

# Understanding Hair Loss

*A guide for people affected by cancer*

**This fact sheet provides information about hair loss as a side effect of cancer treatment. Not all cancer treatment causes hair loss.**

## Cancer treatment and hair loss

Some cancer treatments can cause hair loss or hair thinning, which is called alopecia. Cancer treatments can also slow hair growth. Any treatment that acts on rapidly dividing cancer cells can also affect other rapidly dividing cells such as hair follicles (roots).

Cancer treatments affecting hair			
Treatment	Hair loss	Hair thinning	Slow hair growth
Chemotherapy	●	●	●
Radiation therapy	●	●	●
Targeted therapy		●	●
Immunotherapy		●	●
Hormone therapy		●	●

Whether you lose your hair or not can depend on the type of drug or drug combination you're having; the dose; your reaction to the drug or drugs used; or your drug treatment in the past. Hair loss can happen anywhere on the body, including the scalp, eyebrows, eyelashes, chest, underarms, face (beard and moustache) and pubic area.

Before treatment starts, talk to your doctor about whether you are likely to lose your hair, and if so, the level of hair loss to expect.

## Chemotherapy and hair loss

Chemotherapy (also called chemo) is the use of drugs to kill or slow the growth of cancer cells. Depending on what type of chemotherapy you receive, you may experience complete hair loss, hair thinning or your hair may stay the same. Chemotherapy drugs are usually given in cycles, and the amount of hair loss depends on the type of drug, the dose and the timing of treatment.

If hair loss occurs, it usually starts during cycle 2 or 3, although it can start after the first cycle. Eyelashes and eyebrows may take longer to fall out. Hair loss can happen suddenly or gradually. Before and while your hair is falling out, your scalp may feel hot, itchy or tender. You may find that the skin on your head is extra sensitive, and you could develop pimples on your scalp. Some people use scalp cooling to reduce hair loss from the head (see next page).

## Radiation therapy and hair loss

Radiation therapy (also called radiotherapy) uses controlled radiation doses to kill cancer cells or damage them so they do not grow, multiply or spread. If you have hair in the area being treated, you may lose some or all of it during or just after radiation therapy.

Hair will only fall out in the area of the body being treated. For example, if you are having radiation therapy to your head, you may lose some hair from your scalp; if your chest is being treated, you may lose hair from that part of your body. Hair regrowth or thickening may start within a few weeks or months after finishing treatment, but sometimes hair loss is permanent.

*“I thought I would keep my eyelashes and eyebrows. They fell out weeks after my hair – it was a shock all over again.”* NINA

### How you might feel after hair loss

If you lose your hair, you may experience a range of different emotions including anger, anxiety and sadness. For some people, hair is an important part of their identity, and losing the hair on their head or face (beard, moustache, brows and lashes) can be distressing. Other people may find the experience is not as bad as expected. Everyone is different – there is no right or wrong way to respond.

Some family members and friends may not know how to react to your hair loss. If you are uncomfortable talking about it, give a simple response (e.g. “I’m having some treatment for my health and this is one of the side effects.”).

Children may get upset or feel anxious about hair loss. See our *Talking to Kids About Cancer* booklet for tips on how to talk to children about the changes treatment for cancer may cause, including hair loss. Call Cancer Council 13 11 20 or visit your local Cancer Council website to download the booklet.

*“We found humour was very helpful. We joked that our daughter could paint my head. I also encouraged her to touch my head and feel how strange it felt. We discussed how my hair would come back.”* MELANIE

### Ways to take back some control

Being prepared, talking about how you feel and planning ahead for the possibility of treatment-related hair loss may be helpful.

- Cutting your hair before treatment can give you time to adjust. You might choose to cut your hair short straightaway, or cut it in stages.
- Some people choose to shave their head (and beard) in the early stages of hair loss when they start to notice larger amounts of hair falling out.



If you are upset about hair loss, you can talk to someone about how you feel, such as your GP, specialist, nurse or psychologist. You can also call Cancer Council 13 11 20.

