

YourHealth

WHEN YOU HAVE FINISHED TREATMENT FOR CANCER, OR AN ILLNESS FOR WHICH YOU HAD SIMILAR TREATMENT, YOU MAY START HAVING QUESTIONS ABOUT HOW TO KEEP WELL AND HEALTHY AND WHAT TO WORRY ABOUT!

THE FOLLOWING PAGES ANSWER SOME OF THESE QUESTIONS.

WILL THE CANCER COME BACK OR AM I AT RISK FOR ANOTHER CANCER?

For most childhood cancer survivors the risk of the cancer coming back after five years is very small. Talk with your oncologist or paediatrician when you come to clinic about your individual risks as this is different for everyone.

The chance of developing a second cancer also depends on a number of factors including your original cancer, age at diagnosis, type of treatment, environmental factors, individual susceptibility (genetic) and health behaviours (e.g. diet, exercise, smoking etc).

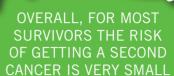
WHO SHOULD I TELL I HAVE HAD A CANCER?

When you were first diagnosed and having treatment it probably seemed like everyone knew you had cancer. As you get older and change schools or make new friends less and less people will automatically know that you had cancer as a child. Some young people are happy to talk about their experience, others feel that it "labels" them and may make others see them differently. It is a very individual decision and no one will have the same view. It is ok to do what feels right for you at the time.

It is important however that whenever you are seen by a new health professional (e.g. doctor, nurse, dentist, midwife, optometrist) that they know your past health history so they are fully informed, and able to care for you correctly.

This is where your Health Passport (treatment summary) is really useful.

Remember that if you lose your copy you can get another by contacting your treatment centre at any time.









EMPLOYERS

It is your decision on what you decide to tell a prospective employer. It is important to remember that legally employers cannot discriminate against you on the basis of any existing health condition.

Employers and employment contracts can often be different, however in most cases an application form for a job will have the following statement:

"Do you have any pre-existing medical condition that may affect your ability to perform this role". It is often better to tell the employer at the beginning that you had cancer but are now cured, or if you do have any late effects from your cancer or treatment it may be important they know, so any adjustments to your work environment can be made.

INSURANCE COVER

Health insurance covers you for unknown "yet to develop" health conditions. Health insurers generally do not cover any pre-existing health conditions. This means if you develop a condition before you have health insurance this condition is likely to be excluded. For example, if someone had cancer before they took out a health insurance policy, they would probably have exclusion for that cancer or anything arising from or related to that cancer. In the same way, side effects from cancer treatment would be considered related to the cancer. If someone developed an unrelated cancer in the future, this would be considered for cover.

Health insurers do have different criteria so it pays to check the differences between them and get a clear understanding of what they will or will not cover before agreeing to a policy.

WHAT CAN I DO TO KEEP HEALTHY?

Keeping healthy is important for everyone whether they have had cancer or not, especially as they get older.

It is essential that you have a good GP who knows your health history and who you trust. It is recommended that you have a routine health check at least once a year especially once you have been discharged from the long term follow-up clinic.

Diet and exercise are important to keeping healthy and it is often easier to eat well and exercise when going to school and living at home. But when you leave home and start living independently (e.g. going flatting) it often becomes more difficult.

If you make healthy choices now, they will have a positive effect on your health for the rest of your life.



EATING HEALTHY

Diets that are high in fats and low in fibre are linked to many health problems including heart disease, obesity, and diabetes especially as we get older. Becoming significantly overweight can cause major health problems.

High fat diets also are linked to some adult cancers including colon, prostate, and breast cancer.

Some childhood cancer treatments increase your risk of developing high cholesterol and/or fats in the blood (dyslipidaemia), especially if there is a family history of this.

- Make your daily intake of fats no more than 30%, of your total food intake (Kilojoules).
- 5 servings a day of fruit and vegetables helps reduce the risk of a cancer later in life.
- Keep a healthy weight for your age and height.

EXERCISE

Exercise is important for everyone but especially after treatment for cancer or an illness treated in the same way. This is especially important for those organs that may have been affected by chemotherapy, radiation or surgery.

Exercise strengthens the bones (this is important if you had steroids or radiation), and improves the health of all your organs including making your heart and lungs stronger. Exercise is known to be an effective mood elevator. It increases not only the brain's dopamine but also endorphins (neurotransmitters) that create a sense of well-being. If you have difficulty exercising, talk to your health care team as they may have ways of helping you.

Joining a gym, playing a team sport, running, cycling and swimming are all good ways to exercise and often what people think of first. But remember, walking to school, Uni, work or to the shops are all easy ways of increasing the amount of exercise you do each day.

SKIN CARE

New Zealand has a high rate of melanoma and other skin cancers. Some survivors of childhood cancer may be at risk of second cancers; this includes skin cancer, so it makes sense to protect your skin from sun damage. If you had radiotherapy, the skin in the area that was radiated may be more susceptible to damage. How can I look after my skin?

- Cover up and use high factor sunscreen when in the sun.
- Don't use tanning booths.
- Know your own skin, check for changes and ask your doctor to check it at least once a year.
- Have any new moles, sores that don't heal, or changes to a freckle checked by your doctor. This is especially important if they are in an area that has received radiotherapy.



ALCOHOL

Limit the amount of alcohol you drink and how often you drink. Don't binge drink as you may be at greater risk of causing damage to your liver and brain than your friends.

Six or more standard drinks is classified as binge drinking (Alcohol Advisory Council, 2004). To check out the safe drinking guidelines go to **www.alac.org.nz**

SMOKING

Do not smoke. Smoking has clearly been linked with cancer, especially cancer of the lungs, mouth, throat and bladder. Some cancer treatments increase the risk of a second cancer and the risk is much higher if you have had radiotherapy to your lungs or chest.

ILLEGAL DRUGS

WE ARE NOT EVEN GOING TO GO THERE - JUST DON'T DO IT!

CAN I DONATE BLOOD?

There isn't a simple 'yes' or 'no' answer. In most cases if you have had a leukaemia or lymphoma you cannot donate blood. If it is less than ten years since you had treatment for cancer or had blood transfusions yourself before 1992, then you cannot donate blood. Eligibility guidelines do change as more information becomes available. If you would like to know ask your LEAP team. If you have been discharged from follow-up, contact the NZ Blood Service directly for up to date information.

You may still have some questions that haven't been answered. If so, make a note of them now and talk with your health care team when you come to clinic.

LIKE ANY MORE INFORMATION ON THE ABOVE?

Try the following websites:

www.nzblood.co.nz, http://liveto100.everybody.co.nz, www.aftercure.org, www.alac.org.nz

