

Chemotherapy, cakes and cancer

(An A to Z guide to living with childhood cancer)



By Megan Blunt
Aged 14





Chemotherapy, cakes and cancer

(An A to Z guide to living with childhood cancer)

For Nat and all those fellow cancer patients who became my friends during my treatment for bone cancer.

With special thanks to Chris Burke, Nat's dad, for giving his time to illustrate this unique book in memory of his son.

Chemotherapy, cakes and cancer was first written by Megan Blunt in 2005. It forms part of CLIC Sargent's Information Standard accredited information and is regularly updated to ensure it is up-to-date, accurate and reliable.

Lead clinical reviewer: Dr Lisa Howell

Hello, my name is Megan.

When I was 12, I was diagnosed with an osteosarcoma (bone cancer) in the bone between my right hip and knee. I was given a course of intensive chemotherapy and surgery to remove the tumour and part of the affected bone.

I wrote this book when I was 14 because no one else had written anything for people my age about what it's like in hospital and how to handle it.

In the following pages, you'll read my best tips for coping with the long hospital stays and keeping positive. I also explain many of the need-to-know medical terms, but don't worry – I've kept it as simple as possible!



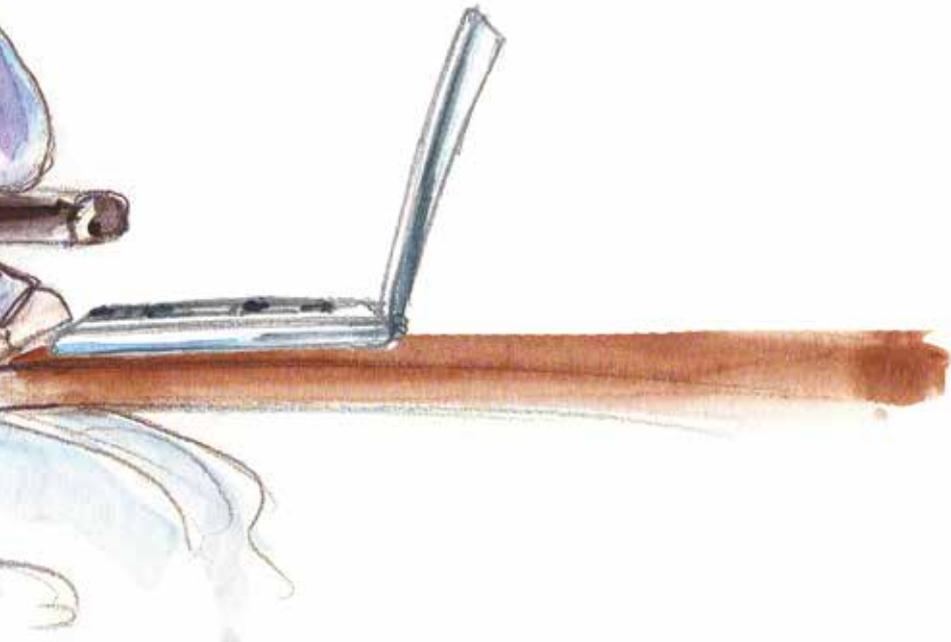
Whether you are on treatment yourself, know someone on treatment or are curious to know what it's like having cancer as a teenager...

I hope my A-Z guide will help!

Best wishes,

Megan x

PS: All words typed in **bold** are explained in the A-Z letter section that the word begins with.



A is for..

Anxiety ◦ try not to worry too much – leave that to the **doctors**. If you are worried, talk to your **parents** or carer, or a **nurse** or **social worker**. **Nurses** are especially good at explaining what is going to happen to you.

The first couple of weeks after starting treatment in hospital are really quite bewildering. You have to get used to a new place and get your head and tongue around a new language. Don't worry, you will soon pick the medical words up and amaze everyone, especially in biology lessons!

Anaesthetics ◦ come up with a joke to tell the anaesthetists who are putting you to sleep. If you can, try and go down laughing to theatre as you will come round after the anaesthetic better than if you cry!

“Why do the French only have one egg for breakfast?”

“Because one egg is un oeuf!”



B is for...

Blood tests • these happen quite often, but the good news is that blood can be taken from your **Hickman line** (also called a Broviac line, central line or wiggly) or **portacath** and that means no more needles! Sometimes you don't even have to go to hospital to have a **blood test** as a **nurse** can do this at home. There are important things that have to be checked in your blood, like **haemoglobin**, **neutrophils** and **platelets**. If you are low in some of the 'chemicals' needed in your blood you might have to take **supplements**.

*"I am a neutrophil. I am part of your blood in a section called the white blood cells. I protect your body from nasty germs and bacteria. When you have **chemotherapy** it will destroy me and my friends, so you must do your best to prevent and watch out for **infection** – like washing your hands after going to the loo, having a bath or shower every day, telling someone if you feel hot or unwell.*



But don't worry! In a couple of days we will re-grow and come back to fight any nasty germs or bacteria!"

Bed ◦ most of the beds in hospitals move up and down and sit up – all electronically. Some of the beds even have buttons to make the bottom of the bed bend up! It's quite a novelty, but even so, don't spend all your time in bed. Have a nose around the ward, talk to other patients... share tips and ideas.



Bone scan ◦ this is when a radiologist injects a special dye into your body. You then have to lie on a special bed while a small machine moves up your body. The scan shows your skeleton and it will show if your bone tumour is affecting other bones as well. The scan takes roughly half an hour and all you need to do is lie still!

C is for...

