

MACMILLAN
CANCER SUPPORT

UNDERSTANDING SECONDARY CANCER IN THE LIVER





‘ I had really supportive family and friends, but I needed to look elsewhere for support. I rang the Macmillan Support Line. That conversation significantly changed my life. ’

Andrew, diagnosed with secondary cancer in the liver.

About this booklet

This booklet is about secondary cancer in the liver. Secondary cancer in the liver is not the same as primary liver cancer. We have more information about this in our booklet **Understanding primary liver cancer**.

This booklet is for anyone who has secondary cancer in the liver. There is also information for carers, family members and friends.

The booklet explains:

- what secondary liver cancer is
- symptoms and diagnosis
- the different treatment options
- coping with secondary cancer in the liver.

We hope it helps you deal with some of the questions or feelings you have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

You do not have to read this booklet from start to finish. You can use the contents list on page 3 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 details of other organisations that can help (see pages 113 to 119). If you find this booklet helpful, you could pass it on to your family and friends.

Quotes

Throughout this booklet, we have included quotes from people affected by cancer. Some of these are from our Online Community (macmillan.org.uk/community). Others are from people who have chosen to share their experiences with us. This includes Andrew, who is on the cover of this booklet. To share your experience, visit macmillan.org.uk/shareyourstory

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**, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available.

If you are deaf or hard of hearing, use textphone **0808 808 0121** or Text Relay.

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

The liver and secondary liver cancer	5
Diagnosing secondary cancer in the liver	17
Treating secondary cancer in the liver	31
Your feelings and relationships	87
Work and financial support	99
Further information	107



THE LIVER AND SECONDARY LIVER CANCER

What is cancer?	6
The lymphatic system	8
The liver	10
Secondary cancer in the liver	12
Symptoms of secondary cancer in the liver	15

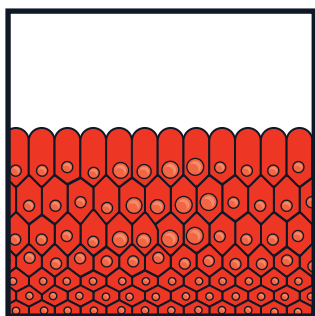
What is cancer?

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.

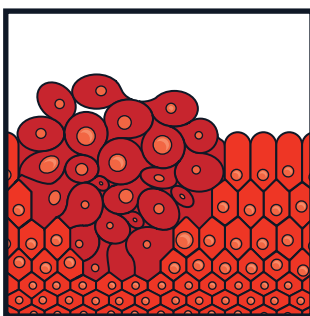
Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous.

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 cancerous (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.



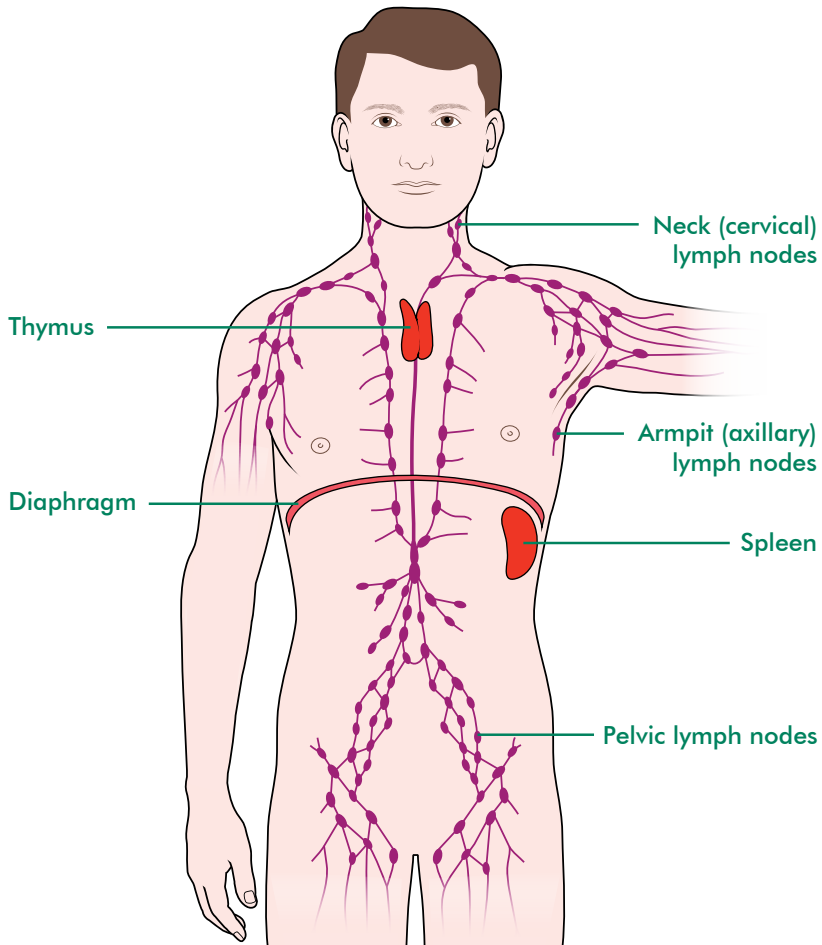
The lymphatic system

The lymphatic system helps protect us from infection and disease. It also drains lymph fluid from the tissues of the body before returning it to the blood.

The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body.

Lymph nodes (sometimes called lymph glands) are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight the infection.

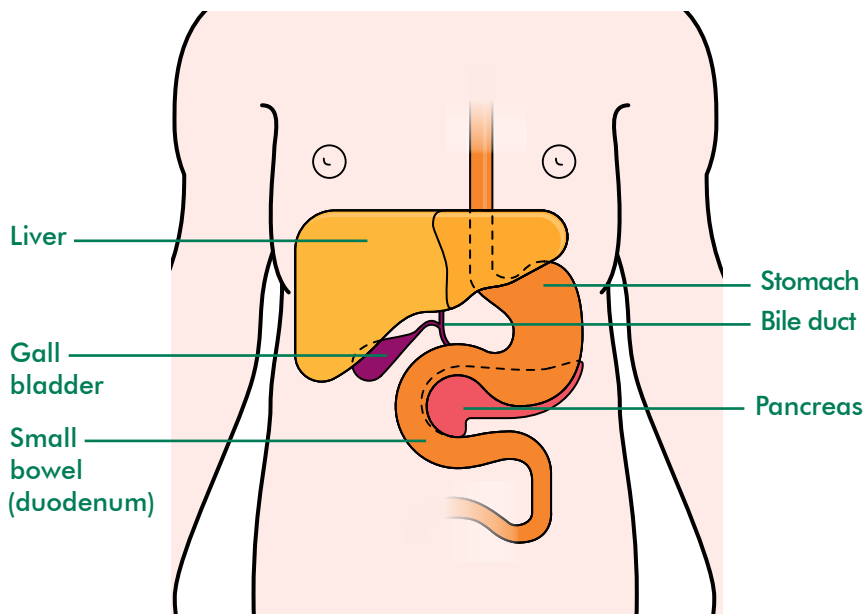
The lymphatic system



The liver

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

The liver and surrounding organs



What the liver does

The liver:

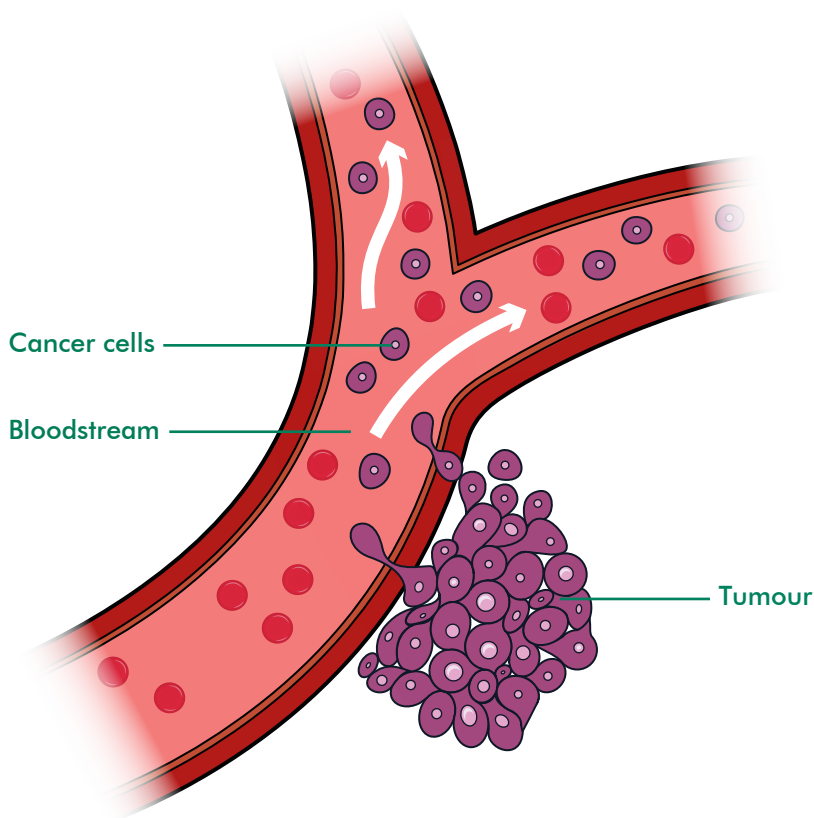
- stores sugars and fats, so they can be used for energy
- makes different proteins that help the blood to clot, which prevents bleeding and maintains fluid balance in the body
- makes bile, which helps break down fats so they can be absorbed by the body
- breaks down harmful substances, so they cannot harm other parts of the body.

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

Secondary cancer in the liver

The place where a cancer starts in the body is called the primary site, and the cancer is called the primary cancer. Sometimes cells break away from the primary cancer and are carried in the bloodstream to another part of the body. These cancer cells may settle in that part of the body and make a new tumour. If this happens, it is called a secondary cancer or a metastasis.

Cancer cells entering the bloodstream



Secondary cancer in the liver happens when cancer cells spread to the liver from a primary cancer somewhere else in the body.

Any type of cancer can spread to the liver. Common types that do include:

- bowel cancer
- breast cancer
- cancer of the pancreas
- stomach cancer
- cancer of the oesophagus (gullet)
- lung cancer
- melanoma
- neuroendocrine tumours – these are tumours that start in neuroendocrine cells, which are in organs such as the stomach, bowels and lungs.

If you have secondary liver cancer, it is best to read this information along with the information for the primary cancer you have. To order information about the type of primary cancer you have, see page 108.

Usually, people who get secondary cancer in the liver know they have a cancer. But occasionally secondary liver cancer is found before the primary cancer is diagnosed. Sometimes the primary cancer cannot be found. This is called a cancer of unknown primary. We can send you more information about this (see page 108).

Occasionally cancer can start in the liver. This is called primary liver cancer. Primary liver cancer is quite rare. Secondary liver cancer is much more common. We can send you more information about primary liver cancer (see page 108).



Symptoms of secondary cancer in the liver

Secondary cancer in the liver may not cause any symptoms for a long time. In some people, it may be found during routine tests.

Possible symptoms include:

- loss of appetite and feeling full soon after starting to eat
- weight loss
- feeling sick (nausea) and vomiting
- tiredness (fatigue)
- aching or pain in the area of the liver (on the right side of the tummy near the ribs), and sometimes in the right shoulder
- a high temperature and flu-like symptoms, such as aching all over
- a swollen tummy, which may be caused by fluid build-up (ascites)
- the skin and whites of the eyes looking yellow (jaundice).

These symptoms can be caused by other conditions. But it is important to get them checked by your doctor or nurse.

See pages 76 to 82 for more information about controlling the symptoms of secondary cancer in the liver.

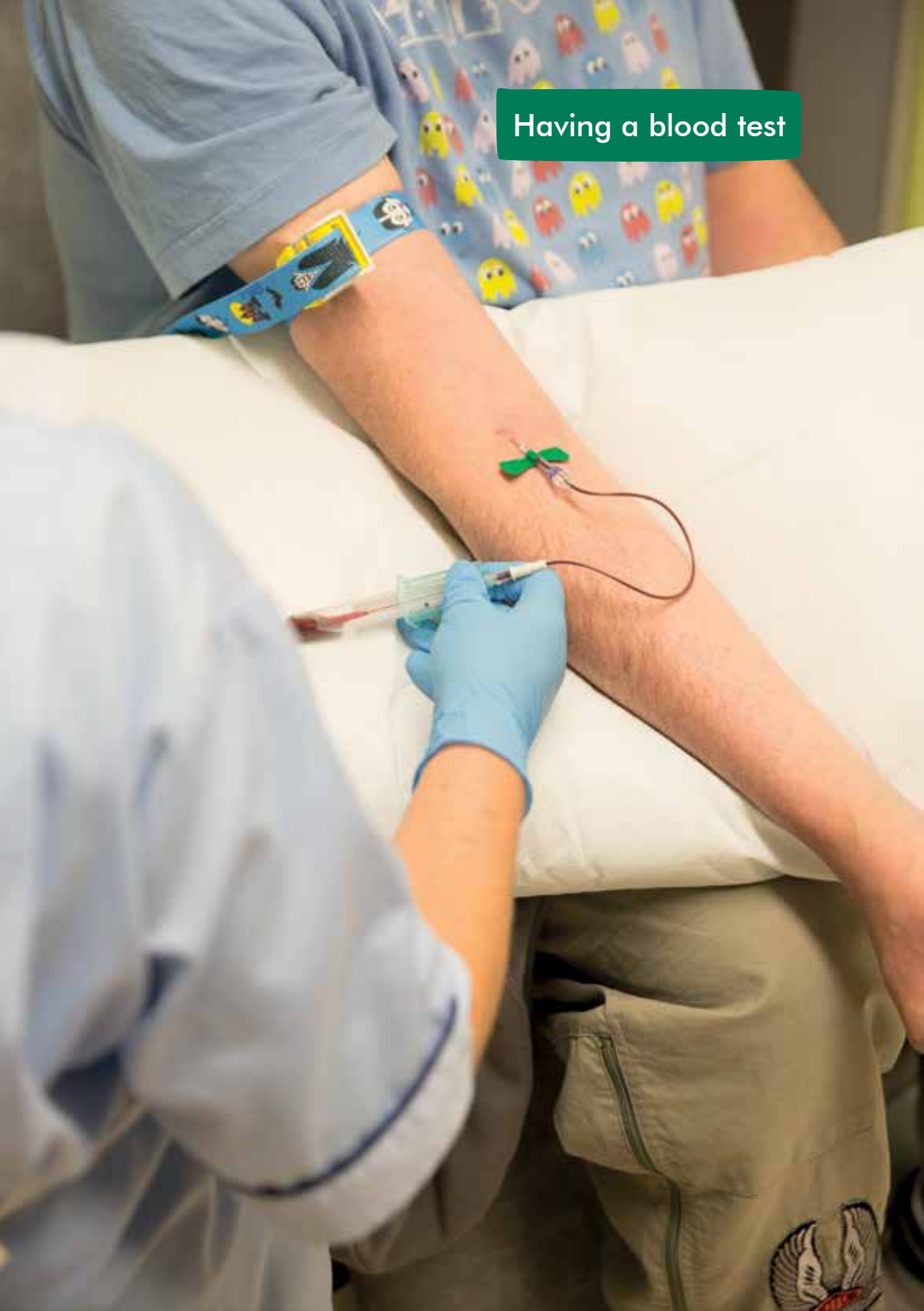


DIAGNOSING SECONDARY CANCER IN THE LIVER

How secondary cancer in the liver is diagnosed 19

Your data and the cancer registry 28

Having a blood test



How secondary cancer in the liver is diagnosed

You may see your family doctor (GP) or your cancer specialist. They will ask you about any symptoms you have and examine you. You may have some of the following tests and scans.

Blood tests

You may have blood samples taken to check:

- your general health
- how well your liver and kidneys are working.

Sometimes doctors use specific blood tests to diagnose and monitor some types of cancer. We have more detailed information about having a blood test on our website (see page 108).

CT (computerised tomography) scan

A CT scan 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.

Having a CT 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.

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. You have it in the hospital scanning department. You will be asked not to eat anything for at least 4 hours before your appointment.

When you are lying comfortably on your back, the person doing the ultrasound spreads a gel on to your tummy area. Then they pass a small scanner over the area. This produces the sound waves. A computer converts the sound waves into a picture.



A CT scanner

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 is safe for you. The checklist asks about any metal implants you may have, such as a pacemaker, surgical clips, bone pins, etc.

You should also tell your doctor if you have 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 is 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 will be asked to remove any metal belongings including jewellery. Some people are given an injection of dye into a vein in the arm, which does not 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 will lie very still on a couch inside a long cylinder (tube) for about 30 minutes. It is painless but can be slightly uncomfortable, and some people feel a bit claustrophobic. It is also noisy, but you will be given earplugs or headphones. You can hear, and speak to, the person operating the scanner.



An MRI scanner

Liver biopsy

A doctor may take a small piece of tissue from the liver to look at under a microscope. This is called a liver biopsy.

Before the biopsy, you have blood tests. This is to make sure your blood is clotting properly. A doctor injects a local anaesthetic into the skin to numb the area. Then they pass a thin needle through the skin into the tumour. The doctor uses a CT scan or ultrasound to guide them to the exact area to take the biopsy from.

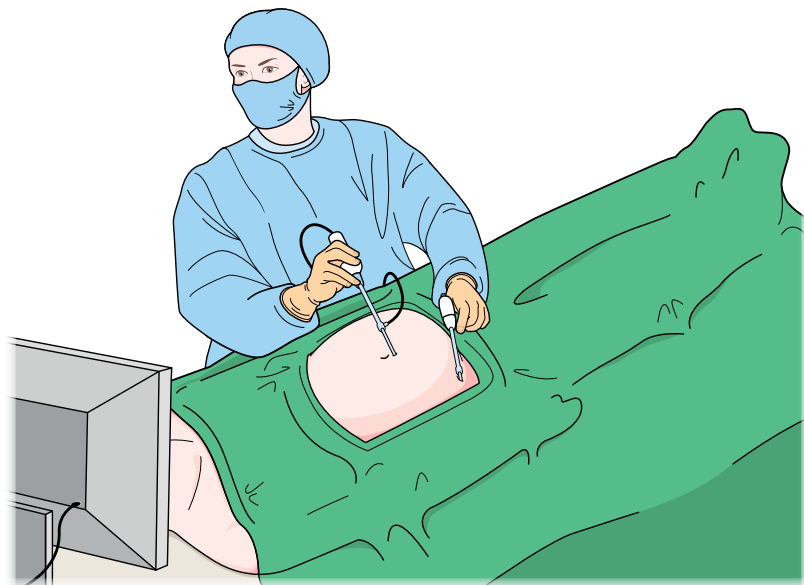
After a liver biopsy, you will need to stay in hospital for a couple of hours or sometimes overnight. This is because there is a small risk of bleeding afterwards. The nurses will check you regularly and monitor your blood pressure. You may have some pain in your tummy and right shoulder. Your doctor can prescribe painkillers for you.

Laparoscopy

This is a small operation that allows the doctor to look at the liver. They do it under a general anaesthetic, so you may need to stay in hospital overnight. The doctor makes 3 to 4 small cuts in the skin and muscle of your lower tummy (abdomen).

They pump carbon dioxide gas into the tummy to lift the tummy up and away from the organs inside. This helps the doctor see the liver more easily. Then they put a thin, flexible tube with a tiny camera on the end (laparoscope) through one of the cuts in the tummy. The doctor looks at the liver through the laparoscope. They may take a small sample of tissue (a biopsy) to examine under a microscope.

A laparoscopy



After a laparoscopy, you may have 1 or 2 stitches in your lower tummy. You should be able to get up as soon as the effects of the anaesthetic have worn off. Your neck or shoulder may be uncomfortable for a day or two. Some people have uncomfortable wind after a laparoscopy. Taking sips of peppermint water and walking around can help.

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

PET-CT scan

This is a combination of a CT scan, which takes a series of x-rays to build up a three-dimensional picture, and a positron emission tomography (PET) scan. A PET scan uses low-dose radiation to measure the activity of cells in different parts of the body.

PET-CT scans give more detailed information about the part of the body being scanned. You may have to travel to a specialist centre to have one.

You cannot eat for six hours before the scan, although you may be able to drink. A mildly radioactive substance is injected into a vein, usually in your arm. The radiation dose used is very small. You will wait for at least an hour before you have the scan. It usually takes 30 to 90 minutes. You should be able to go home after the scan.

Diagnosing the primary cancer

Occasionally, secondary liver cancer is found before the primary cancer is diagnosed.

If this happens, your doctor may arrange for you to have tests to find out where the primary cancer is. They can tell you more about these tests and what they involve.

Our cancer support specialists on **0808 808 00 00** can also give you information about tests you may need to have.

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, family or a close friend. Your specialist nurse or one of the organisations listed on our database, can also provide support.

You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.

'My husband had an ultrasound, CT scan and blood tests. But the days in between appointments and the waiting was driving me mad.'

Bernie

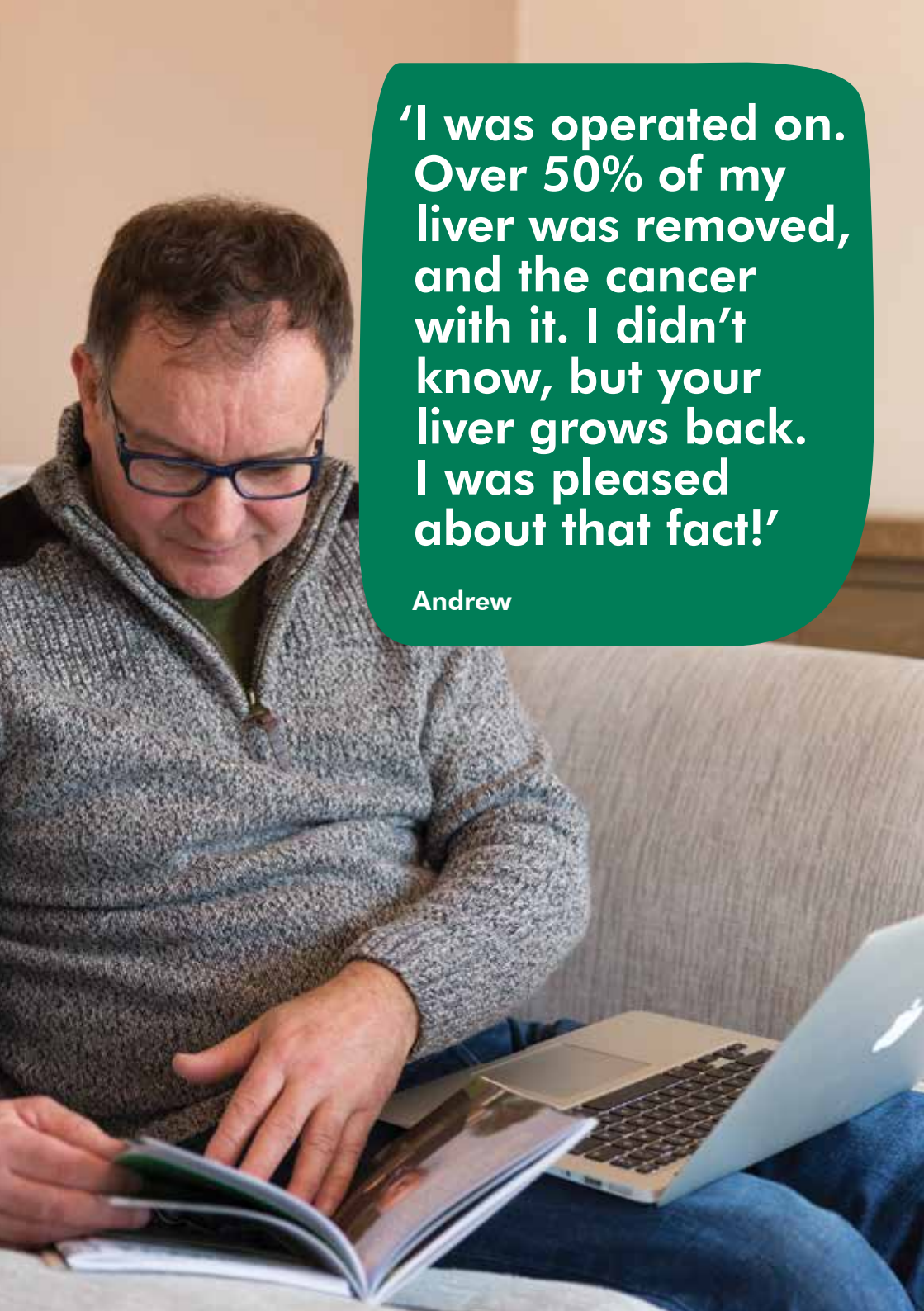
Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you is collected in a national database. This is called the cancer registry. It helps the NHS and other organisations plan and improve health and care services.

Your hospital will give information about you, your cancer diagnosis and treatment to the registry automatically, unless you ask them not to. As with all medical records, 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 about the registry. 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**



A middle-aged man with short brown hair and glasses is sitting on a light-colored couch. He is wearing a grey textured zip-up sweater over a green shirt. He is looking down at an open book in his hands. To his right, a silver laptop is open on his lap. The background is a plain, light-colored wall.

'I was operated on. Over 50% of my liver was removed, and the cancer with it. I didn't know, but your liver grows back. I was pleased about that fact!'

Andrew

TREATING SECONDARY CANCER IN THE LIVER

Treatment overview	32
Treatment choices	36
Chemotherapy	39
Surgery for secondary cancer in the liver	49
Hormonal therapies	59
Targeted and immunotherapy drugs	60
Ablation	67
Embolisation treatments	70
Stereotactic radiotherapy	75
Controlling symptoms	76
Research – clinical trials	83
Follow-up	85

Treatment overview

Treatment for secondary cancer in the liver usually aims to control the cancer for as long as possible and reduce any symptoms.

The treatment you have depends on:

- where the cancer has spread from (where the primary cancer was)
- which parts of the liver are affected
- whether other parts of the body are affected.

Chemotherapy

Chemotherapy is the most common treatment for secondary cancer in the liver (see pages 39 to 48).

It may be given:

- to try to shrink and control the cancer
- before liver surgery, to try to shrink the cancer – this might make an operation more successful
- after liver surgery, to reduce the risk of the cancer coming back.

'I've been much better since I had a treatment plan, and I commenced chemotherapy this week.'

Anita

Surgery

Only a small number of people will be able to have surgery (see pages 49 to 58). It is usually only possible for bowel cancers or neuroendocrine tumours that have spread to the liver. But it may occasionally be an option for other types of cancer.

Surgery is most commonly used if the cancer affects just a few areas of the liver and if there is no cancer anywhere else in the body. If there is cancer in many areas of the liver, it is not usually possible to remove all of the cancer. Surgery is not usually suitable if you have cancer in another part of your body, such as the bones, lungs or lymph nodes.

Hormonal therapies

Hormonal therapies are sometimes used (see page 59). This is most common for cancer that started in the breast. But other cancers that depend on hormones to grow may also be treated this way.

Targeted therapies

Targeted therapy drugs are sometimes used to treat secondary cancer in the liver (see pages 60 to 65). They target differences between cancer cells and normal cells. They may be used with other treatments, such as chemotherapy and surgery.

Immunotherapy

Immunotherapy drugs are sometimes used if the cancer started:

- in the lungs
- as a skin cancer called melanoma.

Immunotherapy drugs stimulate the immune system to fight cancer cells (see pages 60 to 65). You usually have the drugs on their own.

Ablation

Ablation uses heat or cold to destroy cancer cells (see pages 67 to 69). It is most commonly used as a treatment for people with cancer that started in the bowel, if they:

- have previously had surgery
- could have had surgery but are not fit enough for a major operation.

Occasionally, secondary liver cancer that started in other parts of the body may be treated with ablation.

Embolisation treatments

Embolisation treatments are used to cut off the blood supply to the tumour (see pages 70 to 74). Chemotherapy or radiation may be injected into the liver tumours at the same time. This is called chemo-embolisation or radio-embolisation.

Radiotherapy

Sometimes people have a type of radiotherapy that closely targets tumours in the liver. This is called stereotactic radiotherapy (see page 75).

Supportive or palliative therapies

Supportive or palliative therapies are used to help control symptoms and improve quality of life (see page 76). They are also used together with other treatments.



Treatment choices

If two treatments are equally effective for the type of cancer you have, your doctors may offer you a choice. Before you decide what is right for you, you might want to ask more about:

- what each treatment involves
- possible side effects.

Make a list of the questions you want to ask and take a relative or close friend with you. You may also find it helpful to take notes about what has been said. You could use the space on page 120.

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.

You may also find it helpful to have a list of questions ready so that you can make sure your concerns are covered during the discussion.

Giving consent

Before you have any treatment, your doctor will explain its aims. They will 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.

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.

The benefits and disadvantages of treatment

Many people are frightened at the idea of having cancer treatments, particularly because of the side effects that can occur. However, these can usually be controlled with medicines. Treatment can be given for different reasons and the potential benefits will vary depending upon your individual situation.

When cancer has spread to the liver, treatment may help to control it. This can improve symptoms and quality of life. However, for some people in this situation, the treatment will have no effect on the cancer. They will get the side effects without any of the benefits.

Making decisions about treatment in these circumstances is always difficult. You may need to discuss in detail with your doctor whether you wish to have treatment. If you choose not to have it, you can still have supportive (palliative) care, with medicines to control any symptoms.

Chemotherapy

Chemotherapy is a common treatment for secondary liver cancer.

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. The drugs work by damaging cells as they grow and divide. So they also affect some normal cells.

Where the cancer started in the body (the primary site) will affect:

- whether you have chemotherapy
- which chemotherapy drugs you have.

For example, if you have breast cancer that has spread to the liver, you will have chemotherapy drugs that are used to treat breast cancer.

Unfortunately, it is not possible to cure secondary liver cancer with chemotherapy. But it may slow down or stop the growth of the cancer. It may also shrink it and help relieve symptoms.

Chemotherapy may also be used to shrink secondary liver tumours so they can be removed by surgery. It is sometimes also used after surgery to reduce the risk of the cancer coming back.

Having chemotherapy



How chemotherapy is given

Chemotherapy is usually given:

- into a vein (intravenously)
- as tablets (orally).

Your doctor or nurse will tell you how you will have chemotherapy.

You usually have chemotherapy on 1 or more days, followed by a rest period of a few weeks. This is called a cycle of treatment. The rest period lets your body recover from the side effects, before you start your next treatment cycle.

Your doctor or nurse will tell you how many cycles of treatment you will have.

Some people with secondary liver cancer are given chemotherapy into the blood vessel that carries blood to the liver (the hepatic artery). This is called intra-arterial or hepatic artery chemotherapy. It means the drugs go directly to the liver tumour.

It is a very specialised technique and you may need to travel to another hospital to have it. This technique is often used together with a treatment called chemo-embolisation, which blocks the blood supply to the tumour (see pages 70 to 71).

Side effects

This section describes the side effects that may be caused by having chemotherapy into a vein or as tablets. If you are having chemotherapy directly into the liver (intra-hepatic chemotherapy), the side effects will be different (see page 71). The side effects depend on which chemotherapy drugs you have. Different drugs cause different side effects.

Some side effects are mild and easy to treat. Others can be harder to manage, but they can often be reduced or helped in some way. Most side effects are short-term. They usually stop or slowly go away when chemotherapy finishes. Chemotherapy can also make you feel better by relieving the symptoms of the cancer.

We describe the main side effects of chemotherapy here. Your doctor or nurse will tell you about the side effects you may have.

Risk of infection

Chemotherapy can reduce the number of white blood cells in your blood. These cells fight infection. If the number of white blood cells is low, you are more likely to get an infection. A low white blood cell count is called neutropenia.

If you have an infection, it is important to treat it as soon as possible. Contact the hospital straight away on the 24-hour contact number you have if:

- your temperature goes over 37.5°C (99.5°F)
- you suddenly feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery
- a sore throat
- a cough
- diarrhoea
- needing to pass urine often.

It is important to follow any specific advice your cancer treatment team gives you.

The number of white blood cells will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time.

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)

If chemotherapy reduces the number of red blood cells in your blood, you may become very tired and feel you have no energy. You may also become breathless and feel dizzy and light-headed. These symptoms happen because the red blood cells contain haemoglobin, which carries oxygen around the body.

If your haemoglobin is low you may be offered a blood transfusion. You'll feel more energetic and any breathlessness will be eased.

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. We have helpful tips on coping with tiredness in our booklet **Coping with fatigue (tiredness)** – see page 108.

Feeling sick or being sick

Some chemotherapy drugs can make you feel sick (nauseated) or possibly be sick (vomit). Your cancer specialist 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 try. We have more information about controlling nausea and vomiting (see page 108 to order).

Sore mouth

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.

We have some useful tips on coping with a sore mouth during chemotherapy (see page 108 to order).

'I tried to carry on cycling during chemo, but the fatigue meant I had to give it up. When I finished treatment, I needed to get back on the bike.'

Andrew



Taste changes

You may find that your sense of taste changes, or that the texture of food seems different. This may be due to the cancer, or it can be a temporary change following cancer treatment. You may no longer enjoy certain foods, or find that all foods taste the same. Some people having chemotherapy notice a metallic taste in their mouth. Others find that food has no taste at all.

Helpful hints – changes to sense of taste

- You might find cold foods taste better than hot foods.
- Sharp-tasting fresh fruit and juices or boiled sugar-free sweets can leave a pleasant taste in the mouth.
- Use seasoning, spices and herbs to flavour cooking.
- Try marinating food or use strong-flavoured sauces.



Diarrhoea

If you have diarrhoea, contact the hospital for advice. If you have been given anti-diarrhoea drugs to take at home. Follow any advice you have been given about taking these.

Try to drink at least 2 litres (3½ pints) of fluids every day. It can help to avoid alcohol, caffeine, milk products, high-fat foods and high-fibre foods.

Contact the hospital straight away if:

- you have diarrhoea at night
- you have diarrhoea more than 6 times in a day
- the anti-diarrhoea drugs don't work within 24 hours.

Some people may need to go to hospital to have fluids through a drip. You may need to take antibiotics.

Hair loss

Some chemotherapy drugs may cause hair loss. Some people may have complete hair loss including eyelashes and eyebrows. Others may only experience partial 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). If you do experience hair loss your hair should start to grow back within about 3 to 6 months of the end of treatment. It may grow back straighter, curlier, finer, or a slightly different colour than it was before. Your nurse can give you advice about coping with hair loss and how to look after your scalp.

Some chemotherapy departments may offer scalp cooling to reduce hair loss during chemotherapy.

We have more information in our booklet **Coping with hair loss.** (see page 108).

Effects on the nerves

Some chemotherapy drugs can affect the nerves in your hands or feet. This can cause tingling or numbness, a sensation of pins and needles or muscle weakness (called peripheral neuropathy).

It's important to let your doctor know if this happens. They may need to change the chemotherapy drug if it gets worse. Usually, peripheral neuropathy gradually gets better when chemotherapy is over but sometimes it's permanent.

Contraception

It is not advisable to become pregnant or father a child while having chemotherapy. This is because it may harm the developing baby. It is important to use effective contraception during your treatment and for some time afterwards. Your doctor or nurse can give you more advice.

Sex

We do not know whether chemotherapy drugs can be present in semen or vaginal fluids. To protect your partner, it is safest to either avoid sex or use a barrier form of contraception (for example, a condom) for about 48 hours after chemotherapy.

Surgery for secondary cancer in the liver

It may be possible to remove the affected part or parts of the liver with surgery. This operation is called a liver resection. There are usually no long-term side effects after a liver resection. This is because the remaining liver can grow bigger and do all its normal functions within a few months of the operation.

Liver resection is most commonly used to remove secondary liver tumours that have come from a primary cancer in the bowel. Occasionally it is used for other primary cancers. You can talk to your doctor about whether surgery may be helpful for you.

Liver resection is a major operation that takes 3 to 4 hours. It is done in specialist units by doctors experienced in liver surgery (hepatobiliary surgeons).

A liver resection may not be possible if:

- the cancer has also spread to other parts of your body
- your general health means you may not cope with a major operation
- there are tumours close to big blood vessels
- lots of tumours are spread across both lobes of the liver (see the illustration on page 12)
- the rest of the liver is not healthy.

Chemotherapy (see pages 39 to 48) may be used to shrink tumours before surgery. This can make the operation safer and more successful. It may also be used after surgery to reduce the risk of the cancer coming back.

Staged liver resection

This is where the liver is removed (resected) in two stages. In the first operation, part of the liver is removed. Then a week or more later, there is a second operation, when another resection is done. This means the liver has a chance to grow before the second operation.

Portal vein embolisation (PVE)

Sometimes it is possible to encourage the healthy part of the liver to grow. This is done before a liver resection, to:

- help make sure there is enough liver left after the operation
- reduce the risk of liver failure.

The doctor blocks a branch of the main blood vessel that carries nutrient-rich blood to the liver (the portal vein). This is called portal vein embolisation (PVE).

You usually have PVE in the x-ray department. You have a local anaesthetic to numb an area of your tummy (abdomen).

'I saw a liver surgeon, who agreed to operate once they had made sure I had no cancer anywhere else.'

Ian

The doctor uses an ultrasound scan to find the branch of the portal vein that supplies blood to the part of the liver with the tumour(s). Then they make a small cut in the skin and gently push a fine tube (catheter) into the portal vein. When the catheter is in place, they inject special glue or very small metal coils into it. This blocks the blood supply to that part of the liver.

PVE usually takes 1½ to 2 hours. You may feel some gentle pushing as the doctor inserts the catheter. Tell them if you feel any pain or discomfort, so they can give you painkillers. You will usually have to stay in hospital overnight for this treatment.

If PVE is successful, most people will have a liver resection operation about 3 to 6 weeks later. You may need to have more scans of your liver to help the doctors decide about this.

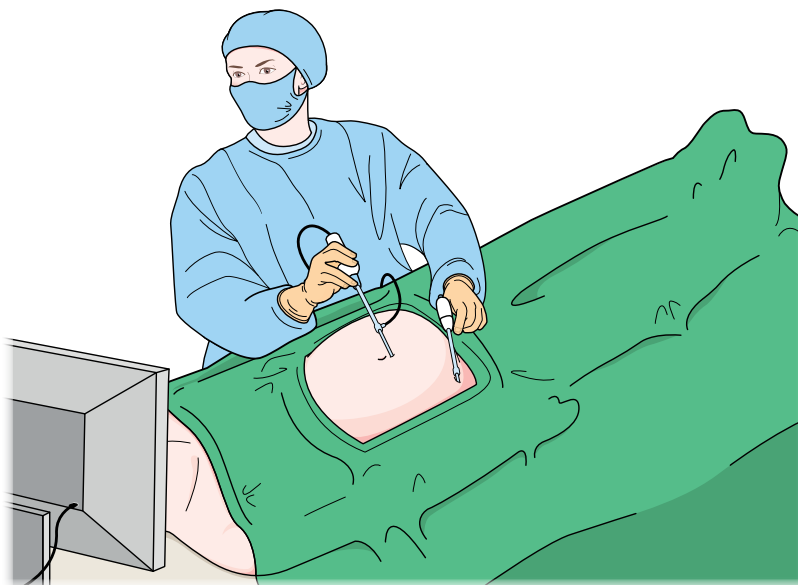
Keyhole (laparoscopic) surgery

In some situations, people may have a liver resection using keyhole (laparoscopic) surgery to remove the affected part of the liver. This is when the surgeon makes several small cuts (incisions) instead of 1 big cut. Usually they need to make about 3 small cuts and 1 bigger cut. They usually make the bigger cut near the belly button. They use it to remove the affected part of the liver.

The surgeon uses a laparoscope to see inside your tummy. This is a thin tube with a tiny camera at the end. It sends pictures to a video monitor. The surgeon puts it into the tummy through a small cut in the skin.

The main advantage of this type of surgery is that it leaves much smaller wounds. This means you have less pain after the operation and a faster recovery.

A laparoscopy



Before your operation

If you smoke, try to give up before your operation. This will help reduce your risk of chest problems, such as a chest infection. It will help your wound heal after the operation. Your GP can give you more advice, and you can read our booklet **Giving up smoking** (see page 108).

You will have some tests a few days or weeks before surgery at a pre-assessment clinic. While you are there, a member of the surgical team will talk to you about the operation. You may also see the doctor who will give you your anaesthetic (the anaesthetist).

You will usually be admitted to hospital on the morning of your operation. You will be given special compression stockings (TED stockings) to wear during and after the operation. This is to prevent blood clots forming in your legs.

Before the operation, make sure you talk to your nurse or doctor about any questions or concerns you have.

Enhanced recovery programmes (ERP)

Many hospitals follow an enhanced recovery programme. This can help reduce complications after surgery and speed up your recovery. The programme involves careful planning before your operation. This makes sure you are properly prepared and any arrangements that are needed for you to go home are already in place. You will be encouraged to:

- have high-protein and high-calorie supplements before and after your surgery
- get as fit as possible before your operation
- limit the amount of alcohol you drink
- stop smoking.

You will be given information about what to expect after your surgery and when you can expect to go home.

After your operation, you will be encouraged to start moving around as soon as possible. Sometimes this will be on the day of the operation.

The surgeon will try not to use any tubes or drains unless they need to. Any catheters and fluids that are given through a vein will be removed soon after surgery. You will also be allowed to eat and drink soon after surgery. After you have gone home, you will be seen regularly to make sure you are recovering well.

You can ask your doctor whether you are suitable for this type of recovery programme. Not all hospitals use ERP for surgery and it is not suitable for everyone.



After your operation

After a liver resection, you will usually be in intensive care or a high-dependency unit for about 24 hours.

This is done routinely after major operations. The liver has a very good blood supply, so there is a risk that it may bleed after surgery. The doctors and nurses will monitor this by taking your blood pressure regularly.

Drips and tubes

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

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

Pain

You will probably have some pain and discomfort after your operation, but this can be controlled effectively with painkillers. If the pain is not controlled, it is important to tell your doctor as soon as possible. This is so they can change your painkillers.

At first, you will need a strong painkiller, such as morphine. You can have this in the following ways:

- As injections.
- Through a pump attached to a needle in your arm, which you control yourself. This is called patient-controlled analgesia (PCA). You will be shown how to use it.
- Through a wound catheter. This is a fine tube that a doctor places near a nerve or under the wound during the operation. Doctors use the catheter to give a continuous infusion of local anaesthetic to the operation area.
- Through an epidural. A small tube is inserted in your back, into the space just outside the membranes surrounding the spinal cord. Doctors use this to give a continuous infusion of local anaesthetic into this space. This numbs the nerves in the operation area.

Your wound

For the first few days after surgery, you may have a dressing over your wound(s). If you need to have any stitches or staples removed, this can be done after you have gone home. It is done by a district nurse in your own home or at your GP surgery.

Always let your doctor know if your wound becomes hot, painful or starts to leak fluid, as these are possible signs of infection.

Moving around

The nurses will encourage you to start moving around as soon as possible. They will usually help you get out of bed the day after your operation or sooner. While you are in bed, it is important to move your legs regularly to help prevent blood clots. The nurses may give you special boots to wear. These encourage blood-flow in your legs and reduce the risk of blood clots. You will also be encouraged to do deep-breathing exercises. This helps prevent chest infections. A physiotherapist or nurse will show you how to do the exercises.

Going home

Most people can go home:

- 3 to 6 days after standard resection surgery
- 2 to 3 days after keyhole resection surgery.

You will need painkillers for the next few weeks. It may take up to 3 months after a resection before you start to get back to normal. For at least 8 weeks, you need to avoid lifting heavy loads, such as shopping, and doing things like vacuuming or gardening. This is to give your wound time to heal. Your specialist will tell you when you should be able to drive again.

Make sure you get enough rest and eat well. This will help your recovery. Your liver specialist may advise you not to drink alcohol for some time while your liver is re-growing.

Gentle exercise like regular, short walks will help build up your energy. You can slowly do more as you recover.

It is usually fine to have sex any time after the operation if you feel ready. You may find you are too tired or that your sex drive is low, but this should get better as you recover.

Some people take longer than others to recover. It depends on your situation, so try not to be hard on yourself. We have more information about healthy eating, physical activity and how cancer can affect your sex life (see page 108 to order).

At your check-up at the outpatient clinic, your doctor will check your recovery and talk to you about the results of your operation. This is a good time for you to talk about any problems you have had after the operation. But if you are unwell or worried about anything, you can contact them sooner.



Hormonal therapies

The body makes hormones. They control how certain organs or cells work, how they grow, and what they produce.

Some cancers need hormones to grow, for example many breast cancers. We have more information about breast cancer that has spread from the breast to other parts of the body (see page 108 to order).

Hormonal therapies work by:

- lowering the levels of particular hormones in the body
- stopping the cancer cells from using hormones.

Hormonal therapies can slow down or stop the cancer cells from growing. They can shrink the cancer and reduce or get rid of symptoms.

Side effects of hormonal therapies

Hormonal therapies can cause side effects for some people. These include:

- hot flushes
- sweats
- joint stiffness.

The effects can be mild for many people. But for others, they can be harder to cope with. It is important to talk to your doctor about the possible side effects before you start treatment.

We have more information about different hormonal therapy drugs and their side effects (see page 108 to order).

Targeted and immunotherapy drugs

Targeted therapy drugs target the differences between cancer cells and normal cells. Immunotherapy drugs help stimulate your immune system to recognise and fight cancer cells.

Where the cancer started in your body (the primary site) will affect:

- whether targeted or immunotherapy drugs are suitable for you
- which types you may have.

For example, if you have bowel cancer that has spread to the liver, you may have targeted therapy drugs that are used to treat bowel cancer.

Targeted therapies

Before doctors can give you some types of targeted therapy drug, they need to test your cancer cells. This is to find out if the drug is likely to work for you.

You may have targeted therapy drugs on their own or with chemotherapy. You may have targeted therapy drugs:

- by injection into a vein (intravenously)
- by mouth (orally)
- by an injection under the skin (subcutaneously).

Side effects of targeted therapies

Each person's reaction to cancer treatment is different. Some people have very few side effects, and others have more. Your doctor, nurse or pharmacist will tell you about the possible side effects of the drugs they give you.

Always tell your doctor, nurse or pharmacist about the side effects you have. They can prescribe drugs to help control them and give you advice about managing them.

Allergic reaction

Sometimes targeted therapies can cause an allergic reaction. This is more common with targeted therapies that are given into a vein. The reaction is most likely to happen while the treatment is being given. You may be given medicines to help prevent or reduce any reaction.

Signs of a reaction can include:

- feeling hot or flushed
- a skin rash
- itching
- shivering
- feeling dizzy
- a headache
- feeling breathless
- swelling of the face or lips
- pain in the back, tummy or chest.

Your nurse will check you for signs of a reaction while they are giving you the treatment into the vein. If you feel unwell or have any of these signs, tell them straight away. If you do have a reaction, they can treat it quickly.

Sometimes a reaction can happen a few hours after treatment. If you develop any signs or feel unwell after you get home, contact the hospital straight away.

Effects on the skin

Several targeted therapies can affect the skin. You may develop an itchy rash on the face, neck, chest or back. Your doctor can prescribe treatment to control the rash. The skin may also become dry, itchy and flaky. These side effects usually get better when treatment finishes.

Very rarely, some people may have a severe skin reaction. The symptoms can include large blisters and peeling skin. If this happens, contact the hospital straight away.

Always tell your doctor or nurse about any skin changes. They can give you advice and prescribe creams for your skin or medicines to help.

Here are some things you can do to look after your skin:

- Wash with tepid water using mild, unperfumed, soap-free cleansers.
- Moisturise your skin every day. Ask your doctor or nurse which moisturisers are best.
- Do not use anti-acne products. They can dry your skin and make your symptoms worse.
- Avoid skin-care products with alcohol in them.
- When you are in the sun, wear sunscreen with a sun protection factor (SPF) of at least 30, and cover up with clothing and a hat.

Effects on the eyes

This side effect is most common with some targeted therapies used to treat cancers that started in the:

- lung
- bowel
- skin (melanoma).

Always tell your doctor straight away if:

- you have any changes to your eyesight
- your eyes become red or sore.

They can prescribe treatment to reduce these symptoms.

High blood pressure

Some targeted therapies can increase blood pressure.

If you are having one of these therapies, your blood pressure will be checked regularly during treatment. If you have headaches or nosebleeds or you feel dizzy, let your doctor know. They can prescribe tablets that can usually control high blood pressure.

Effects on the heart

Some targeted therapy drugs can affect the heart. Your doctor will tell you if they are offering you a treatment that could do this.

The most commonly used targeted therapy that can affect the heart is trastuzumab. It is sometimes used to treat secondary liver cancers that started in the:

- breast
- stomach
- gullet (oesophagus).

If you are going to have a drug that can affect your heart, you will have tests to check your heart before and during treatment. Usually, any effect is mild and reversible. If you already have significant heart problems, you will not usually be given this type of treatment.

We have more information in our booklet **Heart health and cancer treatment** (see page 108).

Other possible side effects

Other common side effects of targeted therapies include:

- tiredness
- diarrhoea
- feeling sick
- a sore mouth
- loss of appetite
- headaches.

We have more information about these side effects (see page 108 to order).

Immunotherapy drugs

Some immunotherapy drugs are available to treat secondary liver cancers that have spread from:

- the lung (non-small cell lung cancers)
- a type of skin cancer called melanoma.

These drugs are usually given as a drip (infusion) in the outpatient clinic.

Side effects of immunotherapy drugs

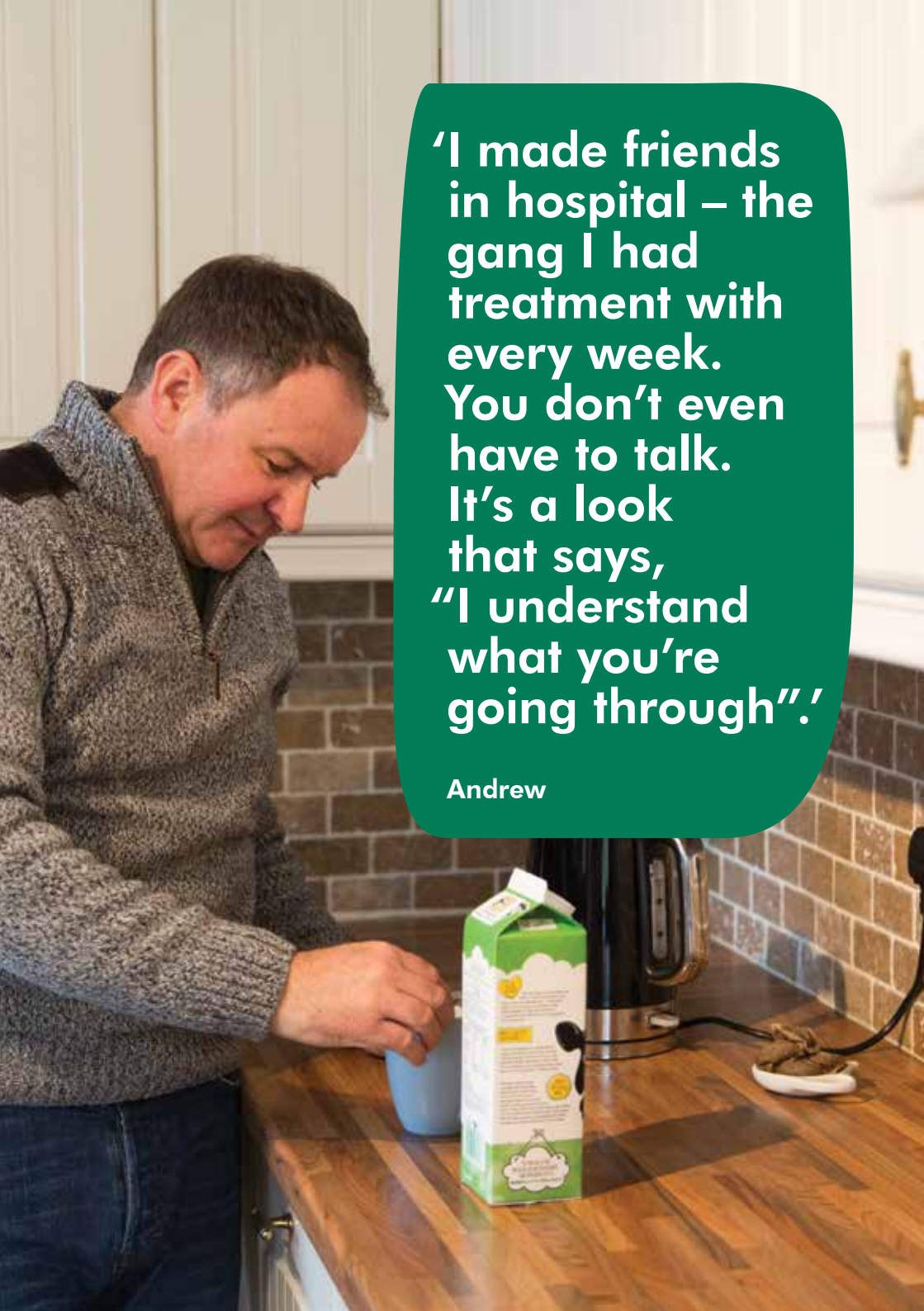
Some of the common side effects of immunotherapy drugs are:

- diarrhoea
- tiredness
- a skin rash.

We have more information about these side effects (see page 108 to order).

Because of the way immunotherapy drugs work, they can sometimes cause the immune system to attack other parts of the body. This is not common. But if it happens, it can cause serious side effects in some parts of the body, such as the lungs. Sometimes the treatment may need to be stopped. You may need to take steroids to suppress your immune system. We have more information about steroids on our website (see page 108).

Your doctor or nurse will explain the side effects of immunotherapy drugs to you. It is very important to tell them about any side effects you get.

A man with short brown hair, wearing a grey textured sweater, is standing in a kitchen. He is leaning over a wooden countertop, pouring milk from a green and white carton into a light blue jug. The background shows white kitchen cabinets and a brown brick backsplash. A black kettle and a small white dish are also on the counter.

**'I made friends
in hospital – the
gang I had
treatment with
every week.
You don't even
have to talk.
It's a look
that says,
"I understand
what you're
going through".'**

Andrew

Ablation

Ablation destroys the tumour by heating or freezing it. It is most commonly used to treat bowel cancer that has spread to the liver. But sometimes it is used for other types of cancer. It may also be offered as part of a clinical trial (see pages 83 to 84). Your cancer doctor can explain if this type of treatment may be suitable for you.

Ablation is often used in combination with other treatments, such as chemotherapy.

It is most often used to treat small tumours, when a liver resection (see pages 49 to 58) is not possible. It is also sometimes done during a liver resection.

If your doctor thinks ablation may be helpful in your situation, they can refer you to a hospital that does this treatment. Ablation treatments are only available in some specialist hospitals, so you may have to travel for treatment.

Types of ablation

Types of ablation include:

- radiofrequency ablation
- microwave ablation
- laser ablation
- cryotherapy.

What happens during ablation?

You are given a sedative drug to make you feel drowsy. You are usually given a local anaesthetic to numb the skin of the tummy (abdomen). Or sometimes ablation is done under a general anaesthetic.

The doctor puts a fine needle through the skin over the liver and into the centre of each tumour. They use an ultrasound or CT scan to guide them. Then radiofrequency, microwave or laser ablation produces heat, which passes through the needle and into the tumour. Or cryotherapy produces very low temperatures, which freeze the tumour.

The treatment takes about 30 to 60 minutes. You can usually go home a few hours after you have had it. 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 ablation, to see how well it has worked.

Side effects of ablation

The side effects of ablation are usually mild and may last for 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 are caused by the body 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 37.5°C (99.5°F).

These may be signs of infection.

Your specialist can give you more information about the possible benefits and risks of these procedures.



Embolisation treatments

Embolisation is a way of blocking the bloodflow to the cancer in the liver. A substance is injected into a blood vessel in the liver. This reduces the supply of oxygen and food to the cancer, which can make it shrink or stop it from growing.

Embolisation can be given in combination with:

- chemotherapy (called chemo-embolisation)
- radiation (called radio-embolisation or SIRT).

These treatments are not suitable for everyone. They may be given as part of a clinical trial (see pages 83 to 84).

Chemo-embolisation

In chemo-embolisation, a chemotherapy drug is injected directly into the liver. This means the tumour gets a higher concentration of the drug than with standard chemotherapy. 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. These release chemotherapy and block the blood supply at the same time.

Chemo-embolisation is sometimes called TACE (trans-arterial chemo-embolisation) or CT-ACE (computerised tomography-guided arterial chemo-embolisation).

How it is given

You may need to stay in hospital for a couple of nights. Before the treatment, the nurse or doctor usually gives you a mild sedative to help you relax. Then they inject some local anaesthetic into the skin at the top of the leg (the 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 the 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. The doctor puts a dye 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 drug into the liver through the catheter. Then the doctor injects a gel or tiny plastic beads to block the blood supply to the tumour. The beads may contain a chemotherapy drug.

Side effects of chemo-embolisation

Chemo-embolisation can cause side effects such as:

- a high temperature
- pain in the tummy (abdomen)
- feeling sick (nausea) and being sick (vomiting)
- feeling very tired (fatigue).

You will be given anti-sickness drugs and painkillers until the side effects reduce. This usually takes 1 to 2 weeks. We have more information about these side effects (see page 108 to order).

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.

Radio-embolisation (selective internal radiotherapy or SIRT)

Radio-embolisation is also called selective internal radiotherapy (SIRT). It uses tiny, radioactive beads (microspheres) to treat secondary cancer in the liver.

Doctors are still trying to find out how well this treatment works for secondary cancer in the liver. Because of this, it is most likely to be given as part of a clinical trial. It is most commonly used to treat cancer that:

- has spread to the liver from the bowel
- cannot be removed by surgery (see pages 49 to 58) or ablation (see pages 67 to 69).

Radio-embolisation is only available in some specialist hospitals. So if it is suitable for you, you may have to travel to have it.

How it is given

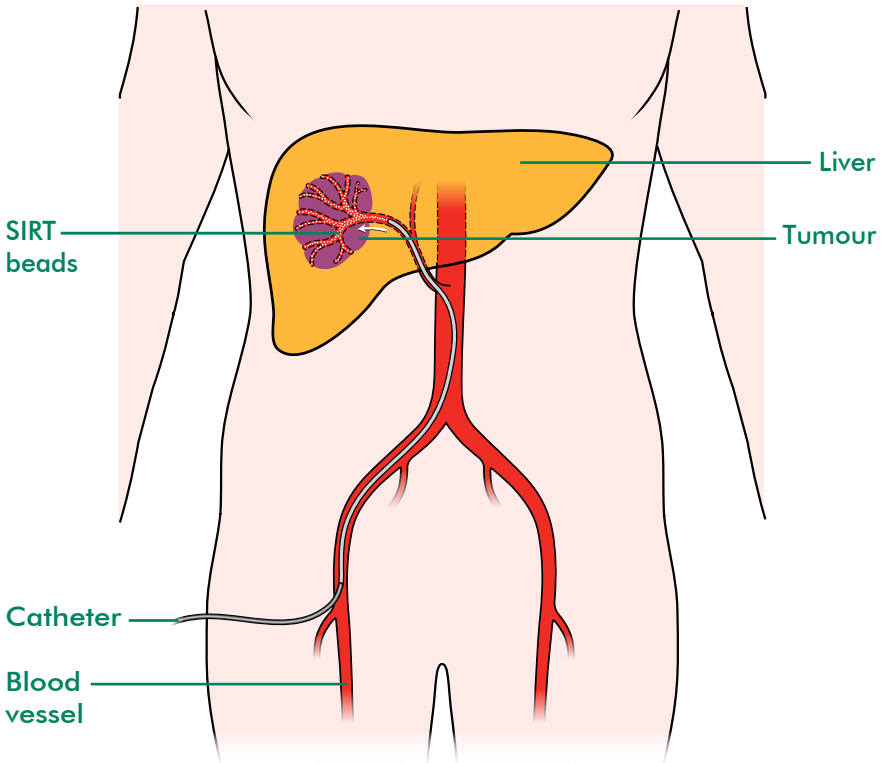
Before having the treatment, you have a test called an angiogram. A doctor puts a fine tube (catheter) into a blood vessel in the groin area. They pass it into a blood vessel that takes blood to the liver (hepatic artery). This shows where the SIRT beads would travel through the bloodstream. It allows the doctor to close off any blood vessels that would take the SIRT beads to other parts of the body.

When you have the treatment, you have another angiogram and a doctor injects the SIRT beads into the catheter. They get stuck in the small blood vessels around the tumour. The radiation given off by the SIRT beads damages the cancer cells and stops them growing. It also damages the blood vessels to the tumour. So the tumour does not get the nutrients it needs.

You stay in hospital for 1 to 4 days to have radio-embolisation.

The amount of radiation given off by the beads is small and lasts for about 10 to 14 days. You will be told about any safety precautions you need to take during this time. You should drink plenty of fluids. The beads stay in the liver permanently and are harmless.

The SIRT beads travelling along the artery to the liver



Side effects of radio-embolisation

Side effects can last for a few days. They include:

- a high temperature
- pain in the tummy (abdomen)
- feeling sick (nausea) and being sick (vomiting)
- diarrhoea.

Your doctor will prescribe medicines to control side effects, and we have more information about coping with these side effects (see page 108 to order). Any problems are usually mild, but occasionally this treatment can damage the liver. There is more information about this treatment in our booklet **Understanding radiotherapy** (see page 108).



Planning radiotherapy

Stereotactic radiotherapy

Radiotherapy treats cancer by using high-energy rays to destroy cancer cells, while doing as little harm as possible to normal cells (see photo opposite).

Stereotactic radiotherapy is a type of radiotherapy that gives targeted treatment to the tumour. It is sometimes used if surgery (see pages 49 to 58) or ablation (see pages 67 to 69) are not suitable.

A specially adapted radiotherapy machine delivers beams of radiotherapy from many different angles. This allows the doctor to give a very high dose to the tumour, while keeping the dose to surrounding tissues very low. Stereotactic radiotherapy is only available in a few specialist centres.

Your specialist can give you more information, and there is more information in our booklet **Understanding radiotherapy** (see page 108).

Controlling symptoms

Treating the cancer will often ease your 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.

Tiredness and weakness (fatigue)

Fatigue means feeling exhausted all or most of the time.

It is a common and difficult problem for people with secondary liver cancer. It may be caused by:

- the cancer itself
- other symptoms, such as pain
- the treatment you are having.

Many people with secondary liver cancer feel tired and do not have the energy to do day-to-day activities. If you feel tired, try to pace yourself and save your energy for the things that matter to you and that you enjoy. It is a good idea to ask for help with chores. Letting other people do these can help you have energy for the things you really want to do. Often relatives and friends want to help and are pleased to be asked.

There are no rules about how much you should or should not do. Just do as much as you want. If you do too much, you will not hurt yourself. But you may need to rest and relax a bit more the next day. Tiredness and weakness can make it harder for you to concentrate on what is happening around you. If you have important things to do, try to do them when you feel less tired.

We have more information and tips in our booklet **Coping with fatigue (tiredness)** – see page 108.

Loss of appetite

Some people lose interest in food. This may be a:

- symptom of the cancer
- side effect of the treatment you are having.

You may find the sight and smell of food unappealing. You will probably find it easiest to:

- have small, frequent and simple meals
- eat your favourite foods.

Sometimes medicines called steroids can help increase your appetite. Your doctor may prescribe these.

Your nurse or a dietitian can give you advice about ways to improve your appetite and eat well. There is also more information in our booklets **The building-up diet** and **Healthy eating and cancer** (see page 108).

Feeling sick (nausea)

You may feel sick for the following reasons:

- Secondary liver cancer can change the chemical balance of your blood. This can make you feel sick.
- If the liver is bigger, it may press on the stomach. This makes you feel sick and means you feel full quickly.
- Some cancer treatments may make you feel sick.

Nausea can often be reduced by anti-sickness tablets. There are several different types available. Let your doctor know if the one you are taking is not working. They can give you another type to find the one that suits you best.

Your doctor may prescribe steroids to reduce sickness and improve your appetite.

Pain

If the liver gets bigger because of cancer, it can stretch the capsule surrounding the liver. This may cause pain. Some people get pain in the right shoulder. Doctors sometimes call this referred pain. It can happen if the liver stimulates the nerves under the diaphragm (the sheet of muscle under the lungs that separates the chest from the abdomen). These nerves connect to nerves in the right shoulder.

There are different types of painkiller your doctor can prescribe. If your pain is not controlled, tell them as soon as possible. They can change 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.

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 may have them for a few weeks or months. They can also make you feel more energetic and improve your appetite.

There is more information in our booklet **Managing cancer pain** (see page 108).

Ascites

Secondary liver cancer can cause a build-up of fluid in the tummy (abdomen). This is called ascites. Your abdomen becomes swollen and distended (bloated), which can be uncomfortable or painful. You may also have less of an appetite and feel breathless, as the swelling can prevent your lungs from fully expanding as you breathe.

Your doctors may treat ascites by inserting a small tube into your tummy to drain off the fluid. This is usually done in hospital using a local anaesthetic, and can be repeated when necessary. Sometimes your doctor can do this procedure at home.

Your doctors may prescribe water tablets (diuretics) to try to stop or slow down fluid build-up.

We have more information about ascites (see page 108 to order).

Jaundice

Sometimes the bile duct (see the illustration on page 10) gets blocked by the cancer. The bile duct is a tube that drains bile out of the liver and into the small bowel.

If it is blocked, bile builds up in the liver and flows back into the blood. It makes the whites of the eyes and the skin turn yellow, and you feel itchy. Your poo (stools) may become pale and your pee (urine) may be very dark. Doctors call these symptoms jaundice. Your doctor can prescribe drugs to help relieve the itching.

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

Usually the stent is put in using an endoscope. This is a long, thin, flexible tube with a light and camera at the end.

You may be able go home the same day or the next day. Sometimes this is not possible and the stent is put in through the skin and liver. This is called a PTC (percutaneous transhepatic cholangiogram) and biliary stent. Usually you stay in hospital for a few days after this.

Extremes in body temperature

The liver makes a lot of the body's heat. People with cancer in the liver sometimes have swings in body temperature. You may feel hot and sweat more, or feel cold and shivery.

If you have these changes, talk to your doctor. There may be medicines that can help.

Hiccups

If your liver is pressing on the nerve that leads to the diaphragm, you may have hiccups. The diaphragm is the sheet of muscle under the lungs that separates the chest from the abdomen.

There are medicines that can help reduce or stop hiccups. Your doctor can prescribe these for you.

'James had jaundice. He was put on a high-protein diet. And he had his medication reduced to take some pressure off his liver and improve his liver function.'

Caroline

Itching

If you have itching, tell your doctor about it. They will assess you and give you treatment. The treatment they give you depends on the cause of the itching.

Here are some tips to help cope with itching:

- Keep your nails short and clean.
- Try not to scratch. It can damage your skin and make the itch worse.
- Wear loose clothing made of natural fibres, such as cotton. Avoid scratchy fabrics, such as wool.
- If possible, keep the temperature around you cool. And use tepid water when you have a bath or shower.
- Dry your skin by patting rather than rubbing.
- Apply non-scented moisturisers (emollients) 3 times a day, or as often as your nurse or doctor recommends. Always apply an emollient after having a bath or shower.
- Caffeine, alcohol and spices may make itching worse. If you notice this, avoid them or try to cut down.
- If itching is affecting your sleep, tell your doctor. They may give you medicine to take at night to help.

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 chemotherapy drugs or 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 cancer 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 is 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 do not 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 are treated by the hospital staff, and you will be offered the standard treatment for your situation.

You may find our booklet **Understanding cancer research trials (clinical trials)** helpful (see page 108).

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.

Follow-up

If you have secondary liver cancer, you will see your doctor regularly. They will monitor your health and treat any symptoms or discomfort caused by the cancer (see pages 76 to 82). You may have scans or blood tests to check the cancer or the effects of any treatment (see pages 19 to 27).

These appointments are a good chance to talk to your doctor about any worries or problems you have. But if you notice any new symptoms or are anxious about anything else between appointments, contact your doctor or specialist nurse for advice.





'The mental battle, for me, has been harder post-cancer. But I kept on cycling a bit further every other day until I got fitter. Not only physically, but mentally also.'

Andrew

YOUR FEELINGS AND RELATIONSHIPS

Your feelings	88
If you are a relative or friend	92
Talking to children	94
What you can do	96

Your feelings

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

You might have different reactions to the ones we describe here. There is no right or wrong way to feel. You'll 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 your 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 (see page 108).

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. Unfortunately, denying strong emotions can make it even harder to talk, and may 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's based on carers' experiences and has lots of practical tips and information. To order, see page 108.

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, and their fears can sometimes 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, and gradually tell them more to build up a picture of your illness.



Teenagers

Teenagers can have an especially hard time. At a stage when they want more freedom, they may be asked to take on new responsibilities and 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 close who can support and listen to them, such as a grandparent, family friend, teacher or counsellor. They may also find it useful to look at the website **riprap.org.uk** which has been developed especially for teenagers who have a parent with cancer.

There is more information in our booklet **Talking to children when an adult has cancer** (see page 108).

What you can do

One of the hardest things to cope with can be the feeling that the cancer and its treatment have taken over your life. This is a common feeling, but there are lots of things you can do.

There may be days when you feel too tired to even think about what could help. You'll have good and bad days, but if you're overwhelmed by these feelings, let your doctor or nurse know. It may be that you have depression, and this is treatable so they should be able to help.

Finding ways to cope

You may find it helps to try to carry on with life as normally as possible, by staying in contact with friends and keeping up your usual activities. Or you may want to decide on new priorities in your life. This could mean spending more time with family, going on the holiday you've dreamed about or taking up a new hobby. Just thinking about these things and making plans can help you realise that you still have choices.

Some people want to improve their general health by eating a more healthy diet, by getting fitter or by finding a relaxing complementary therapy.

Understanding about the cancer and its treatment helps many people cope. It means they can discuss plans for treatment, tests and check-ups with their doctors and nurses. Being involved in these choices can help give you back control of your life.

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.



WORK AND FINANCIAL SUPPORT

Financial help and benefits	100
Work	104

Financial help and benefits

When you are affected by cancer, you might need help with extra costs. Or you might need financial support if you have to stop working.

Statutory Sick Pay

If you work for an employer and take time off sick, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks.

Benefits

Benefits are payments from the government to people who need financial help. You can find out more about benefits and apply for them online. Go to **gov.uk** if you live in England, Wales and Scotland or **nidirect.gov.uk** if you live in Northern Ireland.

Here are some benefits that you might be able to get if you are affected by cancer.

Employment and Support Allowance (ESA)

This benefit is for people under State Pension age who cannot work because of illness or disability. There are different types of ESA:

- Contribution-based ESA may be available if you have paid enough National Insurance.
- Income-related ESA may be available if your income and savings are low, or if you cannot get contribution-based ESA. Income-related ESA is gradually being replaced by a new benefit called Universal Credit.

Personal Independence Payment

This benefit is for people aged between 16 and 64 who have problems moving around and looking after themselves. You must have had these difficulties for at least 3 months and expect them to last for at least 9 months.

Attendance Allowance

This benefit is for people aged 65 or over who have problems looking after themselves because of an illness or disability. This could mean getting out of bed, having a bath or getting dressed. You must have had these problems for at least 6 months.

Special rules

If you are terminally ill, and your doctor thinks you may be expected to live for less than 6 months, you can apply for some benefits using a fast-track process called special rules. Your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate. It does not matter if you live longer than 6 months. Your doctor or specialist nurse will need to fill out a form for you.

Help for carers

Carer's Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you do not qualify for it, you can apply for Carer's Credit.

Carer's Credit helps prevent gaps in your National Insurance record if you have to stop working while you are caring for someone else. You do not get money, but it protects your right to a State Pension later in life.

Macmillan Grants

Macmillan Grants are small, mostly one-off payments to help people with the extra costs that cancer can cause. They are for people who have a low level of income and savings.

If you need things like extra clothing, help paying heating bills or even a relaxing holiday, you may be able to get a Macmillan Grant.

How much you get will depend on your situation and needs. The average grant is around £380, but this may change from time to time. A grant from Macmillan would not normally affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. This includes life and travel insurance. A cancer diagnosis might also mean that you can get a payout from an insurance scheme that you already have.

If you are looking into buying insurance or making a claim, one of our financial advisers can help. Call **0808 808 00 00**.

