Diagnosing Cancer of the Lung
Caring for people with cancer
This booklet has been written to help you understand more about diagnosing lung cancer. It has been prepared and checked by respiratory physicians, cancer doctors, nurses and patients. The information in this booklet is an agreed view on the diagnosis of lung cancer.

If you are a patient, your doctor or nurse may go through the booklet with you and mark sections that are important for you. You can make a note below of the contact names and information you may need quickly.

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The Irish Cancer Society is the national charity for cancer care, dedicated to eliminating cancer as a major health problem and to improving the lives of those living with cancer. This booklet has been produced by Nursing Services of the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible.

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Introduction

This booklet has been written to help you learn how lung cancer is diagnosed. It looks at the symptoms of lung cancer and some of the tests you may need. Waiting for results can be an anxious time, so the booklet gives you advice on how to cope during this period.

We hope the booklet answers some of your questions and encourages you to discuss them with your doctors and nurses. If you would like more information on lung cancer, call the National Cancer Helpline 1800 200 700 for a free copy of the booklet Understanding Cancer of the Lung. You can also talk to one of our specialist nurses. If your cancer is advanced, the booklet Caring for Someone with Lung Cancer can give helpful advice as well. At the end of the booklet, you will find a list of useful booklets to read. There is also a list of websites and special groups to help and support you at this time.

Reading this booklet

Remember you do not need to know everything about lung cancer straight away. Read a section about a particular item as it happens to you. Then when you feel relaxed and want to know more, read another section.

If you do not understand something that has been written, discuss it with your doctor or nurse. You can also call the freefone National Cancer Helpline on 1800 200 700. It is open Monday to Thursday 9am–7pm and Friday 9am–5pm. Or if you prefer, you can visit a Daffodil Centre if one is located in your hospital. See page 49 for more about Daffodil Centres.
passes from your nose or mouth down through your windpipe. From there it divides into two airways called the right and left bronchi, which go to each lung. These bronchi then divide into smaller tubes called bronchioles. Finally, the bronchioles become tiny air sacs called alveoli.

What is lung cancer?

Lung cancer is the fourth most common cancer in Ireland. It affects about 1900 people each year. When it occurs, the cells in the lung change and grow without any control. Many lung cancers start in the cells lining the bronchi and are called carcinomas of the bronchus or bronchogenic carcinomas. Sometimes lung cancers spread to other parts of your body, for example, the brain. This is called secondary lung cancer or metastatic lung cancer.

See page 25 for more about the types of lung cancer.
What causes lung cancer?

The main cause of lung cancer is smoking but there are also risk factors that can increase your chance of getting the disease.

- **Smoking**: Cigarette smoking causes most lung cancers.
- **Radon gas**: At high concentrations, radon gas may increase your risk of getting lung cancer.
- **Age**: Your risk of lung cancer increases as you get older. It usually affects men and women over the age of 40.
- **Family history**: If you have a parent, brother or sister with lung cancer, your risk of lung cancer is doubled. At least one faulty lung cancer gene might be inherited in families.
- **Chemicals**: Certain chemicals in your workplace or neighbourhood might lead to cancer in rare cases. These include asbestos, uranium, metal dust and fumes, nickel, paints, diesel exhaust, nitrogen oxides, etc. The risk is higher if you smoke.

There is no evidence that your diet can cause lung cancer.

**Smoking**

Cigarette smoking causes most lung cancers. Your risk of developing it increases with the number of cigarettes you smoke and smoking from a young age.

> Cigarette smoking causes most lung cancers.

Low tar cigarettes do not reduce your risk as these kinds of smokers inhale more deeply. Inhaling other people’s cigarette smoke, known as passive smoking, increases your risk of lung disease and cancer too. But the risk is still much less than if you smoke yourself. Those who smoke pipes and cigars have a lower risk of lung cancer than cigarette smokers, but they are at a much greater risk than non-smokers.

**Radon gas**

Radon is a radioactive gas found naturally in the soil. It leaves the soil and rises into the air, sometimes through cracks and holes in the foundation of your house. Radon is harmless when it escapes into the air and is diluted. But if your home traps it inside, it can build up and cause harm. At high concentrations, it may increase your risk of getting lung cancer. Because it has no colour, odour or taste, it can only be measured using special equipment.

**How can I reduce my risk of lung cancer?**

- **Quit smoking**: As soon as you stop smoking, your risk of lung cancer starts to go down. After about 15 years, your chances of developing it are the same as that of a non-smoker.
- **Get your house checked for radon gas**: If you are worried about radon, you can have your house checked by the Radiological Protection Institute of Ireland. Steps can also be taken to reduce your risk (see page 52 for contact details).

If you would like support and advice about quitting smoking, there is help available. See page 21 for more information. If you feel you could be at risk of lung cancer, visit your family doctor and talk about your concerns. He or she will advise you on what to do.

**What are the symptoms of lung cancer?**

The symptoms of lung cancer may include any of the following:

- A cough that doesn’t go away
- A change in a cough you have had for some time
- A chest infection that won’t go away even after antibiotics
- Repeated bouts of pneumonia or bronchitis
- Shortness of breath or wheezing
- Hoarseness or a changing voice
- Coughing up blood
- Chest discomfort – a dull ache or sharp pain when you cough or take a deep breath
- Pain in your shoulder
- Difficulty swallowing
- Poor appetite and weight loss
- Feeling tired all the time (fatigue)
- Swelling in your face
Many people delay going to the doctor because they assume the symptoms are just 'smoker's cough'. If you do have any of the above symptoms, get them checked out by your doctor. But remember these symptoms can also occur in conditions other than cancer.

How is lung cancer diagnosed?

Usually most people visit their family doctor (GP) first. If your doctor has concerns about you, he or she will refer you for a chest X-ray and, if needed, to a special clinic called a rapid access lung clinic. At the hospital, the specialist will ask you questions about your general health and symptoms before examining you. Some of the following tests may be done to diagnose lung cancer:

- Chest X-ray
- Sputum cytology
- CT scan
- Bronchoscopy

For most of these tests you do not need to be admitted to hospital. Most tests are done as an outpatient. If you need a lung biopsy, you will be admitted.

**Chest X-ray**

A chest X-ray will be done to check the state of your lungs. If anything looks abnormal on the X-ray, your doctor can arrange more tests.

**Sputum cytology**

You may need to bring samples of phlegm (sputum) to the hospital so they can be checked for cancer cells under a microscope.

**CT scan**

This scan is called computerised tomography. It is a special type of X-ray that builds up a detailed picture of the tissues inside your body.

For some CT scans, you may be asked not to eat or drink for 4 hours beforehand. For others, you may be given a special drink or injection that helps show up parts of your body on the scan. It is important to let the radiographer know if you are allergic to iodine or shellfish or have asthma before you take the drink or injection. The injection may make you feel hot all over for a few minutes.

Preparation for a CT scan can vary between hospitals. But your doctor or nurse will tell you what to do. The scan itself does not hurt.

**Bronchoscopy**

During this test your doctor can look inside your airways with special equipment. A thin flexible tube called a bronchoscope is used. A light at one end of the tube helps your doctor to see any abnormal areas or swelling. It is like a small telescope that can take pictures like a camera. The test is usually done under local anaesthetic where your throat is numbed. You will also be given sedation so that you do not feel anything. Depending on your situation, you may get a general anaesthetic. In this case, you will not be awake during the test and you may have to stay in hospital overnight.

**Before the test**

Before the test, you must not eat or drink for a few hours. It is natural to feel a little anxious beforehand so you may be given a mild sedative. This will help you to relax and ease any discomfort during the test. You may also be given medication to reduce any mucus or fluid in your mouth and throat. This makes it easier to put the tube into your windpipe. As a result, your mouth can feel dry for 2 or 3 hours after the test.
Diagnosing cancer of the lung

During the test
The test may be a bit uncomfortable but does not last long – about 10 minutes. The local anaesthetic will be sprayed onto the back of your throat once you are relaxed. Next the tube is gently passed through your nose or mouth and into your airways. By looking through the tube, your doctor can check for anything that looks abnormal and take photographs to examine later.

