A practical guide to understanding cancer

UNDERSTANDING PRIMARY LIVER CANCER (HEPATOCELLULAR CARCINOMA OR HEPATOMA)

About this booklet

This booklet is about the most common type of primary liver cancer, hepatocellular carcinoma (HCC). We hope it helps you deal with some of the questions or feelings you may have.

Primary liver cancer is cancer that starts in the liver. Cancer that starts in another part of the body and spreads to the liver is called secondary or metastatic cancer. We have separate information about secondary liver cancer.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

We have a video on our website about primary liver cancer, which you may find helpful. You can watch it at **macmillan.org.uk/primarylivercancer**

This booklet includes quotes from people who have had liver cancer. These are from people who have shared their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

How to use this booklet

The booklet is split into sections to help you find what you need. You don't have to read it from start to finish. You can use the contents list opposite to help you. It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

At the end of this booklet there are some useful organisations and websites (pages 95 to 99). On page 100 there is space for you to write down questions for your doctor or nurse.

If you find this booklet helpful, you could give it to your family and friends. They may also want information to help them support you.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use. If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Contents

Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you and your health is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at **macmillan.org.uk/cancerregistry**

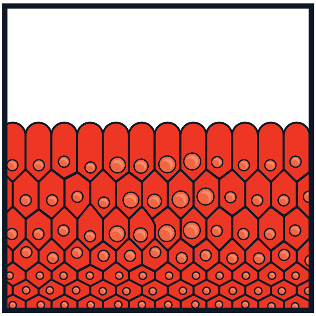
THE LIVER AND PRIMARY LIVER CANCER

What is cancer?

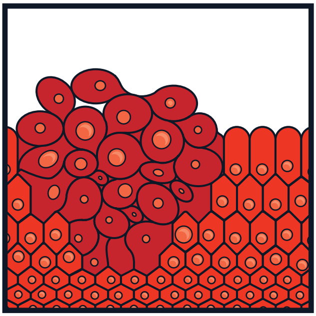
Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or can't be repaired, it gets a signal to stop working and die.

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a **biopsy**. The doctors examine the sample under a microscope to look for cancer cells.

Normal cells



Cells forming a tumour



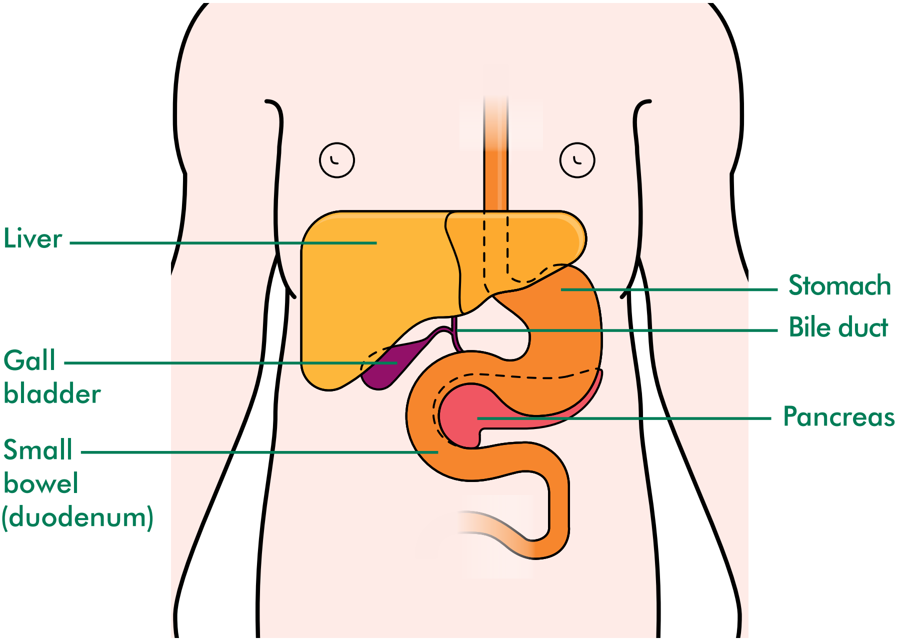
A lump that is not cancer (**benign**) may grow but cannot spread to anywhere else in the body. It usually only causes problems if it puts pressure on nearby organs.

A lump that is cancer (**malignant**) can grow into nearby tissue. Sometimes, cancer cells spread from where the cancer first started (the primary site) to other parts of the body. They can travel through the blood or lymphatic system. When the cells reach another part of the body, they may begin to grow and form another tumour. This is called a **secondary cancer** or a **metastasis**.

The liver

The liver is the largest organ in the body. It is in the upper part of the tummy (abdomen) on the right-hand side under your lower ribs. It is surrounded by a strong fibrous capsule and is divided into two lobes (see diagram below).

The liver and surrounding organs



What does the liver do

The liver:

- stores sugars and fats, so they can be used for energy
- makes proteins, which help the blood to clot, prevent bleeding and maintain fluid balance in the body
- makes bile, which breaks down fats so they can be absorbed by the body
- breaks down harmful substances, such as alcohol and drugs.

The liver is good at repairing itself. It can work well even when only a small part of it is working normally.

Primary liver cancer

Primary liver cancer is rare in the UK, but the number of people developing the condition is increasing. Around 5,400 people in the UK are diagnosed with primary liver cancer each year. In other parts of the world, such as parts of Africa and Asia, it is one of the most common cancers.

Types of primary liver cancer

- **Hepatocellular carcinoma (HCC)** is the most common type of primary liver cancer. It is sometimes called hepatoma. It starts in the main cells of the liver, called hepatocytes.
- **Fibrolamellar HCC** is a rare type of primary liver cancer that usually affects younger people. The causes and risk factors are not known.
- **Bile duct cancer (cholangiocarcinoma)** is another type of primary liver cancer. It starts in the cells lining the bile duct.
- **Angiosarcoma** is a very rare type of liver cancer, which starts in the blood vessels of the liver.

This booklet is about hepatocellular carcinoma (HCC). To make it simpler, we call it HCC throughout the rest of the booklet. We have more information about bile duct cancer and angiosarcoma.

Benign tumours in the liver

Some tumours in the liver are not cancerous (benign). They are usually small and are often found by chance. This might happen when a person is having a scan for another reason. Benign tumours do not usually develop into cancer and are not usually removed.

Risk factors and causes

We do not know the exact cause of HCC. But certain things called risk factors can increase a person's chance of developing it. Having one or more risk factors does not mean you will get cancer, and not having a risk factor does not guarantee that you won't. Risk factors for HCC include:

Age

HCC is more common as people get older. Most people diagnosed are over 65.

Gender

HCC is more common in men than in women.

Smoking

People who smoke tobacco have a much higher risk of HCC than non-smokers.

Hepatitis infection

Long-term infection with the hepatitis B virus (HBV) or hepatitis C virus (HCV) can cause HCC.

Cirrhosis

People who have cirrhosis have a higher risk of getting HCC. Cirrhosis is scarring all over the liver. It damages the liver and stops it working properly.

The risk factors for cirrhosis include:

Alcohol

A high intake of alcohol over a long period of time can cause cirrhosis.

Non-alcoholic fatty disease

This is when fat builds up in the liver and causes damage to the liver.

Hepatitis B or C

Long-term infection with hepatitis B or hepatitis C can cause cirrhosis.

Haemochromatosis

This is an inherited condition that causes iron levels to build up in the body. When it is diagnosed and treated early, it doesn’t usually cause problems.

Primary biliary cirrhosis (also called primary biliary cholangiopathy)

This is when the body’s immune system, which normally fights infection, slowly destroys the small bile ducts in the liver.

Diabetes

People with Type 2 diabetes have a higher risk of developing HCC.

Metabolic syndrome

Metabolic syndrome is a group of conditions that occur together. They include:

- high blood pressure
- high blood sugar
- high levels of unhealthy fats (triglycerides) in the blood
- extra fat around the tummy area (abdomen).

People with metabolic syndrome have a higher risk of developing HCC.

Family history

Having a close family member (father, mother, sister or brother) with primary liver cancer increases a person's risk. Doctors are not sure why this is.

Other risk factors

Anabolic steroids taken over a long time slightly increase the risk of HCC. These are mainly used by bodybuilders.

A poison called aflatoxin, found in mouldy peanuts and grains, is a major risk for HCC in parts of Africa and Asia.

