CANCER RESEARCH UK

Treating Bowel Cancer - A Quick Guide

Contents

This is a brief summary of the information on 'Treating bowel cancer' from CancerHelp UK. You will find more detailed information on the website.

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Staging bowel cancer

TNM and number stages of bowel cancer

The stage of a cancer means how big it is and whether it has spread. TNM stages or the number stages of bowel cancer are used across the world. TNM stands for Tumour, Node, Metastasis and in the UK doctors use the 5th version of the TNM bowel cancer staging system. Some doctors use the Dukes' staging system which is described on the next page.

The T stages describe the size of the tumour. In T1 the cancer has grown no further than the inner layer of the bowel. In T2 it has grown into the muscle layer of the bowel wall. In T3 it has grown into the outer lining of the bowel wall or into organs or body structures next to the bowel. In T4 it has grown into other parts of the bowel, other organs or body structures near the bowel, or the tumour has broken through the membrane covering the outside of the bowel.

The N stages describe whether there are cancer cells in the lymph nodes. N0 means no lymph nodes containing cancer cells. N1 means that 1 to 3 lymph nodes close to the bowel contain cancer cells. N2 means there are cancer cells in 4 or more lymph nodes that are further than 3cm away from the main tumour in the bowel OR there are cancer cells in lymph nodes connected to the main blood vessels around the bowel.

There are two M stages. M0 means the cancer has not spread to other organs and M1 means the cancer has spread to other parts of the body.

On CancerHelp UK, there is a detailed description of the different number stages of bowel cancer.

Dukes' stages of bowel cancer

The stage of a cancer means how big the cancer is and whether it has spread. It is important because treatment is often based on the stage of a cancer.

Bowel (colorectal) cancer can be staged according to the Dukes' system. You may hear your specialist talking about your colorectal cancer as a Dukes' A, B, C or D.

Dukes' A means the cancer is only in the innermost lining of the colon or rectum or slightly growing into the muscle layer.

Dukes' B means the cancer has grown through the muscle layer of the colon or rectum.

Dukes' C means the cancer has spread to at least one lymph node in the area.

Dukes' D means the cancer has spread to somewhere else in the body, such as the liver or lung. Some doctors prefer to call cancer this stage 4, or advanced bowel cancer.

Other systems are also used to stage bowel cancer. Doctors in the UK now often use the TNM system.

Statistics and outlook for bowel cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. With bowel cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of bowel cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for bowel cancer

When planning your treatment, your specialist will take into account the type and size of the cancer, whether it has spread (the stage), and what the cancer cells look like under the microscope. They will also consider your age and general health.

Second opinions

Some people feel they would like an opinion from a second doctor before they decide about their treatment. If you would like a second opinion, you can ask your specialist or your GP.

The main treatments

Surgery is the main treatment for colorectal cancer in eight out of ten patients. You may have chemotherapy or radiotherapy as well as an operation.

Treatments for early bowel cancer
Most people with early bowel cancer have surgery. Some people also have chemotherapy or radiotherapy.

Surgery
In many people with early bowel cancer the surgeon can cut away all of the cancer. Some people who have this treatment will be cured. This means that their cancer never comes back. Unfortunately, not everyone who has surgery will be cured. If the cancer has spread into the lymph nodes close to the bowel, some cells may have travelled on to other parts of the body (metastases). These cells may grow into secondary cancers in the future. To try to prevent this you may be offered further treatment after your surgery.

Radiotherapy
Radiotherapy is not often used to treat cancer of the large bowel. But it might be used before or after surgery for rectal cancer. Sometimes radiotherapy and chemotherapy are given together for rectal cancer. If you have a large tumour, these treatments can shrink it before surgery.

Chemotherapy
Your specialist may suggest chemotherapy to try to kill any cancer cells left behind after your operation for colon or rectal cancer. This is called adjuvant chemotherapy.

Treatments for advanced bowel cancer
Advanced colorectal cancer means the cancer has spread to other parts of the body from where it started in the bowel (colon) or back passage (rectum). Your cancer may be advanced when it is first diagnosed. Or the cancer may come back some time after you are first treated.

Once a bowel cancer has spread to another part of the body it is unlikely to be curable. But treatment can often keep the cancer under control for quite a long time. The choice of treatment depends on the cancer type, the number of secondary cancers and where they are, and the treatment you have already had.

Chemotherapy and radiotherapy can be used to shrink a cancer and control symptoms. Surgery can be used in some situations to treat advanced colorectal cancer.