Samples of lung tissue (biopsy) can be taken at the same time and examined under a microscope. This type of biopsy is called a transbronchial biopsy. A biopsy result may be positive or negative for cancer. A negative result does not always mean that there is no cancer. Further tests may be needed.

After the test
Once the test is over, it will be at least 1 hour before you can eat or drink again. Because your throat will be numb, it will not be safe to eat food or drink. Once the sedation has worn off you will be able to go home. It is best to arrange for someone to take you home, as you will be feeling sleepy. You will also not be able to drive for 24 hours. After the test, you might have a sore throat but it should be gone after a couple of days.

Endobronchial ultrasound (EBUS)
An EBUS is a special type of bronchoscopy that uses an ultrasound scan to take pictures inside and outside your lungs. It can be used to both diagnose lung cancer and stage it. Your doctor and nurse will give you more information about it, if needed.

Lung biopsy
During a bronchoscopy, EBUS or CT scan, your doctor can take small amounts of tissue samples from your lung. These are called biopsies. Biopsies are sent to a laboratory and looked at under a microscope to see if cancer cells are present.

Tests to stage cancer
If the tests show that you have lung cancer, your doctor may want to do other tests. These extra tests will show if the disease has spread to other tissues and organs. This is called staging. Your doctors will tell you what tests you might need. These tests will help them to decide on the best treatment for you. Further tests may include:

- PET scan
- MRI scan
- Ultrasound scan of liver and upper abdomen
- Bone scan
- EBUS
- Blood tests
- Mediastinoscopy

Nowadays, a PET scan can be combined with a CT scan. As this is new technology, it may not be available in all hospitals.

PET scan
This is a positron emission tomography scan. Not all patients will need a PET scan. It depends on whether your doctor needs to take a closer look at your lungs or not. PET uses a low dose of radioactive sugar to measure activity in your cells. The sugar is injected into a vein in your arm and travels to all the cells in your body. Because cancer cells absorb large amounts of the sugar, there will be more radioactivity where the cancer cells are found. After 1 hour, the scan is taken and can show on a computer screen if the cancer has spread to other tissues and organs.

Before the test, you may have to fast for a few hours. The scan itself may take up to 1 hour. You will be given instructions beforehand. PET is safe to use and there are no side-effects. Because it is a fairly new type of scanning, it may not be available in all hospitals.

MRI scan
This is a magnetic resonance imaging scan. It is a special scan that uses magnetic energy to build up a picture of the tissues inside your body. It can tell if a cancer has spread beyond the lung.
An MRI scan takes longer than a X-ray, anything from 20 minutes to 1 hour. It does not hurt, but you may feel a bit uncomfortable while the pictures are being taken. It is also noisy but you will be given earplugs to wear during it. You may have an injection before the scan to show up certain areas of your body.

You cannot wear metal jewellery during the scan and if you have certain medical devices implanted, like a pacemaker, you may not be suitable for the test. Your doctor will advise you on this. Most people can go home afterwards.

**Ultrasound scan**
This test is carried out in the X-ray department of the hospital. A picture is built up of the tissues inside your liver and upper abdomen using sound waves. You will be asked to lie on your back and a gel will be spread over the area to be scanned. A small device like a microphone, which produces sound waves, is used to take the scan. The sound waves then appear as pictures on a computer screen. This test is painless and only lasts about 10 minutes.

**Bone scan**
Bone scans are very sensitive to any changes in the bone. They can find cancer cells before they even show up on an X-ray. For this test, a tiny amount of a radioactive substance is injected into a vein, usually in your arm. After the injection, you will have to wait for up to 3 hours before the scan can be taken. It can help to pass the time by having a newspaper or magazine to read or a friend to keep you company. A scan is then taken of all the bones in your body. Abnormal bone absorbs more of the radioactive substance than normal bone. This can show up on the scan as areas of activity known as ‘hot spots’. The amount of radioactivity used in a bone scan is so small it is harmless. It disappears from your body within a few hours.

**Endobronchial ultrasound (EBUS)**
An EBUS is a special type of bronchoscopy that uses an ultrasound scan to take pictures inside and outside your lungs. It can also tell if the lung cancer has spread or not. Do ask your doctor or nurse for more information.

**Blood tests**
You may have some blood tests taken as well. One test can check if you have tumour markers. These are proteins that are sometimes found in blood or urine when cancer is present. K-RAS is the name of one tumour marker for lung cancer. If this is present, your doctor may decide to treat you with a targeted therapy.

Other blood tests might include checking your blood count. A full blood count will tell if your blood has the right number of blood cell types. This test will be done often if you are later treated with chemotherapy.

Other blood tests can spot problems in different organs such as the liver and bones.

**Mediastinoscopy**
The mediastinum is the area in the middle of your chest containing your heart, large blood vessels and gullet (oesophagus). This test allows your doctor to examine the area and the lymph nodes found there. It is done under general anaesthetic so you will need to stay overnight in hospital. Before the test, you will not be able to eat or drink for a few hours.

First a small cut is made through the skin in your neck just above your breastbone. A thin flexible tube, like a small telescope, is passed into your chest. Your doctor can then look at the tissues and organs in the mediastinum. He or she may also take samples of lung tissue and lymph nodes to view them under a microscope. This test takes about 20–30 minutes to do. You will not be able to eat or drink anything for at least 4 hours after the test. You should be able to go home the next day.
To sum up

There are several tests that can diagnose lung cancer. These may include:

- Chest X-ray
- Sputum cytology
- CT scan
- Bronchoscopy
- Biopsy of lung tissues

Depending on the results of these tests, you may need to have one or more of the following:

- PET scan
- MRI scan
- Ultrasound scan
- Bone scan/brain scan
- Blood tests
- Lung function tests (breathing tests)
- Mediastinoscopy

Waiting for results

How long do I have to wait for results?

No one likes waiting for results, especially for medical tests. Do ask your doctor and nurse when they expect the results to be ready. You can also ask how you will receive the results. Will they phone you or will you get them at an outpatient visit? It may take a number of weeks for all the test results to come back. Sometimes there may be delays so it can take longer than expected. Ask your nurse if you can ring to check the progress of the results.

It can help to bring someone with you when you visit the doctor. A partner, family member or friend can give you moral support and keep you company. They can remind you about any questions you forgot to ask and make a note of any answers. If you like, you can use the section at the back of this booklet for asking questions and taking notes. Afterwards, your relative or friend can help you recall what the doctor has said. That way, you can know what is happening and what to expect.

More than likely you and your family will meet a nurse specialist or co-ordinator at your first visit. This nurse will support you from diagnosis and give you valuable information about treatment and other matters. It can also help to talk things over with a specially trained nurse on the National Cancer Helpline 1800 200 700. The helpline can put you in touch with cancer support centres and counsellors if you feel it would help.

How can I cope with the anxiety of waiting?

It is normal to be anxious while waiting for results. Fear of the unknown and the frustration of waiting can make it a very stressful time for you. It is natural to be afraid of what might happen to you. You may find that your mouth gets dry and your pulse races and you cannot put it out of your mind. In fact, you might become so preoccupied with the ‘what-ifs’ that real life barely exists for you.
In this situation, it is important to draw on whatever gives you comfort in your life. This can include activities with family and friends, pastimes and hobbies, exercise or relaxation. Allow your family and friends to help you relax and distract you at this time.

**Family and friends**

It is likely that your family and friends are concerned about you too. But you may prefer not to talk about your symptoms and worry them until a diagnosis is made. Try not to cut yourself off from them for fear of upsetting them. They are likely to want to help you because your welfare is important to them. They might like to set up a rota so that one of them accompanies you to the hospital for tests or doctor visits.

