Understanding Cancer of the Lung

Caring for people with cancer
This booklet has been written to help you understand more about cancer of the lung. It has been prepared and checked by surgeons, cancer doctors, other relevant specialists, nurses, radiation therapists and patients. The information in this booklet is an agreed view on lung cancer, its diagnosis and treatment and the key aspects of living with it.

If you are a patient, your doctor or nurse may go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information that you may need quickly.

Specialist nurse  Tel:
Family doctor (GP)  Tel:
Surgeon  Tel:
Medical oncologist  Tel:
Radiation oncologist  Tel:
Radiation therapist  Tel:
Emergency  Tel:
Treatments  Review dates

If you like, you can also add:
Your name
Address
The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Understanding cancer of the lung

Introduction

This booklet has been written to help you find out more about cancer of the lung. By reading this booklet you can learn about its diagnosis and treatment. We hope it answers some of the questions and queries you may have. This booklet is about primary lung cancer, where cancer has started in the lung. It should not be confused with secondary lung cancer, where cancer that has started in another part of the body has spread to the lung. The treatment of secondary lung cancer is different.

We cannot advise you about which treatment to choose. You can only make this decision along with your doctor, when all your test results are ready. But we can help you find out more about some of the methods used to treat this cancer and the side-effects that can happen when treatment is given.

This booklet also discusses some of the feelings you and those close to you may have when a diagnosis of cancer is made. At the end of the booklet you will find a list of books you may find useful to read. There is also a list of websites and special groups to help and support you at this time.

If reading this booklet helps you, why not pass it on to your family and friends who might find it helpful too. The more they know about your illness, the more they will be able to help you cope when you need them.

Reading this booklet

Read the sections of this booklet that are of interest to you only. Some of the information may not be relevant to your situation. You may find that there is a lot of information to take in and it can be hard to concentrate, especially if you are feeling anxious or worried. Remember that you do not need to know everything about lung cancer straight away. Read a section and when you feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the National Cancer Helpline 1800 200 700.

What does that word mean?

Adjuvant treatment  Treatment given soon after surgery when a diagnosis of cancer is made.

Alopecia  Baldness. No hair where you normally have hair.

Anti-emetic  A tablet, injection or suppository to stop you feeling sick or vomiting.

Benign  Not cancer.

Biopsy  The removal of a small amount of tissue from your body to find out if cancer cells are present.

Bronchoscopy  A test where your doctor can look inside your lung airways using a thin flexible tube called a bronchoscope. It is like a small telescope that can take pictures like a camera.

Cells  The building blocks that make up your body. They are tiny and can only be seen under a microscope.

Chemotherapy  Treatment using drugs to cure or control cancer.

Malignant  Cancer.

Mediastinum  The area in the middle of your chest containing your heart, large blood vessels and oesophagus (gullet). Your lungs are on either side of it.

Medical oncologist  A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
### Before diagnosis

#### What is cancer?

Cancer is a word used to describe a group of diseases. Each one has its own name. For example: skin cancer, lung cancer and breast cancer. Each has an individual type of treatment and chance of being cured.

The organs and tissues of the body are made up of tiny building blocks called cells. All cancers are a disease of the body’s cells. In healthy tissue these cells repair or replace themselves when they get worn out or injured. When there is cancer, the cells do not behave as normal and keep on growing in number.

These groups of abnormal cells can form into a tumour. Tumours can either be **benign** or **malignant**. Benign tumours do not spread to other parts of the body so are not called cancer. Malignant tumours are made up of cancer cells that can spread from where they formed and go on to invade other tissues and organs. This happens when a cell or group of cells break away and is carried through the bloodstream or lymphatic system to form a new tumour somewhere else in the body. This is called a **metastasis** or secondary tumour.

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<table>
<thead>
<tr>
<th>Metastasis</th>
<th>The spread of cancer from one part of the body to other tissues and organs.</th>
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</thead>
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<tr>
<td>Nausea</td>
<td>Feeling sick or wanting to be sick.</td>
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<tr>
<td>Neo-adjuvant</td>
<td>Treatment given before surgery to reduce the size of the tumour.</td>
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<td>Oncology</td>
<td>The study of cancer.</td>
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<tr>
<td>Radiotherapy</td>
<td>The treatment of cancer using high-energy rays.</td>
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<tr>
<td>Radiation oncologist</td>
<td>A doctor who specialises in treating cancer patients using radiotherapy.</td>
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<tr>
<td>Staging</td>
<td>A series of tests that measure the size, location and extent of cancer.</td>
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</table>
What are the lungs?

The lungs are a pair of organs found in your chest. They are shaped like cones and have two parts, the right and the left. The right lung is slightly bigger and has three areas called lobes. The left lung has two lobes. Between the two lungs is an area called the mediastinum. This contains your heart, trachea (windpipe), oesophagus (gullet) and many lymph nodes.

How do the lungs work?

The lungs form part of the respiratory system in your body, which allows you to breathe.

When you breathe in, you bring air into your lungs. The air passes from your nose or mouth down through your windpipe. From there it divides into two airways called the right and left bronchi, which go to each lung. These bronchi then divide into smaller tubes called bronchioles. Finally, the bronchioles become tiny air sacs called alveoli.

To sum up

- Cancer is a disease of the cells of the body.
- When cancer occurs, the cells do not behave as normal and keep growing in number.
- If a tumour is malignant, cells can break away and be carried through the bloodstream or lymph glands to form a new tumour in another part of the body. This is called a metastasis or secondary tumour.
In the alveoli, oxygen from the air is passed into the bloodstream and carried to all the cells in your body. The cells need oxygen to live and carry out everyday functions. During cell activity, carbon dioxide is made. But as it is a waste gas the body must get rid of it. It does this by moving it from the bloodstream into the alveoli. When we breathe out, the lungs force carbon dioxide out.

**What is lung cancer?**

When cancer occurs, the cells in the lung change and start to grow out of control. Many lung cancers start in the cells lining the bronchi and are called **carcinomas of the bronchus** or **bronchogenic carcinomas**. These cells increase to form a tumour. This tumour may then cause a blockage in the lung or the blood vessels in the mediastinum. As a result, it may cause swelling of the face and arms.

When the tumour is malignant, cells may break away from it and spread to other parts of the body. See page 20 for more about the types of lung cancer.

**What causes lung cancer?**

The causes of lung cancer include:

- Smoking
- Chemicals such as asbestos, uranium and nickel
- Radon gas
- Family history.

**Smoking**

Cigarette smoking causes most lung cancers. The risk of developing it increases with the number of cigarettes you smoke and smoking from a young age.

Low tar cigarettes do not reduce the risk as these kinds of smokers inhale more deeply. Inhaling other people’s cigarette smoke, known as passive smoking, increases the risk of lung disease and cancer too.

But the risk is still much less than if you smoke yourself. Those who smoke pipes and cigars have a lower risk of lung cancer than cigarette smokers, but they are at a much greater risk than non-smokers.

Lung cancer usually affects people over the age of 40. For many years it was more common in men than in women. However, recently as more women have started smoking, the number of women developing the disease has increased greatly.

**Chemicals**

If you are exposed to certain chemicals in your workplace or elsewhere, in rare cases it might lead to cancer. These chemicals include asbestos, uranium, metal dust and fumes, nickel, paints, diesel exhaust, nitrogen oxides, etc. These risks are higher if you smoke as well. Air pollution may be a cause in some countries where it is particularly bad.

**Radon gas**

Radon is a radioactive gas found naturally in the soil. It leaves the soil and rises into the air, sometimes through cracks and holes in the foundation of your house. Radon is harmless when it escapes into the air and is diluted. But if your home traps it inside, it can build up and cause harm. At high concentrations, it may increase your risk of developing lung cancer. Because it is colourless, odourless and tasteless, it can only be measured using special equipment.

**Family history**

Some research has been done on lung cancer and family history. It is believed that at least one faulty lung cancer gene can be passed down in families (inherited). If you have a parent or brother or sister with lung cancer, your risk of lung cancer is doubled.

**How can I reduce my risk of lung cancer?**

- **Quit smoking**: As soon as you stop smoking, your risk of lung cancer starts to go down. After about 15 years, your chances of developing it are the same as that of a non-smoker.
Get your house checked for radon gas: If you are worried about radon, you can have your house checked by the Radiological Protection Institute of Ireland and steps can be taken to reduce your risk (see page 77 for contact details).

If you would like support and advice about quitting smoking, there is help available. See page 63 for more information. If you feel you could be at risk of lung cancer, visit your family doctor and talk about your concerns. He or she will advise you what to do.

What are the symptoms of lung cancer?

The symptoms of lung cancer may include any of the following:

- A cough that doesn’t go away
- A change in a cough you have had for some time
- A chest infection slow to clear up
- Repeated bouts of pneumonia or bronchitis
- Shortness of breath or wheezing
- Hoarseness or a changing voice
- Coughing up blood
- Chest discomfort – a dull ache or sharp pain when you cough or take a deep breath
- Difficulty swallowing

How can I reduce my risk of cancer in general?

- Eat more fresh fruit and vegetables
- Cut down on fat (especially animal fats)
- Eat less salt and sugar
- Cut down on alcohol
- Take regular exercise

How does the doctor make the diagnosis?

Usually most people visit their family doctor (GP) first. If your doctor has concerns about you, he or she will refer you to a hospital for further tests. At the hospital the specialist will ask you questions about your general health and symptoms before examining you. Some or all of the following tests may be done to diagnose lung cancer:

- Chest X-ray
- Sputum cytology
- Bronchoscopy
- Lung biopsy
- CT scan.

Chest X-ray

A chest X-ray will be done to check the state of your lungs. If anything looks abnormal on the X-ray, your doctor can arrange more tests.

Sputum cytology

You may need to bring samples of phlegm (sputum) to the hospital so it can be checked for cancer cells under a microscope.

Bronchoscopy

During this test your doctor can look inside your lung airways with special equipment. A thin flexible tube called a bronchoscope is used.
A light at one end of the tube helps the doctor to see any abnormal areas or swelling. The tube is like a small telescope that can take pictures like a camera. The test is usually done under local anaesthetic, which means you will be awake during it but your throat will be numbed. Depending on your situation, you may get a general anaesthetic. In this case, you will not be awake during the test and may have to stay in hospital overnight.

**Before the test**
Before the test you must not eat or drink anything for a few hours. It is natural to feel a little anxious beforehand so you may be given a mild sedative. This will help you to relax and ease any discomfort during the test. You may also be given medication to reduce any mucus or fluid (secretions) in your mouth and throat. This makes it easier to put the tube down into your windpipe. Because of this, your mouth can feel dry for 2 or 3 hours after the test.