Symptoms

In the early stages of HCC, there are often no symptoms. People with long-term (chronic) liver disease may have regular tests to check their liver. If they develop HCC, these tests may find it before symptoms develop.

Possible symptoms of HCC include:

- losing your appetite
- feeling full soon after beginning to eat
- losing weight for no obvious reason
- feeling sick (nausea) and vomiting
- feeling extremely tired, generally weak or unwell
- aching or pain on the right side of the tummy area (abdomen) under the ribs
- a high temperature and flu-like symptoms
- a swollen tummy, caused by fluid build-up (called ascites)
- a yellow tinge to the skin and whites of the eyes (called jaundice)
- dark urine and pale, chalky stools
- bruising or bleeding easily.

It is important to see your doctor if you have any of these symptoms, even though they can be caused by other conditions. It is especially important to get them checked if you have risk factors for liver cancer.

DIAGNOSING PRIMARY LIVER CANCER

How primary liver cancer is diagnosed

You usually begin by seeing your GP. They will ask about your symptoms and examine you.

Your GP will usually take blood samples to check your general health. They may arrange other tests, such as an ultrasound. They will refer you to a hospital for specialist advice. If your GP suspects you may have cancer, you should see a specialist within two weeks.

If you have long-term liver disease, you may have regular blood tests and ultrasound scans to check your liver. If HCC develops, these tests may find the cancer at an earlier stage.

At the hospital

You may see a liver specialist (**hepatologist**) straight away. Or you may see a doctor who specialises in treating conditions of the stomach and bowel (**gastroenterologist**).

They will ask about your symptoms and your general health, and check whether you have risk factors for liver disease. The doctor will examine you by feeling your tummy area (abdomen). They may take some more blood tests and they will explain which other tests you need.

Blood tests

You will have blood tests called liver function tests (LFTs). These check how well your liver is working. You will also have a blood test to check a chemical called alpha-fetoprotein (AFP). AFP is called a tumour marker for HCC because it is sometimes higher in people with this type of liver cancer. Doctors may also check AFP levels after treatment. This is to check for signs of the cancer coming back (recurrence).

Liver ultrasound scan

A liver ultrasound scan uses sound waves to make up a picture of the liver. This test is painless and only takes a few minutes. It is done in the hospital scanning department. You will be asked not to eat anything for at least four hours before your appointment.

You lie on your back and the person doing the ultrasound spreads a gel on to your tummy area. They then pass a small device, which produces sound waves, over the area. The sound waves are converted into a picture of your liver by a computer.

CT (computerised tomography) scan

A CT scan (see photo below) takes a series of x-rays, which build up a three-dimensional picture of the inside of the body. The scan takes 10 to 30 minutes and is painless. It uses a small amount of radiation, which is very unlikely to harm you and will not harm anyone you come into contact with. You will be asked not to eat or drink for at least four hours before the scan.

You may be given a drink or injection of a dye, which allows particular areas to be seen more clearly. This may make you feel hot all over for a few minutes. It's important to let your doctor know if you are allergic to iodine or have asthma, because you could have a more serious reaction to the injection. You'll probably be able to go home as soon as the scan is over.

Someone having a CT scan

MRI (magnetic resonance imaging) scan

This test uses magnetism to build up a detailed picture of areas of your body. The scanner is a powerful magnet so you may be asked to complete and sign a checklist to make sure it's safe for you. The checklist asks about any metal implants you may have, for example a pacemaker, surgical clips, or bone pins. You should also tell your doctor if you've ever worked with metal or in the metal industry, as very tiny fragments of metal can sometimes lodge in the body.

If you do have any metal in your body, it's likely that you won't be able to have an MRI scan. In this situation, another type of scan can be used.

Before the scan, you'll be asked to remove any metal belongings, including jewellery. Some people are given an injection of dye into a vein in the arm, which doesn't usually cause discomfort. This is called a contrast medium and can help the images from the scan to show up more clearly.

During the test, you'll lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It's painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It's also noisy, but you'll be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.

Laparoscopy

This operation allows the surgeon to look at the liver and other organs close by. It helps them to decide if it is possible to remove the tumour with surgery. The laparoscopy is done under a general anaesthetic, so you may have to stay in hospital overnight.

The surgeon makes 3 or 4 cuts in the skin and muscle of your lower tummy (abdomen). Each cut is about 1cm (½ inch) long. They pump some carbon dioxide gas through one of the cuts and into the abdomen. This lifts up the tummy wall so it is easier to see the liver and other organs. The surgeon then puts a thin fibre-optic tube with a tiny camera on the end into the abdomen, through one of the small cuts. They use this to look at the liver and the area around it. They may also take a small sample of tissue (biopsy) for examination under a microscope.

You should be able to get up as soon as the effects of the anaesthetic wear off. You may have discomfort in your neck or shoulder after the laparoscopy. This goes away in a day or two. Some people have uncomfortable wind after surgery in the abdomen. Taking sips of peppermint water and walking around can help.

Liver biopsy

During a biopsy, a small piece of tissue or a sample of cells is removed so that it can be examined under a microscope. Not everyone needs a biopsy. Doctors may be able to diagnose HCC with scans. Or they may diagnose it after surgery to remove the tumour (see pages 35 to 43).

You have a local anaesthetic injection into the skin over the liver. This is to numb the area. The doctor then passes a fine needle through the skin into the tumour. A CT scan or ultrasound guides the doctor to the exact area to take the biopsy from.

You will stay in hospital for a few hours, or sometimes overnight, after a liver biopsy. This is because there is a risk of bleeding afterwards. The nurses will check you regularly and monitor your blood pressure. This is to make sure there is no bleeding and that it is safe for you to go home.

There is a small risk of the cancer cells spreading when the doctor removes the biopsy needle. Your specialist will talk this over with you.

Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, your family or a close friend. Your specialist nurse or one of the organisations listed on pages 95 to 99 can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.

Staging

The stage of a cancer describes its size and whether it has spread from where it first started. Knowing the stage is important. It helps you and your doctors to decide on the best treatment for you.

Doctors may use a number system to stage HCC:

- **Stage 1** – There is one tumour in the liver and the cancer has not spread into any blood vessels in the liver.
- **Stage 2** – There is one tumour that has spread into a blood vessel. Or there are several tumours but none are bigger than 5cm.
- **Stage 3** is divided into:
  - **3A** – There is more than one tumour and at least one is bigger than 5cm.
  - **3B** – The cancer has grown into a major blood vessel in the liver.
  - **3C** – The cancer has spread outside the liver into organs nearby (except the gall bladder).
- **Stage 4** is divided into:
  - **4A** – The cancer has spread outside the liver into lymph nodes in that area. Lymph nodes help fight infection. They are sometimes called lymph glands.
  - **4B** – The cancer has spread to another part of the body, such as the lungs or bones.

Child-Pugh classification

Doctors will assess how well your liver is working using the Child-Pugh classification system. It gives a score from A to C:

- **A** means the liver is working well.
- **C** means it is very damaged and is not working well.

The results help doctors decide which treatments are best for your situation. Having certain treatments will depend on how well the liver is able to cope.

Child-Pugh looks at:

- the level of bilirubin (a waste product of old red blood cells) in the blood
- the level of albumin (blood protein) in the blood
- how quickly your blood clots (prothrombin time)
- whether there is any build-up of fluid in the abdomen (ascites)
- whether liver damage is affecting how the brain is working (encephalopathy).

TREATING PRIMARY LIVER CANCER

Treatment overview

The treatment you have will usually depend on:

- where the cancer is in the liver – there may be several areas of cancer in different parts of the liver
- the size of the tumour or tumours
- how many tumours there are
- whether the cancer has spread outside the liver
- whether any important blood vessels in the liver are affected
- how well your liver is working
- your general health.

Surgery (see pages 35 to 43) may cure HCC. This may involve a **liver transplant** or an operation to remove part of the liver. But often surgery is not possible. This might be because the cancer is too advanced or the liver is too damaged to cope with surgery.

Some people may have **tumour ablation** (see pages 44 to 46). This is where a doctor applies heat or alcohol to the cancer cells to destroy them. This may be used instead of surgery. It works particularly well with small tumours.

