

肺癌
Understanding

Lung Cancer



癌症基金會
CANCERFUND



Hong Kong Cancer Fund was established in 1987 to provide support, information and care to those living with cancer and to increase awareness and knowledge of cancer in our community.

Our **CancerLink Care Centres** offer professional support and connect various cancer patient support groups to form an extensive support network for cancer patients and families, offering emotional support and practical assistance to those touched by cancer.

This publication is one in a series of cancer information booklets which discuss different aspects of the disease, including possible treatment, side effects and emotional issues. They are intended to inform the public about available treatment and care. You can also download the information from our website: www.cancer-fund.org.

The free services offered by **Hong Kong Cancer Fund** are made possible only because of donation from the public. If you would like to show your support and concern for cancer patients, please feel free to contact us. Your generosity will directly benefit cancer patients in Hong Kong. You can also use our donation form at the back of this booklet to make your contribution.

For further information on our services and our work,
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Introduction

This booklet has been prepared to help you understand more about lung cancer.

Many people feel understandably shocked and upset when told they have lung cancer. We hope this booklet will help you understand the diagnosis and treatment of the disease. We also include information about support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this booklet will answer some of your questions and help you think about the questions you want to ask your doctors.

You do not need to read it from cover to cover, just read the parts which are useful to you.

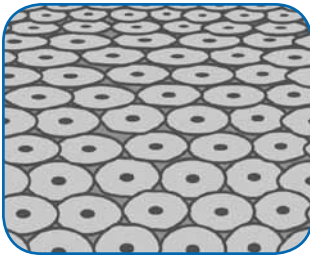
You may like to pass this booklet on to your family and friends for their information. They, too, may want to be informed so that they can help you cope with any problems you may have.

What is Cancer?

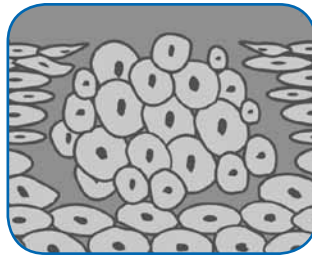
Cancer is a disease of the cells, which are the body's basic building blocks. Cancer starts in our genes. Our bodies constantly make new cells to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Certain genes control this process.

All cancers are caused by damage to these genes. This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent. Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump called a tumour.

Tumours can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body.



Normal cells



Cells forming a tumour

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in situ (or carcinoma in situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer.

Some benign tumours are pre-cancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

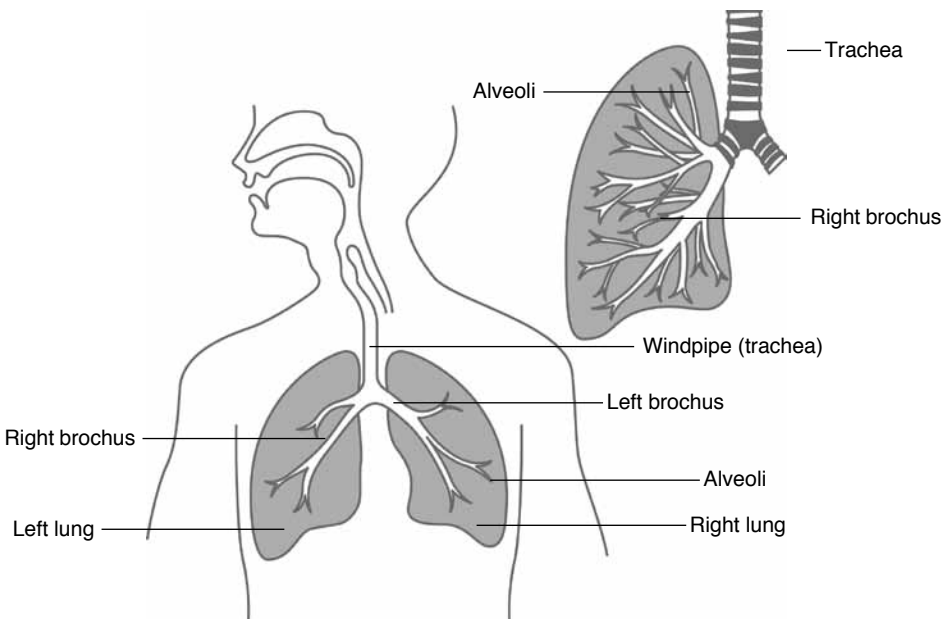
How Cancer Spreads?

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis. Sometimes cells move away from the original (primary) cancer, either by the local tissue fluid channels (lymphatics) or in the blood stream, and invade other organs. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

The Lungs

When we breathe in, air goes through our nose or mouth, into the throat, and down the windpipe into the chest. Like a tree, the windpipe branches - initially into two tubes called bronchi, one going to each lung. From there, the air tubes become smaller until they empty into the tiny, bubble-like air sacs that make the lungs spongy.

Blood flows between the thin walls of the air sacs. This allows oxygen to move from the air into the blood, and carbon dioxide (a waste product from the body) to move from blood to air, to be breathed out.





Lung Cancer

Lung cancer is cancer of some of the cells in part of your lung. It usually starts in the lining of an airway.

Types

1. Small cell lung cancer

- Constitutes around 15% of all lung cancers.
- Very strongly linked with cigarette smoking.
- Tends to start in the middle of the lungs.
- Surgery is not often used for this type of tumour because it usually spreads early.
- Best treated with drugs (chemotherapy), usually combined with radiotherapy.

2. Non-small cell lung cancer

- Affect the cells that line the tubes into the lungs (main bronchi) and smaller airways.
- Includes squamous cell carcinoma, adenocarcinoma, large cell carcinoma and bronchiolo-alveolar cell carcinoma.
- If a non-small cell lung cancer is confined to a part of the lung, it might be removed by an operation.

- If your non-small cell lung cancer is not suitable for surgery, the tumour may have spread into the chest wall, lymph nodes or elsewhere and other treatments may be necessary.