It is likely that you will feel a whole range of emotions at this time. They can range from disbelief, sadness and anger to guilt and isolation. It is important to remember that all these emotions are natural. If you are finding it particularly hard to cope, do seek professional advice early. See page 31 for more details about reactions to a cancer diagnosis.

**Your diary of test results**
Smoking and diet

Should I stop smoking?

While waiting for your results, it is a good time to consider stopping smoking. Quitting smoking is the most important thing you can do to improve the quality of your health. Remember it is never too late to stop smoking. There is a lot of help available if you would like to quit. You can get advice from:

- Stop smoking clinic at the hospital (also called smoking cessation clinic)
- Your GP
- National Smokers’ Quitline 1850 201 203

It is never too late to stop smoking.

Ask your doctor or nurse if there is a stop-smoking clinic in your hospital. The National Smokers’ Quitline offers support and assistance for smokers all over the country. You can talk to a specially trained stop-smoking counsellor who will help you prepare a plan and support you during this time. The Quitline can also put you in touch with the smoking cessation officer in your area. For more information, call the Quitline 1850 201 203; Monday–Saturday, 8am–10pm. You can also visit the special HSE website: www.quit.ie

Should I eat special foods?

You do not need to eat special foods if you are diagnosed with cancer. During diagnosis, your nurse will talk to you about your eating habits. He or she can discuss any recent weight loss as well. You can also tell them about any eating problems you might have. There may be situations where you have found it hard to eat. If you live alone and need someone to prepare food, this can be arranged before you go home. If you have another medical condition, e.g. diabetes, talk to your dietitian for advice.
If you are losing weight

If you are underweight, weak or have a poor appetite, your dietitian may advise a diet high in protein and calories. The following are some examples of nutritious snacks that you might like to try:

- Breakfast cereals – hot or cold
- Beans on toast
- Cheese and crackers
- Custards
- Hot chocolate (made with milk)
- Milk puddings
- Milkshakes
- Yoghurt or fromage frais
- Smoothies
- Mousse

How to increase calories

- Add butter or margarine to soups, mashed and baked potatoes, sauces, cooked vegetables, rice.
- Add whipped cream to desserts, puddings and fruit. Add it unsweetened to mashed potatoes and puréed vegetables.
- Add milk and cream to soups, sauces, puddings, custards, cereals. Use cream instead of milk in recipes.
- Add cheese to casseroles, potatoes, vegetables, omelettes, sandwiches. Melt where possible.
- Add chopped hard-boiled eggs to salads, vegetables, casseroles.
- Sauté or fry foods if you can tolerate them.
- Add sauces or gravies to your food.

How to increase protein

- Eat more hard and soft cheeses. Add them to food where possible.
- Use milk instead of water as a drink and in cooking when possible. Use full fat milk.
- Take build-up drinks.
- Add ice cream or yoghurt to drinks, fruit and cereals.
- Add eggs to your food whenever possible. Avoid raw eggs.
- Add nuts, seeds and wheat germ to your food. Add to casseroles, salads, breads, biscuits.
- Add chopped meat or fish to vegetables, salads, casseroles, soups, baked potatoes.
- Eat more beans and peas. Add to soups and casseroles.

Build-up drinks and products

There are other ways to help you if you are not getting enough calories and protein from your diet. You can take special drinks to give you nourishment. These are known as nutritional supplements. They come in many flavours and types, e.g. drinks, juices, yoghurts, puddings, etc. Your dietitian and nurse can give you more advice about these.

You do not need to eat special foods if you are diagnosed with cancer.
More about lung cancer

What are the types of lung cancer?

Lung cancers can be either primary or secondary. Primary is when the tumour starts to grow in your lungs first. Secondary is when it has spread from somewhere else to your lungs.

The types of lung cancer are recognised by looking at them under a microscope. Most lung cancers are divided into two main types: non-small cell lung cancer and small cell lung cancer.

Non-small cell lung cancer (NSCLC)
Most lung cancers are of the non-small cell type. There are three main subtypes of this cancer:
1. **Squamous cell carcinoma**: These cells are usually found in the centre of your lungs, lining the bronchi, and do not spread quickly. This is the most common type of lung cancer.
2. **Adenocarcinoma**: These cells are usually found at the edges of your lung where mucus is made.
3. **Large cell carcinoma**: These are large round cells that may appear in any part of your lung, and tend to spread quickly.

The cells in these subtypes can also differ in size, shape and chemical nature.

Small cell lung cancer (SCLC)
About 1 in 7 of all lung cancers are the small cell type. But this type is becoming more common, especially in women. This is due to the increase in female smokers. This type of cancer often starts in the bronchi near the centre of your chest. It is usually due to smoking. In fact, it is very rare for someone who has never smoked to get small cell lung cancer.

Small cell cancers have small round cells that tend to grow quickly. They form large tumours and can spread to lymph nodes and other organs. These include the bones, brain, adrenal glands and the liver. Another name for this type of cancer is oat cell.
Rapid treatment
If you are diagnosed with small cell cancer, your doctor will want to start treatment as soon as possible. This is because there is a risk that the disease will spread quickly. Many patients are treated as though their disease has spread, even if there is no evidence of this on scans. This may be a frightening time for you and your family. You may find it hard to start treatment so soon after your diagnosis. This is only natural but it is important that your doctor treats you quickly.

Mesothelioma
Mesothelioma is cancer of the mesothelium. This is a thin layer of cells that covers your lungs, also known as the pleura. The main cause of mesothelioma is believed to be exposure to asbestos. For more information, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free factsheet, *Mesothelioma and Asbestos*.

What are the stages of lung cancer?
Staging is finding out how far the cancer has spread. It is important because your doctor will need this information when deciding on your treatment. There are different staging systems for both small cell and non-small cell lung cancer. They can be quite hard to understand but your doctor will explain them to you in detail.

If your lung cancer has spread to distant parts of your body, it is known as secondary lung cancer or metastatic lung cancer.

How is lung cancer treated?
There are four main types of treatment for non-small cell lung cancer. These are:

- Surgery
- Radiotherapy
- Chemotherapy
- Biological therapies

These treatments may be used on their own or with each other. The treatment you are advised to have will depend on:

- The type and size of the tumour
- Where it is in your lung
- If it has spread or not
- Your general state of health

Further information
For more information on types of lung cancer or treatment, talk to your doctor or nurse. You can also call the National Cancer Helpline 1800 200 700 and speak to one of our specialist nurses or ask for a free copy of the booklet, *Understanding Cancer of the Lung*.

How can my symptoms be controlled?
Most symptoms of lung cancer can be treated. For example:

- Shortness of breath
- Fatigue
- Cough

Your doctor can prescribe medication and your nurse and physiotherapist can help to make you feel as comfortable as possible.

Shortness of breath
Shortness of breath can be due to your disease or your treatment. It can be a frightening symptom for you.

Anaemia: One of the causes of shortness of breath can be anaemia. This is when you have fewer red blood cells. A simple blood test will tell your doctor if you have anaemia. You may need injections or a blood transfusion to treat this.
Chest infection: A chest infection can leave you feeling short of breath too. Do tell your doctor if you are coughing up phlegm, have a fever or breathing difficulties. A chest infection can be treated with antibiotics.

Pleural effusion: If fluids build up around your lung, you may find it difficult to breathe. This is called a pleural effusion. A chest X-ray will show this build-up of fluid. Your doctor can put a needle into your chest and drain away the fluid. This will help you to breathe more easily.

You may need oxygen to help you breathe as well. This can be arranged by your doctor or public health nurse. The physiotherapist can teach you breathing exercises to help you feel more comfortable. It is best to do these regularly but only as much as you can tolerate. There are also other ways to help you breathe comfortably, if needed. For more information, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free factsheet, Breathlessness and Cancer.

