EMOTIONAL EFFECTS OF CANCER

EMOTIONS AFTER TREATMENT
You have completed your cancer treatment and are ready to move on with your life. Completing treatment can be both stressful and exciting. All is well—or is it? Once treatment is finished, many cancer survivors find they have issues and concerns that they did not expect.

You have been seeing your doctor quite regularly; now, suddenly, you don’t have to visit for many months at a time. When treatment is done, some people feel that they are no longer fighting their cancer. You may find that you feel alone and lost without the support of your health care team. They may have become an important part of your life. Not seeing them may make you anxious and sad.

You may also find that going back to your family role is not as easy as you thought it would be. Things that you did before your cancer are now being done by others. Maybe they’re not willing to give the tasks back to you. Or maybe you disagree with how others have done things, but are afraid to say anything. After all, you should be grateful for everything they’ve done, shouldn’t you?

For some people, emotions that were put aside during cancer treatment come flooding back all at once, and they feel overwhelmed with sadness, anger, or fear. Maybe you feel emotionally exhausted and tired all the time. Some of it may be the lingering side effects of treatment, but some of it feels like your body and spirit are tired and need a long rest. It’s been a long time since you could just relax.

All of these feelings make sense. You have just been through a difficult time. You have had to make some major life decisions. Your body has been assaulted by cancer and its treatment. Your outlook and your whole way of life have changed, at least for a time.

You want to believe it’s over and put the cancer behind you, but can you? You may notice that you are thinking a lot about the aches and pains you are having in your body. You may feel like a “sitting duck.” The doctor says you have no signs of cancer now, but can you be sure? You may be thinking. . .

- Will it come back?
- What are the chances it will come back?
- How will I know it has come back?
- What will I do if it comes back?
- When will it come back?

The fear grips you, and you have trouble sleeping, being close with your partner, and even have trouble making simple decisions. You are not alone. About 70% of cancer survivors are concerned about their cancer coming
back. The fear of recurrence is a normal fear.

It is important that you understand that there is a chance that after treatment your cancer could come back or recur. Sometimes your health care team may not warn you about this. This may be because they are trying to protect you from uncertainty and fear, especially when you are first starting treatment. Sometimes the team may assume you know this. They may think you know that your cancer can return, but when the focus is on “cure” or long-term survival, it seems pessimistic to talk about recurrence. It is natural for your health care team to want to have that moment of victory over the cancer with you without talking about anything negative in the future. However, cancer recurrence is a very real possibility that you need to be aware of—it is what we will discuss here.

**WHAT IS RECURRENCE?**

*Cancer recurrence* is defined as return of cancer after treatment and after a period of time during which the cancer cannot be detected. (The length of time is not clearly defined.) The same cancer may come back in the same place where it first started or in another place in the body. For example, prostate cancer may return in the area of the prostate gland (even if the gland was removed), or it may come back in the bones. Either case is defined as recurrence.

It may be hard to tell the difference between recurrence and progression. For example, if cancer has been gone for only 3 months before it comes back, is this a recurrence?

There are two things to think about when this happens. One possibility is that, in spite of what the tests showed, all of the cancer was not completely gone in the first place. Sometimes, even with surgery, small clusters of cancer cells that were not seen or found on scans can be left behind. The second possibility is that the disease may be very aggressive. Chemotherapy or radiation may not have killed all the cancer cells because some of them were resistant to it. Any cancer cells left behind can begin to grow back.

The shorter the time between when the cancer was thought to be gone and the time it came back, the more serious the situation. Most doctors would consider three months of appearing cancer-free before it came back too short to be considered a recurrence. Although there is no standard period of time within the definition of recurrence, most doctors would consider a cancer to be a recurrence if you have had no evidence of cancer for at least a year. If your cancer has been gone for only 3 months, this would most likely be termed a progression of your disease. In this situation, the doctors would assume that the cancer (even though they could not find it in any of the tests) never totally went away.

**WHAT ARE THE TYPES OF RECURRENCE?**

There are different types of cancer recurrence: *Local recurrence* means that the cancer has come back at the same place where it first started.
Regional recurrence means that the cancer has come back in the lymph nodes near the site where it started.

Distant recurrence means the cancer comes back in another part of the body, some distance from where it started (such as the lungs, liver, bone marrow, or brain).

If you have a recurrence, your doctor can give you the best information about what type of recurrence you have and what it means to have that type.

WHAT IS THE RISK OF RECURRENCE?
The risk of recurrence for cancer survivors is different for each person. It depends on many factors, including the type of cancer, the treatment you had, and how long it has been since your treatment. If you find yourself haunted by questions about the chance of recurrence, talk with your health care team or doctor about the realistic chance of recurrence in your specific situation. You may find this information reassuring or somewhat unsettling. Whatever information you get, remember that each person’s situation is unique, no matter what statistics you are given. There may be factors in your case that may make your own situation different from the usual.

You may want to ask your doctor or nurse some of the following questions if you are concerned about recurrence:

• Is it possible that my cancer can come back?
• When and where is it most likely to come back?
• How likely is it to come back? (numbers and statistics)
• Is there anything I can do to keep it from coming back?
• How can I know if it's back? What should I be looking for?

WHAT CAN I DO TO PREVENT A RECURRENCE?
Although it is important to eat right, exercise, and see your doctor for follow-up visits, please understand that you cannot prevent a cancer from recurring. Many cancer patients blame themselves for missing a doctor visit, not eating right, or postponing a CT scan for a family vacation. Yes, there are times when it is crucial to keep follow-up appointments, especially if you are having symptoms that you have not had before, which can be signs that your cancer is back. But even with doing everything just right, you cannot change the possibility that cancer recurrence may happen.

After completing cancer treatment, many people decide to improve their diets and start exercise programs in the hope that these changes will improve their quality of life and their chance for survival. Though current research does not show that nutrition can influence cancer recurrence, it still seems reasonable to eat a healthy diet and do what you can to be as healthy as possible. The American Cancer Society recommends that cancer survivors follow the same nutrition guidelines as those recommended for cancer prevention. The same factors that increase cancer risk might also be important in promoting cancer recurrence after treatment. Breast cancer research has supported dietary effects by showing that the risk of recurrence
might be increased by obesity and by diets high in fat and low in fruits and vegetables. Prostate cancer recurrence might also be increased by high saturated fat intake.

Sometimes people think taking certain vitamin or dietary supplements will give them an extra edge in preventing recurrence. Available scientific evidence does not support this belief. In fact, some research has shown that supplements containing high levels of single nutrients (i.e. greater than the Dietary Reference Intakes and the tolerable upper intake limits) may have unexpected harmful effects on cancer survivors. There are supplements that improve your level of certain vitamins which may, over time, lower your risk of developing a cancer. However, this evidence is weak at best, and it takes many years of use to alter the chance that cancer will progress or show up again. Always talk with your doctor before starting any vitamin or other dietary supplement.

There have been only a few studies of the effect of physical activity on survival of people with cancer. Researchers have not yet been able to find out whether physical activity can prevent recurrence of cancer or slow the progression of disease, but studies have shown that regular physical activity can reduce anxiety and depression, improve mood, boost self-esteem, and reduce symptoms of fatigue, nausea, pain, and diarrhea. These benefits can be gained through moderate physical activity on most, if not all days of the week.

Moderate activities are those that make you breathe as hard as you would during a brisk walk. Activities such as walking, biking, and swimming are considered moderate, so are activities such as yard work and brisk house cleaning. Ideally, you should take part in at least 30 minutes of moderate activity each day. Cancer survivors can find many ways to work physical activity into their daily lives. Parking further away and using stairs instead of elevators are easy ways to be more active throughout the day. A little bit of physical movement is far better than none and more benefit can be gained by slowly increasing to greater amounts of physical activity. In choosing a level of activity, it is important to consider your physical function and previous levels of activity. It is also important to talk to your doctor before changing your level of physical activity.

It is satisfying to have something we can use to fight recurrence. We want a real weapon to fight back with -- something that will give us insurance against the cancer coming back. Doctors and patients wish that there were such a magic potion or formula. However, even with our current understanding of the process of cancer development and growth, this disease remains mostly a mystery and not within human control. We have, however, tried to share with you some of the things you can do to improve your overall health and sense of well-being.
SOME COMMON QUESTIONS AFTER TREATMENT

Can I be assured the cancer will never come back?
No, it is not possible to guarantee that once you have completed cancer treatment that your cancer will never come back. Although your doctor may say, “Your cancer is gone” or “I think I removed all the cancer” or “I see no evidence of any cancer,” the fact remains that there is always a chance that there are some cancer cells left in your body that survived, even though they cannot be seen or found with any test available today. These cells can begin to grow over time and cause your cancer to recur.

And while you don’t want to ever think about the chance of having a second cancer, it is possible. Having one cancer doesn’t make you immune to having a second or even a third different cancer.

Some people find it very hard to get this thought out of their minds. While it is useful to take measures to prepare for the chance that the cancer can return, the thought can become a fear that interferes with daily life for some people. Some people can deal with these thoughts by distraction, or by focusing on what is most important to them on a day-to-day basis. Others must take further measures, such as joining a peer support group or seeing a mental health professional. After the stress of cancer, dealing with the emotional pain can be vital to moving on with your life.

Why is a “no-cancer guarantee” not possible?
A recurrent cancer starts with cancer cells that the first treatment didn’t fully remove or destroy. Some may have been too small to be detected in follow up tests, scans, or blood work. This does not mean that you received the wrong treatment. It does not mean that you did anything wrong after treatment, either. It means that a small number of cancer cells survived the treatment you received. Over time, these cells grew into tumors or cancer that your doctor can finally detect as a recurrence.

Just as it happened the first time, there is also a chance that your normal cells may, for a variety of reasons, develop the same damage in their DNA (DNA holds genetic information on cell growth, division, and function). This damage then causes a gene (a small section of DNA) to change or mutate. When genes mutate, they can become oncogenes, which allow cells to become cancer cells that divide quickly and out of control.

There is also something called a tumor suppressor gene, which tells cells when to repair damaged DNA and when to die (a normal process called apoptosis, or programmed cell death). This gene is like the brake pedal on a car. Just as a brake keeps a car from going too fast, a tumor suppressor gene keeps the cell from dividing too quickly. When tumor suppressor genes are mutated or turned off -- that is, when the brakes fail -- the cells divide very fast, allowing cancer cells to develop. Changes in tumor suppressor genes can be inherited (you are born with them), or they can happen during your life.

Not all of the growth factors for cancer cells have been found yet. Even
though treatment may appear to have gotten rid of all of the cancer, there may be just one tiny cancer cell left someplace in the body. This cell may be “asleep” and not cause any harm for many years. Suddenly, something can happen that will change the immune system and “wake up” the cell. When it becomes active it can grow and make other cells. The result can be a cancer recurrence.

Cancer is not predictable. In most cases it will never come back, but in some cases it will. That’s why doctors cannot guarantee cancer will stay gone forever.

What should I be looking for if I am worried about a recurrence?
It is easy to obsess about every ache and pain if you are worried about your cancer returning. But in reality, there are few major symptoms that could mean serious problems. If you have any of the problems listed below, tell your doctor at once.

• return of the cancer symptoms you had before (for example, a lump or new growth where your cancer first started)
• new or unusual pain that seems unrelated to an injury and does not go away
• weight loss without trying
• bleeding or unexplained bruising
• a rash or allergic reaction such as swelling or severe itching or wheezing
• chills or fevers
• headaches
• shortness of breath
• bloody stools or blood in your urine
• lumps, bumps, or swelling
• nausea, vomiting, diarrhea, loss of appetite, or trouble swallowing
• cough that doesn’t go away

Whenever you have a symptom, your first thought might be that your cancer has returned. Remember that there are illnesses and medical problems that have nothing to do with your previous cancer. You can still get colds, infections, arthritis, heart problems, etc. -- just like anyone else. As with any illness, your doctor is the best person to find the cause of your symptoms. You should be aware that some cancer treatments may cause future health problems. These problems may not appear right away and some don’t appear until years after treatment. Ask your doctor:

• whether the treatment you had can put you at risk for short- or long-term problems
• what those problems are and how you can recognize them
• what you should do to take care of your health
What does it mean when they say “five-year survival rate”?
The five-year survival rate refers to the percentage of patients who are alive at least five years after their cancer is diagnosed. Many of these people live much longer than five years after diagnosis. The five-year rate is used as a standard way of discussing prognosis or the outlook for survival.
You may also hear the term five-year relative survival rate. Relative survival compares survival among cancer patients to that of people not diagnosed with cancer, but of the same age, race, and sex. It is used to adjust for normal life expectancy when cancer is not present. Five-year relative survival rates are considered to be a more accurate way to describe the prognosis or long-term outlook for groups of patients with a particular type and stage of cancer, but cannot be used to predict individual cases.
Keep in mind that five-year rates are based on patients who were diagnosed and first treated more than five years ago. These statistics may no longer be accurate because improved treatments likely result in a better outlook for those who were diagnosed more recently.
There is another point to remember when discussing survival rates. Survival rates are looking at survival only, not necessarily whether the person is disease-free five years after diagnosis. They are based on a group of people of all ages and health conditions diagnosed with a certain type of cancer. These statistics include people diagnosed early and those diagnosed late. As with any statistics, they should be used only as a general indicator. They cannot be used to predict any one person’s outcome.

Why won’t the doctor say, “You are cured”? Most doctors avoid using the term “cure” because it implies that your cancer is gone forever. As we have discussed, this is almost impossible to say in any case of cancer. The best a doctor can do is say that they can find no signs of cancer in your body at this time. This is most often stated as “No evidence of disease.” He or she may continue to follow you closely and do tests to watch for any signs of cancer recurring in the future. There is no harm in assuring yourself that you are cancer-free if all the evidence points to that reality. Enjoy the feeling that you do not have cancer. However, be aware that it is still possible for cancer to come back even after you have been cancer-free for five years or more.

What does it mean if the doctor says, “Your cancer is controlled”? A doctor may use the term “controlled” if your tests or scans show that your cancer remains unchanged over time. Another way of defining control would be calling the disease “stable.” “Controlled” means that the tumor does not appear to be growing. Some tumors can stay the same for a long period of time, even without any treatment. Some cancers stay the same size because of the cancer treatment and they are simply watched by the doctor.

What does it mean if the doctor says, “Your cancer has progressed”? If the cancer does grow, the status of your cancer would change and your
doctor might say that your cancer has progressed. Most clinical trials define a tumor as progressive when there is a 25% measured growth in the tumor.

**How is treatment response described?**
Doctors describe a complete response to treatment as that which completely gets rid of all tumors that were able to be “measured” or seen on a test in some way. The decrease in tumor size must last for at least one month to count as a response.

In general, a partial response means your cancer partly responded to your cancer treatment, but still has not gone away. If you are in a clinical trial this usually is defined more precisely. A partial response is usually defined as at least a 50% reduction in measurable tumor. The reduction in tumor must last for at least one month to qualify as a response.

**How long is treatment given before the doctor can tell whether there is a response?**
The treatment that is first prescribed is based on a great deal of clinical experience collected over the past 20 to 30 years in treating that kind of tumor. However, no two cases are exactly alike, and response to treatment cannot be predicted accurately in all cases.

Standard practice is to wait for two full cycles of treatment before looking for any response to the therapy. This usually takes about two to three months. Response is checked by repeating the tests that show the cancer. If the tumor fails to respond to the first treatment, therapy will be switched, perhaps to a chemotherapy combination that has shown promise in similar cases.

**PREPARING FOR RECURRENCE**
While no one wants to think about it, every cancer survivor needs to be prepared for the chance that their cancer may come back some day. This is very hard to think about, especially right after successful cancer treatment. However, not being aware of this possibility could be dangerous to your long-term health. There are some things you can do and things you should know that will help you deal with the uncertainty of cancer recurrence.

*Keep your health insurance, even after your cancer treatment is complete.*
You probably already know that having cancer is very expensive. Your first cancer experience probably cost a lot of money. You may have had to change your work schedule or job status because of the side effects of a certain treatment. Your partner may have had to take time off from work to help you. These changes affect your finances.

Though money may be tight, if at all possible, keep your health insurance after you have finished your first cancer treatment. You will need regular follow-up care for many years. Unless you are over 65 and can get Medicare, it can be quite difficult to get medical insurance coverage, especially if your cancer comes back. Insurance is expensive, but cancer treatment is even
more costly. There are some options for uninsured people who need cancer treatment, but they are not easy or inexpensive. There are no “free” government programs to pay for cancer care.

For some people, going back to work after having had cancer is very difficult, but they feel they cannot look for a different job because they are afraid to lose their health insurance. While the Health Insurance and Portability Act (HIPAA) is supposed to help you to get insurance coverage when you change jobs, some people are afraid to risk having different coverage in their new job. Although employers are not legally allowed to discriminate against hiring people who have had cancer, cancer survivors are often afraid to look for a new job. They are afraid to discuss their cancer with a new employer.

*Keep your follow-up visits with your doctor.*

While there is no guarantee that seeing your doctor regularly will keep the cancer from coming back, it will allow you to find any recurrence as early as possible. The earlier cancer is found, the better it responds to treatment. It is also reassuring to know that your doctor is closely watching you to be sure that you are still cancer-free. Continue to talk with your health care team. Let them know how you are feeling and discuss any concerns you might have. One of the greatest benefits you will get from your follow-up visits with your doctor will be peace of mind.

*Take the tests your doctor suggests.*

There are tests that you will need to have done as part of your follow-up after cancer treatment. These will help your doctor be sure that you remain in remission (without evidence of disease) and they will vary depending on the type of cancer you had.

For example, if you have prostate cancer and were offered close follow-up with no immediate treatment (watchful waiting), follow-up tests would include a digital rectal exam (DRE) and PSA (prostate surface antigen test) every six months. A needle biopsy of the prostate gland would likely be done within six months, be repeated within 18 months, and done anytime thereafter if it looks like the cancer is growing.

The follow-up for bladder cancer after treatment has been completed includes a visit to your doctor every three months. During these visits your doctor will likely do a cystoscopy (an examination of the bladder with an instrument called a cystoscope—a slender tube with a lens and a light) and collect a urine sample to check for bladder cancer cells.

As you can see, each follow-up schedule will differ based on the specific cancer. Plan to discuss with your health care team what your follow-up care is going to be, what is expected of you, and what you can expect of your health care team during this time.

It is tempting to avoid following all the steps and tests required in follow-up. By the time you have completed treatment for cancer, you may be tired of being a “cancer patient” and just want to forget about this phase of your life.
and move on. It is understandable to want to avoid tests and doctors which may lead you to facing the possibility that your cancer has returned. This is a natural impulse but not the wisest choice.

LEARN TO LIVE WITH UNCERTAINTY
Worrying about the cancer coming back (recurring) is normal, especially during the first year after treatment. This is one of the most common fears people have after cancer treatment. Even years after treatment, this fear may always be in the back of your mind. As time goes by, many people say that their fear of cancer returning decreases and they find themselves thinking less often about their cancer. However, even years after treatment, some events can cause you to worry about your health. These may include:

- follow-up visits
- anniversary events (like the date you were diagnosed, had surgery, or ended treatment)
- birthdays
- illness of a family member
- symptoms similar to the ones you had when you found you had cancer
- the death of someone who had cancer

Here are some ideas that have helped others deal with uncertainty and fear and feel more hopeful:

- Be informed. Learning what you can do for your health now and about the services available to you can give you a greater sense of control.
- Be aware that you do not have control over some aspects of your cancer. It helps to accept this thought rather than fight it.
- Observe fearful thoughts without judging them and practice letting them go. It is normal for these thoughts to enter your mind, but you do not have to keep them there. Some people picture them floating away, or being vaporized. Others turn them over to a higher power. However you do it, letting them go can free you from wasting energy on needless worry.
- Express feelings of fear or uncertainty with a trusted friend or counselor. Being open and dealing with their emotions helps many people feel less worried. People have found that when they express strong feelings, like fear, they are more able to let go of these feelings. Thinking and talking about your feelings can be hard. While it is important not to let cancer “rule your life,” it may be hard to do. If you find cancer is “taking over” your life, it may be helpful to find a way to express your feelings.
- Take in the present moment rather than thinking of an uncertain future or a difficult past. If you can find a way to be peaceful inside yourself, even for a few minutes a day, you can start to recall that peace when other things are happening — when life is busy and confusing.
- Work toward having a positive attitude, which can help you feel better about life now.
• Use your energy to focus on wellness and what you can do now to stay as healthy as possible. Try to make healthy diet changes. If you are a smoker, this is a good time to quit.
• Find ways to help yourself relax.
• Exercise and be as active as you can.
• Control what you can. Some people say that putting their lives back in order makes them feel less fearful. Being involved in your health care, getting back to your “normal” life, and making changes in your lifestyle are among the things you can control. Even setting a daily schedule can give you more power. And while no one can control every thought, some say they’ve resolved not to dwell on the fearful ones.

Some reactions to the stresses of survivorship
For the most part, cancer survivors and their family members respond well to the stresses of survivorship. Sometimes though, physical problems or other stresses related to cancer and everyday life can sometimes lead to intensely distressing emotions that need medical attention. Some survivors, and their family members, can experience periods of high anxiety that may or may not be triggered by reminders of the upsetting aspects of treatment. They may develop three types of symptoms typically seen in people with posttraumatic stress disorder (PTSD), including (1) unwanted recall of unpleasant memories of cancer, (2) physical or emotional overreactions, and (3) going out of the way to avoid reminders of cancer. Cancer survivors and their family members do not develop all three types of symptoms and PTSD. Yet one or two of these symptoms can nonetheless get in the way of relationships, work and other key areas of daily life in survivorship.

Personal growth can be another reaction to the stresses of survivorship. After years of living with cancer, some survivors and their family members may find that they have undergone meaningful and beneficial changes in themselves, their relationships with other people, and their values as a result of their experiences. It does not mean that these survivors would choose to have had cancer, but that they have been able to find some positive changes in their lives as a result of surviving that stressful experience. Experiencing these positive changes is sometimes referred to as posttraumatic growth.

Risk factors
Several factors can affect the development of depression and anxiety with symptoms of posttraumatic stress after diagnosis and treatment of cancer, including:
• Female gender
• Adolescent or young adult age
• Prior trauma
• Mental health
• Low levels of social support
• Family history of depression, anxiety, or PTSD
- Cancer of the brain or spine (central nervous system - CNS)
- Cancer treatment to the CNS (radiation to head, chemotherapy into spinal fluid)
- Treatment with Hematopoietic Cell Transplant (bone marrow or stem cell transplant)

WHEN TO SEEK HELP
People with distress that (1) lasts two weeks or more, and/or (2) interferes with their ability to do key home or work tasks, should call their healthcare provider to discuss the need for a referral to a mental health professional. Because physical health problems can cause these same symptoms, a thorough check-up by your primary healthcare professional is recommended if they occur. Some possible signs that help is needed can include:
- Changes in appetite and weight
- Crying easily or being unable to cry
- Constant tiredness and low energy level
- Sleeping a lot
- Not sleeping well
- Feeling hopeless; thoughts of death, escape, suicide
- Increased irritability
- Decreased interest in activities that had been pleasurable in the past
- Unwanted recall of painful aspects of cancer
- Feeling extremely fearful, upset or angry when thinking about cancer
- Physical reactions (rapid heart rate, shortness of breath, nausea) when thinking about cancer
- Avoiding health care visits
- Refusing to talk about cancer

FINDING MEANING
After treatment a survivor may become aware that life has changed in ways unexpected. Some survivors may begin to try to find meaning in their cancer experience and come to an understanding what it means for their life now. Some may accept that treatment has ended and never question it. Some reasons a survivor may want to find meaning in their life after cancer:
- To find an understanding of why the illness occurred
- To understand more about the effect the illness had on their lives
- To take a deeper look into who they are now after treatment has ended
- Relationships have changed

At times thinking too much about your cancer experience and trying to find meaning may become overwhelming. If this happens try not to focus on those thoughts constantly and focus on other things for awhile. Finding
meaning does not happen over night. The search can come and go and may last for months or even years. Some suggestions for finding meaning in your life include:

- Find a journal and write down your thoughts, feelings and emotions. Compare yourself to who you were at the beginning of your diagnosis and who you are now that treatment has ended.
- Participate in a support group with other survivors.
- Talk to a counselor.

GRIEF AND LOSS

A loss is when you lose someone or something that was important to you. Grief is the response from the loss. It is necessary to understand that grief is normal when you experience a loss. Grief is different for each individual from how long it lasts, to how intense and what it means. Some losses that survivors experience are:

- Physical losses
- Emotional losses
- Social/relationship losses
- Financial losses

How cancer survivors tell they are grieving?

- Sadness
- Emotional Numbness
- Lack of energy
- Withdrawal for family and friends
- Denial
- Lack of concentration

Every survivor’s reactions to grief and loss are different. In the beginning the periods of grief can be very intense but as time goes on the reactions and responses become less frequent. There is normal grief and then there is grief that begins to affect your everyday life. Some questions you may want to ask yourself to determine if your grief is normal and if you need counseling would be:

- Do I allow others to help me or do I withdraw from my family and friends?
- Am I enjoying life?
- Are your emotions and reactions becoming less frequent or are they taking over your thoughts constantly?
- Can you express your feelings or are you having a hard time showing emotions?

If you can answer “yes” to these questions then more than likely your grieving process is normal. If not, you may want to talk to other survivors or seek counseling.
HOPE
Hope is the belief that there is a positive outcome down the road and can help move one forward and find strength and courage when those not so good days arise. For cancer survivors having hope even through difficult days and challenges will allow the survivor to help put away any doubts or fears so that they can focus on their situation with a positive attitude.

Different ways survivors can find hope are:
- Talk to other survivors about their experiences and challenges
- Talk with family and friends that will support you along the way.
- Look forward to events that maybe coming up like anniversaries, birthdays, graduations or family gatherings

GET SUPPORT
A support group can be a powerful tool for both survivors and families. Talking with others who are in situations like yours can help ease loneliness. You can also get useful ideas from others that might help you.

There are many kinds of support programs, including individual or group counseling and support groups. Some groups are formal and focus on learning about cancer or dealing with feelings. Others are informal and social. Some groups are made up of only people with cancer or only caregivers, while others include spouses, family members, or friends. Other groups focus on specific types of cancer or stages of disease. The length of time groups meet can range from a certain number of weeks to an ongoing program. Some programs have closed membership and others are open to new, drop-in members.

It is very important that you gather information about any support group you are considering. Ask the group facilitator what types of patients are in the group and if anyone in the group is dealing with survivorship issues.

Another option for support may be online support groups. The Cancer Survivors Network, an online support community supported by your American Cancer Society is just one example. You can visit this community at www.acscsn.org. There are many other good communities on the Internet that you can join as well. You may also enjoy a person to person connection with a counselor who can give you individual attention and encouragement. Your doctor may be able to recommend a counselor who has experience with cancer survivors.

Religion can be a source of strength for some people. Some find new faith during a cancer experience. Others find that cancer strengthens their existing faith or their faith provides newfound strength. If you are a religious person, a minister, rabbi, other leader of your faith, or a trained pastoral counselor can help you identify your spiritual needs and find spiritual
support. Some members of the clergy are specially trained to help minister effectively to people with cancer and their families.

Support in any form allows you to discuss your feelings and develop coping skills. Studies have found that support group participants have an improved quality of life, including better sleep and appetite. You can contact your American Cancer Society to find out about sources of support available in your community.

WHEN TREATMENT ENDS
When treatment ends, people begin a new chapter in their lives, one that can bring hope, happiness — and fear. The fear of recurrence is common among cancer survivors and can sometimes be quite intense. Because no two people are alike, each person has his or her own way of coping. Learning to manage these emotions will take time and practice.

Keep in mind that you are a cancer survivor and remember the good news: you are one of more than 10 million Americans alive today who has had cancer, and the survival rate is improving all the time.

Works Cited
Adapted from The American Cancer Society
www.cancer.org

Adapted from Children’s Oncology Group Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent, and Young Adult Cancers
www.survivorshipguidelines.org