Lung cancer

What is lung cancer?

Your body is made up of many different types of cells. Normally, your body tightly controls the production of new cells when they’re needed. Cancer develops when certain cells escape from your body’s control and start to change. These abnormal cells, also called cancer cells, start to increase and grow to form a lump. This is called a tumour.

If the cancer starts in your lung, it’s called primary lung cancer. If it starts in another part of your body and spreads to affect your lung, it’s called secondary lung cancer.

There are many different types of lung cancer. The two main types are:

- **non small cell lung cancer (NSCLC):** This is the most common kind of lung cancer. There are three common types of non small cell lung cancer: adenocarcinoma, squamous cell carcinoma and large cell carcinoma.
- **small cell lung cancer (SCLC):** This is much less common. It usually spreads more quickly and is often at an advanced stage when it’s diagnosed.

What causes lung cancer?

Anyone can develop lung cancer, but around 90% of cases occur in people who smoke or who used to smoke. Your risk of getting lung cancer increases with the number of cigarettes you’ve smoked and the number of years you’ve been a smoker. If you stop smoking, the risk gets lower over time – after 10 years, your risk of lung cancer falls to half that of a smoker.

Breathing in other people’s smoke over a long period can also increase your risk of getting lung cancer. Other environmental factors, such as exposure to asbestos, can increase the risk as well.

People who’ve never smoked are more likely to develop one particular type of lung cancer called adenocarcinoma.

Lung cancer usually affects people over the age of 60. Younger people can develop lung cancer, but this is rare.
What are the symptoms?
You often won’t have any symptoms of lung cancer until a tumour becomes quite large. This means it might only be discovered when you have an X-ray or scan for a different reason.

As your condition progresses, you’ll begin to experience symptoms, such as:

- a cough
- feeling out of breath
- chest pain
- feeling tired
- appetite loss
- weight loss
- a hoarse voice
- blood in your mucus or phlegm

If you have these symptoms, you should see your doctor. Having these symptoms doesn’t necessarily mean you have lung cancer – they’re common and have many different causes. People with long-term lung disease might already have many of them. But it’s very important to tell your doctor if your usual symptoms change or become worse.

If you have a tumour that has spread outside your lungs, the first symptom might not come from your chest at all. In this case, symptoms might include:

- back pain
- bone pain or fracture
- nerve or brain damage – this might affect walking, talking, behaviour or memory
- confusion
- swallowing difficulties
- jaundice – when your skin or eyes become yellow

Diagnosis
If your doctor thinks you might have lung cancer, you’ll be referred to a special clinic at the hospital called the rapid access clinic or urgent cancer clinic. If you live in England, you should see a specialist within two weeks of referral.

At your first appointment you’ll usually see a doctor who specialises in lung diseases. The doctor will ask you about your symptoms and medical history. They might also examine you. You can help by bringing a list of any medicines you’re taking.

The doctor will explain the results of any tests you’ve had, and will tell you what further tests you need. These might include:
• **a CT scan**: this uses a special X-ray machine to produce a detailed image of the inside of your body

• **a biopsy**: this is when a sample of tissue is taken from the tumour

• **a bronchoscopy**: this is when your doctor uses a thin, flexible telescope, called a bronchoscope, to look inside your lungs. The bronchoscope is passed through your nose or mouth and down your windpipe. If the tumour is visible, your doctor can take a sample

• **an endobronchial ultrasound (EBUS)**: this is similar to a bronchoscopy. It uses a thin, flexible tube like a bronchoscope, which has an ultrasound scanner in the tip. This is passed into the windpipe through the mouth. It allows the doctor to scan and take tissues samples of lymph nodes in your chest

• **PET-CT scan**: this is a painless procedure where you’re injected with a slightly radioactive substance which can be detected by a scanner to show if the cancer has spread to other areas of your body

These tests will help your doctor find out where the cancer is in your body and what **stage** it’s at – this means how big it is and how much it has spread.

