



Examples of



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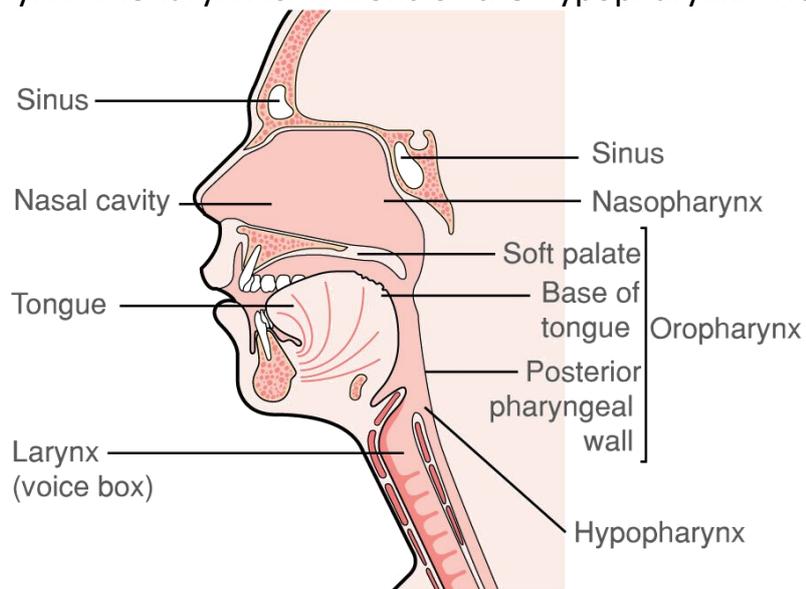
Cancers

Throat Cancers

Throat cancer is a general term some people use to describe a cancer that starts in the throat. Doctors do not generally use this term. This is because there are different types of cancer which can affect the area of the throat. The word throat is sometimes used to describe different parts of the neck. Cancers that start in the following areas are not throat cancers and are treated differently:

- ◆ **Thyroid gland - cancer that starts in the thyroid gland (in the front of your neck) is called thyroid cancer.**
- ◆ **Gullet or food pipe - cancer that starts in the gullet or food pipe is called oesophageal cancer.**
- ◆ **Wind pipe (trachea) - cancer that starts in the wind pipe (trachea) is called tracheal cancer.**

According to Macmillan cancer website throat cancers start in pharynx and in the larynx (voicebox). The pharynx is divided into three main parts; the nasopharynx, the oropharynx and the hypopharynx. The larynx is in front of the hypopharynx. Here is a diagram from their website:



Nasopharynx

As seen on the diagram this is the upper part of the pharynx, behind the nose. Cancers that develop here are called nasopharyngeal cancers.

Oropharynx

As seen this is the middle part of pharynx, behind the mouth. This includes the soft part of the roof of the mouth also known as the soft palate. It also includes the base or back of the tongue (the part that isn't seen), the tonsils and the side walls of the throat. The cancers that develop here are known as oropharyngeal cancers. The most common cancers found here are on the tonsils and the base of the tongue.

Hypopharynx

This is based at the lower part of the pharynx, behind the voice box. The cancer that develops here is called hypopharyngeal cancers.

Larynx

This is the voice box which is a short passageway in front of the lower pharynx and contains the vocal cords. Cancer developed here is known as laryngeal cancer.

General symptoms and signs of throat cancer

The signs and symptoms will depend on what specific type you have. But some of the possible symptoms of throat cancer can include:

- ◆ a lump in the neck that does not go away
- ◆ sore throat that does not get better
- ◆ difficulty swallowing that is not improving
- ◆ changes to your voice, such as hoarseness.

These are only some symptoms that may be linked to throat cancer.

Nasopharyngeal cancer symptoms

- ◆ a painless swelling or lump in the upper neck – this is often the first symptom
- ◆ changes in hearing
- ◆ earache
- ◆ fluid leaking from the ear
- ◆ a blocked nose
- ◆ nosebleeds
- ◆ a headache.

Oropharyngeal cancer symptoms

- ◆ a painless swelling or lump in the neck – this is the most common symptom
- ◆ a sore throat or tongue
- ◆ earache
- ◆ difficulty swallowing, or moving your mouth and jaw
- ◆ changes in your voice
- ◆ bad breath
- ◆ unexplained weight loss
- ◆ unequal-looking tonsils.

Laryngeal cancer symptoms

- ◆ The most common symptom is changes to your voice such as hoarseness
- ◆ A lump in the throat or neck - sometimes, the first symptom you notice might be a lump in the throat or neck. You may also have discomfort or pain when chewing or swallowing.

The above symptoms are common when cancer starts above the vocal cords. This is called supraglottic cancer of the larynx. Less common symptoms can be present especially if the cancer is effecting the area below the vocal cords even though this is quite rare. They are as followed:

- ◆ feeling breathless
- ◆ having a cough that does not go away.

If you have any of the symptoms above, you should tell your GP. Other conditions may be causing the symptoms, but it is important to get them checked.

Throat Cancers

Causes and risk factors of throat cancers

It is not known the exact cause of throat cancers but there are risk factors that will increase the chance of developing it. It will depend on the type of throat cancer a person has but the following are the most common risk factors:

- ♦ **smoking tobacco**
- ♦ **regularly drinking large amounts of alcohol**
- ♦ **human papillomavirus (HPV), which some cases of oropharyngeal cancer are linked to. Oropharyngeal cancers linked to HPV often start in the tonsils or the base of the tongue.**
- ♦ **Epstein-Barr virus (EBV), which causes glandular fever, and in small number of cases, is linked to nasopharyngeal cancer.**

It is important to note that HPV and EBV are very common viruses. Most people with these viruses will not develop cancer.

There are other contributing factors that can be found when researching more about throat cancers but will not always lead to cancer to develop. These include:

- ♦ **Diet: Lack of fruits/vegetables and high processed/red meat intake.**
- ♦ **Environmental Exposures: Long-term contact with asbestos, wood dust, or certain chemicals.**
- ♦ **Poor Oral Hygiene: Chronic inflammation from bad dental care.**
- ♦ **Gastroesophageal Reflux Disease (GERD): Acid reflux can cause inflammation.**
- ♦ **Genetics & Demographics: Family history and being male/over 50**

This is information based off doing research if there is any concerns about health you should always see a GP.

Diagnosing throat cancers

Diagnosing throat cancers will involve initial steps such as taking a visit to the GP for them to check your mouth, throat, neck and may also listen to your chest. If there is there then enough concerns for your GP then they will refer you to a specialist for more tests. These tests will include:

- ♦ **Endoscopy: A thin tube with a camera (nasendoscope or laryngoscope) is used to view the throat, voice box (larynx), nose, and upper oesophagus.**
- ♦ **Biopsy: During endoscopy, a tissue sample is taken from suspicious areas and examined for cancer cells.**
- ♦ **Fine Needle Aspiration (FNA): A needle and syringe take cells from swollen neck lymph nodes for analysis**

- ♦ **CT/MRI Scans: Provide detailed images to see how far the cancer has spread.**
- ♦ **PET Scans: Help detect if cancer has spread to other parts of the body.**
- ♦ **Panendoscopy: A more thorough exam under general anaesthesia to view the entire area**

Once these have been done a pathologist will confirm the type of cancer you have if the tests do show up with anything and then staging is determined which will then be a guide to treatment. For example stage I throat cancer means a tumour is small and hasn't spread to your lymph nodes or other tissue. Stage IV cancers have spread (metastasized).

Managing and treatment

Throat cancer treatment options are based on many factors, such as the location, stage of cancer and type of cells involved. With a specialist team treatments will be discussed with you and what benefits there are for each to help determine the best course of action going forward. The most common treatments are as followed:

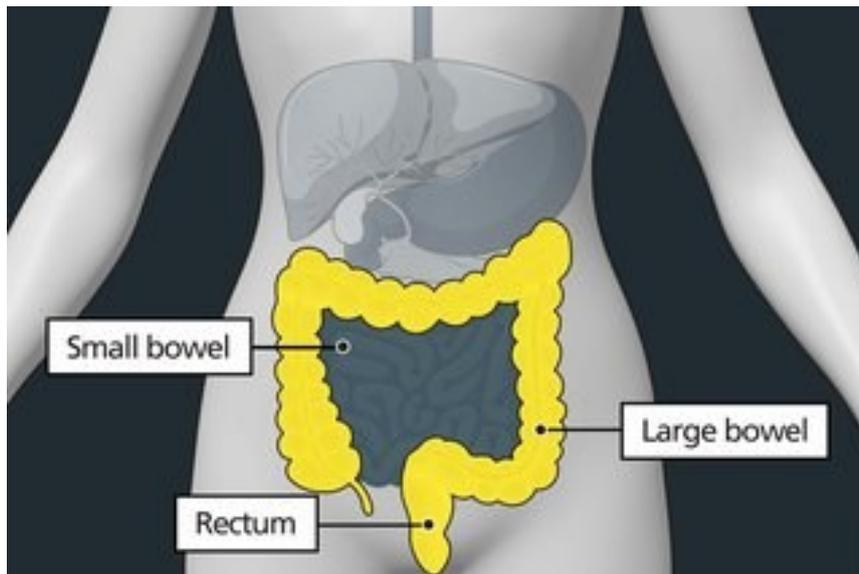
- ♦ **Surgery: Removes the tumour and potentially nearby lymph nodes; can range from endoscopic laser surgery (through the mouth) for small cancers to removing part or all of the larynx (voice box) for larger ones, sometimes requiring reconstructive procedures.**
- ♦ **Radiotherapy: Uses high-energy rays to kill cancer cells; often a primary choice for early-stage cancers or those in hard-to-reach spots, and frequently combined with chemotherapy (chemoradiation)**
- ♦ **Chemotherapy: Drugs to kill cancer cells, used alone, before other treatments to shrink tumours, or with radiation (chemoradiation) for better results in advanced cancers.**
- ♦ **Chemoradiation: Combining chemotherapy and radiotherapy, often for advanced cancers, as they can be more effective together.**

If a person has been treated for throat cancer, they may need help managing the long-term effects. Both radiation therapy and surgery can affect the ability to swallow, speak or hear. Rehabilitation with a speech-language pathologist may be essential to a persons recovery. Some may need reconstructive surgery if they are uncomfortable with their appearance after surgery. A healthcare provider may also recommend palliative care to help manage treatment side effects. Unlike hospice care, palliative care is available no matter the cancer stage or prognosis. Once a treatment has finished, you will have regular follow-up appointments with your healthcare team. These may continue for several years.

It is important to note that symptoms common in throat cancer are also common with colds, infections and allergies. So, it's important that if you are suddenly hoarse and don't know why and things don't improve within a week or two then that is the time to call a healthcare provider. In the meantime the risk can be greatly reduced by avoiding tobacco and taking steps to prevent HPV infection. Taking precautions now can reduce your risk of a throat cancer diagnosis later.

Bowel cancer

Bowel cancer starts in the large bowel. It can also be called colorectal cancer. The bowel is part of the digestive system. It is made up of the small bowel and the large bowel. The large bowel is made up of the colon and rectum. Bowel cancer can affect anyone, whatever your age, gender, ethnicity or where you live.



Symptoms of bowel cancer

It is very important to remember that having the following doesn't mean you will have bowel cancer. The most common symptoms are as follows:

- ◆ changes in your poo, such as having softer poo, diarrhoea or constipation that is not usual for you
- ◆ needing to poo more or less often than usual for you
- ◆ blood in your poo, which may look red or black
- ◆ bleeding from your bottom
- ◆ often feeling like you need to poo, even if you've just been to the toilet
- ◆ tummy pain
- ◆ a lump in your tummy
- ◆ bloating
- ◆ losing weight without trying
- ◆ feeling very tired or short of breath – these are signs of anaemia, which can be caused by bowel cancer

Causes of bowel cancer

The cause of bowel cancer is still not known but it is known that there are factors that can increase the risk of getting bowel cancers. You may be more likely to get bowel cancer because of the following:

- ◆ you're over 50
- ◆ you smoke
- ◆ you're overweight
- ◆ a close relative has had bowel cancer
- ◆ you have inflammatory bowel disease, which includes Crohn's disease and ulcerative colitis
- ◆ you have small growths in your bowel called bowel polyps
- ◆ you have Lynch Syndrome or familial adenomatous polyposis

Diagnosing bowel cancer

Bowel cancer is normally diagnosed through a visit with your GP who if they suspect bowel cancer they will refer you to specialist to get tests done to check for cancer. The main test for bowel cancer is doing a colonoscopy. This is where a thin tube with a camera is used to look inside your bowel. During this a small sample of lining the bowel may be taken for testing. If cancer is found then the next stages is getting further tests to show how far the cancer has spread. These will include:

- ◆ a CT scan
- ◆ an MRI scan
- ◆ a PET scan
- ◆ blood tests
- ◆ genetic testing

Treatment for bowel cancer

Treatment for bowel cancer depends on the size of the cancer and the location of the cancer. It also depends on if its spread and your age and general health. The main treatments are as followed:

- ◆ **Surgery:** The primary treatment, removing the cancerous section of the bowel and nearby lymph nodes, often with keyhole techniques for faster recovery; sometimes a temporary or permanent stoma (colostomy) is created
- ◆ **Chemotherapy:** Uses drugs (like 5FU) to kill cancer cells, given in cycles before or after surgery, or as palliative care.
- ◆ **Radiotherapy:** Uses high-energy rays to destroy cancer cells, often for rectal cancer or to relieve symptoms in other areas, sometimes using precise stereotactic radiotherapy for secondary tumours.

You will have regular check ups for years after to monitor for recurrence.

Bowel cancer

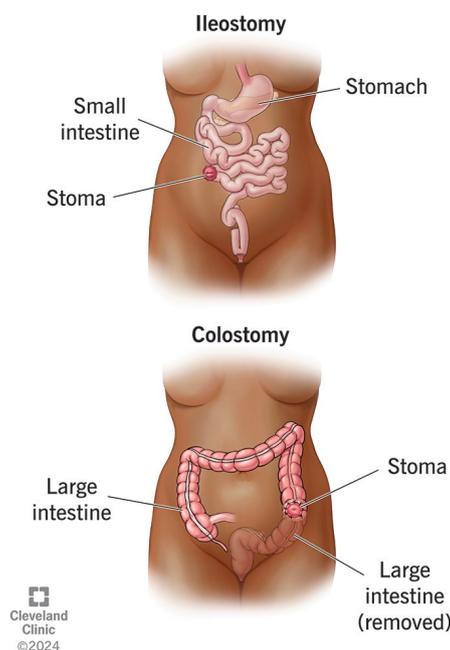
On this page I feel it is important to go through the type of surgeries that you may have as part of treating bowel cancer to also discuss life after these type of surgeries.

Colostomy

Through the NHS website this is explained as when part of your large bowel (colon) is brought out through an opening made in your tummy. The opening is called a stoma. It will mean you no longer poo from your bottom – it will come out of the stoma into a pouch or bag you stick on your tummy. It may be temporary or permanent depending on why it is needed. The stoma shouldn't hurt but can bleed easily when scratched or wiped. It usually takes around 8 weeks to recover from a colostomy and get back to your usual activities and your diet will be different while the bowel heals.

