



HOPE HANDBOOK

A Resource Guidebook for Newly Diagnosed Cancer Patients

A Community Service Project by
Malaysian Oncological Society and Pfizer Malaysia



MALAYSIAN ONCOLOGICAL SOCIETY
www.malaysiaoncology.org



Message from the Minister of Health Malaysia

“HOPE HANDBOOK” IS AN EXCELLENT RESOURCE

for patients to help them understand and cope with a diagnosis of cancer. It is also a useful handbook for relatives, friends and the public because undoubtedly, when a person is diagnosed with cancer it not only affects his or her daily life but also the lives of their family and friends.

This handbook has evolved from dialogues between patients and Oncology staff throughout the country. Hence the need to have reading material available for patients which they can relate to and which is also meaningful and relevant to their day to day worries and problems.

As we read in the HOPE Handbook, it is important for the patient with cancer and their relatives to be actively involved with the doctor and the oncology team, throughout all aspects of managing the disease, from initial diagnosis and treatment to follow-up.

This means that the patient and the family should have thorough understanding of the cancer as it will enable them to discuss any issues openly with the doctor in order to understand what options are available to the patient and to make well-informed decisions about treatment.

Clearly, it is known that anyone can get cancer. Cancer has no social, economic or educational boundaries. It affects rich and poor, young people, middle aged, and the elderly, male and female alike.

I am sure that this handbook, outlining and sharing the experiences of patients and relatives, will prove to be very helpful and enlightening to readers.

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

(DATO' DR. CHUA SOI LEK)

TALKING ABOUT CANCER IS SOMETHING MOST PEOPLE AVOID,

the way people automatically avoid anything unpleasant or painful. As a result, Malaysians don't talk about the disease and this makes it seem as though cancer is not a problem in this country. For some it feels better to just sweep the disease under the carpet and pretend it doesn't exist.

As a professional society we are dedicated to continually improving the knowledge and expertise of its members, and in turn improving the quality of cancer care for patients.

MOS members see these patients everyday, and while some are in advanced stages of cancer, many more are successfully undergoing treatment and going on to lead normal lives. From our perspective, the disease is something that can be overcome, and the battle begins with the individual.

Cancer is not a shameful disease. It is usually not inherited. But the experience of many patients is one of loneliness, depression and hopelessness. Cancer patients are thrust into an entirely new world, and the physical changes brought on by the disease are only the first obstacle. They then have to face treatment, which can be a tremendous strain on the body, and they have a long and difficult journey to regain their former strength and vigour, all the while battling the emotional and psychological trauma of the disease.

Hence we also put a lot of effort into raising the level of awareness among the public, via our website, www.malaysiaoncology.org, so that they and their family members can be informed and educated on the disease and their options for treatment.

The dictionary defines HOPE as "to look forward to with desire and reasonable confidence," and this book is central to our concerns that the many myths about cancer lead to unnecessary fears about the disease and misconceptions about proper treatment. Combined, these factors often result in delayed treatment, and this reduces the chances of recovery.

It is our deepest desire that patients and their loved ones will see the need for HOPE, and that this book will help them to do so.

We express our heartfelt thanks to Pfizer Malaysia for their support in producing the book, and to the many patients whose experiences have taught us, their doctors, that recovery encompasses so much more than merely treating the disease.

Sincerely,

Dr Gurcharan Singh Khera

President

The Malaysian Oncological Society

THE OPPORTUNITY TO MAKE A DIFFERENCE IS A POWER WE ALL POSSESS.

The ability to make things better, or to start a ripple effect which continues growing long after our efforts are over, is a blessing we should not overlook.

Just as doctors swear to "first do no harm", it is the mission of pharmaceutical companies like Pfizer to dedicate themselves to finding better treatments for the many people who suffer from diseases.

With more than 500 ongoing cancer research studies, Pfizer Oncology is constantly bringing forth medicines that allow cancer patients to live longer and better lives, with the opportunity to spend more time with the people who love them. It is our goal is to make life easier and more fulfilling for them.

With Pfizer's strong background in research and development and the advancements in the field of oncology, we are in a position to reach out to many cancer patients all over the world, including those here in Malaysia.

Our partnership with the Malaysian Oncological Society (MOS) is one of shared dedication and responsibility. We hope this relationship will continue to benefit the patients and people everywhere who are affected by cancer.

This HOPE Resource Guidebook for cancer patients was made possible due to the combined efforts of many people, but it was borne out of a desire to make a difference.

Although a single book is just a start in understanding cancer and what it entails for the patient, we've tried to produce a simple guide that will help patients in this trying and difficult experience.

Information about the disease is one of the most valuable resources there is for a person newly diagnosed with cancer. Knowing what's ahead provides us all with a small measure of security and helps us face the days ahead with a certain amount of confidence and acceptance, and a sense of HOPE.

More importantly we've tried to provide not only medical information but also insights and suggestions for individuals with cancer, as well as their loved ones. Remember that you do not walk this path alone, and keep HOPE as your companion along the way.

Finally I would like to thank MOS, the patients who shared their insights and experiences, and everyone who was involved in making this valuable resource a reality.

Sincerely,

John Latham

Managing Director

Pfizer Malaysia

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LEARNING ABOUT CANCER



INTRODUCTION

Being diagnosed with cancer can hit you like a sledgehammer, and being thrust into a whole new world filled with medical jargon, technical procedures and a host of medical personnel is very intimidating.

To help familiarise yourself with what you will likely encounter on your medical journey, take the time to soak up information like a sponge - it will help you make sense of what's happening inside your body and what's taking place in the world around as healthcare personnel work with you to bring you back to health. In a word, there is always HOPE.

HOW CANCER DEVELOPS

In the most simple terms, cancer is the growth of abnormal cells. Under normal circumstances, all the cells in our body are there for a reason, with each one growing at a specific rate for a specific reason. Cancer develops when this predetermined plan is somehow disrupted and these abnormal cells continue to grow, displacing normal cells.

WHAT CAUSES CANCER?

In most cases, no-one know what exactly causes cancer. With the exception of those who are exposed to toxic chemicals and radiation, specialists around the world cannot precisely explain why one person gets cancer while another does not.

Cancer does not develop overnight, hence drastic changes in your lifestyle such as consuming organic food and quitting your job to reduce stress will not yield immediate results.

Your cancer risk is partly pre-determined by factors beyond your control, such as age, gender and family history. The other part of the equation is a combination of lifestyle habits such as diet, smoking and alcohol consumption.

Because it comes in so many forms and can originate in so many different parts of the body, cancer can strike people of all ages and ethnic groups, regardless of whether they live in a rural or urban environment.

a silent
killer
in more
ways
than one



CANCER IN MALAYSIA

Not only does cancer often develop undetected, many people do not even speak about the disease, making it a silent killer in more ways than one.

As such, recently released data from The National Cancer Registry may surprise you.

