MACMILLAN
CANCER SUPPORT

Chemotherapy for lung cancer

About this booklet

This booklet is about chemotherapy for lung cancer. It is for anyone who has been diagnosed with lung cancer and will have chemotherapy to treat it. There is also information for carers, family members and friends.

The booklet explains how chemotherapy works, how you can prepare for it and how it is given. There is also information about side effects, how they can be treated and ways to manage these. We hope it helps you deal with some of the questions or feelings you may have.

It is best to read this booklet along with our booklet **Understanding lung cancer** (page 86). We also have other lung cancer treatment booklets:

- **Radiotherapy for lung cancer**
- **Surgery for lung cancer**
- **Targeted therapy and immunotherapy for non-small cell lung cancer.**

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

On pages 92 to 103, there are details of other organisations that can help.

There is also space to write down questions and notes for your doctor or nurse (page 104).

Quotes

In this booklet, we have included quotes from people who have had lung cancer, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit **macmillan.org.uk/shareyourstory**

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDF and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Contents

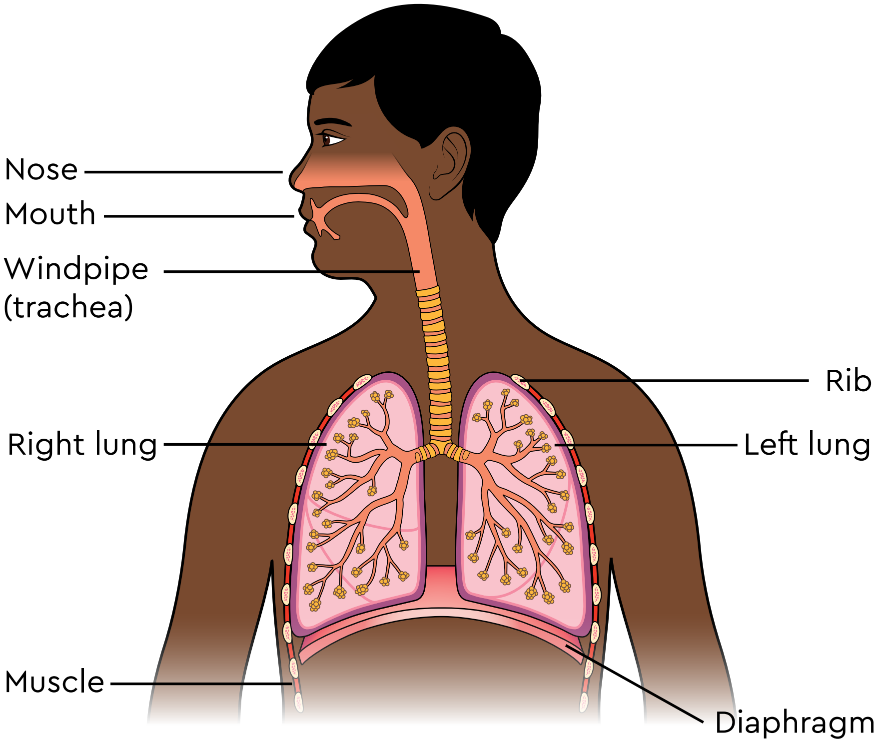
The lungs and lung cancer

About lung cancer

Lung cancer is the third most common cancer in the UK. About 49,200 people are diagnosed with lung cancer each year. It is more common in older people but can also affect younger people.

The lungs are the parts of the body that we use to breathe. They supply oxygen to the organs and tissues of the body. The lungs are divided into areas called lobes. The right lung has 3 lobes and the left lung has 2 lobes.

The lungs



Most lung cancers are caused by smoking. This is the biggest risk factor.

Some people who have never smoked can also get lung cancer. Around 15 in 100 people (15%) diagnosed with lung cancer are people who have never smoked. This is known as non-smoking lung cancer. It is more common in younger people. The Ruth Strauss Foundation has more information about non-smoking lung cancer (page 93).

Finding out you have lung cancer

Being diagnosed with lung cancer can cause many different emotions. There is no right or wrong way to feel. You may have been worrying about having cancer for a while. Or your diagnosis might have been unexpected.

This information is for people who have already been diagnosed with lung cancer and are going to have chemotherapy to treat it. You might also be having other lung cancer treatments.

It is best to read this information with our general booklet about lung cancer. Our booklet **Understanding lung cancer** explains all the different treatments for lung cancer (page 86).

You can also find all our information about lung cancer on our website at **macmillan.org.uk/lungcancer**

If you need support, you can contact our cancer support specialists on **0808 808 00 00**. They will be able to talk to you about what has happened and help answer any questions you have.

Types of lung cancer

There are 2 main types of primary lung cancer:

- Non-small cell lung cancer (NSCLC) which is the most common type of lung cancer.
- Small cell lung cancer (SCLC) which is much less common than NSCLC. About 10% to 15% of lung cancers are SCLC.

The cancer cells are examined in a laboratory by a doctor called a pathologist who is an expert in cell types. They are named after:

- how the cancer cells look under a microscope
- the type of cells the cancer started in.

These cancers behave in different ways. Your treatment will depend on the type of lung cancer you have.

> "I've worked as a brick layer and a construction foreman, and I know a lot of guys find it hard to talk about anything serious to do with their health. I was lucky that I had some wonderful friends that were there for me. The anger and the fear really took a toll, but I could confide in them."

Neville, diagnosed with lung cancer

Preparing for chemotherapy

Chemotherapy for lung cancer

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic means toxic to cells. Chemotherapy is an important treatment for lung cancer.

Sometimes cancer drugs are called systemic anti-cancer drugs as they treat cancer throughout the body. They are sometimes called SACT drugs for short.

Other SACT drugs called targeted or immunotherapy drugs are sometimes given along with chemotherapy for lung cancer. They work differently to chemotherapy and have different side effects. Chemotherapy is also given with radiotherapy and surgery. We have more information in our booklets:

- **Radiotherapy for lung cancer**
- **Surgery for lung cancer**
- **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 86).

How chemotherapy drugs work

Chemotherapy drugs disrupt the way cancer cells divide and grow. Different chemotherapy drugs affect the cancer cells in different ways.

Most chemotherapy drugs are carried in the blood. This means they can reach cancer cells anywhere in the body.

Chemotherapy drugs also affect some normal, healthy cells in the body especially cells that grow faster. This is what causes side effects. For example, normal cells, such as in the lining of the digestive system, are often affected. They grow and divide faster than some other cells in the body.

