



ROY CASTLE
LUNG CANCER
FOUNDATION

Managing Your Lung Cancer Diagnosis



Introduction

If you or someone you care for has just been diagnosed with lung cancer, then it's almost certain that you'll have a lot of questions.

We have produced this booklet in partnership with lung cancer specialists and people affected by lung cancer to help you make informed, positive choices about your care and treatment. Use this booklet along with information given to you by your healthcare team.

Remember that healthcare professionals are only too happy to answer your questions and help you with things that may be unclear or causing you concern.

If you still have questions and want to talk to someone, call our free and confidential **Ask the nurse** service on: **0800 358 7200** or email: **lungcancerhelp@roycastle.org**

You can also contact one of the many support organisations listed in our *Living with lung cancer* booklet. Order a copy by calling us on: **0333 323 7200** (option 2) or look at the contacts on our website: **roycastle.org/usefulcontacts**

We would like to thank and acknowledge Jane Holmes, who features on the front cover, for her support in helping us to produce this booklet.

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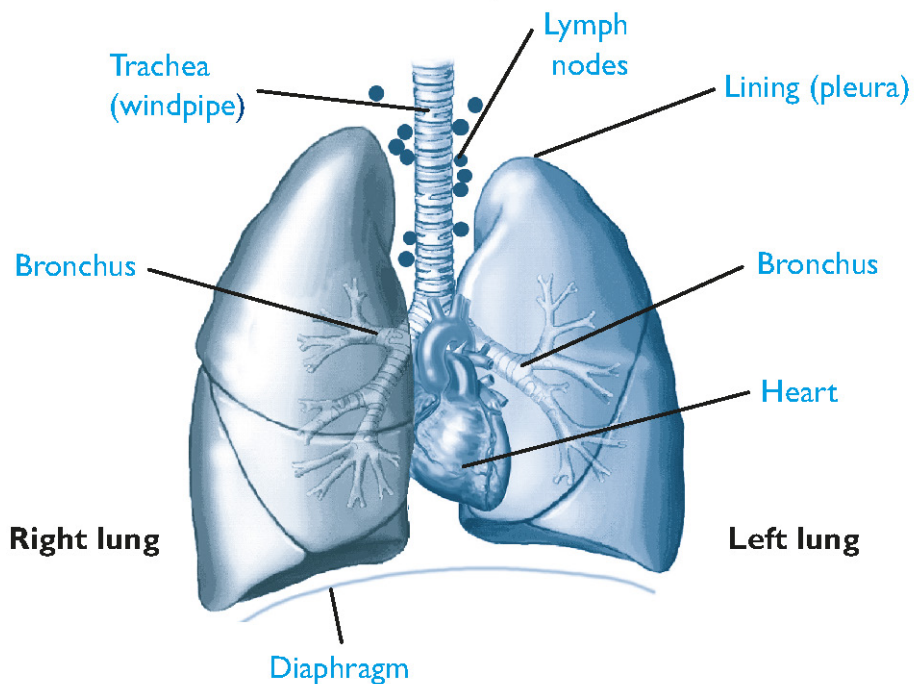
Understanding Your Lungs and Lung Cancer

How do my lungs work?

Everyone has two lungs. Each lung is divided into smaller sections called lobes – three on the right and two on the left. Your lungs are not the same size. The left lung has two lobes to allow space for the heart.

Every part of your body needs oxygen to function. You breathe using your diaphragm (shown below) and the muscles between your ribs. These muscles work with your spine and ribcage to expand your chest, drawing air in through your nose or mouth and down your windpipe (trachea).

The trachea divides into the *left bronchus* and *right bronchus*, taking air into each lung. Like branches of a tree becoming twigs, these air passages continue dividing to become much smaller tubes (*bronchioles*). At the end of the smallest tubes are tiny air sacs called *alveoli*. These alveoli expand and “soak up” air as you breathe in.



The walls of the alveoli are very thin and allow oxygen to move from the air into the blood. They also allow carbon dioxide to move from the blood into the air in the lungs ready to be breathed out. The oxygenated blood is then carried from your lungs to the heart, which pumps the blood throughout the body, and then back to the lungs.

When you need more oxygen, such as when exercising or if frightened or stressed, it is quite normal to breathe faster and deeper and you can feel breathless. Your body is designed to do this.

What is lung cancer?

Lung cancer is a term used to describe a growth of abnormal cells inside the lung. These cells reproduce at a much quicker rate than normal cells and do not die off like healthy cells.

Lung cancer is actually not one type of cancer. It is a range of different cancers that occur in the lungs. The abnormal cells grow to form a lump that is described by doctors as a *tumour*. Abnormal cells that first start growing in the lung are known as *primary lung cancer*.

Who gets lung cancer?

Although around 10–15% of people diagnosed with lung cancer have never smoked, tobacco smoking remains the most common cause. Other risk factors include:

- passive (secondhand) smoking
- long-term exposure to asbestos, radon gas, some workplace chemicals and air pollution
- a history of other lung diseases such as tuberculosis
- a family history of lung cancer
- cancer treatment for other types of cancer

Types of Lung Cancer

There are in fact quite a few different types of lung cancer, made up of different types of abnormal cells, but in general the disease is split into two main groups:

- non-small cell lung cancer (NSCLC)
- small cell lung cancer (SCLC)

Non-small cell lung cancer

NSCLC makes up almost 9 out of 10 lung cancer cases in the UK, and has three common sub-types:

- *squamous cell cancer* – this can form in the larger, more central airways. It is often found near the centre of the lung in one of the main airways (the left or right bronchus). The number of people developing squamous cell lung cancer is going down in the UK.
- *adenocarcinoma (non-squamous)* – this is a little more common in women and more commonly seen in the outer parts of the lung. This type can produce excess mucus (fluid) in the lungs leading to a chronic cough.
- *large cell carcinoma (non-squamous)* – this type of lung cancer is generally more aggressive and often arises in the larger air passages. It has a tendency to spread outside the lung at an earlier stage.

Some of these cancers have genetic changes (mutations). Several of these mutations now have targeted treatments available, including ALK, EGFR, KRAS and NTRK.

Small cell lung cancer

SCLC makes up around 1 in 10 lung cancer cases in the UK. It is made up of small round cells that form fleshy lumps and usually start in the larger airways. These cells reproduce and grow very quickly. It may spread to the lymph nodes and/or other organs in the body.

Small cell lung cancer is generally more responsive to chemotherapy treatment than other treatments, and radiotherapy may also be used. In rare cases, this type of lung cancer can be surgically removed.

Small cell lung cancer often reoccurs within a short space of time, so it is usual to attend regular check-ups to ensure any reoccurrence is found quickly.



Please see our *Understanding your small cell lung cancer* booklet for more information about this type of lung cancer. Order a copy by calling us free on **0333 323 7200** (option 2).

Is it important to know the type of lung cancer I have?

Yes. Knowing the type (pathology) of lung cancer helps your medical team work out the treatment that will work best for you.

For example, some patients' tumours test positive for one of the genetic mutations mentioned at the bottom of page 6. If they then receive a drug treatment matched to that mutation, they gain more benefit than from standard chemotherapy. Other tests check for levels of a cancer-cell protein known as PD-L1. These results can help doctors decide if immunotherapy may be a suitable treatment.