Specialised surgical treatments are sometimes used to destroy bowel cancer that has spread to the liver (liver secondaries). These treatments include hepatic artery chemoembolisation, radiofrequency ablation, cryotherapy, microwave ablation and laser therapy.

Newer types of biological therapy drugs, such as bevacizumab (Avastin) and cetuximab (Erbitux), are licensed for advanced colorectal cancer. Cetuximab is approved for treatment on the NHS for some people, but bevacizumab is not.

Deciding about treatment
It can be difficult to decide which treatment to try, or whether to have treatment at all, when you have an advanced cancer. It is important to understand what any treatment might achieve. You will also need to consider your quality of life while having the treatment. Your doctor will talk through the options with you. There may be a counsellor or specialist nurse you could talk to. You may also want to discuss things with a close relative or friend.

Surgery

Which surgery for bowel cancer?

There are different types of surgery for bowel cancer. Which one you have depends on where the cancer is in the bowel, its type and size, and whether it has spread.

If you have a very small, early stage cancer, the surgeon might just remove the cancer from the bowel lining. They will also remove a border of healthy tissue. This is called a local resection.

If your cancer is larger, the surgeon will remove the part of the bowel where the cancer is and join the two ends back together again. They will also remove the lymph nodes nearby in the abdomen in case the cancer has spread there. With rectal cancer, the surgeon usually also removes the sheet of body tissue that covers the bowel (the mesentery).

To give the area time to heal, the surgeon may want to make a temporary colostomy or ileostomy. This is an opening from the bowel on to the surface of the abdomen called a stoma. Waste matter is collected into a special bag over the opening. You have another operation to repair the stoma after a few months. If you have a large amount of bowel or rectum removed, the surgeon may have to make a permanent stoma. He or she will discuss this with you before the operation. Most people don't need a permanent colostomy or ileostomy.

In the past few years surgeons have been developing keyhole surgery to remove early stage bowel tumours. This type of operation is called a laparoscopic resection.

Surgery for advanced bowel cancer

It may be possible to remove a colorectal cancer that comes back in the bowel. This is unlikely to cure the cancer. But removing the bowel tumour may relieve any symptoms that you have.

Surgery for a blocked bowel

Sometimes colorectal cancer can completely block the bowel. This causes symptoms such as pain, vomiting and constipation. It is sometimes possible to operate to unblock the bowel. You may need a colostomy afterwards and this is a big operation just when you may be feeling very low. If you cannot have a big operation the surgeon can sometimes put in a tube called a stent to keep the bowel open.

A drug called somatostatin or octreotide, can help control the symptoms of a blocked bowel instead of an operation. Unfortunately this treatment is only likely to control your symptoms for a limited time.

Surgery to remove small secondary cancers

If colorectal cancer spreads, it often goes to the liver or lungs. If the cancer secondaries are small and there are only one or two, you may be able to have surgery to remove them. Surgery is done more often for liver secondaries than for lung secondaries.

There are also some specialised surgical treatments for secondary liver cancer, such as such as hepatic artery chemoembolisation, radiofrequency ablation, radiofrequency assisted surgery, cryotherapy and microwave ablation.

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Before bowel surgery

Before your operation you will see your surgeon, and anaesthetist and usually a specialist nurse. They will explain what the operation involves and what to expect. Your doctor will ask you to sign a form saying that you agree to have the operation. If you are having a colostomy or ileostomy you may also see a stoma nurse who will tell you how to look after the stoma. You may also have some tests to make sure that you are fit enough to have the surgery, such as blood tests, a chest X-ray and an ECG to check your heart is healthy.

Bowel preparation

For some types of bowel surgery you may not need any special diet or bowel preparation. But for some operations you will be asked to follow a special diet for a few days before your surgery. You may also have a laxative to take each day for two or three days to empty the bowel.

Eating and drinking

Your nurse may give you high protein, high energy drinks the day before your surgery. You will be asked not to eat anything for 6 hours before the operation. You may also be asked to stop drinking at that time. In some hospitals your nurse will give you a clear, energy rich drink the night before your surgery and 2 to 3 hours beforehand.

Preventing infection and blood clots

To help stop infection after surgery you will be given antibiotics before the operation. To stop blood clots forming, you may have anti clotting medicines as injections under the skin. Your nurse or physiotherapist will also show you leg exercises that you can do after the surgery. They may also give you elasticated stockings to wear.