Normal cells usually recover from damage caused by chemotherapy. But cancer cells are less able to recover and usually eventually die.

We have more information about side effects and how they can be treated or managed on pages 48 to 62.

How chemotherapy is given

Chemotherapy drugs for lung cancer can be given in different ways. This includes:

- into a vein, called intravenous chemotherapy
- as tablets or capsules that you swallow, called oral chemotherapy.

You usually have chemotherapy as an outpatient.

Planning chemotherapy

Your treatment plan

After a diagnosis of lung cancer, a team of specialists meet to talk about the best treatment for you. This is called a multi-disciplinary team (MDT). After this you usually make decisions about your treatment with your cancer team.

This multi-disciplinary team (MDT) will include:

- a surgeon who specialises in lung cancer
- a clinical oncologist – a doctor who uses radiotherapy, chemotherapy and targeted and immunotherapy drugs to treat people with cancer
- a respiratory specialist – a doctor who is an expert in chest and breathing conditions
- a clinical nurse specialist (CNS) – a nurse who gives information about cancer, and support during treatment
- a radiologist – a doctor who looks at scans and x-rays to diagnose problems
- a pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.

The team may also include other healthcare professionals, such as:

- a palliative care doctor or nurse, who specialises in controlling symptoms
- a dietitian – someone who gives information and advice about food and food supplements
- a physiotherapist – someone who gives advice about exercise and mobility.

The MDT looks at different things to help them decide which treatment options are likely to work best for you. This includes:

- the stage and type of lung cancer
- the results of tests done on the lung cancer cells
- your general health
- how able you are to do day-to-day things (performance status)
- your treatment preferences
- lung cancer treatment guidelines.

Talking about your treatment plan

After the MDT meeting, you usually meet with your cancer doctor and specialist nurse. They will talk to you about the aims of your treatment and tell you what your treatment options are. You can make decisions together with your team. This is called shared decision making.

You will need more information about different options for your treatment and how it is likely to affect you. The aim is to reach a decision about your treatment or care that is right for you.

Before you meet with them it can help to write down your questions. You may want to ask a family member or friend to come with you. They can help remember what is said and talk with you about it afterwards.

It is important to understand how a treatment may affect you before you give you your permission (consent) to have treatment. Your cancer doctor or nurse will explain what each treatment involves and how it may affect you.

Your cancer team should explain:

- the aim of the treatment – whether it is to cure the cancer or control it
- the benefits of the treatment
- the disadvantages of the treatment – for example, the risks and side effects
- any other treatments that may be available
- what might happen if you do not have the treatment.

Your doctor or nurse might give you printed information or show you videos about your treatment options.

Your doctor may talk to you about having chemotherapy as part of a clinical trial. We have more information about clinical trials on our website at **macmillan.org.uk/clinical-trials**

Your performance status

When deciding the best treatment for you, your cancer doctor needs to check your overall health. They also measure how well you can do ordinary daily activities. This is sometimes called your performance status. It helps you and your doctor think about how a treatment may affect your:

- ability to take care of yourself
- quality of life
- ability to do the things that are important to you.

Doctors use different scales to help them measure your performance status. They usually give a grade or performance score between 0 and 4.

A score of 0 means you are fully active and can do all the things you did before your cancer diagnosis. A score of 4 means you are spending most of your time in bed, needing full care.

You and your doctor can make decisions about which treatments are best for you based on your performance score.


STOP

Planning your chemotherapy

Your treatment is planned by a cancer doctor. You will also see a chemotherapy specialist nurse or a pharmacist.

They will tell you:

- how the chemotherapy is given
- the possible side effects of the drugs
- how many sessions of treatment you will have
- how long the complete course will take.

Chemotherapy cycles

Chemotherapy is usually given as several sessions of treatment, with rest periods in between the sessions. The rest period allows your body to recover from the side effects. It also allows the number of healthy cells in your blood to go back to normal.

Chemotherapy and the rest period make up a cycle of your treatment. You usually have 4 to 6 cycles of chemotherapy. Your cancer doctor or specialist nurse will tell you more about this.

You have chemotherapy into the vein as 1 to 2 sessions of treatment, usually every 3 weeks. This makes up a cycle of chemotherapy. Each session takes a few hours. After your first cycle, you will have a better idea of what to expect. The complete course of chemotherapy may take several months. Your doctor or nurse will explain more about this. They may give you a treatment plan to take home.

How to contact the hospital

You will be given phone numbers to contact the hospital if you need advice on side effects. It is very important to follow the advice you are given by your doctor, nurse or pharmacist about about side effects. We have more information about this on pages 48 to 61.

Preparing for chemotherapy

Your cancer doctor or nurse will talk to you about any tests, scans or check-ups you need before chemotherapy begins.

Tests and scans

You might need tests to find out more about the stage of lung cancer. We have more information about staging of lung cancer in our booklet **Understanding lung cancer** (page 86).

You may also need tests to check your general health. Some drugs can affect organs, such as the heart or the kidneys. Your cancer team may do tests to check how well these organs are working before you start treatment. You will also have blood samples taken.

We have information on our website about lung cancer tests and scan. Visit **macmillan.org.uk/lungcancer**

Height and weight

A nurse will check your height and weight. Your cancer doctor and pharmacist use this information to work out the right dose of chemotherapy for you.

Blood tests

You will have a blood test before each cycle of chemotherapy. Sometimes your blood may be checked 1 to 2 days before your chemotherapy treatment. This can be done:

- at the hospital where you are having chemotherapy
- at your GP surgery or with a practice nurse
- at a hospital or a clinic closer to your home.

The results will be ready for you when you go to have your chemotherapy.

Stopping smoking

Stopping smoking increases the chances of your treatment working better. It can also reduce how some side effects are likely to affect you.

It can be difficult to stop smoking, especially when you are stressed. Your hospital will usually have a service to support you. Using the NHS Stop Smoking Services improves your chances of success. Your GP can also give you support and advice. They can provide nicotine replacement therapies on prescription. You can also find stop smoking organisations on pages 96 to 97. We have more information about stopping smoking. Visit **macmillan.org.uk/stop-smoking**

Dental checks

Your doctor or nurse may advise you to have a dental check-up several weeks before starting chemotherapy. If your teeth or dentures are in good condition, this reduces the risk of problems with your mouth during treatment. If you need dental work before or during treatment, it is important to talk to your cancer doctor first.