**During the test**
The test may be a bit uncomfortable but does not last long – about 10 minutes. The local anaesthetic will be sprayed onto the back of your throat once you are relaxed. Next the tube is gently passed through your nose or mouth and into your lung airways. By looking through the tube, your doctor can check for anything that looks abnormal. Photos and samples of lung tissue (biopsy) can be taken at the same time and examined under a microscope. This type of biopsy is called a transbronchial needle aspiration (TBNA). A biopsy result may be positive or negative for cancer. A negative result does not always mean there is no cancer and further tests may be needed.

**After the test**
Once the test is over, it will be at least 1 hour before you can eat or drink again. Because your throat will be numb it won’t be safe to eat food or drink. Once the sedation has worn off, you will be able to go home. It is best to arrange for someone to take you home, as you will be feeling sleepy. You will also not be able to drive for 24 hours. After the test you might have a sore throat, but it should be gone after a couple of days.

**Lung biopsy**
There are a number of ways to get lung tissue samples or biopsies. These can involve closed methods such as bronchoscopy or CT scan. A lung biopsy using a CT scan test is usually done in the X-ray department. This is called a percutaneous needle biopsy. Using CT allows the doctor to accurately pinpoint the area to be biopsied. A local anaesthetic is used on the skin to numb the area first. The radiologist will then ask you to hold your breath while a thin needle is passed through the skin into your lung. A sample of cells is then taken for examination under a microscope. This test can be slightly uncomfortable but only takes 5–10 minutes to do.

In rare cases, your chest may need to be opened to get a biopsy. This is done in theatre under general anaesthetic.

**CT scan (CAT scan)**
This scan is called computerised tomography. It is a special type of X-ray that builds up a detailed picture of the inside of your body. It is useful for finding non-small cell lung tumours and can also see how far the cancer has spread, if at all.

For some CT scans you may be asked not to eat or drink for 4 hours beforehand. For others, you may be given a special drink or injection which helps show up parts of the body on the scan. It is important to let the radiographer know if you are allergic to iodine or have asthma before you take the drink or injection. The injection may make you feel hot all over for a few minutes.
Preparation for a CT scan can vary between hospitals. But your doctor or nurse will tell you what to do. The scan itself does not hurt. This test is usually done as an outpatient.

As well as having a CT scan of your lungs, your doctor may decide you need a CT scan of the brain too. Some types of lung cancer can spread to the brain.

Tests to stage cancer
If the tests show that you do have lung cancer, your doctor may want to do other tests. These extra tests will show if the disease has spread to other tissues and organs. This is called staging. It will also help your doctors to decide the best treatment for you. Further tests may include:

- PET scan
- MRI scan
- Ultrasound of liver and upper abdomen
- Bone scan
- Lung function tests
- Blood tests
- Mediastinoscopy

PET scan
This is a positron emission tomography scan. PET uses a low dose of radioactive sugar to measure activity in your cells. The sugar is first injected into a vein in your arm and travels to all the cells in your body. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found. After 1 hour, the scan is taken and can show if the cancer has spread to other tissues and organs.

Before the test you may have to fast for a few hours. The scan itself may take up to 1 hour. You will be given instructions beforehand. PET is safe to use and there are no side-effects. Because it is a fairly new type of scanning, it may not be available in the hospital in your area.

MRI scan
This is a magnetic resonance imaging scan. It is a special scan that uses magnetic energy to build a picture of tissues inside your body. It can tell if a cancer has spread beyond the lung.

An MRI scan takes longer than a X-ray, anything from 20 minutes to 1 hour. It does not hurt, but you may feel a bit uncomfortable while the pictures are being taken. It is also noisy but you will be given earplugs to wear during it. You may have an injection before the scan to highlight certain areas of your body.

You cannot wear metal jewellery during the scan and patients who have certain medical devices implanted, like pacemakers, are not suitable for the test. Your doctor will advise you on this. Most people can go home afterwards.

Ultrasound scan
This test is carried out in the X-ray department of the hospital. A picture is built up of the inside of your liver and upper abdomen using sound waves. You will be asked to lie on your back and a gel will be spread over the area to be scanned. A small device like a microphone, which produces sound waves, is used to take the scan. The sound waves then appear as pictures on a computer screen. This test is painless and only takes about 10 minutes.

Bone scan
Bone scans are very sensitive to any changes in the bone. They can find cancer cells before they even show up on an X-ray. For this test a tiny amount of a radioactive substance is injected into a vein, usually in your arm. After the injection, you will have to wait for up to 3 hours before the scan can be taken. It can help to pass the time by having a newspaper or magazine to read or a friend to keep you company.
The scan is taken of all the bones in your body. Abnormal bone absorbs more of the radioactive substance than normal bone. This can show up on the scan as areas of activity known as ‘hot spots’. The amount of radioactivity used is so small it is harmless. It disappears from your body within a few hours.

**Lung function tests**
Your doctor will organise a range of breathing tests to see how well your lungs are working. This is important if he or she decides to remove the tumour by surgery or give you radiotherapy later.

**Blood tests**
You may have some blood tests taken as well. For example, a full blood count will tell if your blood has the right number of blood cell types. This test will be done often if you are later treated with chemotherapy. These drugs can affect the cells of the bone marrow that makes blood cells. Other blood tests can spot problems in different organs such as the liver and bones.

**Mediastinoscopy**
The mediastinum is the area in the middle of your chest containing your heart, large blood vessels, and oesophagus. This test allows your doctor to examine the area and the lymph nodes found there. It is done under general anaesthetic so you will need to stay overnight in hospital. Before the test you will not be able to eat or drink for a few hours.

First a small cut is made through the skin in your neck just above your breastbone. A thin flexible tube, like a small telescope, is passed into your chest. Your doctor can then look at the tissues and organs in the mediastinum. He or she may also take samples of lung tissue and lymph nodes to view them under a microscope. This test takes about 20–30 minutes to do. You will not be able to eat or drink anything for at least 4 hours after the test. You should be able to go home the next day.

**Waiting for results**
In general, it will take about a week for all the test results to come back. The waiting can be an anxious time for you. It may help to talk things over with the lung cancer nurse or a relative or close friend. You may also wish to call the National Cancer Helpline 1800 200 700 to speak to one of our specially trained nurses.

**To sum up**
There are several tests that need to be done to diagnose lung cancer. These may include:

- Chest X-ray
- Sputum cytology
- Bronchoscopy
- Biopsy of lung tissues
- CT scan.

Depending on the results of these tests, you may need to have one or more of the following:

- PET scan
- MRI scan
- Ultrasound scan
- Blood tests
- Lung function tests (breathing tests)
- Bone scan / brain scan
- Mediastinoscopy.
What are the types of lung cancer?

Lung cancers can be either primary or secondary. Primary is when the tumour starts to grow in the lungs first. Secondary is when it has spread from somewhere else to the lungs. Only primary lung cancer is discussed in this booklet.

The different types of lung cancer are recognised by looking at them under a microscope. Most lung cancers are divided into two main types: non-small cell lung cancer and small cell lung cancer. The types behave in different ways and have their own special treatment needs.

Non-small cell lung cancer (NSCLC)

Most lung cancers are of the non-small cell type. There are three main types of this cancer:

1. **Squamous cell carcinoma**: These cells are usually found in the centre of the lungs, lining the bronchi, and do not spread quickly. This is the most common type of lung cancer.
2. **Adenocarcinoma**: These cells are usually found at the edges of the lung where mucus is made.
3. **Large cell carcinoma**: These are large round cells that may appear in any part of the lung, and tend to spread quickly.

The cells in these subtypes can also differ in size, shape and chemical make-up.

Small cell lung cancer (SCLC)

About 1 in 7 of all lung cancers is the small cell type. These cancers have small round cells that tend to grow quickly. They form large tumours and spread to lymph nodes and other organs such as the bones, brain, adrenal glands and the liver. This type of cancer often starts in the bronchi near the centre of the chest. It is usually due to smoking. In fact, it is very rare for someone who has never smoked to have small cell lung cancer. Another name for this type of cancer is oat cell.

Other types of lung cancer

A rare type of lung cancer is mesothelioma. This is a cancer of the cells that cover the lungs, known as the pleura. Usually it happens when someone is exposed to asbestos. This type of cancer is not discussed in this booklet. Call the National Cancer Helpline 1800 200 700 if you would like information about mesothelioma.

What are the stages of lung cancer?

Staging is finding out how far the cancer has spread. It is important because your doctor will need this information when deciding on your treatment. There are different staging systems for both small cell and non-small cell lung cancer.

In non-small cell lung cancer, the stages are 1 to 4. Some stages are further divided into A and B. In general, the lower the number, the less the cancer has spread. A higher number, such as stage 4, means a more serious cancer.

If the cancer has spread to distant parts of the body, it is known as secondary cancer or metastatic cancer.

Small cell lung cancer is briefly discussed in this booklet. See page 24 for its treatment. You can also contact the National Cancer Helpline 1800 200 700 if you have any queries or concerns that this booklet does not answer.
Understanding cancer of the lung

Treatment and side-effects

What treatment will I need?

The main types of treatment for non-small cell lung cancer are:

1. Surgery
2. Radiotherapy
3. Chemotherapy

These treatments may be used on their own or with each other. The treatment you are advised to have will depend on:

- The type and size of the tumour
- Where it is in your lung
- If it has spread or not
- Your general state of health.

**Surgery**: If the non-small cell lung cancer is found in one lung only – or in one lung with only lymph nodes close to the tumour involved – it may be possible to remove all the tumour by surgery. See page 25 for more about surgery.

**Radiotherapy**: If surgery is of no benefit to you, radiotherapy can be used on its own to treat the cancer. Radiotherapy can also be used if you have shortness of breath or pain. See page 29 for more about radiotherapy.

**Chemotherapy**: Sometimes if the cancer has spread to other parts of the body, radiotherapy and chemotherapy may be used together. In some cases, two or more courses of chemotherapy may be given before radiotherapy or surgery to try to improve the results of treatment. See page 34 for more about chemotherapy.
Understanding cancer of the lung

You may notice that other people with lung cancer are not getting the same treatment as you. Their cancer may be a different type or at another stage than yours, so their treatment needs will be different.

Surgery

The aim of surgery is to remove the part of your lung containing the tumour. Before a final decision on surgery is made, breathing tests that measure how well your lungs work will be done. Your doctor will then be able to measure any increased shortness of breath you may have after your operation.