Next, you’ll see your specialist doctor or nurse to discuss your test results and treatment options. You’ll be offered the types of treatment best for you. You might want to talk to your family or a doctor you know well before making a decision about your treatment.

If you have more questions, or just want to talk to someone, you can call our helpline on **03000 030 555**.

**The multidisciplinary team**

The doctor or nurse you see at your first appointment is part of a **multidisciplinary team**. This is a group of health care professionals who specialise in diagnosing and treating lung cancer.

An important member of the team is your **lung cancer clinical nurse specialist**. They are there to support you through your diagnosis, treatment and follow-up. You can contact them between your scheduled hospital visits.

The team also includes **oncologists** (cancer specialists), **radiologists** (specialists in radiology which is used to diagnose and treat cancer) and **surgeons**. They meet every week to discuss your test results and plan your care.

**Treatment**

If you live in England, your hospital should aim to start treatment within one month of diagnosis. If you live in the rest of the UK, you should start treatment within one month of the decision to treat. This should be within two months of your original urgent referral.

In some cases, it can take longer to diagnose or treat your condition. Waiting for tests and results can be frustrating and upsetting. Remember that it’s important to get the right treatment as well as getting treatment quickly.

In the past 10 years there’s been a lot of progress in lung cancer treatments. People are usually given more than one treatment at a time and you might have several courses of treatment.
The main treatments for lung cancer are:

**Surgery**
There are a few different types of surgery. The surgeon might remove a section of your lung or your whole lung.

**Drug therapies**
These include:
- **chemotherapy**: These are medications that attack cancer cells. They may be delivered straight into your bloodstream through a drip or you might have injections or tablets.
- **targeted treatments**: These are medicines that stop the genetic mutations that cause some types of lung cancer.
- **immunotherapies**: These are medicines that work on the immune system in the body to enhance its response to cancer cells.

**Radiotherapy**
This treatment uses high-energy X-rays to destroy cancer cells.

**Palliative care**
These are treatments to help reduce your symptoms and improve your quality of life. This includes controlling pain and symptoms such as fatigue, anxiety and breathlessness. Palliative care is there to provide support at all stages of cancer. There’s evidence to show that in some cases, early palliative care can lead to significant improvements in your quality of life and mood.

When your treatment ends, you should have a follow-up appointment within six weeks to discuss your ongoing care. Your cancer nurse specialist will be an important contact during and following your treatment. Your GP can tell you if there are any community-based cancer nurse specialists in your area.

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**End of life care**
Sometimes lung cancer can’t be cured. End of life care is designed to make you as comfortable as possible.

This includes palliative care to control pain and other symptoms. It also aims to support you, your family and carers emotionally, spiritually and practically before and after death or bereavement.

Talk to your doctor or nurse about your local services. Find out more about end of life care at blf.org.uk/endoflife
Taking care of your feelings

Being diagnosed with lung cancer can be frightening, and it’s normal to feel overwhelmed. When you’re ready, it’s important that you feel able to talk about your feelings.

You may find it helpful to talk to friends and family. You can also talk with your cancer nurse specialist. If you need more support, your specialist nurse can help you find a counsellor or psychologist. Some GP practices have a counsellor as part of their team.

Our friendly helpline team are also available to answer your questions, or just to have a chat if you need someone to talk to.

Further information

Call our helpline on 03000 030 555 to find out more about lung cancer, ask about medication or simply to talk to someone who cares.

There are other organisations that also offer information and support:

- The Roy Castle Lung Cancer Foundation
  www.roycastle.org
- Macmillan Cancer Support
  www.macmillan.org.uk

If you’ve been diagnosed with lung cancer you may be entitled to financial support, such as free prescriptions. To find out more, visit blf.org.uk/welfare-benefits

We have more free information on living with a lung condition which you might find useful. Read it online or order a booklet at blf.org.uk/support