

Cancers with Strongest Evidence of Carcinogenicity

1. Mesothelioma

Description:

Mesothelioma is cancer that starts in the mesothelial cells which cover most internal organs. There are two main types:

- **Pleural mesothelioma**—a cancer that starts in the membranes that covers the lungs. It accounts for about 95% of all mesotheliomas. It is not the same as lung cancer—it is diagnosed and treated differently.
- **Peritoneal mesothelioma**—a cancer that starts in the lining of the abdomen. It accounts for less than 5% of all mesotheliomas.

Prevalence:

In 2023, 617 Australians were diagnosed with mesothelioma with the median age at diagnosis being 77 years old [10]. In 2021, 179 Queenslanders were diagnosed with mesothelioma [1]. Men are 4 times more likely than women to be diagnosed with pleural mesothelioma, probably because asbestos exposure is more common in jobs traditionally done by men, like building and plumbing. People cleaning clothes with asbestos fibres on them, or spending times in areas where asbestos has been disturbed (e.g. during renovations or maintenance) can also develop mesothelioma.

Risk factors:

The only known risk factor for mesothelioma is exposure to asbestos, which causes 90% of mesothelioma cases. It usually takes 40 years for someone to develop mesothelioma after exposure to asbestos, but it can take anywhere between 10-60 years. Consequently, mesothelioma is more common in people over the age of 65, however, it can still occur in younger people. Since 2004, Australia has banned the sale, reuse and/or import of asbestos. However, asbestos is still found in many older buildings (most likely built between 1940s to 1987) and some products from overseas.

Prevention:

Reducing your exposure to asbestos is the most likely way to lower your risk of mesothelioma, whether at work or in the home. Australia has a code of practice on managing and controlling asbestos: www.safeworkaustralia.gov.au. Queenslanders should visit www.worksafe.qld.gov.au for information on asbestos removal and carrying out asbestos-related work.

Screening:

There is currently no national screening program for mesothelioma available in Australia.

Pleural mesothelioma symptoms:

- shortness of breath
- chest pain
- pain in the shoulder and upper arm
- sensitive skin
- loss of appetite and/or weight loss
- loss of energy
- persistent cough or a change in a person's usual cough
- excessive sweating, especially at night

Peritoneal mesothelioma may cause:

- swollen or painful abdomen
- loss of appetite
- nausea and/or vomiting
- fever or night sweats
- bowel or urinary problems

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain
- think you have been exposed to asbestos in the past

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Mesothelioma](#), a guide for people with cancer, their families and friends. It has information on seeking compensation, diagnosis, treatment decisions, managing symptoms and living with or caring for someone with mesothelioma.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](#) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

2. Bladder cancer

Description:

Bladder cancer starts in the cell of the bladder's inner lining.

There are three main types of bladder cancer:

- **Urothelial carcinoma** (also called transitional cell carcinoma or TCC)—starts in the urothelial cells lining the bladder wall. It accounts for 80-90% of all bladder cancers.
- **Squamous cell carcinoma**—starts in the thin, flat squamous cells that line the bladder. It accounts for 1-2% of all bladder cancers.
- **Adenocarcinoma**—starts in mucus-producing glandular cells in the bladder. It accounts for 1% of all bladder cancers.

Prevalence:

In Australia, it is estimated that 3,319 people will be diagnosed with bladder cancer in 2024 with the average age at diagnosis being 75 years old [11]. In Queensland, there were 626 cases of bladder cancer in 2021 [1].

Risk factors:

Some factors that can increase your risk of bladder cancer include:

- smoking tobacco—people who smoke are up to 3 times more likely than non-smokers to develop bladder cancer
- older age—about 90% of people diagnosed with bladder cancer in Australia are aged over 60
- being male—men are about 3 times more likely than women to develop bladder cancer
- workplace exposure to certain chemicals called amines, benzene products and aniline dyes—these are sometimes used in the work of printers, painters, hairdressers, machinists, firefighters and truck drivers
- use of the chemotherapy drug cyclophosphamide
- previous radiation therapy to the pelvic area
- diabetes treatment using the drug pioglitazone
- family history
- chronic urinary tract infections

Prevention:

While it is not possible to prevent bladder cancer, it is possible to reduce your risks such as by not smoking or quitting smoking and avoiding exposure to the chemicals listed above.

Screening:

There is currently no national screening program for bladder cancer available in Australia.

Symptoms:

The most common symptom of bladder cancer is blood in the urine (haematuria), which usually occurs suddenly and is generally not painful.

Other less common symptoms include:

- problems emptying the bladder
- a burning feeling when passing urine
- need to pass urine often
- pain while urinating
- lower abdominal or back pain (less common)

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain
- think you have been exposed to the chemical/s listed

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Bladder Cancer](#), a guide for people with cancer, their families and

friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with bladder cancer.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](tel:131120) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

3. Colon cancer

Description:

Colon cancer is cancer that starts in the inner lining of the colon. It often begins with small growths called polyps.

The *Workers' Compensation and Rehabilitation Act 2003* in Queensland includes 23 cancers and diseases presumed to be work-related for firefighters, including primary colorectal cancer, often referred to as bowel cancer. According to the IARC there is limited evidence linking colon cancer specifically to firefighting. This level of evidence, while limited, is stronger than the evidence for colorectal cancer as a whole, likely due to how colon and rectal cancers are often grouped together in studies. Since colon and rectal cancers share many risk factors, symptoms, and screening approaches, much of the relevant information applies to both types of cancer, which is why they are often discussed together.

Prevalence:

In Australia, it is estimated that 15,542 people will be diagnosed with colorectal cancer in 2024 with the average age at diagnosis being 69 years old [12]. In Queensland, 3,130 people were diagnosed with colorectal cancer in 2021 [1].

Risk factors:

Some factors that increase your risk of bowel cancer include:

- a diet low in fibre
- high red meat consumption, especially processed meats
- being overweight or obese
- alcohol consumption
- smoking tobacco
- inherited genetic risk and family history

- inflammatory bowel disease such as Crohn's disease
- polyps
- having a previous diagnosis of bowel cancer

Prevention:

The risk of bowel cancer can be reduced by:

- eating plenty of fruit, vegetables and legumes (for example, beans, lentils and chickpeas)
 - aim for two serves of fruit and five serves of vegetables each day and a variety of wholegrain cereals, breads and pastas
- limiting consumption of red meat
 - lean red meat is an important part of a balanced diet, but it should be limited to no more than 455 grams a week. This equates to a small 65 gram serve each day or a larger portion three to four times per week
- avoiding processed meats like bacon and salami
- not smoking
- limiting alcohol consumption
- being physically active
- maintaining a healthy body weight.

There is convincing evidence that processed meat (a Group 1 carcinogen) and red meat (a Group 2A carcinogen) increases colorectal cancer [13]. Additionally, there is convincing evidence to support that physical activity protects against colon cancer [14].

Screening:

Eligible Australians should screen for bowel cancer every 2 years if they are aged between 45 and 74.

There is a national screening program for bowel cancer: The [National Bowel Cancer Screening Program](#).

- Eligible Australians aged 50 to 74 are sent an at-home screening test every two years.
- From 1st July 2024, people aged 45 to 49 can also request a free screening kit to be mailed to them.

Order an initial or replacement kit [here](#) or by calling 1800 627 701.

The screening test is for people who have no signs or symptoms of bowel cancer. This is because bowel cancer can develop without you noticing the early signs. Over 90% of bowel cancers can be successfully treated if found early. Regular screening could save your life.

Symptoms:

Symptoms of bowel cancer include:

- change in bowel habit including diarrhoea, constipation or the feeling of incomplete emptying
- a change in the appearance or consistency of bowel movements such as thin bowel stools
- blood in the stools
- abdominal pain, bloating or cramping
- anal or rectal pain
- a lump in the anus or rectum
- weight loss
- unexplained fatigue
- tiredness and/or anaemia (pale complexion, weakness and breathlessness)
- blood in the urine or passing urine frequently or during the night, change in urine colour - dark, rusty or brown

Medical support:

If you are not yet eligible for the [National Bowel Cancer Screening Program](#), but have symptoms, a family history, or are worried about bowel cancer, talk to your doctor. They can tell you if you should do a screening test. If you are aged between 40-44 or 75 or over, and your doctor says you need screening, you might get a free kit through Medicare. You can also buy screening kits at pharmacies or online.