Hints & Tips – shortness of breath
- Avoid doing things that make you more breathless, such as climbing the stairs.
- Take your time when doing any activity such as washing or getting dressed.
- Take rest regularly in between activities.
- You may find it more comfortable to sleep in a chair.
- Avoid lying flat, as this might worsen your shortness of breath.
- Discuss any concerns you have with your doctor, nurse, social worker or family or friend. Anxiety can increase your shortness of breath.

Blockage to airways: If your tumour is causing a blockage to your airways, you may need treatment to remove it and improve your breathing. This can be done by:
- Radiotherapy
- Laser therapy
- Airway stents

For more information on radiotherapy or laser therapy, talk to your doctor or nurse or call the National Cancer Helpline on 1800 200 700.

An airway stent is a small tube that looks like a wire mesh. It is used to keep an airway open and can be put in through a bronchoscope. This is useful if there is pressure outside your airway, such as a tumour causing it to close in on itself. You will need a general anaesthetic, but you should wake up feeling much less short of breath.

Tiredness (fatigue)
Fatigue is another symptom that can be due to your disease or your treatment. Other symptoms like pain and shortness of breath can also make you feel more tired. Talk to your doctor and nurse about how tired you feel, as they can help you find the balance between rest and activity. Remember it is normal to feel very tired. So don’t be afraid to ask for help from friends and family and do get as much rest as you need. If you would like more information on fatigue, call the National Cancer Helpline on 1800 200 700 for a free copy of the booklet, Coping with Fatigue.

Cough
It is important to find out why you are coughing, so discuss this with your doctor. Once this is known, your doctor can treat the cause. There are some things you can do to prevent or improve your cough.

Hints & Tips – coughing
- Avoid smoky or stuffy environments that will make your cough worse.
- Drink plenty of fluids. This will help loosen phlegm and soothe a tickly cough.
- Ask your doctor to recommend a cough mixture.
- Tell your doctor if you are bringing up phlegm, as you may need antibiotics.
- Tell your doctor if you cannot cough up the phlegm, as you may need a nebuliser.
- If you cough up blood, you need to contact your doctor or nurse without delay.

More information
For more information about symptoms, call the National Cancer Helpline on 1800 200 700. Ask for a copy of the free booklet, Understanding Cancer of the Lung. Or if you prefer, you can visit a Daffodil Centre if one is located in your hospital.
Coping and emotions

How can I cope with my feelings?

There are many reactions when told you have lung cancer. Reactions can differ from person to person. In fact, there is no right or wrong way to feel. There is also no set time to have one particular emotion or not. Some reactions may occur at the time of diagnosis, while others might appear or reappear later.

**Common reactions include:**
- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation

Sometimes a cancer diagnosis can bring greater distress and cause anxiety and depression. This may occur if you have advanced cancer.

**Shock and disbelief**

‘It can’t be me.’ ‘Has there been a mistake?’ ‘Cancer happens to other people, not me.’

Shock is often the first reaction to a cancer diagnosis. In fact, you may feel numb and the situation may seem unreal. Many people think cancer will never happen to them and are very shocked when it does. Even if your doctor and nurse discuss your cancer with you, the news may not sink in for a while. You may find yourself confused, asking the same questions over and over again. Or else you may accept the news calmly and say nothing because you don’t really believe it is happening to you.
Fear and uncertainty

There is no doubt that cancer is a scary word. Not surprisingly, you may have many fears when first told of your diagnosis. Often the first thing people think about is dying. This is a natural reaction to have at this time and it can help to talk about it with your family or friends. Another great fear about cancer is pain. The fear of pain can sometimes overwhelm everything else. But some cancers cause no physical pain at all or else can be controlled with good painkillers. You may also have fears that your experience of cancer will change who you are and that people will reject or avoid you.

You may also have practical worries and fears about the effect of your illness on your family, your finances, your job, and your lifestyle.

It is natural for you to be afraid or concerned about the future too. You may wonder if you will be cured. Living with this uncertainty can make you feel anxious and fearful. You may not wish to make any plans or decisions. Do discuss your concerns with your doctor, who will give you advice and help.

Blame and guilt

When diagnosed with a serious illness such as cancer, it is natural to want to know what caused it. Sometimes people blame themselves or others for their illness. Because smoking can cause cancer, it is common for those with lung cancer to feel ashamed of their smoking habit. Or they may feel guilty because they delayed going to the doctor with their symptoms, fearing the worst or assuming it to be a smoker’s cough. No matter what the reason, don’t torture yourself at this time. There are many other risk factors for lung cancer and smoking is only one of them.

Don’t feel guilty if you can’t keep a positive attitude either, especially when you feel unwell. Low periods are to be expected. There is no evidence that your attitude will affect your health or cancer. Regret and guilt serves no useful purpose. Instead focus on what you can change or do to make you feel more in control of your illness.

Loss of control

After a cancer diagnosis, it is common for people to feel their life is beyond their control. All your plans may be put on hold. You may even lose some independence and freedom. Because you don’t know enough about your illness at first, you may rely totally on the advice of your doctors and nurses. You may not feel confident to make any decisions about your treatment. When you experience a loss of control, it can lead to feelings of helplessness. You may also feel that you will be unable to cope or that you will ‘fall to pieces’ or ‘go crazy’. You may even lose hope.

But it takes a while to know what is within your control and what is beyond it. Finding out as much as possible about your illness can help you regain some control.

Sorrow and sadness

It is natural to feel sad when told you have cancer. You may feel sad for a variety of reasons: for the loss of your good health, for the plans that are put on hold, for the people you feel you’ve let down, and for any changes to your body that arise from treatment. In this case, the sadness or sorrow can come from feeling as if a part of you has died. These feelings may not be there all the time and may come and go, but can gradually fade.

National Cancer Helpline Freephone 1800 200 700


**Denial**

Sometimes after being told their diagnosis, people deny they have cancer. While this may seem unusual, it is a valid way of coping. As a result, you may not wish to mention or discuss your illness. Or else you may talk as if your illness is nothing serious. Denial may last for a short or long time, depending on how long it takes for you to adjust to your illness. Tell your family and close friends that you would prefer not to talk about your illness, at least for the time being. Your doctors and nurses will also understand if you don’t want to hear any information about your cancer until you’re ready.

**Anger**

It is normal to be very upset when told you have cancer. Many aspects of your illness can result in anger and distress. Anger can often hide other feelings such as fear, sadness or frustration. You may feel angry that you got lung cancer through smoking. You may feel angry towards the doctors and nurses who are caring for you. Or if you have a religious belief, you may feel angry with God for allowing cancer to occur. You may vent your anger on those closest to you. Indeed being unable to protect the ones you love may frustrate you.

Your family and friends may not always be aware that your anger is really aimed at your illness and not at them. It may help to talk to them when you are calm, rather than feeling guilty or trying to bottle up your angry thoughts. Anger can sometimes affect your ability to think clearly. So if it persists and you are finding it hard to talk to your family, tell your nurse or doctor.

**Withdrawal and isolation**

A cancer diagnosis is stressful. It can leave you feeling confused and overwhelmed with so much information to take in. At times during your illness, you may want to be left alone and withdraw from people. It is normal for you to want to be alone to sort out your thoughts and feelings. You will want to take stock of things and work out how best you can cope. But it is not a good idea to spend long hours on your own every day.

Sometimes depression can make you avoid family and friends and stop you wanting to talk. If you isolate yourself, it can be hard for your family and friends, as they will want to share this difficult time with you. They may worry about you needlessly. Let your family and friends know that you will talk to them once you are ready.

If you are finding it particularly hard to cope, do seek professional advice early. A useful booklet called *Understanding the Emotional Effects of Cancer* has been written for people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy. The helpline can also put you in touch with cancer support centres and counsellors if you feel it would help.