Cake ◦ mouth ulcers are a nasty side effect of chemotherapy. Not everyone gets them, but I got loads. Cake is a good thing to eat because there's nothing sharp to cut your mouth on. It's full of calories too – something you need to have quite a bit of when you are on chemotherapy to try and stop you from losing too much weight. **Chocolate** puddings with sauce can be bought from most supermarkets and are also a great treat to eat when you have ulcers.



CDs • if you are having a scan like an **MRI**, which is very noisy, take a **CD** with you as some radiologists allow you to listen to them during the scan.

Chemotherapy ('keemo') • is one of the main ways of treating cancer. It's usually given as a liquid **medicine** that's put into your bloodstream through a line. Some names for these lines include a central line, **Hickman line** or **portacath**.

The medicine travels around your body killing all fast dividing cells, like cancer cells. Unfortunately, it doesn't always know which fast dividing cells are good cells and which are cancer cells, so it can affect your healthy cells as well.

If it kills your **hair** cells your **hair** will probably fall out (mine did). If it kills the cells in your mouth and gut you might get **ulcers** (I did). Sometimes it affects the cells in your fingernails and toenails. My toenails turned a strange colour, but my fingernails became really strong and looked like I'd had a French manicure!

The good news is that none of the effects above are permanent and, once you finish treatment, your body will soon recover and everything will grow back again.

Celebrities ◦ sometimes celebrities come and visit the hospital, especially around Christmas and Easter. While I was in hospital, Duncan from the pop group Blue came to visit the ward.

And, although I wasn't in when they came, Foxy the DJ, Dame Kelly Holmes and some stars from EastEnders visited too!



Chocolate ◦ surprisingly, lots of people on chemotherapy go off chocolate but crave savoury food like crisps – unfortunately crisps really aren't always the best idea, as they are jagged and can hurt your mouth, especially if you have ulcers. I didn't like them but apparently boiled eggs are great to eat when you're on chemo too.

CLIC Sargent • CLIC Sargent did a lot of work at the hospital I was staying in. Their **nurses** and **social workers** can help the whole family, not just you.

Their **social workers** can help with emotional stuff and day-to-day worries. **CLIC Sargent** can also help outside the hospital. They can even organise a free holiday for you and your family during a break in treatment, or after treatment – or help you attend a short break just for teenagers at their holiday home in Scotland.

Cooking • if you can, try and do some cooking in hospital. You can make things like Rice Krispie cakes and **chocolate** fridge chunks (see end of book for recipe). It is really good fun to do this with some **friends** and time flies when you're having fun!

Crisps • if you are having **chemotherapy** and get **ulcers** as a side effect, don't eat **crisps** as these make them worse. If you do really crave **crisps** try and eat softer ones. Quavers and Skips are the best to eat.

D is for...

Days off ◦ if you are at home, try and get out if you can. School is a good place to start, if you feel well enough. You may only be well enough to go into one lesson, but that's fine – it's just good for your classmates to see and talk to you and also to remind them that, although you are ill, you will be coming back to school as soon as you can.

If you really don't feel well enough to go to school (don't lie!!) do something that YOU enjoy doing. For me, this was to go shopping, but I'm sure you will have lots of other ideas.

Doctors ◦ they come and see you on their round every day. They listen to your breathing and generally find out how you are feeling. They are also good people to ask about treatment and any problems that you might have, and they may be able to prescribe you **medicines** to stop you feeling ill.

Most **doctors** have a good sense of humour, especially the younger **doctors**, so these are good people on which to test out the jokes you're going to use for the anaesthetists!



Drip stand • this is not as bad as it sounds. Most chemotherapy goes into your body slowly in a drip and the bag containing your chemotherapy hangs from a drip stand.



The drip stand has a little 'beeping machine' attached. If the tiniest bubble of air gets into the line that is going into your body, the machine beeps. You're not meant to have air in your line, but a little bit won't harm you. Unfortunately, the machine doesn't know that and beeps anyway. On the ward, especially at night, machines start beeping all around you.

To start with it can be quite scary, but when you get used to it, it can be very annoying. If you can, go and find a nurse to stop it, instead of waiting for them to come to you.

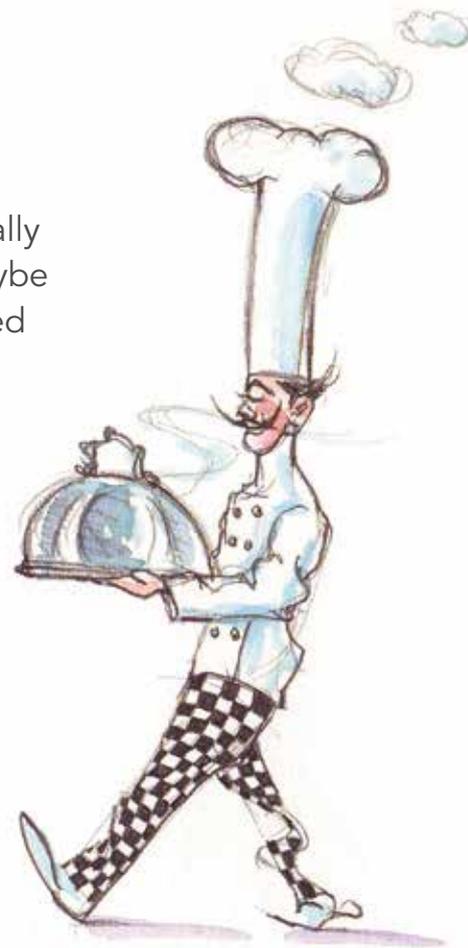
E is for...

