Understanding lung cancer

> “I try to be as normal as I can be. I enjoy walks with my wife, and time with my daughter and granddaughter. I look forward to seeing my granddaughter growing up and enjoying every day of life.”

James, diagnosed with lung cancer

About this booklet

This booklet is about cancer that starts in the lungs. This is called primary lung cancer. It is for anyone who has been diagnosed with lung cancer. There is also information for carers, family members and friends.

The booklet explains different types of lung cancer, its stages and the different treatments you might have. It also talks about your feelings when you are diagnosed with cancer and has practical advice on dealing with work and finances. We hope it helps you deal with some of the questions or feelings you may have.

This booklet is also available as an audiobook. Visit **macmillan.org.uk/audiobooks** or call **0808 808 00 00**.

We also have other lung cancer treatment booklets (page 92):

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

This booklet does not have information about cancer that starts in another part of the body and spreads to the lung. This is called secondary lung cancer. We have more information about this on our website. Visit **macmillan.org.uk/secondary-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 98 to 110, there are details of other organisations that can help. There is also space to write down questions and notes for your doctor or nurse on pages 111 to 112.

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. This includes James, who is on the cover of this booklet. 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 PDFs and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

Contents

The lungs and lung cancer

What is cancer?

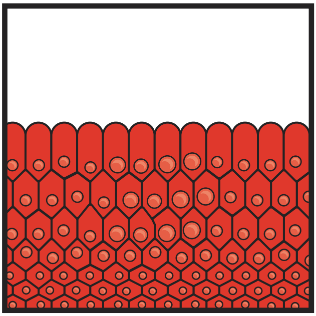
Our bodies are made up of tiny building blocks called cells. Inside every cell is a set of genes. Genes are the instructions the cell needs to work properly.

The instructions send signals to cells to grow and divide and make new cells. This is how our bodies grow and heal. Over time, cells become old or damaged. When this happens, signals tell the cell to stop working and die.

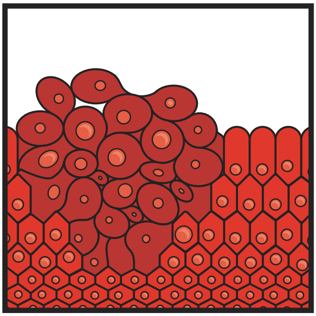
Sometimes genes in the cell can develop changes. If a gene is changed, it may not give the correct instructions anymore. A change in a gene is called a gene variant or mutation.

Gene variants in a cell may stop the cell working normally. Cancer may develop if cells like this multiply in an abnormal way and grow out of control. Over time, these cells can grow into a lump called a tumour.

Abnormal cells forming a tumour



Normal cells



Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample to look for cancer cells. This is called a biopsy.

Tumours that are not cancer are called benign. Benign tumours cannot spread anywhere else in the body. But they can cause problems if they grow and press on nearby organs.

Tumours that are cancer are called malignant. Malignant tumours can grow into nearby tissue and spread to other parts of the body.

Cancer can spread from one place (the primary site) to another through the blood or lymphatic system. When cancer spreads and grows somewhere else, it is called a secondary cancer or metastasis.

The lungs

The lungs are the parts of the body that we use to breathe. We have 2 lungs – one on the right side of our body and one on the left side. 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 are covered by a lining called the pleura, which has 2 layers. The inner layer covers the lungs. The outer layer lines the ribcage and the diaphragm. The diaphragm is a sheet of muscle that separates the chest from the upper tummy (abdomen).

The lungs are part of our breathing system. This system is also called our respiratory system. It includes the:

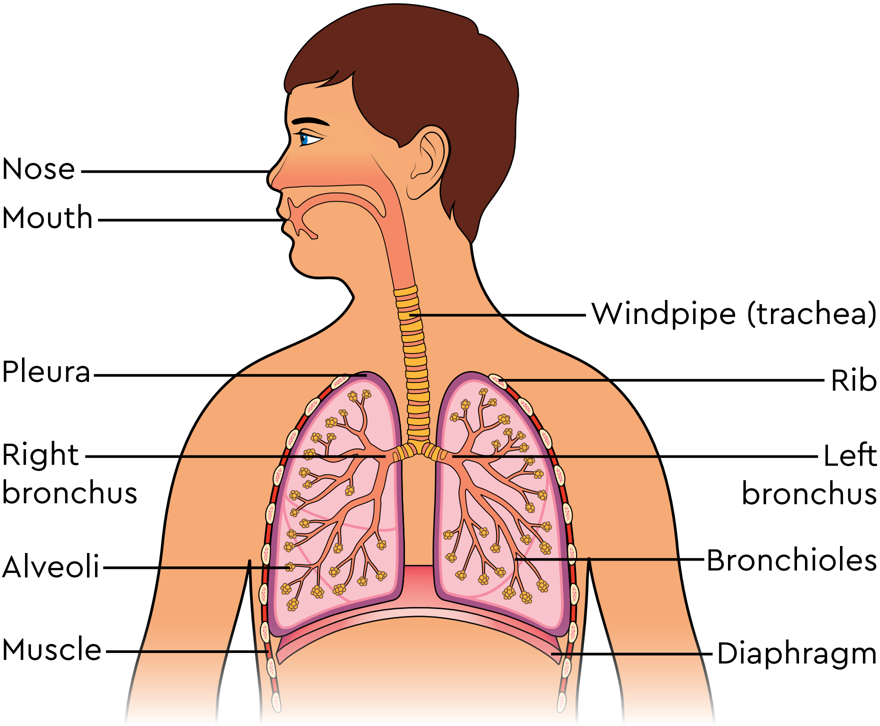
- nose and mouth
- windpipe (trachea)
- 2 tubes called the left bronchus and right bronchus – they branch from the windpipe going into each lung
- lungs.

When we breathe in, air passes from our nose or mouth to the windpipe. The windpipe is also called the trachea. The trachea divides into 2 tubes that go to each lung. These tubes are called the right and left bronchus.

Air passes through each bronchus into the lungs through smaller tubes called bronchioles. At the end of the bronchioles, there are tiny air sacs called alveoli. This is where oxygen from the air we have breathed in passes into the blood. The oxygen is then circulated through the blood around the body.

A waste gas called carbon dioxide passes from the blood into the alveoli. We get rid of carbon dioxide when we breathe out.