In Malaysia, data from the 2003 National Cancer Registry report indicated that the most common cancers among men are lung cancer (13.8%), nasopharynx or nose cancer (8.8%) and colon cancer (7.6%). However, colorectal cancer (colon cancer and rectal cancer combined) is the most common cancer experienced by men, at 14.2%.

Among women breast cancer amounted to 31% of all cancer cases, followed by cancers of the cervix, ovary and uterus (12.9%), and colorectal cancer (10.1%).

Figure 1.2.1 (a) Ten most frequent cancers in males, Peninsular Malaysia 2003

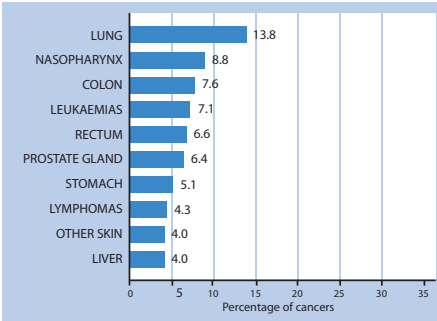
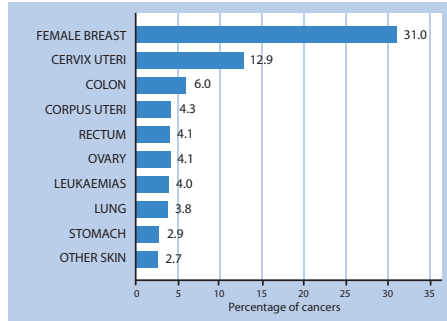


Figure 1.2.1 (b) Ten most frequent cancers in females, Peninsular Malaysia 2003



* Courtesy of the National Cancer Registry report 2003.

DID YOU KNOW?

Breast cancer among Asian women is more common than you might think. Rates in China have increased by 30% over the past 10 years, while Hong Kong recorded an increase of 80% from 1992 to 2002. In Singapore rates have doubled over 30 years, resulting in at least 200 deaths annually. Specialists attribute these dramatic increases to a more Western diet, delayed childbirth and obesity.

Whatever the cause, your body often exhibits warning signs or hints that something is wrong. The following list is helpful in determining whether you may have cancer. However remember that it is not conclusive - experiencing any or several of these symptoms does not mean that you have cancer and only a specialist can make the proper diagnosis.

WARNING SIGNS OF CANCER

1. Changes in bowel habits

Diarrhoea, constipation, or narrowing of the stool that lasts for more than a few days or any rectal bleeding or blood in the stool can be symptoms of colorectal cancer. But, there may be other causes for these problems, so see your doctor for evaluation.

2. A lump in the neck, bleeding from the nose or nasal bleeding, or reduced hearing may be symptoms of cancers of the nasopharynx (back of nose) and other head and neck cancers which are common in Malaysia.

3. Unusual vaginal bleeding or discharge

If you have gone through menopause, it is especially important to report unusual bleeding or spotting to your doctor. These may be symptoms of uterine cancer. For pre-menopausal women (women who still have normal periods), bleeding after sexual intercourse may be an early sign of cervical cancer.

4. A new lump or thickening in a breast

Changes such as development of a lump or swelling, skin irritation, redness or dimpling, nipple pain or retraction, or a discharge other than breast milk, should be evaluated by your doctor.

5. Difficulty in swallowing or frequent indigestion

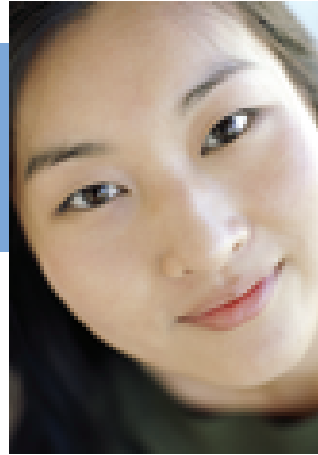
These may be signs of pharyngeal, esophageal or stomach cancer. Other symptoms may include unintended weight loss, lack of appetite, abdominal pain or vague discomfort in the abdomen, a sense of fullness in the upper abdomen, nausea, heartburn, indigestion, or ulcer-type symptoms.

6. A bothersome cough or hoarseness

Symptoms that do not improve within two weeks should be evaluated by a doctor as they may indicate laryngeal, hypopharyngeal or lung cancer. Other symptoms to report include sore throat, trouble swallowing, pain with swallowing, trouble breathing, ear pain that doesn't go away, lump or mass in the neck.

7. Sores that don't heal

The most common sign of skin cancer is a change on the skin, such as a growth or a sore that won't heal. Although skin cancer is not common in Malaysia, they can be easily treated when diagnosed early and are curable.



report
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or
spotting

If you suspect you have cancer:

1. Seek medical advice from the relevant specialist.
2. Undertake the necessary tests.
3. Bring a friend or family member along for support.
4. If the tests confirm that you have cancer, do not delay treatment. Early detection and treatment is key to successfully overcoming the disease.
5. Seek a second opinion.

CANCER MYTH

No one in my family has cancer, therefore I am not at risk.

There are many factors that contribute to your cancer risk, and genetics is only one of them. Approximately 10% of cases can be traced to a hereditary predisposition, but cancer is not purely inherited. You merely inherit the risk, not the cancer itself.

Bear in mind that there are other factors involved - your ethnic background and gender increase your risk for certain cancers. For example, cancer of the liver is more common among the Chinese male population of Malaysia, while certain cancers attack the reproductive organs, such as penile cancer for men or cervical cancer for women. For women, delayed childbearing and late menopause increase your risk for certain types of cancer.

CANCER TESTIMONIAL

Soo Ewe Jin, a journalist by profession, was diagnosed with nasopharyngeal (nose) cancer five years ago. This was not the family's first experience with cancer - his fourth sister passed away in 1983 at the age of 34, and his father passed away in 1987, both from cancer. His experience, supplemented with insights from his wife, is recorded in a self-published book, *Face to Face with Cancer*. It's available online at www.geocities.com/ejsoo.

The following is an extract:

In the middle of November 1998, I experienced nosebleed and a blocked ear. Ordinarily, I would never have consulted the doctor for such seemingly small problems. But for some reason, I went to see my GP friend, who referred me to the ENT specialist at a government hospital. A biopsy turned out negative, and my family and I celebrated the "good news" with a Thanksgiving Christmas Party.

In March 1999, when the ear pressure problem returned, a second biopsy was recommended together with a CAT scan and I was told to collect the results on April 15.

The doctors told me that I had cancer. It came as a shock to me that the cells had evolved from benign to malignant in a matter of four months. The good news was that my cancer was in Stage One and was 100 per cent curable.

I was referred to a private hospital to prepare for radiotherapy, 35 sessions over a seven-week period. The first two weeks were a breeze. Staff at the clinic dubbed me the "most cheerful patient". Then came weeks 3-5. My throat was attacked by bacteria and fungi that caused a serious infection. I was only able to take fluids and my weight dipped steeply. My entire throat area hurt so much that even taking fluids was torturous. I felt nauseous most of the time.