Eating in hospital ◊ some hospitals have really nice dinners, but others are not so nice. Or maybe they are nice, but as your taste buds are affected by your **chemotherapy**, you just don't know it.

Try a little bit... and then, if you don't fancy it, ask your carer very nicely whether they wouldn't mind getting you something that you really want. Most carers are so pleased that you want to eat something (because most people go off their food during **chemotherapy**) that they will quite happily get it for you if they can.

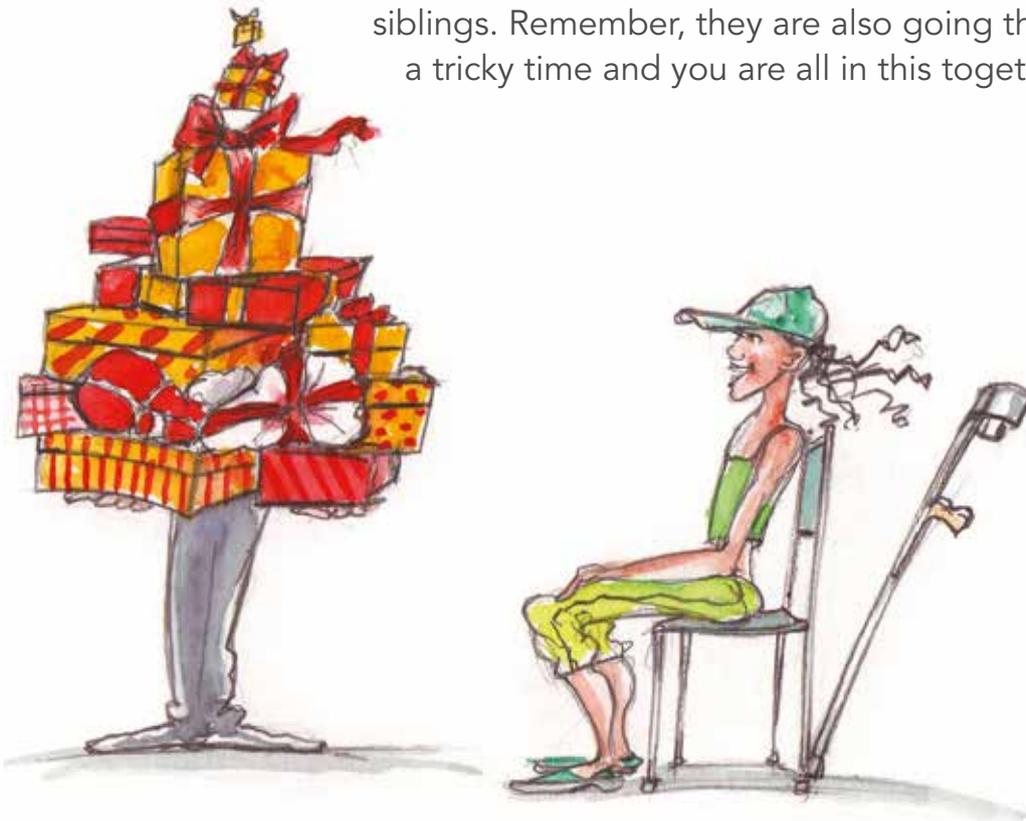
Eating out ◊ once you are attached to your drip most **chemotherapy** treatments don't allow you out during your stay. So before you are 'hooked up', try and go out for lunch or dinner.

Echo scan ◊ this is a special ultra-sound scan that looks at your heart. Some **chemotherapies** affect your heart, so you may have an echo scan every few months to check your heart is working well.



Enjoyment ◉ it may sound silly, but try and enjoy your stays in hospital, because hopefully you'll never have the experience again. Enjoy the fuss, the cards, presents and being a picky eater. But don't be difficult – saying 'please' and 'thank you' go a long way!

Don't brag about all the nice presents and nice things people say to you either. You may be going through a hard time but your brothers and sisters might not get as many presents or as much attention and are still expected to be really good. If you do get lots of presents share them with your siblings. Remember, they are also going through a tricky time and you are all in this together!



F is for...

Friends ◉ try and keep in touch with them. When you are having a good day, invite them to your home or to hospital so they can see what's happening to you (they'll probably have a lot of questions – wouldn't you?). Make sure you ask your **doctor** if you are well enough to see **friends**, and that your **friends** are 100% well so they don't bring in any **infections**. Play games with them if you feel like it, so they can see that you're still the 'same you' underneath. You could also keep a journal with your best **friends**. They could write about all the school gossip, while you can tell them exactly how you are feeling about treatment and what having cancer, and all the things linked with it, is like.

Finishing ◉ once you finish treatment it actually feels really weird, especially not going up to hospital regularly. I actually felt quite sad at the prospect of finishing treatment because going to hospital had become part of my life. It was part of my daily routine, just like getting ready for bed!



G is for...



Gastrostomy (PEG) • this is a tube which you might have inserted into your tummy, during a small **operation**, to insert a feeding tube. It lasts longer than having a feeding tube in your nose (see **NG tube**), so it can be better if you need feeding for a long time. It is removed when you can eat well again and keep your weight steady. It doesn't matter if you have one of these inserted as lots of people do. The good thing about a PEG is that all your **supplements** can go through it so you don't have to taste them!

G-CSF • stands for granulocyte-colony stimulating factor, but in everyday language it's an injection that you might be given to help boost your **immunity** levels (if you have a drip, you might get it through that rather than an injection). It especially helps your body get ready for the next lot of chemo or an **operation**.

