in your body, but it’s hard to do this without damaging some healthy cells. Damage to these healthy cells is what causes side effects. The side effects you have will depend on:

- the type of treatment and dose of radiation you have
- what part of your body is treated
- how many normal cells are damaged by the radiation
- your overall health

Side effects from radiation therapy can happen at any time during or after your treatment, but it’s hard to know if and when they will happen to you. Most side effects will go away a few weeks or months after treatment, but some side effects can take a long time to go away, or they may be permanent.

Your healthcare team can help you deal with side effects. And talking to other people who have had radiation therapy can give you more ideas about how to cope and tips that might work for you.

Keep track of side effects

Keeping a record of your side effects will make it easier to talk with your healthcare team and get the help you need. Let them know:

- what you’re experiencing
- when it happens
- how you’re dealing with it
The following are side effects that many people who have radiation therapy experience, no matter what type of cancer they have or where on the body they have treatment. In the next sections, we describe side effects specific to cancers of the brain, head and neck, chest, stomach and abdomen, and pelvis.

**Depression**

Many people feel sad, tearful, hopeless or discouraged at times when they have cancer. These feelings are normal. But if they don’t go away or they last a long time, get worse or get in the way of day-to-day life, they could be signs of depression. This is also called clinical depression. Other signs of depression are:

- changes in appetite, weight or sleep
- feeling worthless or guilty
- finding it hard to think clearly
- thoughts of harming yourself or thinking regularly about death or suicide

Talk to someone on your healthcare team if you have any of these signs of depression or if you think you may be depressed. They may refer you to a specialist such as a psychologist or psychiatrist for medicine or therapy. Depression can and should be treated. It is not a sign of weakness. A person who is depressed can’t “snap out of it” or “cheer up” through willpower alone.

> **TIPS**

- Talk to someone who’s had cancer or treatment similar to yours. This can help you cope with depression and reduce your fears.
• Share your worries and concerns. Try not to keep your feelings inside.
• Let family and friends help you.
• Look to your spiritual faith for comfort in hard times.
• Eat well and be as active as possible.
• Follow a regular sleep schedule.
• Avoid alcohol – it can make depression worse.

Fatigue

Fatigue is different from feeling tired after a long day. You may feel weak, heavy or slow, and you may have trouble concentrating or remembering things. It may not get better with rest or sleep. It usually starts during or after the second week of radiation therapy and often gets worse as treatment goes on.

“The fatigue is absolutely terrible. We live out in the country. I remember driving home one time and getting [almost home], and I thought, I’m going to fall asleep. And so I pulled over into a park – and I did, I fell asleep in my car for an hour and a half. – Candra

Fatigue can be caused by:
• treatment to larger areas of your body
• problems eating or sleeping
• changes to your routine – such as making daily trips to a cancer centre
• the amount of energy your body needs to use to heal itself during radiation therapy

Fatigue usually goes away gradually after treatment has ended, but some people feel tired for many weeks or months after radiation therapy. Tell your healthcare team when you feel most tired, when you have energy and if sleeping helps you feel rested or not.
After I had all the cancer stuff, I moved and I got a new job that is a pretty high-stress, demanding kind of job. So it’s hard to say whether I’m tired because of the job or because of after effects. ~ Lin

> **TIPS**

- Try to schedule appointments or activities you enjoy when you have the most energy.
- Plan ahead. Do the things that mean the most to you first.
- Plan rest periods before activities.
- Rearrange your home so that many activities can be done on one floor.
- Be active if you can. Take a walk, stretch or do whatever activity you enjoy. It can help you feel better, eat better and sleep better.
- Ask your healthcare team to suggest exercises or activities that may be right for you. Moderate activity like walking can actually give you more energy.
- Rest when you need to. Take short naps of 10 to 15 minutes rather than longer naps during the day. Too much rest, as well as too little, can make you feel more tired.
- Save your longest sleep for the night. If you have trouble sleeping at night, avoid napping during the day.
- Let others help. Ask friends and family to grocery shop, cook, help clean up or babysit when you feel most tired.
- Keep in touch by phone, email or social media if you don’t have the energy to meet in person.

We’re very active. We walk every day, and in a week we average 10,000 steps a day and we go to the gym 2 or 3 times a week. So [maybe] that helped, you know. I never felt that fatigue. ~ Adam
Hair loss

With radiation therapy, hair loss or thinning of your hair happens only in the area being treated. For example, if you are having radiation therapy to your head, you could lose hair on your head.

Hair loss can begin in week 2 or 3 of your radiation therapy. Hair can grow back after smaller doses of radiation, usually a few months after treatment is over. When it does grow back, the colour or texture of your hair may be different, or it can be thinner or patchy. If you have a higher dose of radiation, hair may not grow back.

> TIPS

- Brush and wash away any hair that is falling out. Gently wash away loose hair from arms, underarms, pubic areas, chest or face.
- Be gentle with the hair on your head. Use a mild shampoo and a soft hairbrush. Avoid hair dryers, colouring, perming or straightening your hair during treatment.
- Protect your scalp from the sun. Cover up with a wide-brimmed hat or a scarf.
- Skin in the treated area may be more sensitive to the sun than you’re used to, and you may get a sunburn more easily. Check with your healthcare team about when you can start using sunscreen. It should have an SPF of at least 30.
- Use satin pillowcases. Satin creates less friction than cotton and may be more comfortable for you when you sleep.

Loss of appetite

Some people lose interest in food and don’t want to eat during and after their radiation therapy, even though they know they need to. Side effects from radiation therapy like a sore or dry mouth, problems swallowing and feeling tired, worried or sick can cause loss of appetite.
Changes to your appetite can start within the first few weeks of radiation therapy and can last for weeks after your treatment has ended. Eating well during and after your treatment, even just small healthy snacks, can help you recover and get your appetite back.