The respiratory system



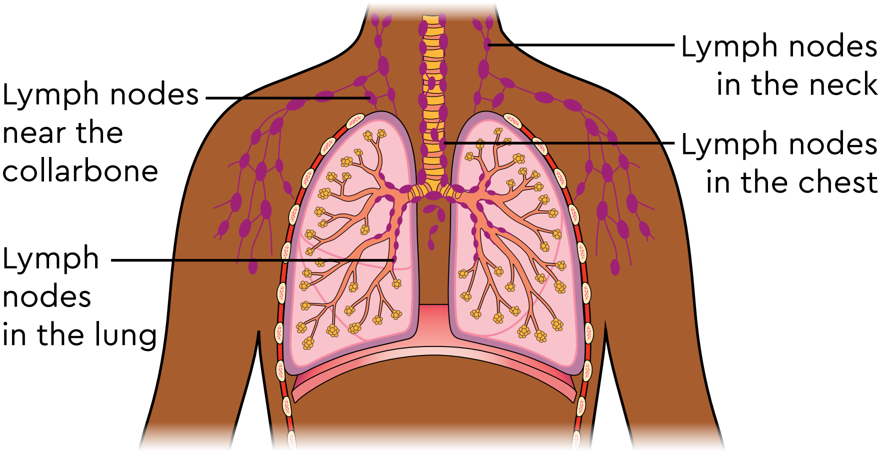
The lymphatic system

The lymphatic system helps protect us from infection and disease. It drains lymph fluid from the tissues of the body and then returns it to the blood.

The lymphatic system is made up of fine tubes called lymphatic vessels that connect to groups of lymph nodes throughout the body. Lymph nodes are sometimes called lymph glands. They are small and bean-shaped. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell as they fight it.

Sometimes, cancer can spread through the lymphatic system. If the cancer cells spread outside the lungs, they are most likely to go to lymph nodes nearby in the chest. We have more information about the lymphatic system online at **macmillan.org.uk/lymphatic-system**

Lymph nodes close to the lungs



Lung cancer

Lung cancer is the third most common cancer in the UK. About 49,200 people are diagnosed with it each year. Most lung cancers are caused by smoking. But some people who have lung cancer have never smoked. It is more common in older people but can also affect younger people.

There are 2 main types of primary lung cancer. They behave in different ways and your treatment will depend on the type you have. The different types of primary lung cancer are named after:

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

The cancer cells are examined in a laboratory by a doctor called a pathologist, who is an expert in cell types. Within all types of lung cancer there are also different subtypes.

Non-small cell lung cancer (NSCLC)

Non-small cell lung cancer (NSCLC) is the most common lung cancer. There are 3 main subtypes:

- Adenocarcinoma is the most common subtype of NSCLC. It develops from cells that make mucus. It is more often found in the outer area of the lung. Although the main cause is smoking, this subtype of NSCLC is more common in non-smokers.
- Squamous cell carcinoma develops in the cells that line the airways. It is more often found in the main airways in the centre of the lungs.
- Large cell lung cancer is a very uncommon subtype that usually starts in the centre of the lungs.

Sometimes doctors cannot say for certain what subtype of NSCLC it is. This is called NSCLC not otherwise specified.

Other terms used

Some NSCLCs are grouped in terms of whether they produce too much of a protein that helps the lung cancer cells to grow. This happens because the lung cancer cells have a certain gene change or mutation. These changes usually affect people with adenocarcinoma NSCLC who have not smoked. They can be more common in younger people, especially women, and are more common in people of East Asian heritage.

These cancers can often be treated by targeted therapies. The drugs target the production of the proteins to stop the cancer cells from growing. We have more information in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer**.

NSCLC gene changes include:

- ALK gene change – cancers with this are sometimes called ALK positive lung cancer
- EGFR gene change – cancers with this are sometimes called EGFR positive lung cancer
- other gene changes such as ROS1, RET and BRAF.

The following organisations provide support and information you might find helpful (page 98):

- ALK Positive UK – **alkpositive.org.uk**
- EGFR Positive UK – **egfrpositive.org.uk**

Small cell lung cancer (SCLC)

Small cell lung cancer (SCLC) is much less common than NSCLC. About 10% to 15% of lung cancers are SCLC. It gets its name from how the cancer cells look under a microscope. It is usually found in the main airways called bronchi in the centre of the lungs (page 9). SCLC has often spread outside the lungs when it is diagnosed.

Other cancers that can affect the lungs

There are other types of cancer that can start in the lung or spread to the lung.

Mesothelioma

This is a cancer of the covering of the lungs (the pleura) – page 9. It is caused by exposure to asbestos. It is less common than lung cancer. We have more information in our booklet **Understanding mesothelioma**.

Rarer types of lung cancer

There are some rarer types of cancers that can start in the lung. They include neuroendocrine tumours, some of which are called carcinoid tumours. We have more information about neuroendocrine tumours on our website. Visit **macmillan.org.uk/nets**

Secondary lung cancer

Cancers that start in another part of the body, such as the breast, bowel or bladder, may sometimes spread to the lungs. This is called secondary lung cancer. It is not treated in the same way as cancer that starts in the lung. This is called primary lung cancer. We have more information on our website at **macmillan.org.uk/secondary-lung-cancer**

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

Lung cancer staging

Finding out you have lung cancer

Being diagnosed 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 may have been unexpected. For example, you may have been diagnosed through screening. Having tests and waiting for test results can be a difficult time.

This information is written for people who have already been diagnosed with lung cancer. We have more information about:

- causes and risk factors
- symptoms
- tests to diagnose lung cancer.

You can find this information at **macmillan.org.uk/lungcancer**

Waiting for treatment to start can be a difficult time. You may be worried about telling people and about what treatment you will have. You might choose to spend some time reading about the cancer. Or you may prefer to wait until you meet with your cancer doctor. Do what feels right for you.

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 any worries you have.

> “It was a time of uncertainty. I had a lot of tests. Then I had a biopsy and they were able to diagnose me. I had lung cancer.”

James

Staging

The stage of a cancer describes:

- the size and position
- if the cancer has spread from where it started.

Knowing the stage helps your doctors recommend the best treatment for you.

Doctors use the same staging system for non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC).

There are different staging systems that can be used. These include the number staging system (pages 18 to 20) and the TNM system (page 21).

Number staging

Your doctor may tell you the stage of the cancer using a number staging system, from 1 to 4.

The staging looks at:

- the size of the tumour
- whether the cancer has spread into nearby parts of the lung, or outside the lung
- whether the cancer is in lymph nodes nearby, in the chest or further away (page 10)
- whether the cancer has spread further outside the lung or to other parts of the body.

Number staging also includes other factors, such as whether the lung has partly or fully collapsed. The stages are divided:

- Stages 1, 2 and 4 are divided into A and B.
- Stage 3 is divided into A, B and C.

We have not included the detail of these different stages here, to try to keep it simple. Your cancer doctor or specialist nurse can explain more about your stage of lung cancer.

Stage 1

This is when the cancer is no bigger than 4cm. It has not spread outside the lung or to any lymph nodes.

Stage 1 lung cancer is called early or localised lung cancer.

Stage 2

The cancer can be different sizes. It may have spread to:

- nearby lymph nodes
- other parts of the lung
- areas just outside the lung.

Stage 2 lung cancers may be called early stage lung cancer. But some stage 2 cancers might be described as locally advanced lung cancer.

Stage 3

The cancer can be any size and has usually spread to lymph nodes. It may also be growing into:

- other parts of the lung
- the airway
- surrounding areas outside the lung.