Causes

1.Smoking

- Smoking causes up to 90% of lung cancer.
- It is not known why one smoker develops lung cancer and another does not.
- Passive (environmental) tobacco smoke causes lung cancer but the risks are less than if you smoke yourself.
- One out of ten smokers suffers from lung cancer.

2.Work-related risks

Exposure to the following is associated with an increased risk of lung cancer:

- asbestos
- processing of steel, nickel, chrome and coal gas.
- radiation. Miners may be exposed to radiation by breathing air contaminated with radon gas.

The greater the exposure to asbestos, the greater the risk of lung cancer. The risk is even greater if the person is a smoker.

If I am a smoker, have I caused my own cancer?

Most people started smoking when they were young, at a time when the health risks meant nothing to them. Smoking is very addictive and this is the main reason smokers continue to smoke. Your health care team understands this and will consider it when caring for you.

But if you are still smoking, it may be important to quit now to improve your chances of responding to treatment. You must stop smoking before you have an operation. If you need help to quit smoking, speak to your doctor, nurses or contact the following Cessation Hotlines:

- **2961 8883** (Department of Health),
- **2300 7272** (Hospital Authority),
- **2855 9557** (Youth Smoking Prevention Hotline)

Symptoms

Very often, tumours have existed for some time before they are discovered. Sometimes a lung cancer is discovered by chance, such as when a chest x-ray is done before surgery for another condition.

The main symptoms of lung cancer include:

- new or altered cough
- chest pain
- breathlessness
- coughing up blood.

People with more advanced lung cancer may also experience:

- fatigue
- weight loss
- extreme shortness of breath
- hoarseness
- coughing or spitting up blood
- difficulty in swallowing.

Having any one of these symptoms does not necessarily mean that a person has lung cancer and they should not be afraid to talk to their doctor to have the symptoms checked out.



Diagnosis

Tests

If lung cancer is suspected, a number of tests will be done to help make a diagnosis, and to prove that you have or do not have lung cancer.

Some of these tests can also show if cancer has spread to other parts of the body. Not every person will have all the tests described in this booklet. Your doctors will determine the best tests for you.

Before you have any test, make sure you understand why it is needed, how it will be done and what risks or discomfort may be involved.

■ *Chest x-ray*

An x-ray of the chest can show tumours as small as 1cm wide.

Occasionally a lung cancer is found on a chest x-ray that has been taken for other reasons and sometimes very small

tumours are hidden or not seen on a chest x-ray.

■ ***Bronchoscopy***

Bronchoscopy allows the doctor to look directly into your airways.

The bronchoscope can only look at the larger airways, so if the tumour is in the outer part of the lung, it may not be seen. A sample of tissue (biopsy) may be taken during the bronchoscopy.

A bronchoscope is a flexible tube that can be put in through the nose or mouth and down the windpipe. This is done after you have had a light sedative (to relax you) and a local anaesthetic is sprayed on the back of your throat. It can be uncomfortable but it is not painful.

■ ***Mediastinoscopy***

This procedure is performed by a cardiothoracic surgeon while you are under a general anaesthetic, so you will be unconscious during the procedure.

A rigid tube is inserted through a small cut in the front of your neck and down the outside of your windpipe (trachea) so the area between the lungs (mediastinum) can be inspected.

The doctor is able to look at lymph nodes in the centre of the chest, to see if they are enlarged, and can remove a sample

of tissue if necessary. Mediastinoscopy is usually a day procedure, but an overnight stay in hospital may be needed.

■ *Fine-needle aspiration*

A fine-needle aspiration biopsy is done when tumours are accessible, such as when they are close to the outer part of the lung. Not every tumour can be safely sampled this way.

The procedure is done in a hospital or radiology department.

A local anaesthetic is injected into the skin and, under the guidance of an x-ray machine, a needle is inserted through the chest wall and into the tumour. You will be observed for some hours afterwards because the lung is at risk of being punctured during this procedure.

A procedure called thoracentesis also uses a fine needle. Instead of going into the tumour, fluid from between the membranes that cover the lungs (the pleural space) is sampled to check for cancer cells.

■ *CT scan*

A computerised tomography (CT) scan is a special type of x-ray that gives a three-dimensional picture of the organs and other structures (including any tumour) in your body.



CT scans are usually done at a hospital or a radiology service. They help to:

- identify smaller tumours than those found on x-rays
- assess whether lymph nodes are enlarged
- determine whether the cancer may have spread to other parts of the body.

A CT scan usually takes less than 10 minutes. You will be asked to lie flat on a table while the CT scanner, which is large and round like a doughnut, rotates around you.

Before the scan, a dye may be injected into a vein, probably in your arm. This will make the scanner's pictures clearer. You will be asked not to eat or drink for a while before your scan. Most people are able to go home as soon as their scan is done.

■ ***Positron emission tomography (PET) scan***

A PET scan is a fairly new and specialised imaging test, which is available in a number of major hospitals that treat lung cancer.

It involves the injection of a slightly altered form of radioactive glucose solution throughout the whole body. Because cancer cells cannot eliminate this glucose in the way that normal cells do, the glucose appears on the scan pictures. The PET scan will detect increased quantities of the radioactive glucose in

areas of the body where there are cancer cells.

The PET scan is useful in diagnosing lung tumours where a biopsy is not possible. It is also very helpful in staging lung cancer, and finding cancer that might have spread to other body organs, such as the lymph nodes, bones, brain, liver and adrenal glands.

■ ***Bone scan***

A bone scan is most useful once lung cancer has been diagnosed and if patients are complaining of pain and aches in their bones and joints. A bone scan might identify a spread of the cancer to the bones.

A small amount of radioactive substance is injected into a vein. It travels through the bloodstream and collects in areas of abnormal bone growth. A scanner measures the radioactivity levels in these areas and records them on x-ray film. The scan is usually performed a few hours after the injection. Not every lung cancer patient needs a bone scan.