> **TIPS**

- Choose healthy foods and drinks.
- Eat smaller amounts every couple of hours. Keep quick and easy snack foods in your cupboards so that they’re ready to eat when you are.
- Eat your favourite foods at any time of the day. Eat breakfast foods at suppertime if you feel like it.
- Eat well when your energy level is highest. Make the most of your good days.
- Be active if you can. A walk before meals can help your appetite.
- Write down which foods bother you. Ask your healthcare team to refer you to a dietitian who can help you choose healthy foods you like.

**Nausea**

Some people also feel sick to their stomach (nausea) or like they need to throw up (vomit) from radiation therapy. When this happens, it is usually right after a treatment session or later that day.

Nausea and vomiting are more common when radiation therapy is given to the stomach or brain or when chemotherapy is given at the same time as radiation. It usually goes away a few weeks after treatment is over. Talk with your healthcare team about your risk of feeling sick and throwing up and ways to cope. It’s easier to prevent nausea and vomiting than stop it once it’s started.

If you are throwing up a lot or for more than a day, your healthcare team can give you medicine to treat it so you don’t lose too much fluid and nutrients.
> TIPS

- Nibble on dry foods like crackers, toast, dry cereals or bread sticks every few hours during the day.
- Avoid foods that are very sweet, greasy, fried or spicy or that have a strong smell.
- Sip water and other liquids (flat ginger ale, sports drinks, broth) during the day. Cool liquids may be easier to drink than very hot or very cold liquids.
- Let other people do the cooking.
- After eating, do not lie down for at least half an hour. Relax sitting up or with your head and shoulders raised on pillows.
- If you feel like you might throw up, take slow, deep breaths through your mouth.
- Distract yourself by listening to music, watching a movie or talking to family or friends.
- Consider trying relaxation techniques such as deep breathing, acupuncture or guided imagery.

**Skin problems**

External radiation therapy can make your skin in the treatment area dry, red or itchy. It may look and feel like it is sunburned, or it may get darker or tanned. Skin problems are common with external radiation therapy because the radiation travels through your skin to reach the tumour or treatment area.

Most skin reactions are mild and begin within the first 2 weeks of starting treatment. They usually go away a few weeks after treatment, but some skin changes, like darkening or scarring, can be permanent.
TIPS

• Follow any special skin care instructions from your healthcare team.

• Keep your skin clean, dry and moisturized during treatment. Avoid using your regular powders, creams, perfumes, deodorants, body oils, ointments or lotions in the treated area. Your healthcare team can tell you about products that are gentle and safe for your skin.

• Use an electric shaver rather than a razor in the treated area to avoid cuts.

• Wear loose clothing to protect the treated areas from rubbing, pressure or irritation. Soft fabrics like cotton feel better on treated skin than rough fabrics like wool or denim.

• If you’re having radiation therapy in the breast area, talk to your radiation therapy team. They may suggest wearing a soft bra without an underwire or a cotton camisole.

• Do not squeeze or scratch pimples.

• Take extra care of any skin in the treated area that gets cut or scraped. Your healthcare team can suggest special bandages and tapes made for sensitive skin.

• Avoid saunas, pools and hot tubs. The chemicals and heat may irritate your skin.

• Be careful in the sun. Skin in the treated area may be more sensitive to the sun than you’re used to, and you may get a sunburn more easily. Cover your skin with a hat and clothing, and check with your healthcare team about when you can start using sunscreen. It should have an SPF of at least 30.

• Protect the treated area from heat and cold – don’t use hot water bottles, heating pads or ice packs.

• Try using makeup to cover discoloured skin if it bothers you. Find out from your healthcare team when you can start using it and what products to use.
Managing side effects from radiation to the brain

Side effects from radiation therapy to the brain will depend on where in your brain you have treatment, how much of your brain is treated and what dose you need.

Your healthcare team will watch you closely and help you deal with any side effects that happen. This may include taking medicine.

**Changes to the way you think or behave**

You may have some changes to the way your brain works and how you think, behave or talk after radiation therapy to the brain. These changes include:

- how well you can concentrate, learn new things or think about the world around you
- changes in your emotions or personality
- loss of short-term or long-term memory
- problems speaking
- problems with your balance and coordination

Tell your family and friends that these changes could happen to you. Sometimes it’s easier for someone else to see these changes. You may not notice them yourself.

> **TIPS**

- Ask a family member or friend to help you remember things. They can go with you to appointments and listen, take notes and ask questions.
- Keep track of things by making lists. Put reminders on your smartphone or use a notebook or organizer.
- Try not to do too many tasks at once. Make it easier – do one thing at a time.
- Plan activities that need the most concentration for times of the day when you’re most rested. Reduce your workload if you can.
• Say it out loud. Saying things out loud helps you organize your thoughts better, slow down and process more deeply. You will be more likely to remember what you set out to do.
• Make sure you get enough sleep and try to be active. It can help you be more alert.

Hearing loss or earaches
If your treatment area is near your ear, you may have pain in your ear (earaches) or it can be hard to hear. These side effects usually go away a few months after treatment ends.

You can protect your ears from the sun, wind and cold by wearing a hat or a scarf. Your healthcare team can usually give you ear drops to help with earaches or hearing problems.

Swelling of the brain (edema)
Radiation therapy or the tumour itself can cause swelling in the brain. It can start quickly during your treatment and can cause headaches, changes to your vision, nausea and vomiting. You may not be able to concentrate or remember things. Your muscles may feel weak or you may have a seizure (sudden body movements you can’t control).

