

肝癌
Understanding

Liver Cancer



癌症基金會
CANCERFUND



Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in our community.

Our **CancerLink Care Centres** offer professional support and connect various cancer patient support groups to form an extensive support network for cancer patients and families, offering emotional support and practical assistance to those touched by cancer.

This publication is one in a series of cancer information booklets which discuss different aspects of the disease, including possible treatment, side effects and emotional issues. They are intended to inform the public about available treatment and care. You can also download the information from our website: www.cancer-fund.org.

The free services offered by **Hong Kong Cancer Fund** are made possible only because of donation from the public. If you would like to show your support and concern for cancer patients, please feel free to contact us. Your generosity will directly benefit cancer patients in Hong Kong. You can also use our donation form at the back of this booklet to make your contribution.

For further information on our services and our work,
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Contents

Introduction	3
What is cancer?	4
How cancer spreads?	5
The Liver	6
Liver Cancer	8
Types	8
Stages	14
How common is it in Hong Kong?	16
Diagnoses	17
Various tests	18
Treatment	22
Surgery	23
Chemotherapy	25
Other treatments	29
New treatments	30
Follow-up	32
What to ask doctors?	33
Your feelings	35
What can you do?	43
What to do if you are a relative or friend	45
Talking to children	47
Who can help?	49
Hong Kong Cancer Fund Service Network	50
Cancer Patients' Resource Centres	50
CancerLinks	50
Hotline	51
Appendix	52
Our Support Network	52
Publications by Hong Kong Cancer Fund	53



Introduction

This booklet has been written to help you understand more about liver cancer. We hope it answers some of the questions you may have about its diagnosis and treatment.

We can not advise you about the best treatment because this information can only come from your own doctor, who is familiar with your full medical history.

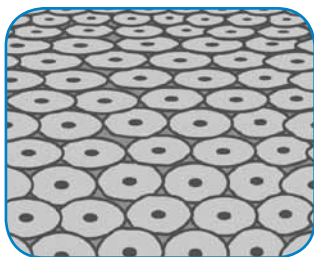
If, after reading this, you think it has helped you, do pass it on to your family and friends who might find it interesting. They too may want to be informed so they can help you cope with any problems you may have.

What is cancer?

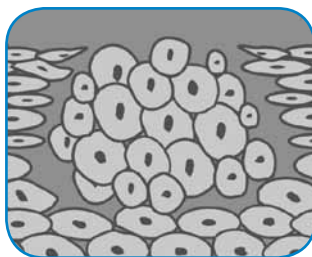
Cancer is a disease of the cells, which are the body's basic building blocks. Cancer starts in our genes. Our bodies constantly make new cells to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Certain genes control this process.

All cancers are caused by damage to these genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump called a tumour.

Tumours can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body.



Normal cells



Cells forming a tumour

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in situ (or carcinoma in situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer.

Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

How cancer spreads?

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis. Sometimes cells move away from the original (primary) cancer, either by the local tissue fluid channels (lymphatics) or in the blood stream, and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis

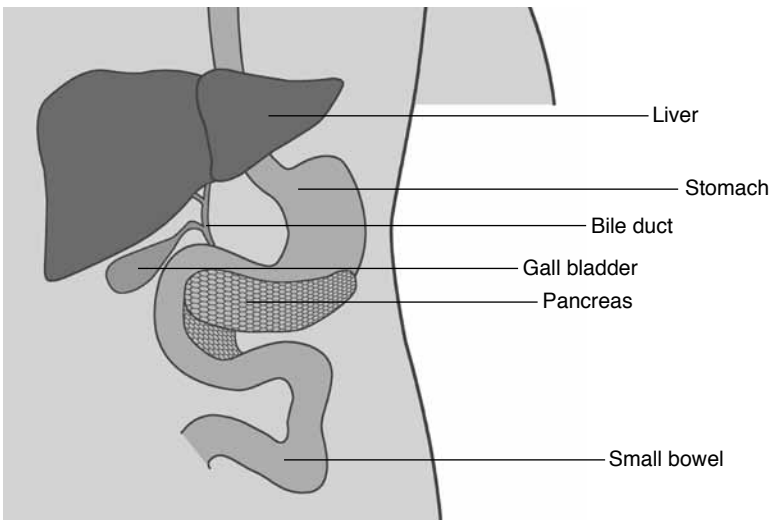
The Liver

The liver is the largest organ in the body, and the main heat-producing organ.

It is surrounded by a fibrous capsule and is divided into sections called lobes.

It is situated in the upper part of the abdomen on the right-hand side of the body and is surrounded and protected from injury by the lower ribs.

The liver is connected to the small intestine (duodenum) by a tube called the bile duct. This duct takes the bile produced by the liver to the intestine.



The liver has an amazing ability to repair itself. It can function normally with only a small part of it in working order.

Function

- Producing proteins that circulate in the blood. Some of these help the blood to clot and prevent excessive bleeding, while others are essential for maintaining the balance of fluid in the body.
- Destroys harmful substances such as alcohol, and gets rid of waste products. It does this by breaking down substances not used by the body so that they can be passed out in the urine or stools (bowel motions).
- Breaking down food containing carbohydrates (sugars) and fats, so that they can be used by the body for energy. It stores substances such as glucose and vitamins so that they can be used by the body when needed.
- Produces bile, a substance which breaks down the fats in food so that they can be absorbed from the bowel (intestine).



Liver cancer

Types

Cancerous (malignant) tumours of the liver can be two very different types: Primary cancer and Secondary cancer.

■ *Primary Cancer*

Primary liver cancer which starts in the liver itself, is one of the most common cancers in some parts of Asia, including the coastal area of China, for example Hong Kong, Taiwan, Guangxi and Vietnam.

- **Two types of primary liver cancer:**

1. Hepatoma or Hepatocellular Carcinoma (HCC): is the most common kind and arises from the main cells of the liver (the hepatocytes).

This type is usually confined to the liver, although occasionally it spreads to other organs and occurs mostly in people with a liver disease called cirrhosis .

There is also a rarer sub-type of hepatoma called Fibrolamellar hepatoma, which may occur in younger people and is not

related to previous liver disease.

2. Cholangio carcinoma or bile duct cancer: starts in the cells lining the bile ducts.

Some primary tumours in the liver are non-cancerous (benign) and do not spread to other parts of the body. They are usually small and may cause no symptoms, and are often discovered by chance during operations or investigations for other conditions. Unless they are causing symptoms they do not usually need to be removed.

- **The causes of primary liver cancer**

1. Hepatoma (cancer of the liver cells):
 - a. Lots of people who develop hepatoma usually have a condition called cirrhosis of the liver. This is a fine scarring throughout the liver which is due to a variety of causes including infection and heavy alcohol drinking over a long period of time. However, only a small proportion of people who have cirrhosis of the liver develop primary liver cancer.
 - b. Infection with either the hepatitis B or hepatitis C virus can lead to liver cancer, and can also be the cause of cirrhosis, which increases the risk of developing hepatoma.
 - c. People who have a rare condition called haemochromatosis,

which causes excess deposits of iron in the body, have a higher chance of developing hepatoma.

- d. In Asia a poison called aflatoxin, found in mouldy peanuts and grain, is an important cause of hepatoma.
2. Bile duct cancers (cholangio carcinomas) are less common than hepatomas. The cause of most bile duct cancers is unknown, but they are slightly more likely to occur in people:
- a. With conditions which cause inflammation of the bowel, such as ulcerative colitis.
 - b. In Asia, infection with a parasite known as the liver fluke is thought to cause many cholangiocarcinomas.

- **The symptoms of primary liver cancer**

In the early stages of primary liver cancer, there are often no symptoms.

People sometimes notice a vague discomfort in the upper abdomen that may become painful. This is due to enlargement of the liver.

Pain can sometimes also be felt in the right shoulder. This is known as referred pain and is due to an enlarged liver stimulating the nerves beneath the diaphragm (the sheet of muscle under the lungs) which are connected to nerves in the right shoulder.

1. Common symptoms:

- a. Loss of appetite
- b. Weight loss
- c. Feeling sick (nausea)
- d. Weakness
- e. tiredness (lethargy)
- f. it may also develop a high temperature and feel shivery.



2. Other symptoms:

a. Jaundice

- The itching may sometimes be relieved by antihistamine tablets or other drugs which your doctor can prescribe. Sometimes the jaundice itself can be relieved.
- This is done by inserting a narrow tube called a stent into the bile duct to keep it open and allow the bile to flow normally into the small intestine.
- Other signs of jaundice are dark-coloured urine and pale stools (bowel motions).

b. Ascites

Sometimes fluid builds up in the abdomen and causes swelling known as ascites. There may be several possible reasons for this:

- if cancer cells have spread to the lining of the abdomen, they can irritate it and cause fluid to build up
- if the liver itself is affected by cancer cells, this causes an increase in pressure in the veins which lead into the liver. Fluid from the abdomen cannot then pass quickly enough through the liver, so it starts to collect in the abdomen
- if the liver is damaged, it may produce less blood protein. This may upset the body's fluid balance, which causes fluid to build up in the body tissues, including the abdomen
- if the cancer cells blocking the lymphatic system. The lymphatic system is a network of fine channels which runs throughout the body. One of its functions is to drain off excess fluid, which is eventually passed out of the body in the urine. If some of these channels are blocked, the system cannot drain efficiently and fluid may build up.
- if ascites does develop, a tube can be put through the wall of the abdomen to drain the fluid away.

Whatever the cause, jaundice or ascites will always indicate a condition that needs medical attention and so should not be ignored. Always have these symptoms checked by your doctor.

■ *Secondary or metastatic liver cancer*

This is a cancer which has started somewhere else in the body and has spread to the liver.

Almost any cancer can spread to the liver, but the most common ones include bowel, pancreas, stomach, lung and breast cancer

• **The causes of secondary liver cancer**

The cause of secondary liver cancer is always a primary cancer situated elsewhere in the body that has spread to the liver. If cancer cells from the primary cancer have escaped into the bloodstream, the liver is a likely place for them to settle as all the blood in the body passes through the liver.

• **The symptoms of secondary liver cancer**

The symptoms are similar for both primary and secondary liver cancer (please see page10-11). In the early stages of both these types of liver cancer there are often no symptoms.

Although you should always have these symptoms checked by your doctor, it is important to remember that they are common to many conditions other than cancer. Whatever the cause, jaundice or ascites will always indicate a condition that needs medical attention and so should not be ignored.

Stages Of Liver Cancer

The stage of a cancer is a term used to describe its size and whether it has spread beyond its original site. Knowing the particular type and the stage of the cancer helps the doctors to decide on the most appropriate treatment.

Cancer can spread in the body, either in the bloodstream or through the lymphatic system. The lymphatic system is part of the body's defence against infection and disease. This system is made up of a network of lymph glands (also known as lymph nodes) that are linked by fine ducts containing lymph fluid. Your doctors will usually check the lymph nodes close to the liver to help find the stage of your cancer.

- **Stage 1**

The cancer is no bigger than 2cm in size, and has not begun to spread.

- **Stage 2**

The cancer is affecting blood vessels in the liver, or there is more than one tumour in the liver.