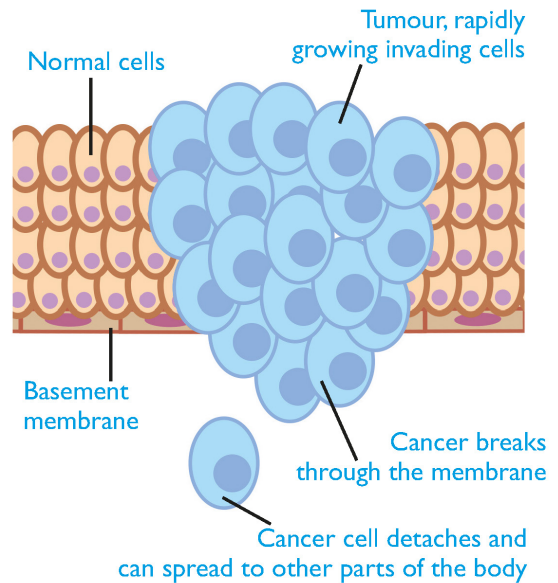
Doctors will do different tests to find this out, including taking small samples of the cancer (*biopsies*), though it can sometimes be difficult to reach the cancer to do this (see [Lung cancer tests](#) on page 12).

Does lung cancer spread?

Although lung cancer often develops in a single area in the lung, it can also spread to other parts of the body. This is called *metastasis* or *metastatic disease*. Cancer cells can break off from the primary tumour and be carried to other parts of the body through the bloodstream or lymphatic system.

It is usual for the lymph nodes near the centre of the chest to be affected first and then spread from there. The most common places of spread are the lymph nodes, bones (including the spine and pelvis), liver, kidneys, skin and the brain.

It is important to find out if any spread is present at diagnosis as this will help in deciding which treatment is best for you.



Symptoms that may be associated with lung cancer metastasis include:

- frequent headaches
- blurring of vision
- pain in the bones, for example, ribs, shoulder, arms or legs
- weakness or numbness in the legs
- sickness (especially in morning)
- lumps in the neck or on the skin

If you are worried about any symptoms, pain or changes after your diagnosis, talk to your hospital doctor or lung cancer nurse specialist. Many aches, pains, or other symptoms may not be linked to your cancer and could be due to becoming less active.

Can other cancers affect the lungs?

Yes, there are several, but most are rare.

Carcinoid tumours

These are rare tumours of the lung that are generally less aggressive (spread more slowly) than other types. They are a form of tumour known as *neuroendocrine*.

The tumours develop from a particular type of cells in the lung (*neuroendocrine cells*). Many carcinoid tumours can be treated, and potentially cured, by surgery but some are more aggressive and can spread to other parts of the body and may require treatment with chemotherapy.

There are two types of lung carcinoid:

- *typical carcinoid tumour* – these grow slowly and only rarely spread beyond the lungs. Most lung carcinoids are typical carcinoids
- *atypical carcinoid tumour* – these grow faster and are more likely to spread to other organs. Seen under a microscope, they have more cells in the process of dividing and look like a fast growing tumour. They are less common than typical carcinoids.

Other tumours are so rare that current information is best given by your doctor or lung cancer nurse specialist:

- hamartoma
- bronchial gland tumours
- lymphoma
- pleural fibroma
- sarcoma

“ Learning all I could about the type of cancer my husband has, helped me understand things much better and grab a little bit of control in my life. ”

Gill

Mesothelioma

Mesothelioma is a cancer of the mesothelium; the thin protective layer of tissue that lines the chest cavity and covers the lungs (pleura), or, less commonly, the lining of the abdomen (peritoneum). However, we don't provide detailed information about it as it is *not a lung cancer*.

Developing mesothelioma is closely associated with a history of coming into contact with asbestos either through work or contact with a person exposed to it at work whose clothing, for example, may have carried asbestos fibres.



Your cancer doctor or cancer nurse specialist will be able to give you more information. You can also contact:

Mesothelioma UK

Helpline (Freephone): 0800 169 2409

Website: mesothelioma.uk.com

Secondary cancer in the lung

Cancer that starts elsewhere in the body (*primary cancer*), such as in the bowel or breast, can spread, sometimes to the lungs. These would be classed as *secondary* bowel cancer, or *secondary* breast cancer, and not lung cancer. This means any chemotherapy treatment, for example, would generally be one that is used with the particular type of primary cancer, and not one used for lung cancer.

Your healthcare professional team would be specialists in the primary cancer that has spread to the lungs.

What Happens Next?

Hearing from a doctor that you may have lung cancer may come as a sudden and overwhelming shock. It may be that you reached this point after noticing symptoms, visiting your GP and attending hospital for an X-ray. Around 51% of people are diagnosed after routine or urgent referral from their GP.

How you arrived at this point is probably less important to you right now than wanting to get information about what you can expect to happen next. Whether or not it's the first time you have had anything to do with hospitals and the healthcare system, it can seem a daunting prospect.

There are targets for how long you can expect to wait. For example, there is a 31-day wait target for the time between a decision to treat and the start of the treatment, and a 62-day target between the date of urgent referral for suspected cancer and the start of treatment. Your healthcare team will be able to tell you how quickly things are expected to progress in your hospital.

The process focusses on getting you the best care, and it may involve a series of procedures and medical tests, assessed by a range of healthcare professionals, leading to treatment options where that is appropriate for you and of your choosing.

While the assessment process and contacts with your medical team may appear a bit slow or spread out, there is a lot you can do to support yourself in the meantime. Speak to your team about what they recommend, such as exercising and other lifestyle choices, to help you be in the best shape you can be during this time.

The following pages may help you understand more about what is likely to be happening, with a section about helping you and those close to you cope and come to terms with your diagnosis.

Tests for Diagnosing Lung Cancer

There are many different tests and procedures that help doctors diagnose and treat lung cancer. Some are listed below, but each person's situation is different and your doctor will only use those most appropriate for you.

These descriptions can help you understand how your medical team gathers detailed information about your cancer to give you the best treatment options and outcomes.

Hearing that you will need a series of tests to confirm whether you have lung cancer can feel shocking and frightening. It is normal to expect that it will all happen quickly and that the results will be available right away.

However, even though some procedures, such as biopsies, take only a few minutes, analysing the results can take several days or sometimes a couple of weeks. This can often add to people's anxiety and feel like you are being kept in the dark. It is worth being clear with your doctors at the outset about how long this is likely to be before your results are back.

If you do feel anxious, speak to your medical team or GP. There are also many options for you to try yourself to ease some of the tension such as listening to music, walking with a friend or going for a massage or aromatherapy session. Your local hospital may also offer complementary therapies.

Your hospital can provide detailed leaflets about these tests, explaining how they are done, their benefits, possible risks and any safety considerations. If you have had a sedative, for example, you will need someone to pick you up afterwards as you won't be insured to drive.

“Having many tests can feel daunting, but they are essential for your care and help the multi-disciplinary team (MDT) decide the best treatments.

The more we know, the more we can do.”

Tom Newsom-Davis
Consultant Medical Oncologist

CT scans (computed tomography) use X-rays and computer processing to create detailed 3D images of the inside of the body. They are carried out by trained operators called *radiographers*.

These scans can help doctors check your cancer’s position and possible spread to other organs, and if it is affecting any lymph nodes or blood vessels. Sometimes an injection of a contrast dye is given to help highlight some of the blood vessels around the heart and chest.

During the scan, you’ll usually lie on your back on a flat bed that passes into the CT scanner.

The scanner consists of a large rotating ring that moves around your body as you pass through it. It is not a closed tube, so you shouldn’t feel boxed in.

The procedure only lasts between 10 and 20 minutes. Afterwards you will be able to go home straight away, and eat, drink and get on with your day.



MRI scans (magnetic resonance imaging) are similar to CT scans but they use strong magnetic fields and radio waves, rather than X-rays, to produce detailed 3-D images of the inside of the body. MRI scans are carried out by radiographers.

An MRI scanner is a short cylinder, open at both ends. You will lie on a motorised bed that is moved inside the scanner. When it is working, the scanner makes loud tapping noises. This is just parts of the machine being turned on and off. You'll either be given earplugs or headphones to wear so you can listen to music while the scan takes place. The scan can take up to an hour to complete.

This procedure is very safe and most people can have it, including pregnant women (though if you are pregnant you should let staff know).

Even if you have metal in your body - such as a plate, artificial joint or cochlear implant - you may still be able to have an MRI. Always tell the radiographer about any implants or devices before a scan. If you have a pacemaker, it usually means you will be unable to have a scan. However, some modern pacemakers are "MR conditional" meaning they don't cause as many issues as before. Take your pacemaker card or documentation to your appointments so your medical team can decide if you are able to have an MRI scan safely.

PET scans (positron emission tomography) give pictures showing where there is active cancer in the body. The scan is painless and quiet. PET scans are combined with a CT scan (PET-CT scan), and done together.

These scans are often used before lung cancer surgery or high-dose (radical) radiotherapy to check that a curative treatment is possible. A PET scan is more accurate than a CT scan for this. This type of scan can also be used to investigate a suspected cancer if diagnosis has not been possible using other tests.

You will be given an injection of a special dye, called a *radiotracer*, about an hour before the scan. This dye highlights active cancer cells. Although the radiotracer is mildly radioactive, it is considered safe. The small amount of radiation fades quickly. Your body gets rid of the dye when you pass water so drinking plenty of fluid after the scan can help flush it out.

Because you'll be slightly radioactive during this time, you may be advised to avoid prolonged close contact with pregnant women, babies or young children for a few hours after your scan. You will be told at the time about any precautions you may need to take.

On the day of your scan

Some people feel a bit anxious about getting a scan. If you do, let the radiographer know and they may be able to support you to feel calmer, give you a break, or perhaps arrange for you to have a sedative, or support you with some deep breathing exercises.

Also, if you wear any jewellery or clothes with metal in them, such as belts and zips, you'd need to take them off before the scan. This could include watches, necklaces, earrings, hearing aids, false teeth, bras and wigs (as some have metal parts). Sometimes you will be asked to undress and put on a hospital gown.

Make sure to tell the hospital if you have any allergies, kidney or blood clotting problems, and if you are taking medication, as radiographers may give you an injection of a dye for the scanner to give even clearer images.

The staff may want you to wait for up to an hour after the procedure to make sure you don't react to the dye.

Ultrasound is a painless scan that uses soundwaves to create an image of the inside of your body. It may be used to examine inside the kidneys, liver and lungs. It is frequently used to pinpoint fluid in the lung. Doctors can also use it to help them use a fine needle to get fluid samples from lymph nodes in the neck and near the collar bone (*clavicle*).

Endobronchial ultrasounds (EBUS) allow the doctor to look into your lungs (similar to bronchoscopies), but this time using an ultrasound scanner. A narrow flexible tube (an *endoscope*) with a tiny ultrasound machine on the end is inserted through your mouth into your airways. Before this procedure you will be given a sedative to help you relax.

Using the ultrasound to guide them, the doctor is able to identify the lymph nodes in the centre of the chest (*mediastinum*) or other areas of the lung that they want to test. A needle is then passed down the tube and through the wall of the airway into part of the lung to take samples of tissue for testing. This is known as **transbronchial needle aspiration (TBNA)**. If the needle is passed through the wall of the airway into the lymph nodes to take a sample of lymph fluid, it is known as **transbronchial lymph node aspiration (TBLNA)**. These samples are tested to see if the cancer has spread.

If the needle is passed through the wall of the airway into the lymph nodes to take a sample of lymph fluid, it is known as **fine needle aspiration (FNA)**. These samples are tested to see if the cancer has spread. This procedure is not painful and taking the samples does not hurt but you may have a sore throat for a few days. It is usually performed as an outpatient meaning that most people go home the same day.

Thoracoscopy is a procedure that inserts a thin, flexible viewing tube (called a *thoracoscope*) through a small incision in the chest. The thoracoscope lets the doctor look inside your chest at the lungs, the space between them (mediastinum), and the membrane covering

the lungs and lining the chest cavity (pleura). The doctor can also take tissue samples for testing.

Aspiration of pleural effusion is usually carried out to find out why there is fluid (*effusion*) around the lung, as this fluid may be causing symptoms such as cough, shortness of breath or chest pain. In this procedure, a needle or tube is inserted into the space between the lung and chest wall to remove fluid that has collected around the lung. This space is called the *pleural space*. Ultrasound scans can help detect the fluid. This is usually a day case procedure, though you may need to stay in hospital for a few days if there is a lot of fluid to drain.

Blood tests can help find out about your general health and possible spread of lung cancer, and can check:

- how well your kidneys are working (for example, looking for higher than normal levels of creatinine, a substance muscles produce when they use energy to work, and that the kidneys filter and clear from your body)
- how well your liver is working (using liver function tests, or LFTs)
- your body's biochemical balance (for example, checking there is enough calcium and protein)
- any current infection or susceptibility to new infection (by looking at the number of white blood cells in your system)
- low circulating oxygen level caused by *anaemia* (a shortage of oxygen-carrying red blood cells called *haemoglobin*)
- if you bruise or bleed easily (by looking for cells in your blood called *platelets*).

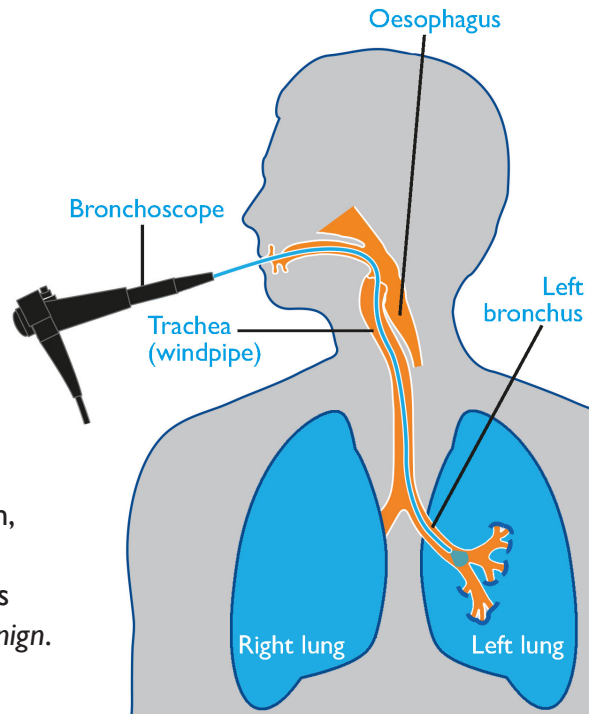
Bone scans use a small amount of radioactive material (injected into a vein) to highlight any areas of bone affected by cancer, trauma or inflammation.

Bronchoscopies allow doctors to examine, photograph and take a tiny sample of tissue (*biopsy*) from inside your lungs and airways.

A narrow flexible tube with a tiny camera is gently passed through your nose or mouth and down into your lungs.

Before this test, your throat will be sprayed to make it numb and a relaxing sedative will be given to you. If the doctors carry out a *rigid bronchoscopy*, you will receive a general anaesthetic.

If any abnormal areas are seen, a biopsy will be taken. If the sample shows cancer cells it is called *malignant*; if not, it is *benign*.



Some people find the procedure a bit uncomfortable, and it may leave you with a sore throat for a few days. A bronchoscopy is usually performed as a day-case procedure which means you will go home at the end of the day.

Chest X-rays take pictures of the body's internal structures and can sometimes show abnormalities such as inflammation, infection or growths. Many people have scarring on their lungs, without knowing about it, as a result of infections such as pneumonia or tuberculosis. This can show up on X-rays.

CT guided biopsies help doctors get very accurate tissue or fluid samples from inside your lungs and airways. After using a local anaesthetic to numb the skin on the front or back of the chest, a doctor will pass a thin, hollow needle through the chest wall and into the lung.

As they are doing this, they will watch a CT scan to guide the needle into the correct position to allow the biopsy to be taken. The biopsy can then be tested for cancer.

The procedure can sometimes be a bit uncomfortable, but it only takes a few minutes. You would normally get the test done as an outpatient, though after it, you will need to stay in hospital for a few hours for observation.

Occasionally, air can enter the space between the lung and chest wall during the procedure, causing a small collapse of the lung (pneumothorax). This is usually treatable and often clears on its own.

If it's a small pneumothorax, where a limited amount of air has entered, no treatment may be necessary and it will likely clear over a few days. If more air has entered resulting in a large pneumothorax, it may be treated by putting a drain (tube) into the chest to let the air escape.

Lung function tests check how well your lungs are working in terms of, for example, how much air you can breathe in and out, and how much oxygen your lungs can absorb. These tests may help decide if you are fit enough for surgery or radiotherapy, or if you have any ongoing lung conditions, such as emphysema. These simple breathing tests usually involve blowing into a mouthpiece to measure how well your lungs move air in and out. Respiratory technicians may carry out these tests with you.

Lung perfusion scans produce a picture of blood flow to and around the lungs and can help assess how the cancer is affecting your lungs. A small amount of radioactive material (an *isotope*) is injected into a vein in your hand or arm.

You will then be positioned under a special camera that can detect the isotope in the blood vessels in your chest and lungs and a series of photographs are taken. The procedure lasts only about 20 minutes and so usually done during an outpatient appointment.

If you smoke, even stopping or reducing now can improve the accuracy of this test and may make you eligible for treatments that require good lung function.

Mediastinoscopy is a surgical procedure for examining lymph nodes under the breastbone (*sternum*). For this test, you would need a general anaesthetic and a short stay in hospital. It may leave a small scar. Your doctor may want to do this procedure to make sure your cancer is suitable for surgery.

Sputum (spit) is a mixture of saliva and coughed-up mucus, often more noticeable if someone has an infection or other disease. Your hospital or GP may take a sample and send it for microscopic examination to help in your diagnosis.

Lung cancer staging

Your medical team will use the results of your tests to stage your cancer. Staging describes how large a tumour is and whether it has spread, and is an important factor in choosing the most appropriate treatment for you.

Doctors classify lung cancer into four stages, with stage 1 being the earliest and stage 4 being the most advanced stage of cancer. These stages also have several subdivisions. To work out the stage, they often use the **TNM** system*:

T (tumour) describes the size and extent of the main tumour (T1, T2, T3 or T4)

N (node) describes whether the cancer has spread to nearby lymph nodes (including how many nodes are affected and their location) (0, 1, 2a, 2b, 3)

M (metastasis) indicates whether the cancer has spread to other parts of the body (0, 1a, 1b or 1c1 and 1c2)

Each letter is followed by numbers or letters showing how far the cancer has progressed in each category, and together these give an overall stage.

Your doctor will explain what your specific TNM numbers mean and how this affects your treatment options.

**This classification is based on the International Association for the Study of Lung Cancer (IASLC) TNM classification (iaslc.org). The exact T, N and M categories can vary slightly depending on the edition (8th or 9th) of the TNM system your hospital uses."*

Lung Cancer Health Professional Team

Who might be involved in my treatment and care?

Your care will normally be planned and reviewed by a multi-disciplinary team (MDT): a group of health professionals with different skills who work together on your care.

The MDT often includes:

- Lung cancer nurse specialist
- Chest physician (respiratory consultant)
- Oncologist (cancer doctor) specialising in lung cancer
- Thoracic (chest) surgeon
- Radiologist
- Pathologist

You may also meet other professionals who are not part of the MDT, such as physiotherapists, dietitians, or palliative care specialists. Understanding their roles can help you see how everyone contributes to your care. The next page describes these roles in more detail.

“The MDT is vital in ensuring treatment options are discussed by all the experts to make sure decisions are fair and fully agreed for each individual patient.”

Lesley Holland
Lung Cancer Nurse Specialist



Job title	Role
Anaesthetist	Doctors who carry out pre-operative assessments around fitness and suitability for surgery, and provide anaesthesia and post-operative care.
Chest/ respiratory physician	Doctors who specialise in chest problems. Performs tests such as bronchoscopies and biopsies (see <i>Lung cancer tests</i> on page 12) with a view to diagnosing lung cancer. Often the doctor who co-ordinates the first part of your cancer treatment or care.
Clinical psychologist	Helps with a wide variety of issues, such as anxiety, depression and relationship problems.
Dietitian	Provides expert advice to patients and carers about balanced diets and nutrition and adapting diets to maintain good weight for treatment.
District nurse	Visits you at home, to assess how you are and provide practical help such as changing wound dressings. Is also a contact between you and your GP.
Lung cancer nurse specialist (LCNS)	Your contact from diagnosis onwards, there to support you through the whole process, help you sort any problems and answer questions you may have.
Occupational therapist	Provides advice in adapting your lifestyle with a view to saving your energy whilst still being active. Can also advise on equipment to help you and alterations to your home if you need them. They may also help you with relaxation and fatigue management.
Oncologist (cancer doctor), medical and clinical	Doctors who provide expertise in the non-surgical treatment of cancer including chemotherapy, targeted therapies, radiotherapy and immunotherapy.
Palliative care doctor/nurse	Healthcare professionals who help manage symptoms, such as pain and fatigue, and support your psychological and spiritual needs.

Job title	Role
Pathologist	Doctors who specialise in examining biopsy samples and work out what type of lung cancer is present.
Physiotherapist	Helps you maintain or improve your mobility, strength and ability to exercise. Teaches you ways to manage your breathlessness and tiredness. You may also be able to work with a trained exercise specialist.
Radiologist	Doctors who specialise in carrying out examinations and interpreting medical images, such as X-rays, ultrasound scans, MRI and CT guided biopsies (see <i>Lung cancer tests</i> on page 12).
Social worker	Advises and helps with benefits/welfare rights, homecare, day care, child care and family relationships.
Therapy radiographer	Provides information about radiotherapy and administers treatments.
Thoracic surgeon (chest surgeon)	Doctors who specialise in performing surgery to the chest, including removal of part or whole lung.

“ I first met my lung cancer nurse when I was diagnosed with lung cancer in 2009. Since then, she’s always been there to support me and answer my questions. ”

Hassan

There is space on page 50 for you to write down the contact information for the main people involved in your treatment and care.

How do doctors decide on the best treatments to offer?

Once your multidisciplinary team (MDT) has all the test results, including any biopsies, they will discuss your case.

They consider several factors about your cancer when recommending treatment options, including:



- its size
- its type (small cell or non-small cell)
- where your cancer is
- if your cancer has spread

They will also consider your general health and fitness to make sure a treatment is suitable. For example, they will check:

Your lung function	Your doctors will check how well your lungs are working (lung function tests). If you have other lung conditions such as COPD, this may affect which treatments are safe, as some could worsen breathlessness.
Other health problems or illnesses	If you have any other illnesses, this may increase the risk of some treatments, affecting which treatment is best for you.
Current symptoms	Your current symptoms (for example breathlessness, cough, pain or weight loss) are considered when planning treatment.
Ability to tolerate side effects	Some treatments carry a risk of side effects and require a certain level of fitness. If your overall fitness is reduced, a treatment may be unsuitable because the side effects could outweigh the benefits. Your team would then consider alternatives or supportive measures to help you.

National guidelines

There are national clinical guidelines that provide evidence-based advice to help ensure consistent, high-quality care across the UK. They cover topics including best practice for diagnosis, treatments and timeframes, but your team will adapt them to your individual needs and situation.

Where to find them:



National Institute for Health and Care Excellence (NICE):
*NICE Guideline NG122 (2019) –
Lung cancer: diagnosis and management (2019)*
[nice.org.uk/guidance/ng122](https://www.nice.org.uk/guidance/ng122)

Scotland

*Scottish Intercollegiate Guidelines Network (SIGN):
SIGN 137 – Management of lung cancer*
[sign.ac.uk/our-guidelines/management-of-lung-cancer](https://www.sign.ac.uk/our-guidelines/management-of-lung-cancer)

Macmillan Cancer Research is also a good resource for guidelines about treatment and care, including prehabilitation and rehabilitation.

Search for 'guides' at: [macmillan.org.uk](https://www.macmillan.org.uk)

Treating lung cancer

Like other cancers, lung cancer is often most treatable when detected early, before it has had a chance to grow and spread. However, because it may cause few symptoms early on, it is often found when it is more advanced.

Treatment aims may vary: to cure the cancer where possible, to control or reduce it, or to relieve symptoms and maintain quality of life. Whether a cure is likely depends on several factors, including the stage of the cancer, type of tumour and your overall health. Your team will explain the aims of any treatment they recommend.

Your next steps will depend on many factors, including:

- where in the lung the cancer is growing
- the type of lung cancer (for example small cell or non-small cell)
- the size of the cancer and how long it has been growing
- how fast the cancer is growing and whether it has spread
- your physical and emotional fitness

How will I know what's best for me?

Your doctors and the MDT will consider carefully all the information from your tests and discuss the best option/s with you.

Because every person and every cancer is different, treatment is tailored to your individual circumstances. Factors like your health and fitness will also affect your response to treatment and so will be considered.

You and your team will discuss potential benefits, likely side effects, and the expected goals of treatment so you can make an informed decision.

Many treatments can cause side effects, which you'll need to weigh alongside the possible benefits. Ask your medical team to explain the likely benefits and side effects for any treatment offered. You may be offered more than one option.

Treatments for lung cancer are developing and improving all the time.

Where a cure is not possible, treatment will usually focus on controlling the disease and relieving symptoms.

The decision to have treatment is yours; it will not start without your informed consent. Your team will discuss their recommendations in detail and answer your questions so you can think about everything and decide what is right for you.

*“ Listen to all the options and keep an open mind.
Don't make a snap decision – take time to think and talk
things through with the people closest to you.*

*Don't be afraid to ask questions,
especially if you don't understand something.
If there is more than one treatment offered,
don't worry about making a 'wrong decision' –
what you think is best for you is the right treatment.*”

Tom Newsom-Davis
Consultant Medical Oncologist

Treatment and care options

There are several treatment and care options available for lung cancer. However, not all of them may be appropriate for you.

Prehabilitation

Prehabilitation brings together services to help you be as fit and healthy as possible before and during treatment. This often includes exercise advice, nutritional support and emotional support.



Taking these positive steps are an opportunity for people with a diagnosis to take back some control over their health and wellbeing.

Evidence shows that people who engage with prehabilitation may:

- cope better with their cancer and any symptoms
- increase the effectiveness of treatment
- tolerate treatment better and recover more quickly
- improve their overall wellbeing and quality of life

Prehabilitation support is becoming increasingly common. If you are offered it, you will likely be assessed by health care professionals including a dietitian, physiotherapist (or specialist exercise professional) and a doctor who specialises in symptom management. Your team will explain what is available locally and how to take part.

Your team will ask about any symptoms such as pain, cough or weight loss, and about your usual activity levels. They can then advise on appropriate exercises and nutrition, and signpost local or online support services. If you smoke, support to stop smoking will also be offered.

If you would like prehabilitation or to join any exercise/support groups, ask your cancer team, as they can tell you what is available locally or online.

Surgery

Surgery is mostly used to treat early-stage non-small cell lung cancer where the cancer has not spread. The surgeon removes the tumour and nearby lymph nodes. Your surgeon will explain the specific operation proposed and the likely benefits and risks.

Because small cell lung cancer can spread more quickly, surgery is not usually a treatment option.

Radiotherapy

Radiotherapy uses high-energy X-rays (radiation) to kill cancer cells in the body. It affects all cells but has the greatest effect on rapidly dividing/growing cancer cells more. Normal cells can also be damaged but can usually repair themselves.

Chemotherapy

Chemotherapy drugs target and destroy rapidly dividing cells. Because many cancer cells divide quickly, chemotherapy can be effective against them. Other rapidly dividing normal cells, such as those in hair follicles and the lining of the mouth and bowel, are also affected, which can cause side effects. However, the healthy cells can usually repair themselves. Your medical team will explain the likely side effects and how they can be managed, and will monitor you closely throughout treatment.

Targeted therapies

Targeted therapies are an effective treatment option for some people with specific types of non-small cell lung cancer (NSCLC). A sample of your tumour (biopsy) can be tested for genetic changes (mutations) that may guide treatment. Around 10–15% of NSCLC cases have an EGFR mutation and about 3–5% have an ALK rearrangement. Other mutations include ROS1, NTRK, KRAS (see page 6).

The presence of these mutations can indicate that a specific targeted therapy drug may be effective for you.

Also called biological therapies, targeted therapy drugs work by blocking the chemical processes in cells that make them divide and grow (unlike chemotherapy, which kills rapidly dividing cells).

Immunotherapy

Immunotherapy drugs help the body's own immune system to recognise and attack cancer cells. They are used to treat some types of non-small cell lung cancer. A sample of your tumour (biopsy) can be tested for specific genetic or protein markers to see whether certain immunotherapy drugs will work for you.

The immune system helps your body protect itself from bacteria and viruses by producing substances known as antibodies. Normal, healthy cells stay safe from attack by the immune system because of protective signals on their surface.

However, some cancer cells can produce the same signals, which tricks the immune system into thinking they are normal and prevents their destruction, allowing them to continue multiplying.

Immunotherapy drugs block these signals so the immune system can once again recognise and attack the cancer cells.



Our information leaflets about treatments:

- My lung surgery
- Radiotherapy for lung cancer
- Chemotherapy for lung cancer
- Targeted therapies for lung cancer
- Immunotherapy for lung cancer

You can get a copy of any of these by calling:

0333 323 7200 (option 2), or read them online at:

roycastle.org/how-we-help/lung-cancer-information

Supportive and palliative care

'Supportive care' includes a range of services designed to help you, your family, and carers cope with your lung cancer diagnosis and treatment. This care should be a priority and can begin while tests are still being carried out, even before a diagnosis is confirmed.

This range of services includes:

- social support
- symptom control
- psychological support
- information giving
- self-help guidance

All health and social care professionals providing care and treatment have a responsibility for it, and you should expect open and sensitive communication from everyone involved.

Palliative care is an aspect of supportive care and is available if your lung cancer is advanced and cannot be cured. Palliative care aims to improve your quality of life by:

- providing relief from pain and other distressing symptoms
- supporting your psychological and spiritual needs
- helping you to live as actively as possible, and helping you, your family and others close to you adapt and cope over time
- working alongside treatments, such as chemotherapy and radiotherapy, intended to reduce your symptoms and slow the cancer's progression

Because lung cancer is often diagnosed at an advanced stage, palliative care may be introduced from the start of investigations or treatment. However, this is sometimes misunderstood - being offered palliative care does not mean you have a limited time to live. It is focused on managing symptoms and improving your quality of life, which can be done alongside other treatments.

Palliative care teams include medical and nursing staff with specialist skills in pain control and symptom management. They work in hospitals, the community and specialist units such as hospices, and coordinate closely with your GP and district nurse to ensure you receive the best possible care.

This gives you easier access to services such as day care, in-patient care and clinics for pain or breathlessness.

End-of-life care is an important part of palliative care for people approaching the end of their life, although this timeframe can be difficult to predict. The aim is to help you live as well as possible and die with dignity. It can include treatment, emotional support and practical help, such as assistance with legal matters, for you and your loved ones for as long as needed.

Clinical trials

Clinical trials are an essential part of medical research. They are a way of finding out if new treatments are better than current best practice, and may relate to any of the treatment options here.

On some clinical trials, your condition may be monitored more regularly than with standard care. This may include more blood tests, CT scans or other cancer tests. You may also spend more time with your doctor or nurse. This could mean that any changes in your health, whether related to the treatment you are having or not, are frequently picked up and acted upon earlier than if you were not in a trial.

It is important to keep in mind that the drug trial or research study on a new treatment is only carried out to find out if the new option is better than what is currently offered. It may be the same, or it may be worse. Drugs tested in trials may also not be available on the NHS after the trial ends, though people already getting the drug may continue to receive it for as long as it is effective.

Ask your cancer doctor about any clinical trials. Getting into a trial is often based on being able to meet some very specific criteria. Your cancer doctor will be able to tell you if you are eligible.

If you would like to check what clinical trials are available, visit:



Cancer Research UK
cancerresearchuk.org/about-cancer/find-a-clinical-trial

National Institute for Health Research
beartofresearch.nihr.ac.uk

Clinical Net
clinicalnet.com

How can I be sure I'm seeing the best doctor or getting offered the best treatment options?

Your care will be managed by a team of specialists. It's a good idea to confirm that the doctor leading your care is a specialist in treating lung cancer, such as a thoracic surgeon or an oncologist. If you have any concerns, you can ask about the role of each member of your care team.

Your multidisciplinary team (MDT) will have discussed your case and recommended the most suitable doctor and treatment options for you based on your test results. They will explain these options and work with you to decide the best plan for you. You can always share concerns or request a second opinion.

How will I cope with treatment?

Any serious illness can be hard to come to terms with, and treatment is just one part of the challenge. For some, the thought of medical tests or hospital visits, even before treatment begins, can cause worry and sleepless nights.

When facing the unknown, it's natural to feel anxious. Not knowing can leave plenty of room for your imagination to create scenarios that may cause anxiety.

Having all the facts can help you feel more in control. Ask questions, find out what things mean, how long they take, who will be involved, what to expect, and what activities you might still be able to do. Ask about the likely benefits and risks of any treatment you may be offered.

Your medical team will be happy to help you understand and take things in at your own pace. Remember, treatment will only go ahead once you understand what's involved and have given your permission.

Many people can find it hard to take in new important information if feeling anxious or low. If you do struggle to concentrate when speaking to your medical team, make sure you get support as early as possible so you get the most from these discussions.

While many may find giving blood and having injections difficult, it is not uncommon for some people to have intense fears or phobias about medical procedures. Very often, these difficulties have a long history and have been around long before any diagnosis or treatment.

It is easy to suggest that you try to keep as relaxed as possible in the run up to each treatment. However, if you are finding it hard, perhaps feeling anxious or sick, or not sleeping through worry, then speak to your doctor, lung cancer nurse specialist or anyone else who is able to support you.

What will life be like after treatment?

Many people look forward to finishing treatment and feeling like life is returning to normal. For others, it can be a difficult time, as contact with hospital staff and other patients becomes less frequent.

You may feel confident about your treatment and positive about planning the next steps in your life. Some people find it helpful to think about what matters most to them and go from there.

Start with small, achievable goals and gradually build on them. Take each day as it comes, then each week, month, and year.



You may be able to continue working during treatment, depending on your health and the type of treatment you are receiving. Targeted therapies, for example, are taken as a daily tablet at home and so won't disrupt your working routine. Find a balance that works for you.

Many people go back to work soon after treatment ends, whilst others may feel unable to return to the work they did before. Some people are able to arrange a more flexible working arrangement, such as fewer working hours or days, or agreeing a less physically or emotionally demanding workload.

If you are thinking about going back to work, speak to your cancer team. They can often support you when communicating with your workplace to make sure you are able to make the best possible transition back to work.

It's normal to worry about your cancer returning. Many people find this concern becomes part of everyday life. A new ache or pain can trigger these worries, so it's important to talk to your doctor. They can help put your mind at ease or support you with further checks.

What if my lung cancer can't be cured?

It is a reality for many people that their lung cancer may not be curable. This can be exceptionally difficult news to hear. Some people find themselves focusing on the fact that, while there are many treatments available, none will completely cure their cancer. This is very common and understandable. It is also common to experience strong feelings of blame, guilt, or anger when you hear this news.

With continued improvements in treatment and care, lung cancer symptoms can often be well managed. Even if your cancer can't be cured, it may still be possible to live well with your condition and maintain a good quality of life.

It's important to understand that a diagnosis of incurable lung cancer is not the same as a terminal diagnosis. With ongoing treatment and care, many people can live a relatively normal life for years.

If you have had a diagnosis of incurable lung cancer and are finding it hard to accept, speak to your doctor or lung cancer nurse specialist.

There are also many other healthcare professionals able to help you, your family and others involved in your care and support through this potentially difficult time.

What if I don't want to have anti-cancer treatment?

If your lung cancer is treatable, your doctors may offer, and even recommend, treatments because they see it will have benefits and be worthwhile. However, the decision to go ahead with it or not is entirely yours.

Having listened to your doctors' suggestions for treatments, the possible benefits they may bring, you may still decide you don't want a specific treatment, or you may choose not to have any anti-cancer treatment at all.

Weighing up potential benefits, such as managing symptoms, quality of life and perhaps living longer, against the potential impact of treatment schedules, medical procedures and possible side effects, you may still decide not to have any treatment.

People close to you, such as your family, loved ones or other carers, may have strong feelings about this and try to persuade you to change your mind. It is important though that you are clear in your own mind about what you are choosing to do.

Some people explore complementary therapies (outside of mainstream

medicine), such as acupuncture, meditation, or aromatherapy, to support their well-being. Many are well known and can be helpful, but some can be expensive and offer unproven or doubtful benefits. Always check a therapist's qualifications and professional registration before using their services.

Be very wary of unusual (possibly illegal) and often costly therapies advertised in the media such as the internet or newspaper adverts. If you are in any doubt, speak to your GP or hospital team about whether it is safe for you and may be of any particular benefit.

Cancer Research UK (cancerresearchuk.org) often has news articles about alternative treatments whose benefits are not clear, including cannabis oil. Trust information from such reputable sources and be wary of links shared on social networks claiming miracle cures.

Before taking any supplements, talk to your hospital pharmacy to make sure they are safe to take along with your other medications.

Whatever you do decide is best for you at the time, you can, of course, change your mind. If at a later date you reconsider your treatment options, speak to your cancer doctor. It is likely that doctors will need to reassess your lung cancer and consider the best next steps based on their findings.

Your treatment options may have changed and some previously available treatments may no longer be considered effective. On the other hand, because treatments are developing all the time, there may be new options for you to think about.

It may also be the case that as your lung cancer progresses, some anti-cancer treatment (perhaps chemotherapy or radiotherapy) may help with some symptoms, such as breathlessness or coughing. Speak to your doctor or lung cancer nurse at any time about treatment options as time goes on.

Coping with your lung cancer diagnosis

Being diagnosed with lung cancer can be deeply distressing for you and those close to you. The news may feel overwhelming, turning your world upside down and creating unexpected challenges.

It's normal to experience a mix of emotions - shock, disbelief, sadness, fear, anger, guilt, anxiety, numbness and helplessness - and for those feelings to change over time.

Many people find themselves looking for reasons and asking "why me?". For some, a diagnosis of lung cancer may mean that life may never seem or be the same again.

In the early days, the diagnosis can dominate your thoughts, making you anxious and disturbing your sleep



These feelings are normal and do not mean you are unable to cope. Techniques such as relaxation or deep breathing can help release tension and give your mind a break from worries.

Particular situations trigger more anxiety for some people than for others. For example, going along to hospital appointments may bring up a lot of fear. Others worry more if they read about lung cancer in the newspaper or watch a programme on television where it is mentioned.

Thinking ahead to possible treatments and tests over the coming days and weeks may also increase your anxiety. You may notice a pattern to your feelings. If you notice how and when you feel them, this can be the first step in starting to manage them better.

Crying is a natural and reasonable reaction, so do allow yourself time to cry if you need to. It can help not to bottle up your fears and worries. Learning a relaxation technique can also be helpful as it can help you switch off your mind from worries. Releasing tension in your body can help calm your mind.

While some people do cry, others don't. Whatever way you handle this process is normal and right for you. Some people open up and share, others stay quiet and work things through in their own time. Don't feel guilty if you think you aren't "doing it right".

It can be all too easy to get caught up in just focusing on your illness and this can increase your worry. Some people find distraction a good strategy and reading, watching a film or going for a meal helps them cope.

If you struggle to do this on your own, tell your family and friends your plan and ask them to help. This may keep your mind on more positive things.

Being diagnosed with cancer can be a very lonely experience. I didn't know anyone who had lung cancer. Having been through this, no one should go through this alone – ask questions, talk to people and take control of your life back.”

Brian

For many people diagnosed with lung cancer there is an additional burden – coping with other people's perception of the disease. Many people wrongly assume that everyone with lung cancer has smoked. In fact, around 15% of people diagnosed have never smoked.

It is important to stress however, that those who have smoked are still not to blame for their illness. Smoking is highly addictive, and tobacco companies have worked hard to keep people hooked.

Everyone with lung cancer deserves respect, support and understanding. Surrounding yourself with positive, supportive and non-judgemental people can make coping with your diagnosis easier.

Many people with lung cancer, and those close to them, find that raising awareness and supporting others in a similar situation helps them cope.

Roy Castle Lung Cancer Foundation works with patient advocates who share their experiences at events, speak to the media and help create resources like this booklet. Their involvement keeps the information relevant and allows people affected by lung cancer to turn part of their experience into something positive.

Advocacy not only informs and supports others but also helps challenge stigma, attract vital research funding and inspire fundraising activities such as runs, swims or sponsored events. Because of stigma, lung cancer research still receives less funding than many other cancers, so every voice makes a difference.

How will I adjust to having lung cancer?

In the days and weeks after diagnosis, reactions often begin to settle, though everyone adjusts at their own pace.

Some people try to hide their emotions for fear of upsetting or inconveniencing others, but holding feelings in can make things seem much worse. It's okay to express your emotions or ask for support if you need it.

As you make sense of the news, you may start to feel calmer or have new questions or emotions, such as anger – everyone reacts differently. Talking to someone you trust or writing down your thoughts can help make things feel clearer and less overwhelming. This could be a relative, friend, nurse or counsellor.

I couldn't have got through my lung cancer treatment without my wife. Looking back, I was terrified at times but she helped me cope.

Robert

What if I feel that I can't cope with my diagnosis?

If worries or low mood start to interfere with your daily life, let your doctor or lung cancer nurse specialist know - help is available.

Professionals such as counsellors can offer a safe space to talk through anxiety or distress and support you in understanding and adjusting to what is happening.

Negative thoughts and beliefs about your health can sometimes lead to anxiety, depression or a loss of confidence. Staying involved in activities you enjoy and can control can help lift your mood and support your wellbeing.

Focus on what you can do rather than what you can't. My motto is 'Keep on keeping on'. I now have that as a tattoo on my arm.

Graham

It's natural to feel worried, but try not to let fears become overwhelming or focus on endless "what ifs." Whenever possible, bring your attention back to what you know for sure and to things you can control. Support from loved ones, counsellors or lung cancer nurses can also help.

Think about ways you may be able to take back some control over your situation. Asking questions and gaining a clearer understanding can help. Some people also find it useful to connect with others in a similar situation and share experiences.

How do I tell my children?

Talking to your children about this can be difficult. It may feel natural to try to shield them from the news, but even if they haven't been told about the diagnosis, those closest to you may still sense that things are different. Often, fear and uncertainty can cause children more worry than actually knowing what is happening.

Positivity is important. But it's also okay to cry, feel scared, angry or any other way you may feel. Don't deny or pretend how you feel.

Sandra

If you have young children and decide to tell them about your diagnosis and treatment, try to use simple language and avoid medical jargon. Explain what is happening in words they can easily understand.

You may be surprised at how well some children cope with the news. Others might need extra time to process and adjust, while some may appear to cope well but are not fully understanding or dealing with the situation. Everyone responds differently.

If a child is struggling but doesn't talk about it, you might notice changes in their behaviour. These can be signals to give them extra care or support and keep a closer eye on them. They may eventually come to talk to you, or they may seek support from others. Either way, it is their choice to process the situation in the way that feels right for them.

It can be helpful to explain to children that it is normal for them, and for anyone, to feel strong emotions during times like this. Encourage them to talk openly with you about anything that worries them. Sometimes, taking them on a hospital visit and introducing them to staff can help ease their fears.

There are also many helpful books written specifically for children about illness in the family. Macmillan Cancer Support (macmillan.org.uk) provides a list of recommended reading, including their booklet *Talking to children and teenagers when an adult has cancer*.

If your child is of school age, it is a good idea to tell their teacher. This helps the school respond sensitively if your child shows any emotional or behavioural changes. You may also find it helpful to discuss your child's needs with your lung cancer nurse specialist or GP, who can offer advice or suggest a referral to a social worker or child psychologist if needed.

How will family members and friends cope my diagnosis?

Dealing with a lung cancer diagnosis means managing your own feelings as well as the reactions of the people around you. Some people may be very understanding and know just what to say, while others might be overprotective or unsure how to respond. A few may even avoid you. This can be upsetting and frustrating, but often it comes from worry or not knowing the right thing to do

Try to stay in touch with people who can support you. Being able to talk openly about your worries and feelings can really help. Remember, your family and close friends may be feeling anxious too, and so communicating openly and honestly, while being thoughtful of each other is key.

Many people find it useful to speak with someone who has been through a similar experience. Find out if there's a support group or local cancer centre where people meet to share and support one another.

My family and friends have been incredibly supportive and I feel very lucky. I have remained upbeat and others seem to have taken the same approach.

Jane



There are also online forums and helpline services you can use. Services are available to let you talk either as part of a group or on a one to one.

The forums can also be international. You can connect to people all over the world with a vast range of experiences, many similar to yours. Be aware, though, that many may not be moderated (where posts and information is checked and screened) by healthcare professionals or experts.

Getting further support

Roy Castle Lung Cancer Foundation one-to-one services

Our **Ask the nurse service** is a nurse-led helpline offering advice on all aspects of lung cancer including diagnosis and treatment. Please call our experienced team of nurses free on: **0800 358 7200** or email: lungcancerhelp@roycastle.org

Our **Keep in touch support service** offers confidential telephone contact for people with lung cancer and their carers. This service is primarily if you are socially isolated and would like some extra contact. You can have a fortnightly or monthly call over an agree timescale.

Roy Castle Lung Cancer Foundation group services

We have a range of group support online, by telephone and face to face. Our **lung cancer support groups** and **information days** take place around the UK. These groups meet regularly when restrictions relating to COVID-19 permit and are organised by local lung cancer nurse specialists.

Our **Lung Cancer Connect** services offers online and phone programmes as well as video content to help you adjust to diagnosis, treatment and managing with lung cancer.

Our **online lung cancer community** lets you share your experience through blog posts and questions with other people affected by lung cancer. You can join free and anonymously at: healthunlocked.com/lungcancer



For information on our services please call our Information and Support Team on **0800 358 7200**, or email: info@roycastle.org

Questions for your doctor or lung cancer nurse

Ask your cancer doctor or lung cancer nurse specialist these questions at your next visit to learn as much as you can about your lung cancer, treatment and care.

1. What type of lung cancer do I have?
2. What stage is my lung cancer? Has my lung cancer already spread, or is it likely to spread in the future?
3. What tests am I likely to have and what are they for?
4. How long do the results of the tests take to come through?
5. Is there anything that could stop me having treatment?
6. How is my lung cancer likely to affect me? Will I have more symptoms?
7. Will I be able to continue to go to work?
8. What options are available if I can't (or choose not to) have treatment?
9. Who will look after my care?
10. If I have treatment, what results can I expect?
11. Is there anything I can't do during treatment?
12. Can I go on holiday?
13. What other support is available?
14. What can I do to help myself?
15. What about clinical trials? Should I think about trying to get on one?

Who are my main points of contact?

Name:

Job title:

Phone number:

Additional information:

Name:

Job title:

Phone number:

Additional information:

Name:

Job title:

Phone number:

Additional information:

About our lung cancer information

We follow established quality standards and production principles to make our information trustworthy and easy to read. It is evidence based, following national clinical guidelines and best practice for managing lung cancer.

We believe information that is clear, accurate, evidence based, up to date and easy to use allows people to become better informed and more involved in their health and care.

Our information is written either by our information team or by lung cancer experts. We have a panel of lung cancer experts made up of doctors, nurse specialists and other health professionals involved in the treatment and care of people affected by lung cancer. These people help us on a voluntary basis. You can find out about our Expert Panel at roycastle.org/expertpanel

This booklet has been published in partnership with Lung Cancer Nursing UK.



Our information is also reviewed by members of our Reader Panel (made up of people who have experience of lung cancer). This makes sure our lung cancer information meets their needs. You can find out about our Reader Panel at roycastle.org/readerpanel

You can find references to sources of information within this booklet at roycastle.org/sources

If you have suggestions for new publications or additions or improvements to our existing range of booklets and factsheets, please let us know at info@roycastle.org

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ROY CASTLE
LUNG CANCER
FOUNDATION

Roy Castle Lung Cancer Foundation is the charity that gives help and hope to people affected by lung cancer. The charity has two aims – supporting people living with lung cancer and saving lives.

Supporting people living with lung cancer

Working closely with lung cancer nurses, we provide information, run lung cancer support groups and offer telephone and online support.

Saving lives

We fund lung cancer research, campaign for better treatment and care for people who have lung cancer, and raise awareness of the importance of early diagnosis.

Our lung cancer prevention work helps people to quit smoking and encourages young people not to start smoking.

Contact us

For more information, call our Lung Cancer Information and Support Services:

0333 323 7200 (**option 2**)

or visit our website: roycastle.org

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Cotton Exchange Building,

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Liverpool, L3 9LQ

Email: foundation@roycastle.org

Information and Support Services

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50 Wellington Street

Glasgow, G2 6HJ

Email: info@roycastle.org

Expect Better

 [Roycastlelungcancer](https://www.facebook.com/Roycastlelungcancer)

 [@Roy_Castle_Lung](https://twitter.com/Roy_Castle_Lung)

For more of our information
booklets and support,
scan this QR code:

