

What to expect – Lung cancer

What to expect during each stage of treatment and beyond



Lung cancer support

Call the lung foundation on 1800 654 301 for information about lung cancer and where to go for support and help or visit <u>www.</u> <u>lungfoundation.com.au</u>

Also, qualified cancer nurses at the Cancer Council can answer

your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other community resources. Call the Cancer Council on **13 11 20**.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Symptoms of lung cancer may include coughing up blood and/or an unexplained and persistent (lasting more than three weeks) cough/ chest infection, chest/shoulder pain, breathlessness and hoarseness.

Your general practitioner (GP) will assess your symptoms, conduct a physical examination and order a chest x-ray. Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support. If lung cancer is suspected, you will be referred to a specialist for further testing. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and your test results.

It can be helpful to bring a family member or friend with you to your appointments.

2. Diagnosis and staging

The specialist should discuss your test results and options for further testing. This is to find out whether cancer is present, and if it is, its stage of development and if it has spread.

You may have one or more of these tests:

Computed tomography (CT) scan

Computer technology and x-rays are used to create detailed images of the lungs.

Positron emission tomography (PET) scan

This produces a three-dimensional colour image that may show where cancers are located. A small amount of radioactive material is injected and the whole body is scanned.

Bronchoscopy

A test done under anaesthetic where a flexible tube is used to examine the airways and take tissue samples

Endobronchial ultrasound (EBUS) is a type of bronchoscopy that uses high-frequency sound waves to create an image.

Biopsy

There are several ways to take a small tissue sample (a biopsy) from the lungs to examine under a microscope.

Some people have further tests such as a bone scan.

It can also be helpful to contact lung cancer peer support groups and support groups for carers.

3. Treatment

To ensure you receive the best care, your specialist will arrange for a team of health professionals to review your test results and plan your treatment based on your preferences and needs.

The team will be made up of health professionals who have experience managing and supporting a person with lung cancer. Your specialist will tell you when the team will be discussing your case. Your team should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects, and the risks and benefits. Your doctor may also suggest you consider taking part in a clinical trial. You might want to ask for more time before deciding on your treatment, or ask for a second opinion. Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

In some cases, more than one type of treatment will be used to get the best outcome.

The treatment options depend on whether the cancer has spread to both sides of your chest or beyond your lungs.

Lung cancer is often not found until it is advanced because it can grow rapidly and symptoms can be vague.

3. Treatment (continued)

Treatment options:

Surgery is the most common treatment for patients with early lung cancer. It is important that this surgery is performed by a surgeon who is very experienced in performing lung surgery and performs several operations every year.

Radiation therapy (also called radiotherapy), may benefit patients if surgery is not suitable or may be combined with chemotherapy.

Chemotherapy or drug therapy may be given before or after surgery, or if surgery is not suitable, with or without radiation.

Palliative treatment will be used at different stages to relieve various symptoms and help to improve your quality of life.

For more information about treatment and treatment side effects ask your doctor or **visit** <u>www.cancer.org.au/about-cancer/treatment</u>

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

4. After treatment

After treatment is completed, your doctor should provide you with a treatment summary which details the care you received, including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- supportive care services provided to you.

Your doctor will decide whether your ongoing care will be managed by your GP or a palliative care physician. You should both receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment, should they
 occur
- how to get specialist medical help quickly if you think the cancer has returned or got worse.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. If cancer returns

Sometimes lung cancer can come back after treatment. This is why it is important that you have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects (for example tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished.

For more information about side effects ask your doctor or **visit** <u>www.</u> <u>cancervic.org.au/about-cancer/survivors/long-term-side-effects</u>

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a

formal way of setting out your wishes for future medical care.

For more information about advance care planning ask your doctor or **visit** <u>www.advancecareplanning.org.au</u>

Palliative care: This type of treatment will be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life.

For more information about palliative care ask your doctor or **visit** <u>www.palliativecare.org.au</u>

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.

For more information about cost of treatment ask your doctor or **visit** <u>www.canceraustralia.gov.au/affected-cancer/living-cancer/</u><u>dealing-practical-aspects-cancer/costs-treatment</u>

For more about accommodation and travel costs ask your doctor or **visit** <u>www.cancercouncil.com.au/get-support/practical-support-services</u>

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For more information visit www.cancerpathways.org.au



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