- **Stage 3A**

The cancer is bigger than 5cm in size or has spread to the blood vessels near the liver.

- **Stage 3B**

The cancer has spread to nearby organs, such as the bowel or the stomach, but has not spread to the lymph nodes.

- **Stage 3C**

The cancer can be of any size and has spread to nearby lymph nodes.

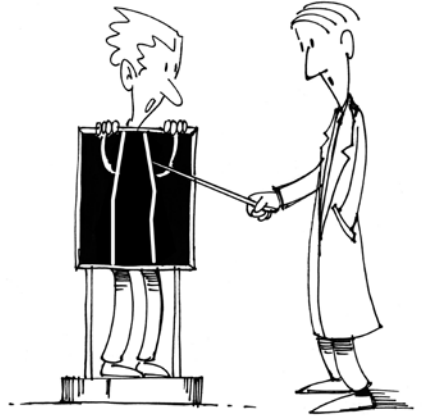
- **Stage 4**

The cancer has spread to parts of the body further away from the liver, such as the lungs.

Diagnoses

The examination will include feeling your upper abdomen to see whether your liver is enlarged or tender to the touch.

If you have not had cancer before, the doctor will examine you thoroughly and ask you to have tests to see if there are any signs of another cancer in your body, which has spread to your liver.



If you have had cancer before, the doctor will arrange for tests to see whether you have a secondary liver cancer.

If it is thought that you have secondary cancer of the liver, your doctor may do a number of tests to confirm the diagnosis. If you have not had cancer before, the doctor may arrange further tests to find out where in the body the cancer started.

In some people with secondary liver cancer it may be impossible to find the original primary cancer. Understandably, many people find this difficult to accept. Sometimes the primary cancer cannot be found because it is too small to be detected by the tests currently available.

Various tests

Your doctor may arrange for you to have one or more of the following tests at the hospital. The tests are designed to confirm whether you have liver cancer and if so:

- to see whether the cancer is primary or secondary
- check the extent of the disease in the liver
- see whether the cancer has spread to other parts of the body as well as the liver

■ *Blood test*

A blood test will be taken to check your general health and also to check how well the liver is working.

■ *Liver ultrasound*

Sound waves are used to make up a picture of the inside of the liver. It is done in the hospital scanning department. If you are having an ultrasound scan you will be asked not to eat anything for at least four hours before your appointment.

Once you are lying comfortably on your back, a gel is spread onto your abdomen. A small device, like a microphone, which produces sound waves, is passed over the area. The sound waves are then converted into a picture by a computer. This is a painless test and only takes a few minutes.

■ ***Abdominal CT (computerised tomography) scan***

In this scan, a series of x-rays are taken of the abdominal area and fed into a computer. This builds up a detailed picture of the size and position of the cancer.

Before the scan, you will be asked to drink a special liquid which shows up on x-ray and ensures that a clear picture is obtained. Once you are lying in a comfortable position, the scan will be taken. About halfway through the scan, a special dye may be injected into one of your veins to show up the blood vessels in the liver. For a few minutes, this may make you feel hot all over. If you are allergic to iodine or have asthma, you could have a more serious reaction to the injection, so it is important to let your doctor know beforehand.

The scan itself is painless but it will mean lying still for about 10-30 minutes.

You will probably be able to go home as soon as the scan is finished.

■ ***MRI (magnetic resonance imaging) scan***

This test is similar to a CT scan, but uses magnetism instead of x-rays to build up cross-sectional pictures of your body.

As with CT scans, some people are given an injection of dye into

a vein in the arm to improve the picture.

During the test, you will be asked to lie very still on a couch inside a long chamber for up to an hour. This can be unpleasant if you do not like enclosed spaces; if so, it may help to mention this

to the radiologist. The MRI scanning process is also very noisy, but you will be given earplugs or headphones to wear. You can sometimes take in CDs of your own music to listen to.



The chamber is a very powerful magnet, so before entering the room you should remove any metal belongings. People who have heart monitors, pacemakers or certain types of surgical clips cannot have an MRI because of the magnetic fields.

You will probably be able to go home as soon as the scan is finished.

■ *Laparoscopy*

This is a small operation which allows the doctor to look at the liver. While you are under anaesthetic, the doctor makes a small cut in the lower abdomen and carefully inserts a thin mini-telescope (laparoscope). The doctor can look at the liver through the laparoscope and take a small sample of tissue (biopsy) for examination under a microscope.

After a laparoscopy, you will have one or two stitches in place in

your lower abdomen. You should be able to get up as soon as the effects of the anaesthetic have worn off. You may need to stay in hospital for a day or so.

A laparoscopy may not be possible in someone who has had major surgery to their abdomen in the past.

■ *Hepatic arteriography*

In this test, a dye will be injected into your bloodstream. This dye shows up on X-ray and so will reveal abnormalities in the liver's blood supply.

■ *Liver biopsy*

For this test, you will first be given a local anaesthetic to numb the area, then the doctor will use a needle to take a few cells, or a small piece of tissue, from the liver. This will be examined under the microscope for cancer cells.

If you are going to have a liver biopsy, it will usually be done during the ultrasound test so the doctor can locate the best place to put the needle.

After a liver biopsy, you will need to stay in the hospital, usually overnight, to make sure you have no discomfort and to check there is no bleeding from the biopsy site.



Treatment

Your doctor who plans your treatment taking into account on a number of factors:

- whether the cancer is a primary or secondary liver cancer
- your age
- your general health
- the type and size of the cancer
- whether it has spread beyond the liver
- whether the liver is affected by any other disease, such as cirrhosis

All treatments have side effects and it is helpful to discuss with your doctor on the possible benefits and side effects of any treatment that you are offered, so that you can decide which treatment best suits your particular situation.

Secondary liver cancer and its treatment may affect your ability to work.

If you have any questions about your own treatment, do not be afraid to ask your doctor or the nurse who is looking after you. It often helps to make a list of questions for your doctor and to take a close friend or relative with you.

Some people find it reassuring to have another medical opinion

to help them decide about their treatment. Most doctors will be pleased to refer you to another specialist for a second opinion if you feel this will be helpful.

Surgery

Surgery is the most effective treatment for primary liver cancer, but this is not always possible due to the size or position of the tumour. And it is also not always possible to operate if the cancer has spread beyond the liver.

There are three kinds of surgery:

■ *Liver resection:*

An operation to remove the affected part. If only certain areas of the liver are affected by the cancer and the rest of the liver is healthy.

It is most commonly used to remove secondary liver tumours that have come from a primary cancer in the bowel. If the cancer cells are in a single area of the liver, the surgery may sometimes cure the cancer.

Recent improvements in liver surgery mean that several tumours can sometimes be removed from more than one area of the liver in a single operation. Chemotherapy is sometimes used to shrink tumours before surgery to make the operation

safer and more successful.

Liver resection is a major operation that takes from 3-7 hours, and is carried out in specialist liver surgery hospitals. It is only suitable for a small number of people with liver cancer. There are usually no long-term side effects following liver resection, as the remaining liver can regrow within a few months of the operation and carry out all its normal functions.

■ ***Lobectomy***

If the operation removes a whole lobe of the liver,

If the liver is severely damaged by cirrhosis, it may not be safe for the patient to have such surgery.

The liver has an amazing ability to repair itself. Even if up to three-quarters of the liver is removed, it will start to re-grow very quickly, and may be back to normal size within a few weeks.

■ ***Liver transplant***

Removing the whole liver and replacing it with a liver from another person is another possible form of treatment for primary liver cancer, but can only be done in a very few cases when the tumour is small.

Before any operation, it is important to discuss it fully with your doctor so that you understand what it involves.

After your operation

The hospital staff will tell you what to expect after the operation. You may be taken to the intensive care ward until you have fully recovered from the anaesthetic (this usually takes about 24 hours).

It is normal to have some pain or discomfort after an operation on the liver. You will be given regular injections of painkillers for several days after the operation to prevent and relieve pain.

Most people will need painkillers after they go back home for the next few weeks. It may take up to six weeks before you start getting back to normal.

Chemotherapy

If chemotherapy worked well for the primary cancer, then chemotherapy will usually work well for secondary cancer in the liver.

Chemotherapy is the main type of treatment for both primary and secondary cancer in the liver and the drugs used will depend on where in the body the primary cancer started. For example, if you have cancer of the breast that has spread to the liver, you will receive chemotherapy



designed to treat secondary breast cancer.

Unfortunately, it is not possible to cure a secondary liver cancer completely with chemotherapy. However it may slow or stop the growth of the cancer and may shrink the cancer to reduce any symptoms that it may be causing. Chemotherapy may also sometimes be used to shrink a liver tumour so that it can be removed by surgery.

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells.

Chemotherapy drugs are usually given by injection into a vein (intravenously) or by injecting the drug directly into the hepatic artery (the blood vessel that takes blood to the liver).

Chemotherapy is often given as a session of treatment, usually lasting a few days. This is followed by a rest period of a few weeks to allow your body to recover from any side effects of the treatment.

The number of sessions you have will depend on the type of liver cancer you have and how well it is responding to the drugs.

Sometimes the chemotherapy drugs are given through a tube inserted through the skin of the chest into a vein near the heart (a central line) or in the crook of your arm (a PICC line).

A pump (similar in size to a Walkman) may be attached to the tube to give a continuous dose of the chemotherapy drugs. This way of

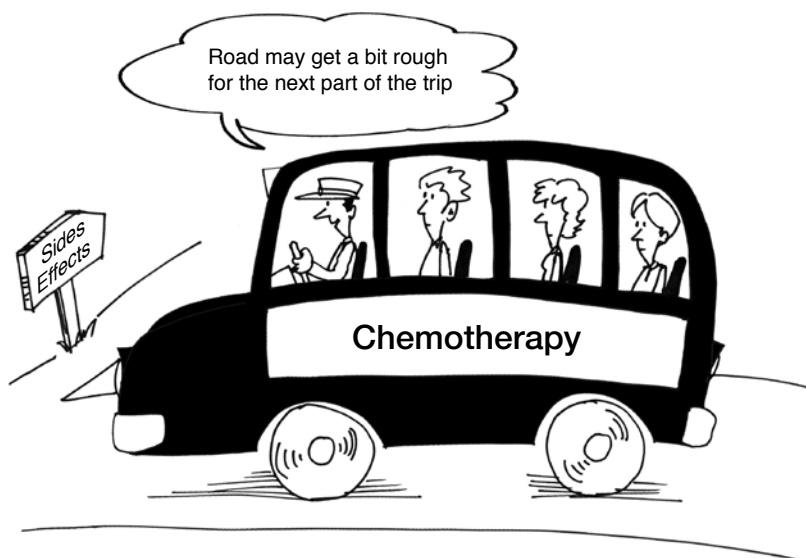
giving the chemotherapy is known as continuous infusion.

Chemotherapy is usually given in the outpatient department, but you may need to spend a few days in hospital.

■ *Side effects*

Different chemotherapy drugs cause different side effects, and some people may have very few. Cancer treatments cause different reactions in different people and any reaction can vary from treatment to treatment.

It may be helpful to remember that almost all side effects are only short-term and will gradually disappear once the treatment has stopped.



The main areas of your body that may be affected by chemotherapy are those where normal cells rapidly divide and grow, such as the lining of your mouth, the digestive system, your skin, hair and bone marrow (the spongy material that fills the bones and produces new blood cells).

Although the side effects of chemotherapy can be unpleasant, they must be weighed against the benefits of the treatment. After all, it can also make you feel better by relieving the symptoms of the cancer. Any side effects that occur can often be well controlled with medicine. The main side effects including:

- Tiredness
- Lowered resistance to infection
- Bruising or bleeding
- Anaemia (low number of red blood cells)
- Nauseate, vomitting
- Taste changes
- Sore mouth
- Hair loss

Although the side effects may be hard to bear at the time, these side effects will begin to disappear once your treatment is over.

Hong Kong Cancer Fund's booklet on Understanding Chemotherapy discusses the treatment and its side effects in more detail. We would be pleased to send you a copy upon request.

Other treatments

■ *Tumour ablation*

This type of treatment is used for tumours less than 5cm in diameter. Liquids such as alcohol (ethanol) or acetic acid are injected through the skin and into the tumour. The liquids destroy the cancer cells.

This procedure is usually done in the scanning department so that ultrasound can be used to guide the needle directly into the tumour. If the tumour grows again, the treatment can be repeated.

■ *Laser or radiofrequency (thermal) ablation*

This treatment uses a laser or electrical generator to destroy the cancer cells.

Under local anaesthetic, a fine needle is inserted into the centre of the tumour. Powerful laser light or radio waves are then passed through the needle and into the tumour, which heats the cancer cells and destroys them.

■ *Radiotherapy*

Radiotherapy is not usually used to treat secondary cancer in the liver. However, it may be used to relieve symptoms of pain and discomfort and also sickness.

■ *Hormonal therapies*

Hormonal therapies are sometimes used to treat secondary cancer in the liver, usually if the cancer has spread from the breast. Hormones are substances that occur naturally in the body and control the growth and activity of normal cells. Hormonal therapies can be given to try and slow down the growth of cancer cells and improve symptoms.

New Treatments

The following treatments are still being evaluated as part of research trials. Your cancer specialist will be able to discuss with you whether they may be helpful in your situation, and can refer you to a hospital which carries out these treatments.



■ *Cryosurgery or cryotherapy*

In cryotherapy treatment, a device called a cryoprobe is inserted into the centre of the tumour during an operation. Liquid nitrogen is then passed through the probe. This freezes the surrounding area and destroys the cancer cells.

■ *Chemoembolisation*

This treatment involves mixing chemotherapy drugs with an oily substance called lipiodol. Under local anaesthetic, the mixture is then injected into the liver through a tube inserted into the hepatic artery (the main blood vessel carrying blood to the liver). It is thought that adding lipiodol to the chemotherapy drugs helps them to remain in the liver longer, and makes the treatment more effective. This treatment can be repeated several times. It is carried out in the x-ray department and usually needs a stay in hospital for 24-48 hours.

■ *Alcohol treatment*

Sterile alcohol is used to destroy the cancer cells. The technique is only suitable for tumours less than 4-5 cm in size. A small needle is inserted into the liver tumour under local anaesthetic. The alcohol is then injected directly into the tumour. Alcohol treatment is only effective if there is one small tumour in the liver or a small number of separate tumours. The injection can be painful and painkillers are given afterwards for a time. Some people have a feeling of being drunk for 10-15 minutes afterwards.

Follow-up

After your treatment has been completed, your doctor will ask you

to return for regular check ups and x-rays or scans. These are good opportunities to discuss with your doctor on any worries or problems that you may have. However, if you notice any new symptoms or are anxious about anything else in the meantime, contact your doctor or the ward sister for advice.





What to ask doctors?

You may find the following checklist helpful when thinking about the questions you want to ask your doctor about your illness and treatment. If there are answers you do not understand, it is alright to ask your doctor to explain again.

Some suggested questions are listed below:

1. What type of liver cancer do I have?
2. Has my cancer spread? If so, which part of my body has it spread?
3. What treatment do you recommend and why?
4. What are the risks and possible side effects of each treatment?
5. Will I have a lot of pain with the treatment? What will be done about this?
6. Are there other treatment choices for me? If not, why not?
7. Will a doctor who specialises in liver cancer giving me treatment?
8. Are all modern investigations and treatments for my type of cancer available in this hospital?
9. Are there any clinical trials of new treatments?

10. How long will the treatment take? How much will it affect what I can do? How much will it cost?
11. If I need further treatment, what will it be like and when will it begin?
12. Will the treatment affect my sex life?
13. How frequently will I have checkups and what will they involve?
14. I would like to have a second opinion about the treatment. Can you refer me to someone else?
15. Am I going to survive? How long will I live?





Your feelings

Most people feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and frequent changes of mood. You might not experience all the feelings discussed below or experience them in the same order. This does not mean, however, that you are not coping with your illness. Reactions differ from one person to another and there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you do.

Various feelings:

■ *Shock and disbelief*

“I can’t believe it` It can’t be true”

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over again, or you need to

be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

■ *Denial*

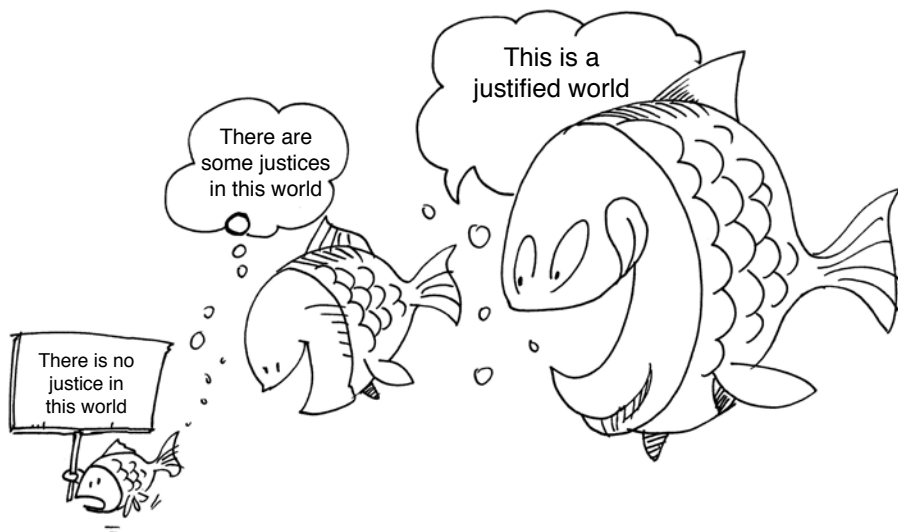
“There’s nothing wrong with me!” “I haven’t got cancer!”

Many people do not want to know anything about their cancer, or wish to talk as little as possible about it, they think this is the best way of coping with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being. Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you if you can talk to them about your illness.

■ Anger

“Why me?” “Why now?”

Anger can hide other feelings such as fear or sadness and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your God.



It is understandable that you may be deeply upset by many aspects of your illness and you should not feel guilty about your angry thoughts or irritable moods. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them. If you can, it may be helpful

to tell them this at a time when you are not feeling quite so angry, or, if you would find that difficult, perhaps you could show them this. If you find it difficult to talk to your family, it may help to discuss the situation with a trained counsellor or psychologist. You can call CancerLink Hotline: 3656 0800 to get more information.

■ *Fear and uncertainty*

“Am I going to die?” “Will I be in pain?”

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all newly-diagnosed cancer patients is: ‘Am I going to die?’

Some patients with cancer of the liver may be cured but even when your cancer is not curable, there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with emotional aspects of cancer.

‘Will I be in pain?’ and ‘Will any pain be unbearable?’ are other common fears. In fact, there are many modern drugs and other techniques that are very successful in relieving pain or keeping it under control. Other ways of easing or preventing you from feeling pain are radiotherapy and nerve blocks.

Many people are anxious about their treatment: whether or not it will work and how to cope with possible side effects. It is best

to discuss your individual treatment in detail with your doctor. Make a list of questions you may want to ask and do not be afraid to ask your doctor to repeat any answers or explanations you do not understand. You may like to take a close friend or relative to the appointment with you. If you are feeling upset, they may be able to remember details of the consultation which you might have forgotten or you may want them to ask some of the questions you yourself might be hesitant of putting to the doctor. Some people are afraid of the hospital itself. It can be a frightening place, especially if you have never been in one before, but talk about your fears to your doctor, he or she should be able to reassure you.

Often you will find that doctors are unable to answer your questions fully, or that their answers may sound vague. It is often impossible to say for certain that the cancer has been totally eradicated. Doctors know from past experience approximately how many people will benefit from a certain treatment, but it is impossible to predict the future for individual people. Many people find the uncertainty hard to live with; not knowing whether or not you are cured can be disturbing.

Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying, so acquiring some knowledge about your illness can be reassuring. Discussing your findings with your family and friends can help to relieve tension caused

by unnecessary worry.

■ ***Blame and guilt***

“If I hadn’t... this would never have happened” “It’s my own fault”

Sometimes people blame themselves or other people for their illness, they usually try to find out reasons for why it should have happened to them. This may be because we often feel better if we know why something has happened. As doctors rarely know exactly what has caused your cancer, there is no reason for you to blame yourself.

■ ***Resentment***

“It’s all right for you, you haven’t got to put up with this”

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may crop up from time to time during the course of your illness and treatment for a variety of reasons. Relatives too can sometimes resent the changes that the patient’s illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

■ *Withdrawal and isolation*

“Please leave me alone”

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at the moment, you will talk to them about it when you are ready.

■ *Depression*

Sometimes an unwillingness to talk can be caused by depression. It may be an idea to discuss this with your GP who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of cancer patients. It is quite common for people with cancer of the liver to experience depression and there is no need to feel you are not coping if you need to ask for help.



Learning to cope

After any treatment for cancer, it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

The treatment for cancer of the liver can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like and try to get plenty of rest.

Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling they can be more supportive.



What can you do?

A lot of people feel helpless when they are told that they have cancer and feel there is nothing they can do other than hand themselves over to doctors and hospitals. This is not so. There are many things you, and your family, can do at this time.

Practical and Positive Tasks

At times, you may not be able to do things you used to take for granted. However, as you begin to feel better, you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

Many people talk about “fighting their illness”. This is a healthy response and you can do it by becoming involved in your illness. One easy way of doing this is by planning a healthy, well-balanced diet. Another way is to learn relaxation techniques that you can practise at home with tapes. Contact CancerLink Hotline: 3656 0800.

Many people find it helpful to take some regular exercise. The type of exercise you take, and how strenuous, depends on what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

Understanding Your Illness

If you and your family understand your illness and its treatment, you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.