### Taking care of your hair and scalp during and after treatment

If you have lost your hair:

- when outdoors, protect your scalp from the sun with SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen and a hat
- moisturise your scalp using a non-perfumed lotion to help reduce flaky and dry areas
- use a pillowcase made from a smooth fabric such as cotton sateen or bamboo
- consider wearing a soft cap, beanie or turban to keep your head warm.

If your scalp is sensitive and your hair is thin:

- use a gentle shampoo and conditioner
- brush your hair gently with a soft-bristle brush
- dry your hair naturally or use a cool setting on the hairdryer
- avoid using heated rollers, curling wands or straighteners
- avoid having your hair coloured, chemically straightened or permed.

If you have any concerns, discuss them with your cancer care team or call Cancer Council 13 11 20 for more information.

### Using scalp cooling during chemotherapy

Some treatment centres provide scalp cooling or cold caps. Scalp cooling can reduce hair loss from the head by lowering the temperature of your scalp. This reduces blood flow in the scalp, which can lessen the amount of chemotherapy that reaches the hair follicles on your scalp.

Scalp cooling doesn’t always stop hair loss, and can only be used by people having intravenous chemotherapy (through a drip). It works better with some chemotherapy drugs than others. Scalp cooling is not an option for people being treated for blood cancers or having radiation therapy to the scalp.

Scalp cooling involves wearing a cap connected to a cooling unit. You wear it before, during and for a while after the chemotherapy session. Some people find it uncomfortable or painful, so your doctor may suggest taking pain medicine beforehand. You may also feel cold so bring warm clothes. If you’re interested in scalp cooling, ask your treatment centre if it’s an option for you.

### Wigs, turbans, scarves and beanies

Some people choose to wear head coverings such as a wig, hat, scarf, turban or beanie after losing their hair. If wearing a scarf, choose one that is at least 50 cm long so it covers the scalp. Cotton, lightweight wools or blends are the best fabrics to use, as nylon or silk tend to slip off the head too easily. A broad-brimmed hat offers more sun protection for outdoors.

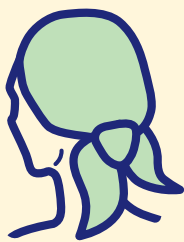
#### Types of wigs and hairpieces



Wigs and hairpieces can be made of different materials, including:

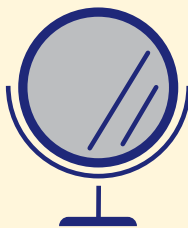
- Human hair – usually more expensive. It can be styled like normal hair with hot rollers, curling wands and straighteners, trimmed and coloured darker but not lighter. It is heavier and will last longer.
- Synthetic hair – is less expensive, lighter, dries quickly and needs less care. Synthetic hair can't be restyled or recoloured. If you look after a synthetic wig, it can last for as long as a human hair wig.

#### Find styling tips



Scarves and turbans can be styled in many different ways. Search online for tips and tutorial videos about choosing wigs and styling headwear. Your local Cancer Council website may also have information and videos about styling wigs and headwear.

#### Selecting a wig



If you want to match a wig to your usual colour and style, it's a good idea to start looking before treatment or hair loss begins. You can also use a photo from before hair loss began. Some people like to try a new look and choose a different style and colour. Here are some tips for selecting a wig:

- Take a friend or family member along with you for support and to help you choose your wig.
- Ask your hairdresser or speak to a consultant at a wig salon about a style of wig that would suit you. There may be a cost involved for a wig consultation. Remember to ask about the cost when making an appointment or before making your decision.
- Look for a wig that adjusts to any head size to allow for variations as you lose your hair. Some people choose a wig after hair loss as this can often provide a better fit.
- Visit specialty wig suppliers who are experienced in fitting wigs for people having cancer treatment. Call Cancer Council 13 11 20 or search the internet for suppliers.

#### Paying for a wig or hairpiece

You may be able to get help with the cost of your wig or hairpiece.

- State and territory governments – you may be eligible for financial help towards the purchase of a wig. Ask your nurse or social worker for information or call Cancer Council 13 11 20.
- Private health insurance – some policies will cover part of the cost of a wig if you lose your hair due to disease or treatment. Before you buy your wig, check what your fund will pay and what information you may need to provide (e.g. letter from a health professional).
- Department of Veterans' Affairs – veterans may be eligible to have the cost of a wig covered.

#### Cancer Council help



Some Cancer Councils offer a free wig service. These services carry a range of wigs, turbans, beanies and scarves that can be lent to people for as long as needed. To see if your local Cancer Council has a wig service, contact Cancer Council 13 11 20 or visit [cancer.org.au/support-and-services/wig-service](https://cancer.org.au/support-and-services/wig-service).



Look Good Feel Better (LGFB) is a national cancer support program offering free in-person and online workshops to help people with cancer manage appearance-related side effects caused by treatment. The LGFB workshops cover a range of topics including styling headwear, skin care, make-up tutorials and mental wellbeing. The workshops are held regularly in metropolitan and some regional areas. The LGFB website also has videos and guides about scarf styling and applying make-up. Contact LGFB on 1800 650 960 or visit [lgfb.org.au](https://lgfb.org.au).

### When treatment is finished

Hair loss caused by treatment for cancer is usually temporary. Talk to your doctor about what to expect after your treatment.

**After chemotherapy** – The first soft hairs usually start to reappear 4–6 weeks after treatment ends. Hair usually grows about 1 cm every 4 weeks so after 4–12 months, you may have a reasonable amount of hair.

**After radiation therapy** – The time it takes and the way hair grows back depends on the dose of radiation you receive. Hair usually grows back a few months after treatment. Occasionally, after a large dose of radiation therapy, the hair may not recover completely, new growth may be patchy and there may be some permanent hair loss.

**After other drug therapies** – Hair thinning or slowed growth caused by hormone therapy will usually improve, but it can take a few months. If you experience hair thinning after immunotherapy or targeted therapy, hair usually starts to grow back when treatment has finished.

As your hair grows back, it may be curlier, thicker or finer than it was before treatment, or it may be a different colour. Often these changes are not permanent. A hairdresser may be able to help you manage thinning hair and hair care during regrowth. Talk to your hairdresser about different styling to give the appearance of thicker hair. Hairpieces can be effective in covering partial hair loss.

Ask your doctor or nurse about how soon after treatment you can colour your hair – for example, it is often recommended that people wait at least 6 months to colour their hair after chemotherapy has finished.

If your scalp is sensitive, your hairdresser may be able to suggest dyes that may be gentler on the hair and scalp than chemical hair treatments.

► For more information about treatments and hair loss, see our *Understanding Chemotherapy* and *Understanding Radiation Therapy* booklets.

### Where to get help and information

Call Cancer Council 13 11 20 for more information about hair loss after cancer treatment. Health professionals can listen to your concerns, put you in touch with local services and send you free copies of our booklets and resources. You can also visit your local Cancer Council website.

ACT	<a href="http://actcancer.org">actcancer.org</a>
NSW	<a href="http://cancercouncil.com.au">cancercouncil.com.au</a>
NT	<a href="http://cancer.org.au/nt">cancer.org.au/nt</a>
QLD	<a href="http://cancerqld.org.au">cancerqld.org.au</a>
SA	<a href="http://cancersa.org.au">cancersa.org.au</a>
TAS	<a href="http://cancer.org.au/tas">cancer.org.au/tas</a>
VIC	<a href="http://cancervic.org.au">cancervic.org.au</a>
WA	<a href="http://cancerwa.asn.au">cancerwa.asn.au</a>
Australia	<a href="http://cancer.org.au">cancer.org.au</a>

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### Note to reader

Always consult your doctor about matters that affect your health. This fact sheet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals, and you may wish to discuss issues raised in this fact sheet with them.

All care is taken to ensure that the information in this fact sheet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this fact sheet.

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Cancer Council acknowledges Traditional Custodians of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