Chemoembolisation (see pages 48 to 49) is when chemotherapy is put into the liver and the blood supply to the tumour is cut off. Doctors may recommend this treatment when the cancer is advanced in the liver but has not spread outside it. It may help to control the cancer and prolong your life. Another treatment called **radioembolisation** works in a similar way (see page 50). It uses radiation instead of chemotherapy to destroy cancer cells.

Doctors may use a **targeted therapy drug** called sorafenib (see pages 51 to 53). This may be given if the cancer is advanced in the liver or has spread outside it. Sometimes **chemotherapy** (see pages 55 to 58) may be used. You have these treatments to try to control the cancer, prolong your life and reduce the symptoms. **Radiotherapy** (see pages 59 to 61) may be used to relieve pain if the cancer has spread to a part of the body, such as the bones.

Doctors are looking at newer treatments and different ways of giving existing treatments. Your specialist may talk to you about taking part in a **research trial** (see pages 62 to 63).

If you decide not to have treatment, there is a still a lot that can be done to **control symptoms** and support you (see pages 64 to 66). Your doctor can refer you to a team of doctors and nurses who specialise in controlling symptoms. This is called a palliative care team.

How treatment is planned

In most hospitals, a team of specialists will meet to discuss the best treatment for you. This multidisciplinary team (MDT) will include:

- a **hepatologist** – a liver disease specialist
- a **surgeon** who specialises in liver cancers
- a **medical oncologist** – a doctor who specialises in giving chemotherapy
- a **clinical oncologist** – a radiotherapy and chemotherapy specialist
- an **interventional radiologist** – a doctor who uses imaging to help them give treatments such as ablation or embolisation (see pages 44 to 50)
- a **nurse specialist**
- **radiologists** – who help to analyse x-rays and scans
- **pathologists** – who advise on the type and spread of the cancer.

It may also include

- a **palliative care doctor** or nurse who specialises in symptom control
- a **dietitian**
- a **physiotherapist**
- an **occupational therapist** (OT)
- a **psychologist** or a **counsellor**.

After the meeting, your specialist doctor or nurse will talk to you about your treatment options. They will explain what each treatment involves and the possible side effects. You and your doctor can decide on the best treatment for you. You may also want to talk about it with your family or close friends.

If two treatments are likely to be equally helpful, your doctor may ask you to decide which one to have. Make sure you have enough information about the different options. You can then decide on the right treatment for you.

If you have any questions about your treatment, don't be afraid to ask your doctor or nurse. It often helps to make a list of questions before the meeting. You can use the space on page 100 to write down your questions and the answers you get. You can take a family member or close friend along to support you.

The benefits and disadvantages of treatment

Many people are frightened of the idea of having cancer treatments, particularly because of the possible side effects. However, side effects can usually be controlled with medicines.

Treatment can be given for different reasons and the potential benefits will vary depending on your individual situation.

In people with early-stage liver cancer, surgery may be done with the aim of curing the cancer. Or treatments may be used to control the cancer and prolong your life.

If the cancer is advanced or has spread to other parts of the body, treatment may only be able to control it. It may prolong your life, improve your symptoms and give you a better quality of life. But, for some people in this situation, the treatment will have no effect on the cancer and they will get the side effects without any of the benefit.

If you have been offered treatment that aims to cure the cancer, deciding whether to have it may not be difficult. But, if a cure is not possible and the purpose of treatment is to control the cancer for a period of time, it may be more difficult to decide whether to go ahead.

Making decisions about treatment in these circumstances is always difficult. You may need to talk to your doctor about whether you want to have treatment. If you choose not to have it, you can still be given supportive (palliative) care, with medicines to control any symptoms. See pages 64 to 66 for more information about controlling symptoms.

Giving your consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

- the type and extent of the treatment
- its advantages and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you don't understand what you've been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it's not unusual to need repeated explanations. It's a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it's important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions.

You can always ask for more time if you feel that you can't make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you don't have it. It's essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You don't have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.

Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion.

Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you. It can be helpful to have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

Surgery

Surgery is the most effective treatment for HCC. The type of operation you have depends on the number of tumours in the liver and how damaged the liver is from chronic liver disease. Only a small number of people with HCC can have surgery.

There are two types of operation:

- a **liver transplant** – your liver is removed and replaced with a liver from another person (a donor)
- a **liver resection** – the surgeon removes the part of your liver where the cancer is.

Your surgeon and specialist nurse will tell you whether surgery is a possible option for you. They will explain what it involves and the possible complications or risks. An operation to your liver is major surgery. It's important to have all the information you need before you decide.

Liver transplant

The most common reason for a liver transplant is if a person has liver disease that is too advanced for other treatments. A liver transplant is only suitable for some people with HCC. It can only be done if you have:

- a single tumour that is 5cm or less in size
- a single tumour that is between 5cm and 7cm, which does not grow over six months
- up to five tumours that are 3cm or less.

> ‘I was diagnosed with primary liver cancer in January 2014 with no spread. I was 59 years old and went on to have a successful liver transplant a year later. I was very lucky that it was found so soon.’
>
> **Joe, Online Community member**

You need to be reasonably fit to cope with a transplant. Your liver team will assess you very carefully to make sure it's a suitable treatment for you. Your specialist also needs to be confident that the cancer cells have not spread.

It can take time, perhaps months, for a donor liver to become available. You may have other treatments to help control the cancer during this time. In some people, the cancer may progress so that a transplant is no longer possible.

Sometimes it may be possible to have part of a liver transplanted from a living donor. This is a newer type of operation and is only available in a few hospitals. The donor has surgery to remove a lobe of their liver, which is then transplanted in to you after your diseased liver is removed.

After a transplant, you need to take drugs called immunosuppressants for the rest of your life. These stop your body from rejecting the new liver. But they make your immune system less able to fight any cancer cells that have spread.

Recovering from a liver transplant takes a long time. You have to gradually build up your health and fitness. It can take many months before you get back to doing everyday activities.

We haven't provided detailed information here about your care before or after a liver transplant. Your specialist liver team will talk to you about what to expect before and after the operation.

Someone having a blood test

Liver resection

This operation is usually suitable for people who:

- have a single tumour or a limited number of tumours
- do not have cirrhosis, or have early-stage cirrhosis.

The surgeon removes the part of the liver where the cancer is. The amount of liver they remove depends on the size and position of the tumour or tumours. They may remove only a small part of the liver or a whole lobe of the liver (called a hemi-hepatectomy). But your liver needs to be working well so the remaining liver can cope after the operation.

In some hospitals, a resection may be done using keyhole surgery (laparoscopic surgery). Some people also have ablation treatment (see pages 44 to 46) during surgery. This uses heat to destroy cancer cells.

Before your operation

You will have tests to make sure you are well enough to cope with the operation. These are usually done a few days before your operation at a pre-assessment clinic. They include tests on your heart and lungs.

You will see a member of the surgical team and a specialist nurse who will talk to you about the operation. You may see the doctor who gives you the anaesthetic (the anaesthetist) at a clinic or when you are admitted to hospital. Make sure that you talk through any questions or concerns that you have about the operation.

If you smoke, it's important to try to give up before your operation. This will help reduce your risk of problems, such as a chest infection. It will also help your wound to heal after the operation. Your GP can give you advice. We have a booklet called **Giving up smoking**, which you might find helpful. See page 90 for information about ordering a free copy.

If you think you might need help when you go home after your operation, let the nurses know as soon as possible. It means the staff can help you make arrangements in plenty of time.

Some hospitals follow an enhanced recovery programme (ERP). This can help reduce complications following surgery and speed up your recovery. It involves careful planning before your operation to prepare you. You will have a high-protein and high-calorie drink before and after your surgery. After the operation, the nurses encourage you to start moving around as soon as possible. You will be allowed to eat and drink soon after surgery. Not all hospitals use the ERP for liver surgery and it's not suitable for everyone.

You will usually be admitted to hospital the day before your operation, or the same morning. The nurses will give you elastic stockings (TED stockings) to wear. These help prevent blood clots forming in your legs.

After your operation

After a liver resection, you will be in intensive care or a high-dependency unit for about 24 hours. If you have a liver transplant, you will usually be in intensive care for a few days. This is routine with major operations. The liver has a very good blood supply and there is a risk that it may bleed after surgery. The doctors and nurses will check this by taking your blood pressure regularly.

Moving around

The nurses will encourage you to start moving around as soon as possible. You will usually be helped to get out of bed the day after your operation or sooner. While you are in bed, it's important to move your legs regularly and do deep breathing exercises. This helps prevent chest infections and blood clots. Your physiotherapist or nurse will show you how to do the exercises.

Drips and tubes

You may have some of the following for up to a few days:

- A drip (infusion) into a vein in your arm or neck. The nurses use this to give you fluids until you are eating and drinking again.
- A thin tube going into your back. This is called an epidural. It gives you painkilling drugs that numb the nerves and stop you feeling sore.
- A tube that goes up your nose and down into your stomach (nasogastric tube). The nurses use this to remove fluid so you don't feel sick.
- A drainage tube to remove fluid from your wound, allowing it to heal properly.
- A small, flexible tube going into your bladder to drain urine into a bag. This is called a urinary catheter.

Pain

There are effective ways to prevent and control pain after surgery. You will usually have painkillers given into your back for the first few days. During surgery, the anaesthetist puts a fine tube into your back (an epidural). It connects to a pump that gives you a constant dose of painkillers.

Some people may have their painkillers given into a vein (intravenously). An electronic pump gives you a constant dose of painkiller. If you feel sore, you can give yourself an extra dose by pressing a button. It is set so you cannot give yourself too much. This is called patient-controlled analgesia (PCA).

When you no longer need the epidural or PCA, you will have painkillers as tablets. Let your nurses and doctors know if you are in pain, so they can give you the dose of painkillers that is right for you.

Your wound

The nurses usually keep your wound covered with a dressing for the first few days after your operation. They will check it regularly to make sure it is healing well. After about ten days (or about three weeks if you have had a liver transplant), a nurse will remove your staples or stitches. You may have this done by a district nurse who visits you at home after you leave hospital.

Going home

Most people are able to go home 5 to 8 days after a liver resection. If you have a laparoscopic resection, you can usually go home after a few days.

After a liver transplant, you will usually be in hospital for two or three weeks. When you go home, you will have regular checks to make sure your body is not rejecting the new liver.

You will need painkillers for a few weeks after the operation. It may take up to three months after a resection before you start getting back to normal. You need to avoid lifting heavy loads for at least eight weeks. This is to give your wound time to heal. It is also important to avoid more demanding activities, such as vacuuming and gardening. Your specialist will tell you when you should be able to drive again. Recovery takes longer after a transplant. Your doctor or nurse will tell you what to expect.

Make sure you get enough rest and eat well. This will help your recovery. Your liver specialist will tell you not to drink alcohol for about three months. Your liver is growing back during this time. After a transplant, you need to avoid alcohol and smoking.

Gentle exercise, such as regular short walks, will help build up your energy. You can gradually do more as you recover. It is usually fine to have sex when you feel ready. To begin with, you may be too tired or your sex drive may be low, but this should improve with time.

Some people take longer than others to recover. It depends on your situation, so don’t be hard on yourself. At your check-up, your doctor will talk to you about the results of your operation. This is a good time for you to talk about any problems you experience. Remember that you can contact your doctor or nurse sooner if you are unwell or worried about anything.

Tumour ablation

Tumour ablation means destroying the tumour by applying heat or alcohol directly to it. Tumour ablation can be used to treat small tumours, usually smaller than 3cm. It may be suitable if you cannot have surgery, or choose not to have surgery.

Tumour ablation can also be carried out during a laparoscopy (see page 22) or a liver resection (see page 39).

Your liver specialist will explain whether this type of treatment may be suitable for you.

Radiofrequency ablation (RFA)

This treatment destroys cancer cells by heating them to a high temperature. Some people have RFA more than once.

The doctor passes a fine needle (called an electrode) through your skin, into the liver tumour. An electrical current is passed through the needle. This heats the cancer cells and destroys them.

You will usually need to stay overnight in hospital to have this treatment. It is usually done under a general anaesthetic. The doctor uses an ultrasound or CT scan to help them guide the needle into the tumour. Afterwards, you will have 1 to 3 tiny holes in your tummy area. These will usually heal quickly.

You usually have a CT scan a few weeks after RFA, to see how well it has worked.

Side effects

The side effects of RFA are usually mild and may last up to a week. You may have pain in the liver area. You can control this by taking regular painkillers. Other side effects include a fever (high temperature), tiredness and feeling generally unwell. These side effects happen because the body is getting rid of the cells that have been destroyed. Try to drink plenty of fluids and get enough rest. Your doctor or nurse may ask you to contact the hospital if your temperature:

- does not go back to normal after a few days
- goes above 38°C.

These may be signs that you have an infection.

Microwave ablation (MWA)

This is a type of treatment where the tumour is exposed to high temperatures created by microwaves. It is done in the same way as RFA and the side effects are the same.

Percutaneous ethanol injection (PEI)

This involves a doctor injecting pure alcohol (ethanol) through the skin and into the tumour. The alcohol destroys the cancer cells.

You have this done in the scanning department. The doctor give you a local anaesthetic to numb the area. They use an ultrasound to help guide the needle into the tumour. You usually need several treatments, depending on the number of tumours and their size. If the tumour grows again, you can have the treatment again.

Side effects

Side effects include pain and fever, and are usually mild. Let your doctor know if you develop any side effects. They can usually be controlled with medicines.

Embolisation treatments

Embolisation is a way of blocking blood vessels. A doctor injects local anaesthetic around a blood vessel (artery) in the groin or wrist to numb it. They then use x-rays to guide a long plastic tube into the artery, until it reaches the artery that carries blood to the liver. The doctor injects a substance into this artery to block the blood flow. This reduces the supply of oxygen and food to the cancer, which can shrink it or stop it growing.

In HCC, embolisation is usually given with chemotherapy. This is called **chemoembolisation**. You need to be reasonably well to have this treatment. And the part of your liver that is not affected needs to have a good blood supply.

Less commonly, embolisation is given with radiation. This is called **radioembolisation** or **SIRT (selective internal radiation therapy)**.

These treatments can be used when the cancer cannot be removed with surgery (see pages 35 to 43) or treated with ablation (see pages 44 to 46). They are not used if the cancer has spread outside the liver.

> ‘My cancer shrunk slightly with embolisation treatment. It did not cause me many side effects, but it did knock me out a bit for a couple of weeks after treatment. It blocks off the large blood vessels to the tumour.’
>
> **Karen, Online Community member**

Chemoembolisation

In chemoembolisation, a chemotherapy drug is injected directly into the liver. This means the tumour gets a higher concentration of the drugs. After the chemotherapy drug is given, you have an injection into the blood vessels that carry blood to the liver (arteries). This blocks the arteries and cuts off the blood supply to the tumour (embolisation).

Sometimes the chemotherapy drug is loaded into special beads.

Chemoembolisation is sometimes called **TACE** (trans-arterial chemoembolisation) or **CT-ACE** (computerised tomography-guided arterial chemoembolisation).

The drugs most often used are doxorubicin and cisplatin. We have more information on these drugs, which you may find useful. Visit our website at **macmillan.org.uk/chemotherapy**

> ‘I had two episodes of TACE and a microwave beam to zap the cancer. It was done under general anaesthetic through a keyhole opening.’
>
> **Martyn, Online Community member**

How it is given

You may need to stay in hospital for a couple of nights. Before the treatment, the nurse or doctor will usually give you a mild sedative to help you relax. They then inject some local anaesthetic into the skin at the top of your leg (your groin) to numb the area. After this, the doctor makes a tiny cut in the skin. They put a fine tube called a catheter through the cut and into a blood vessel in your groin (the femoral artery).

The doctor passes the catheter up along the artery until it reaches the blood vessels that take blood to the liver and tumour. You have an x-ray of the blood vessels at the same time. This is called an angiogram. A dye is put into the blood vessel through the catheter. This shows the blood supply on the x-ray so the doctor sees exactly where the catheter is. After this, they slowly inject the chemotherapy into the liver through the catheter. The doctor then injects a gel or tiny plastic beads to block the blood supply to the tumour. The beads may contain a chemotherapy drug.

You can have chemoembolisation several times. It is sometimes given with radiofrequency ablation (see pages 44 to 45). Your doctor can explain this treatment to you in more detail, if this would be helpful for you.

Side effects

Chemoembolisation can cause side effects such as sickness, pain, a raised temperature and feeling very tired. You will be given anti-sickness drugs and painkillers until the side effects reduce. This usually takes 1 to 2 weeks.

It is unusual for chemotherapy given in this way to cause side effects outside your liver. Serious complications are rare, but occasionally it can damage the liver.

Radioembolisation

Radioembolisation is sometimes called **SIRT (selective internal radiotherapy)**.

Radioembolisation is done less often than chemoembolisation. It is not available in all hospitals. A doctor injects tiny radioactive beads (microspheres) into a blood vessel close to the tumour. The radiation destroys the blood vessels and stops blood flow to the tumours. Without a blood supply, the tumours shrink and may die. The radiation only travels a few millimetres. This means that other parts of the liver are not affected and you are not radioactive. The beads stay in the liver permanently and are harmless.

You have radioembolisation through a fine tube (catheter) put into an artery in your groin. This is done in the same way as chemoembolisation. You have an angiogram about a week before to check the blood flow to the liver.

You stay in hospital for 1 to 4 days to have it. The side effects can last for a few days and include a high temperature and tummy pain straight after the injection. Other side effects include feeling sick and diarrhoea. Your doctor will prescribe drugs to control these until they go away. Rarely, it may damage the liver. You may be able to have radioembolisation again, depending on how well it works for you.

We have more information about radioembolisation (SIRT). Visit **macmillan.org.uk/radiotherapy**

Targeted therapy drugs

Targeted therapy drugs target the differences between cancer cells and normal cells. These treatments are also sometimes called biological therapies.

The most commonly used targeted therapy drug for HCC is a tablet called sorafenib (Nexavar®). It can be used to treat HCC that is advanced or has spread to other parts of the body. Other targeted therapy drugs may be used in clinical trials (see pages 62 to 63).

Sorafenib may help to slow the tumour from growing and relieve symptoms. Doctors usually prescribe it for as long as it works well for you.

You take sorafenib as a tablet twice a day. For most people, the side effects are mild or moderate and get better after a few weeks. Always tell your doctor or nurse about any side effects you have. They can prescribe drugs to help control them and give you advice about managing them.

Side effects

Possible side effects of sorafenib include:

Diarrhoea

This is usually mild, but let your doctor or nurse know. Your doctor can prescribe drugs to control it if doesn't improve. It is important to drink plenty of fluids if you have diarrhoea.

Sore palms and feet

The skin on the palms of your hands and soles of your feet may get sore and red. Tell your cancer doctor or nurse and always let them know if it gets worse.

Skin changes

You may get a rash, or notice that your skin is red, dry or itchy. Tell your doctor or nurse if this happens. They can advise you about creams or lotions to use.

Feeling sick

Any sickness is usually mild, but let your doctor know if this happens. They can prescribe drugs to control this. Try to eat lots of small meals or snacks regularly if you don't have much appetite.

> 'I have had some side effects from sorafenib. I am more tired but not so much that I can not cope with it. I am able to function and still work full-time. I have occasional bouts of diarrhoea, but these are manageable. The main side effect for me has been a rash on my forearms, face and scalp. The rash was at its worst in the first 2 to 3 weeks, but has subsided a bit now.'
>
> **Karen, Online Community member**

Tiredness and lack of energy

It's important to get the right balance between having enough rest and being physically active. Going for regular short walks will help you to feel less tired.

Hair thinning

Some people notice that their hair becomes thinner while taking sorafenib but it is usually mild.

Raised blood pressure

Sorafenib may cause this. Tell your doctor or nurse if you have ever had any problems with your blood pressure. Your nurse can check it regularly during your treatment.

We have more information about sorafenib on our website at **macmillan.org.uk/targetedtherapy**

Availability

Sorafenib is licensed and doctors in the UK can prescribe it. Sorafenib may only be available in some situations. Your cancer doctor can tell you if it's appropriate for you. If a drug is not available on the NHS, there may be different ways you are still able to have it. Your cancer doctor can give you advice. We have further information on what to do if a treatment is not available.

Someone having chemotherapy

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Chemotherapy is not used very often for HCC. This is because doctors are concerned that it does not work very well for this type of cancer. However, it may be used to try to control the tumour and reduce symptoms. It is not suitable for everyone because the liver may not be working well enough to cope with the drugs.

Chemotherapy drugs may be given into a vein (intravenously) or as tablets. The most commonly used chemotherapy drug is doxorubicin. Other chemotherapy drugs that may be used include:

- cisplatin (sometimes in combination with doxorubicin)
- fluorouracil (5FU) in combination with oxaliplatin.

How chemotherapy is given

You usually have chemotherapy as a session of treatments called cycles. Each cycle lasts a day or two, followed by a rest period of a few weeks to allow the body to recover.

You usually have chemotherapy as an outpatient in the chemotherapy unit. The nurse will explain what to expect. You may have the drugs through a cannula (small tube), which is put into a vein in your hand or arm. Some drugs are given as a drip (infusion) over a few hours.

Our booklet **Understanding chemotherapy** discusses the treatment and its side effects in more detail. We also have information about individual chemotherapy drugs and their side effects. Visit our website at **macmillan.org.uk/chemotherapy**

Side effects

Chemotherapy drugs may cause unpleasant side effects. These can usually be well controlled with medicines and will usually go away once treatment has finished. Not all drugs cause the same side effects and some people may have very few. You can talk to your doctor or nurse about what to expect from your treatment. The main side effects are described here as well as ways to reduce or control them.

We can send you further information about many of the side effects mentioned here.

Risk of infection

Chemotherapy can reduce the number of white blood cells, which help fight infection. If the number of your white blood cells is low, you'll be more prone to infections. A low white blood cell count is called neutropenia.

Always contact the hospital immediately on the 24-hour contact number you've been given and speak to a nurse or doctor if:

- you develop a high temperature, which may be over 37.5°C (99.5°F) or over 38°C (100.4°F) depending on the hospital's policy – follow the advice that you have been given by your chemotherapy team
- you suddenly feel unwell, even with a normal temperature
- you feel shivery and shaky
- you have any symptoms of an infection such as a cold, sore throat, cough, passing urine frequently (urine infection), or diarrhoea.

If necessary, you'll be given antibiotics to treat any infection.

You'll have a blood test before each cycle of chemotherapy to make sure your white blood cells have recovered. Occasionally, your treatment may need to be delayed if the number of your white blood cells is still low.

Bruising and bleeding

Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot. If you develop any unexplained bruising or bleeding, such as nosebleeds, bleeding gums, blood spots or rashes on the skin, contact your doctor or the hospital straight away.

Anaemia (reduced number of red blood cells)

Chemotherapy may reduce the number of red bloods cells (haemoglobin) in your blood. A low level of red blood cells is known as anaemia, and can make you feel very tired and lethargic. You may also become breathless.

Anaemia can be treated with blood transfusions. This should help you to feel more energetic and ease the breathlessness.

Mouth problems

Chemotherapy can cause mouth problems such as a sore mouth, mouth ulcers or infection. Drinking plenty of fluids, and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. Your chemotherapy nurse will explain how to look after your mouth to reduce the risk of problems. They can give you mouthwashes, medicines and gels to help.

Feeling sick

Some chemotherapy drugs can make you feel sick (nausea) or possibly be sick (vomit). Your doctor will prescribe anti-sickness (anti-emetic) drugs to prevent this. Let your doctor or nurse know if your anti-sickness drugs are not helping, as there are several different types you can take. We have more information about nausea and vomiting, which we can send you.

Tiredness (fatigue)

You're likely to become tired and have to take things slowly. Try to pace yourself and save your energy for things that you want to do or that need doing. Balance rest with some physical activity – even going for short walks will help increase your energy levels. Our booklet **Coping with fatigue** has more helpful tips. See page 90 for information about how to order a free copy.

Hair loss

Some, but not all, chemotherapy drugs may cause hair loss or thinning. It depends on what chemotherapy drugs you are having. Your doctor or nurse can tell you more about what to expect. Your nurse can give you advice about coping with hair loss and how to look after your scalp. We can send you more information on coping with hair loss.

Side effects can usually be controlled or improved. Always let your doctor or nurse know about any side effects you have so they can help you feel better.

Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. It is planned by a cancer doctor called a clinical oncologist. The person who gives you radiotherapy is a radiographer.

New advances in technology mean that radiation can be given more precisely. This is to avoid damaging normal tissues as much as possible.