The cancer may also have spread to tissues and structures further from the lung. But it has not spread to other parts of the body.

Stage 3 lung cancer is called locally advanced lung cancer.

Stage 4

The cancer can be any size. It may have spread to lymph nodes and 1 or more of the following:

- the lung on the other side
- the fluid in the pleura (page 9) or around the heart
- another part of the body – such as the liver, bones or brain.

Stage 4 lung cancer is called metastatic or advanced lung cancer.

TNM staging

The TNM staging system is another staging system. TNM stands for tumour, node and metastases. The number staging system (pages 18 to 20) uses the TNM system to group lung cancer into different stages:

- **T** describes the size of the tumour or cancer. It goes from T1 to T4 depending on the tumour size.
- **N** describes whether the lung cancer has spread to the lymph nodes (page 10). It goes from N0 to N3 depending on which lymph nodes are involved. For example, N0 means that no lymph nodes are affected. N1 means there are cancer cells in the lymph nodes inside the lung or where the main airway enters the lung. The affected lymph nodes are on the same side as the cancer.
- **M** describes whether the cancer has spread (metastasised) to the other lung – or if it has spread to other areas, such as the pleura or around the heart, or other parts of the body. It ranges from M0 to M1 depending on where the cancer has spread to.

The TNM staging system for lung cancer is complicated.
Your cancer doctor or nurse can give you more information.

Small cell lung cancer (SCLC)

Doctors may also divide small cell lung cancers (SCLCs) into 2 stages:

- Limited stage – the cancer cells can be seen in 1 lung and in nearby lymph nodes.
- Extensive stage – the cancer has spread outside the lung, to the chest area or to other parts of the body.

SCLC can spread outside the lung quite early. Some cancer cells are likely to have spread through the blood or lymphatic system. But this can be too small to show up on scans. Because of this, doctors usually treat SCLC as if it has spread, even if scans do not show this.

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected by a cancer registry.

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out (page 110).


STOP

Treating lung cancer

Treatment overview for lung cancer

Treatment for lung cancer can include:

- surgery (pages 40 to 45)
- chemotherapy (pages 46 to 49)
- radiotherapy (pages 50 to 53)
- targeted therapy (pages 54 to 57)
- immunotherapy (pages 54 to 57)
- tumour ablation (pages 58 to 61).

You may have more than 1 type of treatment. Some treatments may be given together – for example, chemotherapy and radiotherapy. Or you may have different treatments, given one after the other.

The treatment you have will depend on:

- the stage of the cancer (pages 18 to 22)
- the type of the lung cancer (pages 11 to 13)
- the results of tests on the lung cancer cells
- your general health
- how able you are to do everyday things – this is called your performance status
- your treatment preferences.

The treatment you have will also depend on how your health affects your daily life. Your doctor or nurse may ask how active you are or whether you need help to look after yourself. This is sometimes called your performance status. Doctors use different scales to help them to measure your performance status.

Your healthcare team wants to make sure you get the most effective treatment. They need to make sure it is right for you, and that the risks do not outweigh the possible benefits.

Your cancer doctor and nurse will involve you in treatment decisions so you can talk about your choices. They can also help if you need to make decisions about treatment (pages 35 to 37).

Newer treatments are being developed. Your cancer doctor may talk to you about having treatment as part of a clinical trial (pages 38 to 39).

Surgery

If you have non-small cell lung cancer (NSCLC), it may be possible to remove the cancer with surgery – pages 40 to 45. The type of operation depends on the stage and position of the cancer.

Some people might not be able to have surgery because of other health problems that make surgery unsafe. Some people may not want to have an operation.

Surgery is only rarely used to treat small cell lung cancer (SCLC). It may be used if the cancer is small and has not spread outside the lung.

We have more information about surgery in our booklet **Surgery for lung cancer** (page 92) and on our website. Visit **macmillan.org.uk/surgery-lung-cancer**

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic means toxic to cells. Most chemotherapy drugs are carried in the blood. This means they can reach cancer cells anywhere in the body.

Chemotherapy is used for both non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). It is often the first treatment used for SCLC.

If the cancer has not spread to other parts of the body, it may be given with radiotherapy. This is called chemoradiation. You need to be well enough to have chemoradiation to cope with the side effects of both treatments. We have more information at **macmillan.org.uk/chemoradiation-lung-cancer**

Chemotherapy may be given before or after surgery for NSCLC. It may be given together with radiotherapy (chemoradiation) for people who are unable to have or do not want to have surgery. Chemotherapy can also be given before or after radiotherapy.

Some people may have chemotherapy with an immunotherapy drug before surgery. Chemotherapy can also be used together with, or before or after, targeted or immunotherapy drugs in people with a more advanced cancer. Chemotherapy can also be given to control lung cancer and relieve symptoms.

We have more information about chemotherapy in our booklet **Chemotherapy for lung cancer** and on our website. Visit **macmillan.org.uk/chemotherapy-lung-cancer**

Radiotherapy

Radiotherapy uses high-energy rays called radiation to treat cancer. It destroys cancer cells in the area where the radiotherapy is given.

Radiotherapy can be used to treat both non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). Radiotherapy may be given in the following ways:

- On its own instead of surgery, to try to cure early stage NSCLC. This is usually with a type of radiotherapy called stereotactic ablative radiotherapy.
- After surgery for NSCLC to reduce the risk of the cancer coming back. This is called adjuvant treatment.
- With chemotherapy – this is called chemoradiation.
- Before or after chemotherapy.
- To the head, to stop any lung cancer cells that have spread from growing into a secondary cancer in the brain. This is for people with SCLC.
- To control symptoms. This may be done if the cancer is more advanced or has spread to other parts of the body. This is called palliative radiotherapy.

We have more information about radiotherapy in our booklet **Radiotherapy for lung cancer** and on our website. Visit **macmillan.org.uk/radiotherapy-lung-cancer**

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

Targeted therapy

Targeted therapy uses drugs that target something in or around the cancer cell that is helping it grow and survive. There are different types of targeted therapy. They may be used to treat locally advanced or advanced non-small cell lung cancer (NSCLC). The lung cancer cells will be tested to determine if a targeted therapy may be suitable for you.

You might have a targeted therapy drug:

- on its own
- after or with chemotherapy
- after lung cancer surgery to reduce the risk of the cancer coming back – this is called adjuvant therapy.

You usually have targeted therapy drugs for as long as they are controlling the cancer. Some drugs might be given for a set length of time. We have more information at **macmillan.org.uk/targeted-therapy-lung-cancer**

> **"I was put on a targeted medication, rather than traditional chemotherapy. The side effects in the beginning were serious, so the dosage was reduced. That made things better."**
>
> James

Immunotherapy

Immunotherapies are treatments that use the immune system to find and attack cancer cells. You might take immunotherapy drugs for up to 2 years as long as they are working well for you and not causing difficult side effects.