After your operation for bowel cancer

Right after your operation, you are likely to have several different tubes in places. You will have a drip into your arm and a tube to drain the wound. You may also have a tube (catheter) into your bladder to drain urine and a tube down your nose into your stomach.

You will be encouraged to move about as soon as possible. Your nurses or physiotherapist will help you do deep breathing and leg exercises to help stop chest infections and blood clots. You may not be able to eat or drink for a few days. Or you may be encouraged to start taking small amounts after 24 hours.

Painkillers

You will almost certainly have some pain for the first few days. If you are in pain, it is important to tell the nurse or doctor straight away. With your help, they will find the right type and dose of pain killer for you.

Your colorectal nurse

There is a colorectal nurse specialist in most bowel surgery units. They will give you advice and support, and book follow up appointments. They will give you a phone number so you can ring if you need advice after you get home.

You will probably be ready to go home about a week to 10 days after your operation.

If you need a colostomy for bowel cancer

What a colostomy is like

The surgeon makes an opening in your abdomen called a stoma. Your colon opens onto it and faeces (stool) collects in a bag that fits over it. The stoma does not hurt. It will be swollen just after your operation, but it will get smaller.

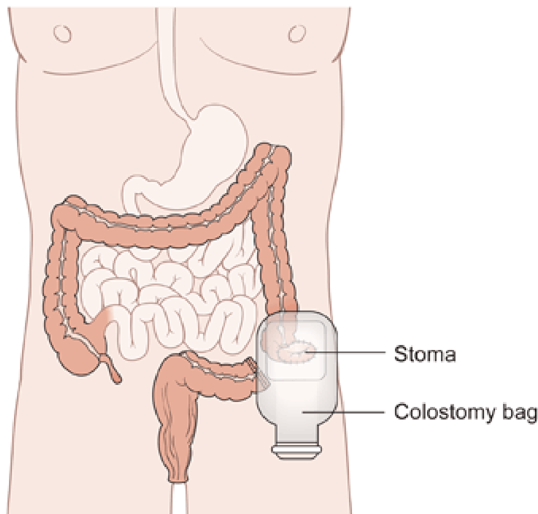

Diagram showing a colostomy with a bag
Copyright © CancerHelp UK

Looking after your stoma

Learning to look after a colostomy can be worrying at first. You will not be expected to cope on your own. The stoma nurse will probably visit you before and after your operation, and will help you learn to look after your stoma. Your nurse will look after your colostomy and change your bag for the first few days.

Before you leave hospital you may want a relative to be shown how to look after the colostomy so they can help out when you get home. Your stoma nurse will give you their contact details so you can ring for advice and support if you need to. The stoma nurse or a district nurse may visit you at home to make sure you are coping.

Your stoma nurse will make sure you have colostomy bags to take home. You will have to get more from the chemist or a local stockist. All colostomy supplies are free, but your GP needs to give you a signed prescription. There is more information on coping with a colostomy in the living with bowel cancer section of CancerHelp UK.

If you need an ileostomy for bowel cancer

What an ileostomy is like

An ileostomy is formed when the end of the small intestine, known as the ileum, is stitched to a hole that the surgeon cuts in the skin of your abdomen. The hole, or opening, is called a stoma. Bowel motions (stools) pass out of the stoma. They will be a mixture of bowel liquid and semi-solid motion with some wind. You wear a bag stuck to the skin over the stoma to collect the stools.

Temporary ileostomy

Some people with colorectal cancer have a temporary ileostomy. The ileostomy allows the bowel to heal after the cancer has been removed. A few months later, the bowel is rejoined and the stoma closed (reversed) in another operation.

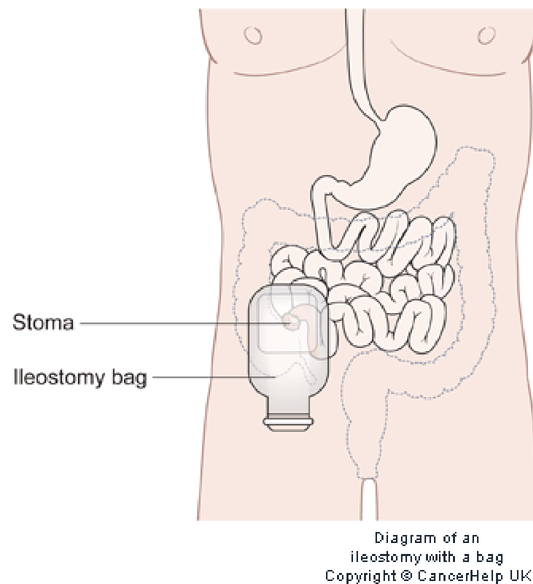

Diagram of an ileostomy with a bag
Copyright © CancerHelp UK

The stoma nurse

Stoma nurses are experienced in looking after ileostomies and teaching you how to look after them. They will probably visit you on the ward before and after your operation and will help you to learn to look after your stoma. For the first few days after your operation, your stoma nurse will help you to look after your ileostomy, clean the stoma and change the bags.

