

## Canser yr ysgyfaint

Mae'r wybodaeth hon ynghylch canser yr ysgyfaint a thriniaethau ar gyfer canser yr ysgyfaint.

Mae'r wybodaeth hon ynghylch **canser sy'n dechrau yn yr ysgyfaint** (prif ganser yr ysgyfaint).

Nid yw'n ymwneud â chanser sy'n dechrau rhywle arall yn y corff ac yn ymledu i'r ysgyfaint (canser eilaidd yr ysgyfaint).

Ceir esboniad o'r geiriau sydd wedi eu tanlinellu yn y rhestr geiriau ar y diwedd. Mae'r rhestr geiriau hefyd yn cynnwys ynganiad y geiriau yn Saesneg.

Os oes gennych unrhyw gwestiynau am yr wybodaeth hon, gallwch holi'ch meddyg neu nyrs yn yr ysbyty lle rydych yn cael eich triniaeth.

Gallwch hefyd ffonio Cymorth Canser Macmillan ar y rhif rhadffôn **0808 808 00 00**, dydd Llun i ddydd Gwener, 9am i 8pm. Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith eich hun. Pan fyddwch yn ein ffonio, dywedwch wrthym yn Saesneg pa iaith yr ydych ei hangen (dywedwch "Welsh").

Mae mwy o wybodaeth am ganser yn Gymraeg yn [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

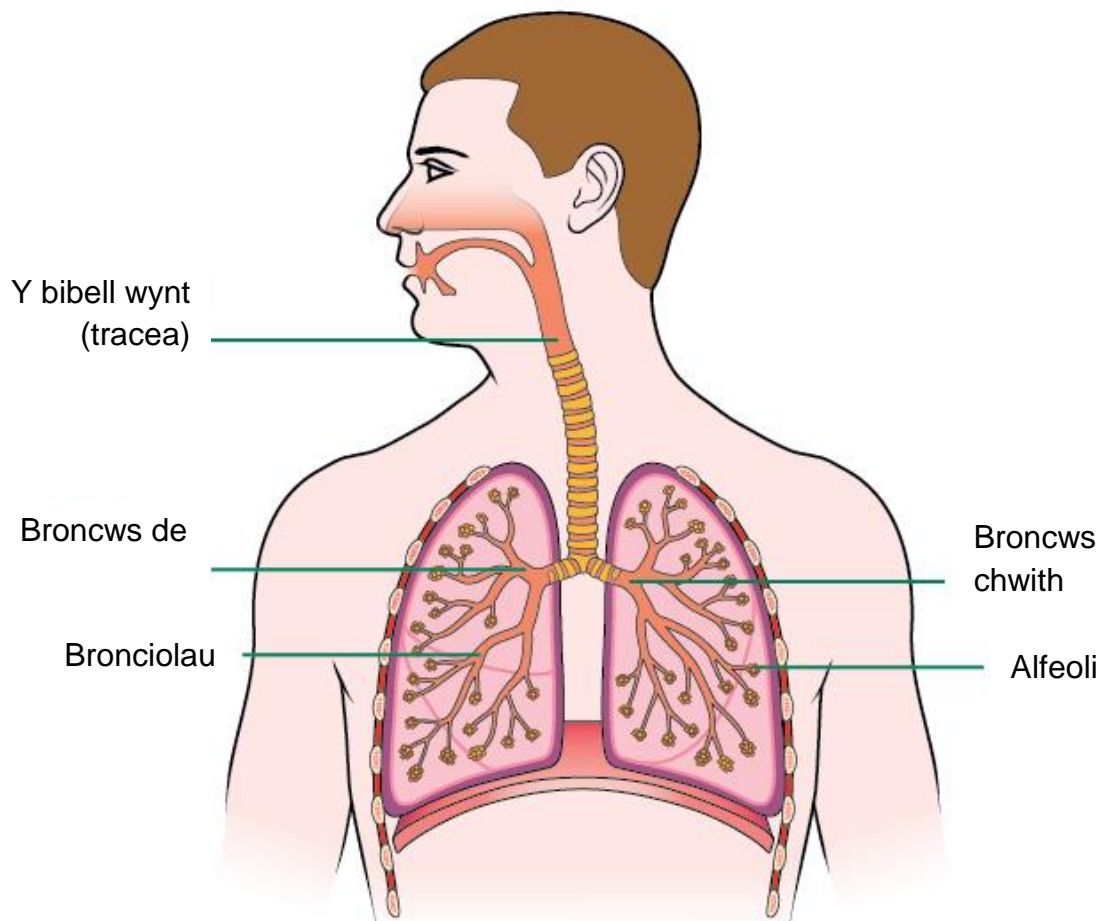
## Mae'r wybodaeth hon yn trafod:

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## Yr ysgyfaint

Mae gennym ddau ysgyfant yn ein brest sy'n ein helpu i anadlu.

Pan fyddwn yn anadlu i mewn, mae aer yn pasio o'r trwyn neu'r geg drwy'r bibell wynt (trachea). Mae hon yn rhannu'n ddau diwb, gydag un yn mynd i bob ysgyfant. Gelwir y rhain yn froncws de a broncws chwith. Maen nhw'n rhannu'n diwbiau llai o'r enw bronciolau. Ar ben y bronciolau mae miliynau o godenni aer bach o'r enw alfeoli. Dyma ble mae'r ocsigen o'r aer a anadlwn yn mynd i mewn i'r gwaed.



## Canser yr ysgyfaint

Mae pob rhan o'r corff wedi'i wneud o gelloedd bach. Mae cancer yr ysgyfaint yn digwydd pan fo'r celloedd yn yr ysgyfaint yn tyfu'n afreolus ac yn ffurfio lwmp a elwir yn diwmor.

Mae dau brif fath o ganser yr ysgyfaint:

- cancer yr ysgyfaint lle nad yw'r celloedd yn fach – dyma'r math mwyaf cyffredin
- cancer yr ysgyfaint celloedd bach – mae hyn yn cyfrif tua 1 ym mhob 7 cancer yr ysgyfaint (tua 15% o ganser yr ysgyfaint).

Caiff y rhan fwyaf o ganserau'r ysgyfaint eu hachosi gan ysmegu sigarennau. Ond nid yw 1 ym mhob 10 o bobl sy'n cael cancer yr ysgyfaint (10%) erioed wedi ysmegu.

Os ydych yn ysmegu, bydd eich meddyg fel arfer yn eich cynghori i roi'r gorau i ysmegu. Gall hyn wneud eich triniaeth weithio'n well a lleihau'r sgîl-effeithiau. Mae hefyd yn helpu eich iechyd yn yr hir dymor. Gall eich meddyg neu ysbyty gynnig triniaethau i'ch helpu i roi'r gorau i ysmegu.

Nid yw cancer yr ysgyfaint yn heintus. Mae hyn yn golygu na ellir ei drosglwyddo i bobl eraill.

### Camau cancer yr ysgyfaint

Bydd eich meddyg yn cynnal profion i ganfod ar ba gam mae cancer yr ysgyfaint. Mae cam y cancer yn dweud wrthy ch ba mor fawr ydyw ac os yw wedi lledaenu. Weithiau, gall celloedd cancer ledaenu i rannau eraill o'r corff trwy'r gwaed neu'r system lymffatig.

Mae gwybod cam y cancer yn helpu meddygon i benderfynu ar y driniaeth orau i chi.

Mae cancer yr ysgyfaint wedi'i rannu'n bedwar cam:

- **Cam 1** - Mae'r cancer yn fach a dim ond yn yr ysgyfaint.
- **Cam 2 neu 3** - Mae'r cancer wedi ymledu i fannau o amgylch yr ysgyfaint.
- **Cam 4** - Mae'r cancer wedi ymledu i rannau eraill o'r corff.

Os oes gennych ganser yr ysgyfaint lle nad yw'r celloedd yn fach, efallai bydd eich meddyg yn defnyddio system gamau wahanol. Mae hyn yn rhannu cancer yr ysgyfaint yn ddau gam – afiechyd cyfyngedig ac afiechyd ar raddfa fawr. Bydd eich meddyg yn egluro'r system hon wrthy ch os ydynt yn ei defnyddio.

## Sut caiff triniaeth ei chynllunio

Bydd eich tîm gofal iechyd yn cynllunio'r driniaeth y credant sydd orau i chi. Bydd eich meddyg neu nyrs yn siarad â chi am y cynllun triniaeth. Bydd eich cynllun triniaeth yn dibynnu ar nifer o bethau, megis:

- y math o ganser yr ysgyfaint sydd gennych
- cam y canser
- manteision a risgiau gwahanol driniaethau
- eich iechyd cyffredinol
- eich ffafriaeth bersonol.

## Siarad â'ch tîm gofal iechyd

Mae'n bwysig eich bod yn trafod unrhyw gynllun triniaeth â'ch meddyg canser neu nyrs, i wneud yn siŵr eich bod yn deall beth mae'n ei olygu. Efallai byddwch am ei drafod gyda pherthynas neu ffrind.

Ar ôl siarad gyda chi, bydd eich meddyg yn gofyn i chi lofnodi ffurflen i ddangos eich bod yn deall ac yn cytuno i gael y driniaeth. Gelwir hyn yn rhoi eich caniatâd. Ni fyddwch yn cael unrhyw driniaeth oni bai eich bod wedi cytuno i'w chael.

Mae'n syniad da mynd â rhywun gyda chi sy'n gallu siarad Cymraeg a Saesneg. Gall eich ysbyty drefnu cyfieithydd ar eich cyfer. Rhowch wybod i'ch nyrs os ydych angen un.

## Cwestiynau i'w gofyn am eich triniaeth

Dyma rai cwestiynau y gallech eu gofyn i'ch tîm gofal iechyd, er mwyn sicrhau eich bod yn deall y driniaeth a sut y gallai effeithio arnoch:

- Beth yw nod fy nhriniaeth?
- Pa driniaethau sydd ar gael?
- Beth yw manteision, risgiau a sgîl-ffeithiau pob triniaeth?
- Sut fydd y driniaeth yn effeithio ar fy mywyd dyddiol?
- Gyda phwy allaf i siarad am sut ydw i'n teimlo?

## Triniaethau ar gyfer canser yr ysgyfaint

Mae'r triniaethau ar gyfer canser yr ysgyfaint yn cynnwys:

- llawdriniaeth (llawfeddygaeth)
- cyffuriau canser (cemotherapi neu therapi targedig)
- radiotherapi.

Efallai y cewch fwy nag un math o driniaeth. Bydd y driniaeth hefyd yn dibynnu ar y math o ganser yr ysgyfaint sydd gennych a cham y canser.

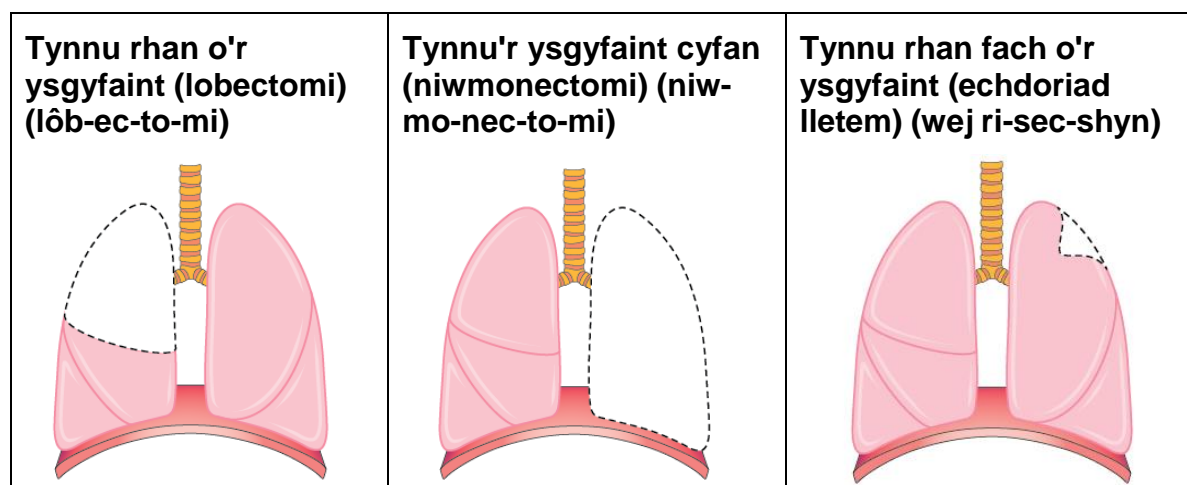
### Llawfeddygaeth

I rai pobl, gall fod yn bosibl tynnu'r canser gyda llawdriniaeth.

Mae hyn yn dibynnu ar fath a cham y canser, a'ch iechyd yn gyffredinol.

Cyn y llawdriniaeth, byddwch yn cael profion i weld pa mor dda y mae eich ysgyfaint yn gweithio.

Dangosir y tri phrif lawdriniaeth i dynnu canser yr ysgyfaint isod.



Mae gennym ragor o wybodaeth yn Gymraeg sy'n egluro sut y mae llawdriniaeth yn cael ei chynllunio a beth i'w ddisgwyl ar ôl y llawdriniaeth. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Cemotherapi

Mae cemotherapi yn defnyddio cyffuriau i ddinistrio celloedd cancer.

Gellir defnyddio cemotherapi ar wahanol adegau am resymau gwahanol.

<b>Pryd?</b>	<b>Pam?</b>
Cyn <u>llawfeddygaeth</u> neu <u>radiotherapi</u>	I leihau'r cancer
Ar ôl <u>llawfeddygaeth</u> neu <u>radiotherapi</u>	I ddinistrio unrhyw <u>gelloedd cancer</u> sydd ar ôl
Ar yr un pryd â <u>radiotherapi</u> (gelwir hyn yn cemoymbelydredd) (ci-mo-rei-di-ei-shyn)	Gellir defnyddio'r driniaeth gref hon os nad yw llawdriniaeth yn bosibl, neu os yw'r cancer wedi lledaenu'r tu allan i'r ysgyfaint
Ar ben ei hun, i reoli cancer datblygedig (gelwir hyn yn <u>driniaeth liniarol</u> )	I reoli cancer sy'n ddatblygedig a helpu i leihau symptomau

Fel arfer, rhoddir cemotherapi fesul sawl sesiwn o driniaeth gyda chyfnodau gorffwys rhwng y triniaethau. Fel arfer rhoddir y driniaeth i mewn i wythïen trwy ddiferiad neu frechiad. Bydd eich meddyg yn dweud wrthyfaint faint o sesiynau triniaeth fydd eu hangen arnoch a pha mor hir y bydd yn ei gymryd. Fe allai gymryd sawl mis i gwblhau eich cwrs o gemotherapi.

### **Sgîl-ffeithiau cemotherapi**

Gall cyffuriau cemotherapi achosi sgîl-ffeithiau sy'n gwneud i chi deimlo'n wael.

Gall eich meddyg siarad â chi am y sgîl-ffeithiau y gallech eu cael a sut i'w rheoli. Gellir rheoli'r rhan fwyaf o sgîl-ffeithiau gyda meddyginiaethau eraill a bydd y mwyafrif yn mynd ar ôl i'ch cemotherapi ddod i ben.

Mae gennym ragor o wybodaeth yn Gymraeg am gemotherapi a rhai o'r sgîl-ffeithiau y gallwch eu profi. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

# Radiotherapi

Mae radiotherapi yn defnyddio pelydrau X ynni uchel i ddinistrio celloedd cancer.

Gellir ei roi am wahanol resymau.

Pryd?	Pam?
Ar ei ben ei hun fel y brif driniaeth	I geisio iachau cancer yr ysgyfaint <u>cam</u> <u>cynnar</u>
Ar ôl llawdriniaeth	I ddinistrio unrhyw <u>gelloedd cancer</u> sydd ar ôl
Ar yr un pryd â <u>cemotherapi</u> (gelwir hyn yn cemoymbelydredd) (ci-mo-rei-di-ei-shyn)	Gellir defnyddio'r driniaeth gref hon os nad yw llawdriniaeth yn bosibl, neu os yw'r cancer wedi lledaenu'r tu allan i'r ysgyfaint
Cyn neu ar ôl <u>cemotherapi</u>	I leihau neu i reoli'r cancer
Ar ben ei hun, i reoli symptomau (gelwir hyn yn <u>driniaeth liniarol</u> )	I reoli symptomau a achosir gan y cancer fel bod yn fyr o anadl neu boen

Mae rhai pobl gyda chanser yr ysgyfaint celloedd bach yn cael radiotherapi i'r ymennydd. Rhoddir hyn i atal unrhyw gelloedd cancer a allai fod wedi ymledu i'r ymennydd rhag tyfu'n diwmor newydd. Os ydych angen y driniaeth hon, bydd eich meddyg neu nyrs yn ei egluro i chi.

Mae gwahanol ffyrdd o gael radiotherapi. Fe'i rhoddir yn aml o du allan i'r corff gan beiriant (radiotherapi allanol):



Fodd bynnag, mae ffyrdd eraill o gael radiotherapi. Bydd eich meddyg cancer yn dweud mwy wrthy ch am y math o radiotherapi rydych chi'n ei gael.

Mae llawer o bobl yn cael radiotherapi fel claf allanol. Mae hyn yn golygu eich bod yn dod i'r ysbyty am driniaeth ac yna'n mynd adref eto'r diwrnod hwnnw.

Mae eich cynllun triniaeth yn dibynnu ar y math o ganser yr ysgyfaint sydd gennych, cam y cancer a'ch iechyd cyffredinol. Bydd eich meddyg cancer yn dweud wrthy ch beth fydd eich triniaeth radiotherapi yn ei olygu.

Mae gennym ragor o wybodaeth yn Gymraeg am radiotherapi. Ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Cyffuriau therapi wedi'u targedu ac imiwnotherapi

Gall y cyffuriau hyn gael eu defnyddio i drin canser yr ysgyfaint lle nad yw'r celloedd yn fach ac sydd wedi lledaenu. Bydd eich meddyg yn esbonio mwy am y math o gyffur sydd orau i chi a'r sgîl-ffeithiau posibl.

Gall cyffuriau therapi targedig atal y celloedd canser rhag tyfu a lluosogi. Efallai y bydd angen profion arnoch i ddarganfod a ydynt yn debygol o weithio i chi. Rydych chi'n cymryd y cyffuriau fel tabledi neu gapsiwlau.

Mae cyffuriau imiwnotherapi yn helpu eich system imiwnedd i adnabod a dinistrio celloedd canser. Gall hyn helpu i leihau'r canser a gwneud iddo dyfu yn llai cyflym. Mae'r cyffuriau yn cael eu rhoi i mewn i wythïen trwy ddiferiad.

## Triniaethau eraill

Gellir defnyddio triniaethau eraill hefyd i drin canser yr ysgyfaint neu i reoli symptomau.

Mae abladiad radio-amledd (RFA) yn defnyddio gwres i ddinistrio celloedd canser. Mae'r meddyg yn rhoi nodwydd i mewn yn y tiwmor ac yn pasio cerrynt trydanol trwyddo i ddinistrio'r celloedd canser.

Mae therapi ffotodeinamig (PDT) yn defnyddio goleuni i ddinistrio celloedd canser. Yn gyntaf, fe gewch gyffur arbennig sy'n sensitif i oleuni. Yna, rydych yn aros ychydig oriau i ganiatáu'r cyffur gael ei amsugno gan y celloedd canser. Ar ôl ychydig oriau, mae'r meddyg yn pasio tiwb i lawr eich pibell wynt (gweler tudalen 2) ac yn sgleinio golau ar y tiwmor yn eich ysgyfaint. Mae'r golau'n helpu gwneud y cyffur yn weithgar, sy'n helpu i ddinistrio'r celloedd canser.



## Rheoli symptomau

Os yw'r cancer yn ddatblygedig, mae yna lawer o ffyrdd i reoli unrhyw symptomau sydd gennych. Gall eich meddyg roi gwahanol gyffuriau neu feddyginiaethau i chi i helpu gyda symptomau. Dywedwch wrth eich meddyg bob amser os nad yw'r symptomau'n gwella.

### Llwybr anadlu wedi blocio

Weithiau, gall cancer yr ysgyfaint flocio neu gulhau un neu fwy o lwybrau anadl yn yr ysgyfaint. Gall hyn achosi bod yn fyr eich anadl. Gellir defnyddio gwahanol driniaethau i leddfu llwybr anadlu wedi blocio:

- Mae yna driniaethau sy'n defnyddio tymheredd oer iawn i rewi a dinistrio celloedd cancer.
- Mae yna driniaethau sy'n defnyddio cerrynt trydanol i ddinistrio celloedd cancer.
- Gellir hefyd rhoi radiotherapi i'r cancer o du allan i'r corff.
- Mae rhai pobl yn cael tiwb bach a elwir yn stent wedi'i roi yn eu llwybr anadlu i'w gadw'n agored.

### Croniad o hylif

Os yw hylif yn cronni yn yr ysgyfaint, gall eich meddyg fel arfer ei dynnu gan ddefnyddio nodwydd a thiwb draenio. Neu efallai y medrwch gael triniaeth sy'n helpu i atal yr hylif rhag casglu o amgylch yr ysgyfaint.

## Ar ôl triniaeth

Ar ôl i'ch triniaeth ddod i ben, byddwch yn cael gwiriadau a phrofion gwaed rheolaidd. Gallai'r rhain barhau am sawl blwyddyn. Ar y dechrau, byddant yn eithaf rheolaidd, ond dros amser fe gewch chi nhw yn llai aml.

## Eich teimladau

Efallai byddwch yn teimlo wedi eich llethu pan gewch wybod bod gennych ganser. Efallai bydd gennych sawl emosiwn gwahanol. Mae rhai pobl yn teimlo'n ofidus, wedi'u synnu neu'n bryderus, tra bod eraill yn teimlo'n ddig, yn euog neu'n unig. Does dim ffordd gywir nac anghywir o ymateb. Ond efallai bod yna sawl ffordd i ymdopi gyda'ch emosiynau. Gallai siarad â ffrind agos neu berthynas helpu. Cofiwch, mae help bob amser ar gael os ydych ei angen. Os ydych chi'n cael trafferth ymdopi, siaradwch â'ch meddyg neu'ch nyrs. Mae rhai pobl yn canfod bod cwnsela'n ddefnyddiol iawn. Gall eich meddyg neu nyrs eich cyfeirio at un.

## Sut y gall Macmillan eich helpu chi

Mae Macmillan yma i'ch helpu chi a'ch teulu. Gallwch gael cefnogaeth gan:

- **Linell Gefnogaeth Macmillan (0808 808 00 00).** Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio. Gallwn ateb cwestiynau meddygol, roi gwybodaeth am gefnogaeth ariannol neu siarad gyda chi am eich teimladau. Mae'r llinell ffôn ar agor o ddydd Llun i ddydd Gwener, 9am i 8pm.
- **Gwefan Macmillan ([macmillan.org.uk](http://macmillan.org.uk)).** Mae gan ein safle lawer o wybodaeth Saesneg am ganser a byw gyda chanser. Mae mwy o wybodaeth yn Gymraeg ac mewn ieithoedd eraill yn **[macmillan.org.uk/translations](http://macmillan.org.uk/translations)**
- **Gwasanaethau gwybodaeth a chefnogaeth.** Mewn gwasanaeth gwybodaeth a chefnogaeth, gallwch siarad ag arbenigwr cymorth canser a chael gwybodaeth am ganser. Chwiliwch am eich canolfan agosaf yn **[macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres)** neu ffoniwch ni. Efallai y bydd gan eich ysbyty ganolfan.
- **Grwpiau cefnogaeth lleol** – Mewn grŵp cefnogaeth, gallwch siarad â phobl eraill wedi'u heffeithio gan ganser. Dewch o hyd i grŵp gerllaw yn **[macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups)** neu ffoniwch ni.
- **Cymuned Ar-lein Macmillan** – Gallwch hefyd siarad â phobl eraill wedi'u heffeithio gan ganser ar-lein yn **[macmillan.org.uk/community](http://macmillan.org.uk/community)**

## Rhestr geiriau

Gair	Yn Saesneg	Sut i'w ddweud yn Saesneg	Ystyr
Abladiad radio- amledd (RFA)	Radiofrequency ablation (RFA)	Rei-di-o ffrîc-wyn- si ab-lei-shyn	Triniaeth canser sy'n defnyddio gwres i ladd <u>celloedd canser</u> .
Cam	Stage	Stêj	Mae cam y canser yn dweud wrthych pa mor fawr ydyw ac os yw wedi lledaenu.
Cam cynnar	Early stage	Yr-li stêj	Canser sydd newydd ddechrau tyfu ac nid yw wedi lledaenu i rannau eraill o'r corff.
Caniatâd	Consent	Con-sent	Rhoi caniatâd i rywbeth ddigwydd neu gytuno i wneud rhywbeth.
Celloedd	Cells	Sels	Y blociau adeiladu bach sy'n llunio organau a meinwe ein corff.
Celloedd canser	Cancer cells	Can-syr sels	<u>Celloedd</u> yn y corff sydd wedi dod yn abnormal ac maent nawr yn ganser.
Cemotherapi	Chemotherapy	Ci-mo-ther-y-pî	Triniaeth canser sy'n defnyddio cyffuriau i ladd <u>celloedd canser</u> .
Haint	Infection	In-ffec-shyn	Pan fo bacteria yn mynd i'ch corff ac yn achosi salwch.
Imiwnotherapi	Immunotherapy	Im-iw-no ther-y-pî	Triniaeth canser sy'n gweithio trwy helpu'r <u>system imiwnedd</u> i adnabod a dinistrio <u>celloedd</u> <u>canser</u> .
Llwybr anadlu	Airway	Êr-wei	Llwybr neu diwb yn y corff y gall aer symud trwyddo i gyrraedd yr ysgyfaint.
Radiotherapi	Radiotherapy	Rei-di-o ther-y-pî	Triniaeth canser sy'n defnyddio pelydrau ynni uchel, megis pelydrau X, i ddinistrio <u>celloedd canser</u> .

Sgîl-efeithiau	Side effects	Said eff-ects	Effeithiau digroeso triniaeth cancer. Er enghraifft, colli gwallt, teimlo'n sâl neu flinedig.
System camau	Staging system	Stêj-ing sus-tym	Set o reolau sy'n helpu meddygon i benderfynu ym mha <u>gam</u> mae cancer.
System imiwnedd	Immune system	Im-iwn sus-tym	Eich system imiwnedd yw dull eich corff chi o'ch amddiffyn rhag bacteria niweidiol a <u>haint</u> .
Tîm gofal iechyd	Healthcare team	Helth-cêr tîm	Y tîm o arbenigwyr meddygol a gweithwyr eraill sy'n gofalu amdanoch.
Tiwmor	Tumour	Tiw-myr	Grŵp o <u>gelloedd cancer</u> sydd wedi ffurfio'n lwmp.
Triniaeth liniarol	Palliative treatment	Pal-i-at-uf trît-ment	Triniaeth a roddir i rywun â chanser na ellir ei wella. Gallai hyn gynnwys triniaeth i leihau'r cancer, neu driniaeth i ostwng symptomau ac i wneud person yn fwy cyfforddus.
Therapi ffotodeinamig (PDT)	Photodynamic therapy (PDT)	Ffo-to dei-nam-ic ther-y-pî	Triniaeth cancer sy'n defnyddio goleuni i ddinistrio <u>celloedd cancer</u> .
Therapi targedig	Targeted therapy	Tar-get-ed ther-y-pî	Triniaeth cancer sy'n defnyddio cyffuriau sy'n targedu a dinistrio <u>celloedd cancer</u> .
Y system lymffatig	Lymphatic system	Lym-ffat-ic sus-tym	Rhwydwaith o bibellau a chwarennau yn eich corff. Maent yn helpu i ymladd <u>haint</u> . Maent hefyd yn draenio hylif dros ben o'r meinweoedd a'r organau.

## Mwy o wybodaeth yn Gymraeg

Mae gennym wybodaeth yn Gymraeg am y pynciau hyn:

<p><b>Mathau o ganser</b></p> <ul style="list-style-type: none"><li>• Canser y fron</li><li>• Canser y coluddyn mawr</li><li>• Canser yr ysgyfaint</li><li>• Canser y brostad</li></ul> <p><b>Triniaethau</b></p> <ul style="list-style-type: none"><li>• Cemotherapi</li><li>• Radiotherapi</li><li>• Llawfeddygaeth</li></ul>	<p><b>Ymdopi â chanser</b></p> <ul style="list-style-type: none"><li>• Os cewch ddiagnosis o ganser - Canllaw cyflym</li><li>• Hawlio budd-daliadau</li><li>• Problemau bwyta a chanser</li><li>• Diwedd oes</li><li>• Bwyta'n iach</li><li>• Blinder gyda chanser</li><li>• Sgîl-ffeithiau triniaeth canser</li><li>• Yr hyn y gallwch ei wneud i helpu'ch hun</li></ul>
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I weld yr wybodaeth hon, ewch i [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

### Siaradwch â ni yn Gymraeg

Gallwch ffonio Macmillan am ddim ar **0808 808 00 00** a siarad â ni yn Gymraeg trwy gyfieithydd. Gallwch siarad â ni am eich pryderon a'ch cwestiynau meddygol. Does dim ond angen i chi ddweud Cymraeg yn Saesneg pan y galwch (dywedwch "Welsh").

Rydyn ni ar agor o ddydd Llun i ddydd Gwener, 9am tan 8pm.

## Cyfeiriadau a diolchiadau

Mae'r wybodaeth hon wedi ei hysgrifennu a'i golygu gan dîm Datblygu Gwybodaeth Canser Cymorth Canser Macmillan. Mae wedi cael ei gyfieithu i'r Gymraeg gan gwmni cyfieithu.

Mae'r wybodaeth yn y llyfryn yn seiliedig ar lyfryn Macmillan **Deall canser yr ysgyfaint**. Gallwn anfon copi i chi, ond mae'r llyfryn llawn ar gael yn Saesneg yn unig.

Mae'r wybodaeth hon wedi ei hadolygu gan arbenigwyr perthnasol a'i chymeradwyo gan ein Uwch Olygydd Meddygol, Dr David Gilligan, Oncolegydd Ymgynghorol.

Gyda diolch i: Carol Davies, Nyrs Canser yr Ysgyfaint Macmillan; Clair Haslop, Arbenigydd Nyrsio Clinigol, Canser yr Ysgyfaint; Yr Athro Sam Janes, Athro Meddyginiaeth Resbiradol; Mr David Lawrence, Llawfeddyg Cardiothorasig; Dr Fiona MacDonald, Oncolegydd Clinigol Ymgynghorol; Dr Rhona McMenemin, Oncolegydd Clinigol Ymgynghorol; Dr Sanjay Popat, Oncolegydd Meddygol Thorasig Ymgynghorol; a'r Athro Denis Talbot, Athro Meddyginiaeth Canser.

Diolch hefyd i'r bobl sydd wedi eu heffeithio gan ganser a adolygodd yr wybodaeth hon.

Mae'r holl wybodaeth yn seiliedig ar y dystiolaeth orau sydd ar gael. Am ragor o wybodaeth am y ffynonellau a ddefnyddiwn, cysylltwch â ni yn [cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)

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Cynnwys wedi ei adolygu: 2018

Adolygiad arfaethedig nesaf: 2021

Rydym yn gwneud pob ymdrech i sicrhau bod yr wybodaeth a ddarperir gennym yn gywir, ond ni ddylid dibynnu arni i adlewyrchu cyflwr presennol ymchwil feddygol, sy'n newid o hyd. Os ydych chi'n poeni am eich iechyd, siaradwch â'ch meddyg. Ni all Macmillan fod yn gyfrifol am unrhyw golled neu ddifrod sy'n deillio o unrhyw gamgymeriad yn y wybodaeth hon na gwybodaeth trydydd parti, fel gwybodaeth ar wefannau rydym yn rhoi dolenni atynt.

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## Lung cancer

This information is about lung cancer and treatments for lung cancer.

This information is about **cancer that starts in the lung** (primary lung cancer). It is not about cancer that starts somewhere else in the body and spreads to the lungs (secondary lung cancer).

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, Monday to Friday, 9am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say “xxxx”).

There is more cancer information in [language] at [macmillan.org.uk/translations](https://macmillan.org.uk/translations)

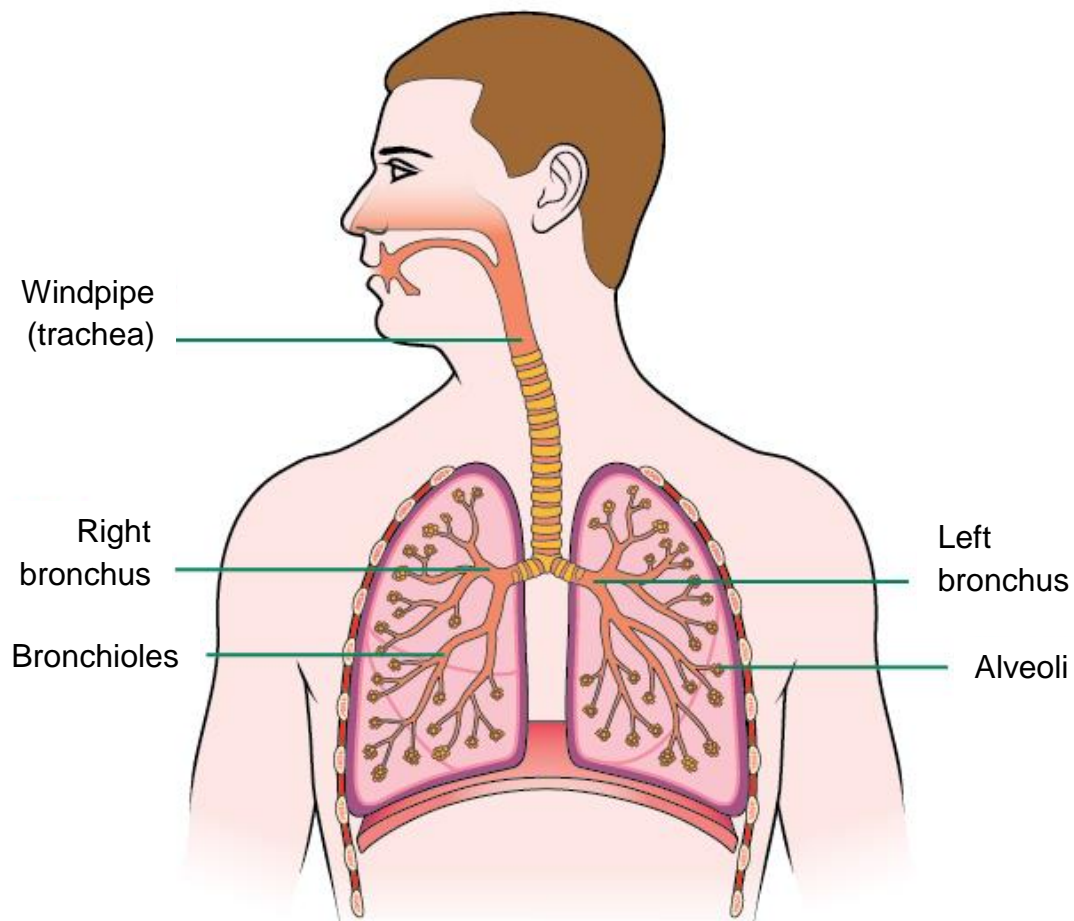
### This information is about:

- The lungs
- Lung cancer
- How treatment is planned
- Talking to your healthcare team
- Treatments for lung cancer
- Surgery
- Chemotherapy
- Radiotherapy
- Targeted therapy and immunotherapy drugs
- Other treatments
- Controlling symptoms
- After treatment
- Your feelings
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks

## The lungs

We have two lungs in our chest that help us to breathe.

When we breathe in, air passes from our nose or mouth through the windpipe (trachea). This divides into two tubes, one going to each lung. These are called the right bronchus and left bronchus. They divide into smaller tubes called bronchioles. At the end of the bronchioles are millions of tiny air sacs called alveoli. This is where oxygen from the air we breathe goes into the blood.





## Lung cancer

All parts of the body are made up of tiny cells. Lung cancer happens when cells in the lung grow in an uncontrolled way and form a lump called a tumour.

There are two main types of lung cancer:

- non-small cell lung cancer – this is the most common type
- small cell lung cancer – this makes up about 1 in 7 lung cancers (about 15% of lung cancers).

Most lung cancers are caused by smoking cigarettes. But about 1 in 10 people who get lung cancer (10%) have never smoked.

If you smoke, your doctor will usually advise you to stop smoking. This can help make your treatment work better and reduce side effects. It also helps your long-term health. Your doctor or hospital can offer treatments to help you to stop smoking.

Lung cancer is not infectious. This means it cannot be passed on to other people.

### Stages of lung cancer

Your doctor will do tests to find out what stage the lung cancer is. The stage of a cancer tells you how big it is and whether it has spread. Sometimes, cancer cells can spread to other parts of the body through the blood or lymphatic system.

Knowing the stage of the cancer helps your doctors to plan the best treatment for you.

Lung cancer is divided into four stages:

- **Stage 1** – The cancer is small and only in the lung.
- **Stage 2 or 3** – The cancer has spread into areas around the lung.
- **Stage 4** – The cancer has spread to other parts of the body.

If you have small cell lung cancer, your doctors might use a different staging system. This divides lung cancer into two stages – limited disease and extensive disease. Your doctor will explain this system to you if they are using it.

## How treatment is planned

Your healthcare team will plan the treatment they think is best for you. Your doctor or nurse will talk to you about the treatment plan. Your treatment plan will depend on several things, such as:

- the type of lung cancer you have
- the stage of the cancer
- the benefits and risks of different treatments
- your general health
- your personal preferences.

## Talking to your healthcare team

It is important to talk about the treatment plan with your cancer doctor or nurse, so that you understand what it means. You may also want to talk to a relative or friend about it.

After talking with you, your doctor will ask you to sign a form to show that you understand and agree to the treatment. This is called giving your consent. You will not be given treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both [language] and English. Your hospital can arrange an interpreter for you. Tell your nurse if you need one.

## Questions to ask about your treatment

Here are some questions you could ask your healthcare team, to make sure you understand the treatment and how it may affect you:

- What is the aim of my treatment?
- Which treatments are available?
- What are the benefits, risks and side effects of each treatment?
- How will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

## Treatments for lung cancer

Treatments for lung cancer include:

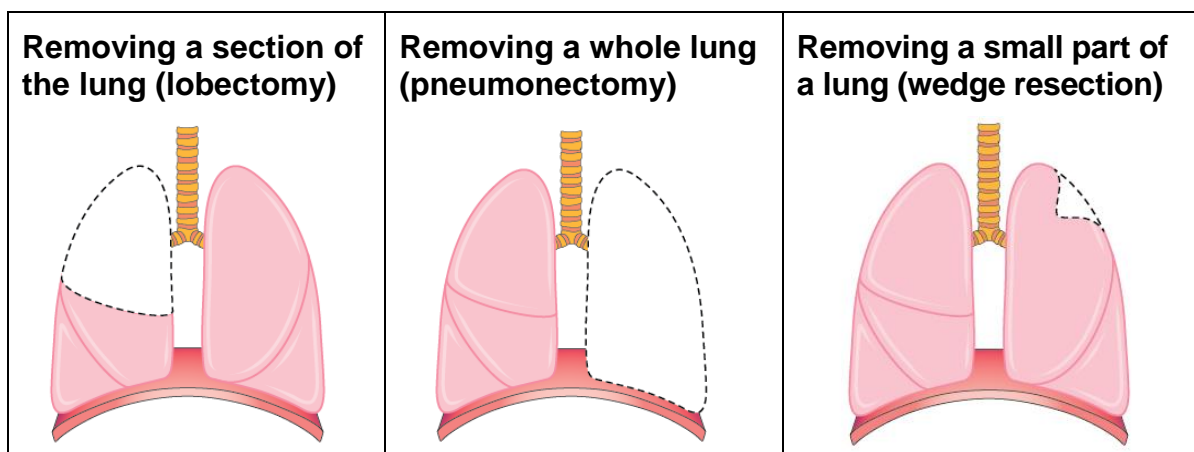
- an operation (surgery)
- cancer drugs (chemotherapy or targeted therapy)
- radiotherapy.

You may have more than one type of treatment. The treatment will also depend on the type of lung cancer you have and the stage of the cancer.

### Surgery

For some people, it may be possible to remove the cancer with an operation. This depends on the type and stage of the cancer, and your general health.

Before surgery, you will have tests to check how well your lungs are working. The three main operations to remove lung cancer are shown below.



We have more information in [language] about how surgery is planned and what to expect after the operation. Visit [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

## Chemotherapy

Chemotherapy uses drugs to destroy cancer cells.

Chemotherapy can be used at different times for different reasons.

<b>When?</b>	<b>Why?</b>
Before <u>surgery</u> or <u>radiotherapy</u>	To shrink the cancer
After <u>surgery</u> or <u>radiotherapy</u>	To destroy any <u>cancer cells</u> left behind
At the same time as <u>radiotherapy</u> (this is called chemoradiation)	This strong treatment can be used if an operation is not possible, or if the cancer has spread outside the lung
On its own, to control advanced cancer (this is called <u>palliative treatment</u> )	To control cancer that is advanced and help reduce symptoms

Chemotherapy is usually given as several sessions of treatment, with rest periods in between the treatments. The treatment is usually given into a vein by a drip or injection. Your doctor will tell you how many treatment sessions you will need and how long it will take. It may take several months to complete your course of chemotherapy.

### **Side effects of chemotherapy**

Chemotherapy drugs can cause side effects that make you feel unwell.

Your doctor can talk to you about the side effects you may have, and how to manage them. Most side effects can be controlled with other medicines and most will go away after your chemotherapy ends.

We have more information in [language] about chemotherapy and some of the side effects you may have. Visit [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Radiotherapy

Radiotherapy uses high-energy rays, such as x-rays, to destroy cancer cells. It can be given for different reasons.

When?	Why?
On its own as the main treatment	To try to cure an <u>early stage</u> lung cancer
After an operation	To destroy any <u>cancer cells</u> left behind
At the same time as <u>chemotherapy</u> (this is called chemoradiation)	This strong treatment can be used if an operation is not possible, or if the cancer has spread outside the lung
Before or after <u>chemotherapy</u>	To shrink or control the cancer
On its own, to control symptoms (this is called <u>palliative treatment</u> )	To control symptoms caused by the cancer like breathlessness or pain

Some people with small cell lung cancer have radiotherapy to the brain. This is given to prevent any cancer cells that may have spread to the brain from growing into a new tumour. If you need this treatment, your doctor or nurse will explain it to you.

There are different ways of having radiotherapy. It is often given from outside the body by a machine (external radiotherapy):



However, there are other ways to have radiotherapy. Your cancer doctor will tell you more about the type of radiotherapy you are having.

Many people have radiotherapy as an outpatient. This means you come to hospital for treatment and then go home again that day.

Your treatment plan depends on the type of lung cancer you have, the stage of the cancer and your general health. Your cancer doctor will tell you what your radiotherapy treatment will involve.

We have more information in [language] about radiotherapy. Visit [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

## Targeted therapy and immunotherapy drugs

These drugs may be used to treat non-small cell lung cancer that has spread. Your doctor will explain more about the type of drug that is best for you and the possible side effects.

Targeted therapy drugs can stop the cancer cells from growing and multiplying. You may need tests to find out if they are likely to work for you. You take the drugs as tablets or capsules.

Immunotherapy drugs help your immune system to recognise and destroy cancer cells. This may help to shrink the cancer and make it grow less quickly. The drugs are given into a vein through a drip.

## Other treatments

Other treatments can also be used to treat lung cancer or to control symptoms.

Radiofrequency ablation (RFA) uses heat to destroy cancer cells. The doctor places a needle into the tumour and passes an electrical current through it to destroy the cancer cells.

Photodynamic therapy (PDT) uses light to destroy cancer cells. First, you are given a special drug that is sensitive to light. Then, you wait a few hours to allow the drug to be absorbed by the cancer cells. After a few hours, the doctor passes a tube down your windpipe (see page 2) and shines a light onto the tumour in your lung. The light helps to make the drug active, which helps destroy the cancer cells.

## Controlling symptoms

If the cancer is advanced, there are lots of ways to control any symptoms you may have. Your doctor can give you different drugs or medicines to help with symptoms. Always tell your doctor if symptoms do not improve.

### Blocked airway

Sometimes, lung cancer can block or narrow one or more airways in the lungs. This can cause breathlessness. Different treatments can be used to relieve a blocked airway:

- There are treatments that use very cold temperatures to freeze and destroy cancer cells.
- There are treatments that use an electrical current to destroy cancer cells.
- Radiotherapy can also be given to the cancer from inside the body.
- Some people have a small tube called a stent put into their airway to keep it open.

### A build-up of fluid

If fluid collects in the lung, your doctor can usually remove it using a needle and drainage tube. Or you may be able to have a procedure that helps to stop fluid collecting around the lungs.

## After treatment

After your treatment has finished, you will have regular check-ups and tests. These may continue for several years. At first they will be quite regular, but over time you will have them less often.

## Your feelings

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. Some people feel upset, shocked or anxious, while others feel angry, guilty or alone. There is no right or wrong way to feel. But there are many ways to cope with your emotions. Talking to a close friend or relative may help. Remember, help is always available if you need it. If you are struggling to cope, speak to your doctor or nurse. Some people find counselling very helpful. Your doctor or nurse can refer you.

## How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00).** We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open Monday to Friday, 9am to 8pm.
- **The Macmillan website ([macmillan.org.uk](http://macmillan.org.uk)).** Our site has lots of English information about cancer and living with cancer. There is more information in [language] and other languages at [macmillan.org.uk/translations](http://macmillan.org.uk/translations)
- **Information and support services.** At an information and support service, you can talk to a cancer support specialist and get information about cancer. Find your nearest centre at [macmillan.org.uk/informationcentres](http://macmillan.org.uk/informationcentres) or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at [macmillan.org.uk/supportgroups](http://macmillan.org.uk/supportgroups) or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at [macmillan.org.uk/community](http://macmillan.org.uk/community)



## Word list

Word (target language)	In English	How to say in English (transliteration of English word)	Meaning
	Cells		The tiny building blocks that make up the organs and tissues of our body.
	Cancer cells		<u>Cells</u> in the body that have become abnormal and are now cancer.
	Side effects		Unwanted effects of cancer treatment. For example, hair loss, feeling sick or tiredness.
	Stage		The stage of a cancer tells you how big it is and whether it has spread.
	Early stage		Cancer that has only just started to grow and has not spread to other parts of the body.
	Infection		When bacteria gets into your body and causes an illness.
	Lymphatic system		A network of tubes and glands throughout the body. They help to fight <u>infection</u> . They also drain excess fluid out of tissues and organs.
	Tumour		A group of <u>cancer cells</u> that have formed a lump.
	Staging system		A set of rules that helps doctors decide what <u>stage</u> a cancer is.
	Healthcare team		The team of medical experts and other professionals that look after you.
	Consent		Giving permission for something to happen or agreeing to do something.

	Chemotherapy		A cancer treatment that uses drugs to destroy <u>cancer cells</u> .
	Targeted therapy		A cancer treatment that uses drugs that target and destroy <u>cancer cells</u> .
	Radiotherapy		A cancer treatment that uses high-energy rays, such as x-rays, to destroy <u>cancer cells</u> .
	Palliative treatment		Treatment given to someone with a cancer that can't be cured. This may include treatment to shrink the cancer, or treatment to reduce symptoms and make the person more comfortable.
	Immunotherapy		A cancer treatment that works by helping the <u>immune system</u> to recognise and destroy <u>cancer cells</u> .
	Immune system		Your immune system is your body's way of protecting you from harmful bacteria and <u>infections</u> .
	Radiofrequency ablation (RFA)		A cancer treatment that uses heat to destroy <u>cancer cells</u> .
	Photodynamic therapy (PDT)		A cancer treatment that uses light to destroy <u>cancer cells</u> .
	Airway		A passage or tube in the body that air can move through to reach the lungs.

## More information in [language]

We have information in [language] about these topics:

<p><b>Types of cancer</b></p> <ul style="list-style-type: none"><li>• Breast cancer</li><li>• Large bowel cancer</li><li>• Lung cancer</li><li>• Prostate cancer</li></ul> <p><b>Treatments</b></p> <ul style="list-style-type: none"><li>• Chemotherapy</li><li>• Radiotherapy</li><li>• Surgery</li></ul>	<p><b>Coping with cancer</b></p> <ul style="list-style-type: none"><li>• If you're diagnosed with cancer – A quick guide</li><li>• Claiming benefits</li><li>• Eating problems and cancer</li><li>• End of life</li><li>• Healthy eating</li><li>• Tiredness (fatigue) and cancer</li><li>• Side effects of cancer treatment</li><li>• What you can do to help yourself</li></ul>
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To see this information, go to [macmillan.org.uk/translations](http://macmillan.org.uk/translations)

### Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open Monday to Friday, 9am to 8pm.

## References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on the Macmillan booklet **Understanding lung cancer**. We can send you a copy, but the full booklet is only available in English.

This information has been reviewed by relevant experts and approved by our Senior Medical Editor, Dr David Gilligan, Consultant Oncologist.

With thanks to: Carol Davies, Macmillan Lung Cancer Nurse; Clair Haslop, Clinical Nurse Specialist, Lung Cancer; Professor Sam Janes, Professor of Respiratory Medicine; Mr David Lawrence, Cardiothoracic Surgeon; Dr Fiona MacDonald, Consultant Clinical Oncologist; Dr Rhona McMenemin, Consultant Clinical Oncologist; Dr Sanjay Popat, Consultant Thoracic Medical Oncologist; and Professor Denis Talbot, Professor of Cancer Medicine.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

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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. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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