Sometimes patients worry that they will not be able to breathe properly after surgery because part of their lungs will be removed. But there is no need for fear. You will be able to breathe with just one lung.

The following will help your doctor to decide if you are suitable for surgery:
- The type of tumour
- The size of tumour
- Where it is found in the lung
- If it has spread to other tissues
- The results of your breathing tests
- Your general health.

Type of surgery

The type of operation you have will depend on the size and location of the tumour. There are three types of surgery available:

1. **Wedge resection** – when a small section of a lobe of the lung is removed.
2. **Lobectomy** – when a lobe of the lung is removed.
3. **Pneumonectomy** – when an entire lung is removed.

Treatment options

At this time you may be anxious about what is going to happen next. Your doctor will talk to you and explain your treatment choices. He or she will also explain the benefits and risks of each treatment.

No operation is done without your consent. You will be asked to sign a consent form before surgery. This may be done for chemotherapy or radiotherapy too, or you may be asked to give verbal permission. If you are unsure or confused about the treatment, ask your doctor to explain it again, even if you think the doctors or nurses are too busy. Do not be afraid to talk to your doctor. Ask as many questions as you like and use the fill-in page at the back of the booklet to help you.

Your doctor will talk to you about your treatment choices.

Some people find it reassuring to have another medical opinion to help them decide about their treatment. Most doctors will refer you to another specialist for a second opinion if you feel this would be helpful.
During the operation, your surgeon may also need to remove lymph glands or lymph nodes near the tumour. This is done because they are the first places where the cancer may spread.

Getting ready for surgery
To make sure you are fit for surgery some extra tests may be done. These may include a heart test (ECG) and some more blood tests. A physiotherapist will show you how to do deep breathing and leg exercises, as these will help prevent you getting a chest infection or blood clot in your leg after your operation. You will not be allowed to eat anything from the midnight before surgery. You may be given an injection of heparin to prevent a clot developing in your legs after surgery. Before you go to theatre your nurse may give you medication to make you feel more relaxed and sleepy.

After your operation
Once you return to the ward, a close eye will be kept on you. When you wake up, you will notice a number of tubes attached to your body. They may look alarming but they are normal after an operation like this.

- There will be two plastic tubes (chest drains) near your wound site. These are to help your lung re-expand and drain away fluid from your wound site.
- A ‘drip’ will be put into a vein in your arm. Through this you will be given fluids until you can drink again.
- You will be wearing an oxygen mask or nasal oxygen prongs. These give you extra oxygen to help you breathe.
- A small thin tube called a catheter may be put into your bladder and urine drained off into a drainage bag. This will save you having to get out of bed to go to the toilet.
- There may be a tiny tube, called an epidural catheter, in your back to help with pain relief.

All of these tubes and drains will be taken out as you get better. You will have regular chest X-rays to make sure your lungs are working properly.

Side-effects of surgery
Pain
It is common to have some pain after surgery for lung cancer. Some patients also feel sick. Your nurse can give you painkilling injections or suppositories and medicine to prevent you feeling or getting sick if you need it. Always ask for help before the pain or sickness gets bad. If the injections do not work, let your nurse know as they can be changed. You may have mild discomfort or pain in your chest for some weeks or even months. But your doctor will give you a prescription for painkillers to take home with you if you still need them.

Reduced bowel movements
The anaesthetic used during your operation slows down the movement of your bowel. As a result, it takes a few days before you can return to eating and drinking. You will quickly be able to take sips of water again. The amount of fluids you can take will then be increased. Most people can manage a light meal within 1 or 2 days of surgery. As soon as you begin to drink again, the drip will be removed.

Reduced mobility
A physiotherapist will visit you every day to help you with your breathing exercises. He or she will also show you how to cough and turn in the bed. By doing these exercises, you will help to re-expand the remaining lung tissue and get rid of excess fluid and air in your lung.

Even when you are in bed, you will be encouraged to move your legs and do your deep breathing exercises at least once an hour. On the day after surgery, the nurses will help you get out of bed and take you for a short walk. These walks will become more frequent and longer as you get better. Soon you will be able to go for walks on your own.

A physiotherapist will visit you every day to help you with your breathing exercises.
Understanding cancer of the lung

Radiotherapy

This is a treatment where high-energy rays are aimed at a cancer to cure or shrink it. In most types of lung cancer the rays come from a machine called a linear accelerator or cobalt machine. This is called external beam radiotherapy.

Planning your treatment

Before radiotherapy, your doctor and other specialists plan how best to give your treatment. They work out how to give you the right amount of treatment for the cancer with the least damage to normal cells.

On your first visit to the radiotherapy department you may be asked to lie under a machine called a simulator. This machine takes X-rays of the area to be treated. Sometimes a CT scanner can be used as well. Treatment planning is a very important part of radiotherapy and it may take a few visits before your treatment can go ahead.

Your skin will be marked to outline where you are to get treatment. This is usually done with a permanent tattoo. That way the rays can be aimed at the same area to be treated each day. Before starting radiotherapy, you will be told how to look after your skin during and after treatment.

Weakness

Surgery for lung cancer is a major operation. It may take weeks or even months to get back your old strength. You may not be able to do as much as you would like to do. This recovery period can vary from patient to patient.

The muscles of the chest and the arm of the affected side may become weak too. The physiotherapist will show you special exercises to do which will help to rebuild muscle strength. You will help speed up your recovery if you spend a short time each day doing the exercises when you go home.

Shortness of breath

Some patients may feel short of breath because they have less lung tissue to supply the body with oxygen. Usually, this gets better as the lung tissue re-expands and heals after surgery. See page 41 for more information.

Going home

Most people are ready to go home 7–10 days after surgery. If you live alone or have problems getting around the house, talk to your nurse or medical social worker on your ward as soon as you are admitted to the hospital. That way he or she can put in place any community services that you may need after you leave hospital.

On the day you go home, you will be given a date to come back for a check-up, usually in about 4–6 weeks’ time. If you have a worry or symptom before your check-up date, contact your doctor, cancer nurse specialist or hospital ward for advice.

To sum up

- The aim of surgery is to remove the part of the lung with the tumour in it.
- Surgery is of benefit when the tumour is found in one area of the lung and there are little or no lymph nodes affected.
- The types of surgery include a wedge resection, lobectomy or pneumonectomy.

- The side-effects of surgery are pain, reduced bowel movements, reduced mobility, weakness and shortness of breath.
- Regular breathing exercises will build muscle strength in the lung after surgery.
- Most people are ready to go home 7–10 days after surgery.
Understanding cancer of the lung

How much radiotherapy do I need?

How much treatment you need will depend on the type and size of the tumour. Your course of treatment may last for several weeks. If radiotherapy is given to control symptoms, like pain or bleeding, it is known as palliative radiotherapy. Only one or two treatments are given in this case. Your doctor will discuss with you how many treatments you need.

Getting your radiotherapy

Getting radiotherapy is quite straightforward. Usually you will be asked to come for treatment sessions every day during the week with a rest at weekends. Each treatment session only lasts a few minutes. The treatment causes no pain but you must lie still while it is being given. Some machines may be a little noisy.

Each time you go for treatment you will go into a radiotherapy room. The radiation therapist will help you to lie or sit in a certain position on a table below the machine. When you are ready, he or she will leave the room. The machine will then be turned on and your treatment given.

You will be on your own in the room, but your radiation therapist will be able to see you all the time through a closed-circuit TV. You can talk through an intercom if you need to speak.

External radiotherapy does not make you radioactive. It is completely safe for you to mix with family and friends. Pregnant women or children are not at risk.

Internal radiotherapy

Sometimes a special type of internal radiotherapy called endobronchial radiotherapy or brachytherapy can help. This is when a source of radiation is put close to or inside the tumour. It may be given if the tumour is blocking one of your airways, causing the lung to collapse, or if you find it hard to breathe.

First a thin tube called an applicator is put inside your lung for a short while using a bronchoscope. The tube is then linked to another tube that is attached to a machine. When the machine is switched on, it causes the source of radiation to pass inside the tube in your lung. This way of opening up the airway is often done in one session.

Will I have any side-effects?

Any side-effects you get will depend on which part of your body is being treated and the number of treatments you get. Side-effects can vary from person to person too.

Common side-effects

- Difficulty swallowing or sore throat
- Feeling sick or vomiting
- Weight loss
- Skin changes
- Feeling very tired
- Shortness of breath
- Hair loss (alopecia)

Difficulty swallowing or sore throat

After a week or two of treatment you might find that your chest feels tight. Or you might have find it hard to swallow. It may feel as if you have a lump in your throat all the time. Your throat may feel dry and sore as well. If this happens, it can help to eat soft foods.

But if it is hard for you to eat your normal foods, high-calorie drinks may help. These are usually easier to swallow. A dietician may also be involved in your care. Your doctor may give you medication to take before meals to make swallowing easier. The discomfort will usually get better in about 5–8 weeks.
Understanding cancer of the lung

Taking high-calorie drinks, which are easier to swallow, may help.

Feeling sick or vomiting
If you are feeling sick or vomiting, your nurse can give you medication to help prevent it. Take them 1 hour before treatment. It helps to eat small amounts often.

Weight loss
If you have problems eating, you may begin to lose weight. It is best to eat as well as you can while on treatment. Ask to see a dietician if you are losing weight. He or she will give you advice on the best foods to eat. It is important to keep your weight, as it may take longer to get better if you lose weight.

Skin changes
During radiotherapy, the skin in the treated area may become red and sore. It can look a little like sunburn. If it happens, a cream can be used to treat it. Only use creams recommended by your nurses or radiation therapists. If you need to wash the area, use warm water and pat it dry with a soft towel. Do not rub the skin while washing and drying. Also avoid perfumed creams or powders. Check with your radiation therapist or nurse before putting anything on your skin.

Feeling very tired
Feeling tired can build up over the course of your treatment. This may be due to the treatment itself or perhaps you have to travel long distances for treatment. Rest as much as you can. Cut down on the things you normally do while you are on treatment. See page 45 for more details about fatigue.

Shortness of breath
After radiotherapy to the chest, you may notice that you get a dry cough and shortness of breath. Radiotherapy can affect how the lungs supply oxygen to the body. This condition is known as radiation fibrosis. It can happen several months after treatment has ended. Do tell your doctor as soon as possible if you develop these symptoms. You may need treatment with medication.