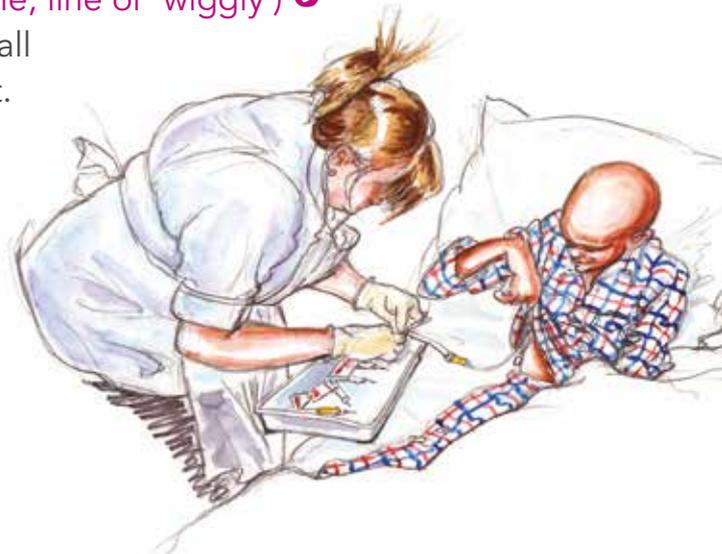
H is for...

Hair ◉ as some chemotherapy can make your hair fall out, it is a good idea to have it cut shorter once you begin treatment. Maybe you could do a sponsored haircut and raise money for your ward. I also thought it was fun to write a song about my hair falling out. If you don't like seeing hair on your pillow, ask your carer to remove it for you when you get up.



Haemoglobin ◉ the part of your blood that makes it look red (very tricky to spell!). Each time you have a blood test, they test to see how much haemoglobin you have in your blood. If you don't have enough, the hospital may give you a blood transfusion.

Hickman line (or broviac, central line, line or 'wiggly') ◉ this is a tube that is inserted by a small operation into a vein near your heart. All your liquid chemotherapy will go through this and you can have blood tests and transfusions through it. So no more needles!

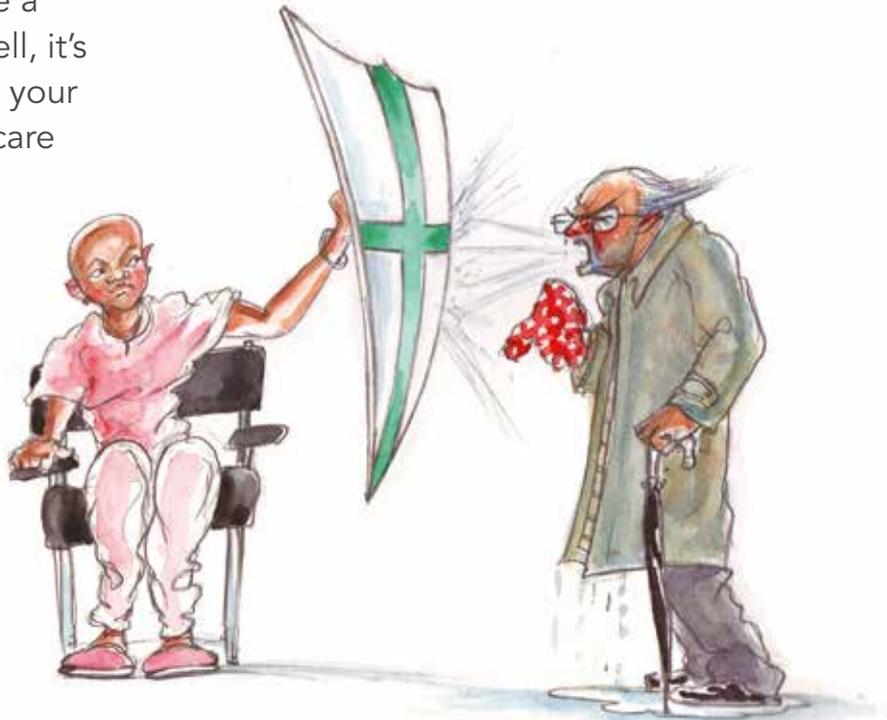


I is for..

Ice/ice-cream ◉ if you are having chemotherapy that causes mouth ulcers, it is a good idea to suck ice or eat ice-cream while the chemotherapy is going in. A tasty tip!

Immunity ◉ you may have learnt this in biology class: it's your body's ability to fight off infection.

Infections ◉ if you have a temperature or feel unwell, it's important that you go to your hospital ward or shared care centre right away to be seen by a doctor. They will then decide if you need to be given antibiotics and if you need to stay in for a few days.



J is for..

Jokes • telling jokes to everyone in hospital, including members of staff, cheers everyone up! Here is a joke for you to tell your visitors:

"Why did the picture go to jail?"

"Because it was framed."



K is for..

Kidney test ◉ depending on which **chemotherapy** you are having, you might have to have a **kidney test**. (Another biology lesson coming up!). Your kidneys are the organs that have to deal with getting rid of most of the **chemotherapy** once it has been used in your body. So you are injected with some dye and have a **blood test** every hour to see how well your kidneys have broken down the dye and got rid of it. This tells the **doctors** whether your kidneys can manage full doses of treatment, or if they need a bit of a rest from all the chemicals. It's nothing to worry about because the injection only hurts a little bit.