NSCLC

Immunotherapy drugs can be used to treat NSCLC. You may have an immunotherapy drug after you have had chemotherapy or targeted therapy drugs. Immunotherapy can also be given as a first treatment for lung cancer.

Immunotherapy drugs can be given on their own or with other anti-cancer drugs. They may be used before or after surgery.

We have more information in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** (page 92) and on our website at **macmillan.org.uk/immunotherapy-lung-cancer**

SCLC

If you have extensive stage small cell lung cancer (page 22), you might have an immunotherapy drug called atezolizumab (Tecentriq®) or another immunotherapy drug called durvalumab (Imfinzi®) with chemotherapy.

Other treatments

Tumour ablation treatments destroy cancer cells using:

- heat – this is called radiofrequency ablation
- microwaves – this is called microwave ablation
- laser light – this is called photodynamic therapy.

Doctors sometimes use these treatments to treat very early stage lung cancers. They also use them to relieve breathlessness if the cancer is blocking an airway. We have more information about tumour ablation treatments on pages 58 to 61.

You may also have treatments and drugs that help relieve your symptoms. You can meet with a specialist doctor or nurse for expert help with your symptoms.

Stopping smoking

If you smoke, your doctor will usually advise you to stop smoking. Stopping smoking can:

- make your treatment more effective
- reduce side effects
- improve your long term health.

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 102 to 103. We have more information about stopping smoking online. Visit **macmillan.org.uk/stop-smoking**

Your treatment plan

After a diagnosis of lung cancer, a team of specialists meets to talk about the best treatment for you. This is called a multidisciplinary team (MDT). After the MDT meeting, you will usually meet your cancer team to talk about your treatment options.

This multidisciplinary team (MDT) will include:

- a thoracic surgeon – a doctor who does operations and specialises in lung surgery
- an oncologist – a doctor who uses radiotherapy, chemotherapy and other anti-cancer 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.

Depending on the type of cancer you have, the MDT may also include a:

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

Talking about your treatment options

After the MDT meeting, you usually meet your cancer doctor and specialist nurse to talk about your treatment options.

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 was said and talk with you about it afterwards.

You need to understand your treatment options before you make any decisions. Your cancer doctor or specialist 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 – such as 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. They may also show you online tools (decision-making aids) to help you make your decision.

Many people worry about the side effects of treatment. Your doctor or nurse can explain how side effects can be controlled or managed. They can also tell you whether your treatment is likely to cause any late effects.

You may need more than 1 meeting with your doctor or nurse before you decide. You can usually take some time, unless you have a cancer that needs to be treated urgently.

Making treatment decisions

You might make decisions on your own. Or you might reach a decision with support from doctors, nurses and other healthcare professionals. This is called shared decision-making. The aim is to reach a decision about your treatment or care that is right for you.

Your doctor is an expert in the best treatments, but you know your preferences and what is important to you. You could think about how different treatments are likely to affect your everyday life. For example, you may think about which treatment:

- has side effects that are least likely to affect you
- involves less time in hospital
- has the least effect on your home and social life
- allows you to carry on working, if that is important to you.

Some people might prefer to leave decisions about treatment to their cancer doctor. Even if you decide this, your cancer doctor must still give you clear explanations about your treatment and any risks. They also need to ask for your consent (pages 36 to 37).

We have more information about making treatment decisions in our booklet **Making treatment decisions**.

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

Decisions about advanced cancer

If the cancer is advanced, the aim of treatment is usually to:

- control the cancer
- help you live for longer
- improve symptoms.

Your doctor can often give you an idea how well a treatment will work.

If it becomes difficult to control the cancer, you may decide not to have further treatment. Your cancer healthcare team will still give you treatment to manage symptoms. They try to make sure you feel as well as possible. This is called supportive or palliative care. We have more information in our booklet **Coping with advanced cancer** (page 92).

Giving your permission (consent)

Your cancer team must have your permission (consent) before you have any treatment.

Before you give permission, it is important to understand how a treatment may affect you. We explain this in our section on talking about your treatment options (page 34).

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken agreement with your doctor. Your doctor records your consent in your patient notes.

If you decide not to have treatment

If you decide you do not want any treatment, doctors must respect your decision. But your cancer doctor needs to make sure you have all the information you need to make your decision. You need to understand all your treatment options. Your cancer doctor or specialist nurse can explain what may happen if you do not have treatment.

You do not have to say why you do not want treatment. But explaining your decision may help your healthcare team understand your concerns and give you the best care.

Second opinion

A second opinion means asking a different GP or specialist doctor if they agree with your diagnosis or treatment.

Before asking for a second opinion, it is a good idea to ask your GP, doctor or nurse to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, ask your specialist doctor or GP to arrange it. They are usually happy to do this. Getting a second opinion takes time, and may involve travelling to a different hospital. It may delay your treatment. Check with your doctor whether this delay could be harmful to you.

If the second doctor gives you the same advice, this can reassure you. They may also give you other treatment options to think about.

We have more information about getting a second opinion on our website. Visit **macmillan.org.uk/second-opinion**

Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials help answer questions about treatments we already use. They may test whether combining treatments is more effective. Or they may research different ways to give a treatment so it works better or causes fewer side effects.

Clinical trials also research other areas of cancer care. These include diagnosis and managing side effects or symptoms.

We have more information about cancer clinical trials on our website. Visit **macmillan.org.uk/clinical-trials**

Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of cancer you have.

Not all hospitals have the expertise or resources to take part in certain trials. This means for some trials you may have to travel to a different hospital.

A research nurse or doctor will give you information about the trial. You can ask them any questions you have. It is important to understand what is involved before you agree (consent) to take part – pages 36 to 37. They will explain the possible benefits and any possible risks of the trial. Clinical trials are designed with safety measures to keep any risks to you as low as possible.

Some trials involve collecting blood samples, or tissue samples from a biopsy. This often happens as a standard part of your treatment. But your research nurse or doctor will explain if they need to take extra samples for the trial.

Your samples can only be stored and used for research if you give your permission. Your name is removed from the samples before they are used. This means you cannot be identified.

Surgery

Your doctor will talk to you about whether surgery is possible in your situation. This will depend on:

- the type of lung cancer you have (pages 11 to 13)
- its stage (pages 18 to 22)
- your general health.

Your doctor may offer you surgery if you have a non-small cell lung cancer (NSCLC) stage 1 or 2. Some people with a stage 3 NSCLC may also be able to have surgery.

You may have other treatment before or after surgery. This may include:

- chemotherapy – **macmillan.org.uk/chemotherapy-lung-cancer**
- radiotherapy – **macmillan.org.uk/radiotherapy-lung-cancer**
- targeted therapy – **macmillan.org.uk/targeted-therapy-lung-cancer**
- immunotherapy – **macmillan.org.uk/immunotherapy-lung-cancer**

Surgery is rarely possible for small cell lung cancer (SCLC) because it has often spread outside the lung when it is diagnosed. If the cancer is very small, and it has not spread, surgery may be possible. You will have chemotherapy afterwards.

What operations are used for lung cancer?

The surgery you have will depend on the size of the cancer and exactly where it is in the lungs (pages 18 to 22).

There are 3 main types of operation used to remove lung cancer:

- Removing a lobe is called a lobectomy.
- Removing a small part of the lung is called a wedge resection or segmentectomy.
- Removing a whole lung is called a pneumonectomy.

We have more information about these operations in our booklet **Surgery for lung cancer** (page 92).

As well as removing the cancer, the surgeon also removes some of the lymph nodes close to the cancer (page 10).

Before surgery

It will help your recovery if you are as fit as possible before your operation. Your healthcare team may suggest things you can do to improve your general health. This is sometimes called prehabilitation.

Your healthcare team may give you advice about:

- stopping smoking
- eating healthily
- physical activity
- alcohol – drinking less or stopping.

Having lung cancer surgery

The surgeon may use keyhole surgery or open surgery to remove the cancer.

With keyhole surgery, the surgeon makes several small cuts instead of a single large cut. This leaves much smaller wounds, so you usually recover faster.

With open surgery, the surgeon usually makes a cut on the side of your chest. This operation is called a thoracotomy. You will have a scar around the side of your chest afterwards.

> **"The surgery went fine – everything went okay. When I came out of hospital, I got physically fit relatively quickly, because I knew what to do there. But I did underestimate the psychological and mental impact of it all."**

Joe, diagnosed with lung cancer

After surgery

After your operation, you may have a drip and drains in place.

Your healthcare team will encourage you to start moving around as soon as possible. This helps reduce the risk of complications from surgery. A nurse or physiotherapist will show you exercises to help with your breathing. They will also make sure any pain is well controlled.

Your nurses and surgeon will check your wound regularly while you are in hospital. You usually have your stitches, clips or staples removed about 7 to 10 days after your operation.

Going home

You will usually be ready to go home 3 to 7 days after your operation.

It may take some weeks or months to recover from surgery, depending on the operation you have had. Try to pace yourself and do not do too much too soon.

Your doctor and nurse will give you advice on what you can do to help your recovery. You need to avoid any heavy lifting or straining your arm on the affected side. But it is important to keep doing the exercises the physiotherapist showed you. You can slowly build up your strength and fitness with light exercise, such as short walks.

You usually meet with your surgeon or clinical nurse specialist (CNS) a few weeks after your surgery. They will check the scar and make sure everything is healing properly. They will also give you advice about how soon you can get back to work and travel again. We have more information in our booklet **Surgery for lung cancer** (page 92).

We also have more information about going home from hospital on our website. Visit **macmillan.org.uk/going-home-from-hospital**

Chemotherapy

Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Chemotherapy drugs disrupt the way cancer cells grow and divide. But they also affect normal cells.

Your chemotherapy treatment is planned by a cancer doctor, called an oncologist (page 33). You will also meet with a chemotherapy specialist nurse or a pharmacist.

Chemotherapy can be given on its own or with other treatments such as surgery or radiotherapy.

You might have chemotherapy at the same time as radiotherapy. This is called chemoradiation. Targeted therapy or immunotherapy drugs are sometimes given with chemotherapy.

You often have a combination of at least 2 chemotherapy drugs. You usually have either cisplatin or carboplatin with another drug. But there are different drugs and combinations you can have.

Our booklet **Chemotherapy for lung cancer** has more information.

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

Having chemotherapy

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

Chemotherapy drugs are usually given into a vein (intravenously) by a nurse. Some chemotherapy drugs can be given as tablets or capsules.

Your nurse usually gives you anti-sickness (anti-emetic) drugs before the chemotherapy. You may have the chemotherapy drugs as a drip or injection through:

- a cannula – a short, thin tube the nurse puts into a vein in the back of your hand or 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 your arm and goes up into a vein in your chest
- an implantable port (portacath) – a disc that is put under the skin on your chest or arm and goes into a vein in your chest.

Chemotherapy is usually given as several sessions of treatment, with rest periods in between. The rest period allows your body to recover from the side effects. 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.

Side effects of chemotherapy

Your cancer doctor, nurse or pharmacist will give you information about the possible side effects of the drugs you are having. They will talk to you about how these can be controlled and how you can manage them. Side effects usually go away gradually after chemotherapy finishes.

You will be given 24-hour phone numbers to contact the hospital if you need advice on side effects. It is very important to follow the advice you are given.

If you are worried about side effects, contact the hospital straight away. Some chemotherapy drugs can cause severe side effects. Sometimes, these may be life-threatening.

> **“I kept my hair, which was a blessing. Everything seemed such a blur. Only when I had time to reflect was I able to grasp how serious it all was.”**
>
> Gaynor, diagnosed with lung cancer

Some of the side effects of lung cancer chemotherapy include the following:

- Risk of infection – chemotherapy can reduce the number of white blood cells in your blood. These cells fight infection. It is very important to get any infection treated as soon as possible.
- Bruising and bleeding – chemotherapy 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.
- Anaemia (low number of red blood cells) – red blood cells carry oxygen around the body and if they become too low, you can develop anaemia, which makes you feel very tired and breathless.
- Feeling tired (fatigue).
- Feeling sick.
- Sore mouth and throat.

Some drugs can cause hair loss. Cisplatin may cause hearing changes, including hearing loss. Some drugs affect whether you can get pregnant or make someone pregnant.

We have more information about the side effects of chemotherapy in our booklet **Chemotherapy for lung cancer** (page 92).

Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells. It destroys cancer cells in the area of the body where you have it, while doing as little harm as possible to normal cells. Your cancer team will explain the aim of your radiotherapy. They will explain the possible side effects.

You often have radiotherapy with other treatments. This depends on the stage (pages 18 to 22) and type of lung cancer (pages 11 to 13) and the aim of your treatment.

Radiotherapy may be given:

- on its own instead of surgery
- after surgery to try to reduce the risk of the cancer coming back – this is called adjuvant radiotherapy
- at the same time as chemotherapy – this is called chemoradiation
- before or after chemotherapy
- to control symptoms if lung cancer has spread to other parts of the body – this is called palliative radiotherapy.

If you have small cell lung cancer (SCLC), you may have radiotherapy to the head to stop any lung cancer cells that may have spread from growing into a tumour in the brain. This is called prophylactic cranial irradiation (PCI). PCI is also sometimes called prophylactic cranial radiotherapy (PCR). We have more information about this online. Visit **macmillan.org.uk/pcr**

If you smoke, your cancer team will advise you to try to stop. Stopping smoking may make radiotherapy work better and reduce the side effects of treatment. We have more information online. Visit **macmillan.org.uk/stop-smoking** Our booklet **Radiotherapy for lung cancer** also has more information (page 92).