Hair loss (alopecia)
Hair loss will happen if you have radiation to any part of the body where there is hair. If you have radiotherapy to the head, hair loss may occur in the part of the head being treated but usually it is the complete head. If this happens, your hair will fall out quickly. But try not to worry, as it will start to grow again when treatment is over. For some patients who have radiotherapy to the brain, their full hair may not grow back.

It is natural to feel upset at the thought of losing your hair. Talk to your nurse or medical social worker about your feelings. He or she will help you to find ways to cope with hair loss. You can get a wig/hairpiece or you may prefer to wear a hat, scarf or turban. In some hospitals the nurse or medical social worker may be able to arrange this for you. If your hospital does not have a social worker, ask if they have the name of a wig fitter you could visit. Your local hairdresser may also be able to help. In some cases, it is possible to get financial assistance towards the cost of a wig.

More information
Most of these side-effects should go away once treatment is over, but do let your doctor know about them if they continue. For more information, contact the National Cancer Helpline 1800 200 700 for a copy of Understanding Radiotherapy or the DVD, Radiation Therapy: A Patient Pathway.

To sum up
- Radiotherapy is when high-energy rays are used to cure or shrink the cancer.
- Radiotherapy is painless and each session only takes a few minutes.
- Treatment may be as short as one session or continue for 6 weeks, depending on the cancer.

Cancer Helpline 1800 200 700
Chemotherapy

Chemotherapy is a treatment using drugs that cure or control cancer. These drugs can be used on their own or with each other. Most patients with lung cancer who need chemotherapy will get a combination of two or three drugs. The decision to give you chemotherapy or not will depend on the type and size of the tumour, and if the cancer has spread to other parts of your body. Chemotherapy can be given before or after radiotherapy or surgery.

How often do I need chemotherapy?
The drugs used in chemotherapy are carried in the bloodstream to almost every part of your body. Often they are given in cycles such as once every 3 weeks with a rest period between treatments. By having a rest period it gives your body a chance to recover from the effects of the drugs. The number of cycles can vary. It will depend on the type of cancer you have and how well it is responding to treatment.

How do I get chemotherapy?
Chemotherapy may be given directly into a vein as an injection or through an intravenous infusion (drip). Some drugs may also be given as tablets. Depending on the type of drugs you are getting, you may need to stay in hospital for 2 or 3 days. However, most treatments can now be given in day care.

What kinds of drugs are used?
There are many drugs used in the treatment of lung cancer. The ones most commonly used are carboplatin, ifosfamide, cyclophosphamide, etoposide, Alimta, Adriamycin and cisplatin. Two or more of these drugs are often used in combination with each other. Other chemotherapy drugs can also be used. Some may be part of clinical trials and your doctor might ask if you would like to take part. See page 48 for more about clinical trials.

Before any chemotherapy is given your doctor will discuss your treatment options with you. More information about specific drugs can be found on the Irish Cancer Society website: www.cancer.ie

New treatments in lung cancer: targeted therapies

A new group of drugs is now available to treat lung cancer. These are called targeted therapies. They work by blocking the signals that tell cancer cells to grow and divide. They only target cancer cells and leave normal cells alone. This means you don’t get many of the side-effects seen in chemotherapy. Even so, targeted therapies can be used with radiotherapy or with chemotherapy as well.

There are many different types of targeted therapies. Some are known as growth inhibitors because they block the tumour from growing, directly and/or by preventing new blood vessels being made. This can cause the tumour to get smaller or stop getting bigger. Some types of growth inhibitors are also monoclonal antibodies. These are antibodies (proteins) made in the laboratory that attach themselves to certain proteins on the surface of a particular cancer cell (receptors) and ‘lock’ onto them like a key in a lock. They then prevent the cancer cell growing.

Examples of targeted therapies used in non-small cell lung cancer are erlotinib (Tarceva), bevacizumab (Avastin) and cetuximab (Erbitux). With Avastin it can also improve the effects of chemotherapy. See the ICS website for more information about these drugs: www.cancer.ie

Side-effects
Some people can have a small allergic reaction to monoclonal antibodies. To prevent this, the first dose is given slowly over a number of hours. You may be given medication before treatment starts to make this side-effect less likely. Some patients complain of a flu-like reaction and feeling very tired after treatment. These usually go away once treatment ends or soon after. Many people receiving Tarceva, given as a tablet, get a skin rash like acne. Less often, people also have diarrhoea, nausea and loss of appetite.

Your doctor and nurse will explain this treatment to you and tell you about any likely side-effects. But if you would like more details, do ask your doctor or nurse.
What if cancer recurs or spreads beyond the lung?

Some people have no more problems after their first treatment for lung cancer. But for others the cancer comes back. It may also have spread to other parts of the body. In some cases, the cancer may be advanced when the diagnosis is made.

Even if the cancer has gone beyond the lung or recurs, it can still be treated. Erlotinib (Tarceva) is a drug sometimes used to treat people whose cancer has come back after their first treatment. Or it can be given if your cancer has not responded to at least one course of chemotherapy.

In many cases, chemotherapy will help you live longer with better control of your symptoms. But before deciding treatment, your doctor will consider your general health and where the cancer has spread. He or she will also note the kinds of treatment you have had in the past.

What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person and depend on the drugs used. These unwanted effects happen because chemotherapy not only affects cancer cells but normal cells too. But it is possible to have this treatment and have side-effects that are well controlled with medication.

If you are feeling shivery and unwell or running a temperature of 38°C or higher, tell your doctor straight away.

Before you start your treatment ask your doctor about any possible side-effects that may occur. Do tell your doctor about the way you are feeling during your treatment as most side-effects can be eased with medication. In most cases, the side-effects go away when the treatment ends or soon after. Your doctor or nurse can give you something to stop most of them or make them easier to cope with.

Common side-effects:

- Infection
- Feeling sick or wanting to be sick
- Hair loss (alopecia)
- Feeling very tired
- Sore mouth

Infection

Chemotherapy can make you more likely to get infections. This happens because most chemotherapy drugs affect the bone marrow, which makes the white blood cells that fight infection. If you do not have enough white blood cells, even minor infections like a cold or sore throat could make you quite ill.

During treatment cycles you will have blood tests to make sure that you have enough white blood cells to fight infection. If your white blood count is low, your doctor will ask you to watch out for signs of infection. These signs could include feeling shivery and unwell or running a temperature of 38°C or higher. If this happens, tell your doctor straight away. He or she will tell you what to do. Some hospitals prefer you to ring them directly. Check this out with your doctor or nurse before you start treatment. If you get a high temperature, you will need to have a blood test. Sometimes antibiotics are needed to treat the infection.

You will be more at risk of picking up infections while on treatment, so try to avoid close contact (such as hugging or kissing) with people who have colds or flu or other infections such as chickenpox, shingles or measles. Let your doctor know if you are in contact with these or any other infections. Wash your hands often during the day, especially before you eat and after going to the bathroom. Infection can be a serious complication of chemotherapy. Talk to your doctor or nurse, who will tell you what to do.

Feeling sick (nausea) or wanting to be sick

Not everyone feels sick with chemotherapy. But if you do, it can happen before, during or after treatment. It may last for several hours.
There are very effective drugs available now that prevent or reduce nausea and vomiting. Ask your doctor to give you medication to stop you feeling sick. While you are on treatment, take it as advised by your doctor.

Sore mouth
Some drugs used to treat lung cancer can cause a sore mouth. They can also cause little ulcers to appear on your tongue, gums and inside the cheeks of your mouth. It helps to keep your teeth, gums and mouth very clean. If you have dentures, remove them if your gums are sore. There are also special mouthwashes that you can use. Your nurse will show you how to use them properly.

Not wanting to eat
You may find that you lose your appetite. It is best to eat as much you can while on chemotherapy to keep up your strength. Eat smaller amounts more often. If you do not feel like eating during treatment, you could replace some meals with special high-calorie drinks. Ask your nurse if you can speak to a dietician about this.

Feeling very tired
It is not uncommon to feel very tired. This tiredness can last for some weeks after treatment has ended. If this happens take things easier. Do less than you would normally do. Rest more if you can. Ask your family or friends to help you at work or at home. A useful booklet called Coping with Fatigue is available from the Irish Cancer Society. Contact the National Cancer Helpline 1800 200 700 for a free copy.

Hair loss (alopecia)
This is a common side-effect of the drugs used to treat lung cancer. If you do get complete hair loss, it will fall out quite quickly. But try not to worry, as your hair will grow again once treatment stops. You may feel upset at the thought of losing your hair. Talk to your nurse or social worker about your feelings. They will help you find ways to cope with hair loss.

You can get a wig or you may prefer to wear a hat, turban or scarf. In some hospitals your nurse or medical social worker may be able to arrange a wig or hairpiece for you. If your hospital does not provide this service, ask if they have the name of a wig fitter you could visit. Your local hairdresser may also be able to help. In some cases it is possible to get financial assistance towards the cost of a wig or hairpiece.

Other side-effects
If you have a different side-effect or symptom from those listed above that concerns you, tell your doctor or nurse straight away. He or she will tell you what to do.

To sum up
- Chemotherapy is a treatment using drugs to cure or control cancer.
- The drugs can be given in tablet form, directly into a vein as an injection, or through an intravenous infusion (drip).
- The side-effects vary from person to person and depend on the drugs used.
- Most side-effects are well controlled with medication.
- Common side-effects include: infection, nausea, vomiting, fatigue, sore mouth, hair loss, loss of appetite.
Laser therapy

In some cases lung cancer can block the windpipe (trachea) and cause breathing problems, infections or a collapsed lung. Or it can block one of the main airways that allows air into the lungs. If these happen, laser therapy can help. A laser is a very strong, tiny beam of light that is very hot and can cut the tumour like a surgical knife. It burns the tumour out of the airway and seals off blood vessels so there is little bleeding afterwards. It may not destroy the entire tumour, but it can relieve your symptoms.

First, you will be given a general anaesthetic in theatre. Once you are asleep, your doctor will put a tube called a bronchoscope down your throat and into your lungs. The laser tube then goes down inside the bronchoscope. The laser beam is turned on and the tumour causing the blockage is then burned away.

Laser therapy is very safe and most people have no side-effects. Usually you are allowed home the next day unless there has been an infection below the blockage. In this case, it may be relieved with antibiotics and physiotherapy.

If the tumour grows back, the laser therapy can be repeated. You can also have chemotherapy or radiotherapy to slow the growth of the tumour and give you relief.

How can my symptoms be relieved?