RT ended in early June, in time for my wife and I to celebrate our 13th Anniversary, which was also the day we got the results of my liver and bone scans. Everything was clear -- the cancer had not spread! I still have to go for check-ups every six months, and record five years of remission before I am officially pronounced "cured".

Throughout my seven weeks of treatment, I never went to radiotherapy alone. My wife Angeline was my constant companion. Friends rallied around me. It was such a joy to have family members from Penang (sisters, in-laws, nieces and nephews) who traveled all the way for the privilege of accompanying me to the room where I was zapped by the linear accelerator. My sons Kevin and Timothy came along once during the school holidays.

I made many friends in the clinic. Most were in worse shape than I was. We encouraged and prayed for each other. There was no class distinction, no racial divide, no religious barrier among the patients; all of us were comrades-in-arms. The radiotherapy sessions last only a few minutes or so. But there were always extra minutes in the waiting room for all of us to fellowship with one another. But after treatment, the rest of the day, I had to be taken care of "like a baby".

A special mention for my wife: She is wonderful. She was there when the results were made known to me and handled all the preliminaries with full efficiency. For someone so used to letting me do everything for her, it was an eye-opener for me, indeed, that she will be able to cope no matter what.

For both of us, I know that life will never be the same again. No matter how positive the prognosis, a question mark will always remain. If it is tough for me as the patient, I know it is doubly tough for my spouse.

Throughout my treatment and recuperation, I rejoice at all the cards, letters, faxes, e-mail and flowers I received... so many that I have lost count. And the visitors! As hard as we tried to keep the news from non-family members, eventually word did get out. We had a constant stream of visitors, from the headmistress and teachers of SK Sri Kelana (the boys' school) to neighbours, former colleagues and old school friends.

I was given more fruits than I could possibly eat. Friends took the boys off our hands regularly and ensured that they had some activities for the school holidays. A couple tracked down hard-to-get prescription medication for my throat infection. Others came by with home-cooked meals, chicken soup and flowers.

Two weeks after my radiotherapy was completed, my appetite was still poor. If I succeeded in eating something other than fluids, it felt like something that should be recorded in *Hari Ini Dalam Sejarah!*

I managed to take the boys to the club for a swim and although I didn't swim as long as I used to, it was wonderful to watch the boys enjoying themselves. I think that was the one thing I - and the boys - missed most during my RT - doing so many different things together. But the boys never complained and were quite happy to do their own things at home, allowing me to rest and recuperate.

Of course, there is always a flip side to all the good cheer and positive vibes that people like me experience. I have had days when I just wanted to scream at loved ones. Days when I just broke down in tears.

Ewe Jin, right, with wife Angeline



But over time, those incidents pale in comparison with the joy I feel each day just to wake up and know that the sun, as always, has risen. Three years after my journey with nose cancer began, I am, medically speaking, in total remission.

Soo Ewe Jin



The first level of identifying cancer comes from the individual. When other possible factors are eliminated - lack of sleep, stress, recent physical or emotional trauma - and the symptoms persist, it may be time for you to seek medical advice.

DIAGNOSING AND TREATING CANCER

An **oncologist** is a specialist in cancer who will be your primary physician. He or she will analyse results of investigations and prescribe the appropriate treatment and follow-up therapy. However there are other medical personnel in the cancer care team who each contribute to your diagnosis, treatment and recovery.

oncology clinical nurse specialist:

a registered nurse with a master's degree in oncology nursing who specializes in the care of cancer patients. Oncology nurse specialists may prepare and administer treatments, monitor patients, prescribe and provide supportive care, and teach and counsel patients and their families.

pathologist:

a doctor who examines cells to determine the nature of the tumour. For example, he or she will be able to tell you whether the tumour is benign (non-cancerous) or malignant (cancerous).

radiographer:

a trained medical specialist who is responsible for managing the imaging equipment that is used for scanning, and to obtain results that are of sufficient quality for the radiologist to make a diagnosis. The radiographer is also responsible for positioning the patient in the correct manner for the best imaging results.

radiologist:

a doctor with special training in diagnosing diseases by interpreting x-rays and other types of imaging studies. The radiologist will advise the oncologist based on what he or she can determine from the scanning procedures.

social worker:

a person trained to provide counselling and moral support for cancer patients, particularly for patients who lack resources.

surgeon:

in cancer treatment, the surgeon will be responsible for the removal of the tumour where possible, or to relieve symptoms should the tumour not be removed in its entirety.

TESTS FOR DIAGNOSING CANCER

A variety of procedures exist which help specialists determine whether you have cancer, and which help your doctor determine which treatment is best. Some of the tests or procedures you may be asked to undergo include:

Biopsy: When a lump or tumour is detected, it's not possible to immediately determine whether it contains cancerous cells. A small sample of tissue from the suspected area is extracted and sent for testing to determine whether the cells are malignant (cancerous) or benign (non-cancerous) cells. This is one of the first steps in determining whether you have cancer or not.

Scans: There are two different types of scanning which help oncologists 'see' the tumour to determine its size and specific location. There is the option of using a CT scan, which utilises X-rays, or ultrasound, which is essentially the same technology used to measure the development of babies in pregnant women. The ultra-sound does not use X-rays. Both methods are painless.

You may also be asked to take blood tests to support the diagnosis.

COPING WITH THE DIAGNOSIS

Coming to terms with cancer is difficult. You may feel denial at first, and refuse to accept the diagnosis. You may feel as though you're living another person's life, because this can't possibly be happening to you. Feeling afraid and angry is common - afraid of what the future holds for you, and angry that cancer has robbed you of a full and meaningful life.

But consider this: early diagnosis improves your chances of successful treatment and survival. A third of cancer cases are curable, and many patients are still alive and well all over the world.

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They remain active and independent, maintain meaningful relationships with loved ones and face the future with a zest for life. Their examples give hope to cancer patients that recovery is possible.

It's important that your spouse, family members and friends are given a chance to support you through this difficult time. Your loved ones suffer with you and they play an important role in helping you along your journey back to health.

Refer to Chapter 3 for tips on how to cope, and what your family and friends can do to help.

STAGING OF THE DISEASE

The next step following diagnosis is a process called staging, whereby the oncologist will determine the amount of cancer in the body and its location. This is crucial as it helps to determine what kind of treatment is necessary. For example, if the cancer is in an advanced stage, more aggressive treatment may be necessary.

Three main factors in staging are:

- the original (primary) tumor's size and whether or not the tumor has grown into other nearby areas
- whether or not the cancer has spread to the nearby lymph nodes
- whether or not the cancer has spread to distant areas of the body

Staging is a very important procedure as it determines your treatment plan - what treatment is required, in what doses, and for how long. There are three main types of staging:

Clinical staging estimates the extent of cancer based on physical examination, imaging tests such as X-rays and CT scans, biopsies, and blood tests.