**Don’t bottle up your feelings – express them.**

**Resentment**

It is natural that you might be resentful and unhappy because you have cancer, while other people are well. During your illness, similar feelings of resentment may occur for many reasons. You may resent that other patients receiving the same treatment as you have responded quicker than you have. You may also resent having to change your lifestyle in some way.

Sometimes family, especially adolescents, can resent the changes that your illness makes to their lives. It is best to admit that these feelings of resentment exist and to express them. Bottling up resentment helps no one. Instead everyone ends up feeling angry and guilty.

**Why me? I always took care of my health.’ ‘Why did this happen now?’**

Don’t bottle up your feelings – express them.

**How can you talk – you don’t have to deal with cancer.’ ‘How come I’m not getting better?’**
How can my family and friends help?

Families and friends can support you through your cancer journey in different ways. Some family members and friends can offer a listening ear and give advice if needed. Some may gather up-to-date information on cancer to know what you can expect and what you are going through. Others may prefer to help you in a practical way with travelling to and from the hospital, with childcare, cooking, shopping or housework. It may take time to know which way suits you and your friend or relative best.

If you are a relative or friend

When someone close to you has cancer it can be hard to know what to do. Their welfare may be a priority for you, but you might still be unsure when to visit or what to talk about. You may be afraid of upsetting them or saying the wrong thing. So it may seem best to pretend that everything is okay and carry on as normal. Sadly, by not talking to your friend or loved one, it can make them feel even more lonely and isolated. Try not to withdraw because you’re afraid of their illness or what might happen in the future. Although some people do die from cancer, many do not. Be honest with your own feelings too.

Often those with cancer do not wish to burden their family and friends with their worries and concerns. Gentle encouragement can sometimes help. But don’t rush into talking about their illness – knowing that you are always ready to listen and give help may reassure them. You may not think you are doing much by just listening. In fact, it is one of the best ways to help.

Be patient

Sometimes your friend or relative may get cross or irritable for what may seem to be no good reason. These feelings are completely normal. Be as patient and understanding as you can. Give them the space and time to adjust to the changes in their life. Above all, let them know that you are there, if they want to talk or need help. In time, life will begin to be normal again.

Caring for Someone with Lung Cancer: A Guide for Carers is a useful booklet written for relatives and friends of people with cancer and is available from the Irish Cancer Society. Call the National Cancer Helpline 1800 200 700 for a free copy.

How can I talk to my children?

A cancer diagnosis can affect an entire family. It can bring changes that may be either great or small. Even so, it is best to keep family life as normal as possible. Continue with your routine, with school and other activities, with birthdays and celebrations or work commitments. It may take a while but families can learn to adjust to changes in their lives.

Every family deals with cancer in a different way. You may feel that you do not want your illness to upset family life, or feel guilty that you cannot do activities with your children or grandchildren or that you’re letting them down. These are all natural feelings to have at this time.

Be honest

The main thing to remember is that being honest with your family really helps. Keeping your illness a secret may not be the best thing for your children. It can put added pressures on your family and lead to confusion. Young children are very sensitive to stress and tension and if you try to protect them by saying nothing, they may feel isolated. In fact, they may have greater fears if told nothing.

It is best that you or your partner tell your children about your cancer diagnosis. If this is not possible, then someone else close to your children should break the news.

How much you tell children will depend on their age and level of maturity. Obviously, adult or adolescent children can be told as much as possible. Even so, they might find it hard to accept the news. They might try to overprotect you or else avoid the subject altogether. It may take some time for them to adjust to your illness. But patience and love can help them in the right direction.

Very young children do not understand illness and need a simple reason why their parent is sick and has to go to hospital regularly. A story about good cells and bad cells usually works well. Most children over 10 years of age can take in fairly full explanations of why you are sick. Adolescents can understand far more. Talk to children in language they will understand but without going into the details of your illness.
It is best to prepare children for what to expect from the side-effects of treatments and to answer their questions simply and honestly. It is also important not to force your children to talk about your illness. If they rebel or turn quiet, it may be their way of showing their feelings.

**Coping with young children’s emotions**

During your illness, your children may experience a range of emotions from fear, guilt, anger to neglect, loneliness, isolation and embarrassment. They need to be reassured that your illness is not their fault. Whether they show it or not, children may feel that they somehow are to blame. But by having an open honest approach, it may bring you a sense of relief. Your family may also find new depths of love and inner strength that will boost your life together.

If you need some extra help in dealing with children, talk to your nurse or medical social worker. A useful booklet called *Taking to Children about Cancer: A Guide for Parents* gives practical advice on this subject. If you would like a copy, call the National Cancer Helpline 1800 200 700.

**Who else can help me?**

There are many staff that can give you support and advice when in hospital or during your outpatient visits. There are also other forms of support if you are at home.

**Specialist nurses:** Some of the major cancer centres have oncology liaison nurses and/or cancer nurse co-ordinators. These nurses are specially trained to give support to you and your family from the time of diagnosis and throughout treatment. They work alongside other members of the medical team to meet your needs.

**Psycho-oncology services:** Sometimes your illness may cause distress and anxiety that you might find hard to deal with. In some larger hospitals, there are special units that provide psycho-oncology services. This means that you can get special psychological care and support from a team of experts, if you need it. Usually the team consists of psychiatrists, clinical psychologists and nurses working closely together.

**Helpline nurses:** The Irish Cancer Society Helpline nurses can give you advice, information and support on any aspect of cancer care. The nurses will be happy to discuss any concerns you or your family may have, at any stage of your illness. The helpline can also put you in touch with cancer support centres and counsellors if you feel it would help.

**Support groups:** Joining a support group can put you in touch with people who have been in a similar situation. They can give you practical advice about living with cancer or if your recovery is not going well. You may find it easier to share your thoughts and feelings with someone who has a similar experience than with anyone else. There are a range of support groups that will support you and your family at time of diagnosis, throughout treatment and afterwards. A list of support groups is given at the back of this booklet.

**Internet:** The internet can help you find out information about lung cancer too. But be careful to visit sites that provide reliable and accurate information. Look for the HON Code logo on websites that give health information. This is a sign that the information is reliable. Some useful sites include:

- [Irish Cancer Society](www.cancer.ie)
- [Macmillan Cancer Support (UK)](www.macmillan.org.uk)
- [Global Lung Cancer Coalition](www.lungcancercoalition.org)
- [National Cancer Institute (US)](www.cancer.gov)
- [The Roy Castle Lung Cancer Foundation](www.roycastle.org)
- [Healthtalkonline](www.healthtalkonline.org/cancer/lung_cancer)

For more websites, see pages 52–57 at the back of the booklet.

**Advice for carers**

Being a partner, carer or friend of someone with lung cancer can be both a challenging and a rewarding experience. But it can also be tiring, frustrating and distressing. If you are to keep your strength and your spirits up, it is important to take good care of yourself.
Diagnosing cancer of the lung

Support resources

Health cover

Health cover falls into two categories – cover for medical card holders and cover for all other categories. Details of the following are given here:

- Hospital cover
- Outpatient cover
- Medical card
- GP visit card
- Drug Payments Scheme (DPS)
- Private healthcare cover
- Benefits and allowances

At the end of this section there are also some useful telephone numbers and addresses for further help. Call the National Cancer Helpline on 1800 200 700 for a copy of the booklet, Managing the Financial Impact of Cancer: A Guide for Patients and Their Families.

Hospital cover

At present, everyone is entitled to hospital inpatient services in a public ward in all public hospitals. There is a €75 a night charge up to a limit of €750 in 1 year. These charges do not apply to medical card holders. Higher rates apply for semi-private or private care.

Outpatient cover

If you go to the outpatients or A&E unit of a public hospital, without being referred there by a GP, you may be charged €100. There is no charge if you have a medical card or are admitted to hospital as a result of attending the A&E unit first.

Medical card

A medical card usually allows you, your spouse and any child under 16 to free GP services, prescribed drugs and medicines, inpatient public hospital services, and outpatient services and medical appliances. You may have to pay a prescription charge of €1.50 per item up to a limit of €19.50 per family per month.

