PRIMARY LUNG CANCER TREATMENT
Cancer Care Pathways Directorate
Tailored Information in Cancer Care (TICC)
Sir Anthony Mamo Oncology Centre

December 2014
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This booklet may be useful for both women and men who are starting or having treatment for Primary Lung Cancer.

Primary Lung Cancer refers to cancer that starts in the lungs. For the purpose of this booklet, we shall refer to Primary Lung Cancer as Lung Cancer.

After diagnosis, it helps to know what to expect and where you can get further support.

This booklet includes information about the various treatment options for Lung Cancer according to your diagnosis, and other relevant information you may find useful in your cancer journey.

There are different types of Lung Cancer, so every patient may require different treatment options and not all information in this booklet may be applicable to your needs. The information in this booklet focuses on Lung Cancer treatments.

This booklet does not replace the information provided by healthcare professionals who will be guiding you throughout your care.
Types of Lung Cancer

There are two main types of lung cancer, which behave and respond to treatment differently. They are:

- Small cell lung cancer (SCLC)
- Non-small cell lung cancer (NSCLC)

Non-small cell lung cancer is the most common type and has three main sub-types which are:

- Squamous cell carcinoma (This is the most common type of lung cancer and is often caused by smoking);
- Adenocarcinoma (This is becoming more common and is diagnosed in both smokers and non-smokers);
- Large cell carcinoma

A less common type of cancer is called mesothelioma. This is a less common type of cancer that can affect the covering of the lungs (the pleura).

Another rare type of cancer is called carcinoid tumour that can develop in the lungs.
Staging

The stage of the cancer describes its size, position and whether it has spread beyond where it started in the body. Knowing the extent of the cancer helps the doctors guide you on the most appropriate treatment.

Generally, cancer is divided into four stages:

- **Stage 1** - The cancer is small and localised.
- **Stages 2 or 3** - The cancer has spread into surrounding areas.
- **Stage 4** - The cancer has spread to other parts of the body.

You may want to discuss with your Consultant further information about your prognosis or any other issues that you might have.
Your first oncology consultation

Following your referral to the Oncology Centre, health care professionals will contact you for an appointment with your Oncologist (the specialised doctor who will be managing your cancer treatment). Your Oncologist will discuss with you your treatment options and together, you shall formulate a treatment plan. Based on the treatment decisions, you will encounter relevant healthcare professionals who will support you during your treatment plan and address your informational needs.

You might find it helpful if you write down any questions you may have prior to your oncology consultation.
Lung Cancer Treatment
Your feelings

Most people feel overwhelmed when they are told they have cancer and experience many different emotions. Partners, family members and friends often have similar feelings and may also need support and guidance to cope.

Often shock, disbelief, denial, fear and uncertainty, anger, blame and guilt are some of the immediate reactions when cancer is diagnosed. You may feel unable to express any emotion. You may also find that you can take in only a small amount of information or you need to be told the same information repeatedly.

If you are experiencing difficulties in coping with your feelings, you may be referred to the Psychology Department at the Oncology Centre.
Treatment options for Lung Cancer

Treatments used for lung cancer include radiotherapy, chemotherapy, targeted therapies and sometimes surgery. Often, a combination of treatments is used. Treatment depends on type and stage of the cancer. It also depends on your general health.

**Surgery**

Surgery is not always possible in lung cancer as this depends on the type and stage of the cancer. However, when the surgery is possible, it usually involves removing the affected part of the lung.

**Chemotherapy**

Chemotherapy is the use of anti-cancer medications to destroy cancer cells, to stop the cancer cells from spreading or to slow the growth of cancer cells. Chemotherapy is sometimes given after surgery (adjuvant treatment) to reduce the risk of the cancer coming back. Chemotherapy can be given before or with radiotherapy. You may also receive chemotherapy when the cancer has spread.
to other parts of the body (metastasis). Your healthcare professional will explain what the benefits are and what side effects you are likely to get.

Chemotherapy is generally given into a vein (intravenously) as a drip. Intravenous chemotherapy is often given through a small tube (cannula) in your arm. Your healthcare professionals will guide you should you require a special device inserted under the skin (Port-a-Cath®) to facilitate access to your veins.

Chemotherapy into the vein is given as a series of cycles – each session usually lasts a few minutes to a number of hours. This may be followed by a gap of a number of days/weeks (depending on your personal treatment plan) in order to allow your body to recover from any side effects of treatment. Your doctor or nurse will explain how many cycles of treatment are planned for you and how you will be given your chemotherapy.

Aurora Support Service organises pre-chemotherapy classes for you and your carers. The aim of these classes is to educate patients who need chemotherapy as part of their treatment. These sessions provide patients with the necessary
information to understand and manage chemotherapy side effects. To attend one of these classes you can contact Aurora Support Service on 79000495 or aurora.meh-health@gov.mt.

**Side effects of chemotherapy**

Chemotherapy drugs can cause side effects, but many of these can be well controlled with medicines and will usually go away when your treatment is finished. Side effects of chemotherapy vary from one person to another and are dependent on your treatment regime. Your doctor or nurse will tell you more about what to expect. Always mention to the healthcare professionals any side effects you’re having as there are usually ways in which they can be controlled.