Getting a wig fitted

If the chemotherapy drugs cause hair loss or thinning, you might decide to have a wig fitted. Or you might choose not to cover up hair loss, or to use scarves or hats. It depends on what is right for you.

If you want a wig, you can have it fitted before your hair falls out. We have more information in our booklet **Coping with hair loss** (page 86).

Help at home

Chemotherapy makes you tired, so you may need help with day-to-day tasks. Family and friends often want to help. If you live alone or are caring for someone else, ask to talk to the hospital social worker about getting help.

Work

Some people decide to continue working during treatment. If you want to do this, talk to your employer or the HR department. They can give you support and look at making adjustments to protect you. This could include working part-time or working from home when your immunity is reduced. We have more information in our booklet **Work and cancer** (page 86).

Fertility

Some chemotherapy drugs can affect whether you can get pregnant or make someone pregnant. If you are worried about this, it is important to talk to your cancer doctor before treatment starts.

We have more information in our booklet **Cancer and fertility** (page 86).

Contraception

Your cancer team will advise you not to get pregnant or make someone pregnant while having cancer drug treatments and for some time afterwards. The drugs may harm a developing baby. It is important to use contraception to prevent pregnancy. Follow their advice about:

- what types of contraception to use
- how long after treatment you should continue to use contraception.

Other medicines and treatments

Some medicines can affect how cancer drugs work or might be harmful when you are having treatment. Always tell your cancer doctor about any drugs you are taking or planning to take, such as:

- medicines you have been prescribed
- medicines you buy in a shop, pharmacy or online
- vitamins or supplements
- herbal drugs and complementary or homeopathic therapies
- recreational drugs – for example, cannabis.

If you need medical treatment for any reason other than cancer, always tell the healthcare professional that you are having cancer treatment. Give them the contact details for your cancer doctor or cancer team so they can ask for advice.

We have more information in our booklet **Cancer and complementary therapies** (page 86).

Vaccinations

Cancer doctors usually recommend that people with cancer have vaccinations for flu and coronavirus (covid). They may also recommend other vaccines, such as Shingrix® for shingles. These all help reduce your risk of serious illness from these infections. Most people can have these vaccines, including people with weak immune systems.

You should not have live vaccines if your immune system is weak. This includes if you are having or recently had chemotherapy, radiotherapy or other cancer treatments that affect your immune system. Live vaccines can make you unwell because they contain a very weak version of the illness they protect you against. There are several live vaccines. These include the yellow fever vaccine and Zostavax®, which is a different type of shingles vaccine.

It is important to ask your doctor, nurse or pharmacist for advice about having vaccinations. They can explain what vaccines are right for you and when it is best to have them.

Having chemotherapy

Having chemotherapy treatment

You will usually have chemotherapy in a chemotherapy day unit or outpatient clinic. Some people might need a short stay in hospital to have chemotherapy.

Chemotherapy drugs are given into a vein (intravenously), usually by nurses experienced in giving cancer drugs. They will explain what will happen and ask you how you have been feeling to make sure you feel well enough. Immunotherapy drugs are also given into a vein. We have more information about immunotherapy drugs in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 86).

The nurse will check your temperature and blood pressure and might weigh you. You will usually have blood samples taken.

You might have to wait for blood test results before you have treatment. Once they know your results are okay, the drugs are made up and checked by the pharmacy. You can take some things with you to help pass the time and feel more comfortable, such as something to read or listen to, and a drink or snack. The nurses can tell you more about what is allowed in the unit where you have your treatment.

After you have had your treatment, the nurses or a pharmacist may give you drugs to take at home. This may include anti-sickness drugs, steroids or any other tablets you need to take.

Your cancer team will explain these drugs to you. They will give you and your family information and support about what side effects to expect and advice on managing these. You might see your cancer doctor or a specialist lung cancer nurse.

Having chemotherapy drugs into a vein

Lung cancer drugs are usually given into a vein. Chemotherapy given into a vein is called intravenous chemotherapy. The chemotherapy drugs can be given through:

- a cannula – a short, thin tube put into a vein in the back of the hand or the lower arm
- a central line – a long, thin tube inserted into a vein in the chest
- a PICC line – a fine tube that is put into a vein in the arm and goes up into a vein in the chest
- an implantable port (portacath) – a disc that is put under the skin on the chest or arm and goes into a vein in the chest.

When your cannula, line or port is in place, the chemotherapy drugs can be given into it by injection, as a drip or through a pump.

Your nurse will check that the cannula, line or port is working properly before giving you the chemotherapy.

Cannula

Having a cannula put in may be uncomfortable, but it does not usually take long.

Your nurse may put some anaesthetic cream or spray onto your skin to numb the area first. They put a clear dressing over the cannula to keep it in place. The cannula is removed before you go home. While the cannula is being used tell your nurse straight away if you notice any:

- discomfort
- stinging
- redness or swelling around the cannula or along your arm.

If this happens after you go home, phone the clinic or hospital on the numbers you have been given.

Central lines, PICC lines and implantable ports

You might have a line or port put in for your treatment depending on the drugs you are having. A line or port can also be used if there are problems with the veins in your arm, or if you are very anxious about needles.

The line or port can stay in place until you have finished your chemotherapy. This means you will not need cannulas or needles every time. A line or port is also used to take blood samples. You can also have antibiotics, fluids or a blood transfusion through it, if needed.

Your specialist nurse will explain how the line or port is put in. They will show you how to look after it. When your course of treatment is over, the line or port will be taken out.

Getting your chemotherapy

When your cannula, line or port is in place, the chemotherapy drugs can be given into it:

- by injection
- as a drip
- through a pump.

Your nurse will check that the cannula, line or port is working properly before giving you the chemotherapy.

As an injection

The nurse injects the chemotherapy drugs through your cannula or central line directly into a vein over a few minutes. Sometimes, a bag of clear fluid is attached to plastic tubing and connected to the cannula or line in your vein first. This is called a drip or infusion.

The drug is injected into a connection or tap on the plastic tubing and flushed into your vein with fluid from the bag.

A drip through a pump

The chemotherapy drugs are mixed in a bag of fluid and given to you as a drip that runs through an infusion pump. The nurses set the pump to give you a controlled amount of chemotherapy over a fixed time.

A drip on its own

Sometimes the nurse will give the chemotherapy through a drip without a pump. The nurse will set the rate and check it regularly to make sure it is at the right speed.

By mouth

Some chemotherapy drugs for lung cancer can be taken by mouth as tablets or capsules. This is known as oral chemotherapy.