- Learning about cancer: Learn more about lung cancer and the emotional effects it can cause. This will help you to understand what you can do to help, and have realistic expectations of treatments.
- Sharing worries: Make sure you share your worries with someone else. Stay in touch with your own friends and get out when you can. Visit a friend for a chat or go shopping. Take every chance to get out and meet other people, even if you sometimes don’t feel like it.
- Take regular breaks: If you live with someone who is anxious or depressed, try to make time for a break each day, even if it is just a walk to the shops or a trip to the library. This will give you something to look forward to each day. Ideally, you should also try to organise a longer break, such as an evening out with friends or a trip to the cinema each week.
- Little treats: If you don’t want to take a break, then at least give yourself little treats to keep yourself going. Order your favourite magazine each week and give yourself an hour to sit down with a cup of tea or coffee to read it. Or make sure that you can watch your favourite TV programme, have a long soak in the bath after a difficult day, or an early night with a good book.
- Professional help: If you find it difficult to cope, get help. If you have a close friend, talk through how you are feeling. If this is not possible or you feel you don’t have anyone you trust, talk to your doctor. He or she can talk through your frustrations and feelings and can suggest other sources of help.
- Physical health: Protect your physical health too. See your doctor sooner rather than later if you have any niggling health concerns of your own.
- Self-help groups: Find out about self-help groups, especially for carers of people with cancer. There are a number of voluntary organisations in the country that may provide help and support for you as a carer. In your situation, they can offer a variety of practical support and give advice. Your GP, public health nurse or specialist palliative care service can inform you of local groups too.

For more information, contact the National Cancer Helpline on 1800 200 700 and ask for a copy of the booklet, Caring for Someone with Lung Cancer.
To qualify for a medical card depends on a means test regardless of age. If you are over 70 and your weekly income is €700 or less, you can still apply for a card. Financial guidelines are set out each year and are available from your local Health Service Executive (HSE) office. If your means are above but close to the guidelines, you should apply for a card anyway as a card is granted in some situations. It will depend on your financial circumstances, medical expenses and how long your treatment is expected to last. If you wish to apply for a medical card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre.

**GP visit card**

If you do not qualify for a full medical card, you may be eligible for the GP visit card. This card covers visits to your doctor only and you will have to pay for drugs, outpatient/inpatient charges and medical appliances yourself. It is means tested but will take into account your after-tax income and certain expenses like childcare, rent/mortgage and travel to work. Check with the medical social worker at the hospital or your HSE office to see if you are eligible. If you wish to apply for a GP visit card, you can download an application form and apply online (www.medicalcard.ie) or at your local health centre.

**Drugs Payment Scheme**

Under the Drugs Payment Scheme (DPS), individuals and families including spouses and dependent children pay a limit of €144 each month to cover the cost of prescribed drugs, medicines and appliances. You can apply for cover under the scheme by contacting your local HSE office. You can also register for this scheme by filling in a registration form at your local pharmacy.

**Private healthcare cover**

Private health insurance is used to pay for private care in hospital or from various specialists in hospitals or in their practices. In Ireland, this is available through the VHI, Laya Healthcare, AVIVA Health and other schemes. They provide cover for day care/inpatient treatment and hospital outpatient treatment. Before attending hospital, it is best to check the level of cover provided by your insurance company, both for inpatient and outpatient services.

**Should I use private or public cover?**

Tests and investigations are available to all public patients. If you have private insurance, it may not always be possible to have your tests done quickly. Your health insurer has to approve some tests in advance, for example, MRI and PET scans. In some cases, it may take 24–48 hours to get approval from your health insurer.

**Benefits and allowances**

Information on the following is given in this section:

- Illness Benefit
- Disability Allowance
- Invalidity Pension
- Carer’s Allowance
- Medical Card
- Carer’s Benefit
- Carer’s Leave
- Appliances
- Travel to hospital
- Appliances
- Travel to hospital

For a free copy of *Managing the Financial Impact of Cancer: A Guide for Patients and Their Families*, contact the National Cancer Helpline on 1800 200 700. More information and application forms for the benefits below are available from your local social welfare office or from Social Welfare Services Office, Government Buildings, Ballinalee Road, Longford. Tel: (043) 334 0000 or Locall 1890 927 770. You can also download the forms from websites such as [www.welfare.ie](http://www.welfare.ie) or [www.citizensinformation.ie](http://www.citizensinformation.ie).

**Illness Benefit**

This is a benefit for insured people. Your eligibility will depend on your PRSI contributions. You must be under 66 and unable to work due to illness. Each week you must send a social welfare medical certificate signed by your doctor to the Dept of Social Protection, PO Box 1650, Dublin 1. Tel (01) 679 7777. These certificates are available from your GP and from the hospital you attend during inpatient care. You should send your claim to the Department within 7 days of becoming ill and unable to attend work. A delay might result in loss of payment. The benefit lasts for 2 years.
Disability Allowance
You might qualify for disability allowance if you are not eligible for illness benefit and not able to work for at least 1 year. Disability allowance is a weekly allowance paid to people with a disability who are aged between 16 and 66. For this allowance you must satisfy a means test, normally live in Ireland and be medically suitable. To be medically suitable you should have an illness that has continued or may continue for at least 1 year.

You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence.

Invalidity Pension
This is a pension paid instead of an illness benefit or disability allowance, if you are unable to work permanently. There are three cases where you can be eligible. (1) If you have been incapable of work for at least 12 months and likely to be incapable for at least another 12 months. (2) If you are permanently incapable of work. (3) If you are over the age of 60 and have a serious illness or incapacity.

Your eligibility will also depend on your PRSI contributions. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a medical card and assistance under the Supplementary Welfare Allowance Scheme.

Carer’s Allowance
This is an allowance for carers on low incomes who look after someone who needs full-time care and attention. You must be aged 18 or over, live in Ireland, satisfy a means test, not be self-employed or work more than 15 hours a week outside the home, and not live in a hospital or nursing home. You are also allowed a free travel pass and will get extra social welfare benefits, like the household benefits package. This includes allowances for gas, electricity, telephone rental and a free television licence. You are also entitled to a respite care payment every year. For more advice, talk to your medical social worker and/or the Dept of Social Protection.

Carer’s Benefit
If you are employed but wish to care for a sick relative full time, you might qualify for a carer’s benefit. This is a payment made to insured persons who leave the workforce to care for someone in need of full-time care and attention. You must be employed for 8 weeks in the 26-week period immediately before applying for the benefit. You must be aged 16 or over, live in Ireland, not be self-employed or employed while caring for the person, and not live in a hospital or nursing home.

Carer’s Leave
By law you may be entitled to unpaid temporary leave from your employment. Carer’s leave allows you to leave your employment for up to 104 weeks to care for someone in need of full-time care and attention. The leave will be unpaid, but you will have your job kept open for you while you are on leave. You do not need to be eligible for carer’s allowance or carer’s benefit to apply for carer’s leave. You must have worked for your employer for a continuous period of 12 months to be eligible to apply for carer’s leave. The person you are caring for can be a partner or family member, friend or colleague. The family doctor (GP) of the person you are caring for will also need to fill in part of your application form.

You can work while you are on carer’s leave for up to 15 hours a week. But you must make sure your income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection.

Appliances
For patients who have medical cards most appliances are free of charge or subsidised. For example, you are entitled to 1–2 free or subsidised wigs or hairpieces every year.

Travel to hospital
You may be faced with many expenses including travelling to and from hospital. If your travel costs are very expensive, discuss it with your medical social worker at the hospital. Limited help may also be available from your community welfare officer. Some HSE areas provide transport services to hospitals for outpatient appointments and day centres. Sometimes the HSE may assist with transport costs for a person who has to travel a long distance to a hospital.
In general, those who do not have a medical card may be charged for the service. However, the practice varies between HSE areas and often depends on personal circumstances. Charges may be waived in certain cases, like hardship.