Ileostomy

An ileostomy is where the end of your small bowel is brought through an opening made in your tummy. The opening is called a stoma. With this surgery it means you are unable to poo from your bottom. It will come out of the stoma into a bag. Similar to the other surgery it can be either permanent or temporary. You can still have constipation or diarrhoea with a stoma bag and you wont be able to control when you poo or any bowel sounds that come out the bag. Similar recovery time as the other as NHS says its about 6-8 weeks to be fully recovered.



Stoma bags

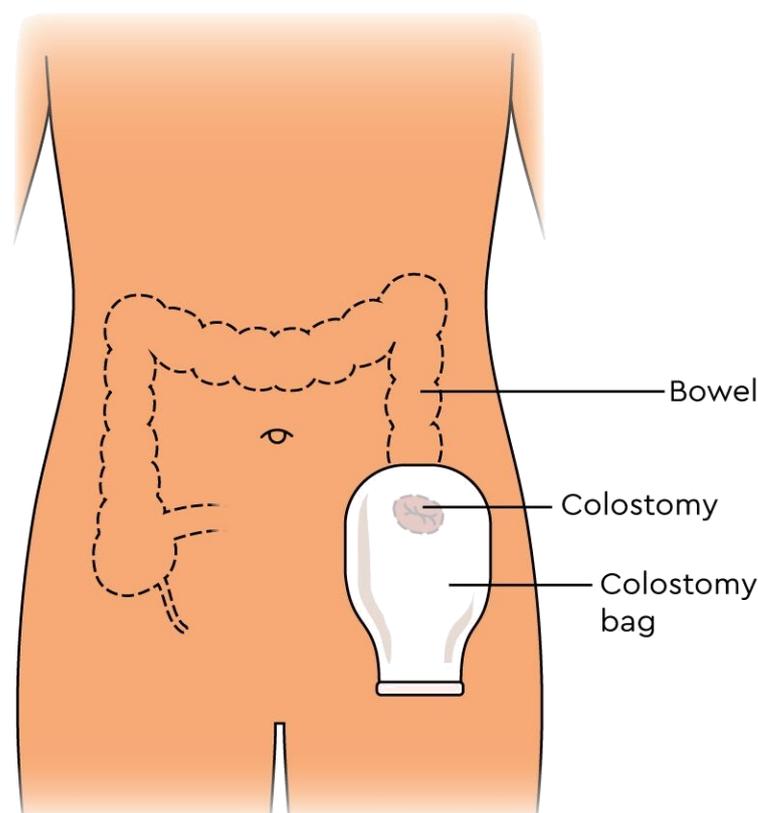
Stoma bag is what you will have after that type of surgery but there are two types of stoma bags, they are:

- ♦ **A one-piece bag has a sticky back that fits around the stoma. You have to take the whole thing off each time you change it.**
- ♦ **A two-piece bag has a separate sticky ring that fits around the stoma. You connect the bag to the ring so the ring stays in place and only the bag comes off.**

Some bags have a drain so they can be emptied into the toilet through an opening but there are others that are close and need to be changed when full. A stoma nurse will be suggested to you by healthcare providers where they can help you get used to having a stoma bag and what type is best for you along with dietary changes and medication changes that may be suited to your body due to having the stoma. This is due to the fact that many medications are designed to be dissolved slowly which means they may not be as effective as they could come straight out into the stoma bag.

You can have issues and if you do the contact your stoma nurse or the GP if you worry there is an infection or a bowel obstruction.

Having a stoma bag is a big change and it is important to talk to your stoma nurse and when ready to, talk to people around you or find support groups that can understand what it means for you as an individual to have gone through such a change. In the beginning, accidents will happen. The process of emptying, changing, cleaning and managing your stoma and bag system may seem harrowing at first.





Information provided by

www.nhs.uk

<https://www.macmillan.org.uk>

<https://www.bowelcanceruk.org.uk/>

<https://www.cancerresearchuk.org/>

Important : Please see your GP about any of these conditions if you think you may have them. We are not doctors so always see your own doctor about any health concerns. This is an information leaflet made easy for people to access and all using information researched and personal experience. We are here to help as a support group as that is what we are. Thank you.