Keeping cheerful ◉ You may feel a bit rubbish and fed up sometimes - that's natural and okay! However, it will help if you can try and 'look on the bright side of life' as, if you feel happier, you will probably cope with **chemotherapy** better.

It sounds silly, but by laughing your body releases special chemicals called endorphins that make your body feel better. Also, by laughing, you are showing the world that cancer doesn't have to be such a sad and bad thing.



L is for..

Loo ☺ with some types of chemotherapy you are often on a drip. Because you are having more liquid going into you, you need to go to the loo more to get rid of it. When I was on chemotherapy, I needed the loo every two hours (day and night, unfortunately for my Mum and Dad!).



M is for...

Make-a-wish 🎯 there are lots of charities that grant wishes for children who have life-threatening illnesses. You may be given the chance to go somewhere special, meet someone special, be someone special (like a television presenter) or own something special. I went to watch my favourite television programme being filmed. I met my favourite character and even got the chance to be an extra on the programme.

MRI (magnetic resonance imaging) scan 🎯 this is a scan that creates a detailed image of bones, muscles and organs inside your body. (It's like a more detailed X-ray.) During the scan you have to lie on a bed in a tunnel while the machine makes loud whirring noises. It sounds scary, but it isn't really – you just have to lie very still. You may want to ask if you can listen to music or your own CD. The radiographer (the people who work the MRI scan) will let you know if it's okay. Sometimes a CD player can affect the magnetic fields... so do ask first!

'My friend/relation had cancer...' 🎯 when you tell people you have cancer, be prepared for the hundreds of stories you will be told about when their friend/relation/neighbour had cancer. Many of these will have unhappy endings like 'they died'. But don't worry: around eight out of every 10 children and young people with cancer survive.

And, when you think that 10 children and young people are diagnosed every day in the UK with cancer, that is a lot of happy endings.

Medicine 🕒 while on **chemotherapy** you will have lots of different **medicines**, some of them to stop you feeling sick. Because you have so many, it's a good idea to write down what each one does and how many times a day you need to have it. It's also a good idea to write down any **medicines** you have a reaction to. It's worth writing down the time you need to take each drug while you're in the hospital, because you may have forgotten by the time you get home!

Lots of chemists sell special boxes (called dosset boxes) in sets of seven (for days of the week) with four sections in each box for different times of day. You can help your parents or carers to get all your **medicines** ready for the week and then you are sure about what you have taken or missed! They need to be kept out of reach so your little brothers or sisters can't get them and think they are sweets.

And, remember, although you might be on an oncology or cancer ward, there are lots of different treatment plans. It can be annoying for you if your side effects seem worse than your **friend's**, but the **doctors** give you what they think is best for you.

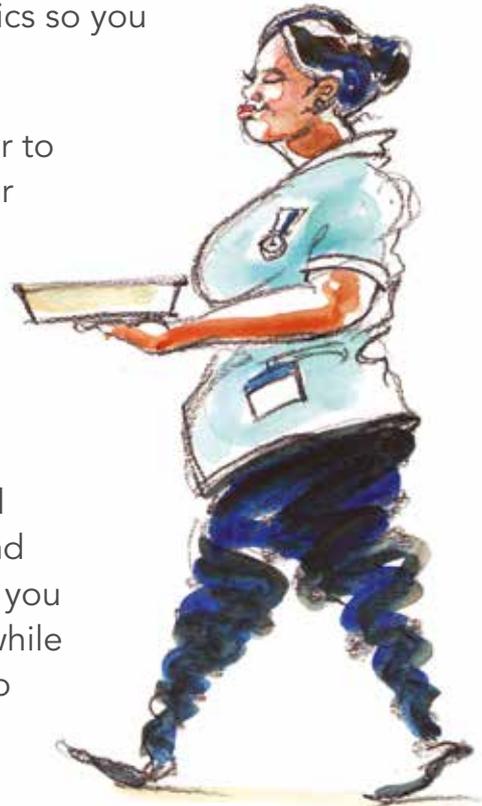


N is for...

Neutrophils ◉ you've already met these heroes (see **Blood tests**). They are part of your body's natural defence system. If they drop below '0.5', you are said to be neutropenic – more likely to catch **infections** and become ill. So make sure you don't go too near anyone who has a cold or a tummy bug. The most important thing is that you tell someone if you feel ill. The hospital can give you antibiotics so you get better faster.

Nasogastric (NG) tube ◉ this is similar to a PEG except it's a tube that goes up your nose, down your oesophagus (the pipe that food goes down) and into your stomach. It sounds horrible but you get used to it.

Nurse ◉ there are two main types of **nurses**. There are hospital **nurses** who will look after you while you are in hospital and there are community **nurses** who will visit you to take blood and change dressings etc while you are at home. **CLIC Sargent Nurses** do both, so you might get the same **nurse** in hospital as you do at home!



O is for..

Observations (Obs) ◉

your **obs** are usually taken every four hours while you are in hospital. This means that your temperature, blood pressure/ heart rate and saturation level are checked. (Sats/Saturation is how much oxygen is in your blood – this is out of 100). Because it happens about every four hours, it helps you keep track of time.



Operation ◉ you may need an **operation** to put in a **Hickman line** or **portacath** or a **gastrostomy (PEG)**. You might have an **operation** to remove your tumour. **Operations** are carried out in a theatre (not a stage but a special room!) by a surgeon, a **doctor** who has been specially trained to do these **operations**.

P is for...

Parents ◉ parents can be a problem! It's strange being with them 24/7 when you are used to usually only seeing them after school. Sometimes they can be over-protective, and then other times, when you feel really sick or need the loo in a hurry, they may have wandered off for a chat with somebody else!

Try to remember they need a break too. Do let them go out on shopping errands etc. It gives you a chance to talk to the **nurses** and other patients.

Don't be too cross if they say they will be gone 10 minutes and they return over half an hour later. After all, this has had a big impact on them too.

Physiotherapy ◉ this is a series of special exercises to help your muscles and other parts of your body work normally.



Depending on your type of cancer, you may get **physiotherapy** at hospital and when you are at home. But you **MUST** continue

to do your exercises on your own (like homework) for you to be able to build up muscle and strength. Ideally you would do the exercises on your own every day. REMEMBER, although it seems boring and sometimes painful, it is to help you! Perhaps you could get a **friend** or a member of your family to do the **physiotherapy** with you?

Platelets ◉ another part of the blood. **Platelets** help your blood to clot if you cut yourself etc. If your **platelets** get too low, you may need to have a **platelet** infusion.

Portacath ◉ similar to a **Hickman line** but the line ends with a little button under your skin instead of the tube hanging outside. **Nurses** push a needle into the button to take blood or give treatments like antibiotics or chemo. The button is about the size of a penny so it's easy to find.

Pyjamas ◉ try and wear these only when you go to bed at night. If you make an effort to get dressed, you will not only feel more confident but you will also feel more 'normal'.



Q is for..

Queue ◉ you can't get away from queues in hospitals and they always seem to move incredibly slowly. So go to appointments and scans prepared. Take books, magazines, card games, an iPod, or a game console and have fun – as opposed to sitting silently and getting bored. The time will pass a lot quicker! It's also advisable to take a bottle of **water** and some fruit or something similar – unless you are nil by mouth!



R is for..

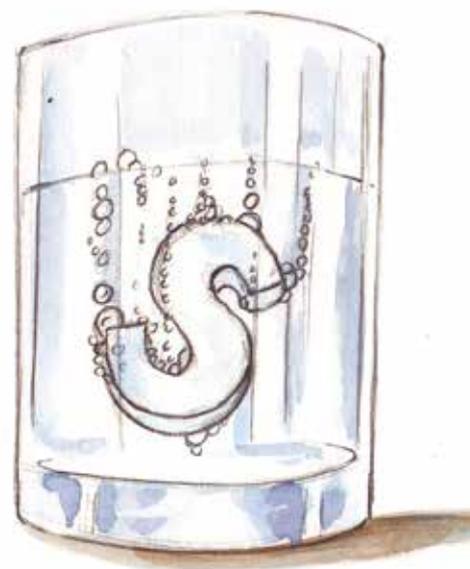
Radiotherapy ◉ sometimes instead of **chemotherapy** or as well as **chemotherapy**, you will need **radiotherapy** to help destroy or slow down the growth of your tumour. You have to lie very still on a bed under a machine. **Radiotherapy** is a bit like having an X-ray, it doesn't hurt and is usually over in a few minutes.



S is for..

Supplements ◉ if you don't have enough 'chemicals' that are vital for your body to function, you will be put on **supplements**. Most of these won't actually taste very nice, but the more you take them during treatment, the more likely you will be able to come off them quickly after finishing treatment. The best way to take the **supplements** (if they are fizzy) is to let them dissolve and become flat before you take them. And with all **supplements** hold your nose and drink them as fast as you can. Then quickly have a drink of your favourite drink and finish it off with a **chocolate** or a nice sweet!

Top tip! A good way of getting your parents to understand how horrible the taste of **supplements** can be is to challenge them to try them! Watch with glee as they screw up their faces and then try and tell you they are not that bad! Best to check it's okay to do this with a **doctor** or **nurse** first though.



Shared care hospitals ◉ as well as the hospital where you will have most of your treatment, you may also have a **shared care hospital** which will probably be your local hospital. This is where you may need to go for **blood tests**, **blood transfusions** or if you have an **infection**.

Sickness ◉ one side effect of **chemotherapy** can be feeling sick (not entirely sure why?!). The good news is that there are lots of anti-sickness **medicines** you can try. For all those who want to be a typical teenager and sleep, there are tablets which will make you sleep off and on for a couple of days until the sickness passes. My friend Nat used to call this 'Snoozyland'.

If you do want to stay awake, you need to be prepared to have a sick bowl handy. Personally, I liked to stay awake and put up with the sickness. I always felt I missed the best things happening, like entertainers coming to the ward, when I was asleep. There are other kinds of anti-sickness **medicine** too that don't make you feel sleepy. Some dissolve under your tongue if you are not good at taking tablets.

Social workers ◉ CLIC Sargent **Social Workers** can help you and your family deal with any day-to-day worries. They can also speak to your brothers or sisters if they need to talk to somebody about how they are feeling, and help organise a holiday for you and your family to go on during a break in treatment, or after treatment.

T is for..

Teasing ◊ I describe cancer as being the Voldemort word for our lives. When you tell your classmates you have cancer, they probably won't know exactly how to react. When I told classmates I had cancer I was constantly asked two questions: "Are you going to die?" to which my reply was "Yes, one day – but hopefully not until I am very old!!" The second question I was asked was "Are you going to lose your hair?" and this was where I would embark on the lecture of what **chemotherapy** did to your body and how it kills both good and bad cells.

I would recommend that you get some of your close **friends** to look out for you. Remember – the more you can educate your **friends**, the easier life will be for all of you.

If you are concerned about going to school, you could ask if a **nurse** or **social worker** is able to go in and talk to your class or year group as they can sometimes do this for you. Once my treatment had finished, I went into school and gave an assembly on what had happened to me, what changes I had to make in my life, and how my classmates could help me. The assembly answered most of my classmates' questions and cleared up any strange ideas people had about children and young people with cancer.

Teachers 🕒 teachers at the hospital will try and talk to the **teachers** at your school about schoolwork. If you feel well enough, try to do some schoolwork, it may help take your mind off hospital life for a while. **CLIC Sargent Nurses** and **social workers** can sometimes go and talk to your **teachers** so they know what to do if you pop back in for a lesson while you're having treatment. They may also be able to go and talk to your brother's or sister's **teacher** to help them understand the treatment that you are having and what the rest of the family is going through.

Time 🕒 when you are in hospital there is a new sort of time called 'hospital time'. This runs completely differently to everyone else's time as hospitals are very busy places. If they say "you are going for your **operation** at 10 o'clock in the morning", they actually mean we will see you sometime this morning.



So, whenever you go for an appointment, make sure you take something to eat, drink and do!

Talking ◊ talking and sharing what you have been through doesn't just make you feel better, it allows you to spread the word that cancer doesn't have to be a bad or sad thing. If you are worried or anxious, there are lots of 'professional' people you can talk to, such as your **social worker** or **nurse**.

Sometimes, when I had mouth **ulcers**, people couldn't understand me and I would get really frustrated. We made some flashcards with useful phrases on, which helped.

Transfusions ◊ if your **platelets** or **haemoglobin** drop too low, you may need an infusion or **transfusion**. This just means you are attached to a drip for 4-6 hours, in hospital, while extra blood (or some parts of it) is put into your body. It doesn't hurt and isn't scary. Near the end of the **transfusion**, you are sometimes given a drug to make you need the toilet so that you can get rid of the extra liquid that your body doesn't need.

Transport ◊ hospital **transport** can be a great thing because it helps get you to and from hospital. However, when I used it I found that it often never arrived when I wanted it to. Sometimes it came a couple of hours early, or it turned up a couple of hours late! If your hospital **transport** hasn't turned up 45 minutes or so after it should have done, it's worth ringing the hospital to let them know what is happening and that you will probably arrive later than planned. If you can, ring up the night before to check you're on the list for the morning.



U is for...

Ulcers ◦ some chemotherapy treatment can give you ulcers – as you know, I got a lot! Though I got them in my mouth, they can develop anywhere along your digestive system. I was given a mouth wash to help lower the number of **ulcers** I got. If you get them, it's extremely important to use the mouthwash as instructed.



V is for..

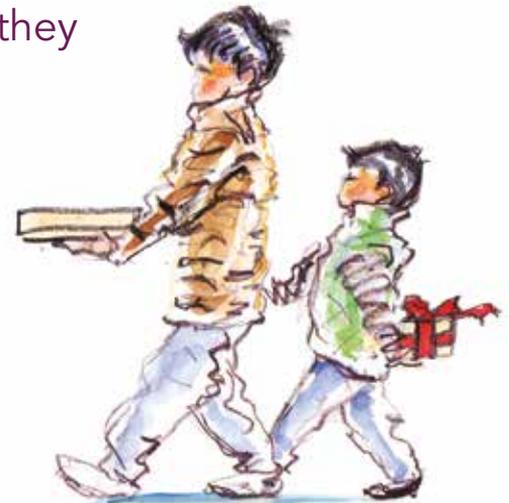
Veins ◉ veins carry blood that has less oxygen in it back to the heart and lungs so it can get more oxygen put into it. Blood is usually taken from the **veins** for **blood tests**.

Visitors ◉ sometimes it can be strange having **visitors** in hospital, because hospital and home seem like two different worlds. I found it easier to have **friends** visit in a group rather than one at a time, because then I could listen to their conversation and join in when I felt like it.

Make sure your visitors follow these top tips:

1. Ring to check you feel well enough for **visitors**
2. Wash their hands when they come on the ward
3. Only visit you at home or hospital if they and their family are **infection free!**

Don't worry if the conversation begins in a silly way! Your **visitors** are bound to say "How are you?" and you will feel you have to say "Fine thank you!" You can tell them if you've been feeling rotten later on in the visit!



W is for...

Wigs ◉ if your hair falls out you may want to wear a **wig**. Some **wigs** are provided free for children and young people with cancer and your **social worker** or **nurse** may know where a wig shop is. I personally found a wig very hot and itchy. I found **hair pieces** better. These are pieces of **hair** that are attached to bandanas and caps, so your head has the cotton of the hat on it, but you have long **hair** flowing from it if you wish.

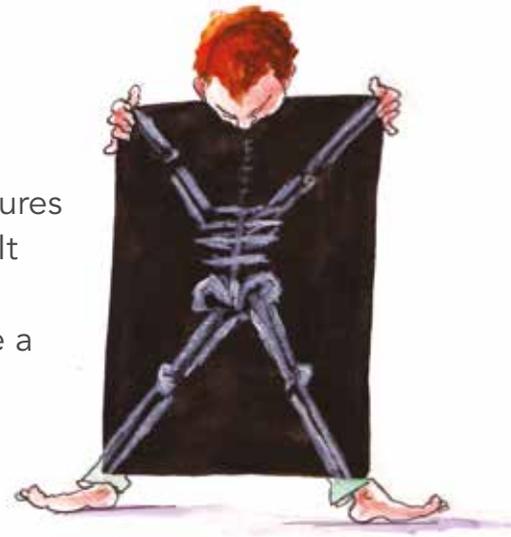
Water ◉ it's important to drink lots while you are having **chemotherapy**, even if the hospital is hydrating you through a drip. **Water** is the best liquid for you to drink, but as long as you are drinking lots, it doesn't really matter what you drink. Ideally you should be having 100ml or more every hour. Try and drink as much as you can manage – even little sips help keep your mouth moist every hour, especially when you are feeling unwell or on a drip.

Websites ◉ there are loads of useful **websites** for you to use and learn about cancer. However, reading too much about the cancer you have at the beginning of treatment can be scary and overwhelming. Ask your parent or carer to help you look up child and teenage-friendly **websites**.



X is for..

X-ray ◦ this is a special machine that takes pictures of your body using a small amount of radiation. It takes about a second, once everything is in the right place, to take this picture. It's really just like a high-tech camera! Smile!



Y is for..

Why? ◦ nobody knows why cancer grows, although they do know it is to do with a cell growing and dividing abnormally. **Doctors** and scientists are working very hard to find out more about cancer, and don't waste time asking yourself "Why me? Why did I get cancer?" It's nothing you've done wrong.

The good thing about having cancer is that you learn to put things into perspective. You no longer worry about that spelling/maths/science test next week because you realise that there are worse things in life that you have to go through. You learn to appreciate being able to make choices about what you eat and where you visit, and to appreciate when you are healthy and well. And you can also become a lot closer to your family and **friends** because they matter most!

Z is for..

Zzzzzzz ◊ chemotherapy can make you really tired and sleepy, so be sensible and have an afternoon nap. If you still feel tired, go to bed early. Younger children recover better after chemotherapy and feel less tired a lot quicker than teenagers. So, teenagers take it easy. Be a stereotypical teenager and don't get up at the crack of dawn!

Once you are off treatment for a few months, try to get back to normal as soon as you can. Ultimately, the whole reason you had treatment was so that you can lead as normal a life as possible afterwards!



Recipe

I found cooking a really good way to pass the time in hospital. On my ward we used to bake something every Friday (the doctors used to enjoy this!).



My friend Nat and I wanted to bake to pass the time so we used this recipe which my grandmother gave to me. It's a great one to use in hospital because you don't need an oven – just a microwave - and most wards have one of those. It's delicious and I still bake it for my friends today!

You will need:

- 300g (10oz) of chocolate digestive biscuits or chocolate chip cookies
- 100g (3.5oz) bar of good-quality white chocolate roughly chopped
- 100g (3.5oz) dried cherries or raisins, or any other dried fruit of your choice
- 100g (3.5oz) butter
- 100g (3.5oz) plain or milk chocolate broken into chunks

- 1** Put biscuits in a strong polythene bag and crush roughly with a rolling pin into crumbs
- 2** Tip the biscuits into a large bowl
- 3** Add chopped white chocolate and dried fruit
- 4** Heat butter with plain/milk chocolate slowly in a small pan or microwave until melted
- 5** Pour over biscuits, dried fruit and white chocolate. Mix well
- 6** Spoon into tin
- 7** Leave to cool in fridge until firm
- 8** Cut into squares
- 9** Pack in a rigid container and you can freeze it for up to three months.

About Megan

Since writing *Chemotherapy, Cakes and Cancer*, Megan has dedicated lots of her time to helping improve things for other children and young people with cancer. As well as advising on how to change hospital food at a London hospital, Megan has spoken at many charity events to raise money for cancer treatment and helped other charities to write information for teenage cancer patients.

Megan finished her treatment in 2005 and the only lasting effect of having cancer is a metal rod in her thigh bone where her cancer was. Megan studied psychology at the University of Warwick and is hoping to become a primary school teacher.



“A lot of my friends at university never knew I had ever had cancer – it just goes to show that there is life after cancer treatment and you won’t always be known as ‘the child who had cancer’.” Megan

About the illustrator

Chris Burke is a cartoonist, caricaturist and illustrator. He has worked for magazines and newspapers in Britain and around the world. He has drawn several children's books, including two with Lenny Henry.

"I would like to thank Megan for asking me to draw the pictures in this wonderful book. All the children I have met having treatment have been amazing. If you are in hospital, I hope this book helps and that you make friends and come away with happy memories."

Chris Burke, Nat's dad

www.chrisburke.co.uk

About CLIC Sargent



CLIC Sargent is the UK's leading cancer charity for children and young people, and their families. We provide clinical, practical and emotional support to help them cope with cancer and get the most out of life. We are there from diagnosis onwards and aim to help the whole family deal with the impact of cancer and its treatment, life after treatment and, in some cases, bereavement.

For more information, talk to your CLIC Sargent care professional, visit www.clicsargent.org.uk or call us on 0300 330 0803.

This publication is based on a personal experience. Some of the content should therefore not necessarily be taken as the view of CLIC Sargent. Please note that everyone's experience is different and may not follow the order outlined in this publication, and that services will differ across the UK.

We endeavour to ensure that the information provided is accurate and up-to-date at time of printing. CLIC Sargent cannot accept liability for any loss or damage resulting from any inaccuracy or omission in this publication. Information in this publication should not be relied on in place of appropriate professional or other advice specific to your circumstances.

For more information about the sources used to put this publication together, or if you have any comments or questions about it, please contact CLIC Sargent on 0300 330 0803 and ask to speak to the Information Manager.



SER009_12381

Version 3, February 2015

Next planned review: 2018

Registered charity number 1107328 and registered in Scotland (SC039857)