Stereotactic radiotherapy

This is a newer type of external radiation therapy, which gives targeted treatment to the tumour. A specially adapted radiotherapy machine delivers beams of radiotherapy from many different angles. This allows the doctor to give a high dose to the tumour, while keeping the dose to surrounding tissues low. It is used for people that cannot be treated with ablation (see pages 44 to 46). This might be because of other medical conditions or because the tumour is too large for ablation to work.

This treatment is only available in a few specialist centres.

Internal radiotherapy

Sometimes internal radiotherapy is used. This could be radioembolisation, which is sometimes called selective internal radiotherapy (SIRT). There is more information about radioembolisation on page 50.

Someone preparing for radiotherapy

Radiotherapy to treat symptoms

Radiotherapy can be used to relieve symptoms if the cancer has spread to another part of the body.

If the cancer has spread to the bones, radiotherapy can be used to help relieve pain. You may only need one treatment or a few short ones. The main side effect is tiredness. Other side effects are usually mild. Your cancer doctor, nurse or radiographer will tell you what to expect.

You have the treatment as an outpatient in the hospital radiotherapy department. The radiographer will position you on the couch and you will be left alone for a few minutes while treatment is given. You can still talk to your radiographer through an intercom.

We have a booklet called **Understanding radiotherapy**, which has more information. Call us on **0808 808 00 00** to order a free copy.

Research – clinical trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. These may be carried out to:

- test new treatments, such as new targeted therapies
- look at new combinations of existing treatments, or change the way they are given to make them more effective or reduce side effects
- compare the effectiveness of drugs used to control symptoms
- find out how cancer treatments work
- find out which treatments are the most cost-effective.

Trials are the only reliable way to find out if a different type of surgery, chemotherapy, hormone therapy, radiotherapy, or other treatment is better than what is already available.

Taking part in a trial

You may be asked to take part in a treatment research trial. There can be many benefits in doing this. Trials help to improve knowledge about cancer and develop new treatments. You will be carefully monitored during and after the study.

Usually, several hospitals around the country take part in these trials. It's important to bear in mind that some treatments that look promising at first are often later found not to be as good as existing treatments or to have side effects that outweigh the benefits.

If you decide not to take part in a trial, your decision will be respected and you don't have to give a reason. However, it can help to let the staff know your concerns so that they can give you the best advice. There will be no change in the way that you're treated by the hospital staff, and you'll be offered the standard treatment for your situation.

Our booklet **Understanding cancer research trials (clinical trials)** describes clinical trials in more detail. We can send you a copy.

Blood and tumour samples

Blood and tumour samples may be taken to help make the right diagnosis. You may be asked for your permission to use some of your samples for research into cancer. If you take part in a trial, you may also give other samples, which may be frozen and stored for future use when new research techniques become available. Your name will be removed from the samples so you can't be identified.

The research may be carried out at the hospital where you are treated, or at another one. This type of research takes a long time, and results may not be available for many years. The samples will be used to increase knowledge about the causes of cancer and its treatment, which will hopefully improve the outlook for future patients.

Our website **macmillan.org.uk/clinicaltrials** has information about current clinical trial databases.

Controlling symptoms

Treating the cancer in the liver will often ease the symptoms. Other treatments can also be used to control symptoms. This is sometimes called palliative treatment or supportive care.

Your doctor may refer you to a palliative care team who are experts in controlling symptoms. They will support you and your family. The team often includes a doctor and nurses. They often work closely with a local hospice and can visit you and your family at home (see page 67).

Pain

If the cancer stretches the capsule surrounding the liver, it may cause pain. Some people get pain in the right shoulder, which doctors sometimes call referred pain. It can happen if the liver stimulates the nerves beneath the diaphragm (the sheet of muscle under the lungs). These nerves connect to nerves in the right shoulder.

There are different types of painkillers your doctor can prescribe. If your pain is not controlled, let them know as soon as possible. They can adjust the dose of the drug or give you a different one that works better for you. Make sure you take painkillers regularly as your doctor has prescribed.

Our booklet **Controlling cancer pain** has more information about managing pain. See page 90 for information about how to order a free copy.

Strong painkillers often cause constipation. Your doctor can prescribe a laxative for you to take. Eating more foods containing fibre and drinking plenty of fluids will also help.

Sometimes drugs called steroids can relieve pain by reducing swelling around the liver. You usually have them as a short course of treatment over a few weeks or months. They can also make you feel more energetic and improve your appetite.

Ascites

Ascites is a build-up of fluid in the tummy area (abdomen). It can make you feel bloated and uncomfortable. It may make you feel breathless as it can prevent your lungs from fully expanding as you breathe.

Doctors sometimes prescribe drugs that help the body get rid of extra fluid as urine. These drugs are called water tablets or diuretics.

Your doctor may put a small, fine tube through the skin of your tummy to drain off the fluid. This is usually done in the hospital but some people may be able to have it done at home. It can be done more than once if needed. We have more information about ascites on our website.

Jaundice

Sometimes the bile duct becomes blocked by the cancer. The bile duct is a tube that drains bile out of the liver and into the small bowel (see pages 8 to 9). If it is blocked, bile builds up in the liver and flows back into the blood. It makes the whites of the eyes and skin turn yellow, and you feel itchy. Doctors call these symptoms jaundice. Your doctor can prescribe drugs to help relieve the itching.

Your doctor may put a narrow tube (stent) into the bile duct to keep it open. This allows the bile to flow into the small bowel and relieves the jaundice.

Our booklet **Controlling the symptoms of cancer** has more information about these and other symptoms.

Who can help?

Many people are available to help you and your family.

District nurses work closely with GPs and make regular visits to patients and their families at home if needed.

The **hospital social worker** can give you information about social services and benefits you may be able to claim, such as meals on wheels, a home helper or hospital fares. The social worker may also be able to arrange childcare for you during and after treatment.

In many areas of the country, there are also specialist nurses called **palliative care nurses**. They are experienced in assessing and treating symptoms of advanced cancer. Palliative care nurses are sometimes known as Macmillan nurses. However, many Macmillan professionals are nurses who have specialist knowledge in a particular type of cancer. You may meet them when you're at a clinic or in hospital.

Marie Curie nurses help care for people approaching the end of their lives in their own homes. Your GP or hospital specialist nurse can usually arrange a visit by a palliative care or Marie Curie nurse.

There's also specialist help available to help you cope with the emotional impact of cancer and its treatment. You can ask your hospital doctor or GP to refer you to a doctor or counsellor who specialises in supporting people with cancer and their families. Our cancer support specialists on **0808 808 00 00** can tell you more about counselling and can let you know about services in your area. There is more information on help with money and work issues on pages 83 to 87.

AFTER YOUR TREATMENT

After treatment – follow-up

After your treatment finishes, you will have regular check-ups. Your specialist will do a physical examination. You will usually also have blood tests. Depending on the treatment you had, you may have regular CT scans to check that the tumour has not come back. After a liver transplant, you also have checks to make sure your body is not rejecting the new liver. Your doctor or nurse will talk to you about what to look out for.

Many people find that they get very anxious before appointments. This is natural. It may help to get support from family, friends or one of the organisations on pages 95 to 99.

If you have problems or new symptoms between check-ups, contact your doctor or nurse as soon as possible.

Share your experience

Having cancer is a life-changing experience. When treatment finishes, many people find it helps to talk about it and share their thoughts, feelings and advice with other people. This can be especially helpful for other people with primary liver cancer who are about to start their treatment. Hearing about how you have coped, which side effects you had and how you managed them is very helpful to someone in a similar situation.

We can help you share your story. Call us on **0808 808 00 00** or visit **macmillan.org.uk/shareyourstory** for more information.

Taking care of yourself

Coping with tiredness

After treatment, you are likely to feel very tired and you may still be coping with some side effects. It is important to take care of yourself to allow your body time to recover. Tiredness and feeling weak are also common in people with advanced liver cancer. Make sure you get enough rest and try to eat well. Ask family and friends to help so you save energy for the things you want to do.

Tiredness can make it harder to concentrate or to take part fully in what is going on around you. Try to pace yourself. Plan important things for when you are likely to feel less tired and try to rest before.

Our booklet **Coping with fatigue** has tips to help you cope with cancer-related tiredness.

Making the most of your health

After treatment, you may want to focus on making the most of your health.

Our booklet **Life after cancer treatment** has useful information about keeping healthy and adjusting to life after treatment.

Drinking less alcohol

Because the liver breaks down alcohol, your specialist may advise you not to drink for a period of time after treatment. They may ask you to reduce the amount of alcohol you drink, or to stop drinking completely. Your liver may not be able to cope with alcohol, so ask your specialist doctor or nurse for advice.

Eating well

Try to eat a healthy diet, as this can help you recover. If you don't have much of an appetite, try to eat regular snacks. There are also supplement drinks you can take to get extra energy and nutrients. You can often get these on prescription. Ask your doctor or nurse to refer you to a dietitian if you need more advice.

Our booklet **Healthy eating and cancer** has helpful tips on coping with eating difficulties.

Stopping smoking

If you smoke, talk to your doctor for advice on giving up. Our booklet **Giving up smoking** has more information and tips to help you succeed.

Being active

Regular, short walks can help build up your energy levels. They can also help reduce stress. You can build up what you do as you recover. There is more about exercise and its benefits in our booklet **Physical activity and cancer treatment**.

Complementary therapies

Some people use complementary therapies to help them relax. Your hospital or local support group may offer therapies, such as relaxation or massage.

Our booklet **Cancer and complementary therapies** has more information.

YOUR FEELINGS AND RELATIONSHIPS

Your feelings

It's common to feel overwhelmed when you're told that you have cancer. We talk about some of the feelings you may have here. Partners, family and friends may also have these feelings.

You might have different reactions to the ones we describe here. There is no right or wrong way to feel. You will cope with things in your own way. Talking to people close to you or other people affected by cancer can often help.

Shock and disbelief

You may find it hard to believe it when your doctor tells you that you have cancer. It's common to feel shocked and numb.

You may not be able to take in much information and find that you keep asking the same questions again and again. At first, you might find it hard to talk to family and friends about the cancer. This usually gets easier as the shock wears off and it becomes more real to you. You may find you can't think or talk about anything but the cancer. This is because your mind is trying to process what you're going through.

Fear and anxiety

People can be very anxious or frightened about whether treatment will work and what will happen in the future. This uncertainty can be one of the hardest things to cope with. It can help to try to focus on what you can control. You may want to find out more about the cancer, its treatment and how to manage side effects. It can also help to talk about your feelings and to take time to do things that are important to you and that you enjoy.

Doctors often know roughly how many people can benefit from a type of treatment. But they can't be sure what will happen to an individual person. Although they may not be able to answer your questions fully, they can usually talk through any problems with you and give you some guidance.

Avoidance

Some people cope by not wanting to know very much about the cancer and by not talking about it. If you feel like this, let you family and friends know that you don't want to talk about it right now. You can also tell your doctor if there are things you don't want to know or talk about yet.

Occasionally, this avoidance can be extreme. Some people may not believe that they have cancer. This is sometimes called being in denial. It may stop them making decisions about treatment. If this happens, it's very important for them to get help from their doctor.

Sometimes, avoidance is the other way around. Family and friends may seem to avoid you and the fact that you have cancer. They may not want to talk about it or they might change the subject. This is usually because they are also finding the cancer difficult to cope with, and they may need support too. Try to let them know how this makes you feel and that talking openly with them about your illness will help you.

Anger

You may feel angry about your illness and sometimes resent other people for being well. These are normal reactions, especially when you feel frightened, stressed, out of control or unwell. You may get angry with the people close to you.

Let them know that you are angry at your illness and not at them. Finding ways to help you relax and reduce stress can help with anger. This can include talking about or writing down how you feel, gentle exercise, breathing or relaxation therapy, yoga or meditation.

Guilt and blame

Some people feel guilty or blame themselves or others for the cancer. You may try to find reasons for why it has happened to you. Most of the time, it’s impossible to know exactly what has caused a person’s cancer. Over time, several different factors may act together to cause a cancer. Doctors don’t fully understand all of these factors yet. Instead, try to focus on looking after yourself and getting the help and support you need.

Feeling alone

Some people feel alone because they don't have enough support. Family and friends may live far away, have other commitments or feel uncomfortable because of their own fears about cancer. Try to let your family and friends know how you feel and how they could support you more.

If you need more support, you can call the Macmillan Support Line free on **0808 808 00 00** and talk to one of our cancer support specialists. Our website can help you find out about local support groups – visit **macmillan.org.uk/supportgroups**

You can also talk to other people going through the same thing on our Online Community at **macmillan.org.uk/community**

It's normal to have times when you want to be left alone to sort out your feelings. But if you find you're avoiding people a lot of the time, then try to talk to your doctor or nurse.

If you need more help

These feelings can be very difficult to cope with and sometimes people need more help. This happens to lots of people and doesn't mean you're not coping.

If you feel anxious, panicky or sad a lot of the time, or think you may be depressed, talk to your doctor or nurse. They can refer you to a doctor or counsellor who can help. They may also prescribe medicine to help with anxiety or an antidepressant drug.

Our booklet **How are you feeling? The emotional effects of cancer** discusses the feelings you may have in more detail, and has suggestions for coping with them.

If you are a relative or friend

Some people find it hard to talk about cancer or share their feelings. You might think it's best to pretend everything is fine, and carry on as normal. You might not want to worry the person with cancer, or you might feel you're letting them down if you admit to being afraid. But holding in strong emotions can make it even harder to talk. It may also lead to the person with cancer feeling very isolated.

Partners, relatives and friends can help by listening carefully to what the person with cancer wants to say. It may be best not to rush into talking about the illness. Often it's enough just to listen and let the person with cancer talk when they are ready.

You may find some of the courses on our Learn Zone website helpful. There are courses to help with listening and talking, to help friends and family support their loved ones affected by cancer. Visit **macmillan.org.uk/learnzone** to find out more.

Our booklet **Talking with someone who has cancer** has more suggestions if you have a friend or relative with cancer.

If you're looking after a family member or friend with cancer, you may find our booklet **Looking after someone with cancer** helpful. It has lots of practical tips and information.

We have more information about supporting someone with cancer at **macmillan.org.uk/carers**

Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong. Sometimes their fears can be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information. You can gradually tell them more to build up a picture of your illness.

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities. They may feel over-burdened. It's important that they can go on with their normal lives as much as possible and still get the support they need.

If they find it hard to talk to you, you could encourage them to talk to someone who can support and listen to them. This may be a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website **riprap.org.uk**. It has been developed especially for teenagers who have a parent with cancer.

Our booklet **Talking to children when an adult has cancer** includes discussion about sensitive topics. There's also a video on our website that may help, at **macmillan.org.uk/talkingtochildren**

WORK AND FINANCIAL SUPPORT

Financial help and benefits

If you are struggling to cope with the financial effects of cancer, help is available.

If you cannot work because you are ill, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks of sickness. If you qualify for it, they cannot pay you less.

Before your Statutory Sick Pay ends, or if you do not qualify for it, check whether you can get Employment and Support Allowance (ESA). This benefit is for people who cannot work because they are ill or disabled.

There are two different types of ESA:

- **contributory** – you can get this if you have made enough national insurance contributions
- **income-related** – you can get this if your income and savings are below a certain level.

Since October 2013, a new benefit called **Universal Credit** has started replacing income-related ESA in England, Scotland and Wales. This benefit is for people who are looking for work or on a low income.

Personal Independence Payment (PIP) is a new benefit for people under 65 who find it difficult to walk or look after themselves (or both). You must have had these difficulties for at least three months, and they should be expected to last for the next nine months. Since April 2013, PIP has started to replace a similar older benefit called Disability Living Allowance in England, Scotland and Wales.

Attendance Allowance (AA) is for people aged 65 or over who find it difficult to look after themselves. You may qualify if you need help with things like getting out of bed, having a bath or dressing yourself. You don't need to have a carer, but you must have needed care for at least six months.

If you are terminally ill, you can apply for PIP, DLA or AA under the 'special rules'. This means your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate.

Help for carers

Carers Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you don't qualify for it, you can apply for Carer's Credit. This helps you to build up qualifying years for a State Pension.

More information

The benefits system can be hard to understand, so it is a good idea to talk to an experienced welfare rights adviser. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**. We've just listed some benefits here, but there may be others you can get.

You can find out about state benefits and apply for them online at **gov.uk** (England, Wales and Scotland) and **nidirect.gov.uk** (Northern Ireland). These websites have information about financial support, your rights, employment and independent living. You can also get information about these issues from the relevant Department for Work and Pensions helplines or Citizens Advice (see page 97 for contact details). In Northern Ireland, you can call the Benefit Enquiry Line Northern Ireland on **0800 220 674**.