Your nurse or pharmacist will tell when to take your chemotherapy tablets or capsules. They will give you other instructions, such as if you can take them with food or not. During your treatment, you will have regular blood tests. This is to check that it is safe for you to have chemotherapy.

Always take the capsules or tablets exactly as explained. This is important to make sure they work as well as possible for you. Your cancer team may also give you anti-sickness drugs and other medicines to take home.

We have more information about having chemotherapy in our booklet **Understanding chemotherapy**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Chemotherapy drugs

You often have a combination of at least 2 drugs. Some people have treatment with 1 drug. For both non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC) you usually have either cisplatin or carboplatin with another drug. But there are different drugs and combinations you can have. Some of the drugs used include:

- carboplatin or cisplatin
- CAV (cyclophosphamide, doxorubicin and vincristine)
- docetaxel
- etoposide
- gemcitabine
- irinotecan
- paclitaxel
- pemetrexed
- topetecan
- vinorelbine.

Other chemotherapy drugs may also be used. Your doctor or nurse will give you more information. We have more information about all of these drugs on our website. Visit **macmillan.org.uk/treatments-and-drugs**

Chemotherapy for small cell lung cancer (SCLC)

Chemotherapy is usually your first treatment for small cell lung cancer (SCLC). SCLC can grow quickly and has often spread outside the lung when it is diagnosed. Chemotherapy is often more helpful for faster growing cancers. It can treat cancer cells that have already spread. Your treatment depends on the stage of SCLC you have.

You usually have either of the following chemotherapy drugs:

- cisplatin
- carboplatin.

You have 1 of these drugs with a second chemotherapy drug, such as etoposide.

Limited stage SCLC

In limited stage SCLC the cancer cells can be seen in 1 lung and in nearby lymph nodes (glands). We have more information about lymph nodes in our booklet **Understanding lung cancer** (page 86).

Chemoradiation

If the cancer is limited stage and you are well enough to cope with side effects, chemoradiation is the most effective treatment. This means having chemotherapy and radiotherapy together at the same time. This is called concurrent chemoradiation.

Chemoradiation can make treatment more effective. But you usually have more side effects, so you need to be well enough to cope with these. How you have this may depend on the cancer centre where you are having treatment. For example, you may have radiotherapy 2 times a day over 3 weeks, along with chemotherapy. The radiotherapy starts during the first or second cycle of chemotherapy. If this is too much to cope with, you can have radiotherapy once a day over 4 to 6 weeks.

If you cannot have both treatments at the same time, you can have chemotherapy first followed by radiotherapy. This is called sequential chemoradiation.

Adjuvant chemotherapy

Surgery is not often possible for SCLC. If you have surgery to remove lung cancer you will usually have chemotherapy after it. This is called adjuvant chemotherapy. The aim is to try to get rid of any remaining cancer cells and reduce the risk of the cancer coming back.

Extensive stage SCLC

Extensive stage SCLC is when the cancer has spread:

- outside the lung
- to the chest area
- to other parts of the body.

You might also have chemotherapy drugs along with an immunotherapy drug, such as atezolizumab or durvalumab. Immunotherapy drugs are also given as a drip into a vein. They work differently to chemotherapy and have their own side effects. We have more information in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 86).

If chemotherapy helps to shrink the cancer you may have radiotherapy to the chest afterwards. Your treatment also depends on how well you are and how side effects might affect you. We have more information in our booklet **Radiotherapy for lung cancer** (page 86).

Your doctor may also talk to you about having radiotherapy to the brain to help prevent or to reduce the risk of lung cancer cells spreading there. This is called prophylactic cranial irradiation (PCI). We have more information about this on our website. Visit **macmillan.org.uk/pcr**

If you need more treatment for SCLC

If SCLC comes back or is starting to grow again you can usually have more chemotherapy. You and your doctor and nurse can talk about your options. It can also depend on how well you are at the time.

It can be very difficult to learn that the cancer has come back. Your cancer team will give you support. You might find it helpful to talk about your feelings with family or friends.

Depending on how long it was since your last chemotherapy, you might have the same drugs again. If the cancer comes back after a shorter time, you usually have different chemotherapy drugs.

Your doctor might advise having a combination of chemotherapy drugs, called CAV. CAV is named after the initials of the chemotherapy drugs used. These are:

- cyclophosphamide
- doxorubicin (also called Adriamycin®)
- vincristine.

The combination is also sometimes called VAC.

If you are not well enough to have a combination of drugs you might have a single drug on its own. Some people have a drug called topotecan instead of CAV. You take topotecan as a tablet. We have more information about all the drugs mentioned on our website. Visit **macmillan.org.uk/treatments-and-drugs**

Chemotherapy for non-small cell lung cancer (NSCLC)

Chemotherapy is often used to treat non-small cell lung cancer (NSCLC). You might be given a combination of chemotherapy drugs with other lung cancer drugs or treatments.

Chemotherapy, immunotherapy and surgery

You might have chemotherapy before or after surgery for lung cancer.

Neoadjuvant chemo-immunotherapy

Sometimes chemotherapy and an immunotherapy drug called nivolumab are given before surgery. This is usually if the tumour in the lung is bigger, or the cancer has spread to nearby lymph nodes (glands). The aim is to shrink the cancer and make surgery more effective. This is called neoadjuvant chemo-immunotherapy. Immunotherapy drugs are also given as a drip into a vein. They work differently to chemotherapy and have their own side effects. We have more information in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 86).

Adjuvant chemotherapy

After surgery to remove lung cancer your doctor might advise you to have chemotherapy. The aim is to reduce the risk of the lung cancer coming back. This is called adjuvant chemotherapy.

Chemoradiation

If you have locally advanced NSCLC lung cancer and surgery is not suitable you might have chemotherapy at the same time as radiotherapy. This is called concurrent chemoradiation. In locally advanced NSCLC the cancer has spread outside the lung, usually to the lymph nodes and sometimes to tissues further from the lung.

Chemoradiation can make treatment more effective. But you usually have more side effects, so you need to be well enough to cope with these.

You usually start your chemotherapy during the first week of radiotherapy. Or you might have 1 cycle of chemotherapy while your radiotherapy is being planned.

Occasionally, people may go on to have surgery 3 to 5 weeks after chemoradiation. But most people just have chemoradiation.

Some people have chemotherapy before or after radiotherapy. This is called sequential chemoradiation. This might be because having chemotherapy and radiotherapy together would be too difficult to cope with.

Chemotherapy and immunotherapy

If the cancer is advanced, some people might have the chemotherapy drugs carboplatin and paclitaxel with the immunotherapy drug pembrolizumab.

The chemotherapy drugs pemetrexed with either cisplatin or carboplatin can also be given with pembrolizumab. You might have this if you have non-squamous NSCLC and targeted drugs are not likely to work for you.

Chemotherapy can also be given with other immunotherapy drugs, including atezolizumab and bevacizumab.

We have more information about lung cancer and immunotherapy drugs in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 86).

Chemotherapy on its own

Sometimes chemotherapy is given on its own. This might be when targeted or immunotherapy drugs are not likely to work for you.

You usually have a combination of either carboplatin or cisplatin, along with another drug. For example, gemcitabine, paclitaxel or vinorelbine.

If you have non-squamous type NSCLC you might be given the chemotherapy drug pemetrexed with carboplatin or cisplatin.

Other combinations of chemotherapy may also be given.

If you are not well enough, you might have 1 chemotherapy drug on its own.

Maintenance chemotherapy for NSCLC

If you had chemotherapy with pemetrexed and cisplatin or carboplatin and it helped shrink or control the cancer, you might continue with chemotherapy. This is sometimes called maintenance treatment.

Instead of stopping chemotherapy after a few cycles, you have pemetrexed every 3 weeks. You have it for as long as it is controlling the cancer, and the side effects are not causing you problems.

The aim is to control the cancer and help you live for longer.

If you need more treatment for NSCLC

If NSCLC comes back, or is starting to grow again, you can usually have more chemotherapy. You and your doctor and nurse can talk about your options. It can also depend on how well you are at the time.

It can be very difficult to learn that the cancer has come back. Your cancer team will give you support. It might be helpful to talk about your feelings with family or friends.

Your treatment will depend on the chemotherapy drugs you had when you were first treated. If these drugs kept the cancer away for a long period, your doctor may advise having them again. For example, you could have cisplatin or carboplatin with another drug.

Or your doctor may recommend docetaxel on its own, or with a targeted therapy called nintedanib. Or you might have chemotherapy with an immunotherapy drug.

Side effects

Possible side effects of chemotherapy

Your cancer doctor, nurse or pharmacist will give you information about the possible side effects of the chemotherapy drugs you are having. They will talk to you about how they can be controlled and what you can do to manage them.

During treatment they monitor you with regular check-ups and blood tests. They can give you drugs to control different side effects. It is important to take any drugs exactly as your cancer doctor, specialist nurse or pharmacist explains. This means they will be more likely to work for you. Most side effects usually go away once treatment has finished.

It is important to get side effects treated or monitored as early as possible before they become serious. Some chemotherapy drugs can cause severe side effects. Sometimes, these may be life-threatening.

You may find our **Cancer treatment alert card** useful (page 86). The leaflet lists some important side effects you may get. It also tells you what to do if you develop them.

How to contact the hospital

You will be given phone numbers to contact the hospital if you need advice on side effects. It is very important to follow the advice you are given by your cancer doctor, specialist nurse or pharmacist about getting in touch about side effects.

If you are worried about side effects, contact the hospital straight away. For example, you should contact them if you:

- have a raised temperature
- feel unwell
- need advice on side effects
- think your side effects are getting worse.

The phone numbers should include out-of-hours contact details for evenings, during the night or at the weekend. Some cancer centres have a 24-hour number you can call at any time for advice.

It is very important to keep the numbers somewhere safe and to follow the contact advice you have been given. You could save the numbers in your phone or your **Macmillan Organiser** (page 86).

About side effects

We explain the most common side effects of this treatment here. We also include some that are less common.

You may get some of the side effects we mention, but you are unlikely to get all of them. And you may have some side effects, including rarer ones, that we have not listed here.

Always tell your doctor, nurse or pharmacist about any side effects you have. They can give you drugs to help control some side effects and advice about managing side effects.

It is important to take any drugs exactly as explained. This means they will be more likely to work for you.

We have more information about side effects in our booklet **Understanding chemotherapy** (page 86).

Side effects while treatment is being given

Some people have side effects while they are having a cancer drug or shortly after they have it.

Your nurse will check you for signs of an allergic reaction during your treatment. Tell them straight away if you feel unwell or hot, shivery, flushed or itchy. If you do have a reaction, they can treat it quickly.

Certain chemotherapy drugs that are given into a vein might leak outside the vein and sometimes damage surrounding tissue. This is not common, but it is important that it is dealt with quickly. If you have any stinging, pain, redness or swelling around the vein tell your nurse straight away.

Common chemotherapy side effects

Risk of infection

This treatment can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible.

If you have any of the following symptoms, contact the hospital straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time, until your cell count increases.

Bruising and bleeding

This treatment can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods
- blood in your urine (pee) or stools (poo)
- tiny red, brown or purple spots that may look like a rash – these spots can be harder to see if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

Anaemia (low number of red blood cells)

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

Feeling tired (fatigue)

Feeling tired is a common side effect of this treatment. It is often worse towards the end of treatment and for some weeks after it ends. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery. We have more information in our booklet **Coping with fatigue (tiredness)** – page 86.

Feeling sick

Your doctor, nurse or pharmacist will prescribe anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as they tell you to, even if you do not feel sick. It is easier to prevent sickness than to treat it after it has started.

If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids. If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact the hospital on the 24-hour number as soon as possible. They will give you advice. They may change your anti-sickness treatment. Let them know if you still feel sick.

Loss of appetite

This treatment can affect your appetite. Don't worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell your doctor, nurse or pharmacist. They can give you advice. They may give you food or drink supplements. Or they may suggest changes to your diet or eating habits to help. We have more information in our booklet **Eating problems and cancer** (page 86).

Constipation

This treatment can cause constipation. Constipation means that you are not able to pass stools (poo) as often as you normally do. It can become difficult or painful. Here are some tips that may help:

- Drink at least 2 litres (3½ pints) of fluids each day.
- Eat high-fibre foods, such as fruit, vegetables and wholemeal bread.
- Do regular gentle exercise, like going for short walks.

If you have constipation, contact the hospital on the 24-hour number for advice. They can give you drugs called laxatives to help.

If you have not been able to pass stools for over 2 days and are being sick, contact the 24-hour number straight away.

Diarrhoea

This treatment may cause diarrhoea. Diarrhoea means passing more stools (poo) than is normal for you, or having watery or loose stools. You may also have stomach cramps. If you have a stoma, it may be more active than usual.