External beam radiotherapy

External beam radiotherapy is given from a radiotherapy machine. It aims high-energy rays at the area of the body being treated.

Your radiotherapy needs to be planned. You will have a CT scan of the area to be treated. Your radiotherapy team use the results of the scan to work out the precise dose and area of your treatment.

You might have some small permanent markings made on your skin. These help the radiographers make sure you are in the correct position for your radiotherapy. The marks will only be made with your permission.

Preparing for radiotherapy

Types of radiotherapy

External radiotherapy can be given in different ways and for different lengths of time. This depends on the type of lung cancer (pages 11 to 13) and its stage (pages 18 to 22).

Your team will explain how your treatment will be given:

- Standard radiotherapy usually means having treatment once a day, with a break at the weekend, over 4 to 7 weeks.
- If you have early stage NSCLC, you might have a specialist technique called stereotactic ablative radiotherapy (SABR). You have fewer treatments over a shorter time. We have more information about SABR on our website. Visit **macmillan.org.uk/sabr**
- If you have NSCLC, you might have radiotherapy more than once a day and over the weekend. This is called hyper-fractionated radiotherapy.
- If you have SCLC, you might have radiotherapy 2 times a day for 3 weeks along with chemotherapy. This is called chemoradiation.

Having radiotherapy

You usually have external beam radiotherapy as short, daily treatments in a hospital radiotherapy department. These are called treatment sessions. Usually, each radiotherapy appointment takes about 10 to 30 minutes. The radiotherapy itself usually only takes a few minutes.

The radiographer helps you onto the couch and positions you carefully. They leave the room and the treatment starts. There is usually an intercom so you can talk to them if you need to during your treatment.

Side effects of lung radiotherapy

Always tell your cancer team about any side effects you have. There are often things they can do to help. They will give you advice on how you can manage side effects. Chemoradiation might make the side effects worse.

It can take 1 or 2 weeks after radiotherapy before side effects start getting better. After this, most side effects usually go away slowly.

The side effects include:

- difficulty swallowing
- tiredness
- skin changes
- breathlessness and a cough
- blood in your phlegm (sputum).

Targeted therapy and immunotherapy drugs

Targeted therapy and immunotherapy drugs work differently to chemotherapy and have different side effects.

You might have these drugs:

- on their own
- with other treatments
- before or after other treatments.

Targeted therapy drugs are often used to treat non-small cell lung cancer (NSCLC). They target something in or around the cancer cell that is helping it to grow. They are not used to treat small cell lung cancer (SCLC).

Immunotherapy drugs are used to treat NSCLC and sometimes to treat SCLC. They make the immune system become more active. This makes the drugs better at finding and attacking cancer cells.

You may have tests on the lung cancer cells to check which drugs are more likely to work for you. This is called molecular testing.

Some targeted or immunotherapy drugs might not be widely available in the UK. You may have certain drugs as part of a clinical trial (pages 38 to 39). We have more information about what you can do if a cancer drug is not available in your area. Visit **macmillan.org.uk/treatment-not-available**

Targeted therapy for NSCLC

You usually take a targeted drug as tablets or capsules for as long as it works for you and side effects are not causing you problems. You have regular clinic visits to check how you are getting on and to monitor side effects.

There are different targeted drugs used to treat NSCLC. The drug you have depends on the gene change (mutation) in the lung cancer cells found in molecular testing. The epidermal growth factor receptor (EGFR) gene is the most common gene change in NSCLC – page 12.

We have detailed information in our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer**.

Immunotherapy

You usually have immunotherapy as a drip (infusion) into your vein. It is usually given every 2 to 6 weeks.

Some people might have these drugs for up to 2 years. If you are having immunotherapy after surgery to reduce the risk of the cancer coming back, you usually have it for 1 year.

Immunotherapy for NSCLC

Different immunotherapy drugs are used to treat NSCLC depending on the stage of the cancer (pages 18 to 22).

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

Immunotherapy for SCLC

If you have extensive stage SCLC (page 22), you might have an immunotherapy drug called atezolizumab (Tecentriq®) or another immunotherapy drug called durvalumab (Imfinzi®) with chemotherapy. This is only if you have not had any other treatment for the cancer.

Durvalumab is being assessed by the National Institute for Health and Care Excellence (NICE) as possible treatment for limited stage SCLC (page 22). NICE is the organisation that recommends NHS treatments in England.

Other immunotherapy drugs, such as serplulimab, might become available for SCLC or be given in a clinical trial (pages 38 to 39).

Managing side effects

Your cancer team will give you information about possible side effects of your targeted or immunotherapy treatment. They will explain how side effects can be managed. Always tell them about side effects you have and if they are getting worse or not improving.

If you need advice or feel unwell, contact the hospital straight away on the 24-hour contact numbers your cancer team give you. Sometimes side effects can become serious or life-threatening very quickly.

Immune-related side effects of immunotherapy drugs

Immunotherapy drugs can also cause the immune system to become overactive. This can cause inflammation to different organs in your body. Immunotherapy drugs can cause serious, life-threatening side effects that need to be treated quickly.

Your cancer team will give you a card with information about your treatment. Keep this card with you during and after your treatment is finished. Side effects can happen sometimes up to 2 years after you finish treatment.

We have more information about this card in our **Cancer treatment alert kit**. This kit includes:

- the cancer treatment alert card, which should be carried with you at all times and will make sure you are seen immediately if needed
- a leaflet about important side effects and what to do if you develop them.

Our booklet **Targeted therapy and immunotherapy for non-small cell lung cancer** explains the different drugs used and their side effects.

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

Tumour ablation

Tumour ablation involves treatments that destroy cancer cells using:

- heat – this is called radiofrequency ablation (RFA) or microwave ablation – page 60
- laser light – this is called photodynamic therapy (PDT) – page 61.

Doctors sometimes use these treatments for very early stage lung cancer (page 19), if surgery is not suitable. This is usually when someone has other lung conditions or chooses not to have surgery.

Ablation might be the only treatment you have. Or you may have ablation and also other lung cancer treatments. RFA and PDT are not often used. They may not be widely available throughout the UK.

Other ablation treatments are used to relieve breathlessness when the cancer is blocking the airways into the lungs. We have more information about controlling symptoms of lung cancer on pages 66 to 69.

Radiofrequency ablation (RFA)

Radiofrequency ablation (RFA) uses heat to destroy cancer cells. Before having RFA, you may have a local anaesthetic. This is so you do not feel anything in the area being treated. You may also have a sedative. This will make you sleepy. Some people may have a general anaesthetic. This means they are not awake for the treatment.

You usually need to stay in hospital overnight to have the treatment. You might have RFA for 1 or more sessions.

The doctor puts a needle into the tumour. They usually use a CT scan to make sure it is in the right place. An electrical current passes through the needle into the tumour. The current heats the cancer cells to a high temperature. This destroys (ablates) them.

You may have some pain or discomfort after having RFA. You will be given painkillers to control this. You may also feel tired afterwards.

Always contact your doctor if you become more breathless after having RFA.

Microwave ablation

Microwave ablation is usually done under a general anaesthetic. It is sometimes done using a local anaesthetic. If you have a local anaesthetic, you may also have drugs that make you feel drowsy.

You have it in a similar way to RFA. The doctor puts a needle into the tumour. Microwave energy passes through the needle into the tumour. This heats and destroys the cancer cells.

Photodynamic therapy (PDT)

Photodynamic therapy (PDT) destroys cancer cells using lasers or other light sources, together with a light-sensitive drug. You can have PDT on its own, but you are more likely to have it with other treatments.

PDT is only available at some hospitals.

How it is given

You have PDT in 2 stages:

1. A nurse gives you a light-sensitive drug as an injection into a vein. The drug makes the cancer cells more sensitive to the laser.
2. You have the laser light treatment 1 day or a few days after having the light-sensitive drug. This lets the cancer cells absorb the drug. The doctor may give you a drug to help you to relax. Then they direct the laser at the tumour using a bronchoscope. A bronchoscope is a thin, flexible tube with a camera on the end. Doctors use it to look inside your airways and lungs. The laser makes the light-sensitive drug destroy cancer cells.

Side effects

The light-sensitive drug makes you temporarily sensitive to light. You may need to avoid bright light by covering your skin and wearing sunglasses in daylight. How long you need to do this for depends on the drug you have. The nurse will explain what you need to do.

Side effects of PDT include breathlessness and a cough. Your doctor can give you more information.

Managing lung cancer symptoms

Treating blocked or narrowed airways

When the cancer is causing a blockage or narrowing in the airways, doctors may use the following treatments to relieve symptoms. Sometimes more than 1 treatment can be used. You might also have a treatment again if you need it.

You usually have the treatment under a general anaesthetic using a bronchoscope. A bronchoscope is a thin, flexible tube that a doctor or nurse uses to look inside your airways and lungs. The tube has a tiny camera on the end. The camera shows a picture of the area on a screen.

The choice of treatment will depend on the size of the tumour and where it is in the airway. Your cancer team will explain the possible benefits and risks of these treatments to you. They will give you information about the procedure and any preparation you need.

Cryosurgery

Cryosurgery (cryotherapy) uses extreme cold to freeze and destroy cancer cells. It is usually used if the tumour grows into the main lung airways and makes them narrow. This is not common, but if it happens you may become breathless.

The doctor uses a thin, flexible tube with a rounded end called a probe that is passed down the bronchoscope. They use liquid nitrogen to freeze the end of the probe. The probe is placed directly onto the tumour. This freezes and destroys the cancer cells. This reduces the size of the tumour in the airway and makes breathing easier.

Diathermy or electrocautery

These treatments use an electrical current that produces heat to destroy cancer cells.

Your doctor uses a bronchoscope to guide a probe into your windpipe. They pass an electrical current through the probe to the tumour to destroy the cancer cells. This will make breathing easier.

Laser therapy

Doctors can use laser therapy to shrink the cancer and prevent it from blocking the airways.

You usually have laser therapy under a general anaesthetic. This means you are not awake for the treatment. The doctor uses a bronchoscope to aim the laser beam at the tumour. The laser beam uses heat to destroy as much of the tumour as possible.

Another laser treatment called photodynamic therapy (PDT) is sometimes used to treat blocked airways – page 61.

Stents to open the airway

If the cancer presses on the airway, the airway can become narrow. A small tube called a stent can be used to open the airway to help you breathe more easily. You may need a general anaesthetic to have a stent put in.

The doctor puts the stent inside the airway using a bronchoscope. The stent is folded flat when it is first inserted. As it comes out of the bronchoscope, the stent opens up like an umbrella. This pushes the walls of the narrowed airway open and makes your breathing easier. It can stay in your lung permanently.

Controlling symptoms

Treatments for lung cancer help to reduce symptoms. There are also other ways to manage and control symptoms. You may be referred to a doctor or nurse who is an expert in symptom control. They are sometimes called palliative care specialists.

Breathlessness

Breathlessness is a common symptom in people with lung cancer. It can be distressing to deal with.

Your cancer team will explain if there are suitable treatments to help treat blocked airways or if oxygen therapy would be useful.

Different drugs can help ease breathlessness:

- Bronchodilator drugs help to widen your airways. You have these through an inhaler or a device called a nebuliser.
- Steroids can reduce inflammation.
- Diuretic tablets can help you pass more urine (pee).
- Small doses of morphine can help reduce breathlessness.
- Drugs that reduce anxiety can also help.

There are things you can do to help manage breathlessness. A nurse or physiotherapist can give you advice on controlled breathing exercises or relaxation exercises. We have more information in our booklet and audiobook **Managing breathlessness** (page 92).

Coughing

Some types of painkiller tablets, such as codeine or morphine, can help suppress a cough. You can have other drugs as a vapour that you inhale.

Sometimes a short course of radiotherapy may help improve a cough.

Pain

Treating the cancer can often improve pain. Your doctor will prescribe painkillers to take regularly.

You can take most painkillers by mouth, but they can also be given as a patch on the skin or as an injection. There are different types of painkiller and they can be given in different ways.

We have more information in our booklet and audiobook **Managing cancer pain** (page 92).

Bone problems

If lung cancer has spread to your bones it is called secondary bone cancer. It may cause different problems, including pain.

To reduce the risk of bone problems, your doctor may prescribe a drug called denosumab. You have it as an injection under the skin. Another drug your doctor may prescribe is zoledronic acid. It is given as a drip.

You may be given radiotherapy to treat bone pain. Sometimes surgery may be used to strengthen a weakened bone.

We have more information in our booklet **Understanding secondary cancer in the bone** (page 92).

Spinal cord compression

Secondary cancer in the bones of the spine can put pressure on the nerves of the spinal cord. This is called metastatic spinal cord compression (MSCC). If you have symptoms of MSCC, contact your hospital team immediately as you may need urgent treatment.

Symptoms include:

- problems controlling your bladder or bowels
- back or neck pain, which might feel like a band around your chest or tummy
- numbness or pins and needles that is new or quickly getting worse
- difficulty walking and leg or arm weakness.

We have more information in our leaflet and alert card **Metastatic spinal cord compression** (page 92), and online at **macmillan.org.uk/MSCC**

Treating other lung conditions

Pleural effusion

Cancer in the lung can cause fluid to build up between the layers that cover the lung (the pleura) – page 9. This is called a pleural effusion. We have more information online at **macmillan.org.uk/pleural-effusion**

To treat a pleural effusion, the fluid is slowly drained. You may have this treatment as an outpatient, or you may need to stay in hospital for a couple of days. It may sometimes be possible for your doctor to seal the layers of the pleura together. This is called pleurodesis.

Sometimes you may need to have the fluid drained again. Some people may have a pleural catheter (tube) inserted so they can drain off more fluid at home.