See page 51 for information on the Care to Drive and Travel2Care schemes run by the Irish Cancer Society. Some local communities may also provide volunteer transport services.

Further information

Depending on your circumstances at the time of your illness, there are many other benefits and entitlements which may be relevant to you. Always have your PPS number (old RSI number) to hand when you are enquiring about entitlements and benefits. The most direct way to check your eligibility is to contact:

- Your community welfare officer in your local health centre
- The medical social worker in the hospital you are attending.

For social welfare queries, contact:

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<tr>
<th>Information Service</th>
<th>Tel: 1850 662 244</th>
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<tr>
<td>Dept of Social Protection</td>
<td>Leaflet line: 1890 202 325</td>
</tr>
<tr>
<td>Oisín House</td>
<td>Email: <a href="mailto:info@welfare.ie">info@welfare.ie</a></td>
</tr>
<tr>
<td>212–213 Pearse Street</td>
<td>Website: <a href="http://www.welfare.ie">www.welfare.ie</a></td>
</tr>
<tr>
<td>Dublin 2</td>
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If you have queries about health and social services, contact the HSE office in your area.

**HSE infoline:** 1850 241 850 **Email:** info@hse.ie **Website:** www.hse.ie

Information is also available from your local Citizens Information Centre. A list of these centres is available from:

**Citizens Information**

<table>
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<tr>
<th>Tel: 0761 07 4000</th>
<th>Email: <a href="mailto:information@citizensinformation.ie">information@citizensinformation.ie</a></th>
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<tbody>
<tr>
<td><strong>Website:</strong> <a href="http://www.citizensinformation.ie">www.citizensinformation.ie</a></td>
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**National Cancer Helpline Freefone 1800 200 700**

If you have financial worries...

A diagnosis of cancer can sometimes bring the added burden of financial worries. You may find that you have a lot more expenses, like medication, travel, food, heating, laundry, clothing and childcare costs. If you are not able to work or unemployed, this may cause even more stress. It may be hard for you to recover from cancer if you are worried about providing for your family and keeping a roof over your head.

There is help available if you find it hard to cope with all these expenses. Contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also in certain cases give some assistance towards travel costs and other expenses because of your illness. See page 50 for more details. You can also call the National Cancer Helpline 1800 200 700 and the nurse will suggest ways to help you manage.

If you feel you are getting into debt or are in debt, there is help available. Contact the Money Advice and Budgeting Service on the MABS Helpline 1890 283 438. This service can help you work through any financial issues you have. They can assess your situation, work out your budget, help you deal with your debts and manage your payments. The service is free and confidential. See page 52 for contact details. A useful book for preparing low-budget nutritious meals is 101+ Square Meals. See page 58 for more information.
Daffodil Centres providing cancer information

Daffodil Centres are located in a number of Irish hospitals. These have been set up by the Irish Cancer Society in partnership with each hospital and are an extension of the Cancer Information Service. They are generally found near the main entrance of the hospital and are open during the day. Staffed by a specialist nurse and trained volunteers, they provide a range of information, advice, help and support on all aspects of cancer, free of charge.

Daffodil Centres give you a chance to talk in confidence and be listened to and heard. If you are concerned about cancer, diagnosed with cancer or caring for someone with cancer, you are welcome to visit the centre. Do check to see if there is a Daffodil Centre in your hospital.

Cancer support groups

The Irish Cancer Society funds a range of support groups set up to support you and your family at time of diagnosis, throughout treatment and afterwards. See page 53 for more details.

Survivors supporting survivors

Being diagnosed with cancer can be one of the hardest situations to face in your lifetime. Survivors Supporting Survivors is a one-to-one support programme run by the Irish Cancer Society. It provides emotional and practical support to newly diagnosed patients. All of the volunteers have had a cancer diagnosis and have been carefully selected and trained to give you support, practical information and reassurance when you need it most. You can speak to someone who really knows what you are going through. If you would like to make contact with a volunteer, please call the National Cancer Helpline on 1800 200 700.

Counselling

Coping with a diagnosis of cancer can be very stressful at times. Sometimes it can be hard for you and your family to come to terms with your illness. You might also find it difficult to talk to a close friend or relative. In this case, counselling can give you emotional support in a safe and confidential environment. Call the helpline 1800 200 700 to
find out about counselling services provided by the Irish Cancer Society and services available in your area.

**Night nursing**

The Society can provide a night nurse, free of charge, for up to 10 nights if you need end-of-life care at home. The night nurse can also give practical support and reassurance to your family. You can find out more about this service from your GP, local public health nurse, a member of the homecare team or the palliative care services at the hospital. Homecare nurses can offer advice on pain control and managing other symptoms.

**Oncology liaison nurses**

The Society funds some oncology liaison nurses who can give you and your family information as well as emotional and practical support. Oncology liaison nurses work as part of the hospital team in specialist cancer centres.

**Cancer information booklets**

These booklets provide information on all aspects of cancer and its treatment. They also offer practical advice on learning how to cope with your illness. The booklets are available free of charge from the Society.

**Financial support**

A diagnosis of cancer can bring with it the added burden of financial worries. In certain circumstances, the Irish Cancer Society can provide limited financial help to patients in need. You may be suitable for schemes such as Travel2Care or Financial Aid.

Travel2Care is funded by the National Cancer Control Programme (NCCP) and managed by the Irish Cancer Society. The scheme can help with your travel costs if you have genuine financial hardship due to travelling to a designated cancer centre or approved satellite centre. It will help with the costs of public transport, such as trains or buses, private transport costs, or petrol and parking.

**Travel2Care:** If you would like to request this kind of help, contact your oncology nurse or the Irish Cancer Society at (01) 231 6643/231 6619 or email travel2care@irishcancer.ie

**Financial Aid:** A special fund has been created to help families in financial hardship when faced with a cancer diagnosis. If this applies to you, contact the medical social work department in your hospital. You can also speak to your oncology nurse or contact the Irish Cancer Society at (01) 231 6619.

See our website for more information: [www.cancer.ie](http://www.cancer.ie)

**Care to Drive transport project**

Care to Drive is a scheme operated by the Irish Cancer Society. It provides free transport for patients to and from their treatments using volunteer drivers. All of the volunteers are carefully selected, vetted and trained. You are collected from your home, driven to your appointment and brought back home again. Call (01) 231 0522 to find out if Care to Drive is available in your hospital.

For more information on any of the above services, call the National Cancer Helpline on 1800 200 700.
Useful organisations

Irish Cancer Society
43/45 Northumberland Road
Dublin 4
Tel: 01 231 0500
National Cancer Helpline 1800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

Ash Ireland
50 Ringsend Road
Dublin 4
Tel: 0818 305 055
National Smokers’ Quitline:
CallSave 1850 201 203
Email: info@ash.ie
Website: www.ash.ie

The Carers’ Association
Market Square
Tullamore
Co Offaly
Tel: 057 932 2920
Freefone: 1800 240 724
Email: info@carersireland.com
Website: www.carersireland.com

Citizens Information
Tel: 0761 07 4000
Email: information@citizensinformation.ie
Website: www.citizensinformation.ie

HSE Health Promotion Information
Website: www.healthpromotion.ie
Website: www.quit.ie

Irish Lung Foundation
1 Eden Quay
Dublin 1
Tel: 01 874 9985
Email: info@irishlungfoundation.ie
Website: www.irishlungfoundation.ie

Irish Oncology and Haematology Social Workers Group
Website: http://socialworkandcancer.com

Money Advice and Budgeting Service
(MABS)
Commercial House
Westend Commercial Village
 Blanchardstown
Dublin 15
Tel: 0761 07 2000
Email: helpline@mabs.ie
Website: www.mabs.ie

Radiological Protection Institute of Ireland
3 Clonskeagh Square
Clonskeagh Road
Dublin 14
Tel: 01 269 7766
Website: www.rpi.ie

Health insurers

AVIVA Health (formerly VIVAS Health)
PO Box 764
Toogher
Cork
Tel: 1850 717 717
Email: info@avivahealth.ie
Website: www.avivahealth.ie

Laya Healthcare (formerly Quinn)
Eastgate Road
Eastgate Business Park
Little Island
Co Cork
Tel: 021 202 2000
Locall: 1890 700 890
Email: info@layahealthcare.ie
Website: www.layahealthcare.ie

Voluntary Health Insurance (VHI)
IDA Business Park
Purcellsinch
Dublin Road
Kilkenny
CallSave: 1850 44 44 44
Email: info@vhi.ie
Website: www.vhi.ie

National support groups

ARC Cancer Support Centres
Dublin and Cork (see pages 54 and 55).