Your healthcare team can decide if you need to stop treatment for a short time, change medicines or use pain-relieving drugs. To reduce swelling of the brain, your healthcare team will often give you a type of medicine called a corticosteroid.

Reduce corticosteroids gradually
You can’t stop taking a corticosteroid all at once. Your healthcare team will tell you how to gradually reduce your dose when you no longer need it.
Managing side effects from radiation to the head and neck

Your head and neck area includes your mouth, tongue, throat and ears. Most of the side effects to these areas usually begin in weeks 2 and 3 of treatment. Many go away once treatment is over, but some may never fully go away after treatment ends.

Dry mouth

Sometimes radiation therapy damages your salivary glands and you have less saliva. This makes your mouth dry or sticky. Your lips and tongue can also be dry and cracked. It can feel hard to swallow or eat. It can take months or years for dry mouth to go away. It’s possible that your dry mouth may not fully go away after treatment ends.

> TIPS

- Take good care of your mouth. Use a soft toothbrush and brush gently. Use a mouth rinse recommended by your healthcare team.
- Use a water-based lip balm to keep your lips moist.
- Sip water or suck ice chips during the day.
- Eat softer foods and avoid caffeine, alcohol and tobacco.
- Try a room humidifier. It may help relieve dryness.
- Ask your healthcare team about medicine that helps increase saliva.

Hearing loss or earaches

Radiation given near your ear can cause earaches or make it hard to hear. Your healthcare team can usually give you ear drops to help. Wear a hat or a scarf to protect your ears from the sun, wind and cold.
Sore mouth or throat

Treatment with radiation may cause sores and red, painful swelling (inflammation) in your mouth and throat, including your cheeks, tongue, gums or lips. This can make it hard to eat, drink or swallow. Sometimes the sores in your mouth or throat can get infected.

Inflammation and sores usually appear 2 to 3 weeks after treatment starts and go away a few weeks or a few months after you finish treatment. Your healthcare team will help you deal with a sore mouth or throat by making sure you take good care of your mouth and teeth and by eating well. They can also give you medicine for pain or mouth rinses that treat infections and sores.

> TIPS

- Gently brush your teeth and rinse your mouth often to prevent or reduce sores and infection. Your healthcare team may suggest a recipe for a rinse.
- Change your toothbrush often. Avoid electric toothbrushes. You may need to stop flossing if your mouth is very sore.
- Take out your dentures often to give your gums a rest, or only wear dentures when eating.
- Drink lots of liquids.
- Try fruit nectars like pear, peach or apricot. Use a straw when your mouth or throat is sore.
- Avoid acidic fruit and juices, alcohol and foods that are tart, salty or spicy.
- Eat soft, moist, bland foods that are lukewarm or cool in temperature. Ice chips and sugar-free popsicles can relieve a sore mouth or throat.
Swallowing problems

Having radiation therapy to your head or neck can sometimes damage your salivary glands and then you don’t have enough saliva. Treatment can also cause painful swelling in your throat or esophagus. This can make it hard to swallow, eat and drink. Some people may gag, cough or choke when they try to swallow, or they feel like food is stuck in their throat.

Swallowing problems usually start about 2 weeks after treatment begins and often go away once treatment ends. Your healthcare team can suggest things to eat or drink and give you medicine or mouth rinses to ease the pain.

> **TIPS**

- Try small, bite-sized pieces of foods that are easier to chew. Foods that are soft or have a smooth texture, like mashed potatoes or yogurt, are often easier to swallow.
- Add gravy, milk or sauces to foods, or purée them.
- Drink lots of liquids such as water, soups and juices.
- Sit up straight when eating and drinking.
- Avoid sugary, hot or spicy foods, alcohol and smoking.

Taste changes

Radiation therapy to your head and neck can damage the saliva glands in your mouth and the taste buds on your tongue. This can change the way some foods taste or smell. Food may taste bitter or metallic or it may be too sweet or sour. Food may not have as much flavour as before. Taste changes can make you feel like you don’t want to eat, even though you know you should.

Taste and smell usually return to normal a few weeks or months after treatment ends. Your healthcare team can help you cope with taste changes so you can eat well and avoid losing too much weight.
TIPS
• Eat when you feel hungry rather than at set meal times.
• Try different foods than you are used to and test out different flavours. Food that is cold or at room temperature can taste better too.
• Rinse your mouth after eating to clear away any flavours.
• Use plastic cutlery and glass cooking pots if your food has a metallic taste.
• Add sweeteners like sugar or honey to take away salty, bitter or acid tastes.
• Add a little salt or lemon juice to foods that taste too sweet.

Tooth decay (cavities)
Tooth decay (cavities) can happen if radiation therapy makes your mouth dry or if it damages the enamel coating on your teeth. Tooth decay usually happens after treatment has ended. Your healthcare team can suggest ways to take care of your mouth to prevent or deal with side effects to your teeth.

TIPS
• See your dentist before you start radiation therapy and after it ends. Your dentist or doctor may suggest fluoride treatments to help protect your teeth.
• Gently brush your teeth, gums and tongue with a soft toothbrush after every meal and before bedtime.
• Rinse your mouth often. Your healthcare team may suggest recipes for rinses you can make at home. Avoid using alcohol-based mouthwashes – they can dry out your mouth.
• Do not floss your teeth if it makes your gums bleed.
• Avoid sugary snacks – they make tooth decay worse.
• Keep your dentures clean by soaking or brushing them each day.
**Voice changes**

Changes to how your voice sounds, like hoarseness, can happen if your voice box (larynx) is in the treatment area. These changes can happen a few weeks after treatment starts and usually start to go away once treatment ends.

Protect your voice by avoiding alcohol and not smoking, and don’t try hard to speak if it hurts or if your voice is very hoarse. Your healthcare team can also refer to you a speech therapist for exercises to help get your voice back.
Managing side effects from radiation to the chest

Radiation therapy to the chest can cause side effects to your breasts, heart and lungs. Side effects usually begin 2 to 3 weeks after treatment starts. Many go away once treatment is over, but a few may continue or happen long after your radiation treatment.

Breast changes

Some people have changes to their breasts after radiation therapy for breast cancer. These changes usually go away after treatment ends, but it may take a few months or longer. You may have:

• soreness and swelling in your breasts
• changes to your breast size
• changes to the way your skin feels – the texture of your skin may be different or the skin can be more sensitive

Tell your healthcare team about any breast changes that you still have long after radiation is finished.

Lung problems

Coughing, feeling short of breath and having more mucus in your throat and chest can sometimes happen after radiation therapy to your chest area. Some people find it hard to be active or exercise after their treatment.

Tell your healthcare team if you are coughing or feel short of breath during or after your treatment. They can give you medicines or other treatments to help you breathe easier or refer you to a physiotherapist.
TIPS

• Take your time and plan activities with rest periods if you feel short of breath.
• Drink more liquids during the day. A cool-air vaporizer or humidifier can keep the air more moist in your house.
• Use extra pillows to raise your head and upper body while resting or sleeping.
• Avoid going outside on hot, humid days or on very cold days.
• Wear light, loose-fitting tops. Avoid wearing anything tight around the neck such as ties.

Swallowing problems

Sometimes it can become hard or painful to swallow or you may get heartburn if you get treatment near parts of your throat or esophagus, like with lung cancer treatment. This can make it hard to eat or drink. Swallowing problems can begin 2 to 3 weeks after radiation therapy starts and usually go away once treatment ends.

If you’re having trouble swallowing, your healthcare team can suggest things to eat or drink and give you medicine or mouth rinses to ease the pain.

TIPS

• Try small, bite-sized pieces of foods that are easier to chew. Foods that are soft or have a smooth texture, like mashed potatoes or yogurt, are often easier to swallow.
• Add gravy, milk or sauces to foods, or purée them.
• Drink lots of liquids such as water, soups and juices.
• Sit up straight when eating and drinking.
• Avoid sugary, hot or spicy foods, alcohol and smoking.
Managing side effects from radiation to the stomach and abdomen

Radiation therapy to the upper abdomen can bother the esophagus and stomach. Radiation to the lower abdomen can cause problems in the small and large intestines. These side effects are more likely when radiation is given to a larger treatment area in this part of the body.

Digestion problems

You may get indigestion, bloating or gas, or nausea and vomiting when you’re having radiation therapy to your stomach and abdomen. You may also get diarrhea, which is frequent watery poo (stool), as well as the cramping that comes with it. These symptoms generally go away after you finish treatment. Your healthcare team can suggest antacids or other medicines to help you deal with digestion problems.

> TIPS

- Eat many small meals and snacks throughout the day.
- Drink plenty of clear fluids like water, clear broth, juice and sports drinks. They help you stay hydrated when you have diarrhea or vomiting.
- Don’t use milk or milk products or foods that cause gas, like broccoli, cabbage and lettuce.
- Avoid caffeine (coffee, tea) and carbonated drinks.
- Avoid sugarless gum and candies made with sorbitol – it acts like a laxative.
- Instead of toilet paper, choose gentle products like bathroom wipes that are unscented and alcohol-free.
Foods and drinks that are easy on your stomach

• soup, like clear broths
• water, non-carbonated drinks, fruit juices, sports drinks
• mashed or baked potatoes (without the skin)
• chicken (broiled or baked without the skin)
• crackers
• cooked cereal
• noodles
• white rice, bread or pasta
• toast
Managing side effects from radiation to the pelvis

Radiation therapy to the pelvic area can include treatment for colorectal cancer, bladder cancer and also prostate or cervical cancer and other cancers of the reproductive organs.

Side effects usually begin a few weeks after treatment starts. Most go away within a few weeks once treatment is over, but a few may last longer.

**Bladder problems**

If treatment affects your bladder, you may have:

- squeezing of the bladder muscles (spasms)
- burning or pain when you pee (urinate)
- a strong need to urinate or a need to urinate often
- blood in your urine
- bladder infections
- loss of bladder control

Your healthcare team can give you medicines and check for possible infections.

> **TIPS**

- Drink lots of fluids during the day – but not before bedtime.
- Empty your bladder often. Try using the bathroom every 2 to 3 hours.
- Avoid alcohol, carbonated drinks and caffeine.
- Your healthcare team can tell you about exercises to strengthen your bladder muscles (called Kegel exercises).
- Wear pads or liners to protect your clothing.
Bowel problems

Problems or changes with your bowels are a common side effect of radiation to the pelvic area. During or after your treatment you may have:

- diarrhea
- pain or itching during bowel movements
- narrowing of the rectum or squeezing of the rectal muscles (spasms)
- some loss of bowel control or the urge to have bowel movements often
- blood in your stool or rectal bleeding
- pain and straining when trying to have a bowel movement
- hemorrhoids
- gas or bloating

Your bowel habits usually return to normal within weeks after radiation therapy is done.

Just the last week of treatments and the week after the treatments stopped, I could notice the effect on my bowels. If they were loose, I ate more solid food. If they were the other way, then I ate more fruit or bran. ~ Adam

> TIPS

- Drink lots of water, juice, clear broth and soups. Try flat ginger ale and popsicles instead of drinks with caffeine or carbonated drinks.
- Eat foods that are easy to digest like eggs, bananas, applesauce, mashed potatoes and noodles.
- Use a hot water bottle filled with warm water to ease pain and cramps, or sit in a warm bath.
- Choose gentle products to take care of your rectal area. Instead of toilet paper, use bathroom wipes that are unscented and alcohol-free. Your healthcare team can recommend soothing creams and lotions to use after cleansing.
**Erectile dysfunction**

Some men can have erectile dysfunction (ED) after their radiation therapy. ED means that a man can’t get or keep an erection. It happens because the radiation lowers your testosterone levels and can affect the arteries that carry blood to the penis.

The risk of ED is lower in men who have brachytherapy instead of external radiation therapy.

There are different treatments available for ED. Talk to your healthcare team about options that may work for you.

**Fertility problems**

Radiation therapy to the pelvic area can damage the ovaries in women or the testicles in men. This can cause temporary or permanent infertility. If you are infertile, it means that you can’t become or stay pregnant or you can’t get someone else pregnant.

If you want to have children in the future, talk to your healthcare team before you start radiation therapy. They will help you understand your fertility options. You may be able to have surgery to remove and save eggs or even move your ovaries out of the treatment area before radiation therapy. Or you may be able to have your sperm collected and saved before treatment begins.

Your healthcare team can also tell you when it’s safe to have sex during and after your treatment and if you need to take any special safety measures. This may include using birth control to avoid getting pregnant, or getting your partner pregnant, during your treatment.

> I don’t know if we would ever have had a third child, but I think because I never had the option, it’s always there. I see a pregnant person and I’m so happy for them, and I also think, I’ll never feel that again. It just kind of got taken, but I’m alive. I go back to that at the end of it all. ~ Adalene
Menopause

Radiation therapy can cause early menopause if your ovaries are in or near your radiation treatment area. Menopause is when a woman’s menstrual periods stop. They may or may not start again once treatment is over.

Symptoms of early menopause include:

- hot flashes and night sweats
- problems falling asleep or staying asleep
- vaginal dryness, itching, irritation or discharge
- loss of interest in sex or pain during sex
- bladder or vaginal infections
- mood swings or irritability
- weight gain
- depression

If you’re having trouble coping with any of these symptoms, your healthcare team may be able to suggest medicines or other treatments that are safe to use.

> TIPS

- Be active, but rest when you need to. Relaxation activities like some types of yoga and massage may help you feel better and sleep better too.
- Drink lots of fluids and empty your bladder often.
- Wear light clothing and dress in layers to stay cool. Splashing cold water on your wrists can cool you off too.
- Use a water-based lubricant to make sex more comfortable.
- Try Kegel exercises to strengthen and relax your pelvic muscles.
Vaginal narrowing

Radiation therapy to the pelvis can cause the vagina to become narrower and shorter. This can make sex painful and pelvic exams uncomfortable.

To help keep the vagina open, it needs to be gently stretched a few times a week usually for 6 to 12 months. This can be done by having gentle sex or using a plastic or rubber tube device called a vaginal dilator. It feels much like a large tampon when it’s in place. Whichever way you choose, it’s important to keep your vagina open and healthy during healing. Talk to your healthcare team about how long you’ll need to stretch the vagina and how to use a dilator.
Life during treatment

Medical issues are only one part of living with cancer. Most people also need to find ways to handle practical issues and manage their emotions. There are many ways that you can cope.

It can help to remember that everyone’s cancer experience is different and there is no right or wrong way to feel. Some people find that their life doesn’t change as much during treatment as they expected. For others, their life changes completely. Doing what feels right for you is important. You know yourself best.

“I think that normalcy was part of what kept me going at first, when I didn’t have side effects. I didn’t feel that there was this big, traumatic thing going on – even though there was. I tried to keep everything as normal as I could. It helped me to stay positive and think, Everything’s good. We’re going through the process.” ~ Candra

Dealing with change

No one can predict exactly how cancer will affect your day-to-day life. For most people, daily routines change during radiation treatment and for a while after. You and your family or friends will probably focus on managing each day, like getting to treatment visits on time, having tests and dealing with side effects.

You may have to reduce your work hours or take a break from working altogether. Sometimes you’ll just need to rest. This means other family members may have to take on new roles and jobs while you focus on getting better.
You’re not cooking dinner and you’re not cleaning the house. It took all I had some days just to get out of bed and wash my face and eat. I wasn’t taking care of anybody else but me. And some families aren’t set up to handle that very well. It can get really complicated. ~ Candra

It may be harder to find time to see friends, and you may need to cancel plans on days when you’re not feeling well. You may need to put travel plans on hold during your treatment and for a while after as you recover.

To get the care they need, people sometimes also need to change where they live during their treatment. You might need to think about moving or travelling for your radiation therapy if you live far away from where you will be treated or if you live alone. Talk to your family, friends or healthcare team or to a social worker if you have to change where you live for treatment. They may have ideas or suggestions about places to stay. Many cancer centres also have lodges close by where you can stay during treatment.

A lot of people might come from remote areas and have to stay in the city at a cancer lodge, and you don’t necessarily have your support system around you. I decided, because I didn’t have anyone to look after me, I was going to transfer my treatment to Ontario and I stayed with my sister. ~ Lin

> TIPS

• Stay organized on the day-to-day details. Keep everything about your treatment together in a binder or a folder on your computer – such as handouts, names and phone numbers, web addresses and important papers.

• Use a calendar to keep track of your appointments, when to take medicines and any side effects you may have.

• Let other people in your life take on some of your everyday tasks. Family meetings can help you talk about what needs to be done and plan the week ahead.
• If you have to travel or move for treatment, take a few things with you from home. Photos of family and friends or your favourite pillow can make a strange place feel more familiar.

• Create a website, online journal or social network page. You can make it as public as you wish to. You can share updates and also let family and friends know what you need help with.

Managing stress

Be patient with yourself. It takes what it takes. Get outside each day for some fresh air, and be kind to yourself every day because your body, your soul and your emotions are going through a very stressful time. ~ Candra

Dealing with cancer and treatment can be stressful. It’s normal to have a wide range of feelings during treatment. Some people are upset because of the changes cancer has caused. Others feel down because they’re scared about the future. Being tired can make it even harder to cope with your feelings. Don’t be afraid to ask for help from others. It can give you comfort, and they may have ideas on how to cope.

Everyone feels and handles stress differently, so everyone will have their own way of dealing with it. If your old ways of coping aren’t working, keep trying new ones until you find the way that works best for you.

Everyone has different personalities, but I tend to use humour, especially if it’s something serious. You know, laugh about it. ~ Adalene

> TIPS

• Do things you enjoy. Finding pleasure in the things you do will help give you back your sense of control.

• Talk about your feelings with a counsellor, spiritual care worker or social worker.
• Talk to someone who’s had a cancer experience similar to yours.
• Be creative. Try painting, dancing or singing to safely release your feelings and get some distraction from your stress.
• Keep a journal, diary or blog during treatment. Writing down your thoughts and feelings can help relieve anxiety. A journal is also a good place to write positive feelings that you can read when you’re feeling down.
• Get up and move. Regular physical activity – even very gentle movement – can make you feel better, calmer and more in control.
• Learn a relaxation method. Meditation, deep-breathing exercises or guided imagery can help you relax. Acupuncture, hypnosis or massage may also be useful.

**Staying active**

Many people with cancer can be active during treatment and recovery. Being active can reduce stress or anxiety, improve your mood and self-esteem, boost your energy and appetite, and help you sleep and regain your strength during recovery. Exercise can also help reduce side effects like fatigue and nausea.

Ask your healthcare team what activities might be best for you. They can help you plan an exercise program that is safe and fun and feels good. There may be times when you don’t feel well enough to exercise, and that’s OK. The goal is to be as active as you comfortably can be.

> I don’t remember stopping walking during radiation treatment. I mean, I had to stop walking after my prostatectomy. For a week I was in the house, and then gradually I’d go down, and we’d walk a block, or half a block and back, and then just gradually worked that up. ~ Adam
> **TIPS**

- Start with something simple like walking, and slowly increase how often and how long you walk. Even just a few minutes of gentle stretching can make you feel better.
- Be active when you have the most energy or feel the best.
- Try something new like yoga, tai chi or dancing.
- Make exercise enjoyable by being active with a friend or listening to music.
- Walk instead of drive or park your car in a parking space farther from a building and walk to it.
- Use the stairs instead of the elevator.
- Get some fresh air or try meditation exercises to help reduce fatigue and motivate you.
- Drink plenty of fluids before, during and after exercise. Stop and rest when you’re tired.

**Eating well**

Your body needs healthy food to help repair itself from the effects of radiation therapy. Eating lots of different foods can also help you keep a healthy body weight during your treatment to feel better and stay stronger.

It can be hard to change the way you eat and even harder to stick with those changes. Talk to your healthcare team about your food choices and to get help making a food plan that works for you. A dietitian can help you with healthy eating during and after your treatment or if your treatment makes you lose your desire to eat or makes swallowing hard. In time, and with support and practice, eating well should become easier.

You can find more information and recipes in our booklet *Eating Well When You Have Cancer*. 
Work

I was off for 2 and a half years. And I don’t like being off work. I love to go to work. But I didn’t feel guilty for being off. I felt that I’m fighting cancer right now, so this is bigger than a cold. ~ Adalene

Some people are able to keep working while they have treatment. But other people may need to stop working. Think about your finances before you start treatment. You may need to plan ways to support yourself or your family. Whether you need to take time off work will depend on:

- the type of treatment you have
- what side effects you have (if any)
- the type of work you do
- your financial needs

Working while in treatment

Many people are able to keep working during treatment. Working while in treatment can help your self-esteem and remind you that you’re a valued employee, boss or co-worker – not just a cancer patient. The contact with and support of others at work may make you feel better. If friends and family can help out with day-to-day tasks at home, it may be easier for you to continue working.

I was very fortunate that my boss allowed me to gradually return to work. And now I’m fine. I’m multi-tasking, and I absolutely love what I do, but there is no way I could have done that coming back full time. ~ Candra

> TIPS

- Explore options like flexible work hours, working from home or other changes to your work schedule.
- Consider working part time while you’re in treatment.
- Share your workload. There may be some parts of your work that can be divided among co-workers.
Taking time off work

I was told right after the surgery that I wouldn’t be able to work through the treatment. The place where I was working was a 4-and-a-half-hour drive from the cancer centre. ~ Lin

You may need to take time off work to rest and recover. Or you may have to stop working if you have to travel a long way to get treatment. It can be helpful to talk to your boss, human resources department or employee association to find out what your options are. You may be able to take sick time or leave without pay. You can also apply for short-term or long-term disability benefits – a type of insurance that pays a part of your wages if you are unable to work.

It can also be hard to know if or when to go back to work. You might be eager to get back to your normal routine or need the income. But it can take a long time to recover fully from treatment for cancer. It may be many months before you feel ready to return to work. You may decide to work part time or to change the type of work you do. It’s important to do what’s right for you.

Discrimination is against the law

Some people with cancer can face problems in their workplace when they try to continue working while in treatment or when they return to work. If you feel that you have been discriminated against, you can contact the Canadian Human Rights Commission in your province or territory at 1-888-214-1090 or chrc-ccdpc.ca.

Money and finances

Oh, we sure were worried about money. Three weeks before I got diagnosed, I had just switched over to a new job and we didn’t know if I was going to get long-term disability. So my friends – bless them – did 2 fundraisers and raised $10,000 for me, which was amazing. ~ Adalene
Whether you keep working or take time away from work, cancer can affect your finances. You may have to pay for help around the house, childcare, or drugs or therapies not covered by provincial or private health insurance plans. Extra expenses, loss of income and growing debt can leave you feeling worried about how you’ll manage.

Start by finding out if you have health insurance – either private disability insurance or insurance through your employer. Ask your insurance broker or your human resources department about the terms and conditions of your coverage. They can tell you what your insurance will pay for, what you will need to pay for yourself and when you can get your coverage. For example, many policies have a waiting period before disability coverage starts.

There are other people you can talk to:

- Account managers at your bank, personal financial planners or advisors can help you budget your money and decide whether you should use equity in your home, RRSPs or other investments.
- An accountant can tell you about the expenses you can claim. You are allowed to claim many of your medical, disability and attendant care expenses on your tax return. Visit the Canada Revenue Agency website at cra-arc.gc.ca.
- Social workers can help you find out more about financial assistance programs in your province or territory and about government benefits, such as Employment Insurance (EI) sickness benefits and Canada Pension Plan (CPP) disability benefits. Most hospitals and treatment centres have a social worker on staff.
- Don’t forget about friends and relatives. You may know a bookkeeper, credit officer or accountant who might be willing to help you organize your finances.
Government services and benefits

The Canadian government has services and programs for people with disabilities, their families and caregivers. To find out about employment, health, income support, tax benefits and housing programs and how to apply for them, contact Employment and Social Development Canada at 1-800-0-Canada (1-800-622-6232) or visit canada.ca.

To find benefits that you may be entitled to, use the benefits finder at canadabenefits.gc.ca.

Getting support

“Depending on your personal situation, make sure you have a network of different people that you can call, that can drive you places, check in on you.” ~ Lin

There are many sources of help available for people with cancer. You don’t have to go through this alone. Your family, friends and community can support you emotionally by being there and listening. They can also help by doing practical things to make your life easier, like doing housework or yardwork, cooking meals, taking care of children or looking after pets.

If you’re having trouble asking for or accepting help, remember that many people really want to support you. Some will know exactly what to do and say without being asked. Others might not be sure how to help. When someone says, “Let me know if there is anything I can do,” tell them exactly what you need help with.

“I had a full freezer for who knows how long because people would just drop off food and put it in my freezer. That’s a huge thing, having to think about what to feed my family. It was hard – it was hard to say yes – but I did it, and then I got help. Just accept the help.” ~ Adalene
You may also find it helpful to talk to a counsellor, like a social worker, psychologist, psychiatrist, spiritual care worker or nurse. Some cancer centres offer free counselling to people with cancer and their families. Ask a member of your healthcare team about counselling services.

Talking with others who’ve had similar experiences can be also be helpful. Consider joining an organized support group or talk with someone in person, on the phone or online. Try more than one option to see which one works best for you.

“We all had cancer, and so you didn’t have to explain anything. You didn’t have to answer any questions. We were there with a common thread and we just enjoyed whatever the class was.” ~ Candra

Talking to someone who’s been there
If you would like to talk to someone who’s had a similar cancer experience, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the shared perspective of someone who’s been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with someone online?
If you’d like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups that may interest you, get support and help others at the same time. You’ll find caring, supportive people there.
**Sexuality**

Sexuality is a part of our everyday life. It includes the act of sex but also our need for closeness, intimacy, caring and pleasure, as well as our sex drive, sexual identity and preferences. Cancer and its treatment can change how you feel about sex and intimacy. This can be caused by many things, such as changes in how your body works, pain, stress or side effects.

You or your partner may think that sex shouldn’t matter that much right now. Some people are simply too tired to think about having sex, while others may be upset by changes to the way their bodies look or work. Some people go through cancer treatment without having their feelings and attitudes about sex affected at all. Everyone’s experience is unique to them.

It can be very hard to deal with changes to your sexuality, but there are many things that you and your partner can do to have a satisfying sex life during and after cancer treatment. Talking openly and honestly about sex offers you the best chance of coping with any sexual changes that cancer treatment brings. It can help to tell your partner about your feelings and about what does and doesn’t feel good. If these conversations feel awkward, you can ask your healthcare team to refer you to a counsellor. They can help you talk openly about your problems, work through your concerns and come up with new ways to help you and your partner find pleasure together.

**Want more information about sexuality?**

Our booklet *Sex, Intimacy and Cancer* has detailed information.
After treatment

“I found that I’ve been almost surprised in a way at how well I’ve handled this. I’m sure it’s not just me, but I’m thankful that I feel good and I enjoy life. There aren’t many things we don’t do because of this.” ~ Adam

As the end of your treatment nears, you may be feeling some strong emotions – relief, joy, fear, uncertainty or anxiety, among others. One moment you may feel happy that treatment is over and ready to get on with the things you’ve put on hold. The next moment you may feel afraid and left alone with no doctor or nurse to talk to. This is normal. Be patient with yourself and give yourself time to find the best way to work through these feelings. Not everyone will have difficulties after their treatment finishes. But many people need time to adjust.