Your stoma nurse will make sure you have colostomy bags to take home. You will have to get more from the chemist or a local stockist. The supplies are free, but your GP needs to give you a signed prescription. There is more information on coping with a colostomy in the living with bowel cancer section of CancerHelp UK.

What to ask your doctor about surgery for bowel cancer

- Why do I need an operation?
- Which type of operation should I have and why?
- What other treatment choices do I have?
- What are the risks and benefits of surgery?
- What are the short and long term effects of this operation?
- Will I need other treatment as well as surgery?
- Will I have to have a colostomy?
- Will my colostomy be temporary or permanent?
- How should I prepare for the operation?
- Will I be in pain after the operation?
- Who will help me manage my colostomy?
- Where should I get colostomy equipment from?
- Do you know anyone who has had a colostomy who I could talk to?
- Will the operation affect my sex life?
- Will I have to change my diet after the operation?
- Have you referred me to another doctor for further treatment?
- Is it possible to have surgery to remove secondary cancer?
- Can you tell me about the treatments for liver secondaries?

Chemotherapy

About chemotherapy for bowel cancer

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells. They work by disrupting the growth of cancer cells. As they circulate in the blood, they can reach

cancer cells almost anywhere in the body and kill them.

You may have chemotherapy before surgery for rectal cancer. The chemotherapy aims to shrink the cancer and make it easier to remove during surgery.

You may have chemotherapy after surgery for colon or rectal cancer. This is to reduce the chance of the cancer coming back and is called adjuvant chemotherapy.

Chemotherapy is also given as a treatment for bowel cancer that has spread.

Chemotherapy after surgery for bowel cancer

Chemotherapy after surgery is called adjuvant chemotherapy. Your specialist may recommend that you have chemotherapy when you have recovered from your surgery. They will recommend chemotherapy if there is a risk that the cancer could come back or spread in the future. Or if cancer cells were found in any of your lymph nodes during surgery. The chemotherapy is to help stop the cancer from coming back.

Different types of chemotherapy are used after surgery for bowel cancer.

Chemotherapy for advanced bowel cancer

Treatment with chemotherapy for advanced bowel cancer is unlikely to cure your cancer. But the chemotherapy can help you live longer and may shrink the tumour. Other aims of the treatment are to slow the growth of the cancer and control symptoms such as pain, loss of appetite and weight loss.

You may have treatment as tablets or capsules to take at home. Or you may have treatment as liquids given into a vein. Your doctor will take into account various factors when deciding which chemotherapy treatment is best for you. They will look at which treatments you have already had and how long it took for the cancer to come back. Your doctor will also discuss the treatment with you.

Sometimes surgery is used to remove bowel cancer cells that have spread to the liver. You may have chemotherapy to shrink the tumour before the operation. Some people have chemotherapy before and after surgery.

Chemotherapy with radiotherapy for rectal cancer

Specialists often treat rectal cancer with radiotherapy either before or after surgery. Fluorouracil chemotherapy makes the cancer cells more sensitive to the radiation. So you are likely to have chemotherapy at the same time as the radiotherapy treatment. This treatment is called chemoradiation, chemoradiotherapy, or concomitant chemotherapy and radiotherapy.

Having chemotherapy

You may have the chemotherapy as a series of injections into your vein before your radiotherapy treatment, or through a drip (an infusion), or as an infusion through a pump you wear 24 hours a day, or as capecitabine tablets. The body turns capecitabine into fluorouracil. Research is looking into all the different ways of having 5FU to find out which is best.

Side effects of chemoradiotherapy

Having chemotherapy and radiotherapy together can make the side effects of the treatments worse. The combined treatment may make you feel very tired. You may also have diarrhoea, feel sick, have a low resistance to infection, need to pass urine more often and have sore skin in the treatment area.