Our booklet **Help with the cost of cancer** has more detailed information. You might also find our video at **macmillan.org.uk/gettingfinancialhelp** useful.

Insurance

People who have, or have had, cancer may find it hard to get certain types of insurance, including life and travel insurance. A financial adviser can help you look at your needs and find the best deal for you. You can find a financial adviser by contacting one of the organisations on page 98.

Our booklets **Insurance** and **Getting travel insurance** may also be helpful. See page 90 for information about how to order these booklets.

Work

You may need to take time off work during your treatment and for a while afterwards. It can be hard to judge the best time to go back to work, and this will depend mainly on the type of work you do and how much your income is affected. It's important to do what's right for you.

Getting back into your normal routine can be very helpful, and you may want to go back to work as soon as possible. It can be helpful to talk to your employer about the situation – it may be possible for you to work part-time or job share.

On the other hand, it can take a long time to recover fully from cancer treatment, and it may be many months before you feel ready to return to work. It's important not to take on too much, too soon. Your consultant, GP or specialist nurse can help you decide when and if you should go back to work.

Employment rights

The Equality Act 2010 protects anyone who has, or has had, cancer. Even if a person who had cancer in the past has been successfully treated and is now cured, they are still covered by the act. This means their employer must not discriminate against them for any reason, including their past cancer. The Disability Discrimination Act protects people in Northern Ireland.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. There's also more information at **macmillan.org.uk/work**

FURTHER INFORMATION

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at **macmillan.org.uk/cancerinformation** There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats** If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday to Friday, 9am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

> 'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'
>
> **Mal**

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **macmillan.org.uk/financialsupport** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Liver cancer support

British Liver Trust
6 Dean Park Crescent,
Bournemouth BH1 1HL
Helpline 0800 652 7330
(Mon to Fri, 10am to 3pm)
Email
info@britishlivertrust.org.uk
www.britishlivertrust.org.uk
Produces information and leaflets about liver cancer and other liver diseases.

CORE
3 St Andrews Place,
London NW1 4LB
Email info@corecharity.org.uk
www.corecharity.org.uk
Produces information and leaflets on common digestive diseases and illnesses, including liver cancer.

General cancer support organisations

Cancer Focus Northern Ireland
Helpline 0800 783 3339
(Mon to Fri, 9am to 1pm)
Email
nurseline@cancerfocusni.org
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Support Scotland
Tel 0800 652 4531
(Mon to Fri, 9am to 5pm)
Email
info@cancersupportscotland.org
www.cancersupportscotland.org
Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie's Centres

Tel 0300 123 1801
Email enquiries@maggiescentres.org
www.maggiescentres.org

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Tenovus

Helpline 0808 808 1010 (Daily, 8am to 8pm)
Email info@tenovuscancercare.org.uk
www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel 01455 883 300
Email bacp@bacp.co.uk

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **itsgoodtotalk.org.uk**

Financial or legal advice and information

Benefit Enquiry Line Northern Ireland

Helpline 0800 220 674 (Mon, Tue, Wed and Fri, 9am to 5pm, Thurs, 10am to 5pm)
Textphone 028 9031 1092
www.nidirect.gov.uk/money-tax-and-benefits

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use their online webchat or find details for your local office in the phone book or one of these websites:

England

Helpline 03444 111 444
www.citizensadvice.org.uk

Scotland

www.citizensadvice.org.uk/scotland

Wales

Helpline 03444 77 2020
www.citizensadvice.org.uk/wales

Northern Ireland

Helpline 0800 028 1181
www.citizensadvice.co.uk/nireland

Department for Work and Pensions (DWP)

Personal Independence Payment (PIP) Helpline
0345 850 3322
Textphone 0345 601 6677
(Mon to Fri, 8am to 6pm)

Carer's Allowance Unit
Tel 0345 608 4321
Textphone 0345 604 5312
(Mon to Thurs, 8.30am to 5pm, Fri, 8.30am to 4.30pm)
www.gov.uk/browse/benefits

Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

The Money Advice Service

Helpline (English) 0800 138 7777
Helpline (Welsh) 0800 138 0555
(Mon to Fri, 8am to 8pm, Sat, 9am to 1pm)
Typetalk
18001 0300 500 5000
Email enquiries@moneyadviceservice.org.uk
www.moneyadviceservice.org.uk

Runs a free financial health check service and gives advice about all types of financial matters across the UK. Has an online chat service for instant money advice.

National Debtline (England, Wales and Scotland)

Tel 0808 808 4000
(Mon to Fri, 9am to 8pm,
Sat, 9.30am to 1pm)
www.nationaldebtline.org

A national helpline for people with debt problems. The service is free, confidential and independent. Has an online chat service with an expert debt adviser.

Personal Finance Society – 'Find an Adviser' service

www.thepfs.org/yourmoney/find-an-adviser

Use the website to find qualified financial advisers in your area of the UK.

Support for carers

Carers UK

Helpline (England, Scotland, Wales)
0808 808 7777
(Mon to Fri, 10am to 4pm)
Helpline (Northern Ireland)
028 9043 9843
Email advice@carersuk.org
www.carersuk.org

Offers information and support to carers across the UK. Has an online forum and can put people in contact with support groups for carers in their area.

Support for older people

Age UK

Helpline (England)
0800 169 2081 (8am to 7pm)
Helpline (Scotland)
0800 124 4222
Helpline (Wales)
08000 223 444
Helpline (Northern Ireland)
0808 808 7575
www.ageuk.org.uk

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel 0345 330 3030
(Mon to Fri, 10am to 10pm,
and Sat 10am to 6pm)
Email helpline@lgbt.foundation
www.lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on sexual health, relationships, mental health, community groups and events.

Advanced cancer and end-of-life care

Hospice UK

Tel 020 7520 8200
Email
info@hospiceuk.org
www.hospiceuk.org

Provides information about living with advanced illness. Has a directory of hospice services in the UK and free booklets.

Marie Curie

Helpline 0800 090 2309
(Mon to Fri, 8am to 6pm,
Sat, 11am to 5pm)
www.mariecurie.org.uk

Marie Curie nurses provide free end-of-life care across the UK. They care for people in their own homes or in Marie Curie hospices, 24 hours a day, 365 days a year.

Bereavement support

Cruse Bereavement Care

Helpline 0808 808 1677
(Mon and Fri, 9.30am to 5pm,
Tues to Thurs, 9.30am to 8pm)
Email helpline@cruse.org.uk
www.cruse.org.uk

Has a UK-wide network of branches that provide bereavement support to anyone who needs it. You can find your local branch on the website.

You can search for more organisations on our website at **macmillan.org.uk/organisations** or call us on **0808 808 00 00**.

YOUR NOTES AND QUESTIONS

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Richard Hubner, Consultant Medical Oncologist. With thanks to: Professor Maria A. Hawkins, Associate Professor in Clinical Oncology; Jenny Merry, Advanced Nurse Practitioner HPB; Dr Anthie Papadopoulou, Consultant Interventional Radiologist; Mr Michael Silva, Consultant Surgeon in Hepatobiliary and Pancreatic Surgery; and Dr Esther Unitt, Consultant Hepatologist. Thanks also to the people affected by cancer who reviewed this edition, and to those who shared their stories.

Sources

We've listed a sample of the sources used in the publication below. If you'd like further information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

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ESMO–ESDO Clinical practice guidelines for diagnosis, treatment and follow-up of hepatocellular carcinoma. Annals of Oncology. 2012. 23 (7).
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Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 WAYS YOU CAN HELP SOMEONE WITH CANCER

Share your cancer experience
Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change
We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community
A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money
Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money
Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

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Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

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Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

Registered with FUNDRAISING REGULATOR

If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

27530

This booklet is about primary liver cancer, which is also called hepatocellular carcinoma (HCC). It is for anyone who has been diagnosed with liver cancer. There is also information for carers, family members and friends.

The booklet explains the signs and symptoms of liver cancer, and how it is diagnosed and treated. It also has information about emotional, practical and financial issues.

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, Monday to Friday, 9am to 8pm, or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these visit **macmillan.org.uk/otherformats** or call our support line.

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The Information Standard Certified Member

What's this logo? Visit **macmillan.org.uk/ourinformation**

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