If you are passing loose stools 3 or more times a day and this is not normal for you, contact the hospital as soon as possible on the 24-hour number. Follow the advice they give you about:

- taking anti-diarrhoea medicines
- drinking enough fluids to keep you hydrated and to replace lost salts and minerals
- any changes to your diet that might help.

They might also ask you for a specimen of your stool to check for infection.

Sore mouth and throat

This treatment may cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact the hospital straight away on the 24-hour number, if:

- your mouth or throat is sore, or affecting how much fluid you can drink or food you can eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

They can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow their advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

We have more information about mouth problems on our website. Visit **macmillan.org.uk/mouth-problems**

Numb or tingling hands or feet (peripheral neuropathy)

This treatment may affect the nerves in your fingers and toes. This can cause numbness, tingling or pain in your hands or feet. This is called peripheral neuropathy. You might find it hard to do fiddly tasks such as fastening buttons or tying shoelaces.

If you have these symptoms, always tell your doctor, nurse or pharmacist. They sometimes need to change the drug or the dose of the drug. The symptoms usually improve slowly after treatment ends. But for some people they continue and are a long-term side effect of treatment.

Effects on the kidneys

Cisplatin can affect how the kidneys work. You will have blood tests before and during treatment to check how well your kidneys are working.

Before and after each treatment, your nurse will give you extra fluids through a drip. This is to protect your kidneys.

Drinking fluids also helps protect your kidneys. The advice is usually to try to drink at least 2 litres (3½ pints) of fluid each day. But follow any advice from your doctor, nurse or pharmacist about how much is right for you.

Contact the hospital on the 24-hour number if you are:

- not able to drink as much as you have been asked to – for example, if you feel sick
- sick (vomit) or have diarrhoea
- passing less urine or peeing less often than usual.

Hair loss

Your doctor or nurse will tell you if the drugs you are going to have cause hair loss.

Your hair will get thinner. Or you may lose all the hair from your head. You may also lose your eyelashes and eyebrows, as well as other body hair. Hair loss usually starts after your first or second treatment.

If you want to cover up hair loss, there are different ways you can do this. Your nurse will give you information about coping with hair loss.

Remember to protect your skin from the sun. Use suncream with a sun protection factor (SPF) of 50 on your scalp. Or cover up with a hat or scarf.

Hair loss is almost always temporary. Your hair will usually grow back after treatment ends. We have more information in our booklet **Coping with hair loss** (page 86).

Skin changes

Chemotherapy can affect your skin. It might feel dry. You may develop a rash, which may be itchy. Always tell your doctor, nurse or pharmacist about any skin changes. They can give you advice or prescribe creams or medicines to help.

If your skin feels dry, try using soap-free cleansers and unperfumed moisturising cream every day.

Hearing changes

Cisplatin may cause hearing changes, including hearing loss. You may have ringing in the ears. This is called tinnitus. You may also become unable to hear some high-pitched sounds. Hearing changes may get better after this treatment ends. But this does not always happen. If you notice any changes in your hearing, tell your doctor, nurse or pharmacist.

Muscle or joint pain

You may get pain in your muscles or joints for a few days after treatment. If this happens, tell your doctor, nurse or pharmacist. They can give you painkillers and advice. They can also tell you if any of the painkillers you usually take are suitable.

Tell them if the pain does not get better. Having warm baths and resting regularly may help.

Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call 999 if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

Fertility

Some cancer drugs can affect whether you can get pregnant or make someone pregnant. If you are worried about this, it is important to talk with your doctor before you start treatment. We have more information in our booklet **Cancer and fertility** (page 86).

Sex

It is possible that small amounts of chemotherapy may be passed on through vaginal fluids or semen. If you have sex in the first few days after treatment, your cancer team will usually advise using condoms or a dental dam to protect your partner.

Changes to periods

If you have periods, these may become irregular or stop while you are having this treatment. They might return after treatment, but this does not always happen. Your menopause may start sooner than it would have done. Your doctor, nurse or pharmacist can give you more information. We have more information about menopause on our website. Visit **macmillan.org.uk/menopausal-symptoms**

Medical and dental treatment

If you need medical treatment for any reason other than cancer, always tell the healthcare professional that you are having cancer treatment. Give them the contact details for your cancer doctor or cancer team so they can ask for advice.

If you have appointments with a dentist, always tell them you are having cancer treatment. Talk to your cancer team before you have any dental treatment.

> **"I was very well taken care of physically at the hospital, but the situation has affected me emotionally. I am a very positive person but it's nice to have someone to talk to, and it's lovely that Macmillan are there."**
>
> Ann, diagnosed with lung cancer

Late effects of chemotherapy

Sometimes side effects do not go away, or they can develop months or years after treatment. These are called late effects. Some late effects improve over time and may eventually go away on their own.

Your cancer doctor or specialist nurse can explain any possible late effects of your chemotherapy treatment. Different drugs cause different late effects.

Some drugs may cause early menopause and infertility. If you have difficult menopause symptoms talk to your doctor or nurse about hormone replacement therapy.

You may have numb or tingling hands or feet (peripheral neuropathy). Sometimes the feeling in your hands or feet can be affected by chemotherapy. This usually gets slowly better after treatment ends but it may be permanent in some people. We have more information about peripheral neuropathy on our website. Visit **macmillan.org.uk/peripheral-neuropathy**

During treatment your doctor checks if the drugs are affecting your heart or kidneys. This helps to reduce the risk of any long-term problems developing.

Tell your doctor or nurse about any symptoms you have. We have helpful tips on looking after your heart and how late effects can be monitored and managed in our booklet **Heart health and cancer treatment** (page 86).

Chemotherapy and everyday life

Even if you feel unwell after a cycle of chemotherapy, you might recover quickly. You may have time to do the things you usually do and enjoy before your next cycle. If you have symptoms the chemotherapy might reduce them and make you feel better.

Chemotherapy can affect parts of your life. There might be ways you canmanage this to make things easier for you.

Social life

Depending on how you feel, there is no reason to stop going out or visiting friends. Try to plan ahead for when you are most likely to feel well.

- To reduce your risk of picking up an infection try to stay away from crowded places.
- When going out try to avoid the busiest times, for example, when using public transport or going to the cinema.
- If you are going out in the evening, rest during the day so you have more energy later.
- If you are going out for a meal, take anti-sickness tablets if you need to, before you go.
- An occasional alcoholic drink should not usually affect your chemotherapy. But it is best to check with your cancer doctor or nurse first.

Effects on your sex life

Cancer and its treatment can also cause physical and emotional changes that may affect your sex life. There are ways to improve your sexual well-being and to manage any problems. We have more information about what may help in our booklet on **Cancer and your sex life** (page 86).

Travel

If you are planning a holiday during treatment always speak to your cancer doctor or nurse before you make any plans.

If your immune system is weak, you should not have live travel vaccinations. This is because they can make you unwell. Live vaccines, such as the yellow fever vaccine, contain a very weak version of the illness they will protect you against. It is important to ask your doctor, nurse or pharmacist for advice about having vaccinations. They can explain what vaccines are right for you and when it is best to have them. We have more information in our booklet **Travel and cancer** (page 86).

Driving and lung cancer

Lung cancer may affect your ability to drive safely. You need to tell the DVLA (England, Scotland or Wales) or the DVA (Northern Ireland) if:

- you have any problems with your brain or nervous system
- your doctor says you might not be fit to drive
- the medicines you are taking cause side effects that could affect your driving
- you have a bus, coach or lorry licence
- you are restricted to certain vehicles or to vehicles that have been adapted for you.

Talk to your doctor or nurse if you are worried that your cancer treatments or symptoms may affect your driving. We have more information about the DVLA and DVA on page 100.

After treatment

Follow-up

After your chemotherapy has finished, you will be seen every few months at clinic. Or you might have further treatment with radiotherapy or targeted or immunotherapy drugs.

At your appointments your cancer doctor will:

- ask how you are feeling and if you have any ongoing treatment side effects
- ask if you have any new symptoms.

You can discuss any problems or worries you have at the follow-up appointments. You could make a list of questions before you go so you do not forget anything important.

After treatment, you will have regular check-ups with either CT scans or chest x-rays. Your appointments will be every few months at first, but eventually they may be once a year. They might be in person or by phone.

If you notice any new symptoms between check-ups, contact your cancer doctor, nurse or GP as soon as possible. Do not wait until your next appointment.

You may get anxious before your follow up appointments. This is normal. It may help to get support from family or friends. You can also talk to our cancer support specialists on **0808 808 00 00**.

Or you can also visit our chemotherapy forum to talk with people who have had chemotherapy. Visit **community.macmillan.org.uk/cancer_types/lung-cancer**

Taking care of yourself

It takes time to recover from chemotherapy. You may feel tired for some months. This also depends on other treatments you might also have had. You may have side effects or symptom to cope with. It is important to take care of yourself and give your body time to recover. Start slowly rather than trying to do too much too quickly.

You might find these suggestions helpful for taking care of yourself during and after treatment.

- If you are tired, it may make problems like breathlessness worse. Ask family or friends for help with day-to-day things that use more energy.
- Even a small amount of regular physical activity will give you more energy and make you feel stronger. This includes going for a short walk. We have more information in our booklet **Physical activity and cancer** (page 86).
- When you are outside, remember to protect your skin from the sun as chemotherapy drugs can make your skin more sensitive to the sun.
- Try to talk about your feelings with health professionals, family, friends, or people going through a similar experience.
- Eating healthily can help give you more energy. If you have lost weight or are having difficulty eating, ask your cancer team for advice. There are different ways to add more calories and nutrients to food. There are also nutritional drinks and powders to help increase your weight. Some of these can be prescribed by your doctor. We have more information in our booklet **Healthy eating and cancer** (page 86).

- Sleeping well can help you to cope with treatment. If you are having trouble sleeping, there are things you can do that may help improve your sleep. We have more information about this on our website. Visit **macmillan.org.uk/trouble-sleeping**
- Some complementary therapies such as relaxation, massage, meditation and yoga might help you feel better and reduce anxiety. We have more information in our booklet **Cancer and complementary therapies** (page 86).

> **"I try to be as normal as I can be. I enjoy walks with my wife, time with my daughter and granddaughter. I look forward to seeing my granddaughter growing up. I enjoy the peace, calmness and nature."**
>
> James, diagnosed with lung cancer

Your feelings and relationships

Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet **How are you feeling? The emotional effects of cancer**.

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on **0808 808 00 00** and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit **macmillan.org.uk/supportgroups** Or talk to other people on our Online Community at **macmillan.org.uk/community**

There is more information on pages 88 to 91 about other ways we can help you.

Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets **Talking about cancer** and **Cancer and relationships: support for partners, families and friends**.

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet **Talking with someone who has cancer**.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet **Looking after someone with cancer**.

You can order our booklets and leaflets for free.
Visit **orders.macmillan.org.uk** or call **0808 808 00 00**.

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information, and then tell them more when they are ready. Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer** (page 86).

> **"Everyone with cancer has different types of needs, and the best thing about being a Macmillan Cancer Professional is that I've got so many resources and support services so I can find a way to help people."**
>
> Azmina, Macmillan Cancer Information and Support Lead


NAS

Work and financial support

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, sometimes with reduced hours or other changes to their job.

Your cancer doctor, GP or specialist nurse can help you decide whether you should stop working, and when and if you should go back to work.

Your cancer doctor, GP or specialist nurse can help you decide whether you should go back to work, and when.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful. You can also find out more about your employment rights in our booklet **Your rights at work when you are affected by cancer** (page 86).

There is also lots more information online at **macmillan.org.uk/work**

Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to. We also have information for carers (page 86).

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- **gov.uk** if you live in England or Wales
- **socialsecurity.gov.scot** if you live in Scotland
- **nidirect.gov.uk** if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. You can speak to our money advisers by calling the Macmillan Support Line for free, on **0808 808 00 00**. Please note the opening times may vary by service.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland (pages 94 to 95).

Our booklet **Help with the cost of cancer** has lots more information (page 86).

Grants

You may be able to get some financial help from other charities, for example one-off grants. For further information, contact the Macmillan Support Line on **0808 808 00 00**.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. We have information about insurance on our website. Visit **macmillan.org.uk/insurance-cancer**

If you are thinking about buying insurance or making a claim, one of our money advisers can help. You can call them on **0808 808 00 00**.

We have more information about travel insurance in our booklet **Travel and cancer** (page 86). Our Online Community forum on **Travel insurance** may also be helpful. Visit **macmillan.org.uk/community**

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit **orders.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at **macmillan.org.uk/information-and-support** You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you would like us to produce information in a different format for you, email us at **informationproductionteam@macmillan.org.uk** or call us on **0808 808 00 00**.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information, visit **macmillan.org.uk/ourinfo**

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our nurses about things like diagnosis and treatments from our nurse specialists
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on **0808 808 00 00**. Or visit **macmillan.org.uk/support-line** to chat online and see the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to **macmillan.org.uk/talktous**

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call **0808 808 00 00** and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on **0808 808 00 00**. Visit **macmillan.org.uk/financialsupport** for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **macmillan.org.uk/work**

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Lung cancer support organisations

ALK Positive UK

www.alkpositive.org.uk
Provides support and advocacy and aims to improve the survival and quality of life of ALK positive lung cancer patients in the UK.

Asthma + Lung UK

Helpline **0300 222 5800**
www.asthmaandlung.org.uk
Supports people affected by any type of lung disease.

EGFR Positive UK

www.egfrpositive.org.uk
Provides support and advocacy and aims to improve the overall survival and quality of life of EGFR positive lung cancer patients across the UK.

Roy Castle Lung Cancer Foundation

Helpline **0333 323 7200**
www.roycastle.org
Provides information and practical and emotional support for anyone affected by lung cancer.

The Ruth Strauss Foundation

www.ruthstraussfoundation.com
Provides emotional support for families to prepare for the death of a parent. Raises awareness of the need for more research and collaboration for non-smoking lung cancers.

General cancer support organisations

Black Women Rising

www.blackwomenrisinguk.org
Aims to educate, inspire and bring opportunities for women from the BAME community. Shares stories and supports Black cancer patients and survivors through treatment and remission.

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 3000 118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net
Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS 111 Wales

111.wales.nhs.uk
NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**
www.nhsinform.scot
NHS health information site for Scotland.

Patient UK

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

Stop smoking services

NHS Smokefree Helpline (England)

Tel **0300 123 1044**
www.nhs.uk/better-health/quit-smoking
Offers information, advice and support to people who want to stop smoking or have already stopped and do not want to start again.

Quit Your Way (Scotland)

Tel **0800 84 84 84**
www.nhsinform.scot/quit-your-way-scotland
Scotland's national stop smoking support service. Offers advice and information about how to stop smoking. You can also chat online to an adviser.

Help Me Quit (Wales)

Tel **0808 278 6119**
Text 'HMQ' to **80818**
www.helpmequit.wales
Offers information, advice and support on stopping smoking in English and Welsh.

Stop Smoking NI (Northern Ireland)

www.stopsmokingni.info
Has information and advice about stopping smoking. Also links to other support organisations for people in Northern Ireland who want to give up smoking.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the 'Therapist directory'page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**
Email **jo@samaritans.org**
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
adviceni.net
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Carer's Allowance Unit

Tel **0800 731 0297**
Textphone **0800 731 0317**
www.gov.uk/carers-allowance
Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales

Civil Legal Advice

Helpline **0345 345 4345**
Textphone **0345 609 6677**
www.gov.uk/civil-legal-advice
Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English is not your first language.

Disability and Carers Service

Tel **0800 587 0912**
Textphone 0800 012 1574
nidirect.gov.uk/contacts/disability-and-carers-service
Manages Disability Living Allowance, Attendance Allowance, Carer's Allowance and Carer's Credit in Northern Ireland. You can apply for these benefits and find information online or through its helplines.

DVA

Helpline **0300 200 7861**
www.nidirect.gov.uk/contacts/driver-vehicle-agency-dva-northern-ireland
The official agency for licensing and testing vehicles and drivers in Northern Ireland.

DVLA

Helpline **0300 790 6809**
www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency
The government agency that deals with vehicle tax, registration, driving licences and medical condition

GOV.UK

www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

NI Direct

Make the Call helpline **0800 232 1271**
Text ADVICE to 0798 440 5248
nidirect.gov.uk
nidirect.gov.uk/make-the-call
Has information about benefits and public services in Northern Ireland. You can also use the Make the Call service to check if you or someone you care for may be entitled to extra benefits

Equipment and advice on living with a disability

British Red Cross

Tel **0344 871 11 11**
www.redcross.org.uk
Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)
www.disabilityrightsuk.org
Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

Support for older people

Age UK

Helpline **0800 678 1602**
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030**
lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

Support for carers

Carers Trust

Tel **0300 772 9600**
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and information about local support groups for carers.

Your notes and questions

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr David Gilligan, Consultant Oncologist.

With thanks to the following professionals who reviewed our lung cancer information:

Sarah Berwick, Macmillan Advanced Lung Cancer Clinical Nurse Specialist; Dr Joanna Coote, Consultant Clinical Oncologist; Dr Qamar Ghafoor, Clinical Oncology Consultant; Mr Alan Kirk, Consultant Cardiothoracic Surgeon; Mr David Lawrence, Consultant Thoracic Surgeon; Dr Tuck-Kay Loke, Consultant Respiratory Physician; Dr Ceri Powell, Consultant in Clinical Oncology; Dr Ian Woolhouse, Consultant Respiratory Physician; and Dr Kent Yip, Consultant in Clinical Oncology.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our lung cancer information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

National Institute for Health and Care Excellence (NICE). Lung cancer – Diagnosis and management. Clinical guideline 2019. Last updated 2023. Available at: https://www.nice.org.uk/guidance/ng122 [accessed November 2023].

European Society for Medical Oncology (ESMO). Small-cell lung cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. 2021. Available at: https://www.esmo.org/guidelines/guidelines-by-topic/esmo-clinical-practice-guidelines-lung-and-chest-tumours/small-cell-lung-cancer [accessed November 2023].

European Society for Medical Oncology (ESMO). Early and locally advanced non-small-cell lung cancer (NSCLC): ESMO clinical practice guidelines for diagnosis, treatment and follow-up. 2017. eUpdate 01 September 2021: New Locally Advanced NSCLC Treatment Recommendations. Available at: https://www.esmo.org/guidelines/guidelines-by-topic/esmo-clinical-practice-guidelines-lung-and-chest-tumours/early-stage-and-locally-advanced-non-metastatic-non-small-cell-lung-cancer-esmo-clinical-practice-guidelines [accessed November 2023].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps. To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to **macmillan.org.uk/donate**

Registered with
FUNDRAISING
REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

This booklet is about chemotherapy for lung cancer. It is for anyone who has been diagnosed with lung cancer who is having chemotherapy to treat it. There is also information for carers, family members and friends.

The booklet explains how chemotherapy is given, its side effects and how they can be treated and managed. It also has information about feelings, practical issues and money.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

Trusted Information Creator
Patient Information Forum