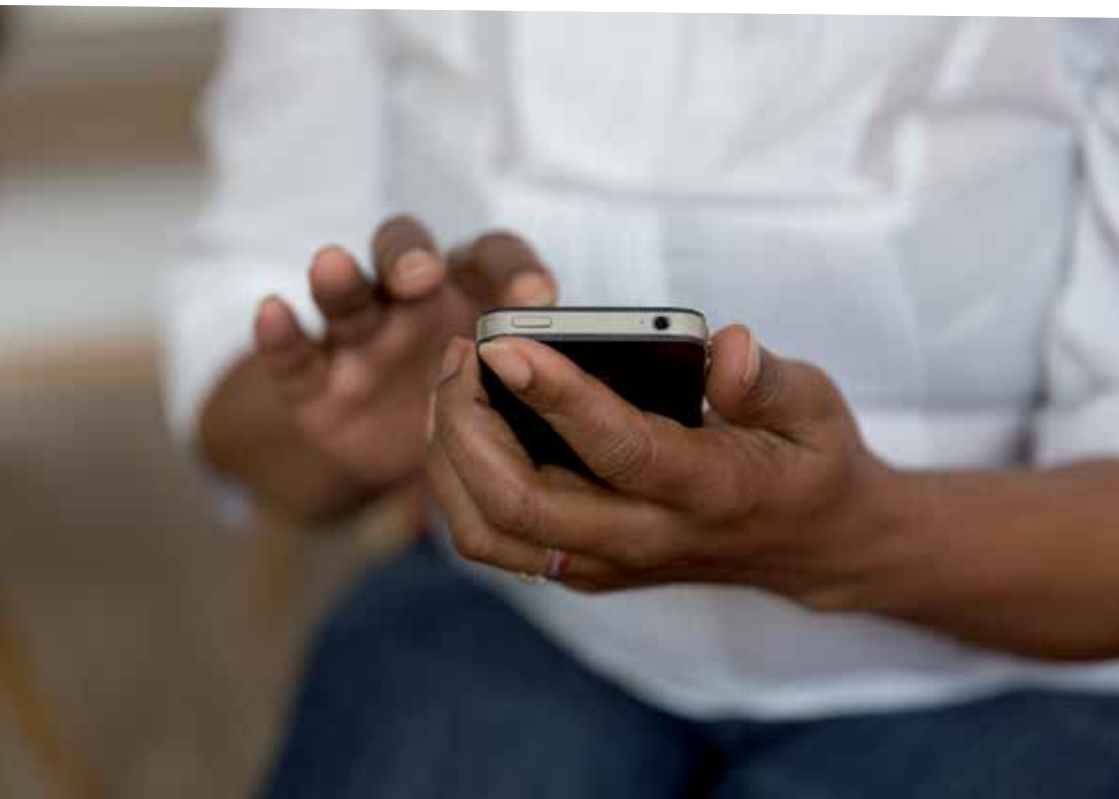
We have more information in our booklets **Insurance** and **Travel and cancer** – see page 108. Our Online Community forum Travel insurance may also be helpful. Visit **[macmillan.org.uk/travelinsurancegroup](https://www.macmillan.org.uk/travelinsurancegroup)**

More information

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisors and financial guides. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**.

You can also get information about benefits and other types of financial help from Citizens Advice – see page 108.

Our booklet **Help with the cost of cancer** has lots more information – see page 108.



Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager early on. If your workplace has a human resources (HR) or personnel department, contact them as soon as you can. If they know how the cancer or treatment may affect your ability to work, they can support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, perhaps with reduced hours or other changes to their job.

Some people may decide not to go back to work. Or they may choose to do something different. Others may not be able to go back to work because of the effects of cancer on their health. Going back to work may depend on the type of work you do or how much your income is affected.

It is important not to take on too much, too soon. Your cancer doctor, GP or specialist nurse can help you decide when and if you should go back to work.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful – see page 108. There is also lots more information at [macmillan.org.uk/work](https://www.macmillan.org.uk/work)

Employment rights

If you have, or have ever had cancer, the law considers you to be disabled. This means you cannot be treated differently (less favourably) than other people at work because of cancer. If you are treated less favourably because of cancer, this is called discrimination.

The law also says your employer has to make reasonable adjustments (changes) to your workplace and their work practices.

If you live in England, Scotland or Wales, you are protected by the Equality Act 2010. If you live in Northern Ireland, you are protected by the Disability Discrimination Act 1995.

Our booklet **Your rights at work when you are affected by cancer** has more information – see page 108.



FURTHER INFORMATION

About our information	108
Other ways we can help you	110
Other useful organisations	113
Your notes and questions	120

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.

Online information

All of our information is also available at **macmillan.org.uk/information-and-support** 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.

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 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your 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](https://www.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](https://www.macmillan.org.uk/work)**

Other useful organisations

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

Secondary liver cancer support organisations

Bowel Cancer UK

Tel 0207 940 1760

Email

admin@bowelcanceruk.org.uk

www.bowelcanceruk.org.uk

Aims to raise awareness of bowel cancer and improve the quality of life of those affected by the disease.

Provides information about bowel cancer prevention, screening and symptoms through its website and factsheets.

Breast Cancer Care

Helpline 0808 800 6000

(Mon to Fri, 9am to 5pm, and Sat 10am to 2pm)

Email

info@breastcancercare.org.uk

www.breastcancercare.org.uk

Provides information, practical assistance and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline. Offers a peer support service where anyone affected by breast cancer can be put in touch with a trained supporter who has had personal experience of breast cancer.

British Liver Trust

Tel 0800 652 7330

(Mon to Fri, 10am to 3pm)

Email

helpline@britishlivertrust.org.uk

www.britishlivertrust.org.uk

Works to pioneer liver health and reduce the impact of liver disease through awareness, care and research. Produces leaflets on liver disease.

General cancer support organisations

Cancer Black Care

Tel 0208 961 4151

www.cancerblackcare.org.uk

Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

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.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices

A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of 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.

Penny Brohn UK**Helpline** 0303 300 0118

(Mon to Fri, 9.30am to 5pm)

Emailhelpline@pennybrohn.org.uk**www.pennybrohn.org.uk**

Offers a combination of physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus**Helpline** 0808 808 1010

(Daily, 8am to 8pm)

Emailinfo@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, emotional and mental health support**British Association for Counselling and Psychotherapy (BACP)****Tel** 0145 588 3300**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**

Mind**Helpline** 0300 123 3393

(Mon to Fri, 9am to 6pm)

Text 86463**Email** info@mind.org.uk**www.mind.org.uk**

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline 116 123

Email jo@samaritans.org

www.samaritans.org

Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

UK Council for

Psychotherapy (UKCP)

Tel 0207 014 9955

Email info@ukcp.org.uk

www.psychotherapy.org.uk

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Financial or legal advice and information

Benefit Enquiry Line

Northern Ireland

Helpline 0800 022 4250

(Mon, Tue, Wed and Fri, 9am to 5pm,

Thu, 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.

Carer's Allowance Unit

Tel 0800 731 0297

Textphone 0800 731 0317

(Mon to Fri, 9am to 6pm)

www.gov.uk/carers-allowance

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

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 by contacting:

England

Helpline 03444 111 444
www.citizensadvice.org.uk

Scotland

Helpline 0808 800 9060
www.citizensadvice.org.uk/scotland

Wales

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

Northern Ireland

Helpline 028 9023 1120
www.citizensadvice.co.uk

Civil Legal Advice

Helpline 0345 345 4345
(Mon to Fri, 9am to 8pm, and Sat, 9am to 12.30pm)

Minicom 0345 609 6677

www.gov.uk/civil-legal-advice

Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers free translation if English is not your first language.

Department for Work and Pensions (DWP)

Personal Independence Payment (PIP) Helpline
0800 121 4433

(Mon to Fri, 8am to 6pm)
Textphone 0800 121 4493

GOV.UK

www.gov.uk

Has information about social security benefits and public services in England, Scotland and Wales.

Money Advice Scotland

Tel 0141 572 0237

Email info@moneyadvice-scotland.org.uk

www.moneyadvicescotland.org.uk

Use the website to find qualified financial advisers in Scotland.

National Debtline (England, Scotland and Wales)

Tel 0808 808 4000

(Mon to Fri, 9am to 8pm, and 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 advisor.

NiDirect

www.nidirect.gov.uk

Has information about benefits and public services in Northern Ireland.

Equipment and advice on living with a disability

Disability Rights UK

Tel 0330 995 0400

Email enquiries@disabilityrightsuk.org

www.disabilityrightsuk.org

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

Support for older people

Age UK

Helpline 0800 055 6112

(Daily, 8am to 7pm)

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 various topics including sexual health, relationships, mental health, community groups and events.

Marie Curie

Helpline 0800 090 2309

(Mon to Fri, 8am to 6pm, and
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.

Advanced cancer and end-of-life care

Hospice UK

Tel 0207 520 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.

YOUR NOTES AND QUESTIONS

A series of horizontal green lines for writing notes and questions. The lines are evenly spaced and extend across the width of the page, providing a structured area for student input.

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 may be of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

With thanks to: Jenny Merry, Advanced Nurse Practitioner; Mr Michael Silva, Consultant Hepatobiliary, Pancreatic and General Surgeon; Jane Wraight, Clinical Nurse Specialist; and Dr Elaine Young, Clinical Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

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

ESMO. Consensus guidelines for the management of patients with metastatic colorectal cancer. *Annals of oncology* 27: 1386–1422. 2016.

National Institute for Health and Care Excellence (NICE). Chemosaturation via percutaneous hepatic artery perfusion and hepatic vein isolation for primary or metastatic liver cancer. 2014.

National Institute for Health and Care Excellence (NICE). Interventional procedure overview of microwave ablation for the treatment of liver metastases. 2011.

National Institute for Health and Care Excellence (NICE). Managing advanced and metastatic colorectal cancer. 2017.

National Institute for Health and Care Excellence (NICE). Radiofrequency ablation for colorectal liver metastases. 2009.

Royal College of Radiologists. Recommendations for cross-sectional imaging in cancer management. 2nd edition. 2014.

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.



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

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Valid from

--	--	--	--

Expiry date

--	--	--	--

Issue no

--	--	--	--

Security number

--	--	--	--

Signature

Date

/ /

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- ☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

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.



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

This booklet is about secondary cancer in the liver. This is cancer that has spread to the liver, from a cancer elsewhere in the body. It is for anyone who has been diagnosed with secondary liver cancer. There is also information for carers, family and friends.

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

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am 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.

MACMILLAN
CANCER SUPPORT
RIGHT THERE WITH YOU

© Macmillan Cancer Support, August 2018. 8th edition.
MAC11630_E08_N. Next planned review 2021.
Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604).
Also operating in Northern Ireland.



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