Superior vena cava obstruction (SVCO)

The superior vena cava (SVC) is a vein in the middle of the chest. It carries blood from the upper body to the heart. If lung cancer presses on the SVC, it may block the flow of blood along this vein. This is called superior vena cava obstruction (SVCO).

If you have symptoms of SVCO, contact your hospital team immediately as you may need urgent treatment. Symptoms include:

- breathlessness
- headaches or feelings of fullness in the head, which get worse when you lean forward
- face, neck and arm swelling
- swollen veins on the chest.

We have more information about SVCO online at **macmillan.org.uk/svco**

After treatment for lung cancer

Follow-up

After your treatment, you will have regular check-ups and might have 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 or video.

Appointments are a good opportunity to talk to your doctor or nurse about any concerns you have. But if you notice any new symptoms between appointments, contact your doctor or lung specialist nurse for advice. 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**.

Driving after 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 get 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.

Contact your doctor or nurse if you are worried that cancer treatments or symptoms may affect your driving. We have more information about the DVLA and DVA on page 106.

Taking care of yourself after treatment

After treatment, you are likely to feel very tired. You may also have some other side effects or symptoms to cope with.

Recovering from treatment takes time. It is important to take care of yourself and to give your body time to recover. Build up gradually rather than trying to do too much too quickly.

Stopping smoking

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 102 to 103. We have more information about stopping smoking on our website. Visit **macmillan.org.uk/stop-smoking**

Managing tiredness

It may take weeks or months after treatment for tiredness to improve. If you are very tired, it may make problems like breathlessness worse.

Ask family or friends for help with everyday things that use more energy. An occupational therapist may be able to help you manage your tasks.

We have more information about managing tiredness in our booklet and audiobook **Coping with fatigue (tiredness)** – page 92. We also have more information on our website at **macmillan.org.uk/fatigue**

Trying to eat well

Eating healthily can help you feel better and give you more energy. Try to eat:

- plenty of fruit and vegetables
- more chicken and fish
- less red or processed meats.

Even if you do not have much of an appetite, make sure you have regular snacks. There are also supplement drinks you can take to make sure you are getting enough energy and nutrients. You can get some supplement drinks on prescription. Your GP or dietitian can tell you more.

Ask your doctor or nurse to refer you to a dietitian if you want more advice on eating problems. We have more information in our booklets:

- **Healthy eating and cancer**
- **Eating problems and cancer**.

Being active

Going for regular short walks can help build up your energy levels after treatment. You can slowly build up the amount of exercise you do to improve your lung and heart health. Being more physically active can help reduce stress. It can also help keep your weight at a healthy level. We have more information in our booklet **Physical activity and cancer**.

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

Drinking sensibly

NHS guidelines suggest that you should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units you drink in a week over 3 or more days
- try to have several alcohol-free days every week.

A unit of alcohol is:

- half a pint of ordinary-strength beer, lager or cider
- one small glass (125ml) of wine
- a single measure (25ml) of spirits.

Drinkaware has more information about alcohol and drinking guidelines (page 101) – visit **drinkaware.co.uk**

Emotional help

Talk to your cancer doctor or specialist nurse if you:

- think you may be depressed
- feel helpless or anxious a lot of the time.

They can refer you to a psychologist or counsellor who specialises in helping people with cancer talk through confusing or upsetting emotions. Our cancer support specialists can tell you more about counselling and let you know about services in your area. Call us on **0808 808 00 00**.

We also have more information about emotions in our booklets:

- **How are you feeling? The emotional effects of cancer**
- **Your feelings after cancer treatment**.

Complementary therapies

Some people find that using some complementary therapies helps them relax or cope with treatment side effects. Some hospitals or support groups may offer therapies such as relaxation or aromatherapy. We have more information in our booklet **Cancer and complementary therapies** (page 92).

Support groups

Self-help or support groups offer a chance to talk to other people who understand what you are going through. Ask your cancer team what support is available for you in your area. You can call us on **0808 808 00 00** or read our information about support groups in the UK (page 97).

Online support

Many people get support on the internet. There are online support groups, social networking sites, forums, chat rooms and blogs for people affected by cancer. You can use these to:

- share your experience
- ask questions
- get and give advice based on your experience.

Our Online Community is a social networking site where you can talk to people in our chat rooms, write blogs, make friends and join support groups.

You can talk to people on our lung cancer forum who have been affected by cancer that has spread to the lungs, share your experience, and ask an expert your questions. Visit **macmillan.org.uk/community**

> **"The support group has been very positive for me. We have formed a type of community and we share experiences. And it's not just for people with cancer – some of the members are friends and family."**

James

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 in our booklet **How are you feeling? The emotional effects of cancer** (page 92) and on our website at **macmillan.org.uk/emotions**

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 94 to 97 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 in our booklets (page 92):

- **Talking about cancer**
- **Cancer and relationships: support for partners, families and friends**.

We also have more information online at **macmillan.org.uk/relationships**

> **"My support was my husband, he was my rock. I'm a strong person and it all happened so fast that it only really hit me months later."**
>
> Gaynor, diagnosed with lung cancer

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 to them.

We have more information about supporting someone 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 in our booklet **Looking after someone with cancer** and on our website at **macmillan.org.uk/carers**

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**.

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

Work and financial support

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. Visit **macmillan.org.uk/sick-pay**

We also have information for carers at **macmillan.org.uk/carers**

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. 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 (page 105), or Advice NI if you live in Northern Ireland (page 104).

Our booklet **Help with the cost of cancer** has lots more information (page 92).

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.

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 the Macmillan Support Line.

We have more information about travel insurance in our booklet and audiobook **Travel and cancer** (page 92). Our Online Community forum on Travel insurance may also be helpful. Visit **macmillan.org.uk/community**

Call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm. ☎

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.

Our booklets have more information that may be helpful:

- **Work and cancer**
- **Working while caring for someone with cancer**
- **Self-employment and cancer**
- **Your rights at work when you are affected by cancer**.

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

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


MACI
CANCE


FULL OF
SUPPORT

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 specialist nurses about things like diagnosis and treatments
- 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 300 0118**
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

Drinkaware

www.drinkaware.co.uk
Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

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

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.

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.

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**
www.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**
Textphone ADVICE to **0789 440 5248**
www.nidirect.gov.uk
www.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 can put people in contact with local support groups for carers.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services.

There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/population-health/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
phw.nhs.wales/wcisu

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
qub.ac.uk/research-centres/nicr/AboutUs/Registry

Your notes and questions

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**

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: 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 Nov 2023].

European Society for Medical Oncology (ESMO). ESMO expert consensus statements on the management of EGFR mutant non-small-cell lung cancer. 2022. Available at: www.pubmed.ncbi.nlm.nih.gov/35176458 [accessed Nov 2023].

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

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

MACMILLAN
CANCER SUPPORT

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

The booklet talks about the different types of lung cancer. It explains the different treatments you might have. 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