Chemotherapy

It's important to go to all of your chemo sessions. If you need help getting to appointments, tell your doctor, Aboriginal Health Service or Worker or call Cancer Council on 13 11 20.

What is chemotherapy?

Chemotherapy uses medicines to treat cancer. It's also called "chemo". Chemo works in your whole body by travelling through your blood to try to destroy the cancer. There are different types of chemo to treat the different types of cancer.

Why do I need chemo?

Doctors use chemo medicines to destroy the cancer because your body cannot "fix" cancer by itself. Chemo medicines may help to:

- cure the cancer
- stop the cancer from getting bigger or spreading
- shrink the size of the cancer
- stop some pain and other problems caused by the cancer.

How do I have chemo?

There are different ways for you to have chemo.

The most common way uses a needle that puts the medicine straight into your blood (see picture). You will have chemo for a certain time (maybe one day, a few days or a week). You will then have a break for 1–4 weeks, and then have treatment again. This is called a cycle. You may need several cycles to treat the cancer.

Other ways to have chemo include swallowing tablets or drinking liquid medicine. You may have to take this once or twice a day for a certain time.

Where do I go to get chemo?

You may be given chemo in a hospital, treatment centre or at home. It will depend on the type of cancer you have and the type of chemo used.

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When you are having chemo, check your temperature every day or if you feel sick. Call the hospital or treatment centre if you have a temperature of 38˚C or higher.

How long will I have chemo?

Your chemo doctor (called a medical oncologist) will tell you how long you should have chemo. This will depend on:

- the type of cancer you have
- the type of medicine your doctor gives you
- how you feel when you're getting chemo.

How will the chemo affect my body?

Chemo medicines are really strong so they can destroy the cancer in your body. Sometimes these medicines can affect how you look and feel (called side effects). Many side effects can be treated, and often go away after treatment stops. Talk to your doctor or Aboriginal Health Worker if you have any worries about treatment or side effects. Most people don't get all the side effects.

Your doctor will tell you what to expect, but you may:

- feel a little tired or very tired (fatigue)
- have nausea (feel sick) and may vomit (spew)
- have a sore mouth and throat (e.g. ulcers or thrush)
- lose hair from your head and parts of their body
- have some pain or numbness or tingling
- have hard poos that are difficult to pass (constipation) or watery poos (diarrhoea)
- be more likely to get infections.

Some women may have women's issues.

More information

- Call Cancer Council **13 11 20**
- Visit **aboriginal.cancercouncil.com.au**
- Visit **menzies.edu.au/cancer**
- Your local Aboriginal Health Service

This information was adapted for Aboriginal and Torres Strait Islander people by Menzies School of Health Research in consultation with a clinical advisory group and an Indigenous consultation group. Cancer Council NSW has updated this fact sheet in consultation with cancer experts and Aboriginal people with an experience of cancer.

This fact sheet features design elements from Cancer Council NSW's respect symbol, which was designed by Marcus Lee. Marcus was born and raised in Darwin, Northern Territory, and is a descendant of the Karajarri people. The Cancer Council Australia respect symbol (below) was designed by Riki Salam as part of his *Journey of Hope* artwork. Riki was born and raised in Cairns, Queensland, on Yidindji land, and has connections to Muralag, Kala Lagaw Ya, Meriam Mer and Kuku Yalanji peoples on his father's side and the Ngai Tahu people of New Zealand on his mother's side.

Cancer Council acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

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