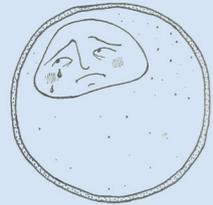
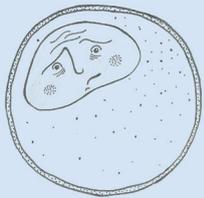


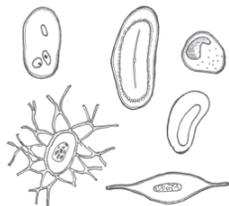
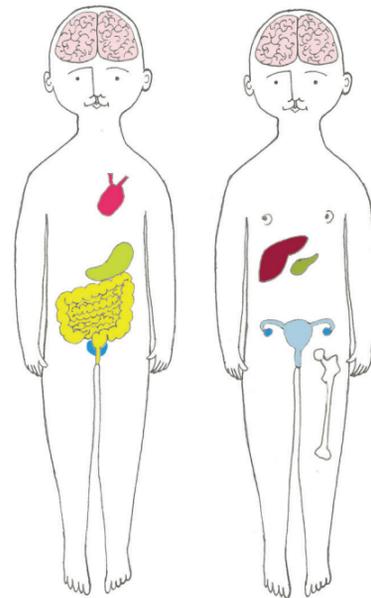
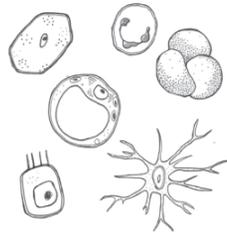
cancer

Education in Schools: A Teacher's Guide



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1. Why do we need to teach children about cancer?

Cancer is a big subject. It's one that we all need to understand and talk about; this includes adults and children.

Children need to be given both the information to understand cancer and the opportunity to discuss it.

Current statistics show that 1 in 2 people born in the UK after 1960 will be diagnosed with some form of cancer during their lifetime.

Cancer is the number one fear for the British public, ahead of debt, knife crime, Alzheimer's disease, and loss of a job.

The increase in cancer diagnoses means that more children are likely to be affected by cancer within their own families and communities. The fact that cancer gets widespread media coverage when there is no formal education about the disease means children can have increased anxiety about what cancer is, why people get it, how it can be prevented, and the outcomes for anyone they know living with cancer.

Studies exploring children's perceptions of cancer show that many common myths are perpetuated either through inaccurate sources, such as their own parent's lack of understanding, or their own unfounded fantasies. For example, common thoughts among children are that cancer is contagious and most people who get it will die from it.

Quotes taken from children talking about their mother's breast cancer (BMJ Forrest et al., 2006):

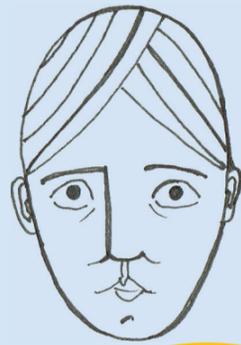
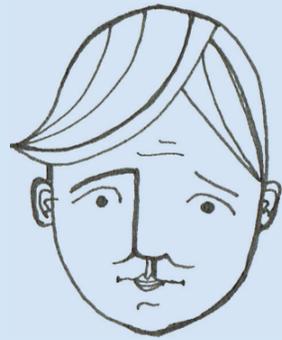


"I knew that smoking could cause it and I knew that it could kill people, but I didn't really know how it got there or what it does" (8 year old girl)

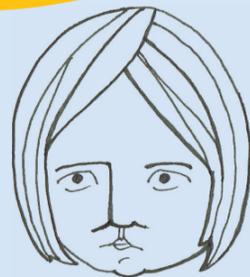
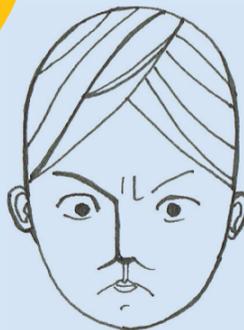
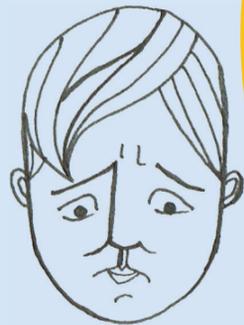
"I do wonder if I'm going to get it as well because I think it's becoming more and more common" (15 year old girl)

"I thought that before there was no cure from it; that you just died basically" (10 year old boy)

"I just got worried when she got worried because stress makes it worse doesn't it? So I thought if she gets stressed out too much it might make it worse" (14 year old boy)



Research tells us that children who have a parent/carer diagnosed with cancer are at high risk of developing negative psychosocial problems, such as anxiety, sadness, anger, and feelings of irrational guilt. Parents report difficulty in explaining cancer to their children in an age-appropriate way, using words and terms that their children will understand. This poor communication is known to deepen the negative psychosocial feelings a child experiences.



Children aged 8 to 11 are capable of understanding complex biomedical concepts if they are presented in an engaging way. They want to learn about cancer, and welcome the opportunity to talk about their own experiences when cancer has affected them.

In contrast, most adults find it extremely uncomfortable to talk about cancer, reporting that they feel it is not socially acceptable to openly discuss the disease (unlike diabetes or stroke) and are concerned about the potential distress their children will experience if cancer is discussed.

Children are curious about cancer and they don't have the same fears as adults.

2. Why do schools need cancer education?

Every school community is affected by cancer in some way. Tackling the subject of cancer by talking and learning about it is a clear way to help a school community remain a supportive, understanding and open environment for both staff and students.

Teachers report not having the confidence to support children who are affected by cancer in their families or communities. A lack of knowledge and resources about cancer, combined with their own fears, and beliefs prevents them from effectively supporting their students.