■ *Brain scan*

Like the bone scan, the brain scan is most useful once lung cancer has been diagnosed and if patients are complaining of unexplained symptoms such as headaches and dizziness. A brain scan might identify a spread of the cancer to the brain. Not every lung cancer patient needs a brain scan.

Staging

The treatment of lung cancer will depend on the size of a tumour and whether and how it has spread from its original location - that is, the stage the cancer has reached.

■ *Staging small cell lung cancer*

Small cell lung cancer has often spread outside the chest when it is diagnosed.

It is staged in two ways:

- Limited disease: is when the tumour can be detected in only one lung and nearby lymph glands.
- Extensive disease: other cases.

■ *Staging non-small cell lung cancer*

Staging non-small cell lung cancer is more complex and has a big impact on the best treatment options. The following is a simplified guide to staging this condition:

- **Stage 1**

Tumours are only in one lobe of the lung.

- **Stage 2**

A tumour in the lung with limited spread to nearby lymph nodes, or a tumour that has grown into the chest wall.

- **Stage 3A**

These tumours have spread to lymph nodes in the centre of the chest (the mediastinum).

- **Stage 3B**

These tumours have spread more extensively to lymph nodes in the mediastinum, or there is a collection of fluid in the pleural space around the lung, or there are tumours in more than one lobe.

- **Stage 4**

The cancer cells have spread to distant parts of the body. Lung cancer commonly spreads to the bones, the liver and to the adrenal glands (the little glands that sit on top of the kidneys).



Treatment

Treatment for different types of lung cancer:

■ *Small cell lung cancer*

- Chemotherapy.
- Radiotherapy - some people with limited disease will also have radiotherapy to the chest. Depending on how well you respond to initial treatment, sometimes radiotherapy is also given to the brain to prevent the cancer spreading.

■ *Non-small cell lung cancer*

The main treatments for this type of lung cancer are surgery, radiotherapy and chemotherapy.

The choice of treatment will depend on:

- the stage of your cancer
- your general health
- whether you are fit enough to have an anaesthetic and operation
- whether your lungs are working well enough

Whichever treatment you have, supportive care will be important. Supportive care includes control of pain and other symptoms, help with other medical problems, emotional support and help with other factors that affect your well-being.

The aim of treatment is to keep you as well and symptom-free as possible, even if your cancer cannot be cured.

Surgery

Surgical removal of the tumour offers the best chance of cure for patients who have early-stage disease.

The surgeon will assess three important factors when deciding if surgery is an option:

1. The cancer has not spread beyond the lungs.
2. Your health (apart from the cancer) is reasonably good and you will withstand a major operation.
3. Your breathing capacity is sufficient to withstand removal of the affected part of the lung -- either a lobe of one lung (lobectomy) or all of one lung (pneumonectomy).

In some patients who have breathing difficulties before the operation, less of the lung is removed. Your doctor will advise which type of surgery is best for you.

■ *After the operation*

You will have an intravenous drip for a couple of days but you will be able to eat and drink the day after the operation. There will be one or two tubes in your chest to drain fluid and/or air from the chest cavity -- these are temporary.

You will have access to a pain-relieving machine, which will help you to do physiotherapy to clear any phlegm from your chest. Regular chest x-rays will be taken to make sure your lung or lungs are working properly.

There is no need to suffer in silence. Tell your doctor or nurse if you are in pain.



You will have some pain after the operation but every effort will be made to reduce it. You will probably go home 5-7 days after the operation. Your doctor, nurses, physiotherapist and social worker will advise you about how to manage at home.

People who have surgery spend most of their recovery time at home. For some people, recovery can take many weeks but others recover more quickly. Regular exercise will always

speed recovery. To begin with, you will do breathing exercises and leg exercises. Later, walking or swimming will improve your strength and fitness. Your doctor or physiotherapist will recommend the best exercises for you, and tell you when it is safe to do more vigorous exercise.

■ *Breathing capacity*

When planning the operation, the doctors will assess your breathing capacity so that after the surgery your breathing will not be severely altered. In general, how breathless you are after a lung operation depends on how much lung tissue has been removed and how good your lung function was before the surgery.

If your breathing was not affected before the operation, there will probably only be a small effect on your breathing. Almost all patients who have a complete lung removed will experience some degree of breathlessness, especially doing physical activities like walking uphill, climbing stairs, playing sport and bending and lifting.

Chemotherapy

The aim of chemotherapy is to kill cancer cells while doing the least possible damage to your normal cells.



Chemotherapy is treatment with drugs to stop the cancer cells from multiplying.

Chemotherapy on its own cannot cure non-small cell lung cancer. It is usually combined with surgery or radiotherapy in patients whose cancers are large or have spread to the lymph nodes in the centre of the chest.

Chemotherapy may be given before surgery to try to shrink the cancer and make the operation easier. It may also be given before or during radiotherapy to increase the effectiveness of radiotherapy.

If your lung cancer cannot be cured, chemotherapy can help reduce cancer symptoms and improve quality of life. This is known as palliative chemotherapy.

Generally, chemotherapy is given through a drip - a plastic tube called a catheter, which is inserted into a vein in your arm or hand. Less commonly, chemotherapy is given in tablet form.

Chemotherapy is given in cycles. Each cycle lasts about three weeks. During this time you may have treatment for 3 to 5 days, depending on the drugs needed to treat you.

■ Side effects

Most drugs used in chemotherapy cause side effects. Different drugs have different side effects and your medical oncologist will discuss them with you.

Common side effects include:

- feeling sick (nausea), vomiting
- mouth ulcers
- tiredness
- thinning or loss of hair from your body and head

These side effects are temporary, and can be prevented or reduced.

Chemotherapy weakens your immune system so your body may have trouble fighting infections. You will have regular blood tests to check your immune system. If you have a temperature (38°C or above) while receiving chemotherapy, contact your medical oncology team or hospital immediately.

Hong Kong Cancer Fund's booklet on 'Understanding Chemotherapy' and 'Hair Loss' will be helpful to you.



New oral treatments

In recent years new oral treatments have emerged for lung cancer that has recurred or spread beyond the lungs.

Two of these drugs have been tested, and are still being tested in clinical trials. They are well tolerated, with none of the usual side effects of chemotherapy.

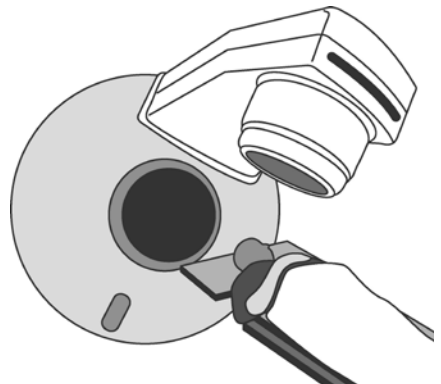
Currently, these drugs have been shown to work in patients who have already had chemotherapy, and who have certain features (growth factors) on their lung cancer pathology specimens.

Consult your doctor if you would like to know more.

Radiotherapy

Radiotherapy treats cancer by using x-rays to kill cancer cells. These x-rays can precisely target cancer sites in your body. Treatment is carefully planned to do as little harm as possible to your healthy body tissues.

Radiotherapy may be used to cure lung cancer that is confined to the chest. It is used instead of surgery if the tumour is too large for an operation or if your general health or lung function make surgery an



unsafe option for you. This generally involves 5-7 weeks of daily treatment.

If your lung cancer is unable to be cured, radiotherapy is also useful in easing symptoms such as coughing up blood, chest pain and shortness of breath. It is also used to treat symptoms from secondary cancers in the brain (headaches, nausea, vomiting) and bone (pain). Radiotherapy aimed at relieving symptoms without trying to cure your cancer is known as palliative radiotherapy. This can take between one day and three weeks of treatment.

Radiotherapy planning involves taking an x-ray or CT scan of your chest (or the area to be treated) in a radiotherapy department. To ensure that the same area is treated each time, the radiation therapist will make a number of marks on your skin. These are usually 3-4 small dots that are permanent tattoos.

In most cases you will be lying on your back in a comfortable position for treatment and breathing normally. Treatment takes 10-15 minutes to deliver. You won't feel anything during the actual treatment - it's just like having an x-ray.

■ *Side effects*

The type of side effects experienced depends on the area of your body being treated.

People who have radiotherapy for a primary lung cancer in the

chest may experience:

- tiredness and mild sunburn on the skin
- temporary difficulty and pain in swallowing
- cause some scarring to the lungs
- shortness of breath

Hong Kong Cancer Fund's booklet on 'Understanding Radiotherapy' can give you some tips in dealing with side effects.

Palliative treatment

If the cancer spreads or returns after treatment and a cure is not possible, your doctor will discuss palliative treatment for specific problems caused by the cancer, such as pain. Treatment can include radiotherapy, chemotherapy and pain-relieving medications.

Palliative treatment relieves symptoms of illness, particularly pain. It is available for all people who have cancer symptoms, whatever their stage of treatment.

It is particularly helpful and important for people with advanced cancer, whose cancer cannot be cured but expect to live the rest of their life as comfortably as possible and without undue pain.

Pain is usually well controlled with oral medication and there is no need to worry that you will become addicted to the medications.

Follow-up

After your treatment is over, you will have regular checkups. Your doctor will decide how often you need checkups and who will do them, because everyone's situation is different.

It is important that all of the health professionals (who are part of a multi-disciplinary team) who have been involved with your care are kept involved where necessary and aware of your ongoing progress. Checkups will become less frequent if you have no further problems.

If the disease relapses, you may need further treatment. Often, the treatment used when lung cancer relapses is different to the first treatment.

If you have any doubts about your recovery or follow-up, contact the staff who provided your first treatment.





Making treatment decisions

Sometimes it is difficult to decide on the right treatment for you. You may feel everything is happening so fast you don't have time to think things through. There is always time for you to consider what sort of treatment you want.

Waiting for test results and for treatment to begin can be difficult. While some people feel overwhelmed with information, others feel they don't have enough. You need to make sure you understand enough about your illness, the treatment and side effects to make your own decisions.

If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

It is important to remember that you are the most important person on your health care team. You are a consumer of services, and you have the right to ask questions about what treatment you are getting and who is



providing it. If you are not happy with the information you are given - or how it is given -- you should not be afraid to tell the doctor about your concerns.

Some people with more advanced cancer will always choose treatment, even if it only offers a small chance of cure. Others want to make sure the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment but to have symptoms managed to maintain the best possible quality of life.

You always have the right to find out what a suggested treatment means to you, and the right to accept or refuse it.

Talking to doctors

You may want to see your doctor a few times before deciding on treatment. When your doctor first tells you that you have cancer, it is obviously very stressful and you may not remember very much. It is often difficult to take everything in, and you may need to ask the same questions more than once.

Before you see the doctor, it may help to write down your questions. A list of questions to ask your doctor is at the end of

this session. Taking notes during the session or tape-recording the discussion can also help. Many people like to have a family member or friend go with them, to take part in the discussion, take notes or simply listen.

“I took a friend with me for support to the second appointment. It was like a dream where I just said ‘yes, yes, yes’, and luckily my friend wrote down all the information.”

Many doctors are involved in treating people with lung cancer. If you are considering a particular treatment and want advice, you should see the specialist who delivers that treatment, such as the medical oncologist for chemotherapy and radiation oncologist for radiotherapy. The specialists who prescribe these treatments have the best information about the benefits and side effects of treatment in your situation. They are also aware of latest clinical trials in lung cancer.

Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, nursing staff, the hospital social worker or chaplain, your own religious or spiritual adviser, or the



CancerLink Hotline 3656 0800. Talking it over can help sort out the right course of action for you.

A second opinion

You may want to ask for a second opinion from another specialist. This is understandable and can be a valuable part of your decision-making process. A second opinion can confirm or suggest changes to your doctor's recommended treatment plan, reassure you that you have explored all of your options, and answer any questions you may have.

Your specialist or family doctor can refer you to another specialist and you can ask for your results to be sent to the second-opinion doctor. You may later decide you prefer to be treated by the doctor who provided the second opinion, and this is your right.

You can ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.

What to ask doctors?

You may find the following checklist helpful when thinking about the questions you want to ask your doctor. If there are answers you don't understand, it is alright ask your doctor to explain again.

Some suggested questions are listed below:

1. What type of lung cancer do I have?
2. How extensive is my cancer?
3. What treatment do you recommend and why?



4. Will a lung cancer specialist be treating me?
5. Are there other treatment choices suitable for me?
6. What are the risks and possible side effects of each treatment?
7. Will I have to stay in hospital, or will I be treated as an outpatient?
8. How long will the treatment take? How much will it affect what I can do? How much will it cost?
9. Will I have a lot of pain with the treatment? What will be done about this?
10. If I need further treatment, what will it be like?
11. Will the treatment affect my sex life?
12. How frequently will I have checkups?
13. I would like to have a second opinion. Can you refer me to someone else?
14. Am I going to survive? How long can I live?

Your feelings

Most people feel overwhelmed when they are told they have cancer. Many different emotions arise which can cause confusion and frequent changes of mood. You might not experience all the feelings discussed below or experience them in the same order. This does not mean, however, that you are not coping with your illness. Reactions differ from one person to another - there is no right or wrong way to feel. These emotions are part of the process that many people go through in trying to come to terms with their illness. Partners, family members and friends often experience similar feelings and frequently need as much support and guidance in coping with their feelings as you do.

Various feelings:

■ *Shock and disbelief*

“I can’t believe it!” “It can’t be true!”

This is often the immediate reaction when cancer is diagnosed. You may feel numb, unable to believe what is happening or to express any emotion. You may find that you can take in only a small amount of information and so you have to keep asking the same questions over and over again,

or you need to be told the same bits of information repeatedly. This need for repetition is a common reaction to shock. Some people may find their feelings of disbelief make it difficult for them to talk about their illness with their family and friends, while others feel an overwhelming urge to discuss it with those around them; this may be a way of helping them to accept the news themselves.

■ *Denial*

“There’s nothing really wrong with me!”

“I haven’t got cancer!”

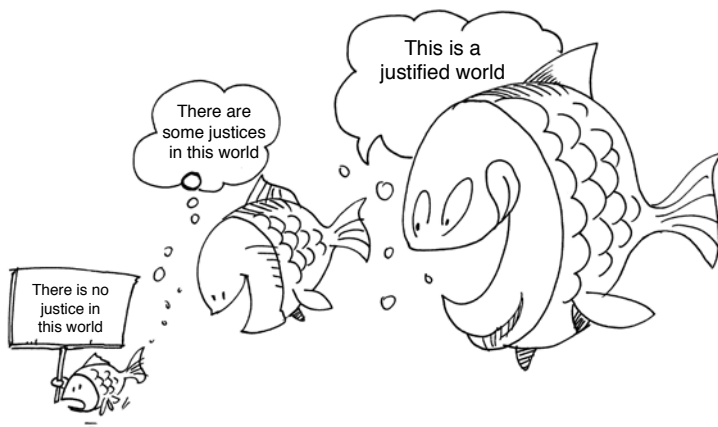
For many people, not wanting to know anything about their cancer, or wishing to talk as little as possible about it, is the best way of coping with the situation. If that is the way you feel, then just say quite firmly to the people around you that you prefer not to talk about your illness, at least for the time being. Sometimes, however, it is the other way round. You may find that it is your family and friends who are denying your illness. They appear to ignore the fact that you have cancer, perhaps by playing down your anxieties and symptoms or deliberately changing the subject. If this upsets or hurts you because you want them to support you by sharing what you feel, try telling them how you feel. Start perhaps by reassuring them that you do know what is happening and that it will help you if you can talk to them about your illness.

■ Anger

“Why me?” “Why now?”

Anger can hide other feelings such as fear or sadness and you may vent your anger on those who are closest to you and on the doctors and nurses who are caring for you. If you hold religious beliefs you may feel angry with your God.

It is understandable that you may be deeply upset by many aspects of your illness and you should not feel guilty about your angry thoughts or irritable moods. However, relatives and friends may not always realise that your anger is really directed at your illness and not against them. If you can, it may be helpful to tell them this at a time when you are not feeling quite so angry, or, if you would find that difficult, perhaps you could show them this. If you are finding it difficult to talk to your family it may help to discuss the situation with a trained counsellor or psychologist. Hong Kong Cancer Fund can give you details on how to get help in your area.



■ *Fear and uncertainty*

“Am I going to die?” “Will I be in pain?”

Cancer is a frightening word surrounded by fears and myths. One of the greatest fears expressed by almost all newly-diagnosed cancer patients is: “Am I going to die?”

Some patients with cancer of the lung may be cured but even when your cancer is not curable, there are things that can be done to help you, both to relieve any pain or discomfort and to control the disease for some time. There is also help available to cope with emotional aspects of cancer.

‘Will I be in pain?’ and ‘Will my pain be unbearable?’ are other common fears. In fact, many patients with cancer of the lung experience no pain at all. For those who do, there are many modern drugs and other techniques that are very successful at relieving pain or keeping it under control. Other ways of easing or preventing you from feeling pain are radiotherapy and nerve blocks.

Many people are anxious about their treatment: whether or not it will work and how to cope with possible side effects. It is best to discuss your individual treatment in detail with your doctor. Some people are afraid of the hospital itself. It can be a frightening place, especially if you have never been in one before, but talk about your fears to your doctor, he or she

should be able to reassure you.

Often you will find that doctors are unable to answer your questions fully, or that their answers may sound vague. It is often impossible to say for certain that the cancer has been totally eradicated. Doctors know from past experience approximately how many people will benefit from a certain treatment, but it is impossible to predict the future for individual people. Many people find the uncertainty hard to live with; not knowing whether or not you are cured can be disturbing.



Uncertainty about the future can cause a lot of tension, but fears and fantasies are often worse than the reality. Fear of the unknown can be terrifying so acquiring some knowledge about your illness can be reassuring and discussing your findings with your family and friends can help to relieve tension caused by unnecessary worry.

■ *Blame and guilt*

“If I hadn’t... this would never have happened, It’s my own fault”

Sometimes people blame themselves or other people for their

illness. This may be because we often feel better if we know why something has happened. People who smoke may feel particularly guilty.

Even though cigarette smoking is the cause of most lung cancers, a lot of people who smoke never develop cancer. There are obviously many other factors involved as well, which at present are unknown. We are all human; most people who smoke took it up at a young age, and once started, it is a very difficult habit to break. Do not judge yourself too harshly and blame yourself for becoming ill.

■ ***Resentment***

“It’s all right for you, you haven’t got to put up with this”

Understandably, you may be feeling resentful and miserable because you have cancer while other people are well. Similar feelings of resentment may crop up from time to time during the course of your illness and treatment for a variety of reasons. Relatives too can sometimes resent the changes that the patient’s illness makes to their lives.

It is usually helpful to bring these feelings out into the open so that they can be aired and discussed. Bottling up resentment can make everyone feel angry and guilty.

■ *Withdrawal and isolation*

“Please leave me alone”

There may be times during your illness when you want to be left alone to sort out your thoughts and emotions. This can be hard for your family and friends who want to share this difficult time with you. It will make it easier for them to cope, however, if you reassure them that although you may not feel like discussing your illness at the moment, you will talk to them about it when you are ready.

■ *Depression*

Sometimes an unwillingness to talk can be caused by depression. It may be an idea to discuss this with your GP who can prescribe a course of antidepressant drugs or refer you to a doctor who specialises in the emotional problems of cancer patients. It is quite common for people with cancer of the lung to experience depression and there is no need to feel you are not coping if you need to ask for help.

Learning to cope

After any treatment for cancer it can take a long time to come to terms with your emotions. Not only do you have to cope with the knowledge that you have cancer but also the physical effects of the treatment.

The treatment for lung cancer can cause unpleasant side effects but some people do manage to lead an almost normal life during their treatment. Obviously you will need to take time off for your treatment and some time afterwards to recover. Just do as much as you feel like and try to get plenty of rest.

Do not see it as a sign of failure if you have not been able to cope on your own. Once other people understand how you are feeling they can be more supportive.

What can you do?

A lot of people feel helpless when they are first told they have cancer and feel there is nothing they can do other than hand themselves over to doctors and hospitals. This is not so. There are many things you, and your family, can do at this time.

Understanding your illness

If you and your family understand your illness and its treatment you will be better prepared to cope with the situation. In this way you at least have some idea of what you are facing.



However, for information to be of value it must come from a reliable source to prevent it causing unnecessary fears. Some people may offer advice and information based on their own experience but remember that your disease is individual to you and what is true for them may not apply to you. Personal medical information should come from your own doctor who is familiar with your medical background. As mentioned earlier it can be useful to make a list of questions before your visit or take a friend or relative with you to remind you of things you want to know but can forget so easily.

Practical and positive tasks

At times you may not be able to do things you used to take for granted. But as you begin to feel better you can set yourself some simple goals and gradually build up your confidence. Take things slowly and one step at a time.

Many people talk about `fighting their illness`. This is a healthy response and you can do it by becoming involved in your illness. One easy way of doing this is by planning a healthy, well balanced diet. Another way is to learn relaxation techniques that you can practice at home with tapes.

Many people find it helpful to take some regular exercise. The type of exercise you take, and how strenuous, depends upon what you are used to and how well you feel. Set yourself realistic aims and build up slowly.

We have booklets on ‘Cancer and Complementary Therapies’ and ‘Cancer and Diet’. You are welcome to request them. Call 3667 3000 for the ones you need.

Financial help

Cancer is serious illness. Many cancer patients will need to face not only side effects of the treatments and emotional trauma, but also financial difficulties. The disease can become a tremendous burden.

Apart from using the public health care services, the medical insurance and welfare provided by employers as well as Government hardship funds for the less well-off are all useful to cut down your medical expenses.

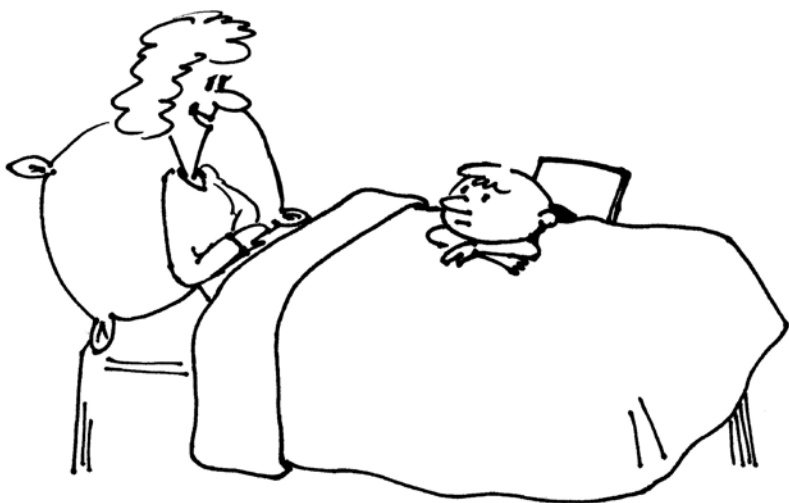
You may approach the medical social workers or Cancer Patients’ Resource Centres in major hospitals for institutions that might be able to provide assistance. The ‘Comprehensive Social Security Assistance’ (CSSA) offered by the Social Welfare Department (SWD) may also solve your financial difficulties. For details please Call SWD hotline at 2343 2255.

Contact the medical social worker in your hospital or call our Hotline 3656 0800 for more information.

Talking to children

Deciding what to tell your children about your cancer is difficult. How much you tell them will probably depend on their age and how grown up they are. Very young children are concerned with immediate events. They don't understand illness and need only simple explanations of why their relative or friend has had to go into hospital or isn't his or her normal self.

Slightly older children may understand a story explanation in terms of 'good cells and bad cells' but all young children need to be repeatedly reassured that the illness is not their fault because whether they show it or not, children often feel they



may somehow be to blame and may feel guilty for a long time. By the age of ten most children can grasp fairly complicated explanations.

Adolescents may find it particularly difficult to cope with the situation because they feel they are being forced back into the family just as they were beginning to break free and gain their independence.

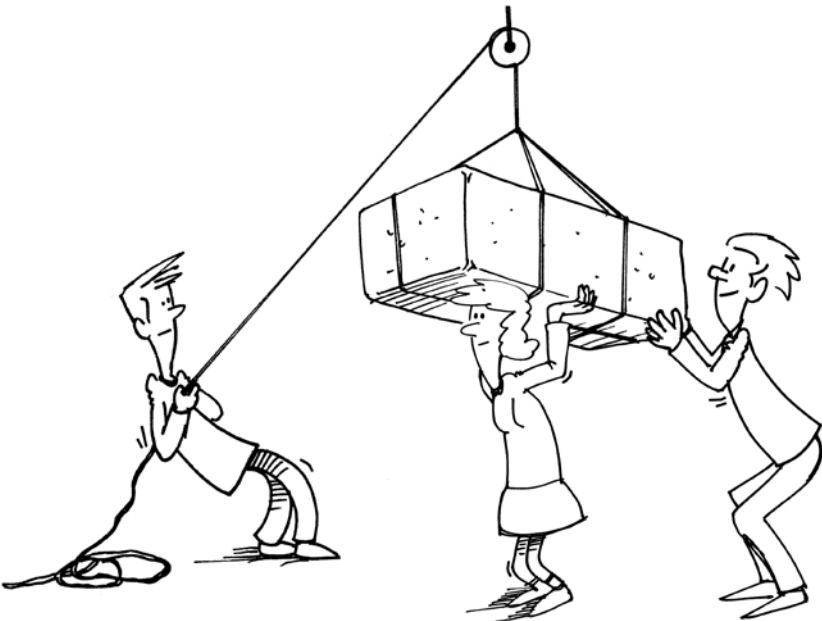
An open, honest approach is usually the best way for all children. Listen to their fears and be aware of any changes in their behaviour. This may be their way of expressing their feelings. It may be better to start by giving only small amounts of information and gradually building up a picture of the illness. Even very young children can sense when something is wrong so don't keep them in the dark about what is going on. Their fears are likely to be much worse than reality.

Hong Kong Cancer Fund publishes a booklet on 'What do I tell the children', which may be able to help you. You are welcome to request for a copy, please call CancerLink 3667 3000.



What to do if you are a relative or friend?

Some families find it difficult to talk about cancer or share their feelings. The first reaction of many relatives is that the person with cancer should not be told. They may be afraid that he or she will be unable to cope with the news or perhaps that they themselves will find it difficult if the person with cancer knows the truth. If a decision is made not to tell, the family then has to cover up and hide information. These secrets within a family can be very difficult to keep and they can isolate the person with cancer,



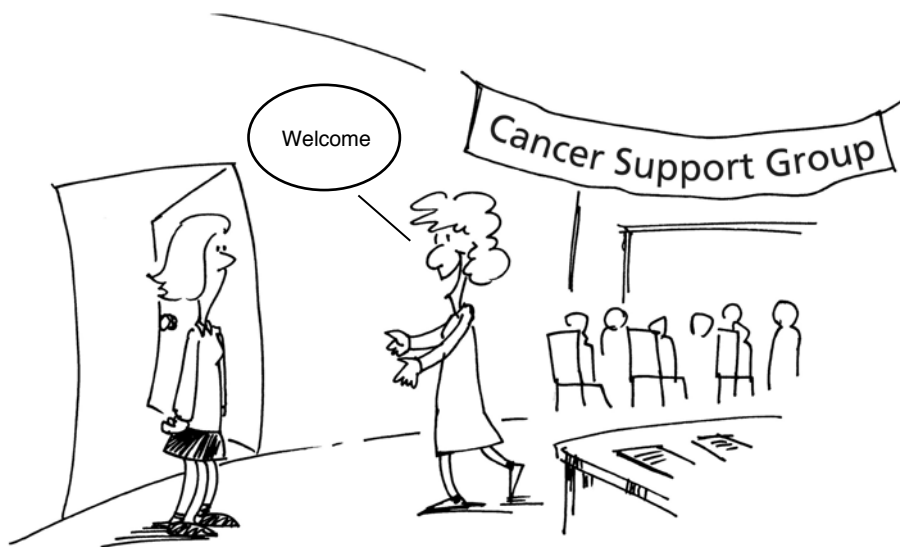
causing unnecessary fear and creating tension between family members. In any case, many people suspect their diagnosis, even if they are not actually told. It is much easier to cope with the problems you may experience if you are all open and truthful with each other.

Relatives and friends can help by listening carefully to what, and how much, the person with cancer wants to say. Don't rush into talking about the illness. Often it is enough just to listen and let the person with cancer talk when he or she is ready.

Our booklet on 'Talking to Someone with Cancer', is written for friends and relatives of people with cancer. It looks at some of the difficulties people may have when talking about cancer. To request the booklet, please call 3667 3000.

Who can help?

The most important thing to remember is that there are people available to help you and your family. Often it is easier to talk to someone who is not directly involved with your illness. You may find it helpful to talk to a counsellor who is specially trained to offer support and advice. Many people also find great comfort in their religion at this time. Hong Kong Cancer Fund is always willing to discuss any problems that you might have and we can put you in touch with a counsellor or a support group.



Hong Kong Cancer Fund Service Network

Our six “Cancer Patients’ Resource Centres” in major public hospitals and the two CancerLinks Support Centres in the community provide free counselling, support and information to those in need. Together they form a seamless service network that meet the needs of those living with cancer at different stages of their cancer journey. For directory, please see page 39.

■ *Cancer Patients’ Resource Centres*

There are altogether six Cancer Patients’ Resource Centres within the oncology departments of the major public hospitals. They are often the first point of contact for support and information after a diagnosis. The centres provide cancer information, emotional support, counselling and guidance to those in need.

■ *CancerLinks*

We have two care centres outside the hospital setting which cater to the specific needs of cancer patients throughout different stages of their diagnosis. CancerLink Central offers a well designed holistic rehabilitation programme which emphasizes individual needs while CancerLink Wong Tai Sin is the home to 14 support groups and is the centre for peer sharing and group activities.

Care specialists including registered social workers, oncology nurses, counsellors and therapists are on board to provide support, information and specialised services.

Programmes in our care centres are carefully designed to meet different needs. Private and group counselling are conducted by registered professionals to help patients and families deal with different emotional aspects during their course of treatment. There are also courses to develop coping skills, relaxation classes to help relieve mental and physical stress, and peer support groups for experience sharing. There is also a well-stocked library in each centre, with rehabilitation equipment ready for use or loan.

Whether you are seeking self-help information or group support, choices are always available.

■ **Hotline**

Our hotline receives thousands of calls every year. It is supervised by professionals who share and give advice on both physical and emotional difficulties faced by patients and their families. Talking with someone who understands can make a huge difference.

Hotline : 3667 3000 (Hong Kong)
3656 0800 (Kowloon)





Appendix

Hong Kong Cancer Fund Support Network

CancerLink Care Centres

CancerLink Central

Unit 3, G/F., The Center, 99 Queen's Road Central, Hong Kong
Hotline: 3667 3000 Tel: 3667 3030 Fax: 3667 3100 Email: canlinkcentral@hkcf.org

CancerLink Wong Tai Sin

Unit 2-8, G/F., Wing C, Lung Cheong House, Lower Wong Tai Sin Estate, Kowloon
Hotline: 3656 0800 Tel: 3656 0700 Fax: 3656 0900 Email: canlink@hkcf.org

CanSurvive (English-speaking Support Group)

Hotline: 2328 2202 Fax: 2328 2212

Pamela Youde Nethersole Eastern Hospital

Cancer Patients' Resource Centre

1/F, East Block, 3 Lok Man Road, Chai Wan, Hong Kong
Tel: 2595 4165 Fax: 2557 1005

Queen Mary Hospital

Cancer Centre

2/F., Professorial Block, 102 Pokfulam Road, Hong Kong
Tel: 2855 3900 Fax: 2855 3901

Prince of Wales Hospital

Cancer Patients' Resource Centre

3/F., Sir Yue Kong Pao Cancer Centre, 30-32 Ngan Shing Street, Shatin, NT
Tel: 2632 4030 Fax: 2632 4557

Queen Elizabeth Hospital

Cancer Patients' Resource Centre

Room 601, Block R, 30 Gascoigne Road, Kowloon
Tel: 2958 5393 Fax: 2958 5392

Tuen Mun Hospital

Cancer Patients' Resource Centre

Tsing Chung Koon Road, Tuen Mun, NT
Tel: 2468 5045 Fax: 2455 2468

Princess Margaret Hospital

Cancer Patients' Resource Centre

2/F. & 3/F., Block H, 2-10 Princess Margaret Hospital Road, Lai Chi Kok, Kowloon
Tel: 2990 2494 Fax: 2990 2493

Kwong Wah Hospital

The Breast Centre

Department of Surgery
1/F., South Wing, 25 Waterloo Road, Kowloon
Tel: 3517 6107 Fax: 3517 5240

Publications by Hong Kong Cancer Fund

UNDERSTANDING SERIES

No.	Title
01	Bladder Cancer
02	Bowel Cancer
03	Brain Tumor
04	Breast Cancer
05	Cervical Cancer
06	Chemotherapy
07	Larynx Cancer
08	Leukaemia
09	Liver Cancer
10	Lung Cancer
11	Lymphoedema
12	Lymphoma
13	Mouth & Throat Cancer
14	Nasopharyngeal Carcinoma
15	Oesophagus Cancer
16	Ovarian Cancer
17	Pancreatic Cancer
18	Prostate Cancer
19	Radiotherapy
20	Skin Cancer
21	Stomach Cancer
22	Thyroid Cancer
23	Uterus Cancer

HOW TO COPE SERIES

No.	Title
01	Breast Care after Surgery
02	Cancer and Complementary Therapies
03	Coping at Home: Caring for someone with advanced cancer
04	Coping with Cancer
05	Diet and Cancer
06	Hair Loss
07	Pain and other Symptoms of Cancer
08	Sexuality and Cancer
09	Talking to Someone with Cancer
10	What Do I Tell the Children
11	When Cancer Comes Back
12	When Someone In Your Family Has Cancer

Please call 3667 3000 (Hong Kong) 3656 0800 (Kowloon) to request your free English booklet.

Care in Action

We provide free information and counselling

Hotline: 3667 3000 (Hong Kong) 3656 0800 (Kowloon)

Website: www.cancer-fund.org



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