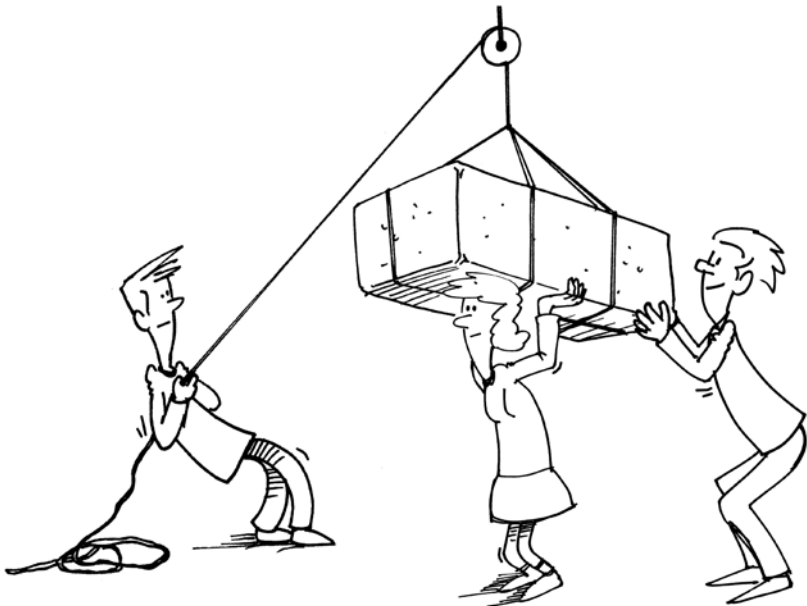
However, for information to be of value it must come from a reliable source to prevent it causing unnecessary fears. Personal medical information should come from your own doctor who is familiar with your medical background. As mentioned earlier, it can be useful to make a list of questions before your visit or take a friend or relative with you to remind you of things you want to know but can forget so easily.





What to do if you are a relative or friend?

Some families find it difficult to talk about cancer or share their feelings. The first reaction of many relatives is that the person with cancer should not be told. They may be afraid that he or she will be unable to cope with the news or perhaps that they themselves will find it difficult if the person with cancer knows the truth. If a decision is made not to tell, the family then has to cover up and hide information. These secrets within a family can be very difficult to keep and they can isolate the person with cancer, causing unnecessary fear and creating tension between family members.



In any case, many people suspect their diagnosis, even if they are not actually told. It is much easier to cope with the problems you may experience if you are all open and truthful with each other.

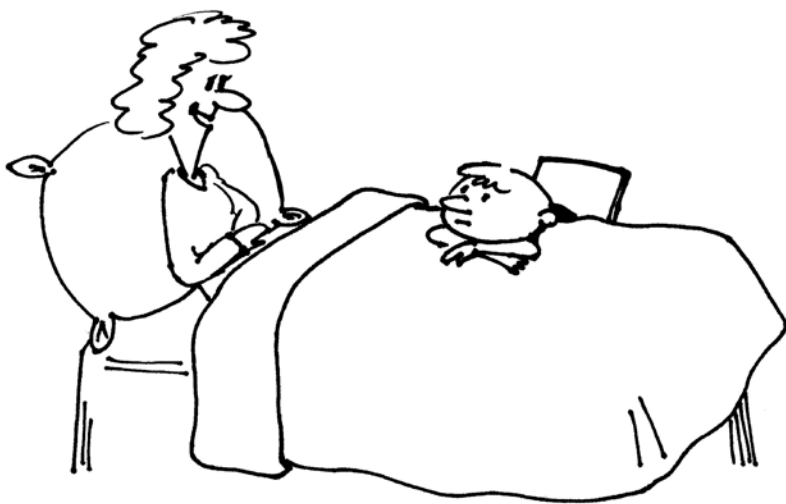
Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Do not rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Hong Kong Cancer Fund has published a booklet on 'Talking to Someone with Cancer' in the How to Cope series and it is written for friends and relatives of people with cancer. It looks at some of the difficulties people may have when talking about cancer. We are glad to send you a copy upon request.

Talking to children

Deciding what to tell children about cancer is difficult. How much you tell them will probably depend on their age and how grown up they are. Very young children are concerned with immediate events. They do not understand illness and need only simple explanations of why their relative or friend has had to go into hospital.

Slightly older children may understand a story explanation in terms of 'good cells and bad cells', but all young children need to be repeatedly reassured that the illness is not their fault. By the age of ten most children can grasp fairly complicated explanations.



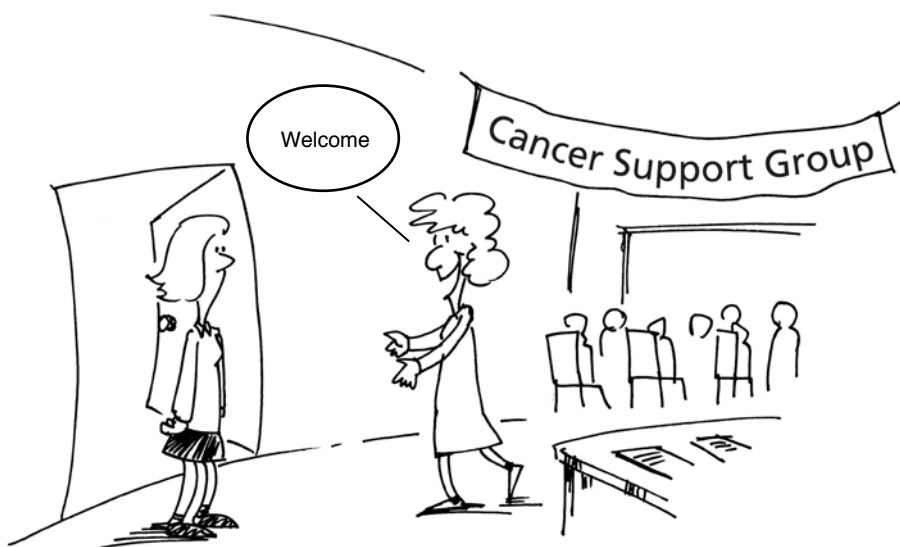
Adolescents may find it particularly difficult to cope with the situation because they feel they are being forced back into the family just as they were beginning to break free and gain their independence.

An open, honest approach is usually the best way for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only small amounts of information and gradually building up a picture of the illness. But do not keep them in the dark about what is going on. Their fears are likely to be much worse than reality.

Hong Kong Cancer Fund published a booklet on 'What Do I Tell the Children?' which may be able to help you. To request an English copy, please call CancerLink 3667 3000.

Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Many people also find great comfort in their religion at this time. Hong Kong Cancer Fund is always willing to discuss any problems that you might have and we can put you in touch with a counsellor or a support group.



Hong Kong Cancer Fund Service Network

Our six “Cancer Patients’ Resource Centres” in major public hospitals and the two CancerLinks Support Centres in the community provide free counselling, support and information to those in need. Together they form a seamless service network that meet the needs of those living with cancer at different stages of their cancer journey. For directory, please see page 39.

■ *Cancer Patients’ Resource Centres*

There are altogether six Cancer Patients’ Resource Centres within the oncology departments of the major public hospitals. They are often the first point of contact for support and information after a diagnosis. The centres provide cancer information, emotional support, counselling and guidance to those in need.

■ *CancerLinks*

We have two care centres outside the hospital setting which cater to the specific needs of cancer patients throughout different stages of their diagnosis. CancerLink Central offers a well designed holistic rehabilitation programme which emphasizes individual needs while CancerLink Wong Tai Sin is the home to 14 support groups and is the centre for peer sharing and group activities.

Care specialists including registered social workers, oncology nurses, counsellors and therapists are on board to provide support, information and specialised services.

Programmes in our care centres are carefully designed to meet different needs. Private and group counselling are conducted by registered professionals to help patients and families deal with different emotional aspects during their course of treatment. There are also courses to develop coping skills, relaxation classes to help relieve mental and physical stress, and peer support groups for experience sharing. There is also a well-stocked library in each centre, with rehabilitation equipment ready for use or loan.

Whether you are seeking self-help information or group support, choices are always available.

■ **Hotline**

Our hotline receives thousands of calls every year. It is supervised by professionals who share and give advice on both physical and emotional difficulties faced by patients and their families. Talking with someone who understands can make a huge difference.

Hotline : 3667 3000 (Hong Kong)
3656 0800 (Kowloon)





Appendix

Hong Kong Cancer Fund Support Network

CancerLink Care Centres

CancerLink Central

Unit 3, G/F., The Center, 99 Queen's Road Central, Hong Kong
Hotline: 3667 3000 Tel: 3667 3030 Fax: 3667 3100 Email: canlinkcentral@hkcf.org

CancerLink Wong Tai Sin

Unit 2-8, G/F., Wing C, Lung Cheong House, Lower Wong Tai Sin Estate, Kowloon
Hotline: 3656 0800 Tel: 3656 0700 Fax: 3656 0900 Email: canlink@hkcf.org

CanSurvive (English-speaking Support Group)

Hotline: 2328 2202 Fax: 2328 2212

Pamela Youde Nethersole Eastern Hospital

Cancer Patients' Resource Centre

1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Queen Mary Hospital

Cancer Centre

2/F., Professorial Block, 102 Pokfulam Road, Hong Kong
Tel: 2855 3900 Fax: 2855 3901

Prince of Wales Hospital

Cancer Patients' Resource Centre

3/F., Sir Yue Kong Pao Cancer Centre, 30-32 Ngan Shing Street, Shatin, NT
Tel: 2632 4030 Fax: 2632 4557

Queen Elizabeth Hospital

Cancer Patients' Resource Centre

Room 601, Block R, 30 Gascoigne Road, Kowloon
Tel: 2958 5393 Fax: 2958 5392

Tuen Mun Hospital

Cancer Patients' Resource Centre

Tsing Chung Koon Road, Tuen Mun, NT
Tel: 2468 5045 Fax: 2455 2468

Princess Margaret Hospital

Cancer Patients' Resource Centre

2/F. & 3/F., Block H, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

Kwong Wah Hospital

The Breast Centre

Department of Surgery
1/F., South Wing, 25 Waterloo Road, Kowloon
Tel: 3517 6107 Fax: 3517 5240

Publications by Hong Kong Cancer Fund

UNDERSTANDING SERIES

No.	Title
01	Bladder Cancer
02	Bowel Cancer
03	Brain Tumor
04	Breast Cancer
05	Cervical Cancer
06	Chemotherapy
07	Larynx Cancer
08	Leukaemia
09	Liver Cancer
10	Lung Cancer
11	Lymphoedema
12	Lymphoma
13	Mouth & Throat Cancer
14	Nasopharyngeal Carcinoma
15	Oesophagus Cancer
16	Ovarian Cancer
17	Pancreatic Cancer
18	Prostate Cancer
19	Radiotherapy
20	Skin Cancer
21	Stomach Cancer
22	Thyroid Cancer
23	Uterus Cancer

HOW TO COPE SERIES

No.	Title
01	Breast Care after Surgery
02	Cancer and Complementary Therapies
03	Coping at Home: Caring for someone with advanced cancer
04	Coping with Cancer
05	Diet and Cancer
06	Hair Loss
07	Pain and other Symptoms of Cancer
08	Sexuality and Cancer
09	Talking to Someone with Cancer
10	What Do I Tell the Children
11	When Cancer Comes Back
12	When Someone In Your Family Has Cancer

Please call 3667 3000 (Hong Kong) 3656 0800 (Kowloon) to request your free English booklet.

Care in Action

We provide free information and counselling

Hotline: 3667 3000 (Hong Kong) 3656 0800 (Kowloon)

Website: www.cancer-fund.org



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