

Chemotherapy, Cakes and Cancer

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



By
Megan Blunt
(Aged 14)

Produced and published by CLIC Sargent, the UK's leading children's cancer charity, working for a world where all children and young people with cancer live life to the full.

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Chemotherapy, Cakes and Cancer

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

For Nathaniel Burke and all those fellow cancer sufferers who
became my friends during my treatment for bone cancer.

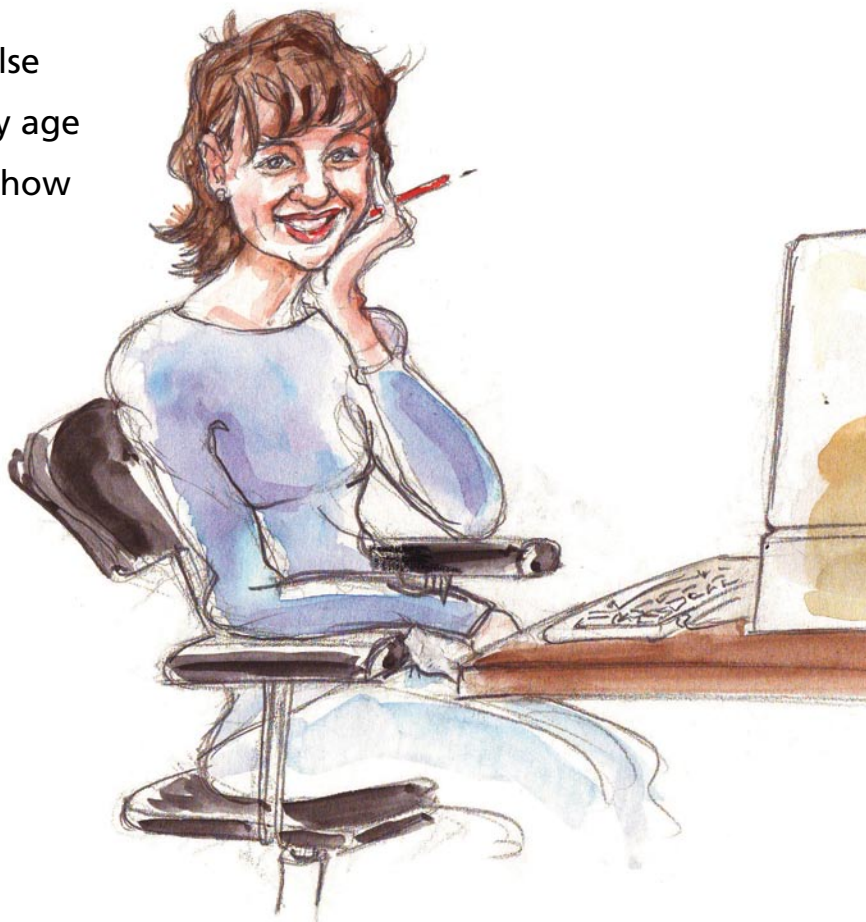
With special thanks to Chris Burke, Nathaniel's dad, for giving
his time to illustrate this unique book in memory of his son.

Hello, my name is Megan Blunt and I am 14 years old. 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.

In July 2005, I finished treatment and am now in remission (I no longer have any signs of cancer).

I wrote this book 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 surviving the long hospital stays and keeping positive. I also explain all 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 book will help!

Best wishes

Megan x



PS: All words typed in bold are explained in the letter section that the word begins with. For example: "*B is for **Blood Tests**... If you are low in some of the 'chemicals' needed in your blood you might need to take **supplements**". (You would need to go to section S to find the definition and tips on **supplements**.)*

A is for...

Anxiety – don't worry about anything, that's what the **doctors** are paid to do. If you are worried, talk to your parents 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! It's a proven fact!

"Why do the French only have one egg for breakfast?" ...

"Because one egg is un oeuf!"



B is for...

Blood tests – unfortunately these happen twice a week, but the good news is that blood can be taken from your **Hickman line** or port-a-cath (similar to a **Hickman line** but inside your body instead of hanging outside) 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 kill me and my **friends**, so you must do your best to fight infection."*



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 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 – what happens is that 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 up if you have any other tumours in your body. 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 is 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! Microwaveable **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 in the scan.

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.

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 **Hickman line**. It 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 kills all of them. If it kills all 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 near 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!