Sometimes when you have cancer it can be very hard to know if the symptoms you are having are part of your illness or a side-effect of treatment. These symptoms can vary from time to time and be either mild or severe. If you have symptoms that are troubling you, it is important to let your doctor or nurse know. He or she may be able to give you treatment that will help. The five most common symptoms of lung cancer are shortness of breath (dyspnoea), fluid in the lungs, cough, pain and fatigue.

If you have symptoms that are troubling you, it is important to let your doctor or nurse know.

Shortness of breath (dyspnoea)

Shortness of breath can be very uncomfortable and distressing. You may find that it makes you feel anxious and stops you from doing things that you like to do. This symptom may be caused by your tumour or because of treatment. For example, you may have had part of your lung removed or you may have developed a chest infection while on chemotherapy. Whatever the reason, there is a lot both you and your doctor can do to make this symptom easier to cope with.

Discuss this problem with your doctor or nurse. He or she can decide what to do. It may be possible to relieve the problem that is causing the shortness of breath. For example, you may have extra fluid on your lung that is making it hard for you to breath in a relaxed way. By removing this fluid the lung can re-expand and breathing becomes easier (see pleural effusion on page 42). Another way to relieve the shortness of breath can be through breathing exercises.

Other ways of helping to ease shortness of breath could include a blood transfusion if you have a low red blood cell count (anaemic). Antibiotics can be given if you have a chest infection. Your doctor may organise oxygen therapy at home for you if he or she feels it will help.

Future treatments of lung cancer

New treatments for lung cancer are being developed all the time. These include: cryosurgery, diathermy, radiofrequency ablation and photodynamic therapy (PDT). They use freezing, an electric current, heat or light, respectively, to kill the cancer cells. Most of these treatments are not available in Ireland at present.
Hints & Tips – shortness of breath

- Ask the physiotherapist or nurse to show you some breathing exercises that will help to strengthen your muscles used in breathing. Repeat the exercises regularly during the day. Only do as much as you feel comfortable with.
- The physiotherapist can also show you ways to sit that will increase the amount of air you can take into your body.
- You may find that you sleep better in a comfortable chair.
- Avoid doing things that increase your shortness of breath, such as bending over and climbing flights of stairs. Take your time getting dressed and wear clothes and shoes that are easy to put on.
- Make sure you have a calm atmosphere. Anxiety can make a breathing problem seem much worse, so a quiet setting can really help. Listen to relaxation tapes too.
- If you are anxious and upset, ask to speak to a counsellor about your feelings – it may help.

Hints & Tips – coughing

- Take plenty of fluids, such as water and fruit juice, if you are coughing up a lot of phlegm. This will loosen it and make it easier to cough up.
- Ask your doctor or nurse to recommend a good cough mixture.
- Tell your doctor if your cough is dry and irritating. You may not be coughing up any phlegm. He or she may give you medicine to stop the cough.
- Avoid situations that make your cough worse, such as a smoky atmosphere or sudden changes in temperature. Make sure you have fresh air wherever you are sitting. Open a window or use a fan to create a light breeze.

Pleural effusion (fluid in lungs)

Fluid may build up between the linings of your lung. This is known as a pleural effusion and can cause you to feel short of breath. Your doctor may take a sample of this fluid using a small needle or may decide to drain the fluid. This can be done by putting a small tube into your chest under local anaesthetic. The tube can then be removed once all the fluid has drained.

Any shortness of breath is likely to get better after the fluid is drained. If the drainage has improved your symptoms and if the fluid starts to build up again, your doctor may decide to do a pleurodesis. This is where medicine is put into your chest through the chest tube to cause the linings of your lung to stick together. This prevents fluid building up again. Or a tube known as a catheter may be put under your skin and threaded into the pleural effusion. This can be left there for the long term. A special vacuum bottle attached to the tube can then be used to drain the fluid as needed.

Cough

Cough is another common symptom of lung cancer. An irritating cough can really affect your quality of life. You may complain of not being able to sleep, shortness of breath and pain. It is important to find out the cause of the cough. The tumour, a chest infection and/or bronchitis may cause the cough. Treatment with radiotherapy or antibiotics may help.

Pain

For many patients with lung cancer, pain is one of the main symptoms that prompt them to go to their doctor in the first place. A lung tumour can cause mild or severe pain in the chest by pressing on nearby tissues and organs. Pain can also be caused by the tumour spreading to other parts of the body, such as the bones. Sometimes surgery for cancer of the lung can cause mild to severe pain for weeks or months after the operation. The pain may be constant or present only now and then.

Your doctor will try to find out what is causing the pain. Surgery, radiotherapy and chemotherapy can all help to ease pain. There is also a lot of good painkilling medication available today.

Your doctor will decide on which painkiller is best suited to the type of pain you have. If the medication does not kill the pain, tell your
doctor or nurse. A specialist who manages pain and other symptoms may also be able to help you. He or she can arrange for you to try out different painkillers to find out what suits you best. There are also other ways to treat pain, such as nerve blocks and epidural injections. If you need more information, ask your doctor or nurse.

Hints & Tips – pain

- If you are in pain, tell your doctor or nurse about it straight away. Be honest about the level of pain you are in. There is no need to suffer in silence or play down the amount of pain you have.
- Describe the pain as clearly as you can. Is it a dull pain? A sharp sudden pain? A pain that is always there or one that comes over you in waves? Is it mild or severe? Do you wake up in pain during the night? It may help to write down the times when you get the pain and what makes it better or worse. You could show this record to your doctor or nurse – it may help to explain your problem.
- If you only have pain from time to time, take the painkillers when you need them. But if the pain is there most of the time or all of the time, take your painkillers regularly. This is most important to keep your pain under control.
- Even though your pain may be well controlled most of the time, you may notice that the pain is worse at night and wakes you up. Discuss this with your doctor or nurse. You can get extra medication to help with ‘breakthrough pain’.
- If you have constipation (a side-effect of painkillers), take a laxative every day. Drink plenty of clear fluids such as water and fruit juice to keep your bowel habit regular. Your doctor or nurse will give you something stronger if your bowels have not opened for 2 or 3 days.
- If you are feeling sick (a side-effect of painkillers), your doctor may give you anti-sickness tablets. Take them 30 minutes before your painkillers. The nausea often improves as you get used to your medication.
- Do not drive or work machinery if you feel drowsy. Drowsiness is another side-effect of painkillers, which may occur when you take a stronger painkiller. It usually wears off after a few days.

Fatigue

Fatigue is a common symptom of cancer and often described as an overwhelming tiredness. You may find it difficult to concentrate or make decisions. Not only can it be due to the cancer itself but also to treatments such as chemotherapy or radiotherapy.

The reason for the fatigue can be hard to identify. Fatigue may be caused by anxiety when a diagnosis of cancer is made and the additional stress caused by treatment. It is important to know that even though you may find it hard to identify the reasons for your tiredness, there is action you can take to help.

Hints & Tips – fatigue

- Treatment may help by relieving symptoms such as pain and shortness of breath allowing you to get back to your normal routine. Ask your doctor before you start treatment what side-effects you can expect.
- If you are feeling worried and find it hard to sleep at night, tell your doctor or nurse. He or she may be able to help. Talk to your family or close friends about your concerns. If you find this difficult, ask to see a counsellor. He or she will help you to find ways to relax.
- If your illness allows you to take part in physical exercise, do some regularly. For example, a 10-minute walk 3 days a week might be a realistic goal and will boost your morale when you achieve it.
- You may lose weight due to the cancer or the treatment you are getting. If you are feeling weak and tired you may lose interest in your food. Ask for help in preparing your meals.
- Eat your favourite foods. Drink lots of clear fluids such as water and fruit juice.
- Get others to help you around the house, with the travelling to hospital, at work, with the children or with shopping. Use the extra free time to do something that you especially enjoy.

There is a useful booklet called Coping with Fatigue available. If you would like more information, call the National Cancer Helpline 1800 200 700 for a free copy.
Will treatment affect my sex life and fertility?

Sex and sexuality

Coming to terms with the fact that you have cancer can take quite a while. Your emotions will be turned upside down. It can be hard to relax too when you have a lot of worries on your mind. You may also be feeling tired and have breathing difficulties from the effects of treatment. As a result, you may lose interest in sex. This is quite normal when you are concerned about your health.

If you have a supportive partner, you may find that talking to them eases your anxiety. Even if you do not feel like having sex, you can still enjoy a close and loving relationship. You should not feel guilty or embarrassed to talk to your doctor about this matter if it is troubling you. He or she could refer you for specialist counselling if you thought that would be helpful.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine your interest in sex should return too. There is no reason why you cannot have sex when on chemotherapy or radiotherapy if you feel like it. But you may find it will be some weeks before you will feel well enough to have sex again after surgery. If you need further information talk to your doctor, who will answer your questions in more detail.

Fertility

Surgery or radiotherapy for lung cancer do not affect your fertility. The side-effects of chemotherapy depend mainly on the drugs you receive and can vary from person to person. Sometimes your fertility can be affected by chemotherapy. You may not be able to have children. Discuss this possible side-effect with your doctor before treatment starts. It may be possible to store sperm or eggs at the HARI Unit in Dublin for use at a later date. See page 77 for contact details.

If you are of child-bearing age, you should use some method of contraception during treatment and for some time afterwards. This is because there is a risk of miscarriage or birth defects in children conceived during or just after treatment. Many doctors believe it is better for you or your partner not to get pregnant for 2 years after your chemotherapy ends. This time gives your body a chance to get over the effects of the cancer and its treatment.

What follow-up do I need?

Whatever treatment you get for your cancer, once it is over you will need to come back for regular check-ups. At first these will be quite often. Follow-up visits may include seeing your doctor and having tests such as X-rays, scans and blood tests. These check-ups will continue for a number of years but will then become less frequent.

If you are between check-ups or you have a symptom or problem that is worrying you, let your doctor know by making an appointment to see him or her as soon as possible.
Understanding cancer of the lung

Cancer and complementary therapies

There is great interest today in complementary treatments for cancer. Some people find them helpful and beneficial during their illness. In many countries the way cancer is treated depends on the culture and environment in which you live. In Ireland, cancer treatments are based on scientific research, which allows the response to treatment, side-effects and the general effect of treatment to be predicted.

You may hear about the following types of treatments or therapies.

Conventional therapies

Conventional therapies are treatments which doctors use most often to treat people with cancer. These include surgery, radiotherapy, chemotherapy, hormone treatments and biotherapy. They are tried and trusted methods where there is a long history of use. Many of the treatments have been tested in clinical trials.