Brain Tumour Support Group
Medical Social Work Department
St Luke’s Hospital
Highfield Road
Rathgar
Dublin 6
Tel: 01 406 5163

I’ve Got What?!
[Support for young adults affected by cancer]
c/o Cross Cause Charity Shop
Blackrock
Co Louth
Tel: 086 339 5690

Lakelands Area Retreat & Cancer Centre
Multiyarnham
Mullingar
Co Westmeath
Tel: 044 937 1971
CallSave 1850 719 719
Email: info@larcc.ie
Website: www.larcc.ie

Connaught support groups & centres

Athenry Cancer Care
Social Service Centre
New Line
Athenry
Co Galway
Tel: 091 844 319 / 087 412 8080

Ballinasloe Cancer Support Centre
Society Street
Ballinasloe
Co Galway
Tel: 090 964 5574 / 087 945 2300
Email: ballinasloecancer@yahoo.co.uk

Cancer Care West
Inis Aoibhinn
University Hospital Galway
Costello Road
Galway
Tel: 091 545 000
Email: info@cancercarewest.ie
Website: www.cancercarewest.ie

Cara Iorrais Cancer Support Centre
2 Church Street
Belmullet
Co Mayo
Tel: 097 20590
Email: caraiorrais@gmail.com

East Galway Cancer Support Centre
The Family Centre
John Dunne Avenue
Ballinasloe
Co Galway
Tel: 087 984 5574 / 087 945 2300
Website: www.eastgalwaycancersupport.com

Gort Cancer Support Group
The Hawthorn
Ennis Road
Gort
Co Galway
Tel: 086 312 4220
Email: gcsupport@eircom.net
Website: www.gortcs.ie

Mayo Cancer Support Association
Rock Rose House
32 St Patrick’s Avenue
Castlebar
Co Mayo
Tel: 094 903 8407
Email: info@mayocancer.ie
Website: www.mayocancer.ie

Roscommon Cancer Support Group
Vita House Family Centre
Abbey Street
Roscommon
Tel: 090 662 5898
Email: vitahouse@eircom.net
For other support groups or centres in your area, call 1800 200 700.
Helpful booklets/DVDs

Free booklets from the Irish Cancer Society:
- Understanding Cancer of the Lung
- Caring for Someone with Lung Cancer: A Guide for Carers
- Understanding Chemotherapy
- Understanding Radiotherapy
- Coping with Fatigue
- Understanding Cancer and Complementary Therapies
- Understanding the Emotional Effects of Cancer
- Lost for Words: How to Talk to Someone with Cancer
- Who Can Ever Understand? Talking About Your Cancer
- Talking to Children about Cancer: A Guide for Parents
- Journey Journal: Keeping Track of Your Cancer Treatment

Free factsheets/DVDs from the Irish Cancer Society:
- Mesothelioma and Asbestos
- Breathlessness and Cancer
- Radiation Therapy: A Patient Pathway (DVD)
- Advanced Radiotherapy Treatments
- Living with Lung Cancer (DVD)

What does that word mean?

**Adjuvant treatment**
Treatment given soon after surgery when a diagnosis of cancer is made.

**Alopecia**
Loss of hair. No hair where you normally have hair.

**Anti-emetic**
A tablet, injection or suppository to stop you feeling sick or vomiting.

**Benign**
Not cancer. A tumour that does not spread to other parts of your body.

**Biopsy**
The removal of a small amount of tissue from your body to find out if cancer cells are present.

**Bronchoscopy**
A test where your doctor can look inside your lung airways using a thin flexible tube called a bronchoscope. It is like a small telescope that can take pictures like a camera.

**Cells**
The building blocks that make up your body. They are tiny and can only be seen under a microscope.

**Chemotherapy**
Treatment using drugs to cure or control cancer.

**Haemoptysis**
Coughing up blood or blood-stained phlegm.

**Malignant**
Cancer. A tumour that can spread to other parts of your body.

**Mediastinum**
The area in the middle of your chest containing your heart, large blood vessels and gullet (oesophagus). Your lungs are on either side of it.
Medical oncologist  A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Metastasis  The spread of cancer from one area of your body to other tissues and organs.

Nausea  Feeling sick or wanting to be sick.

Neo-adjuvant  Treatment given before surgery to reduce the size of a tumour.

Oncology  The study of cancer.

Palliative  Treatment that eases symptoms like pain, pressure and bleeding but does not cure cancer.

Radiation oncologist  A doctor who specialises in treating cancer patients using radiotherapy.

Radiotherapy  The treatment of cancer using high-energy X-rays.

Respiratory physician  A doctor who specialises in treating diseases of the lung.

Sputum  Mucus coughed up from your lungs. Also called phlegm.

Staging  A series of tests that measure the size and extent of cancer.

Questions to ask your doctor

Here is a list of questions you might like to ask. There is also some space for you to write down your own questions if you wish. Never be shy about asking questions. It is always better to ask than to worry.

- What tests do I need?
- Should I bring someone with me when I see the doctor?
- Why am I having these tests?
- Should I give up smoking?
- Will I be admitted to hospital for the tests?
- How long will I be waiting for the results?
- Can I get a second opinion?
- Should I eat special foods?
- What type of lung cancer do I have? Where is it exactly?
- What are my chances?
- Do I need treatment?

Record your questions and answers in the Journey Journal: Keeping Track of Your Cancer Treatment. Call 1800 200 700 for a copy.
Your own questions

1
Answer

2
Answer

3
Answer

4
Answer

5
Answer

6
Answer

7
Answer

8
Answer
Acknowledgements
We would like to extend a special word of thanks to the following people for their invaluable contributions to this booklet:
Janet Clince, Lung Cancer Co-ordinator
Vicki Hovenden, Lung Cancer Coordinator

Would you like more information?
We hope this booklet has been of help to you. After reading it or at any time in the future, if you feel you would like more information or someone to talk to, please call the National Cancer Helpline on 1800 200 700.

Would you like to be a patient reviewer?
If you have any suggestions as to how this booklet could be improved, we would be delighted to hear from you. The views of patients, relatives, carers and friends are all welcome. Your comments would help us greatly in the preparation of future information booklets for people with cancer and their carers.

If you wish to email your comments, have an idea for a new booklet or would like to review any of our booklets, please contact us at reviewers@irishcancer.ie

If you would prefer to phone or write to us, see contact details below.

Would you like to help us?
The Irish Cancer Society relies entirely on voluntary contributions from the public to fund its programmes of patient care, research and education. This includes patient information booklets. If you would like to support our work in any way – perhaps by making a donation or by organising a local fundraising event – please contact us at CallSave 1850 60 60 60 or email fundraising@irishcancer.ie

Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500 Email: info@irishcancer.ie Website: www.cancer.ie
The mission of the Irish Cancer Society is to play a vital role in achieving world-class cancer services in Ireland, to ensure fewer people get cancer and those that do have better outcomes. Our goals are focused around prevention, survival and quality of life with three programme areas to achieve them: advocacy, cancer services and research.