**Targeted therapy**

Some people may be advised to have targeted therapy. Targeted therapies are made up of drugs that control the growth of particular cancer cells. Your doctor will explain if these drugs are indicated for your condition.
Radiotherapy

Radiotherapy uses high-energy x-rays to destroy cancer cells, while causing as little harm as possible to normal cells. Radiotherapy may sometimes be given with chemotherapy (chemoradiation) or after the chemotherapy. Radiotherapy may also be used to relieve symptoms such as pain, breathlessness and/or cough. The treatment is given in the radiotherapy department as a series of short daily sessions. Each treatment takes 10–15 minutes and they are usually given Monday–Friday with a rest at the weekend. The healthcare professionals will discuss the treatment with you and shall provide further information.

**Side effects of Radiotherapy**

You may develop side effects over the course of your treatment. These usually disappear gradually over a few weeks or months after treatment finishes. The relevant healthcare professional will discuss this with you so you may know what to expect. Let them know about any side effects you have during or after treatment, as there are often things that can be done to help.
After your treatment

Follow-up

After your treatment has finished, you will have regular check-ups, x-rays and/or CT scans. Follow-up appointments are a good opportunity to talk about any concerns you have. However, if you notice any new symptoms or are anxious about anything else between your appointments, consult with your family doctor (GP). Your GP will guide you accordingly and will refer you to the Oncology Centre if necessary.

Sex and fertility

This section talks about the effects cancer and its treatments can have on your sexuality. We’ve also included information about planning a family, contraception and your ability to have children (fertility).

Sexuality

Lung cancer, its treatments and their side effects may affect your sex life and how you see yourself
(self image). Try not to think that sex is never going to be important in your life again. There will often be a period of adjustment for you and your partner, and with time most difficulties can be overcome. You may feel insecure and worry whether or not your partner will still find you sexually attractive. Partners are often concerned about how to express their love physically and emotionally after treatment. It is ok to be sexually active, but it is best to discuss this with your doctor.

**Effects on fertility**

Some lung cancer treatments can affect your ability to have children (fertility). In women, chemotherapy can bring on an early menopause, especially if you are close to menopause. It is important to talk to your doctor about your fertility.

**Planning a family**

It is a good idea to talk to your consultant first if you are thinking about having a family.
Effects after treatment

After treatment you may want to get back to doing the things you did before your cancer diagnosis. However, you may still be coping with the side effects of treatment, such as tiredness or hair loss, and even emotional distress.

Recovery takes time, so try not to be hard on yourself. It is not unusual to feel anxious and even a bit isolated at this time. People often worry about the cancer coming back and that any ache or pain is a sign that it has returned.

It is important to talk over any concerns or questions that you have with your GP.
Lifestyle changes - Making positive decisions

Stop Smoking

The Health Promotion and Disease Prevention Directorate helps people to stop smoking with one-to-one support through the helpline and organises smoking cessation programs at your Primary Health Centre for your benefit. We advise you to contact the directorate on 23266000/80073333 for further information.

Eat well and keep to a healthy weight

Here are some tips:

- Only eat as much food as you need
- Eat a balanced diet with lots of fruit and vegetables
- Eat less fat and sugar
- Become more physically active.
- Regular exercise
- Eat a healthy and balanced diet which contains enough calcium and vitamin D.
Work

You may need to take time off work during your treatment and for a while afterwards. Your decision is likely to depend mainly on the type of work you do. Getting back into your normal routine can be very helpful and you may want to go back to work as soon as possible. Many people find that going back to work as soon as they feel strong enough gives them a chance to put their worries to one side by becoming involved with their job and colleagues again. It can help to talk to your employer about the situation.

For work related issues or other psychosocial queries you may contact the Social Work Service at the Oncology Centre.
## Important Telephone Numbers

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<tr>
<td>Mater Dei Hospital</td>
<td>2545000</td>
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<tr>
<td>Sir Paul Boffa Hospital</td>
<td>21224491</td>
</tr>
<tr>
<td>Sir Anthony Mamo Oncology Centre</td>
<td>25452200</td>
</tr>
<tr>
<td>Oncology Outpatients at the Oncology Centre</td>
<td>25452410/1</td>
</tr>
<tr>
<td>Chemotherapy Focal nurses</td>
<td>79000495 / 79000433</td>
</tr>
<tr>
<td>Radiotherapy Focal nurses</td>
<td>79000443 / 79004378</td>
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Useful Resources

Sir Paul Boffa Hospital - A patient information booklet

Sir Paul Boffa Hospital Website

Mater Dei Hospital Website
www.materdeihospital.org.mt/

Macmillan Website
http://www.macmillan.org.uk/

Thanks
This booklet has been written, revised and edited by the Tailored Information in Cancer Care working group at Sir Anthony Mamo Oncology Centre. Thanks goes to the Macmillan Cancer Support for allowing us to adapt this information to our local needs.

Disclaimer
We make every effort to ensure that the information we provide is accurate, but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. This booklet does not in any way replace the medical advice or discussion between yourself and the medical team.
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