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.

Some young people get a **CLIC Sargent** Youth Worker too! They help with 'adult-things' like emotional stuff and day-to-day worries... and they organise more 'grown-up' activities for young people on the ward to do. I wasn't quite old enough to need one, but they sound cool!

CLIC Sargent can also help outside the hospital. They can even organise a free holiday for you after treatment – or help you publish a book.....!!

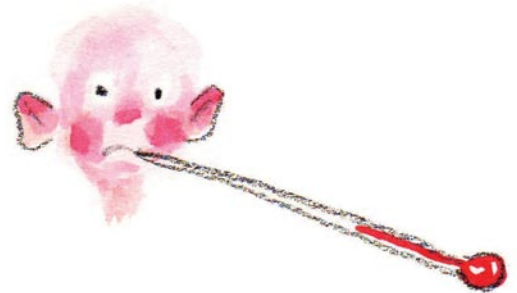
Cooking – if you can, try and do some cooking in hospital. You can make things like Rice Krispie cakes and chocolate fridge chunks (see end of book for recipe). It is really good fun to do with some **friends** and time flies when you're having fun!

Crisps – if you are having **chemotherapy** that can cause **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 crisps to eat.

D is for...

Days Off – if you are at home, try and get out if you can. School's a good place to start, if you feel well enough and have some **immunity**. You may only feel well enough to go into one lesson, but that's fine – it is 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!

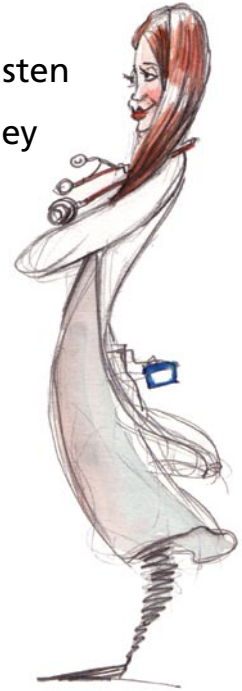


Doctors – they come and see you on their round everyday. They listen to your breathing and generally find out how you are feeling. They are also good people to ask about treatment and any problems that you might have and they may be able to prescribe you **medicines** to stop you feeling ill.

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 – 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.

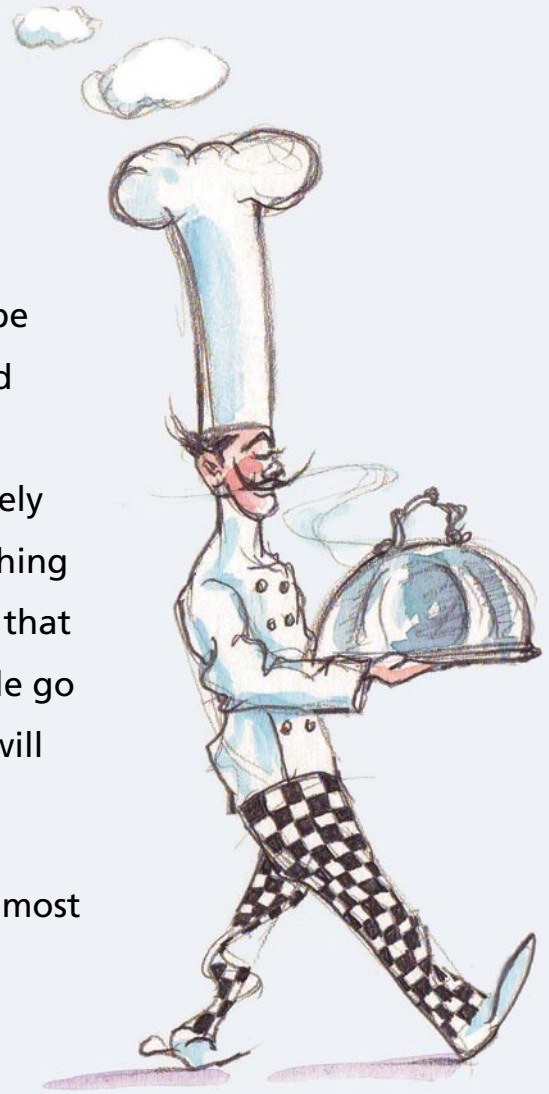
The drip stand has a little 'beeping machine' attached. If the tiniest bubble of air gets into the line that is going into your body, the machine beeps. You're not meant to have air in your line, but a little bit won't harm you. Unfortunately, the machine doesn't know that and beeps anyway. On the ward,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

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 a brat – 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 don't get any presents or attention and are still expected to be really good. If you do get lots of presents share them with your brothers and sisters. Remember, they also suffer when you get cancer and you are all in this together!



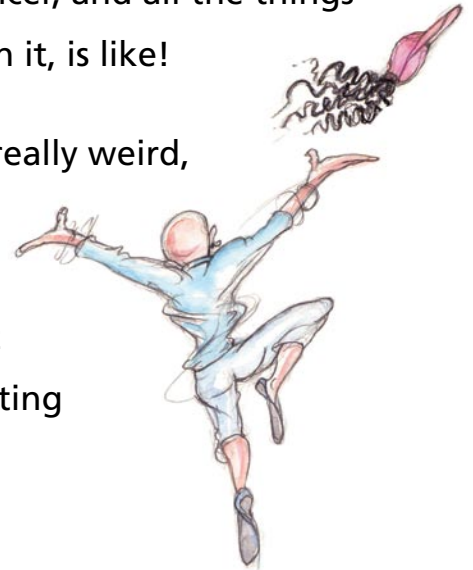
F is for...

Friends – 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?). Play games with

them so they can see that you haven't changed at all! You could also keep a journal with your best **friends**. They could write about all the school gossip, whilst 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 each week. 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 help you keep your weight steady. It doesn't matter if you have one of these inserted as lots of children 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 is it an injection that you might be given to help boost your **immunity** levels. It's especially useful before an **operation**.

H is for...

Hickman® line – 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!



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 **hair** cut 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!



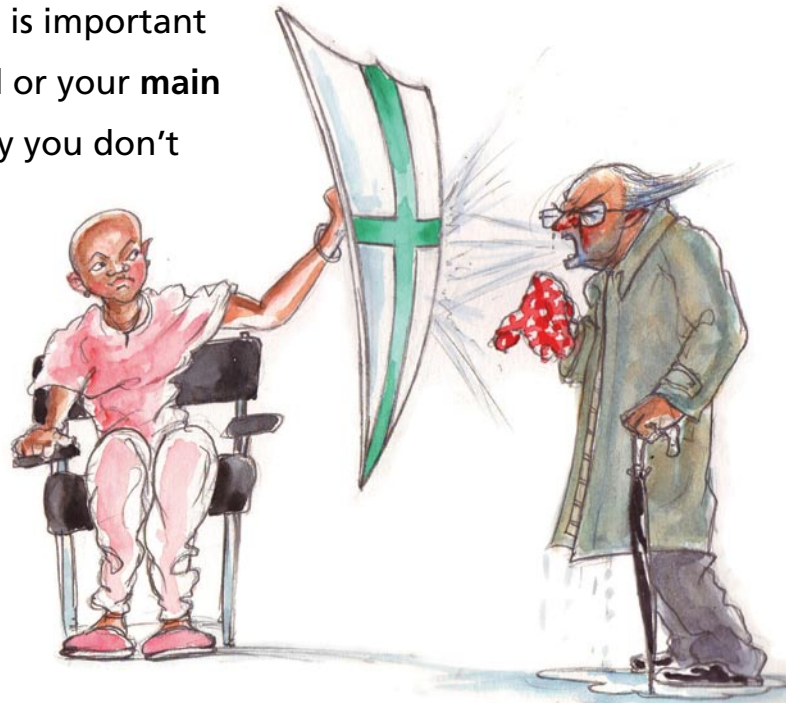
Haemoglobin – the part of your blood that actually makes it look red (very tricky to spell!) Each time you have a **blood test**, they test to see how much **haemoglobin** you have in your blood. If you don't have enough, the hospital may give you a blood **transfusion**.

□ is for...

Ice/ Ice-cream – if you are having **chemotherapy** that can cause mouth **ulcers**, it is a good idea to suck ice or eat ice-cream whilst the **chemotherapy** is going in. This may slow down your fast dividing cells in your mouth so the **chemotherapy** doesn't affect them as much! A tasty tip!

Immunity – you probably learned this in biology class: it's your body's ability to fight off infection.

Infections – if you do get an infection, it is important that you go to your **shared-care hospital** or your **main hospital** as quickly as possible – generally you don't really need to ring an ambulance, but each infection is different and you should do what your carer thinks is best. At the hospital you will probably be given some antibiotics and you might have 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 use on unsuspecting **visitors**:

*Tell your **visitors** as soon as they arrive, or get your carer to tell them, that they mustn't make you laugh under any circumstances because you have to keep very still for the **chemotherapy** to work best/to prevent your drip from falling out. Watch your guests struggle to get through their visit without making you laugh (and they should struggle because it is really hard not to try and cheer up someone who is in hospital!). After 10-15 minutes, tell them the truth as you fall about laughing!*



Jeering – 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 really concerned about going to school, you could ask a **nurse** or social worker to go in and talk to your year group – **CLIC Sargent** does this all the time. Once my treatment had finished, I went into school and gave an assembly on what had happened last year to me, what changes I would have 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 with cancer.

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. It is nothing to worry about because the injection only hurts a little bit!

Keeping cheerful – the happier you feel, and the more you try and “look on the bright side of life”, the better you will cope with the **chemotherapy**. It sounds silly, but by laughing your body releases special chemicals called endorphines, that make your body feel better! You also should keep cheerful because you are like an “advert for childhood cancer”, and you should be proud to show 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 constantly on a drip, from when it goes into you until most of it has come out. 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 2 hours (day and night, unfortunately for my Mum and Dad!)

M is for...

Make-A-Wish – there are lots of charities – like Starlight Children’s Foundation UK and When You Wish Upon A Star – that grant wishes for children aged 3 to 18 years old who have life-threatening illnesses. You are given the chance to do anything you want. You can either go somewhere special, meet someone special, be someone special (like a television presenter) or own something special. For example, for my ‘**make-a-wish**’, I went to watch my favourite television programme being filmed. I met my favourite character and even got the chance to be an extra, with the rest of my family, on the programme.



Medicine – whilst on **chemotherapy** you will have lots of different **medicines**, most of them to stop you feeling sick. Because you have so many, it is a good idea to write down what each one does and how many times a day you need to have it. It is also a good idea to write down any **medicines** you have a reaction to.

If you are having tablets, it is a good idea to leave your daily dose in a pot (make sure your younger brothers and sisters can't reach it) somewhere where you won't forget it, because otherwise you might forget to have it. (I was always forgetting to have my **medicine** and so I would end up having lots of doses together which isn't as good!)

It's also worth writing down the time you need each drug whilst you're in the hospital, because you may have forgotten by the time you get home!



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 your body.

MRI Scan (Magnetic Resonance Imaging Scan) – this is a scan that creates a detailed image of bones, muscles and organs etc inside your body. (It is like a more detailed **X-ray**.) During the scan you have to lie on a bed in a tube while the tube 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. Most of these will have unhappy endings like “they died”. But don't worry: nearly 8 out of every 10 children who have cancer, recover. And, when you think that there are roughly 10 children and teenagers diagnosed every day in the UK with cancer, that is a lot of happy endings.

N is for...

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!

Neutrophils – you've already met these heroes (see B is for **Blood Tests**). They are part of your body's natural defence system. If they drop below '1', 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 looks like they may be getting one. However, if you feel okay, you can still go out and have fun!




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 every four hours, it helps you keep track of time.



Operation – you may need an **operation** to put in a **Hickman line** or port-a-cath 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, who's a **doctor** who has been specially trained to do **operations**.

P is for...



Parents – parents can be a big problem! It is 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 another time, 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 allow them to go out on shopping errands etc! It gives you a chance to talk to the **nurses** and other patients. And you never know, they might feel so guilty about leaving you, they bring you something nice back! Don't be too cross if they say they will be gone 10 minutes and they return over half an hour later! After all, they have changed their life to be with you in hospital!

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 **transfusion**.

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 the queues always seem to move incredibly slowly. So go prepared to appointments and scans. Take books, paper, colouring pencils and card games and have fun – as opposed to sitting silently and getting bored. The time will pass a lot quicker! It is 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 **supplements** 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** is: if they are fizzy, 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 off your back about taking your **supplements** 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**, where you will have any blood **transfusions** that you need and where you will go if you have an infection.

Sickness – one side effect of **chemotherapy** is 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 is Nozinan (or as my **friend** Nat liked to call it: “Snoozyland”). Nozinan, or a similar tablet, will make you sleep off and on for a couple of days until the sickness passes. 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 etc coming to the ward, when I was asleep!

T is for...

Teachers – **teachers** at the hospital will try and talk to the **teachers** at your school about schoolwork. If you feel well enough, try and do some of the work. It will pay off when you go back to school. **CLIC Sargent Nurses** and Social Workers will go and talk to your classmates so the **teachers** don't panic if you pop back in for a lesson whilst you're having treatment. **CLIC Sargent Nurses** and Social Workers can also go and talk to your brother's or sister's class, so that their **teacher** understands the treatment that you are having and what the rest of the family have to put up with!

Transport – hospital transport never arrives when you want it to arrive. Sometimes it will come a couple of hours early or, more than often, it turns up a couple of hours late. If it hasn't turned up 45 minutes or so after it should have done, it is 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!

Time – when you are in hospital there is a new sort of time called “hospital time”. Hospital time runs completely differently to everyone else’s time. 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. If they say we “will see you at 2 o’clock this afternoon”, they mean we will see you by this evening. So, whenever you go for an appointment, make sure you take something to eat, drink and do!



Talking (about what you are going through) –

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 a **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.

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 is 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 germ 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 how bad you've been feeling 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 with cancer and your hospital should know where a wig shop is. I personally found a complete 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. They can be bought from some high street shops (I got mine from Topshop!).

Water – it is 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. (There is a drinks chart for you to copy at the end of the book.)



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. Look up child friendly **websites**. My favourites are:

www.clicsargent.org.uk This has lots of information about living with cancer, as well as the services offered by **CLIC Sargent**. It's also a useful one for your carers.

www.click4tic.org.uk This is a website for teenagers with cancer and is a place where you can ask advice from a **nurse**, share your experiences or just find out more about cancer.

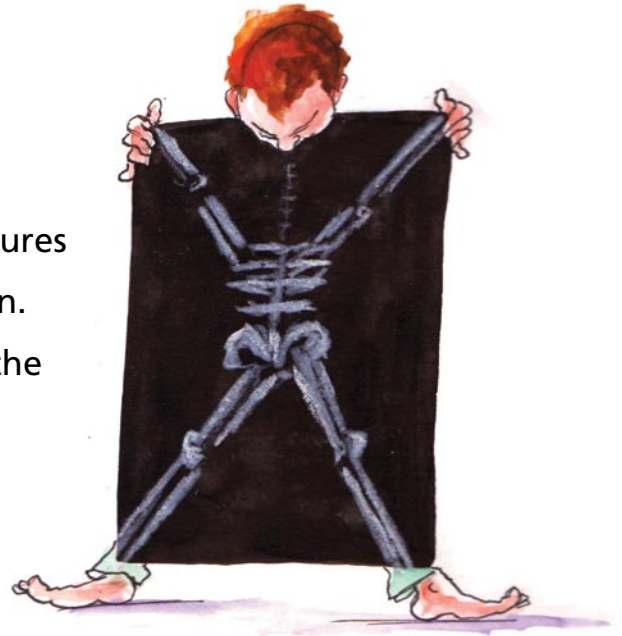
www.2bme.org This is another website for teenagers with cancer. There's section about **wigs** and **hair** loss etc. it is great fun and you can take a test to see which hat would suit you best! Definitely one to check out!

www.royalmarsden.nhs.uk/captchemo A brilliant game where you can learn more about **chemotherapy** and cancer while you save the world from cancer cells!



X is for...

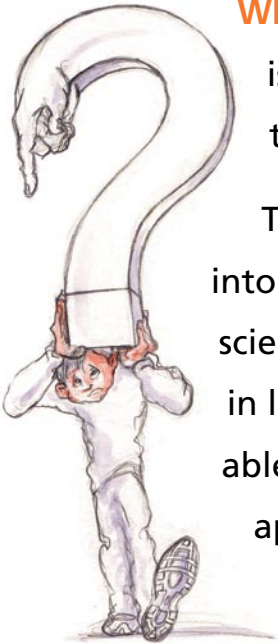
X-ray – this is a special machine that takes pictures of your body using a small amount of radiation. It takes about a second, once everything is in the right place, to take this picture. It is really just like a high-tech camera! SMILE!!



Y is for...

Why? – nobody knows why cancer grows, although they do know it is to do with a cell growing and dividing abnormally. Don't waste time asking yourself "Why me? Why did I get cancer?"

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 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. Young 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

Chocolate Fridge Chunks



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 (3.5 oz) dried cherries or raisins or any other dried fruit of your choice
- 100g (3.5 oz) butter
- 100g (3.5 oz) plain or milk chocolate broken into chunks

- 1) Put biscuits in a strong polythene bag and crush roughly with a rolling pin into coarse 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 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.

Drinks Chart Example

My Drinks Chart

| Time | Drink | Amount | Total |
|---------------|-------|--------|-------|
| 00:00 – 01:00 | | | |
| 01:00 – 02:00 | | | |
| 02:00 – 03:00 | | | |
| 03:00 – 04:00 | | | |
| 04:00 – 05:00 | | | |
| 05:00 – 06:00 | | | |
| 06:00 – 07:00 | | | |
| 07:00 – 08:00 | | | |
| 08:00 – 09:00 | | | |
| 09:00 – 10:00 | | | |
| 10:00 – 11:00 | | | |
| 11:00 – 12:00 | | | |
| 12:00 – 13:00 | | | |
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| 17:00 – 18:00 | | | |
| 18:00 – 19:00 | | | |
| 19:00 – 20:00 | | | |
| 20:00 – 21:00 | | | |
| 21:00 – 22:00 | | | |
| 22:00 – 23:00 | | | |
| 23:00 – 00:00 | | | |

About CLIC Sargent

Every day 10 families are told their child has cancer. CLIC Sargent is the only UK charity that offers them all round care and support, throughout treatment and beyond.

During treatment we provide specialist nurses, doctors, play specialists and Homes from Home. To support families in hospital and at home we offer specialist social care and family support, specialist youth services, holidays, grants and a helpline. And we're there when treatment finishes – helping survivors and supporting those bereaved.

Our research into the impact of childhood cancer, and into ways of improving treatment and managing side-effects, helps improve quality of life for patients, families, and survivors.

We provide the highest number of care professionals and the widest range of services, which are tailored to family-needs using their feedback. We give children, young people and their families a strong national voice.

About the illustrator

"I drew the pictures in this book because Megan asked me to. She and my son Nat became great friends while both having treatment for bone cancer. I was amazed by their sheer ability to enjoy life no matter what. If you are in hospital, I hope this book makes your time a little easier and that you too come away with happy memories." – *Chris Burke, Nat's dad*

Chris Burke is a cartoonist, caricaturist and illustrator. He has worked for magazines and newspapers including the Radio Times, The Times, The Sunday Times, Vogue and Financial Times. He has drawn several children's books including two with Lenny Henry, and designed stamps for Malaysia and Barbados.

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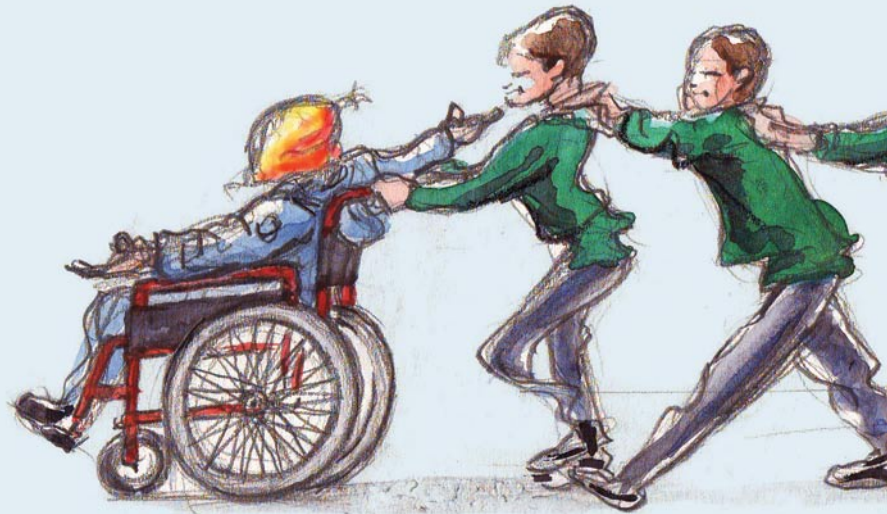
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If you have any questions or if you are unsure about anything,
please ask a member of your treatment team or the person
who gave you this booklet.



Registered Charity No: 1107328