Complementary therapies

Complementary therapies are treatments that are sometimes given together with conventional treatment. They include therapies such as:

- Meditation
- Relaxation
- Visualisation
- Gentle massage
- Aromatherapy
- Reflexology
- Music, art and dance therapy
- Nutrition therapy
- Shiatsu
- Yoga
- Acupuncture
- Hypnotherapy.

Many people find that complementary therapies are very helpful in a number of ways. You may feel more relaxed and positive about yourself and your illness. You may be better able to cope with the physical side-effects of cancer and the distressing emotions that cancer can often bring. Some complementary therapies also focus on the spiritual dimension of a person to aid healing.

Research – what is a clinical trial?

Research into new ways of treating lung cancer goes on all the time. By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating cancer. Many cancer patients take part in research studies today. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use.

Phases of research

There are many stages or phases when research is done. If a drug or treatment looks as if it might be useful in treating cancer, it is given to patients in research studies called clinical trials. These aim to find a safe dose, see what side-effects may occur and identify which cancers can be treated.

If early studies suggest that a new drug may be both safe and effective, further trials are carried out. These aim to:

- Find out if the treatment is better than ones already in use.
- Find out if there are more benefits when the new treatment is given together with current ones.
- Compare the new treatment with current best standard treatments.

Taking part in clinical trials

Your doctor may ask you to try a new treatment. There are many benefits to this. You will be helping to improve knowledge about cancer and new treatments. There is no need for worry as you will be followed closely during and after the study.

You cannot be included in a clinical trial without your permission. You can only give this consent if the trial has been fully explained to you, so that you understand what it is about. This is called informed consent. You will also need time to think about it and discuss it with your family or friends. If you decide not to take part, you will still be given the best proven treatment available.

Even after agreeing to take part in a trial, you can still withdraw at any time if you change your mind. As part of research into the causes of cancer, your doctors may ask your permission to store some samples of your cancer cells or blood.

If you would like more information, a booklet called Understanding Cancer Research Trials (Clinical Trials) is available. Call the National Cancer Helpline 1800 200 700 for a free copy.
Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have lung cancer. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation.

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression.

Shock and disbelief

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are totally shocked when it does. Even if your doctor and nurse discuss your cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you don’t really believe it is happening to you.

If you decide to have complementary or alternative treatments...

Before you decide to change your treatment or add any methods of your own, be sure to talk to your doctor or nurse. Some methods can be safely used along with standard medical treatment. But others can interfere with standard treatment or cause serious side-effects. For that reason, it is important to talk openly with your GP or cancer specialist if you are thinking of having treatment with either a complementary or alternative practitioner. Don’t be afraid that your doctor will be offended by your wish for other treatments. In fact, he or she may be able to recommend therapies that could be safe and useful for you.

Be cautious in selecting a practitioner. Don’t be misled by promises of cures. At present, this area is not fully regulated in Ireland. Ensure that the practitioners you plan to visit are properly qualified and have a good reputation. Check to see if they belong to a professional body or not. If you are unsure but would like to know what other patients have found helpful, contact your doctor or a patient support group. Also, it is important to make sure that the practitioner is charging a fair price for your treatment.

More information is available in a free booklet from the Irish Cancer Society called Cancer and Complementary Therapies. If you would like a copy or more advice, call the National Cancer Helpline 1800 200 700.
Understanding cancer of the lung

Fear and uncertainty

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. They think the worst. But nowadays many cancers can be cured or controlled with modern treatments. Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. However, some cancers cause no physical pain at all or else can be controlled with good painkillers. You may also have fears that your experience of cancer will change who you are and that people will reject or avoid you. For example, after some cancer treatments your body image may be different, and it will take some time for you and for others to adjust to your new look.

You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured or if your cancer will recur. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Discuss your concerns with your doctor, who will give you advice and help. If living with uncertainty overwhelms you, it may help to talk to someone in a support group.

Loss of control

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don’t know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope with your treatment or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

But it takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control. Taking an active part in making decisions about your treatment can help you feel more in control of your illness.

Learning more about your illness and treatment can help you feel more in control.

Sorrow and sadness

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body that arise from treatment.

Depending on your type of cancer, your fertility or body image may be affected by treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but will gradually fade.

Denial

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem absurd, it is a valid way of coping. As a result, people may not wish to mention or discuss their illness. Or else they may talk as if their illness is nothing serious. Denial may last for a short or long time, depending on how long it takes you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don’t want to hear any information about your cancer until you’re ready.

Cancer Helpline 1800 200 700
Anger

‘Why me? I always took care of my health.’ ‘Why did this happen now?’

It is normal too to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with your God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you.

Your family and friends may not always be aware that your anger is really about your illness and not at them. It may be helpful to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

Resentment

‘How can you talk – you don’t have to deal with cancer.’ ‘How come I’m not getting better?’

It is natural that you might be resentful and unhappy because you have cancer, while other people are well. During the course of your illness, similar feelings of resentment may occur for many reasons. You may resent that another patient receiving the same treatment as you has responded quicker than you have. You may resent having to change your lifestyle in some way. Sometimes relatives, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

Blame and guilt

‘I should’ve watched my diet.’ ‘If only I had a more positive attitude, I wouldn’t have got sick.’

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. As cancer experts rarely know exactly what has caused cancer, there is no good in blaming yourself. Other times, people feel guilty because they delayed going to the doctor with their symptoms, fearing the worst.

No matter what the reason, don’t torture yourself at this time. Don’t feel guilty if you can’t keep a positive attitude either, especially when you feel unwell. Low periods are to be expected. There is no evidence that your attitude will affect your health or cancer. Regret and guilt serves no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Withdrawal and isolation

‘I just need to be on my own.’

There is no doubt that a cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. However, it is not a good idea to spend long hours on your own every day.

Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you would like more information on how to talk about your cancer, there is a useful booklet available called Who Can Ever Understand? – Talking about Your Cancer. If you would like a copy, call the National Cancer Helpline 1800 200 700.
Understanding cancer of the lung

How can my family and friends help?

Families and friends can support people through their cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what their loved one can expect and what they are going through. Others may prefer to help in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your friend or relative best.

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with own your feelings too.

Positive emotions

A cancer experience can also bring positive emotions. However, it may be some time before you are ready to accept these emotions as positive. You may experience great love, affection and closeness by those around you, not only family and friends but also neighbours and even the healthcare team. With that can come a sense of gratitude too. The experience of cancer can also bring personal growth and knowledge – it can make you realise where your strength lies and what is important in life for you. You may also get the chance to do and enjoy different things that you would never have done otherwise.

Learning to cope

After any treatment for cancer it can take some time to come to terms with your emotions. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it is true that some treatments can have some unpleasant side-effects, many people are able to live a normal life during treatment. You will need to take some time off for your treatment as well as time afterwards to recover. Just do as much as you feel like and take plenty of rest. It is not a sign of failure to ask for help or to feel unable to cope on your own. Once other people understand how you are feeling, they can give you more support.

Don’t withdraw because you’re afraid of what might happen to your relative or friend in the future.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may not think you are doing much by just listening. In fact, it is one of the best ways to help.

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the
space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Lost for Words – How to Talk to Someone with Cancer is a useful booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life going as much as possible. Continue with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to changes in their lives.

Every family deals with cancer in a different way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or that you’re letting the children down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you tell your children about your cancer diagnosis. If this is not possible then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Very young children do not understand illness and need a simple reason why their parent or friend is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more. Talk to children in language they will understand but without going into the details of your illness.

It is best to prepare children for what to expect from the side-effects of treatments before they happen, and to answer their questions simply and honestly. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

Coping with children’s emotions

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called Talking to Children about Cancer: A Guide for Parents gives practical advice for talking to children about cancer. If you would like a copy, call the National Cancer Helpline 1800 200 700.

Cancer Helpline 1800 200 700
Advice for carers

Looking after yourself

Being a partner, carer or friend of someone with cancer can be both a challenging and a rewarding experience. However, it can also be tiring, frustrating and distressing. You also may be worried or anxious about the future, have fears about the effects of treatment, of recurrence, and about future tests. If you are to continue to keep your strength and your spirits up, then it is important to take good care of yourself.

- **Learn more about cancer and the emotional effects it can cause.** This will help you to understand what you can do to help, and have realistic expectations of treatments.
- **Make sure you share your worries with someone else.** Stay in touch with your own friends and get out when you can. Visit a friend for a chat or go shopping. Take the opportunity to get out and meet other people, even if you sometimes don’t feel like it.
- **If you live with someone who is anxious or depressed, try to make time for a break each day**, even if it is just a walk to the shops or a trip to the library. This will give you something to look forward to each day. Ideally, you should also try to organise a longer break, such as an evening out with friends or a trip to the cinema each week.
- **If you don’t want to take a break, then at least give yourself little treats to keep yourself going.** Order your favourite magazine each week and give yourself an hour to sit down with a cup of tea to read it. Or make sure that you have peace to watch your favourite TV programme, have a long soak in the bath after a difficult day, or an early night with a good book.
- **If you find if difficult to cope, get help.** If you have a close friend, talk through how you are feeling. If this is not possible or you don’t have anyone you trust, talk to your doctor. He or she can talk through your frustrations and feelings and can suggest other sources of help.

- **Protect your physical health too.** See your doctor sooner rather than later if you have any niggling concerns about your own health.
- **Find out about self-help groups**, especially for carers of people with cancer.

What else can I do?

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope, only your way. During your illness there are many things that you can learn, not only about cancer itself but also about you as a person. Here is a list of things to help you feel more involved and more in control of your illness. They can help to boost your self-esteem and well-being, making it easier to deal with cancer.

- **Communicate with your family and close friends:** Do not keep your worries or symptoms secret from the people closest to you. This includes physical or emotional problems. Ask the person closest to you to come with you when visiting the doctor and when treatments will be discussed.
- **Live one day at a time:** Don’t think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.
- **Live well:** Try to eat as well as you can. Eat little and often, including lots of different types of foods with plenty of fresh fruit and vegetables. Do some regular exercise that you enjoy. Take it easy at first, building up the amount you do, as you feel stronger.
- **Expect change in your life:** Even though you may want to stick to your old routines, sometimes this may not be possible. It may take a while to adjust to your new routine but keep an open mind. Change may bring new opportunities and blessings.
- **Keep an open mind:** Don’t feel you have to be positive all the time. Expect ups and downs during your cancer journey. There will be times when you feel low but don’t feel guilty about it, as it will pass.
Seek information: Be sure to ask your doctor as many questions as you can and get involved in decisions about your treatment. Always ask for information that is personal to you. Ask what side-effects you can expect so you can prepare for them. Build up as much information about your cancer and treatment as possible. Follow your doctor’s instructions carefully. Take your medication. If you forget and are not sure what to do, ask your doctor. Keep a notebook of all your dates for blood tests, X-rays, scans, treatments, symptoms, side-effects, medications, and your general health. Keep a record of any emotions you are feeling too, especially strong ones.