Side effects of bowel cancer chemotherapy

Chemotherapy has some general side effects. It can lower the number of healthy blood cell you have. This can mean that you are more likely to get infections and you may be more tired than usual. You can also be prone to nosebleeds and other bleeding problems.

Other side effects of bowel cancer chemotherapy can include

- Feeling sick (nausea) and being sick
- Hair loss or thinning
- A sore mouth
- Diarrhoea
- Changes to your periods (menstrual cycle)
- Sore eyes

On CancerHelp UK there is more information about specific side effects of the drugs commonly used to treat bowel cancer.

What to ask your doctor about chemotherapy for bowel cancer

- Why are you recommending chemotherapy for me?
- What are the risks and benefits of this treatment?
- How often will I have to come to the hospital?
- How long will the course of chemotherapy be?
- Can I help make the decision whether to have treatment weekly, monthly or through a pump?
- How will I know if it's working?
- Is there any other choice of treatment?
- What are the side effects likely to be?
- What can I do to reduce the side effects?
- Should I take part in a clinical trial?

Radiotherapy

Radiotherapy for rectal cancer

Radiotherapy uses high energy rays to kill cancer cells. It is often used to treat cancer that started in the back passage (rectum). It may be used before or after surgery to lower the risk of the cancer coming back after your operation. Before surgery it can also shrink tumours and make them easier to remove completely. Usually, you have radiotherapy at the same time as chemotherapy. Fluorouracil chemotherapy makes the cancer cells more sensitive to radiation.

A newer treatment for rectal cancer is high dose internal radiotherapy before surgery (called brachytherapy). A tube containing radioactive material is put into your rectum, and positioned close to the tumour. It is left in place for a while.

For external radiotherapy, you usually have treatment once a day from Monday to Friday. You then have a rest over the weekend. Internal radiotherapy (brachytherapy) usually just takes one or two sessions.

Radiotherapy for bowel cancer symptoms

Radiotherapy uses high energy rays to treat cancer. If your bowel cancer has already spread, the radiotherapy treatment won't cure it. The aim of the treatment is to slow the cancer growth or shrink it. This relieves symptoms such as pain in the pelvis or rectum. Radiotherapy to relieve symptoms is called palliative radiotherapy.

You have your treatment in the hospital radiotherapy department. You may have just one treatment or a few treatments. The actual treatment only takes a few minutes. The radiographer positions you on the treatment table and makes sure you are comfortable. You will be left alone while you have your treatment but the radiographers can hear you through an intercom.

Radiotherapy doesn't hurt. You won't be able to feel it but you need to lie very still for the few minutes that you have your treatment. Radiotherapy doesn't make you radioactive. It is perfectly safe to be with other people, including children, throughout your course of treatment.

The side effects are usually mild with radiotherapy for symptom control.

Side effects of bowel cancer radiotherapy

Short term side effects for radiotherapy usually come on during the course of treatment and carry on for a week or two after your course has finished. The side effects might include diarrhoea, feeling sick, feeling tired, passing urine often, or sore skin in the treatment area.

Your doctor can give you medicines to help with diarrhoea and feeling sick. You may feel as though you have cystitis (a bladder infection). Try to drink plenty of liquids. Many people find that drinking cranberry juice helps. If you have sore skin around the anus, use only plain water or simple soaps such as baby soap when washing the area. Your nurse or radiographer will give you some creams to use to help protect the skin and help it heal quickly.

Long term side effects of radiotherapy

Not everyone who has bowel cancer radiotherapy will have long term side effects. But for some people the short term effects of treatment may continue and become long term effects. For other people, the short term effects may get better but then signs of long term changes to the bowel or bladder may begin. These can start from a few months to a couple of years after finishing your course of treatment. The long term effects of radiotherapy to the bowel include diarrhoea, weight loss, bladder problems, early menopause, loss of fertility, dryness and shrinkage of the vagina in women and difficulty in getting an erection in men.

There is more information in the radiotherapy section of CancerHelp UK.

What to ask your doctor about radiotherapy for bowel cancer

- Why are you recommending radiotherapy for me?
- How long will the course of treatment last?
- How will I get to the hospital and back?
- Is it possible to have help paying my fares?
- Do you think it is better to have the treatment before or after my surgery?
- Are there any other treatment options?
- What are the side effects likely to be?
- Can I do anything to help prevent the side effects?
- Should I change my diet?
- What about going to the toilet - will I have problems?
- How should I look after my skin?
- Are there likely to be any long term side effects?