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms

- notice any changes to your body that you can't explain

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Bowel Cancer](#), a guide for people with cancer, their families and friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with bowel cancer.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](#) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

4. Prostate cancer

Description:

Prostate cancer starts in the cells of the prostate gland. The prostate is a small gland about the size of a walnut. It forms part of the male reproductive system. The prostate sits below the bladder and in front of the rectum (the end section of the large bowel).

Prevalence:

In Australia, it is estimated that there will be 26,368 cases of prostate cancer diagnosed in 2024, with the average age at diagnosis being 70 years old [15]. In Queensland, there were 5,276 people diagnosed with prostate cancer in 2021 [1].

Risk factors:

Some factors that can increase your risk of prostate cancer include:

- age, increasing rapidly after 50 years of age

- family history of prostate, breast or ovarian cancer, especially BRCA1 and BRCA2 gene mutations
- a father or brother diagnosed with prostate cancer before the age of 60

There is an association with high testosterone levels.

Prevention:

There are no proven measures to prevent prostate cancer.

Screening:

There are no tests available with sufficient accuracy to screen populations of men for early signs of prostate cancer. However, early detection and treatment can significantly improve prostate cancer survival.

The test most commonly used to aid early detection of prostate cancer is the prostate specific antigen (PSA) blood test. This is not a diagnostic test as it can only indicate changes in the prostate. If you are concerned about prostate cancer you should talk to your doctor and make an informed choice about whether to have one of the tests designed to find early signs of prostate cancer, in view of the potential risks and benefits.

Symptoms:

Early prostate cancer usually does not cause symptoms.

Advanced prostate cancer symptoms can include:

- frequent urination
- pain while urinating
- blood in the urine or semen
- a weak stream
- pain in the back or pelvis
- weak legs or feet

More widespread disease often spreads to the bones and causes pain or unexplained weight loss and fatigue.

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Prostate Cancer](#), a guide for people with cancer, their families and friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with prostate cancer.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](#) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

5. Testicular cancer

Description:

Testicular cancer starts in the cells of a testicle. Usually, only one testicle is affected, but in some cases, both testes can be affected.

The most common testicular cancers are germ cell tumours. There are two main types, seminoma and non-seminoma. Seminoma usually occurs in men aged between 25 and 45 years and tends to develop more slowly than non-seminoma cancers. Non-seminomas are more common in younger men, usually in their late teens or early 20s.

Prevalence:

In Australia, it is estimated that 1,026 people will be diagnosed with testicular cancer in 2024, with the average age at diagnosis being 36 years old [16]. In Queensland, 177 people were diagnosed with testicular cancer in 2021 [1].

Risk factors:

Some factors that may increase risk of testicular cancer include:

- undescended testicle (when an infant)
- family history (having a father or brother who has had testicular cancer)
- personal history - if you have had cancer in one testicle you are more likely to develop cancer in the other testicle
- infertility
- HIV and AIDS
- Physical features - people born with Hypospadias, which causes the urethra to open on the underside of the penis, are at an increased risk of testicular cancer
- Cannabis use - there is some evidence linking regular cannabis use to the development of testicular cancer
- Intersex variations - risk is higher in people with some intersex variations, such as partial androgen insensitivity syndrome

There is no known link between testicular cancer and injury to the testicles, sporting strains, hot baths or wearing tight clothes.

Prevention:

There are no proven measures to prevent testicular cancer.

Screening:

There is no routine screening test for testicular cancer.

Symptoms:

Testicular cancer may cause no symptoms. The most common symptom is a painless swelling or a lump in a testicle or a change in size or shape.

Less common symptoms include:

- feeling of heaviness in the scrotum

- feeling of unevenness
- pain or ache in the lower abdomen, the testicle or scrotum
- back pain
- enlargement or tenderness of the breast tissue (due to hormones created by cancer cells)

If found early, testicular cancer is one of the most curable cancers. This is why self-checking is so important.