Sometimes, the people around you expect things to get back to normal quickly and that you can simply move on. They may not be able to understand how cancer and treatment has affected you and that your recovery takes time. If you feel comfortable, talk to your family, friends and co-workers. This will help them understand how you feel.

Talking to your healthcare team or joining a support group can help too. Knowing what to expect can help you and your family deal with issues that may come up after treatment and any changes that you may have to make.
Follow-up care

Follow-up care is an important part of your cancer care. Radiation therapy keeps working for weeks after it is given, so follow-up visits help you and your healthcare team watch how you are doing and recovering after treatment.

At first, your follow-up care may be with your radiation oncologist who looked after your treatment. Later, it may be managed by your family doctor. The goal of your follow-up visits will be to:

- see how your treatment is working
- talk about ways to relieve or lessen any side effects
- make sure any health issues or other problems are found and dealt with early
- find out how you are coping
- talk about further treatment options if needed

What to expect at your follow-up visit

The schedule of follow-up visits is different for each person. It will depend on the type of cancer and radiation therapy you had. You might see your doctor more often in the first year after treatment and less often after that. You may need to have blood tests, x-rays, scans or other medical tests as part of your follow-up care.

Your doctor will examine you and ask how you’ve been feeling. Tell them how you feel mentally as well as physically. Tell your doctor about:

- new medicines you are taking (including over-the-counter medicine such as painkillers, laxatives and nutritional supplements)
• herbal therapies and other complementary therapies you may be thinking of trying
• lifestyle changes you’ve made or would like help with, such as quitting smoking, being more active or eating well
• names of new doctors or specialists you may have started seeing

Contact your doctor right away about new symptoms or symptoms that don’t go away. Don’t wait for your next scheduled visit.

"Leading up to my yearly test is usually a bit worse. Or if I have some sort of pain in my body somewhere that is not for any reason, then it can ramp up. We call it my hamster. Sometimes he’s just chillin’, walking around, and sometimes he’s on that ball racing. Those are the harder times for sure." ~ Adalene

Questions to ask about follow-up care
• Who will be taking care of my follow-up care?
• Where do I go for follow-up care?
• How often will I see the doctor?
• What symptoms should I be watching for?
• What should I contact you about right away?
• What late or long-term side effects might I have? Is there any treatment for them?
• How will my family doctor be involved?
• What can I do to reduce the chances of cancer coming back?

Late and long-term side effects

It can take time to get over the effects of your cancer treatment, both physically and emotionally. Some problems will go away quickly. But in some cases, side effects may last a long time or be permanent. These are called long-term effects. For some people, problems only appear a long time after their treatment has ended. These are called late effects.
Your healthcare team can help you understand what late or long-term effects you may need to be prepared for and who can help you deal with them. Here are some of the late or long-term effects you may face after radiation therapy:

- fatigue
- fertility problems
- dry mouth and tooth decay (cavities)
- heart problems
- memory and concentration problems
- loss of bone mass (osteoporosis)
- second cancers

The side effects you have and whether they are permanent, late or long-term depends on where on your body you had treatment. But everyone is different. Someone who had the same type of cancer and treatment as you may recover faster or slower. You may have side effects that they didn’t. Your body will cope with treatment and recovery in its own way.

Some late and long-term effects may be made worse by other health problems that you had before you were diagnosed with cancer, like diabetes, arthritis or heart problems. It’s important to ask for medical help for any problems that you may have.

Late and long-term effects can cause strong feelings. Finding the best way to work through them can take time and patience.

Our booklet *Life after Cancer Treatment* can help you understand more about late and long-term effects and healthy living after cancer treatment.
Moving forward

"You can’t give false hope to people because everybody is different. But to me, there is a lot more benefit to feeling positive and acting positive and getting your life back to normal as soon as possible after you go through these things and deal with them. ~ Adam

Many people find the time near the end of treatment to be a period of change and adjustment – sometimes more or less of a challenge than they expected.

Give yourself time to cope with the changes to your life and your feelings about what has changed. You may be surprised by mixed feelings. While you’re happy to be done treatment, it’s normal to be concerned about what the future holds. You may find that you have new interests and ideas about life.

Don’t expect to feel good about everything. It can help to remember that life after cancer treatment is a process, not an event. Go slowly and give yourself time to come to terms with all you’ve been through.
I have family. I have friends. I’ll go for walks. I’ll exercise. If my anxiety is really bad about something, I’ll contact my oncologist. I just reach out to people. ~ Adalene

For some people, “normal” may mean going back to exactly how your life used to be. The best thing about treatment ending will be getting back to a regular routine and ways of doing things. But for others, it’s not that simple. You may no longer feel sick, but you might not be feeling great either.

Just as your experience of treatment was your own, the way you adjust to life after treatment will be unique too. There’s no right or wrong way to feel about the effect cancer has had on your life. The challenge is to celebrate the joys of the present and get on with living – and to recognize when you need help and ask for it.
Resources

Canadian Cancer Society

We’re here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333.

Ask a trained cancer information specialist your questions about cancer.

Call us or email info@cis.cancer.ca.

Connect with people online to join discussions, get support and help others.

Visit CancerConnection.ca.

Browse Canada’s most trusted online source of information on all types of cancer.

Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.
What we do

The Canadian Cancer Society fights cancer by:

• doing everything we can to prevent cancer
• funding research to outsmart cancer
• empowering, informing and supporting Canadians living with cancer
• advocating for public policies to improve the health of Canadians
• rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer and our services or to make a donation.