Find what works for you: It can help to use whatever way of coping that has helped you solve problems in the past. Some people are comfortable taking about their illness, others are not. You may prefer relaxation, meditation, walking, listening to music or other approaches helpful. Do whatever suits you. But if it’s not working, be open to finding a new way to cope.

Build a support network: Be realistic about what you can manage by yourself. No man is an island, so seek help from those who want to support you. Talk to your family, friends, nurses or doctors. Meet with other patients in support groups and self-help groups as they can understand what you are going through. If the group does not suit you and is not helping, leave it.

Seek professional help: If you have any low moods or strong emotions talk to your close friends and family – or someone who is a good listener. If your emotions are still getting the better of you, discuss them with your nurse and doctor. They may recommend you talk to a trained counsellor or other specialist.

Spiritual care: When faced with a cancer diagnosis and treatment, you may start thinking about the meaning of life and the afterlife. Sometimes spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation can help you focus on what has value and meaning in your life. Even if you don’t consider yourself a religious or spiritual person, it is still possible to get support from any belief system that has importance for you. Some complementary medicines that have a spiritual dimension may also help you to focus on being positive and hopeful.

Express yourself: Keep a diary or journal if you need to express yourself without holding back. It can help you make sense of your cancer journey and can bring great healing and relief. Other forms of creative expression, such as music and art, may help too.

A useful booklet called Understanding the Emotional Effects of Cancer has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 if you would like a free copy. If the idea of changing your diet or taking exercise does not appeal to you, don’t do it. Just do whatever suits you. Some people find pleasure in keeping to their normal routine as much as possible. Others prefer to take a holiday or spend more time on a hobby.

Quit smoking

There is help available if you smoke and would like to stop. The Irish Cancer Society Quitline offers support and assistance for smokers. You can talk to a specially trained stop smoking counsellor who will help you prepare a plan and support you during this time. Call the Quitline 1850 201 203 (for the cost of a local call from anywhere in the country) weekdays 9.30am – 4.30pm for more information. Some hospitals have stop-smoking clinics. Ask your doctor or nurse if there is one available in your hospital.
Support resources

Who else can help?

There are many people ready to help you and your family throughout treatment and afterwards.

- Medical social worker
- Oncology liaison nurses
- Cancer nurse co-ordinators
- Psycho-oncology services
- Community welfare officer and community health services
- Support groups
- Helpline nurses

Medical social worker

The medical social worker in your hospital can help in many ways. He or she provides support and counselling to patients and their families and can provide advice on benefits, entitlements and services available when you go home.

Specialist nurses

Some of the major cancer treatment hospitals have oncology liaison nurses and/or cancer nurse co-ordinators. These specially trained nurses provide support to patients and their families from the time of diagnosis and throughout treatment. These people along with other members of your medical team work together to meet your needs.

Psycho-oncology services

In some larger hospitals there are special units that provide psycho-oncology services. This means that psychological care and support is given to patients with cancer during diagnosis, treatment and recovery by a team of experts. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.
Community health services
When you go home there are various community health services available from your local health centre. These centres have family doctors, public health nurses (who can visit you at home), welfare officers and home-help organisers. If you live in an area which is remote or far from the hospital where you have been treated, your community welfare officer can also help with practical issues such as transport or financial worries, etc.

All these people in community health services can provide advice and support. You can get more information on the services available either from the social worker in the hospital before you go home or at your local health centre.

Support groups
Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer. You may find it easier to share your thoughts and feelings with someone who has a similar experience than with anyone else. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. A list of support groups is given at the back of this booklet.

Helpline nurses
Often you might need practical advice about your financial matters, e.g. getting a mortgage or travel insurance. The Irish Cancer Society Helpline nurses will be happy to discuss any concerns you or your family may have, at any stage of your illness. They can give you more information about any of the services outlined above and can also let you know about support services in your area.

Health cover
Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help.

Hospital cover
At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €66 a night charge up to a limit of €660 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover
If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €66. There is no charge if you have a medical card or are admitted to hospital as a result of attending the A&E unit first.

Medical card
A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services, and outpatient services and medical appliances. Every person aged 70 or over has a right to a medical card and no means test is needed. It covers the applicant only and not their dependants.

To qualify for a medical card depends on a means test for most
Understanding cancer of the lung

Benefits and allowances

Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer’s Allowance
- Carer’s Benefit
- Appliances
- Travel to hospital

Illness Benefit
This is a benefit for insured people. Eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social and Family Affairs, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment.

Disability Allowance
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. For this allowance you must satisfy a means test, normally live in Ireland and be medically suitable. To be medically suitable, you should have an illness that has continued or may continue for at least 1 year. This means that you are unlikely to be able to work for at least 1 year due to your illness. You are allowed a free travel companion pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

Application forms are available from post offices, social welfare offices...
Understanding cancer of the lung

or the Disability Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 874 8444.

Invalidity Pension

This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions and you must normally live in Ireland. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme. Application forms are available from the Invalidity Pension Claims Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or (01) 704 3314, Ext. 48728.

Carer's Allowance

This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, normally live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are allowed a free travel pass and a home benefits package – including an electricity or gas allowance, telephone allowance and free television licence – and a fuel allowance. You are also entitled to a respite care payment every year. For more advice, talk to your social worker and/or the Dept of Social and Family Affairs. You cannot get this allowance if you are receiving another Social Welfare payment.

Application forms are available from your social welfare office or from the Carer’s Allowance Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 or Dublin (01) 704 3000.

Carer’s Benefit

Under carer’s leave legislation, you may be entitled to unpaid temporary leave from your employment. Or if you are employed but wish to care for a sick relative full time, you may qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, normally live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home. More information is available from the Carer’s Benefit Section, Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 45211 / Dublin (01) 704 3000.

Appliances

For patients who have medical cards most appliances are free of charge. For example, you are entitled to a new hairpiece or wig every 6 months.

Travel to hospital

Patients can be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.

In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, e.g. hardship.
Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries contact:

Information Service
Dept of Social and Family Affairs
Oisín House
212–213 Pearse Street
Dublin 2
Tel: 1850 662 244
Leaflet line: 1890 202 325
Email: info@welfare.ie
Website: www.welfare.ie

If you have queries about health and social services, contact the HSE office in your area. In 2005, the health boards became the Health Service Executive, based in four regions: HSE Dublin North East, HSE Dublin Mid-Leinster, HSE South, and HSE West. For more information contact:

HSE infoline: 1850 241 850; Email: info@hse.ie; Website: www.hse.ie

HSE East Coast Area
[Co Wicklow, South East Dublin]
Southern Cross House
Southern Cross Business Park
Boghall Road
Bray
Co Wicklow
Tel: 01 2014 200

HSE Mid-Western Area
[Counties Clare, Limerick, Tipperary North]
Head Office
31/33 Catherine Street
Limerick
Tel: 061 483 286

HSE North Eastern Area
[Counties Cavan, Monaghan, Louth and Meath]
Head Office
Navan Road
Kells
Co Meath
Tel: 046 9280 500

HSE North Western Area
[Counties Donegal, Sligo, Leitrim and West Cavan]
Head Office
Manorhamilton
Co Leitrim
Tel: 071 9820 400 / 1850 636 313

HSE South Eastern Area
[Counties Carlow, Kilkenny, Wexford, Waterford, South Tipperary]
Head Office
Lacken
Dublin Road
Kilkenny
Tel: 056 7784 100

HSE Southern Area
[Counties Cork and Kerry]
Head Office
Wilton Road
Cork
Tel: 021 4545 011

HSE Western Area
[Counties Galway, Mayo and Roscommon]
Head Office
Merlin Park Regional Hospital
Galway
Tel: 091 751 131

Information is also available from your local Citizens Advice Centre. A list of these centres is available from:

Citizens Information Board (formerly Comhairle)
7th Floor, Hume House, Ballsbridge, Dublin 4
Tel: 01 605 9000 Citizen Information Service: 1890 777 121
Email: information@ciboard.ie
Website: www.citizensinformationboard.ie

There are also some booklets available that may help you. These include:

- Information Guide to Health Services published by the Dept of Health and Children. Copies available from your local HSE area office. Tel: 01 671 4711 for local HSE numbers or see above.
- Guide to Social Welfare Services published by the Dept of Social and Family Affairs. Tel: 1850 662 244. Email: info@welfare.ie; Website: www.welfare.ie
- Entitlements for People with Disabilities published by the Citizens Information Board. Tel: 1890 777 121 / 01 605 9000. Email: information@ciboard.ie; Website: www.citizensinformationboard.ie
Irish Cancer Society Services

The Irish Cancer Society funds a range of cancer support services that provide care and support for people with cancer at home and in hospital.

- Homecare nurses
- Night nursing
- Oncology liaison nurses
- Cancer Information Service (CIS)
- Action Breast Cancer
- Counselling
- Cancer support groups
- Cancer information booklets
- Patient grants

Homecare nurses

Homecare nurses are specialist palliative care nurses who offer advice on pain control and other symptoms. These nurses work with GPs and public health nurses to form homecare teams bringing care and support, free of charge, to patients in their own homes. Based in local hospitals, health centres and hospices, they can be contacted through your GP or public health nurse.

Night nursing

The Irish Cancer Society can provide a night nurse, free of charge, for up to 70 hours (mainly night hours) to families who are caring for a seriously ill person at home. If you need help, you can find out more about this service from a member of the homecare team, your GP or local public health nurse.

Oncology liaison nurses

The Irish Cancer Society funds oncology liaison nurses who provide information as well as emotional and practical support to the patient and his or her family. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

Cancer Information Service (CIS)

The Society also provides a Cancer Information Service with a wide range of services: the National Cancer Helpline is a freefone service that gives confidential information, support and guidance to people concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues such as prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put patients in contact with the various support groups that are available. The helpline 1800 200 700 operates Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm. A Prostate Cancer Information Service 1800 380 380 also operates at the same time.