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Testicular Cancer](#), a guide for people with cancer, their families and friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with testicular cancer.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](tel:131120) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

6. Melanoma of the skin

Description:

Melanoma is a type of skin cancer that develops in the skin cells called melanocytes.

Melanoma most often develops in areas that have been exposed to the sun. It can also start in areas that don't receive much sun, such as the eye (uveal or ocular melanoma); nasal passages, mouth and genitals (mucosal melanoma); and the soles of the feet or palms of the hands, and under the nails (acral melanoma).

Other types of skin cancer include basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). These are known as non-melanoma skin cancers or keratinocyte cancers, and they are far more common than melanoma. However, melanoma is considered the most serious form of skin cancer because it is more likely to spread to other parts of the body, especially if not found early. The earlier melanoma is found, the more successful treatment is likely to be.

Prevalence:

In Australia, melanoma is the second most common cancer in men and the third most common cancer in women (excluding non-melanoma skin cancers) [17]. Each year in Australia, around 17,800 people are diagnosed with invasive melanoma, which means the cancer has spread from the outer layer of the skin (epidermis) into the inner layer (dermis). Additionally, about 27,500 people are diagnosed with melanoma in situ, where the cancer is still confined to the outer layer of the skin [17].

Queensland has the highest rates of melanoma in the world with 4,009 people diagnosed with skin cancer in 2021 [1].

Risk factors:

Melanoma risk increases with exposure to UV radiation from the sun or other sources such as solariums, particularly with episodes of sunburn (especially during childhood).

Melanoma risk is increased for people who have:

- unprotected UV radiation exposure
- a history of childhood tanning and sunburn
- a pattern of short, intense periods of exposure to UV radiation

- a lot of moles—more than 50 on the body and more than 10 above the elbows on the arms
- increased numbers of unusual moles
- depressed immune systems
- a family history of melanoma in a first degree relative
- fair skin, a tendency to burn rather than tan, freckles, light eye colour (blue or green), light or red hair colour
- had a previous melanoma or non-melanoma skin cancer

Prevention:

See the **Use sun protection** section of this document.

Screening and early detection:

There is no organised screening program for melanoma.

Get to know your skin and what is normal for you so you can notice any changes early. Develop a regular habit of checking your skin, including skin not normally exposed to the sun.

See your doctor if you notice a freckle, mole or lump that is **NEW** or **CHANGING** in size, shape or colour; or a sore that does not heal over four to six weeks.

The Australasian College of Dermatologists suggest checking your skin from head to toe every three months, with the change of each season.

People at higher risk of skin cancer should discuss a plan of how often they should check their skin with their doctor.

Remember that a skin cancer such as melanoma can be life-threatening in as little as six weeks if left untreated. As melanoma can grow quickly, skin checks with your doctor should not replace regular self-checks.

Symptoms:

Often melanoma has no symptoms, however, the first sign is generally a change in an existing mole or the appearance of a new spot. These changes can include:

- colour—a mole may change in colour, have different colour shades or become blotchy
- size—a mole may appear to get bigger

- shape—a mole may have an irregular shape, may increase in height or not be symmetrical
- elevation—the mole may develop a raised area
- itching or bleeding

Other symptoms include dark areas under nails or on membranes lining the mouth, vagina or anus.

New moles and spots will appear and change during childhood, adolescence and during pregnancy and this is normal. However, adults who develop new spots or moles should have them examined by their doctor.

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain
- are at high risk of skin cancer, so you can discuss a skin check plan

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Melanoma Cancer](#), a guide for people with cancer, their families and friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with melanoma.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](tel:131120) Information and Support

line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).

7. Non-Hodgkin lymphoma

Description:

Non-Hodgkin lymphoma is a type of lymphoma, a cancer that begins in the lymphatic system. The lymphatic system is an important part of the immune system and includes the various lymph glands around the body. Non-Hodgkin lymphoma most commonly occurs in a lymph node, but it can also occur in the liver, spleen, stomach or bones. There are more than 60 sub-types of non-Hodgkin lymphoma, and they vary in how fast they grow and spread, and how sick people feel.