"I think I will cause more harm than good by talking to the children about cancer as I might say the wrong thing or won't be able to answer their questions"

"I don't know what words to use or how to appropriately explain it"

Parents who were diagnosed with cancer when their children were at school have reported that the response of the school when they were informed about their diagnosis was inadequate, and that this inadequacy contributed to the distress of the child.

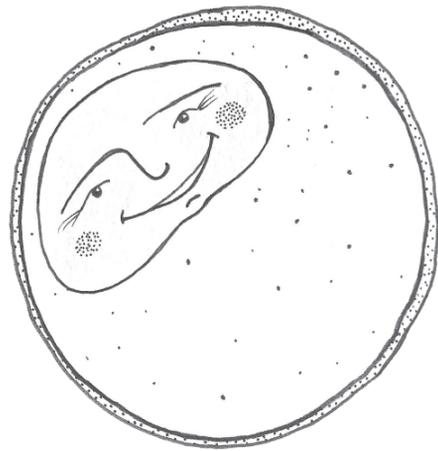
By providing teachers with the right support and resources it is possible for the subject of cancer to be discussed honestly and openly within the classroom. Educating all children from all backgrounds and cultures about cancer in a normal school setting will give them the basic biomedical information, as well as provide a platform for children to experience good communication about cancer.

We need to build children's resilience to the future impact cancer will have on them.



Providing the next generation with informed knowledge of cancer whilst they are of primary school age will produce a generation who understand cancer, are able to talk about it, are less frightened of it, and who will be more able to cope if they encounter the disease.

3. Potential outcomes of schools being cancer educated



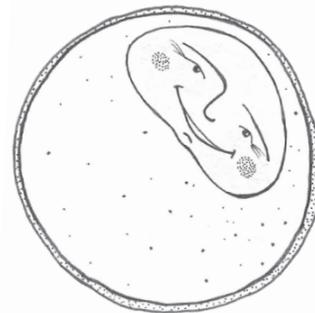
Increase children's understanding about cancer and cancer treatments.

Reduce the fear or anxiety surrounding cancer.

Empower children to speak openly about cancer, ask questions, and share their thoughts

Increase school staff's confidence in teaching children about cancer.

Build children's resilience enabling them to cope if, or when, cancer affects them.



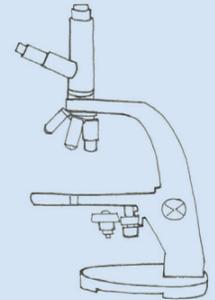
Enable schools to effectively support children affected by cancer. Make cancer a more comfortable and natural subject to talk about.

Increase school staff's knowledge of cancer.

Bridge the gaps in cancer education that currently exist between different cultural and socio-economic groups.

4. So what is cancer? How and why do people get it? How is it treated?

This is a very quick, basic guide; cancer is a complex disease and varies enormously between each person diagnosed. The main aim here is to explain what cancer is and how it can be treated.



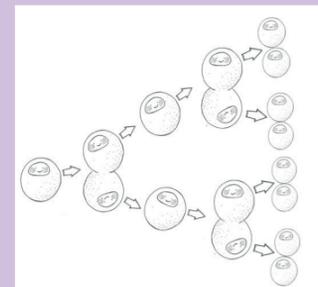
WHAT IS CANCER?

Cancer is a type of illness where some of the body's cells grow too quickly.

WHAT ARE CELLS?

Our bodies are made up of billions of cells. Cells are grouped together to make up parts of our bodies, such as skin, brain and muscle.

Our body can grow and repair itself by cells multiplying or making copies of themselves. They do this by dividing into 2, then 4, then 8 and so on.



Although cells in different parts of the body have different jobs, each cell has a nucleus inside it and inside each nucleus is DNA. DNA is made up of instructions called genes. Genes control the cell in a very organised and controlled way, telling it what to do and, if necessary when to make a copy of itself.

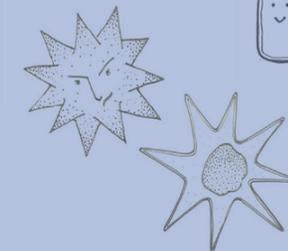
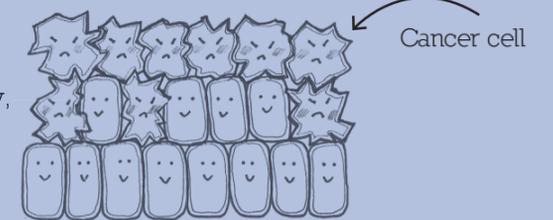
Sometimes genes become damaged, or mutated, and the cell becomes uncontrolled. This can happen when cells begin to make copies of themselves. Normally the body finds the uncontrolled cells and destroys them. Sometimes the body does not destroy them and so the uncontrolled cells carry on making copies of themselves. These cells are cancer cells.

CANCER CELLS

Cancer cells are not properly controlled so carry on making copies of themselves until they form a lump called a tumour.

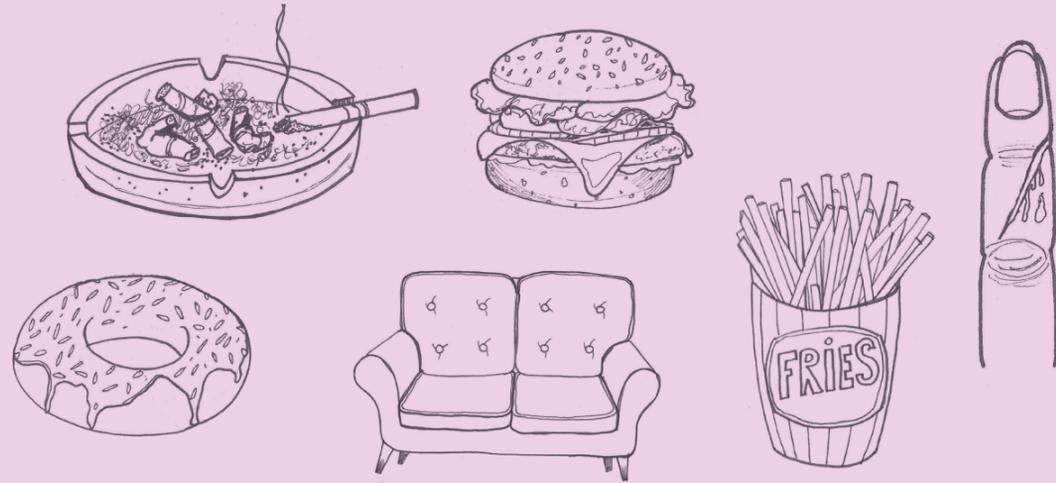
The cells in our body normally stick together in a uniformed and controlled way, but cancer cells do not stick together very well so can float off. This is what makes cancer very harmful as the cancer cells can go to different parts of the body. When this happens we say that the cancer has spread.

There are over 200 different types of cancer and they all behave differently, for example, the speed they grow at, how they affect the body, whether they spread, and how they respond to particular medicines.



HOW DO PEOPLE GET CANCER?

There are many reasons why cells can become cancerous. Most cells become cancerous by complete chance when the cell makes a copy of itself. There is nothing a person could have done to stop this happening; it just happens. Some people are born with cells that are more likely to become cancerous. Some things in our life may make the cells become cancerous, like too much sunlight, smoking cigarettes, eating unhealthily, and not exercising.



TREATMENT

Many cancers can be treated. Unfortunately there is no single medicine that works on all cancers. Often people have a mixture of different types of treatments. There are many different ways to treat cancer.

- Using medicines is called **CHEMOTHERAPY**
- Treating cancer with high energy rays is called **RADIOTHERAPY**
- Cutting the cancer out is called **SURGERY**
- Using chemicals our bodies make is called **HORMONE THERAPY**
- Putting healthy cells into the body is called **BONE MARROW** and **STEM CELL TRANSFUSION**



The treatment a patient will be given will depend on cancer type, where the cancer is in the body, the size of the cancer tumour, and how healthy the person is otherwise.

CHEMOTHERAPY

Chemotherapy medicine can be given as tablets to swallow, put into the blood, spread on the skin or injected into the body. The medicines hunt down cells that make lots of copies of themselves and kills them.

Chemotherapy is given in 'cycles'. This means the person may take the medicine one week and then have two weeks off. This is so their bodies can rest and recover. A person may have 6 or more of these cycles.

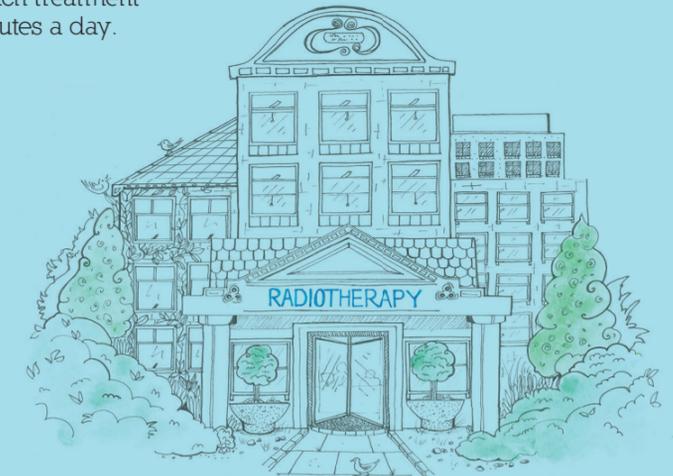
Chemotherapy medicines often kill healthy cells while they are killing cancer cells. This is because not all cells that make lots of copies of themselves are cancer cells, for example hair and skins cells, and cells lining the stomach. This is why there can be side effects when taking chemotherapy drugs, such as hair loss and nausea. Healthy normal cells are really good at repairing themselves so the side-effects often don't last long.



RADIOTHERAPY

Radiotherapy kills cancer cells by beaming radiation onto the part of the body that has the tumour. Radiotherapy may be used to shrink a tumour so the tumour is easier to take out. It is often used after surgery to make sure that the cancer has been destroyed.

A person usually has to have radiotherapy treatment a few times over a few weeks, and each treatment usually takes no more than a few minutes a day.



5. Impact of parental cancer on a child

We have used 'parent' but this can mean any person with child caring responsibilities

Every family is different, and will deal with a cancer diagnosis in different ways. To understand what impact parental cancer has on a child, there are three areas to consider:

- The level of understanding the child has about cancer and the beliefs they hold about the disease.
- To what extent the child's home-life has changed because of the parent's illness.
- How the cancer and the cancer treatment has affected the parent's ability to care for the child.

a) Children's Understanding of Cancer

Children's understanding and beliefs concerning cancer are dependent on age, previous experience with cancer or illness, and their own cultural background. Below is a general idea of what children tend to understand and believe dependent on their age.

Children aged 4-6 years

- Have a basic level of understanding about illness
- May believe that they have caused the cancer (e.g. by being naughty or thinking bad thoughts about the parent). This is called magical thinking.
- Are quite egocentric, meaning they find it difficult to empathise with other people.
- May think cancer is contagious.

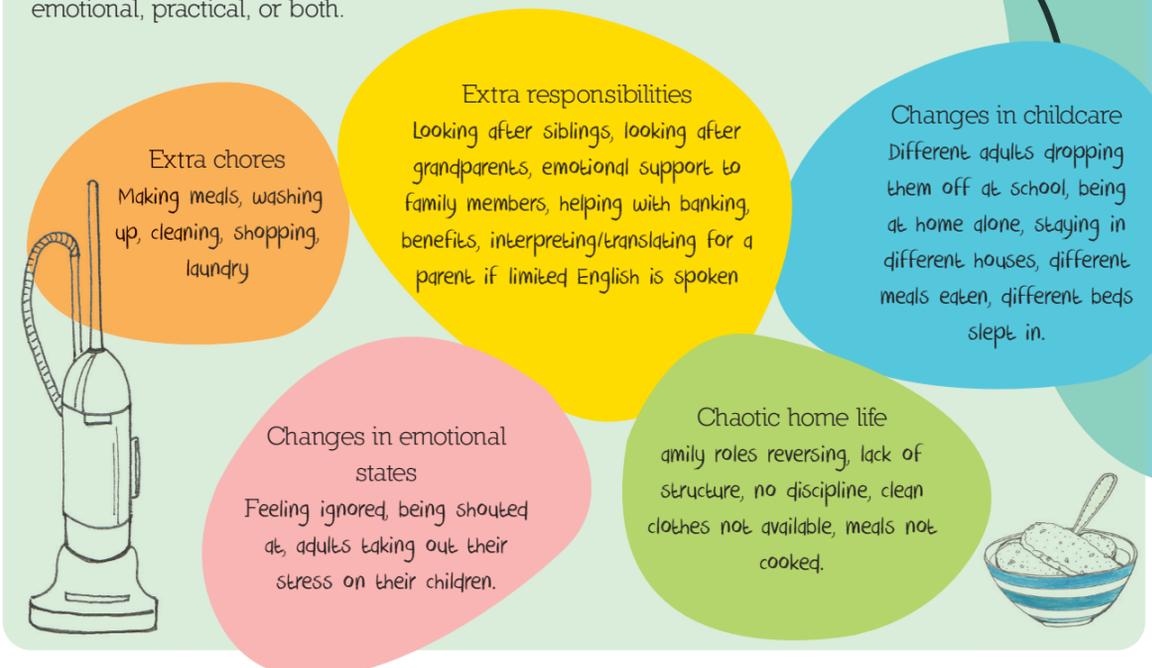
Children ages 7-11 years

- Are able to understand more complex explanations of cancer, and understand basic information about cancer cells.
- May feel responsible for causing the cancer because of bad behaviour.
- Start to understand that people, including parents, can die.
- Older children tend to understand the finality of death and its impact.



b) Changes in the home-life of children

For some children there is a huge change within their home lives, it may be emotional, practical, or both.



c) What a parent with cancer may be experiencing

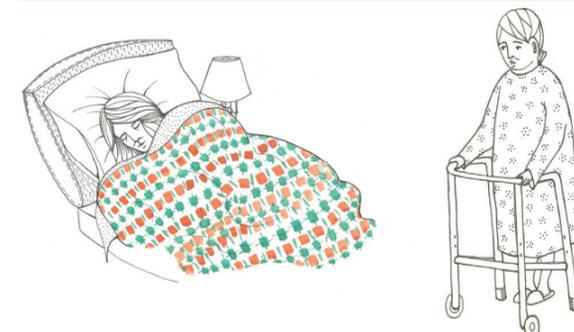
The effects of cancer and the side effects of its treatment will vary significantly depending on what type of cancer the parent has, and how advanced the cancer is.

General chemotherapy symptoms can include extreme tiredness, severe nausea, hearing problems, and balance problems. Patients can suffer exhaustion for a long time, sometimes up to a year, after chemotherapy has finished, and some side effects are permanent.

Radiotherapy is particularly exhausting, even without chemotherapy. It can be debilitating regardless of what part of the body is radiated.

Changes in appearance (hair loss, weight loss), mobility, memory ("chemo brain" or chemo fog"), and energy levels, can affect a parent's ability to care for their child.

A parent with cancer often feels high levels of anxiety as well as other negative emotions such as sadness, embarrassment, depression, anger, and withdrawal. These feelings combined with feelings of inadequacy about not looking after their child's basic needs can greatly impact their level of coping.



Examples of how treatment of different cancer types can affect family life. Bowel cancers can mean colostomy bags and toilet difficulties. Stomach, upper GI track cancers can mean not being able to eat, or being fed through a tube. Head and neck cancers can cause severe disfigurement.

6. How to Effectively Support Parents with cancer

The most effective way to support a child affected by parental cancer is to adopt a comprehensive approach which involves parental engagement. Establishing a positive working relationship with the child's parents will directly affect the child.

Use your judgment. Some families will not appreciate you interfering, but others are at a loss and will welcome a focus in supporting their child.

Schools are a mixture of diverse cultural groups, with families having different values and beliefs about health care. These differences will affect how they understand cancer, and influence how information is shared.

Talking to a parent with cancer

Many people find talking to a person with cancer very difficult, often people feel lost for words. Be yourself and try not to worry too much about doing the right thing.

Listen to the parent and let them lead the conversation. If the conversation stops, it's not necessary to fill in the gaps. A shared silence can be just as important as talking.

However, try to encourage them to tell you what cancer type they have and an idea of prognosis, or treatment. This information can be extremely useful for managing expectations and if the child requires extra support services.

Avoid giving unsolicited advice or telling the parent you know exactly how they feel, even if you have been in a similar situation. It is best to use phrases like, "That sounds really difficult" or "You're going through so much. How can I help?"

Also encourage family communication. Encourage parents to talk to their children about the changes the family face (this can be facilitated by appropriate resources such as the 'Telling Your Children' animation listed at the back).

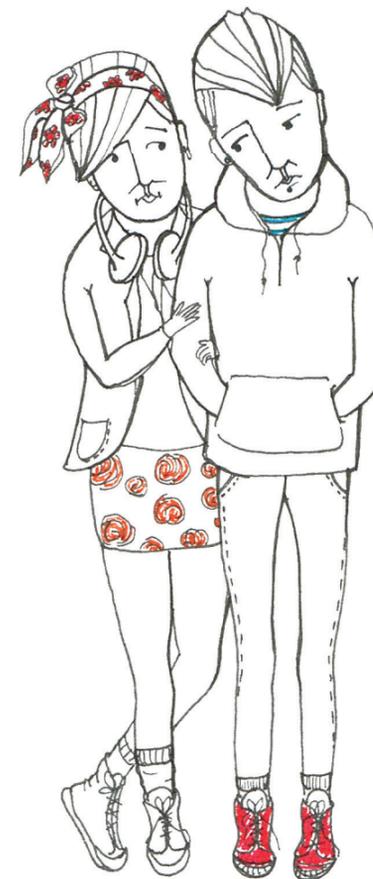
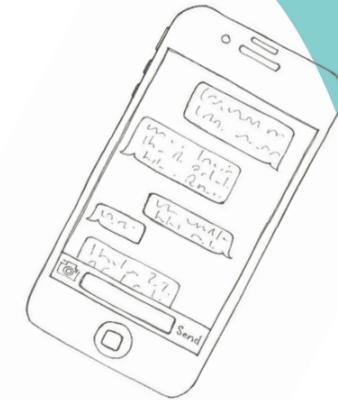
Respect the parent's privacy as well as that of the child and the family as a whole. Some adults do not want to share the information about their diagnosis to avoid potential gossiping or probing questions, and to reduce the chance of their child being upset.



Discussions to have with the parent

A discussion with the parent enables the school to put support systems in place for the child. This will lessen the parent's stress or anxiety concerning their child's time at school.

These discussions may be had with another adult carer in the family and not with the sick parent.



- Which children, teachers or staff member does your child feel comfortable talking to at school if they feel worried or frightened?
- What are the names and roles of the people looking after your child (eg grandparents, aunts, friends)?
- Decide on one or two people ("link people") who can liaise with the parent throughout their treatment.
- Find an easy way to communicate and problem solve with the parent for when problems arise. Confirm a phone number and email address that will enable direct contact between the link person and the parent.
- Confirm who the point of contact should be at the school in the event of an appointment running over e.g. link person, child's teacher.
- Names and contact details of any adults who can collect the child from school if the parent cannot.
- Discuss with the child exactly what they know about the cancer diagnosis.
- Discuss the words used within the family in relation to the cancer diagnosis so that the same language can continue to be used, thus avoiding the use of words the child might not know.
- Establish if the child is a carer themselves, and, if so, what level of care giving they are currently responsible for.
- Are there any changes in financial circumstances (due to the parent not working) and therefore can support for school dinners/extra curricular activities/school trips be provided?

Additional discussion points:

Would they like to have reminders set for future events or deadlines because the receiving and returning of information may have become less efficient than usual.

How flexible can pick up and drop off be? Delivering or collecting the child at school may cause the parent anxiety – is it possible to deliver or collect from a different place, perhaps at an earlier time?

The parent may not be able to walk as far as they could previously – can they park nearer to the school

Decide whether the parent wants feedback on their child's well-being, for example do they want to know if their child has had a 'sad' day

Can a process be put into place to ensure that the child has the right equipment for school each day?

Is it possible for the child to do their homework whilst at school, perhaps with someone available to help them?

Offering priority access to after school clubs if the family cannot get out and do things

If there are any fundraising activities for cancer charities, or assembly plans where cancer is going to be discussed, make sure the parent is informed well in advance so that they can speak to their child (if the child finds it difficult to have cancer discussed in school).

A parent receiving chemotherapy may have their immunity lowered, therefore they are more likely to get infections, so inform them if any illness that their child may have been in contact with (vomiting, diarrhoea, flu, chicken pox, shingles) has been present at school.

Information may flow at differing rates, depending on what is happening either in the parent's treatment plan, or regarding their emotional acceptance of the situation.

At school events, can the school offer the parent preferred seating?

Putting the parent in touch with another parent in the school community who has experienced cancer.

If the child is preparing for exams – can additional support for them be arranged? Perhaps discuss the possibility of applying to the relevant exam board for special consideration.

Organise a support network of other school parents to help the parent stay on top of excursions, homework, or school activities. They may also want to help by giving the child lifts to and from school, and by providing child care, or meals.

Discuss (perhaps with their link people) if there are family tensions that may be having an impact on the child's well-being

7. How to effectively support children affected by parental cancer

Children deal with the news that their parent has cancer in different ways. Their age, emotional maturity, their coping style, the relationship with their parent, and their understanding of cancer are all contributing factors in how they will behave and feel.

Many children act out at home and are well behaved at school, for others it is the reverse. Some children view school as a sanctuary, a place where not everything revolves around cancer, so they may not want people to talk, or even know, about it. Some children are not willing to talk about how they feel, but they will express these feelings through their behaviours.

For some children school work, including homework, may not always be a priority as they are preoccupied with what is going on at home. Away from school, a child may be acting as a carer, visiting the hospital, looking after their siblings, and taking on household chores.

Changes to look out for:

- Child's attendance
- School performance
- Social relationships
- Behaviour

Be mindful that some children may not need any support.

A young carer

The term "young carer" refers to children and young people from the age of 5 to 18 who care for a parent or relative at home who is ill. The level of care they give would usually be carried out by an adult, and therefore it has a significant impact on their childhood.

Identifying a young carer

- May often be tired, stressed, anxious or depressed
- May often be late or absent from school, and could be underachieving
- May have difficulty in joining in after school activities
- May be isolated, or be a victim of bullying
- May appear unkempt
- May have behavioural problems
- May have physical problems such as back pain
- False maturity (seeming older than their years)

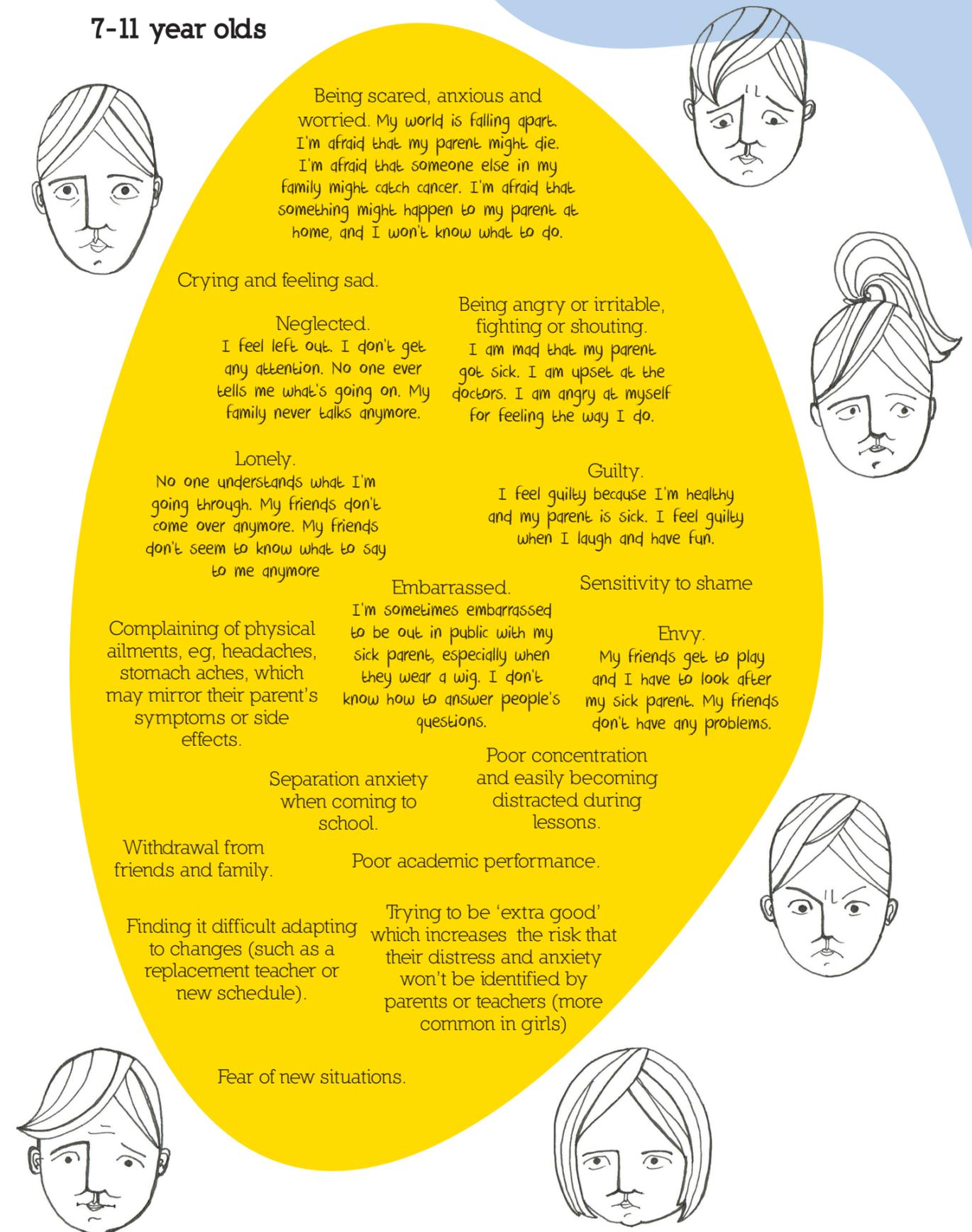
Behavioural and Emotional Changes

4-6 year olds



Behavioural and Emotional Changes

7-11 year olds



General Ways to Provide Support

Maintain clear rules and expectations. Keep routines and schedules consistent where possible, and explain any changes to their schedule.

Listen and be alert to their feelings, which they may express through speech or play.



Ensure that they partake in physical activity to enable them to expend any excess energy, get rid of anxiety and provide outlets for aggression that are positive, such as running in the playground.

Read stories about anger, guilt, shame and other emotional reactions.

Take time to listen, let them know you care about their feelings, especially if they are a young carer. Make sure that they know that their role is acknowledged and valued.

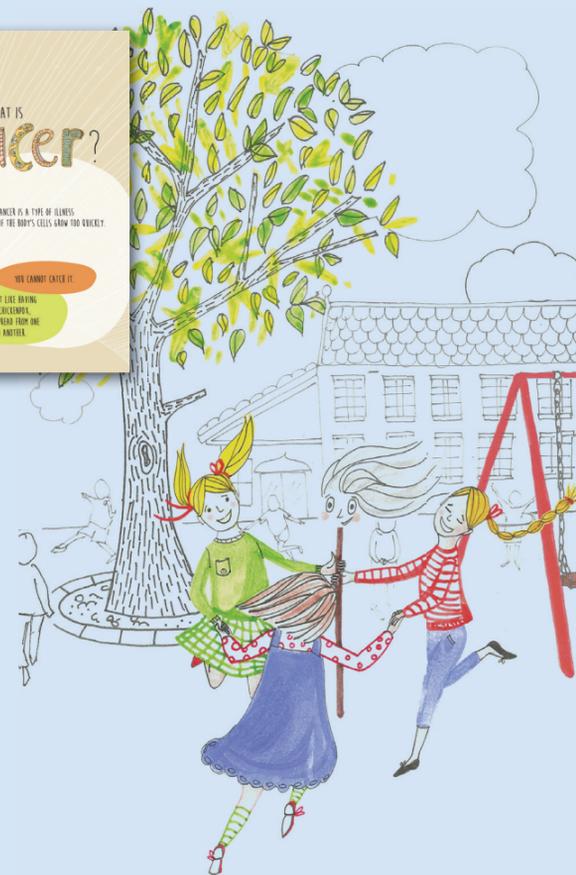
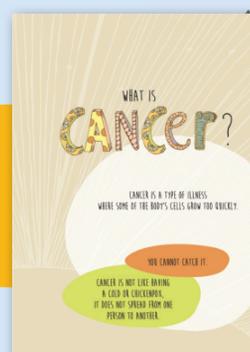
Encourage them to have fun at school and participate in activities.

Provide privacy, as needed.

Create a support group which includes the child and their friends. This could be a creative art group, or an active sports group, that get together weekly at lunchtime to provide both space to talk and a sense of immediate support.



Provide the child with further information about cancer and being a young carer, using websites, apps and books resources.



For older children transitioning to secondary school, make sure there is help for them in planning their futures.

Seek professional help if there are any severe reactions.

Talking with the child

Taking time to talk with a child affected by parental cancer can be invaluable in establishing what they are experiencing outside of school, and how the school can support them.

While maintaining a sense of normality is important for many children, making a few special adjustments for the child may be key to helping and supporting them through their challenging time.

Never force a child to talk about their parent's illness – school may be a place where they don't have to think about their parent's cancer.



Possible discussion points:

- Whether the child wants to share their story with the class
- Whether they want to tell their friends, letting them know how helpful this could be to them
- How do they feel?
- Assure them that their behaviour, or thoughts, has not caused the cancer nor will they catch cancer.
- What changes are they experiencing at home (extra chores, different childcare etc)?
- What expectations do you have for them at school regarding homework, or exams?
- What words are used in the family when discussing the cancer (lump, or tumour for example)?
- Agree with the child which staff members they would like to go to if they need to talk to someone
- Ensure that they know who is available for them to speak to (school counsellor, CAMHS sign posting).

The Child's Friends

Friendships are an important source of support for children affected by parental cancer, so bringing friends together specifically to support the children affected can be very successful.

Be aware that some friends will not know what to say, or think it is rude to ask questions. This may result in the child believing their friends do not care anymore, that their friend's lives are moving on, and theirs is not. Explain that their friends are not facing the same situation, so it may be hard for them to relate.

Some friends may also need support as they can take the news quite badly.



Additional Ideas

Get the child to write a journal of their feelings when at school, which can be kept at school.

Keeping track of events like this gives teachers an insight into what the child is experiencing, and the child will feel more in control and more able to manage and organise their own life.

	MORNING	LUNCH	AFTERNOON	DINNER
MONDAY	🍌	🍌	🍌	🍌
TUESDAY	🍌	🍌	🍌	🍌
WEDNESDAY	🍌	🍌	🍌	🍌
THURSDAY	🍌	🍌	🍌	🍌
FRIDAY	🍌	🍌	🍌	🍌
SATURDAY	🍌	🍌	🍌	🍌
SUNDAY	🍌	🍌	🍌	🍌

Create a monthly timetable for the child. They can add their parent's medical appointments or changes in their home life, school events, activities, school holidays etc.



Create individual worry boxes for each child in the class where children can park their worries at the beginning of the day.

Design lessons where the whole class joins in. Cover topics such as empathy, methods of keeping calm (meditation, breathing techniques) and understanding who around you is there to support you.

See lesson plans for ideas

Teaching about cancer can be linked in with healthy living and lifestyle. "Keep your cells healthy by eating well, exercising, not smoking and keeping safe in the sun."



Plan fundraising events such as a fun run or cake sale, to raise money for a cancer charity.

Participate in cancer awareness days that will teach children more about cancer.

Create a special folder where they can keep their work, as life at home might be too chaotic to allow this. Encourage positive communication between the child and the parent by periodically suggesting that the folder is taken home.

Talking to the class about cancer

If the child wants to share their experience and talk about cancer and how it is affecting their parent, you can facilitate this. But it is good to have a discussion beforehand to work out what will be covered.

Talking openly about cancer to a class that has a child present who is affected by parental cancer can be extremely beneficial to everyone, as the child can feel a sense of empowerment by answering their classmates questions and helping them understand the situation.

Educating the class about cancer can help to prevent a variety of problems, in ways such as settling the children who may be worried about catching cancer, or worried about their parents getting cancer too. It can also prevent the constant asking of questions to the child if cancer is openly discussed within the class.

Children are naturally curious around cancer and death, and tend not to have adult inhibitions about either discussing it, or sharing personal experiences.

The children are likely to be incredibly interested in the subject, and probably have many stories, both positive and negative, about cancer so do not be afraid to start talking.

The Big Subject: Death

The subject of death and dying has to be addressed as most children, even though they may not say it, are thinking about it when cancer is discovered.

Death is an inevitable part of life and it is the responsibility of adults to ensure that children are aware of it, and know that it is okay to discuss it. Death has taken on added mystery and, for some, added fear. If we allow children to talk to us about death, we can give them the information they need to prepare them for a crisis, and help them when they are upset.

It is surprising just how aware children already are about death. They see dead insects, dead birds and animals on the road, or a family pet may have died. Children read about death in their fairy tales, watch it in cartoons and even role-play death in school plays. Without realising it they already have some exposure to the concept.

If death is left out of cancer education, children will continue to believe that cancer causes death to everyone diagnosed with it, and they will continue to be fearful of talking about it.

See lesson plans

9. An Incurable Cancer Diagnosis

If a parent's cancer is incurable there is still a need to learn about, and talk about, cancer with the class. People often feel more uncomfortable speaking about cancer knowing the outcome is not positive.

Additional specific bereavement support will be needed towards the end of the parent's life, and after the parent has died. Your school will have in place policies on bereavement. It is a good idea to have the school properly trained to identify a child who experiencing 'normal' grief, and a child who requires specialist support.

Charities such as Winston Wish offer excellent advice and resources.

We cannot stop children feeling sad, but by sharing our feelings and giving them information, we can support them in their sadness.



10. Resources

Younger Children

- Kids Guide to Cancer app
www.campquality.org.au/kidsguidetocancer
- Activity booklets
www.bupa.co.uk/bupa-cancer-promise/i-know-someone-with-cancer
- Little C Club flashcards
<https://www.littlecclub.com/shop>
- Arthur: When Someone You know has cancer
https://cms-tc.pbskids.org/arthurwebsite/resources/pdfs/arthur_cancer_english.pdf
- A Huge Bag of Worries by Virginia Ironside
- Pip's Kit
www.pipskit.com

Older Children

- The Secret C by Julie Stokes
- A Monster Calls by Patrick Ness
- Apart of Me
<https://www.apartofme.app/>
- Riprap
www.riprap.org.uk
- Canteen - 'My Parent has/had Cancer' section
www.canteen.org.au

Adults

- Macmillan Cancer Support
<https://be.macmillan.org.uk>
- As big as it gets by Winston's Wish.
- Fruit Fly Collective's 'Telling Your Children You Have Cancer'
www.fruitflycollective.com
- Child Bereavement UK
www.childbereavementuk.org
- Cancer care map
<https://www.cancercaresmap.org/>
- Hope Support
<https://hopesupport.org.uk/>
- Penhaligon's Friends
<https://penhaligonsfriends.org.uk/>

Please ask to see if your school has A Cancer Info Box.
If not, please contact Aspire Senior Management Team

Accompanying this guide there are:

- 1) Letter templates for parents
- 2) Lesson plans
- 3) Classroom activities

11. Common Questions Children asked about cancer

1. What is cancer?

The body is made up of cells. Cells make our bodies work. They are so tiny that you need a microscope to see them. Cancer cells don't look or act like normal cells. They don't allow our normal, healthy cells to work properly. They can grow very fast and spread. Cancer cells may group together to form a tumour. There are many different types of cancer, and cancer can grow anywhere in the body.

2. How do you get cancer?

There is still a lot we don't know about how cancer begins and what causes it. Sometimes cancer can be caused by chemicals, air pollution (smoke), certain viruses, and other things both inside and outside the body.

3. How many different types of cancer are there?

There are over 200 different types of cancer. There are so many because cancer can affect any type of cell in the body (and there are lots of different types of cell).

4. Why do some people get cancer?

Most of the time, the doctors do not know why someone gets cancer. It's hard having not all of the answers, but the truth is we don't.

5. Can you catch cancer?

Cancer is not something that you can catch from someone else, like you can a cold or chicken pox. You can be close to the person who has cancer and not worry about catching it.

6. Did I do something that caused the cancer?

No. Nothing that anyone does, say or thinks can cause cancer in someone else.

7. How long does cancer treatment take?

The time it takes to treat someone with cancer will depend on what type of cancer it is, how serious it is, and how much treatment they need. The doctor will give your mum or dad a 'Treatment Plan'. This plan will give the dates of the treatments, and how many of them there will be. You could put them on your calendar, or use Tiger Time so you can see how much treatment your mum or dad has left.

8. What is chemotherapy?

Sometimes people take medicine called chemotherapy. It uses special kinds of chemicals to destroy cancer cells. It is usually given through a needle inserted into a vein. Your mum or dad will have 'rounds' or 'cycles' of chemotherapy which means they will be given the medicine one week and left to rest for a while before they have more medicine.

9. What is radiotherapy?

Sometimes people have radiation therapy, or radiotherapy, to help get rid of cancer cells. It is done with a special machine that is made just for cancer treatment. The radiation (powerful energy rays) is given only to the area of the body where the cancer is. It doesn't hurt.

10. Does radiotherapy make you radioactive?

No. Radiotherapy is like an x-ray. It doesn't hurt. It's safe to touch the person who has had radiotherapy.

11. What are 'side-effects'?

Side effects of cancer treatment happen because the treatment damages healthy cells as well as killing the cancer cells. You will be able to see some of the side effects such as: hair falling out, scars from surgery, mouth sores and weight loss. Other side effects can't be seen such as: feeling tired, feeling sick, wanting to rest more, not being able to play, feeling weepy and a bit bad-tempered. After your mum or dad has finished with all of their treatments, these things will go away.

12. Why does a person look so sick when the doctors are meant to be fixing them?

Cancer medicine needs to be very powerful for it to work properly. But because it is so strong it can damage some normal cells, like hair cells or stomach cells, as well as cancer cells. This is why hair sometimes falls out, or people feel sick. Remember that the medicine's aim is to help make them better and that it is doing them good – even though it may sometimes make them look and feel poorly. It also doesn't mean the cancer is getting worse. When treatment is over the normal cells will grow back again.



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