Biological therapies for bowel cancer

Biological therapies are drugs that help the body to control the growth of cancer cells. Some biological therapies, known as monoclonal antibodies, can be used to treat colon or rectal cancer that has spread to another part of the body.

A biological therapy called cetuximab (Erbitux) is used in the UK for some people with bowel cancer that has spread. You can only have this treatment if your cancer has a normal copy of a gene called k-ras and has only spread to the liver. It is usually used with the chemotherapy drugs 5FU (fluorouracil), oxaliplatin, or irinotecan. NICE have said that it can be used with chemotherapy for newly diagnosed bowel cancer that has spread to the liver within the NHS in England. NICE has not recommended it as a treatment if you have already had chemotherapy that is no longer working.The monoclonal antibodies bevacizumab (Avastin) and panitumumab (Vectibix) are licensed in the UK for advanced colorectal cancer. But these drugs are not commonly used on the NHS because they are not recommended by the National Institute for Health and Clinical Excellence (NICE).

Researchers are testing other types of biological therapy in trials for bowel cancer. And research is also looking into combining biological therapies with chemotherapy to see if they work better together.

The most common side effects of biological therapies for bowel cancer are tiredness, diarrhoea, skin changes, a sore mouth, weakness, loss of appetite, low blood counts, and swelling of parts of the body due to a build up of fluid.

There is information about individual biological therapies and their side effects in the biological therapy section of CancerHelp UK.

Follow up for bowel cancer

After your treatment has finished, you may have regular check ups. These might include a physical examination, blood tests including CEA measurement, a scan, or a colonoscopy. Your doctor will also ask how you are feeling and whether you have had any symptoms. Don't be afraid to ask questions. It may help to write down your questions before the appointment.

Your check ups will carry on for several years. At first they will be every few

months. But if all is well they will gradually become less and less frequent. If you are worried, or notice any new symptoms between appointments, let your doctor know. You don't have to wait until the next appointment.

Feeling anxious about your appointments

Many people find their check ups quite worrying. You may find it helpful to tell someone close to you how you are feeling. If you are able to share your worries, they may not seem quite so bad.

If you would like more information about anything to do with follow up appointments, contact one of the bowel cancer organisations.

Bowel cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Research into preventing and diagnosing bowel cancer

Some trials are trying to find out more about what causes bowel cancer.

There is a lot of research looking into diet, exercise, drugs, and cancer genes to try and prevent bowel cancer, particularly in high risk groups. Using drugs or other agents, such as diet, to help stop a cancer developing is called chemoprevention.

Some trials are trying to find better ways of diagnosing bowel cancer.

Research into treating bowel cancer

Usually doctors test new treatments in people with advanced bowel cancer first. If it works well in advanced bowel cancer, it may also work for early stage bowel cancer.

There is bowel cancer research looking into giving chemotherapy before and after surgery, radiotherapy, surgical techniques, biological therapies, and controlling chemotherapy side effects.

Research into living with bowel cancer

Doctors are keen to improve the quality of life of people having treatment for bowel cancer. Researchers are looking into many issues to do with living with bowel cancer, including how people cope after surgery, the use of complementary therapies, how best to use follow up appointments, and reducing bowel problems after radiotherapy.

What to ask your doctor about bowel cancer treatment

- What can you tell me about the stage of my cancer?
- What can you tell me about the grade of my cancer?
- What sort of treatment do I need?
- Is there any choice of treatments?
- Should I have any other treatment as well as surgery?

- Could you arrange for me to have a second opinion?
- How often will you want to see me after my treatment is finished?
- What will happen at these follow up appointments?
- What should I do if I am worried between appointments?
- Will the treatment cure my cancer?

Questions for your doctor when bowel cancer is advanced

- What treatment do you recommend now my cancer has come back?
- What are the side effects of treatment likely to be?
- Is it possible for me to have surgery to remove my secondary cancer?
- Which treatments can help with cancer in the liver?
- I have had chemotherapy so is there another type of chemotherapy or cancer drug I could have?
- Are there any experimental treatments or trials you would recommend for me?
- Are there any trials for colorectal cancer going on at this hospital?
- Is there a counsellor here I could talk things through with?
- What if I decide not to have treatment?
- Can I get help with travel costs?

More information

For more information about bowel cancer, visit our website **http://cancerhelp.cancerresearchuk.org**

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040**
9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor.
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