

# Men & the Big C



A no fuss guide to **men's cancers**



# Contents

Lung cancer	5
Bowel cancer	6
Testicular cancer	7
Prostate cancer	8
Skin cancers	10
Brain cancer	12
Stomach cancer	13
Bladder cancer	14
Oesophageal cancer	16
Primary Liver cancer	18
Pancreatic cancer	20
Lymphoma	22
Head and neck cancers	24

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# Introduction



*Professor Max Schwarz,  
Head Medical Oncology*

**Many cancers are caused by a combination of ageing, genetics and other uncontrollable factors. However, there are some that are “man-made”, so to speak.**

This means there are some factors that are in your control. You can make a real difference to your own health and help ward off illness by making some simple lifestyle changes. These include quitting smoking, moderating your alcohol intake, improving your diet, getting regular exercise, being sunsmart and making sure you have regular check-ups with your GP.

You can also educate yourself by becoming aware of the symptoms of the various forms of cancer and acting fast. Something that is always worth remembering is, the earlier you detect cancer, the better your chances of fighting it and beating it.

Behind the scenes, Alfred medical researchers are actively investigating new treatments for various cancers and have made some inroads in the treatment of blood cancers, in eradicating tumours through new radiotherapy techniques and improving treatment outcomes in various cancers, including bowel cancer, with the combined use of newer biological treatments (which use the body’s immune system to fight cancer or lessen side effects of treatments).

This booklet has been developed to help you learn about the symptoms you need to look out for and what you need to do to improve your chances of remaining healthy. It is also hoped that it will reinforce the importance of seeing your GP for regular check-ups.



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# LUNG CANCER



*Dr Jeremy Ruben,  
Radiation Oncologist*

**We've all seen the ads warning people about the dangers of smoking. But let's put it in basic terms - lung cancer is the cancer that causes the most deaths in Australia.**

**And the facts are indisputable – 90 per cent of lung cancers are caused by cigarette smoking. These are alarming statistics that we shouldn't shy away from.**

## **Symptoms**

There are a number of symptoms associated with lung cancer.

These include a cough that won't go away, a change in a chronic cough, or blood in the sputum (fluid coughed up from the lungs) and breathlessness.

## **How is it diagnosed?**

A number of tests can be used to diagnose lung cancer. These can include chest X-rays, CT scan and bronchoscopy (inserting a tube through the mouth or nose, with a sample of tissue and phlegm taken).

## **What can I do?**

- Quit smoking. By quitting smoking your risk of lung cancer will gradually begin to reduce over time.
- Call Quitline on 13 78 48 for all the help and guidance you may need.
- Have a plan for what to do when you feel you want to smoke.
- Eat healthily - a diet rich in fruit and vegetables may offer a protective effect against lung (and other) cancers.

# BOWEL CANCER



*Dr Andrew Haydon,  
Medical Oncologist*

**Colorectal cancer (which includes bowel, colon and rectum cancers) mainly affects men aged over 50. Your risk increases rapidly after 50 years. Over a lifetime, one in 20 men in Australia will develop bowel cancer.**

Most bowel cancers develop from tiny growths called polyps, although not all polyps become cancerous. Cancer can narrow and block the bowel and cause bleeding. It is one of the most curable cancers, if detected early.

## **Symptoms**

The most common symptoms are blood in faeces, very dark faeces (if blood has been sitting in the bowel) or a change in the bowels, such as diarrhoea or constipation, fatigue, weight loss and cramping. However, in its early stages, bowel cancer often has no symptoms.

## **How is it diagnosed?**

Doctors may need to do carry out an examination of the back passage – with a finger in the backside test.

Also, those over 50 years old can complete a simple faecal occult blood test at home. This testing is sent out through the mail to those turning 50, 55 or 65. Alternatively, kits can be purchased at your local chemist.

For more information visit:  
<http://www.cancerscreening.gov.au>.

## **What can I do?**

- Men over 50 should have a faecal occult blood test every two years. These can reduce mortality rates by 30 per cent. Those with a family history, a history of polyps or inflammatory bowel disease should have this test on an annual basis.
- It is recommended that those with a strong family history of bowel cancer should have a colonoscopy every five years.
- Improving your diet is a great start. A poor diet and obesity increases the risk of cancer – so endeavour to eat more fruits, vegetables and fibre, but less fat. Also, try to avoid processed meats (like sausage and salami).
- Smoking and alcohol are both cancer triggers. Not smoking or over-indulging in alcohol (no more than two drinks a day is recommended) are steps to take to reduce your risk factors.
- Exercise. Keeping active is an important factor. Exercising could reduce your risk by up to 50 per cent. Studies show exercise is more significant in reducing bowel cancer than any other cancer. Do your best to do a minimum of three 30-minute exercise sessions per week. The more exercise you do, the better.

# TESTICULAR CANCER



*Associate Prof. Jeremy Millar,  
Director, William Buckland  
Radiotherapy Centre & Radiation  
Oncologist*

**Of all the cancers affecting men, testicular cancer is relatively uncommon, with less than 200 cases reported in Victoria annually. A diagnosis of this cancer is not usually terrible news as 95 per cent of men with this cancer will be cured.**

**In most years, only two or three men a year have died from testicular cancer in Victoria. Two-thirds of cases are cured with surgery alone, but treatment may also include radiotherapy and chemotherapy.**

Even when the disease is widely spread at diagnosis, most of these men can be cured with the use of aggressive chemotherapy.

Most cases of testicular cancer occur in men in the 25 to 45 year age group.

## **Symptoms**

Common symptoms are a lump or swelling of the testis.

## **How is it diagnosed?**

Usually men notice a change in the size of the testicles themselves. Doctors then use an ultrasound to examine any mass in the testicles. Blood and urine tests may also be used to assist with the diagnosis.

## **What can I do?**

Self-examination is very important. Be aware of any changes in your testicles, including any painless swelling, lumps or changes in size. If you notice any of these be sure to consult your doctor immediately. Most lumps in the testicles are not cancer, but it is always worth seeing your doctor to make sure everything is okay.



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# PROSTATE CANCER



*Mr Peter Royce,  
Director, Urology*

**Prostate cancer is the second most common cancer diagnosed in men. The positive news is that if it's found early enough, the cure rate is very good.**

**In fact, two-thirds of men will not die from this cancer as it will not progress sufficiently enough within their lifetime to cause harm.**

**In Victoria, about 4,000 men are diagnosed with prostate cancer each year. The majority of these men are over 60 years of age.**

The prostate is a small walnut-sized gland found only in men. It sits just below the bladder. Many men can live with prostate cancer without any symptoms or effects. In statistical terms, there is a 10 per cent chance of being diagnosed with prostate

cancer by 75 years and a 1 per cent chance of dying from it by 75 years.

Having a family history of this disease puts you at increased risk. Interestingly, those of Asian descent have a much lower risk of prostate cancer.

## **Symptoms**

Often there are no symptoms of prostate cancer. Some men report frequent urination at night while others experience difficulties starting and stopping urination.

Symptoms can also include pain when passing urine, blood in the urine or semen and a feeling that the bladder can't be fully emptied.

Experiencing these symptoms does not necessarily mean you have prostate cancer – it could point to an enlarged prostate rather than cancer – but should always be investigated nonetheless.

### How is it diagnosed?

There are tests that may detect prostate cancer early such as a digital rectal examination and a blood test for Prostate Specific Antigen (PSA).

### What can I do?

- Keep your weight down and reduce your intake of saturated fats.
- Include at least five serves of vegetables in your diet each day. Research shows

that antioxidants in vegetables can lower your risk of prostate cancer (especially cooked tomatoes and broccoli) as well as reducing incidence of colon cancer and heart disease.

It is also thought that soy milk and tomatoes (particularly cooked with the skin on) may help prevent prostate cancer.

- Men aged over 40, with or without a family history of prostate cancer, should consider an annual prostate check.



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# SKIN CANCER



*Dr John Kelly,  
Head, Victorian Melanoma  
Service The Alfred*

**Australia has one of the highest rates of skin cancer in the world. In fact, more than half of Australians will develop some form of skin cancer before the age of 70.**

**The combination of high UV levels in summer and the quest for a tan has led to skin cancer being the most common cancer in Australia.**

**More than 1,700 people die from skin cancer each year. However, it is one of the most preventable cancers and very treatable if found early.**

**There are three types of skin cancer:**

- **Basal cell carcinoma:** the most common and least dangerous. This appears as a new spot and looks like a pink or pearly patch or lump.

Over months it grows bigger and may bleed occasionally. It may crust and be slow to heal.

- **Squamous cell carcinoma:** these occur most often on areas exposed every day to the sun such as neck, hands and forearms. They generally develop as a small, tender, red lump, often with a rough scaly top.

- **Melanoma:** the most dangerous form of skin cancer and normally associated with multiple sunburns. Nearly 10,000 new cases are diagnosed in Australia each year, with 1,200 dying from melanoma. It is usually curable if caught early. However, if it spreads to other parts of the body it can be very difficult to cure. Melanomas most often develop as a new spot. They enlarge progressively and become more irregular in shape and colour over a period of months.

## Symptoms

Symptoms include changes in size and shape of moles, spots or freckles. They may become mottled in colour and persistently itch or feel sore over a period of months.

## How is it diagnosed?

Your doctor will examine the suspicious spot, mole or freckle. If they suspect skin cancer they will take a biopsy (a tissue sample) to confirm the diagnosis.

## What can I do?

- Regularly check your skin for any new or changed lumps or spots. This should be done every three months (for example at the start of every season) and note any changes.
- Be sunsmart. Prevention is always better than cure. Slip, slop, slap at every opportunity. Cover up, put on the sunscreen, wear a hat, seek the shade

and wear sunglasses, particular between 10am and 3pm in summer when UV levels are at their highest. Some sun is good for your health (for vitamin D) but too much UV can cause sunburn, skin and eye damage and skin cancer.

- See your local doctor if any of your moles or freckles grow, change shape or colour, bleed or ulcerate. It is also worth visiting them if you develop any new spot.
- Teach your children to be sunsmart. Over-exposure to UV rays during childhood and adolescence is known to be a major cause of skin cancer. Eliminate this risk through education.
- Avoid solariums. These radiate with both UVA and UVB radiation (five times as strong as the midday summer sun) and are known to be dangerous to the skin.
- Don't forget to be sunsmart during winter especially when snow skiing or snowboarding, as UV radiation is more intense at high altitude.

## Fact

A tan is a sign that the skin is getting UV radiation damage. It is not a sign of good health but rather of the skin cells being in trauma. Every time skin is exposed to the sun or a solarium, the total lifetime dose of UV radiation is increased. All types of sunburn, whether serious or mild, can cause permanent and irreversible skin damage and can lay the groundwork for skin cancer to develop later in life.

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# BRAIN CANCER



*Dr Mike Dally,  
Radiation Oncologist*

**It is worth mentioning at the outset that most headaches are not brain tumours. A GP will see hundreds of headache patients for every one with a brain tumour. Brain cancer affects adults of all ages.**

**Most brain tumours (of which there are over 100 different types) develop from glial cells which grow from the supporting cells of the brain.**

Not all brain tumours are malignant (cancerous). Some are benign and unlikely to spread. Approximately 400 Victorians are diagnosed with cancerous tumours of the brain and spinal cord each year.

## **Symptoms**

Headaches are the most common symptoms of a brain tumour. They can be severe and persistent or come and go.

Other symptoms can include seizures; nausea and vomiting; loss of balance; difficulty speaking; paralysis in parts of the body; disturbed vision, hearing, smell or taste; personality changes like irritability and loss of consciousness. Many of these symptoms can indicate something other than a brain tumour but if symptoms are ongoing, see your doctor.

## **How is it diagnosed?**

Your GP will refer you to a neurologist for diagnosis. Depending on the type of brain tumour, tests could include a neurological exam testing your reflexes, memory, sensation tests and muscle strength, an eye test, CT scan or MRI.

## **What can I do?**

Unlike most cancers, where lifestyle is important, there is no diet, exercise or stress-free approach to life that helps prevent brain tumours.

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# STOMACH CANCER



Associate Prof. Stuart Roberts,  
Director Gastroenterology

**Stomach cancer is twice as common in men than it is in women. It is also one of the 10 most common cancers in Victoria. More than 500 people are diagnosed with stomach cancer in Victoria each year. It is uncommon in those aged under 50.**

**The good news is that the number of those with stomach cancer is falling in Australia.**

## Symptoms

One of the difficulties in diagnosing stomach cancer is that its symptoms are usually vague and can be common to other medical conditions. Some people experience pain in the upper or middle abdomen that feels like gas or heartburn or a sensation of feeling full when they haven't eaten much. Other symptoms may include feelings of indigestion, nausea, difficulty swallowing, loss of appetite, weight loss, blood in vomit, black coloured faeces and fatigue.

## How is it diagnosed?

There are several ways this condition may be diagnosed. Most commonly, doctors may do an endoscopy/gastroscopy under anaesthetic. This involves using a thin tube that passes down the throat to examine the oesophagus, stomach and upper part of the bowel.

If unusual tissue is seen, doctors may take a biopsy during this process. Other diagnostic tests may include an upper gastrointestinal X-ray, abdominal CT scan, endoscopic ultrasound, PET scan and blood tests.

## What can I do?

- Do your best to eat well. Improved diet is believed to have contributed to a fall in the rate of stomach cancer in recent times. A diet high in smoked, pickled and salted foods and low in fresh fruit and vegetables puts you at greater risk of this form of cancer.
- Don't smoke. Smoking adds to your risk of stomach cancer and should be avoided.
- See your GP. Stomach cancer grows slowly. It may grow for many years before any symptoms are felt. It can also grow through the wall of the stomach into nearby organs like the liver or colon. It's very important to visit your doctor if you experience any of the symptoms highlighted above.

# BLADDER CANCER



*Mr Jeremy Grummet,  
Urologic Surgeon*

**Bladder cancer affects twice as many men as it does women. More than 1,000 Victorians are diagnosed with bladder cancer each year. It is most common in those aged over 55 years.**

**Smoking is the single greatest risk factor for bladder cancer. Other risk factors include chronic bladder infections, exposure to certain chemicals at work and drug therapy for other cancers.**

## **Symptoms**

Commonly, symptoms for bladder cancer include blood in the urine, frequent urination or a feeling of needing to urinate without producing much urine.

Be aware that these symptoms are linked with many other conditions, like a simple urine infection, that may have nothing to do with cancer. Sometimes, bladder cancer has no symptoms until it reaches an advanced stage.

## **How is it diagnosed?**

Tests used to diagnose bladder cancer may include a urine test, a CT scan and a cystoscopy (looking inside the bladder with a telescope).



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### **What can I do?**

- Quit smoking. Call Quitline on 13 78 48 for all the help and guidance you may need.
- Eat healthily. People whose diets include large amounts of fried meats and animal fats are thought to be at higher risk of bladder cancer.
- Drink plenty of fluids. This may dilute any cancer-causing substances in the bladder and may help flush them out before they can cause damage.
- If you have had bladder cancer, have regular checks for the rest of your life. Of all types of cancer, bladder cancer has an unusually high recurrence rate (50 to 80 per cent).
- If working with chemicals, especially in rubber and leather processing, textiles, hair colouring, paints, dyes and printing, follow strict protection procedures to prevent exposure to harmful chemicals.



# OESOPHAGEAL CANCER



Associate Prof. Stuart Roberts,  
Director, Gastroenterology

**Oesophageal cancer refers to the cancer that forms in the tissues lining the oesophagus (the tube which passes food from the throat to the stomach).**

**It is more common for men to contract oesophageal cancer than women. Approximately 330 Victorians develop oesophageal cancer each year. Most are aged over 50 years. If not treated early, oesophageal cancer can spread to nearby lymph nodes and then to other parts of the body.**

## Symptoms

Early on, there are often no signs or symptoms of this cancer. As the cancer grows, most common symptoms include getting food stuck in the oesophagus (so that it has to come back up), pain when swallowing, pain in the chest or back, weight loss, heartburn, fatigue and a hoarse voice or cough that doesn't go away within two weeks.

Factors contributing to the risk of oesophageal cancer include cigarette and alcohol use, and chronic acid reflux. Barrett's oesophagus, caused by the chronic reflux of gastric juices, can trigger changes in the lining of the oesophagus and can sometimes turn cancerous.

It is common for those with oesophageal cancer to also have coeliac disease (intolerance to gluten).

## How is it diagnosed?

Diagnostic tests typically include an endoscopy (a tube which passes through the mouth or nose to the oesophagus) at which time a biopsy of tissue from the oesophagus may be taken to look for cancer cells. Other tests commonly used include X-rays after taking a barium solution (which makes the oesophagus show up more clearly), abdominal and chest CT scan and endoscopic ultrasound.

## What can I do?

- Quit smoking or chewing tobacco. Call Quitline on 13 78 48 for all the help and guidance you may need.
- Keep your weight under control. Cancer of the oesophagus can be related to being overweight or obese.
- Avoid over-indulging in alcohol. This is another risk factor for this cancer.
- Eat well. Regular consumption of fresh fruit and vegetables is an important part of preventing this disease.

- Drink hot drinks at a reasonable temperature. Frequent drinking of very hot liquids is a risk factor for developing oesophageal cancer.
- Stay away from solvents used for dry-cleaning, and other chemical fumes.

### Fact

Acid reflux can lead to cancer of the oesophagus. Acid reflux is the abnormal backward flow of stomach acid into the oesophagus and this stomach acid can damage the oesophagus. But it would take many years of reflux for this tissue damage to lead to oesophageal cancer.

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# PRIMARY LIVER CANCER



Associate Prof. Stuart Roberts,  
Director, Gastroenterology

**While primary liver cancer is one of the less common cancers in Victoria, 75 per cent of those who have this disease are men.**

**Primary liver cancer, which starts in the liver, is uncommon. Secondary liver cancer, which starts somewhere else in the body, usually from the breast, stomach or bowel and spreads to the liver, is the most common liver cancer.**

About three-quarters of cases of primary liver cancer are found in Southeast Asia. It is also very common in sub-Saharan Africa (Mozambique and South Africa). Men and those with cirrhosis from any cause including fatty liver, heavy alcohol use, and hepatitis B and hepatitis C infection are at greatest risk of developing liver cancer.

## Symptoms

There are usually no symptoms in the early stages of liver cancer. This may be due to the small size of tumours and lack of nerves within the liver, meaning no pain can be felt until the outside of the liver or capsule is distended. In later stages, the most common symptom is abdominal pain in the upper right side. Other symptoms can include fever, jaundice (yellow skin and eyes), nausea, weakness, weight loss and loss of appetite.

## How is it diagnosed?

Your doctor may take blood tests to check for a chemical usually found in increased levels in people with primary liver cancer. Other tests may include an ultrasound, CT scan, MRI and liver biopsy. A laparoscopy may be done. This involves a thin mini-telescope being inserted to look at the liver and take a tissue sample.



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### What can I do?

- People with chronic liver disease including cirrhosis and hepatitis B infection are commonly screened with an ultrasound at regular 6 to 12 month intervals to look for signs that a liver cancer is developing. You should ask your doctor about whether you need to have this done.
- Obesity is an important risk factor for liver disease so it is important to eat a healthy diet and exercise regularly to keep your weight in check.
- Avoiding excessive consumption of alcohol will minimise the risk of alcohol-induced liver disease. Remember - the safe limits of alcohol for men is two standard drinks per day (one for women). If you have hepatitis C or B, you should see your doctor to determine if you are at risk of liver cancer and whether treatment is warranted.

### Fact

Often, those with liver cancer will have an enlarged and sometimes tender liver. Liver cancers are very vascular (contain many blood vessels) and cause turbulent blood flow in the artery to the liver. This turbulence results in a distinct sound in the liver and can be heard with a stethoscope in up to half of patients with liver cancer.



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# PANCREATIC CANCER



Mr Peter Evans,  
General & HepatoBiliary Surgeon

**The pancreas is an organ that lies behind your stomach. It has two main functions.**

**It makes insulin, which regulates your blood sugar level and it makes enzymes, which break down food so that it can be absorbed into your body.**

Pancreatic cancer is the eighth most common cancer. Approximately 560 Victorians develop a cancer of this type each year, most of them over the age of 65. However, it is a leading cause of cancer death as this type of cancer has a particularly poor prognosis.

Smokers are at a greater risk of contracting pancreatic cancer. Other possible risk factors include obesity, diabetes and chronic pancreatitis.

## Symptoms

Often called a “silent” disease, pancreatic cancer usually does not cause symptoms in the early stages.

As the disease progresses it has symptoms which are often vague and similar to those caused by less serious conditions. Loss of appetite, nausea and upper abdominal discomfort are the most common early symptoms.

Some people develop back pain. Jaundice, a yellow colour change seen in the eyes and skin, is often the first symptom which suggests these other symptoms are being caused by a problem in the pancreas.

## How is it diagnosed?

There are a number of tests doctors can use to diagnose pancreatic cancer. Usually the most useful test is a CT scan of the pancreas.



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Other tests that may be helpful include MRI, ultrasound, endoscopy (a thin telescope that is passed down the throat), laparoscopy, tissue biopsy with a needle and PET scan (where glucose solution is injected containing a small amount of radioactive material to show up cancerous cells). Some cancers make substances that are released into the blood, called tumour markers. If these are found in high levels they can confirm the presence of a cancer.

### **What can I do?**

There are no proven methods to prevent pancreatic cancer but there are ways to reduce your risk. These include:

- Quit smoking. Call Quitline on 13 78 48 for all the help and guidance you may need.
- Exercise regularly and eat healthily in a bid to maintain a consistent weight. Being overweight or obese is a risk factor for diabetes and pancreatic cancer.
- Improve your diet. A diet rich in fruits and vegetables and whole grains may help reduce your risk of cancer.

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# LYMPHOMA



*Professor Andrew Spencer,  
Head, Malignant Haematology  
and Stem Cell Transplantation*

**Lymphoma is a blood cancer that starts in the lymphatic system and effects the cells that are part of the immune system responsible for fighting disease and infection.**

**There are two types of lymphoma and while they can both occur in the same place, and can have similar symptoms and appearance, they are distinguishable via microscopic examination.**

**They are functionally different and respond to different therapies.**

Non-Hodgkin lymphoma is one of the 10 most common cancers in Victoria, affecting approximately 1,000 people every year. Hodgkin lymphoma is much less common, affecting about 120 Victorians annually.

Lymphoma can occur at any age. Hodgkin's lymphoma is most common in two age groups: young adults (16 to 34 years) and in older people (55 years plus). Non-Hodgkin's lymphoma is more likely to occur in older people.

## Symptoms

Often the first sign of lymphoma is a painless swelling in the neck, under the arm or in the groin. Lymph nodes or tissues elsewhere in the body may also swell. Other symptoms may include fevers that come and go, chills, unexplained weight loss, night sweats, lack of energy, itching and reddened patches on the skin.

Some people also experience nausea, vomiting or abdominal pain. These symptoms are similar to completely unrelated conditions, such as flu or viral infection, but in lymphoma the symptoms persist over time (longer than two weeks).

## How is it diagnosed?

Tests to diagnose lymphoma can include a blood test, a biopsy from the site of any swelling and a laparoscopy (inserting thin tube with camera to take pictures inside the body and a small tool takes a biopsy of the mass). If there is no obvious mass, imaging studies such as X-ray, CT, MRI or PET scans will be carried out.

Treatment for Hodgkin's lymphoma is often very successful, with many people being cured. Non-Hodgkin's lymphoma is also curable but can be harder to treat.

## What can I do?

Several factors have been linked to an increased risk of developing lymphoma and include infections such as HIV, hepatitis B or hepatitis C and Epstein Barr virus.

You can avoid these risk factors by frequent handwashing, practising safe sex and not sharing needles, razors, toothbrushes, and similar personal items which might be contaminated with infected blood or secretions. Also, avoid exposure to toxic chemicals, which also have a link to this cancer.

### Fact

**Clusters of lymph nodes are found in the underarms, groin, neck, chest and abdomen. Other parts of the lymphatic system are the spleen, thymus, tonsils and bone marrow.**

# HEAD AND NECK CANCERS



Associate Prof. Sid Davis,  
Specialist Radiation Oncologist

**Head and neck cancers refer primarily to cancers that occur in the mouth, nose, throat and larynx (voice box), most of which are related to smoking and alcohol use and also the sinuses and saliva glands.**

**A number of other cancers in the head and neck region may be related to sun damage, for instance cancers of the skin and lip and the spread of these cancers to glands.**

These cancers are more common in men and in people over the age of 50.

There is an increasing incidence of cancers in the throat in younger non-smokers, related to HPV infection (the same virus that causes cancer of the cervix in women) and a relatively high incidence of cancers of the back of the nose (the nasopharynx) in Asian populations.

## Symptoms

Head and neck cancers may present as pain or difficulty when swallowing or chewing and a change or hoarseness in the voice. Other symptoms can be a sore throat that does not go away, or a lump or swelling in the mouth, neck, throat or jaw that does not heal.

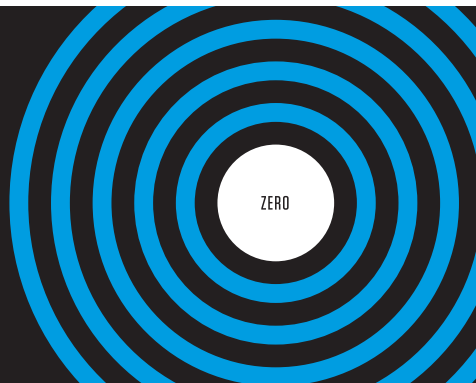
Further symptoms include chronic sinus infections that do not respond to treatment, nose bleeds, frequent headaches, swelling or other trouble with the eyes, pain in the upper teeth, numbness or paralysis of the muscles in the face, ear pain, trouble breathing or speaking, change in speech or difficulty pronouncing words.

These symptoms may also be caused by less serious conditions, so it's important to see your doctor to investigate.

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### How is it diagnosed?

To diagnose head and neck cancers, your doctor would take a detailed history, carry out a physical examination, examining your mouth and throat and feeling for lumps in the neck, lips, gums and cheeks.

Tests may include endoscopy (a thin tube inserted through the nose or mouth to examine the affected area) or scans. You would be referred to a doctor specialising in these cancers.

A biopsy of tissue would usually be taken and examined under a microscope in a laboratory to confirm the diagnosis.

### What can I do?

- Quit smoking and avoid over-indulge in alcohol – both are risk factors for head and neck cancers.
- Avoid other risk factors, including prolonged sun exposure and certain industrial exposures, such as hard wood dust inhalation.

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## Conclusion

Cancer treatments have come a long way in recent years, and usually involve surgery, chemotherapy, radiotherapy, biological therapy, or a combination of these.

As always, early diagnosis is important. The best thing you can do is look after your health and minimise your risk factors.

Stop smoking, drink responsibly, exercise and maintain a healthy diet. Aim for a stress-free lifestyle and book regular checkups with your GP.

Listen to your body. If you get the feeling something is not quite right make an appointment to see your doctor.

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## Acknowledgements

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