Pathologic staging is done on patients who have already undergone surgery to remove or explore the cancer. The results are combined with the results from clinical staging to help the oncologist make a more accurate diagnosis, as pathologic staging may sometimes reveal that the cancer is more extensive than thought at clinical staging.

Restaging is sometimes used to determine the extent of disease should the cancer recur. The information compiled from restaging helps the oncologist determine the best treatment option at the time.



TREATING CANCER

Although your doctor will make many decisions based on the results of diagnostic tests, this does not mean that you will not have any say in the matter. Cancer is a disease that affects people both physically and emotionally, and your doctor will discuss the results and treatment options with you and your loved ones so that you are well-informed about the decisions that are made.

The main objective in cancer treatment is to destroy or remove cancer cells so that they will no longer be a risk. There are several methods to either remove or destroy cancer cells, which are often used in combinations of two or more in order to ensure the cancer cells are completely eradicated.

Surgery is often the first line of treatment for localized cancer, in which the cancer cells have not spread to other organs or areas of the body. Radical surgery aims to remove all the cancerous cells, while palliative surgery helps to relieve or reduce symptoms if the complete tumour cannot be removed. For example, palliative surgery for liver cancer patients may include liver bypass surgery to relieve jaundice.

Chemotherapy is the use of drugs, usually administered by injection, to either kill fast-growing cells or to control the growth of a tumour. The treatment is systemic, being distributed to the entire body and is also used as a post-surgery procedure to destroy any remaining cancer cells which could not be removed.

The chemoport is used to administer chemotherapy. The port is embedded under the skin. It can be left implanted for the duration of treatment without much complication.



The side effects of chemotherapy range from mild to severe. The majority of these are temporary and reversible. These include:

- loss of hair
- nausea
- fatigue
- loss of appetite
- vomiting

- diarrhoea or constipation
- mouth ulcers
- blood effect such as low counts of haemoglobins, white blood cells, platelets
- menopause and sterility (permanent)

Radiation therapy, or radiotherapy, utilizes high-energy radiation to kill cancer cells. Three options are used, depending on the need: radical radiotherapy involves high dose daily treatment for 6-8 weeks; adjuvant radiotherapy is done after the main treatment to sterilize possible residual cancer cells, and palliative radiotherapy helps to relieve the symptoms of advanced, incurable cancer.

Radiotherapy is sometimes referred to as 'laser' surgery, which is incorrect - there is no laser or electric current employed, and the treatments, which last 15-30 minutes, are painless.

Side effects of radiotherapy varies depending on the radiation dose and manifest a few weeks after treatment. In some cases, the side effects may appear years later. The severity or extent of side effects is dependent on the extent of radiation used, the size of the area being treated, and the extent of the disease.

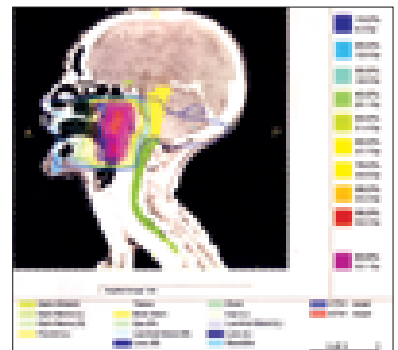
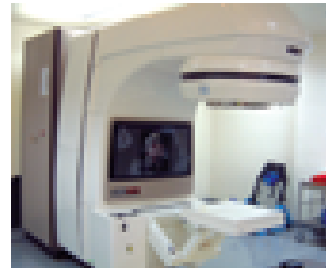
Temporary side effects:

- tiredness and fatigue
- skin redness or loss of hair in treated area
- sore throat, difficulty swallowing
- mouth ulcers
- nausea
- diarrhoea
- loss of appetite
- frequent urination

Permanent side effects:

- Dry mouth, due to poor salivary function
- Menopause and sterility
- Nerve damage (very rare)

This linear accelerator administers radiotherapy treatment. The procedure is painless and lasts only for several minutes.



The CT scan helps to reconstruct a 3D image, to help doctors target the tumour accurately, so that only the tumour (red) receives the required dose of radiation while other parts of the head are not harmed.

Hormone therapy is utilized when the tumour is reliant on hormones for growth. This form of therapy suppresses the body's production of the hormone, thereby limiting its ability to grow. Prescribed either orally or by injection, hormone therapy is well-tolerated and can be used for long-term management of the disease.

CANCER MYTH

Cancer treatments do more harm than good because it destroys healthy cells as well.

The aim of treatment is to remove, destroy or make cancer cells inactive so that the disease does not recur. While it is true that the treatments sometimes produce unpleasant side effects, the same is true of any other treatment for any disease - there is no such thing as a drug or treatment that does not produce any side effects whatsoever.

The impact of treatments on the rest of the body cannot be denied, but the side effects are a lesser evil compared to what the cancer can do to your body. The cost of delaying or refusing treatment can be your life.

Remember that the side effects of treatment are temporary. Once treatment is over, your body will slowly recover.

Being Prepared

Before undergoing any test, treatment or procedure, it's helpful for you to know what it entails. To help you feel more comfortable and prepared, here are a few questions you can ask your doctor:

- Do I need to fast before the test?
- Will I need to be sedated?
- How long will it take?
- Will I need to spend the night at the hospital?
- Will I feel drowsy afterward?
- Will I feel nauseous?
- Will I need someone to drive me home?
- Will I be able to go back to work tomorrow?

COMPLEMENTARY THERAPY VS ALTERNATIVE THERAPY

The terms 'natural' or 'holistic' often seem very comforting - it makes us feel that there is very little risk and that there are no side effects associated with this type of therapy.

However it's important not to be seduced by these words - many types of natural, holistic or traditional remedies are untested and unproven. In addition, the source of such 'miracle' cures is questionable - as they are not marketed as medicines, they are unregulated and can be contaminated or even dangerous.

Be aware that there is a difference between complementary therapy and alternative therapy:

Complementary therapy does not contradict or replace your existing treatment. It can be done concurrently and can be helpful in relieving the discomfort caused by the disease and/or treatment. For example, activities such as yoga and meditation can help relieve pain.

On the other hand, **alternative** remedies are intended to replace medical treatment completely. Cancer patients who choose this over conventional, science-based medicine often do so because they are poorly informed and emotionally vulnerable - they are in pain, disillusioned with the treatment they are currently receiving and looking for a quick and easy solution.

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Whether this alternative treatment is being offered by a well-meaning person or a company promising a 'miracle' cure, bear in mind that these treatments have not been tested in clinical trials and are not medically approved for the treatment of cancer. The decision to cease your recommended course of therapy or to try such treatment before seeking conventional treatment can have a negative impact on your recovery - the delay allows the disease to progress, further weakening your body. And when the cancer becomes more advanced, longer and more aggressive treatment is necessary, thus increasing the patient's suffering, recovery time and cost of treatment.

STRATEGIC SUPPORT

Friends and family members are often at a loss, not knowing what they can do to help or support someone who is undergoing treatment. This is partly due to the fact that they don't understand what a cancer patient is experiencing. Here are some useful suggestions:

- 1 Enlist a friend to drive you to the hospital and home again, even if you are physically capable of doing so. This helps eliminate unnecessary stress on your part such as fighting through traffic and trying to find a parking space at the hospital.
- 2 If you have to stay over in the hospital, bring a good book or something else that will keep you occupied.
- 3 If you need to go for a course of treatments, engage someone to help out around the house. You will need to rest and recuperate, and some treatments affect your energy levels and appetite.
- 4 Make arrangements with your employer to take time off from work or to work from home while you are undergoing treatment.

- 5 Schedule some time to be with friends and family. Putting yourself in seclusion will only make them worry. By planning such events, you can choose a time when you are feeling up to it and helps minimise well-meaning intrusions by friends or family members who think that all you need is 'cheering up' when all you really need to do is rest.

CANCER TESTIMONIAL

Rene'e Aziz Ahmad, a civil engineer, discovered four years ago that she had breast cancer; her maternal grandmother had also been found to have breast cancer, and both maternal grandparents had stomach cancer. The following is a brief sharing of her experience:

I had just turned 40, when I noticed something different as I stepped into the shower - upon closer inspection I found a lump close to the left nipple, which prompted me to see a doctor.

When I was told I had cancer, my immediate thought was that I would have to go through chemotherapy. As fate would have it, a close friend was also undergoing chemotherapy for lung cancer, and I felt we would be able to support each other throughout the treatment. I felt that I would be able to cope with the prescribed 8 cycles of chemotherapy, followed by 5 weeks (25 sessions) of radiotherapy.

However there was a second blow waiting in store - I was told I had to have a mastectomy (removal of the entire breast). I cried when they told me this - I was not prepared to hear that. On the whole, I was worried, anxious and emotional but I did not assume that I wouldn't survive the treatment.

my
mother
took
things
quite
calmly

I had a two-week wait before the mastectomy as I developed a fever. During that time I sought a second opinion to seek assurance that the mastectomy was really necessary and that there was no better option. The outcome was the same, and the second opinion helped me feel more confident that I had chosen to do the right thing.

The very first chemotherapy session caused nausea and vomiting, which continued intermittently throughout the treatment. Within the first week, I experienced appetite loss, and a few weeks later the hair loss began. There was also severe water retention, which continued for about a year after completing the treatments, and early menopause (complete with hot flashes and emotional fluctuations).

Although my family was upset and worried, they remained calm and I kept them informed of my prognosis and options for treatment. As I am not married I live alone, but during my treatment my younger sister often accompanied me to the hospital and I stayed with my elder sister and her family. They looked after me and helped ensure that I had proper meals, which would not have been the case if I had continued staying on my own. My mother took things quite calmly, although I suspect she was far more worried and concerned than she showed.

During this time, I talked a lot to my younger sister and I think this helped her to cope with my being ill. My close friends also rallied to the cause and helped me in any way they could. We spent a lot of time talking, drinking coffee and eating cake! I think this was part of my own coping mechanism.

Despite all this, it was also important for me to be able to continue working. Initially I was told that I would need to take an entire year off from work. But in the end I was back at work only four months after the mastectomy; in total, from the time of diagnosis, I was only away from work for five months.



To top things off, about 18 months after returning to work, I was entrusted with additional responsibilities and given a promotion!

In retrospect, I was fortunate to have medical insurance prior to the diagnosis, so my choice of treatment was not influenced by my financial situation - the recommended 8 cycles of chemotherapy to treat the cancer aggressively costs more than the normal 6 cycles.

I am now in remission and I have a new appreciation of making the most of my time on earth - I have climbed Mount Kilimanjaro in Africa, learned to paddle a dragon boat, run 4.5km in the KL Rat Race and modelled a Christian Dior outfit for a fashion show. Without the experience of having breast cancer, I would never have done all these things. Having breast cancer has taught me to live my life to the fullest.

Rene'e Aziz Ahmad



LIVING WITH CANCER

The physical changes brought about by the disease and the side effects of treatment are difficult to deal with. Feeling weak, helpless, trapped and depressed are only a few of the emotional and psychological obstacles you will face.

It is important for you to plan ahead so that your physical needs are met. You will most likely need to arrange for live-in help, at least temporarily. While your spouse or children will be able to help, they will not be able to be with you at all times.

Joining a support group where cancer survivors can share their experiences with you can play a big part in helping you through this. Their insights and methods for coping will help remind you that you are not alone and that others have walked this difficult road before you. Most importantly, their presence will remind you that people with cancer can and do go on to lead normal lives.

Although it sounds difficult and you may feel worse than you expected, try to remain positive and hopeful for successful treatment and a full recovery. It's important that you do not give up hope.

Remember that different types of cancer and cancer therapy have different effects on your body's ability to fully recover, and getting back on your feet won't happen overnight. Months and even years may go by before you finally beat the disease, but life does exist at the end of that dark tunnel, and it will take even more time and effort for you to slowly regain what you can of the life you had before.

Discuss your concerns with your doctor so that you can set a reasonable time-line.

DID YOU KNOW?

The combination of physical changes and discomfort, loneliness and isolation can sometimes result in varying degrees of depression. This can sometimes be alleviated by counselling or simply by sharing your feelings with close friends or cancer survivors from a support group. However, some people suffer more than just moodiness and may instead be suffering from clinical depression, a condition which requires treatment and professional counselling.

SYMPTOMS OF CLINICAL DEPRESSION

- persistent sad or "empty" mood for most of the day
- loss of interest or pleasure in almost all activities most of the day
- being "slowed down" or restless and agitated almost every day, enough for others to notice
- fatigue or loss of energy
- difficulty sleeping with early waking, sleeping too much or not being able to sleep
- trouble concentrating, remembering, making decisions
- feelings of guilt, worthlessness, helplessness
- frequent thoughts of death or suicide (not just fear of death), suicide plans or attempts

If 5 or more symptoms happen nearly every day for 2 weeks or longer, or are severe enough to interfere with normal activities, encourage the person you are caring for to be checked for clinical depression by a qualified health or mental health professional.

getting back on your
feet won't happen overnight

WHAT TO DO WHEN CARING FOR A PERSON WITH CLINICAL DEPRESSION

- Encourage the depressed person to continue treatment until symptoms improve, or to seek a different treatment if there is no improvement after 2 or 3 weeks.
- Promote any form of physical activity, especially mild exercise such as walking.
- Help make appointments for mental health treatment, if necessary.
- Provide transportation for treatment, if necessary.
- Engage your loved one in conversation and other enjoyable activities.
- Realize that negative thinking is a symptom of depression and will disappear with treatment.
- Reassure your loved one that with time and treatment, he or she will begin to feel better.
- Keep in mind that caregivers and family members can also become depressed, in which case all the above suggestions can be helpful.

THE ROAD TO RECOVERY

Taking your recovery in small steps, or stages, can help keep you focussed.

First stage: Rest and recuperation

You would have lost a lot of weight, and the changes in your body coupled with the side effects of treatment mean that your appetite will be poor at best. Feeling weak is never pleasant, but it's necessary at the earliest stages for you to rest as much as you can to regain your strength and allow your body to heal itself.

Accept that you need time for restoration and healing. Set small, achievable goals like making your own coffee or sitting outside to enjoy the sunshine for a few minutes each day. Don't expect to be doing household chores and cooking a full meal for the family at this point.

Second stage: Getting back on your feet

Once you're strong enough to be up and about on your own, avoid the trap of trying to make up for lost time. Trying to do everything as if you had never had cancer is unrealistic and you may be setting yourself up for disappointment if you find that you still get tired easily or feel ill now and then.

Set new goals that boost your energy levels and motivation, such as short walks around the neighbourhood or joining a support group as a counsellor - your experience will be invaluable to someone who is going through the early stages of cancer diagnosis and treatment.

Third stage: Getting back to normal

It can take months of follow-up treatment or several years of careful monitoring before your doctor can announce that the cancer is in remission. If you are among the fortunate ones to experience this blessing, you should be able to resume your normal, pre-cancer life.

avoid
the trap
of trying
to make
up for
lost time

However many people whose lives have been affected by cancer often find that they want to share their experience with others who have been similarly affected. You can do this by contacting one of the support groups to volunteer your time and services.

WHAT THE FAMILY CAN DO:

Family members can contribute a great deal to helping a cancer patient on his or her road to recovery, from practical help to emotional support:

For parents whose children have cancer

- Explain cancer in simple terms and why treatment is necessary
- Inform them they will probably feel quite ill until the treatment is over
- Address their fears and questions as positively as possible
- Avoid dismissing or ignoring their questions, which can fuel anxiety
- Distract them from their physical discomfort with games and activities

For spouses whose partner has cancer:

- Make an agreement to face the disease together
- Arrange for occasional help with household work and with the children (if any) so that private quality time is still possible
- Respect each other's dignity and sense of self-worth; avoid taking each other for granted

Siblings and close friends

- Volunteer to take over tasks like looking after pets
- Make short visits or bring gifts that help relieve their physical discomfort
- Set goals for fun times, like going shopping or taking an overnight trip when the patient is better

NUTRITION FOR CANCER PATIENTS

The sudden physical changes as your body copes with the disease and side effects of treatment make it necessary for you to amend some of your eating habits to ensure that you are getting sufficient nutrients.

CANCER MYTH

Going organic or turning vegetarian will help me recover quickly and prevent cancer recurrence.

Cancer does not form overnight. It develops because of a combination of many factors, some of which you cannot control and may not even be aware of. It is crucial at this time to consume a diet that provides sufficient nutrients. Nutrition plays an important role in the patient in the face of the illness process. Before making any sudden dietary changes, do consult a dietician for nutritional advice and help with meal plans.

The Department of Dietetics in the University of Malaya Medical Centre suggests that you consume high-calorie foods that contain lots of protein to help you build your strength; this is important even when you feel unwell and your appetite is not what it used to be. However it is possible to do so without increasing the quantity of food that you eat. Here are some suggestions for increasing your calorie intake:

- Ice cream floats
- Milk shakes
- Smoothies
- Flavoured yoghurt
- Puddings and custards
- Eggs
- Cheese
- Oats with milk and fruit
- Pastries (butter cookies, muffins)
- Mashed potatoes with milk and butter
- Sandwiches (tuna, egg, peanut butter)

Many local 'kuih' are also high in calories, such as popiah, kuih lapis, bubur kacang and curry puffs.

To help you cope with the varied side effects of treatment, such as difficulty swallowing, nausea or dulled taste sensations, refer to the chart on the next page:

For children with cancer, manage their poor appetites by encouraging them to eat at any time - keep nutritious snacks available throughout the day. Flexibility is important, so long as the child is getting a variety of nutrients throughout the day. Encourage games and amusing distractions during mealtimes to distract them. Above all, be patient and persistent.

DIETARY MANAGEMENT CHART FOR CANCER PATIENTS

Action / Side Effects	Mouth pain	Difficulty swallowing	Dulled taste	Nausea/ vomiting	Diarrhoea	Anorexia
Eat foods served at moderate temperature						
Choose foods that are not acidic						
Eat acidic foods						
Choose single-textured foods						
Use a nutritionally balanced enteral supplement						
Eat bland, non-spicy foods						
Eat soft foods						
Pick a variety of flavours and textures						
Eat foods low in fibre						
Use a low-fat, lactose-free enteral supplement						
Avoid sticky or slippery foods						
Drink plenty of liquids						
Drink small amounts of liquid with meals						
Snack between meals						
Pick foods that smell good						
Choose foods with mild tastes and light odours						
Pick caffeine-free foods/ beverages						
Choose low-lactose dairy products						
Select low-fat foods						
Eat salty foods						
Take small frequent feedings						
Take cold clear liquids						
Eat high carbohydrate foods						

Courtesy of Department of Dietetics, University of Malaya Medical Centre, Kuala Lumpur.
Adapted from Task Force on Nutrition Support USA and Nutrition and Cancer, Department of Dietetics, Hospital Kuala Lumpur 1995.

CANCER RESOURCES

There are many hospitals all over Malaysia with established radiotherapy and oncology centres.



PULAU PINANG

Mount Miriam Cancer Centre

Jalan Bulan, Fettes Park Tanjung

Bungah

11200 Pulau Pinang

Tel.: (604) 890 7044

Private hospital

Pantai Mutiara Hospital

82, Jalan Tengah Bayan Baru

11900 Pulau Pinang

Tel.: (604) 643 3888

Private hospital

IPOH

Ipoh Specialist Hospital

26, Jalan Tambun

30350 Ipoh, Perak

Tel.: (605) 251 8777

Private hospital

KELANTAN

Hospital Universiti Sains Malaysia

Kubang Kerian,

16150 Kota Bharu

Tel.: (609) 765 1700

Government hospital

SELANGOR

Damansara Specialist Centre

119, Jalan SS20/10 Damansara Utama

47400 Selangor

Tel.: (603) 7722 2692

Private hospital

Sri Kota Medical Centre

Jalan Mohet Klang

41000 Selangor

Tel.: (603) 3374 5531

Private hospital

Subang Jaya Medical Centre

1, Jln SS12/1A Subang Jaya

47500 Selangor

Tel.: (603) 5630 6270

Private hospital

Wijaya International Medical Centre

No 1 Jalan 215, Section 51,

Off Jalan Templar, 46050 PJ.

Tel: (603)-7785 3097

Private hospital

WILAYAH PERSEKUTUAN

Gleneagles Oncology Centre

286, Jalan Ampang

50450 Kuala Lumpur

Tel.: (603) 4255 2758

Private hospital

Hospital Kuala Lumpur

Jalan Pahang

50586 Kuala Lumpur

Tel.: (603) 2292 1044

Government hospital

Hospital Universiti Kebangsaan Malaysia

Jalan Yaacob Latif, Bandar Tun Razak,

Cheras

56000 Kuala Lumpur

Tel.: (603) 9170 2130

Government hospital

Pantai Medical Centre

8, Jalan Bukit Pantai
59100 Kuala Lumpur
Tel.: (603) 2296 0888
Private hospital

Tung Shin Specialist Hospital

102, Jalan Pudu
55100 Kuala Lumpur
Tel.: (603) 2072 1655
Private hospital

Universiti Malaya Medical Centre

Jalan Universiti Kuala Lumpur
Tel.: (603) 7956 4422
Government hospital

NEGERI SEMBILAN

NCI Cancer Hospital

PT 137/7 Jalan BBN 2/1
71800 Negeri Sembilan
Tel.: (606) 850 0999
Private hospital

MELAKA

Hospital Pantai Ayer Keroh

2418-1, KM 8,
Lebuhraya Ayer Keroh
75450 Melaka
Tel.: 606-231 9999
Fax.: 606-231 3299
Private hospital

Mahkota Medical Centre

3, Mahkota Melaka Jalan Bendahara
75000 Melaka
Tel.: (606) 281 3333
Private hospital

JOHOR

Johor Specialist Centre

39B, Jalan Abdul Samad
80100 Johor Bahru
Tel.: (607) 223 7811
Private hospital

SARAWAK

Sarawak General Hospital

Jalan Tun Ahmad Zaidi Adruce
93586 Kuching, Sarawak
Tel.: (608) 220 8069
Government hospital

SABAH

Sabah Medical Centre

P.O. Box 13393 Kingfisher Park, Kuala
Inanam
88838 Sabah
Tel.: (608) 842 4333
Private hospital

CANCER SUPPORT AND OTHER RESOURCES

Sometimes a little bit of information is all you need to make an informed decision, or some support from someone who's been through the whole experience.

Cancer Support

Elizabeth Choy Walker, a retiree, and Ranjit Kaur, President of the Breast Cancer Welfare Association (BCWA) and the Reach to Recovery International (RRI) breast Cancer Support Network, are two women who refused to sit back and allow cancer to ruin their lives. More importantly, they have since dedicated themselves to helping others and giving back to the community.

Elizabeth's experience:

I was diagnosed with breast cancer in 1997. I discovered the lump during a routine breast examination. No one else in my family has cancer, but when I found the lump I immediately suspected something was wrong, because I had just had a mammogram 8 months earlier, which was clear.

most
aggressive
courses
he had
recom-
mended

When I was diagnosed, I was already classified as a Stage 3, which shows just how fast the cancer grew. My doctor prescribed aggressive treatment, with a radical mastectomy followed by 12 chemotherapy and 30 radiotherapy sessions! He said it was one of the most aggressive courses he had recommended.

My family were shocked, and sad. But it made me reflect. Having been a single mother since the age of 33, I had worked very hard to own a home and a good life. I decided I was not going to give it up. I wanted to fight, and I believed that there was a reason why I had been chosen to go through this.

Treatment took over a year, and at the end of it I decided not to go back to work. Instead I found myself invited to help a nun in Cameron Highlands who worked with the Orang Asli community there. I am one of six people, all averaging 60 years of age, who help to educate and care for the Orang Asli.

My contribution to the group is in the form of fundraising - I traded in my car and got a 4-wheel drive so I could transport second-hand items up to Camerons to be sold in the shop we run. The funds are used to help the community - 12 Orang Asli children are being educated in Penang at missionary schools, and we help provide medical advice as two of our members are doctors.

This is what keeps me going. I was a city girl, but now I stay in Camerons to help these people because there is no one else to do it. People who know I am a breast cancer survivor sometimes come to me for advice and counselling - I tell them cancer is not about death. Look at me! I'm 64 and I drive a 4-wheel drive from KL to Camerons.

I am stronger and more active now. I'm doing work that helps people, and knowing that I am doing something worthwhile keeps me going. But the most important thing is to have faith - in God, in your doctor and in yourself. Always have hope and keep charity in your heart.

Elizabeth Choy Walker

how we
want to
live life,
not for
how long



Ranjit's experience:

I was found to have breast cancer in 1998, following my discovery of a lump during a regular breast examination. Nobody else in my family has cancer. I was completely shocked to hear the results. I kept thinking, "Where did I go wrong? How could I have gotten this when I exercise regularly and eat carefully?"

My family had a hard time coping with the idea that my lifespan might not be as long as they expected. They felt I was too young to be getting breast cancer.

I had to undergo a mastectomy, 12 cycles of chemotherapy followed by several weeks of radiotherapy and a drug called tamoxifen. The treatment caused a lot of side effects - appetite loss, nausea, vomiting, diarrhoea alternating with constipation, mood swings, ulcers, infection, etc.

I was fortunate to be able to resume work, and I was advised by my oncologist to only stay home on bad days. This really helped me to get back to my normal routine, as much as possible. I'm still working as a manager in public affairs in a corporate company, and count myself fortunate that I can do so.

My experience has shown me that the one thing that really matters is how we want to live life, not for how long.

Ranjit Kaur

Try these organizations for more information or to find a support group to help you get through difficult times:

Many of these groups have branches or links to support groups in other states. Please contact them directly to find a support group near you.

Breast Cancer Welfare Association (BCWA)

The BCWA is a self-help support group. Its members are breast cancer survivors, family members and friends of breast cancer patients, related professionals and volunteers who help provide psychological and emotional support, information, education

Tel: 03-7954 0133

Fax: 03-7954 0122

Email: bcwa@tm.net.my

Cancerlink Foundation

The Cancerlink Foundation provides care and support to cancer patients. Among its projects are the home-stay program based in Petaling Jaya which provides free lodging for cancer patients and their family members, food, and transport to the hospital for treatment. Counselling is available and entry is determined through hospital references.

13 Jalan Utara

46200 Petaling Jaya.

Tel: 03-7956 9499

Fax: 03-79579310

Email: cancerkl@tm.net.my

College of Radiology

A society of professionals dedicated to being the national authority on radiology, clinical oncology and allied sciences by providing education, training, promoting research and to work with healthcare providers and educate consumers on the benefits and risks of therapeutic and imaging procedures.

<http://www.radiologymalaysia.org>

Hospis Malaysia

Hospis Malaysia is a charitable organization established in August 1991 to address the need to develop and provide professional Palliative Care services to those who live within Klang Valley. Their services help provide a more balanced, humane, equitable and economical approach to meeting the needs of people with life-threatening illnesses, their loved ones, and caregivers.

Tel: 03-9133 3936

Email: info@hospismalaysia.org

<http://www.hospismalaysia.org>

Kelantan Family Planning Association (breast cancer support)

4261-F, Jalan Kebun Sultan

15350 Kota Baharu

Tel: 09-743 2407

Kuantan IIUM Breast Centre

Kuliyah of Medicine

Jalan Hospital

25150 Kuantan

Pahang Darul Makmur

Tel: 09-5132797

Malaysian Breast Cancer Education Project (MBCEP)

The Malaysian Breast Cancer Education Project (MBCEP) grows out of a need for Malaysian women and their families to have a chance to gain knowledge about breast cancer. The project is a collaborative effort between Cornell University (CU), NY, USA and the Universiti Putra Malaysia (UPM), Malaysia.

<http://www.breastcancermalaysia.org>

Malaysian Oncological Society (MOS)

MOS is a medical society consisting of oncologists, physicians and surgeons. Its mission is to provide continual education, updates and expert advice to fellow doctors and the public, in the interest of improving the level of care for cancer patients.

Malaysian Oncological Society
c/o Department of Radiology & Oncology
Hospital Universiti Kebangsaan Malaysia,
Jalan Yaakob Latif (Jalan Tenteram), Bandar Tun Razak,
56000 Cheras, Kuala Lumpur
<http://www.malaysiaoncology.org>

National Cancer Registry, Malaysia

The National Cancer Registry (NCR) is a service supported by the Ministry of Health (MOH) to collect information about cancers in Malaysia, which will enable us to know the incidence of cancer, and to evaluate its risk factors and treatment in the country. This information is useful in assisting the MOH, Non-Governmental and private organizations in raising awareness on cancer and improving treatment for patients.

<http://www.crc.gov.my/ncr>

National Cancer Society of Malaysia

The National Cancer Society of Malaysia, is dedicated to preventing cancer, saving lives from cancer and improving the quality of life of those living with cancer through patient care and education.

66 Jalan Raja Muda Abdul Aziz

50300 Kuala Lumpur

Tel: 03-2698 7300

Fax: 03-2698 4300

Email: contact@cancer.org.my

<http://www.cancer.org.my>

Sabah Family Planning Association

Breast Cancer Support Group,
Jalan Kebajikan, Kota Kinabalu, Sabah.

Tel: 088-217553 / 088-230179

Sarawak Breast Cancer Support Group

c/o. Klinik Satok,

22F Lorong 12, Jalan Rubber,

93400 Kuching , Sarawak.

Tel: 082-414994

Fax: 082-250910,

Terengganu Rakan Cakna

Persatuan Perancangan Keluarga Terengganu

12-G, Jalan Engku Pengiran Anom 2

20300 Kuala Terengganu

Terengganu

Tel: 09-6221763

ON-LINE RESOURCES

Foreign-based organisations may sometime provide useful information as well, and offer you the opportunity to share your experience with people around the world.

American Cancer Society

The American Cancer Society (ACS) is a nationwide, community-based voluntary health organization. Headquartered in Atlanta, Georgia, the ACS has state divisions and more than 3,400 local offices.

<http://www.cancer.org>

Cancer Information Network

The Cancer Information Network is a non-commercial site founded to provide support and information to cancer patients and their caregivers. It is founded on the belief that proactive patients who educate themselves to take an active role in decisions regarding their therapy can affect their outcome in a positive way.

<http://www.cancerlinksusa.com/support>

Cancer Support Association Australia

The aim of "Guide to Internet Resources for Cancer" is to make it easier to find more specific information quickly. The site includes information that will be of interest to a spectrum of different users; including patients and their relatives, caregivers, health professionals, basic scientists, and others interested in cancer.

<http://www.cancerindex.org>

Cancer Support UK

CancerSupportUK is for people who are at any stage of their cancer diagnosis, to help them understand the services and care that are available to them. It is also intended as a useful resource for health and social care professionals.

<http://www.cancersupportuk.nhs.uk>

European Cancer Patient Coalition

The European Cancer Patient Coalition has been established to represent the views of cancer patients in the European healthcare debate and to provide a forum for European cancer patients to exchange information and share best practice experiences...

http://www.cancerworld.org/cancerworld/home.aspx?id_sit o=9&id_stato=1

Leukemia Society of America

The Leukemia & Lymphoma Society is the world's largest voluntary health organization dedicated to funding blood cancer research, education and patient services. The Society's mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families.

<http://www.leukemia.org>

Lymphoma Research Foundation of America

The Lymphoma Research Foundation (LRF) is the nation's largest lymphoma-focused voluntary health organization devoted exclusively to funding lymphoma research and providing patients and healthcare professionals with critical information on the disease. LRF's mission is to eradicate lymphoma and serve those touched by the disease.

<http://www.lymphoma.org>

National Breast Cancer Foundation

The National Breast Cancer Foundation, Inc. is a nonprofit organization dedicated to providing information and education to women about breast cancer. They are supported by private contributions.

<http://www.nationalbreastcancer.org/>

National Cancer Institute - The U.S. National Institutes of Health

The National Cancer Institute's website is an extensive source of information regarding cancer ranging from types of cancer, clinical trials, cancer topics, cancer bulletin, help features, highlights, news, statistics, research and much more...

<http://www.nci.nih.gov/>

National Childhood Cancer Foundation

CureSearch represents the combined efforts of the Children's Oncology Group (COG) and the National Childhood Cancer Foundation (NCCF), two organizations united by a common goal: finding a cure for childhood cancer.

<http://www.curesearch.org>

Ovacom (UK Ovarian Cancer Support Network)

Ovacom is a UK-based support group for all those concerned with ovarian cancer, involving sufferers, families, friends, carers and health professionals. It aims to: share personal experiences, link sufferers, provide information on treatments, screening and research, and raise awareness of the condition.

<http://www.ovacom.org.uk>

People Living With Cancer - ASCO

People Living With Cancer, the patient information website of the American Society of Clinical Oncology (ASCO), is designed to help patients and families make informed health-care decisions. The site provides information on more than 85 types of cancer, clinical trials, coping, side effects, a Find an Oncologist database, message boards, patient...

<http://www.plwc.org/plwc/Home/1,1743,,00.html>

International Union Against Cancer

It is a run by the International Union Against Cancer, a non-profit, non-governmental association of 262 organisations in 84 countries. One of its many programmes is Reach to Recovery International (RRI), a breast cancer support network which links breast cancer support groups all over the world.

<http://www.uicc.org>

Willow Breast Cancer Support (Canada)

Willow Breast Cancer Support & Resource Services provides timely access to information, compassionate support, facilitator training, and psychosocial education to people with breast cancer, their families and friends, and healthcare professionals. <http://www.willow.org>

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Malaysian Oncological Society

<http://www.malaysiaoncology.org>

National Cancer Registry Report 2003

<http://www.crc.gov.my/ncr>

National Cancer Society of Malaysia

<http://www.cancer.org.my>

"Untuk Wanita yang Menghidap Kanser Payudara"

http://documents.cancer.org/mbcep/Kanser_Payudara.pdf

life does exist at the
end of that dark tunnel



M A L A Y S I A