There are two classifications of non-Hodgkin lymphoma: B-cell lymphomas which account for around 85% of lymphomas, and T-cell lymphomas.

Prevalence:

In Australia, it is estimated that 6,942 people will be diagnosed with non-Hodgkin lymphoma in 2024, the average age at diagnosis being 68 years old [18].

Non-Hodgkin lymphoma cancer is the sixth most commonly diagnosed cancer in Australia, and it is estimated that one in 45 people will be diagnosed by the time they are 85 [18].

In Queensland, 1,037 people were diagnosed with non-Hodgkin lymphoma in 2021 [1].

Risk factors:

Most lymphomas are not associated with any known risk factors. Some factors that can increase your risk of non-Hodgkin lymphoma include:

- certain infections such as:
 - helicobacter pylori
 - human T-lymphoma virus 1 (HTLV-1)
 - hepatitis C
 - human herpesvirus 8 (HHV-8)
 - Epstein-Barr virus infection and
- immune system deficiency where the immune system is weakened in people with HIV or taking immunosuppressants or autoimmune diseases

- age—most cases occur in adults over the age of 60

In most cases, however, no specific cause can be identified. Lymphoma is not infectious to partners or anyone else. Having a parent, brother or sister who has had non-Hodgkin lymphoma slightly increases a person's risk of developing it, however, this family link is rare.

Breast implant-associated cancer:

Textured breast implants are linked to a rare lymphoma called breast implant-associated anaplastic large cell lymphoma (BIA–ALCL), which develops in the breast but is not breast cancer; the risk is small and can occur many years after implantation.

Regular monitoring for changes, such as sudden fluid collection, and annual checks by your surgeon or GP are recommended.

For more information, visit the [Therapeutic Goods Administration \(TGA\) website](#) and search for "BIA–ALCL for consumers" or consult your surgeon if you have concerns about your implants.

Prevention:

There are no proven measures to prevent non-Hodgkin lymphoma although people with a weakened immune system, a HIV infection or Epstein-Barr virus have an increased risk of developing the disease.

Screening:

There is currently no national screening program for non-Hodgkin lymphoma.

Symptoms:

Non-Hodgkin lymphoma can cause different symptoms depending on where it is found in the body.

- painless swelling of a lymph node—usually in the neck, under the arm or in the groin
- unexplained fever
- excessive sweating, especially at night
- loss of appetite
- unexplained weight loss

- tiredness
- itchy skin

Sometimes non-Hodgkin lymphoma starts in lymph nodes in deeper parts of the body, such as the:

- stomach or spleen (causing bloating or back pain)
- bowel or abdomen (causing low appetite, stomach upsets, changes in bowel movements or belly pain)
- chest (causing coughing and difficulty swallowing or breathing)
- brain and spinal cord (causing headaches or double vision).

These symptoms are common to many conditions, such as the flu or a virus. If you have any symptoms without an obvious cause, make an appointment to see your GP.

Medical support:

If you develop any of the listed symptoms, it does not confirm you have cancer. Changes and symptoms are often a sign of something other than cancer, but if it is cancer, it is important to find it early.

See your GP if you:

- experience any symptoms
- notice any changes to your body that you can't explain
- think you have any of the risk factors listed

Let your GP know:

- your family's medical history, if you have access to this information
- you are a firefighter, so they can add this profession to your patient record

Your GP knows your medical history and can refer you onto a specialist if necessary.

Detecting cancer early can increase the availability of treatment options and improve the likelihood of successful outcomes.

Support for those affected by cancer:

If you are diagnosed with cancer and are seeking more information, please refer to [Understanding Non-Hodgkin Lymphoma](#), a guide for people with cancer, their

families and friends. It has information on diagnosis, treatment decisions, managing symptoms and living with or caring for someone with Non-Hodgkin Lymphoma.

If at any time you would like support with cancer information, emotional and practical support, please call Cancer Council Queensland's [13 11 20](tel:131120) Information and Support line to talk with one of the team. The 13 11 20 team are available Monday to Friday 9 - 5pm (excluding Public Holidays).