All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie. The walk-in caller service allows anyone with concerns about cancer to freely visit the Society to discuss them in private. CancerForum is a bulletin board on our website (www.irishcancer.ie) that gives the public the chance to post their comments. The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

Action Breast Cancer

Action Breast Cancer (ABC) is a project of the ICS that provides breast cancer information and support and also funds breast cancer research. Its services are free and confidential. They include a national helpline, publications, one-to-one support, breast awareness talks and advocacy. The ABC helpline 1800 90 30 40 runs weekdays from 9am to 5pm.

Counselling

Coping with a lung cancer diagnosis can be very stressful. Patients and their families sometimes find it difficult to come to terms with the illness. Many people feel that they cannot talk to a close friend or relative. Counselling can provide emotional support in a safe and confidential environment. Call the helpline to find out about counselling services provided by the Irish Cancer Society and services available in your area.
Cancer support groups
The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards.

Cancer information booklets
These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Irish Cancer Society.

Patient grants
A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial assistance to patients in need. If you would like to request this kind of help, contact your oncology or medical social worker at the hospital where you have been treated. He/she should then make the request in writing to the Irish Cancer Society.

Useful organisations
Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
Fax: 01 231 0555
National Cancer Helpline 1800 200 700
Action Breast Cancer (ABC) 1800 30 90 46
Email: helpline@irishcancer.ie
Website: www.cancer.ie

The Carers’ Association
Bulger House
Patrick Street
Tullamore
Co Offaly
Tel: 057 932 2933
Freefone: 1800 240 724
Email: info@carersireland.com
Website: www.carersireland.com

Citizens Information Board (formerly Comhairle)
7th Floor, Hume House
Ballsbridge
Dublin 4
Tel: 01 605 9000
Email: information@citboard.ie
Website: www.citizensinformationboard.ie

Dept of Social and Family Affairs – Information Service
Oisin House
212–213 Pearse Street
Dublin 2
Tel: 1850 562 244
Email: info@welfare.ie
Website: www.welfare.ie

HARI Unit (Human Assisted Reproduction Ireland)
Rotunda Hospital
Parnell Square
Dublin 1
Tel: 01 807 2732
Website: www.rotunda.ie

HSE Health Promotion Information
Website: www.healthinfo.ie

Irish Patients Association
Unit 1, 21 Church Road
Ballybrack
Co Dublin
Tel: 01 272 2552
Out-of-hours emergency: 087 652 9448
Email: info@irishpatients.ie
Website: www.irishpatients.ie

Radiological Protection Institute of Ireland
Clonskeagh Square
Clonskeagh Road
Dublin 14
Tel: 01 269 7766

Health insurers
Quinn Healthcare (formerly BUPA)
Mill Island
Fermoy
Co Cork
Locall: 1890 700 890
Fax: 025 42122
Email: info@quinn-healthcare.com
Website: www.quinn-healthcare.com

VIVAS Health
Paramount Court
Corrig Road
Sandyford
Dublin 18
Tel: 1850 717 717
Email: support@vivashealth.ie
Website: www.vivashealth.ie

Voluntary Health Insurance (VHI)
VHI House
Lower Abbey Street
Dublin 1
Tel: 01 872 4499
Email: info@vhi.ie
Website: www.vhi.ie

If you would like more information on any of the above services, call the National Cancer Helpline 1800 200 700.
Support groups & support centres

ARC Cancer Support Centre
ARC House
65 Eccles Street
Dublin 7
Tel: 01 830 7333
Email: info@arccancersupport.ie
Website: www.arccancersupport.ie

Beacon Cancer Support Centre
Suite 15
Beacon Court
Sandyford
Co Dublin
Tel: 01 213 5654

Bray Cancer Support & Information Centre
368 Main Street
Bray
Co Wicklow
Tel: 01 286 6966
Email: bcscoiol.ie
Website: www.braycancersupport.ie

Cancer Information & Support Centre
Mid-Western Regional Hospital
Dooradoyle
Co Limerick
Tel: 061 482615
Website: www.mwhb.ie/cancercentre

Cork ARC Cancer Support House
Cliffdale
5 O’Donovan Rossa Road
Cork
Tel: 021 427 6688
Email: karen@corkcancersupport.ie
Website: www.corkcancersupport.ie

The Cuisle Centre
Cancer Support Group
Block Road
Portlaoise
Co Laois
Tel: 057 868 1492
Email: cuislecentre@eircom.net

Dóchas – Offaly Cancer Support
12 Henry Street
Tullamore
Co Offaly
Tel: 057 932 8268
Email: dochasoffaly@hotmail.com

Donegal Cancer Support Group
Clar
Co Donegal
Tel: 074 974 0837

The Gary Kelly Support Centre
Georges Street
Drogheda
Co Louth
Tel: 041 980 5100
Fax: 041 980 5101
Email: info@garykellycentre.org
Website: www.garykellycentre

Greystones Cancer Support
La Touche Place
Greystones
Co Wicklow
Tel: 01 287 1601

HOPE
Enniscorthy Cancer Support & Information Centre
22 Upper Weaver Street
Enniscorthy
Co Wexford
Tel: 053 9238 555

The LARCC Retreat Centre
Ballinalack
Mullingar
Co Westmeath
Tel: 044 71971
Callsave 1850 719719
Email: info@larcc.ie
Website: www.larcc.ie

Lios Aoibhinn Cancer Support Centre
85 Nutley Lane
Donnybrook
Dublin 4
Tel: 01 260 5756

Macmillan Support & Information Centre
Belfast City Hospital Trust
79–83 Lisburn Road
Belfast BT9 7AB
Tel: 028 9069 9202
Fax: 028 9069 9203
Email: cancer.info@bch.n-i.nhs.uk
Website: www.actioncancer.org

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407

Sligo Cancer Support Centre
2A Wine Street
Sligo
Tel: 071 9670 399
Email: scsg@tinet.ie

South East Cancer Foundation
7 Sealy Close
EarlsCourt
Waterford
Tel: 051 590881
Fax: 051 876718
Email: infosecf@eircom.net

The Tuam Cancer Care Centre
30 Temple Jarlath Court
High Street
Tuam
Co Galway
Tel: 093 28522
Email: info@tuamcancercare.ie
Website: www.tuamcancercare.ie

Turning Point – Positive Health Centre
23 Crofton Road
Dún Laoghaire
Co Dublin
Tel: 01 280 7888
Email: turningpoint@eircom.net
Website: www.turningpoint.ie

Useful contacts outside Republic of Ireland

Action Cancer
Action Cancer House
1 Marlborough Park
Belfast BT9 6XS
Tel: 028 9080 3344
Fax: 028 9080 3356
Email: info@actioncancer.org
Website: www.actioncancer.org

American Cancer Society
1599 Clifton Road NE
Atlanta, GA 30329-4251
Website: www.cancer.org

American Lung Association
Website: www.lungusa.org

Cancerbackup (UK)
3 Bath Place
Rivington Street
London EC2A 3JR
Tel: 0044 207 696 9003
Helpline: 0044 207 7392280
Website: www.cancerbackup.org.uk
Understanding cancer of the lung

Helpful books

Free booklets from the Irish Cancer Society

- Understanding Chemotherapy
- Understanding Radiotherapy
- Radiation Therapy: A Patient Pathway (DVD)
- Coping with Fatigue
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Taking About Your Cancer
- Talking to Children about Cancer. A Guide for Parents

Cancer at Your Fingertips (2nd edn)
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

The Key Model – A New Strategy for Cancer Recovery
Dr Sean Collins & Rhoda Draper
Ardagh Clinic, 2004

Cancer Positive: The Role of the Mind in Tackling Cancers
Dr James Colthurst
Michael O’Mara Books Ltd, 2003
ISBN 1-85479-860-X

The Secret C: Straight Talking About Cancer
Julie A Stokes
Winston’s Wish, 2000

Challenging Cancer: Fighting Back, Taking Control, Finding Options (2nd edn)
Dr Maurice Slevin & Nira Kfir
Class Publishing, 2002
ISBN 1-85959-068-3

44 ½ Choices You Can Make If You Have Cancer
Sheila Dainow, Jo Wright & Vicki Golding
Newleaf, 2001
ISBN 0-71713-222-6

Taking Control of Cancer
Beverley van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

What You Really Need to Know about Cancer
Dr Robert Buckman
Pan, 1997

Lung Cancer Online Foundation (US)
Website: www.lungcanceronline.org

Macmillan CancerLine (UK)
Macmillan Cancer Relief
89 Albert Embankment
London SE1 7UQ
Tel: 0044 20 7840 7840
Email: cancerline@macmillan.org.uk
Website: www.macmillan.org.uk
Website: www.cancerlink.org

National Cancer Institute (US)
Website: www.nci.nih.gov

Royal Marsden Hospital Foundation
NHS Trust (UK)
Fulham Road
London SW3 6JJ
Tel: 0044 20 7808 2811
Website: www.royalmarsden.org

The Ulster Cancer Foundation
40–42 Eglantine Avenue
Belfast 9BT9 6DX
Tel: 048 906 63281
Website: www.ulstercancer.co.uk

University of Pennsylvania Cancer Center (US)
Website: www.oncolink.com

Cancer at Your Fingertips (2nd edn)
Val Speechley & Maxine Rosenfeld
Class Publishing, 2001
ISBN 1-85959-036-5

The Key Model – A New Strategy for Cancer Recovery
Dr Sean Collins & Rhoda Draper
Ardagh Clinic, 2004

Cancer Positive: The Role of the Mind in Tackling Cancers
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Michael O’Mara Books Ltd, 2003
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Winston’s Wish, 2000

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Beverley van der Molen
Class Publishing, 2003
ISBN 1-85959-091-8

What You Really Need to Know about Cancer
Dr Robert Buckman
Pan, 1997
Questions to ask your doctor

Here is a list of questions people often want to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- What tests do I need?
- What type of lung cancer do I have? Where is it exactly?
- What type of treatment do I need?
- How successful is this treatment for my cancer?
- Are there other treatment options? Why is this one best for me?
- What side-effects or after-effects will I have?
- How long will my treatment take?
- Do I have to stay in hospital for my treatment?
- Is there anything I can do to help myself during treatment?
- Do I need to use contraception during my treatment? What will happen if I, or my partner, become pregnant?
- Should I eat special foods?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer

7

Answer

8

Answer
Acknowledgements

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Susan Flynn, Patient Education Editor
Rita Luddy, Cancer Nurse Co-ordinator

Would you like more information?

We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please phone our National Cancer Helpline 1800 200 700.

Would you like to be a patient reviewer?

If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers. If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would like to phone or write to us, see contact details below.

Would you like to help us?

The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, education and research. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us.

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie
The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer.