LOOK after your lungs

TLC FOR YOUR LUNGS
Protect you and your family against lung disease

GET IT OFF YOUR CHEST
Spotting lung disease early can make all the difference

‘LIFE CAN RETURN TO BEING AS GOOD AS IT WAS’
Lung cancer survivors share their inspirational stories

WIN!
Enter our competition by answering a short survey and be in with a chance of winning one of our fantastic prizes. See inside for details.

TOP TIPS
Get the best from your visit to the GP

HERE FOR YOU
Support for lung cancer patients

ASK THE EXPERT
Your questions answered by a leading lung cancer expert

Des Bishop Lends His Support

Irish Cancer Society
Each day we breathe up to 20,000 times. We breathe in and out about 12 to 15 times per minute, often without even thinking about it. All of this breathing could not happen without our hard-working lungs which bring oxygen into our blood stream and every living cell in our body. Therefore it is really important that we look after our lungs.

**Do you want to have more energy and feel great?**

*Look After Your Lungs* is not just for smokers. It is for anyone who wants to take charge of their health and feel great! Good health habits like eating a balanced diet, being physically active and reducing the stress in your life will help you breathe easier. By caring for your lungs you will be healthier, happier and more energetic.

**Are your lungs trying to tell you something?**

If you are worried about the health of your lungs, this magazine has important information for you. It's important to pay attention to your lungs, and to look out for possible signs of lung disease. Lung disease refers to conditions that affect the lungs, including asthma, chronic obstructive pulmonary disease (COPD), pneumonia and lung cancer. Finding and treating lung disease early can make all the difference.

**Have you been diagnosed with lung cancer?**

If you have been diagnosed with lung cancer, this magazine has lots of helpful information for you. And remember, the Irish Cancer Society is here for you every step of the way. If you have any questions, you can put your mind at ease by speaking with one of our specialist cancer nurses in complete confidence.

**Kevin O’Hagan**  
*Health Promotion Manager*  
*Irish Cancer Society*

To get in touch with an Irish Cancer Society specialist nurse, you can:

- Call the National Cancer Helpline on Freefone **1800 200 700**
- Email us on **helpline@irishcancer.ie**
- Check and see if there is a **Daffodil Centre** in your hospital. For more information, see page 25.
HOW DO MY LUNGS WORK?

Your lungs are a pair of large organs in your chest and are part of your respiratory system. Your right lung has three lobes (parts). Your left lung is smaller and has two lobes.

Put your hand on your chest and feel it rise and fall as you inhale and exhale. That is the only outward sign of the hard work your lungs are doing every moment of your life.

When you breathe in, air enters your body through your nose or mouth. It passes through your windpipe and through each bronchus, and finally goes into your lungs. From the lungs, oxygen from the air is passed into the bloodstream and carried to all the cells of your body. The cells need oxygen to live and carry out everyday functions.

Carbon dioxide is made during cell activity. The body must get rid of it as it is a waste gas. It does this by moving it from the bloodstream into the lungs. When you breathe out, the lungs force carbon dioxide out.

The surface of the lungs is roughly the same size as a tennis court!

About 10,000 litres of air move in and out of the lungs every day.

On average a person breathes about 12 to 15 times a minute. That is at least 17,000 times a day and over six million breaths a year.

The left lung is slightly smaller than the right lung to make room for the heart.
What’s HOT

Get fit
Getting fit will do wonders for the health of your lungs. If you are quitting smoking, physical activity can also help you cope with withdrawal symptoms. So get moving by reading our top tips on page 11!

Eat for health
What you eat and don’t eat has a powerful effect on your health, including the health of your lungs. You might feel confused by all the different messages you hear about what you should be eating. We make it simple on page 12.

Smokefree homes and cars
By keeping your home and car smokefree, you will protect your family, friends, and visitors from the harmful effects of smoking.

Get checked out
If you have any of the warning signs of lung disease listed on page 14, do something about it. It may be nothing serious, and you will get peace of mind. If something is wrong, the earlier you get treated, the more likely you are to make a full recovery.

The Healthy Lungs Index

Smoking
Smoking is the single biggest cause of ill health and cancer in Ireland. Quitting smoking will protect you against one third of all cancers, not just lung cancer and other lung diseases. Need more motivation and inspiration to quit? This magazine is packed full of it!

Secondhand smoke
Your tobacco smoke can significantly increase a non-smoker’s risk of lung cancer. Secondhand smoke is particularly dangerous for children because their bodies are still developing.

Radon gas
Radon gas is a naturally occurring gas that can seep out of the soil into buildings. For more information on protecting yourself against radon gas, see page 13.

Hazardous substances
Certain dangerous substances such as asbestos can cause damage to your lungs and increase your risk of lung disease. Stay safe at home and at work by reading page 13.

What’s NOT
1. **My other healthy habits may make up for my smoking.**
Some smokers justify their habit by insisting that eating healthily and exercising are enough to keep them healthy. Not so. Research shows that eating a healthy diet and exercise is excellent for your health but will not reduce the health risks associated with smoking. Smoking causes 30 per cent of all cancers.

2. **Switching to ‘light’ cigarettes will cut my risk.**
Smokers who switch to brands labelled ‘light’ or ‘mild’ still need to satisfy their cravings for nicotine. As a result, they often inhale deeper for a longer period of time, and have the same risk of cancer as other smokers.

3. **I’ve smoked for so long, the damage is already done.**
Quitting smoking at any age brings health benefits but the earlier you quit, the better. On page 7, one inspirational ex-smoker tells us how quitting in his 60s saved his life.

4. **I’ll put on weight if I quit smoking.**
Many people who quit do not gain weight. For people who do gain a few pounds, remember it is temporary and you should return to your normal weight within a few months. Don’t fall into the obvious trap of replacing cigarettes with high-calorie foods. For more information, see page 12.

5. **Quitting ‘cold turkey’ is the only way to go.**
Some smokers think that willpower is the only effective tool for quitting. They are partly right because commitment is essential. But smokers are more likely to succeed at quitting if they get help. For more information, see page 9.

6. **I’m the only one who is hurt by my smoking.**
Your tobacco smoke can cause serious harm to the people around you. Secondhand smoke can increase a non-smoker’s risk of getting lung cancer and heart disease. Secondhand smoke is particularly dangerous for children because their bodies are still developing. Smoking when you are with your children in the home or the car can increase their risk of cot death, asthma and chest infections, and possibly cancer later on in life.

7. **I tried quitting once and failed, so it’s no use trying again.**
Most smokers try several times before quitting for good. So if you have not yet succeeded, don’t let that stop you from trying again. Ex-smokers who have successfully quit share their encouraging stories on page 6.

8. **I need cigarettes to cope with stress in my everyday life.**
Not true. Smoking makes the heart beat faster and raises blood pressure. Reduce the stress in your life by reading our tips on page 10.

9. **I’m just a social smoker.**
Many people think they are in control of social smoking habits when they are not. The more you smoke, the more your body learns to depend on nicotine, and this is what makes quitting so hard. There is no such thing as a safe cigarette. Every cigarette is harming you and the people around you.

10. **I only smoke menthol cigarettes.**
Menthol cigarettes are just as harmful to your health as normal cigarettes. The only difference is that they are flavoured by menthol. Recent reports suggest that they may be more addictive than average cigarettes and may encourage more young people to smoke.
Motivation Station

If you want to change your life,

**Top 10 reasons to quit**

We’re not even going to mention lung cancer, heart attack or stroke.

1. You will have more physical energy.
2. You will have A LOT more money.
3. You will be a good role model for your family.
4. You will have healthier skin and fewer wrinkles.
5. You will have whiter teeth.
6. Your sense of smell and taste will return to normal.
7. You will sleep better.
8. You will have no more stressful plane, train or bus journeys.
9. You will have a better image. Do you really want to be remembered for your smoky breath and stale smell?
10. Quitting smoking puts you in control. There are so many things in life you can’t control – quitting smoking is not one of them.

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**What’s your poison?**

Tobacco smoke is a mixture of over 4,000 chemicals. Many are poisonous. More than 60 are known to cause cancer.

- ant poison (arsenic)
- floor cleaner (ammonia)
- polish remover (acetone)
- explosives (toluene)
- insecticide (DDT)
- weedkiller (nicotine)
- power in satellites (polonium-210)
- aviation fuel (methanol)
It’s about time…

The human body has an amazing ability to recover from the damage caused by smoking. Within the first 20 minutes of quitting, this healing process begins...

<table>
<thead>
<tr>
<th>Time</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>20 minutes</td>
<td>✓ Your blood pressure and heart rate return to normal</td>
</tr>
<tr>
<td>8 hours</td>
<td>✓ The level of carbon monoxide in your blood returns to normal</td>
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<tr>
<td></td>
<td>✓ The level of oxygen in your blood returns to normal</td>
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<tr>
<td>24 hours</td>
<td>✓ Your lungs start to clear mucus</td>
</tr>
<tr>
<td>48 hours</td>
<td>✓ Your senses of taste and smell are much improved</td>
</tr>
<tr>
<td>2 weeks to 3 months</td>
<td>✓ Your circulation improves</td>
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<td></td>
<td>✓ Your lung function increases</td>
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<tr>
<td>1 to 9 months</td>
<td>✓ Your lungs are much more efficient and breathing improves</td>
</tr>
<tr>
<td></td>
<td>✓ Your risk of lung infection decreases</td>
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<tr>
<td></td>
<td>✓ Your overall energy increases</td>
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<tr>
<td>1 year</td>
<td>✓ Your risk of getting a heart attack is half that of a smoker</td>
</tr>
<tr>
<td></td>
<td>✓ Your risk of cancer is also reduced</td>
</tr>
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</table>

Smoking is expensive
Quitting is priceless

If you smoke...  Cost per year...
20 a day          over  €3,300
40 a day          over  €6,600
REAL LIVES
If we can do it, you can too!

Quitting smoking can be done at any age. You are never too young or too old to reap the rewards...

20’s

‘The worst was when I was out having a few drinks’
Emma Leahy, 30, Annacotty, Co Limerick

I started smoking when I was about 16 but it wasn’t until college I became really addicted. For about a year before I quit for good, I tried lots of times but always fell off the wagon. On Stephen’s Day 2008 I went on holidays and got a bad flu. The smell of cigarettes was so off-putting, I couldn’t smoke. By the end of the holiday I was feeling much better but I knew that this was my chance to stay off them for good. Back at home, I turned to water as a crutch. I constantly had a bottle in my hand and this really helped. The worst was when I was out having a few drinks – that took a lot of willpower, but the cravings always passed. After I quit I started swimming and I remember the first time I came out of the pool without that horrible heaving feeling at the bottom of my lungs. I’m delighted to be entering my 30’s free from the clutches of cigarettes. I now run regularly and have set myself a goal to do a half-marathon in 2014!

40’s

‘I thought I was the big fellow who could just have one’
Gerry Duffy, 45, Mullingar, Co Westmeath

In the mid-1990’s, Gerry Duffy was several stone overweight and smoking 50 cigarettes a day. In 2010 he toured every county in Ireland, completing 32 marathons in 32 days. Two years ago he won the UK’s first Deca Ironman Challenge, a gruelling long-distance triathlon consisting of about 18 hours of swimming, cycling and running every day for 10 days.

I have to say hand on heart I loved or at least I thought I loved cigarettes. I started smoking at 17 and by my mid-twenties I was a 30-a-day man. Like most though, deep down I hated them and I tried to quit so many times. On one occasion, I even managed to stay off them for a full 16 months. Then one night when I was enjoying a few beers with friends, I thought I was the big fellow who could just have one. So I did. Before the night ended I had smoked 10 or more. The next day I bought a packet. I was a smoker again.

Finally, at the end of 2001, I had had enough and on January 2 2002 I convinced myself that I would smoke no more. Despite serious cravings for a couple of months, I think my success on this occasion was the attitude I brought to the table. If you have battled the addiction of cigarettes and have tried to quit, then I salute you. You are great for doing so, so give yourself a pat on the back. If you haven’t yet succeeded, try again. One day, I promise there will be no turning back.
30’s

‘When I saw my four-year-old daughter copying me, I knew I had to quit’
Avril O’Sullivan, 36, Bayside, Dublin 13

I started buying cigarettes with my friends when I was 12. Despite working as an administrator for the Irish Cancer Society, it was only when I saw my daughter copying me, I knew I had to quit. She was four at the time. I decided to go ‘cold turkey’ and try to break my addiction without the aid of nicotine patches or gum – my only crutch was the Quitline support team. I stopped smoking on January 26, 2011, and although I have had more than a few cravings, I am doing great. Every time I feel the need to smoke, I speak to one of the counsellors on the Quitline or do something to distract myself. It’s working well and I’m feeling fitter by the day. I’ve started to watch what I eat and go to the gym, and I’ve lost over a stone since I quit. And my daughter Síofra tells me that she is very proud of me for not smoking. There is no better incentive than that.

50’s

‘I had a massive wake-up call’
Margaret Byrne, 55, Dundalk, Co Louth

I started smoking when I was 13. By my early 20s I was smoking 20 a day and this went up to 35 as the years went by, despite a number of health scares. Two years ago, I had a massive wake-up call when I got a heart attack and had to have a stent put in. The moment I got to the hospital, the nurse put a nicotine patch on me. When I came home, I knew that there was no way I could ever smoke again. Every morning, I would get up and stick to my usual routine but instead of smoking my first cigarette with my cup of tea like I’d always done, I’d put on a new nicotine patch. I got brilliant support from my family and the smoking cessation counsellor in the hospital, and I also started walking. As the weeks and months went by, people were commenting that I looked better than I did five years ago. I won’t deny it was hard at times, especially as a lot of my friends smoke. But I feel so much healthier now and the penny has finally dropped – I’ve started to take care of myself.

60’s

‘I was told to go home and put my affairs in order’
John Flynn, 66, Nenagh, Co Tipperary

When I was four, I started smoking the butts of Woodbines from the pub beside our house. I became a serious smoker when I left school and smoked between 35 and 40 cigarettes a day for most of my life. From about the age of 30 I tried absolutely everything to give them up but nothing worked. I developed emphysema in my mid 50’s, and it got extremely bad. Every morning I’d walk from my bedroom to the kitchen and sit down to recover my breath before lighting up. In the summer of 2007, my GP sent me to the local hospital and after the consultant examined me, he told me to go home and put my affairs in order. He reckoned I wouldn’t see Christmas. I was stunned. He gave me a prescription for medication to help me quit and after a few days I decided to give it a go. I couldn’t believe what happened next. The desire to smoke completely left me. Before I knew it, I was down to four or five cigarettes a day and after a few weeks, I quit completely. I will always have emphysema, but my health has improved immeasurably. If I didn’t quit when I did, I have no doubt I’d be dead now. Smoking defined me all my life. If I can quit, anyone can.

If you are inspired by our real-life stories, call the National Smokers’ Quitline on 1850 201 203 and speak with a stop-smoking advisor who will talk you through your options
Our Top 10 tips for quitting!

As well as sharing their inspirational stories with us, our ex-smokers reveal their top tips for quitting...

1. **Prepare yourself**
   - Make a list of reasons for quitting – health, money, family

2. **Set a date to stop**
   - And stick to it!

3. **Get support**
   - Get the support of your family, friends, your GP, the National Smokers’ Quitline or your local stop-smoking service

4. **Change your routine and plan ahead**
   - People often link smoking to certain times and situations. Avoid these and replace them with new activities you do not link with smoking

5. **Get moving**
   - Exercise and being active makes you feel good and helps manage weight

6. **Think positive**
   - Withdrawal symptoms are positive signs that your body is recovering from the effects of smoking

7. **Learn to deal with cravings**
   - Remember the 4 D’s
   - • Delay at least three minutes and the urge will pass
   - • Drink a glass of water or fruit juice (sip slowly)
   - • Distract yourself. Move away from the situation
   - • Deep breathe. Breathe slowly and deeply. It will help you relax

8. **Cash not ash**
   - Save the money you would have spent on cigarettes and treat yourself!

9. **Watch what you eat**
   - Avoid snacking on chocolate bars and biscuits. Try some fruit or sugar-free gum instead

10. **Take one day at a time**
    - Remember every day without a cigarette is good news for your health, your family and your pocket
The reason cigarette smoking can be such a hard habit to break is because nicotine is a highly addictive substance. If you need extra help to kick the habit for good, there is a lot of great professional support to help you decide the best way to quit and to choose the best treatments to help you do it. There is a method to suit you.

Call the National Smokers’ Quitline on CallSave 1850 201 203 and speak with a stop-smoking advisor. You can also ask your GP or pharmacist for advice or visit www.quit.ie or www.cancer.ie

Want more information on quitting smoking?

You can order the following leaflets by calling the Irish Cancer Society on 01 2310 539

- **Just Be Smoke Free**
  Packed with motivation to help you quit successfully.

- **Beauty of Quitting**
  Quitting smoking will not only do wonders for your health. This leaflet describes how you’ll keep your good looks for longer too.

- **Get Help, Get Unhooked**
  Especially for college students.

- **Smoking, Cancer and your Health**
  The facts about how smoking is harming your health and how quitting is worthwhile.

- **Be Smart, Don’t Start (poster)**
  A colourful, informative poster especially for primary school children.

- **Know your poison (bookmark)**
  Want to quit? Remind yourself of all the cancer-causing poisons found in cigarettes with this motivational bookmark.

- **Audio CD Guide**
  All you need to know about quitting smoking...
Breathing
• Take a long deep, slow breath in through the nose. Push your belly out at the same time.
• Hold your breath and count to five.
• Very slowly, breathe out through your mouth.
• Repeat until you feel more relaxed.

Release tension
• Bring your awareness to your neck and shoulders.
• Squeeze these muscles briefly. Release.
• Squeeze your eye and mouth muscles. Release.
• Wriggle your jaw gently. Release.
• Remember to breathe deeply into your belly.

Healthy ways to cope with stress

Mindfulness
Mindfulness can be a wonderful way to deal with stress and appreciate the calming power of your breath. Being mindful is about bringing your attention to what is happening right here, right now. The basic principles of mindfulness are to:
• Live fully in the present moment
• Experience things, accept things and not change things
• Be a non-judgemental observer of your thoughts
• Be your own best friend
• Live life in the now by letting go of the past and not worrying about the future
• Accept yourself
• Use your breath to anchor yourself to the present moment
• Let go of expectations
• Practise taking a few moments to sit still in a comfortable position.

Your lungs bring life to your body and can help you to relax. When you are anxious, your breathing tends to be shallow and short. If you are feeling stressed, try these techniques to calm and soothe you. You might also find these tips useful if you are trying to quit smoking.
GET MOVING!

Being physically active will boost your lung function and your immune system. Being active also causes the release of natural ‘endorphins’. These are chemicals in the brain that increase your sense of well-being.

Being physically active does not have to cost you money. It can include everyday things like gardening, housework, dancing or walking. Doing at least 30 minutes of moderate physical activity on five or more days a week will have a positive effect on your health. Moderate physical activity is any movement that makes you feel warm and breathe a little deeper. It does not have to involve a complicated exercise programme.

Men and women of all ages, shapes and sizes benefit from being active. It doesn’t matter how out-of-shape you feel or how long you have been inactive. But remember to increase your level of activity gradually. See your doctor for advice if you are very overweight or have other medical problems.

If you are quitting smoking, being physically active is important to help keep your weight in control as your body adjusts to the reduction in nicotine. Exercise can also help you to cope with withdrawal symptoms.

Top tips for moving your body more

Even small bursts of activity are good for you, and can add up over the course of a day:

- Get off a stop early if you take the bus or the train.
- If possible, walk to and from work or school, or go for a short walk during your lunch break.
- Take the stairs instead of the lift.
- If you drive, park at the far end of the car park.

For more information on getting active and managing your weight, visit www.getirelandactive.ie

Physical activity and lung cancer patients

Research tells us that physical activity, however gentle, can improve your quality of life if you have lung cancer.

Physical activity should be built up slowly and adjusted to suit you. You can benefit from seeing a physiotherapist who may be able to help you deal with a particular problem. If you have breathing problems, ask your nurse or doctor for advice.
EAT FOR HEALTH

What you eat and don’t eat has a powerful effect on your health, including the health of your lungs. You might feel confused by all the different messages you hear about what to eat and what not to eat. Read our easy tips for eating your way to looking and feeling great, while protecting yourself against cancer.

😊 Eat lots of fruit and vegetables
- Eat at least five portions of a variety of fruit and vegetables a day
- Use fresh, tinned (in natural juices or light syrup), frozen or dried fruit and vegetables
- Smoothies, vegetable soups, stews and casseroles can also help to boost your intake

😊 Eat a diet that’s high in fibre. Fibre-rich foods include:
- Fruit and vegetables
- Wholemeal and wholegrain bread
- Brown rice and pasta
- Pulses such as peas, beans and lentils

😊 Cut down on red and processed meat
- Processed meat includes sausages, ham, salami and rashers
- Try to use more white meat or fish

😊 Cut down on foods high in calories, fat and sugar
- This includes cakes, sweets and biscuits. Cutting down on them can help you avoid becoming overweight or obese and reduce your cancer risk.

If you drink alcohol, limit your intake to two standard drinks a day if you are a man, or one standard drink a day if you are a woman.

Top tip!
The Food Pyramid tells you what makes up a healthy balanced diet. Use the Food Pyramid to plan your healthy food choices every day and watch your portion size. You can get a copy plus lots more tips for healthy eating in a helpful booklet called Reduce your Risk of Cancer. Call the Irish Cancer Society on Freephone 1800 200 700 for your free copy.
**Keep Safe at Home and at Work**

Your lungs can be damaged if exposed to hazardous substances. This can increase your chance of getting lung cancer. Hazardous substances include:

**Radon gas**
Radon gas is a naturally occurring gas that can seep out of the soil into buildings. Radon is the second biggest cause of lung cancer after smoking. Smokers with high indoor levels of radon have an increased risk of getting lung cancer. If you are worried about radon you can have your house checked by the Radiological Protection Institute of Ireland (RPII). Steps can also be taken to reduce your risk. See www.rpii.ie or call the RPII on Freefone 1800 300 600.

**Certain chemicals**
If you have been exposed to asbestos fibres in the past, you are at risk of developing mesothelioma. Speak to your GP for advice. If you would like to learn more about working safely with Asbestos in the workplace, contact the Health and Safety Authority - Tel: 1890 289 389 Monday–Friday 9am–5pm, Email: wcu@hsa.ie, Web: www.hsa.ie.

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**What can you do to protect yourself?**
Your personal health and safety is your responsibility. Keep safe by following health and safety guidelines at home and at work. Remember to always watch out for the hazard symbols and make sure you follow any guidance provided. If hazardous substances are used and stored in the right way, there shouldn’t be a problem.

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**The European Code Against Cancer**
The European Code Against Cancer outlines healthier lifestyle choices that can help you avoid certain cancers and improve your general health. These include:

- If you smoke, plan to quit
- Eat at least five servings a day of a variety of fruits and vegetables
- Limit your intake of fatty foods
- If you drink alcohol, limit your intake to no more than:
  - Men – two standard drinks per day
  - Women – one standard drink per day
- Do brisk physical activity every day
- Be a healthy weight
- Protect yourself from the sun and avoid sunburn, especially in children
- See a doctor if you notice a lump, a sore that does not heal, a mole that changes in shape, size or colour, or bleeds in unusual circumstances
- See a doctor if you have persistent problems, such as an ongoing cough or hoarseness, a change in bowel or bladder habit, or unexpected weight loss
- Women from 25 years of age should avail of cervical screening
- Women from 50 years of age should avail of breast screening
- Men and women aged 60–69 years should avail of bowel screening when contacted. For more information on screening, call the National Cancer Screening Service on Freefone 1800 45 45 55 or visit www.cancerscreening.ie
Get it off your chest

If you have a symptom listed in this diagram, it’s really important to find out what’s causing it. It may be nothing serious, and you’ll get peace of mind. If it is lung cancer, finding it early makes all the difference. So don’t delay, make an appointment with your GP today. And try not to worry. Remember that the symptoms of lung cancer are also symptoms of conditions other than cancer.

ARE YOUR LUNGS TRYING TO TELL YOU SOMETHING?

- Swelling in the face or neck
- Hoarse voice
- Problems swallowing
- A cough that doesn’t go away
- Chest or shoulder pain
- Coughing up blood
- Pain in your chest, especially when you cough or breathe in
- Feeling short of breath or wheezing
- A change in a long-term cough
- Chest infections that won’t go away, even after antibiotics
- Unexplained weight loss
- Feeling more tired than usual

We can help...

If you want to talk to a specialist nurse in confidence before or after visiting your GP, call the National Cancer Helpline on Freefone 1800 200 700. We can help you find out more about:

- The possible symptoms of lung cancer
- What tests are used to diagnose lung cancer
- What to expect when you visit your GP
FAST FACTS...
Who gets lung cancer?

About 2,000 people in Ireland are diagnosed with lung cancer each year.

The majority of people who get lung cancer are over the age of 50.

More men are diagnosed with the disease than women.

In recent years, cases of lung cancer have been declining among men, but the disease is increasing among women.

More women in Ireland die from lung cancer than any other cancer, including breast cancer.

This is because there has been an increase in the number of women who began to smoke in recent decades.

Recent studies show that women who smoke may be more likely to get lung cancer than men who smoke.

About one in 10 people who get lung cancer have never smoked.

A special note to smokers...

Many smokers delay going to the doctor because they assume their symptoms are just a normal part of smoking, such as 'smoker's cough'. There's no such thing! If you do have any of the symptoms listed on this page, get them checked out by your doctor. It's important to be honest with yourself. And remember these symptoms can also occur in conditions other than cancer.

Des says...

'It was a huge shock when Dad was diagnosed with lung cancer. What I would say to people is, if you are in any way concerned, get checked out. Early detection is everything'.

Des Bishop, Comedian
Top 10 tips for getting the best from your GP visit

If you are concerned about a change you have noticed or if you are going for a check-up, here are our top tips for getting the best from your GP visit.

1. Find a GP who suits you. If you are not comfortable with your GP, don’t feel you have to stay. Ask to see another doctor in the same practice, or ask friends and family for recommendations for a new doctor.

2. Make a list of what you want to ask the doctor. It’s easy to forget the most important things during a visit.

3. Practise describing the symptoms you are feeling. Your GP will probably ask questions such as: When did it start? How does it feel? Did this ever happen before? What have you done about it so far? Are you on any medication at the moment? It can also be helpful to keep track of the symptoms in a diary and show this to your doctor.

4. Arrive informed. It is a good idea to search for information on the topic before you see your GP. But remember that some information on the internet cannot be trusted. You can speak with a specialist cancer nurse by calling the National Cancer Helpline on Freefone 1800 200 700, or check the list of websites at the back of this magazine for reliable sites.

5. Let your doctor know all your symptoms, even if you think they are not important.

6. Be honest. It can be difficult to tell your doctor about concerns you might have. For example, you might not be able to understand the medical information, or you might be worried about costs such as travel and medication. You need to be honest so that your GP can give you the care you need.

7. Listen to what they say. Most people pick up less than half of what their doctor has told them during a visit. It can help if you write down the important points you have talked about.

8. Ask questions. If you don’t understand, don’t be ashamed.

9. Don’t let yourself feel rushed. GP’s can be busy and sometimes it can be hard for you to get through all your queries. Be sure to get your questions answered, but be realistic about how many you can ask in one appointment.

10. Don’t be afraid to get a second opinion. Trust your GP, but take action if you are not happy with the answers you are getting. Your health is a partnership between you and your GP – but it’s your body. If you have something that is not normal for you, it’s important that you get to the bottom of it. Ask for an appointment with a specialist if you want a second opinion. Then explain why you want a second opinion.
‘Life can return to being as good as it was, if not better’

Marion Keegan from Walkinstown, Co Dublin is a survivor of lung cancer.

It’s been six years since I was diagnosed with lung cancer and my life changed forever. At that time, it felt like there were no good stories like mine. Today, there are lots of positive stories about recovering from lung cancer and mine is just one of them.

I had been feeling unwell for a while and a persistent pain in my shoulder was the early warning sign that things were not right. One day while out walking, I experienced a severe shortness of breath. I visited my GP and he suggested that I go immediately to A&E. After an X-ray, I was diagnosed with pneumonia and admitted to hospital. That was in November 2006.

The next day my doctors informed me that there was a lesion on my left lung which needed to be investigated. Having recovered from pneumonia and been discharged from hospital, I was called back for a biopsy on December 15. During this biopsy, my left lung collapsed resulting in another hospital stay. While in hospital, the results came back and my worst fears came true. I had lung cancer.

When I was told, I just couldn’t believe that it was happening to me. I had given up smoking eight years previously, and I worked out four times a week and walked every day in an attempt to stay healthy. Shortly after being told, the surgeon arrived to explain everything and said that the outlook was positive. Surgery was promptly scheduled for December 19. As a family trying to cope with this emotional rollercoaster, the surgical team were always available to answer any questions and alleviate our concerns.

The upper lobe of my left lung was removed and the surgery went well. I was due to go home on December 24th but unfortunately, I got an infection that kept me in hospital until well into the New Year. We celebrated Christmas on January 20. Decorations remained in situ, presents unopened, and Christmas cards unread until we were a complete family unit again.

I received four cycles of chemotherapy in early 2007 which, believe it or not, I was happy about. It wasn’t easy but it was worth it. I have worked hard since my surgery to recover and maintain a healthy lifestyle. I still go to the gym and do aerobics, swimming and walking.

I have learned to appreciate everything in life and cherish every day, and my husband Noel and I really enjoy spending time with our nine grandchildren. I continue to have regular check-ups and have been given the all-clear. There is a great need for more good news stories to be shared. If my story helps one person to get through their struggle, then it has not been in vain.

Try not to be afraid because, with early diagnosis and treatment, lung cancer really can be cured and life can return to being as good as it ever was, if not better.
The outlook for the diagnosis and treatment of lung cancer patients in Ireland is now much more positive with a clear diagnosis and treatment plan in place.

**RAPID ACCESS**

If you are concerned about lung cancer, the first thing you need to do is see your family doctor (GP). If your doctor has concerns about you, he or she will send you for a chest X-ray or refer you to a rapid access clinic for further tests. There are eight rapid access clinics across the country and they have been set up by the HSE and the National Cancer Control Programme (NCCP) to ensure that lung cancer patients are diagnosed sooner.

If you are referred to a rapid access clinic, you should be given an appointment within two weeks. Four of the clinics are in Dublin, at the Mater Misericordiae University Hospital, Beaumont, St James’s and St Vincent’s University Hospital. The other four are Waterford Regional, University College Hospital Galway, Limerick Regional and Cork University Hospital.

**DIAGNOSIS**

When you go to the rapid access clinic, the team will ask you questions about your general health and symptoms before examining you. They may do one or more of the following tests to diagnose lung cancer:

- **Chest X-ray.** This checks the state of your lungs. If anything looks abnormal on the X-ray, your doctor can arrange more tests.
- **CT scan.** This is a special type of X-ray that builds up a detailed picture of the inside of your body.
- **Bronchoscopy.** This test uses a long tube with a camera at one end to view the tissues in your lung.
- **Lung biopsy.** A biopsy is a small sample of tissue that can be taken during a bronchoscopy.

Some of these tests will be done on the same day. For others, you will be given an appointment to return. For most tests, you do not need to be admitted to hospital.

**WAITING**

In general, it will take a few days for all the test results to come back. Biopsy results normally take two weeks. Your doctor or nurse will make an appointment for you to come back for your results. The waiting can be an anxious time for you. It may help to talk things over with the lung cancer nurse or a relative or close friend. You may also wish to call the National Cancer Helpline on Freefone 1800 200 700 and speak in confidence with one of our specialist nurses.
**TREATMENT**

If the tests show that you do have lung cancer, the team at the hospital 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. It will also help your doctors to decide the best treatment for you. Once all your test results are available, your treatment will be planned by a whole team of people including a surgeon, a radiation oncologist, a medical oncologist and a specialist lung cancer nurse. The main types of treatment are surgery, radiotherapy, chemotherapy and biological therapies. These treatments may be used on their own or with each other, and the type of treatment you 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

Your doctor will talk to you and explain what treatment choice is best for you. He or she will also explain the benefits and risks of this treatment. Some people find it reassuring to have another medical opinion help them decide about their treatment. Most doctors will refer you to another specialist for a second opinion if you feel this would be helpful.

**SUPPORT**

There are many people to help you and your family throughout diagnosis, treatment and afterwards. The Irish Cancer Society provides a range of cancer support services to provide care and support for people with cancer at home and in hospital. For example, Survivors Supporting Survivors is a one-to-one support programme that provides emotional and practical support to newly diagnosed patients. All the volunteers have been trained to give you support, practical information and reassurance when you need it most.

The Irish Cancer Society also funds a range of support groups set up to support you and your family at the time of diagnosis, throughout treatment and afterwards.

To find out more about these and other services, call the National Cancer Helpline on Freephone 1800 200 700.

Your lung cancer nurse in the hospital will also give you and your family invaluable support and information from the time of diagnosis and throughout treatment. To read more about the role of the lung cancer nurse, see page 21.

**How can I cope with my feelings?**

There are many possible reactions when told you have lung cancer, and reactions can often differ from person to person. In fact, there is no right or wrong way to feel. Some reactions may occur at the time of diagnosis, while others might appear or reappear later during your treatment. Or indeed it may not be until you recover from your illness that your emotions hit hard. A helpful booklet that discusses this in detail is called *Understanding the Emotional Effects of Cancer.* Call the National Cancer Helpline on Freephone 1800 200 700 for a free copy.

Each year the Irish Cancer Society holds a free conference for cancer survivors and their families where people can share information and get support on everything to do with a cancer diagnosis. Workshops are held on many different topics including lung cancer. To find out about the conference call the National Cancer Helpline on Freephone 1800 200 700 or go to www.cancer.ie
‘Patients often find it easier to speak to a nurse’

Lung cancer nurses provide invaluable support and information to lung cancer patients and their families. Rosie Murphy is Lung Cancer Nurse Co-ordinator at the Mid-Western Regional Hospital in Limerick.

‘I meet patients on their first visit to the clinic and look after them from that initial visit through to their diagnosis, their treatment and afterwards.

At that first visit I provide patients and their relatives with my contact details. Patients are often overwhelmed by all the information and medical terminology, and can find it difficult to absorb everything. My role is to encourage patients to talk to me about their fears and anxieties. I can give them accurate, reliable information and dispel any inaccuracies they may have heard. Patients generally find it easier to speak to a nurse.

Patients and their families often find waiting for results the most difficult. I let patients know that I am there to support them throughout this trying time. I also ensure that they get their test results as quickly as possible.

When the patient receives their diagnosis, I give them written and verbal information about their diagnosis and the treatment options available. I also ensure that patients and their significant others have as much time as they need to take in all the information. I help the patient to talk about their diagnosis and prepare them for their treatment.

Above all, I reassure patients that they are not alone and I am there for them at every step of their cancer journey.’

Questions to ask your doctor if you have been diagnosed with lung cancer

- What type of lung cancer do I have, and what stage?
- Is this the best place to receive cancer treatment, or would you recommend another hospital?
- What treatments do you recommend?
- What are the side effects of the treatments?
- How will I know if the treatment is effective? When will follow-up tests be done to check on the progress of my treatment?
- If my treatment does not work, what is the next step?
- Can you give me a list of warning symptoms that should prompt me to call you?
- Who do I contact if I have a problem in between my appointments?
What’s new in lung cancer research?

In recent years, researchers have begun to better understand lung cancer and this is gradually being translated into new treatments for the disease. Research is a core part of the work of the Irish Cancer Society and we fund a wide range of cancer research projects as well as the brightest young cancer researchers in Ireland. One such researcher is Susan Heavey who is based at the Institute of Molecular Medicine at St James’s Hospital in Dublin. Here Susan tells us about her research on lung cancer.

‘Like most cancers, typical treatments for lung cancer include surgery, chemotherapy and radiotherapy. However, next generation treatment options are currently under investigation which may offer additional benefit to lung cancer patients. These new therapies target specific genes within a tumour, allowing us to selectively block the molecular processes that allow the cancer to grow or spread. These new ‘targeted therapies’ have shown great promise in the clinic, however they are not perfect. In most cases, the patient’s cancer eventually figures out how to survive in the presence of the drug, and as such the patient begins to get sick again. We refer to this phenomenon as the development of resistance to treatment.

My project aims to figure out why resistance develops to a type of targeted therapy called GDC-0980. This drug is so new that it is still in clinical trials, and hasn’t even been given a snappy name yet! To figure out how patients might respond to the drug, I have developed a panel of GDC-0980-resistant cell lines in our laboratory, each of which represents a different subtype of lung cancer. I am currently using a wide variety of molecular techniques to figure out how these different types of cells have become resistant to the drug. Once we know how resistance has developed, we will be in a much better position to fight it. Ultimately, we will be able to better plan treatment strategies for lung cancer patients, in order to circumvent or overcome resistance to GDC-0980’.

Free booklets and factsheets from the National Cancer Helpline

Freefone 1800 200 700

Information on lung cancer, treatments and side effects

• Diagnosing Lung Cancer
• Understanding Lung Cancer
• Mesothelioma and Asbestos
• Breathlessness and Cancer
• Coping with Fatigue
• Diet and Cancer
• Understanding Chemotherapy
• Advanced Radiotherapy
• Cancer and Clinical Trials
• Understanding Cancer and Complementary Therapies
• Journey Journal: Keeping Track of Your Cancer Treatment

Information on the emotional effects of cancer

• Living with Lung Cancer – A DVD Guide to Help you Through the Journey Ahead
• Understanding the Emotional Effects of Cancer
• Lost for Words: How to Talk to Someone with Cancer
• Who Can Ever Understand? Taking About Your Cancer
• Talking to Children about Cancer: A Guide for Parents

Information for family and friends

• Caring for Someone with Lung Cancer: A Guide for Carers
• A Time to Care: Caring for Someone Seriously Ill at Home

Other useful information

• Managing the Financial Impact of Cancer: A Guide for Patients and their Families

Visit www.bit.ly/AboutLungCancer to watch a short video about lung cancer
Dear Dr O’Connell,

Why doesn’t the HSE screen everyone for lung cancer by inviting them for regular chest X-rays? That way, lots of cases could be found early?

Sarah from Galway

Dear Sarah,

When it comes to screening for lung cancer, the jury is still out on whether it is worth pursuing. However, new research in the US could lead to a breakthrough. This research found that screening using a CT scan reduced the number of people dying from lung cancer by 20 per cent. A CT scan has proved to be much more effective than chest X-rays in picking up the disease at an early stage. More research is needed and in the future we may have screening for people who are at the greatest risk of getting lung cancer in Ireland. This would be long-term heavy smokers. In the meantime, you may want to talk with your doctor about your own risk of getting lung cancer.

Dear Dr O’Connell,

I have recently been diagnosed with lung cancer. Is it worth it to quit smoking?

Fiona from Wicklow

Dear Fiona,

The answer is an overwhelming yes. Quitting smoking is a difficult task and can seem especially daunting with the stress of a cancer diagnosis. But research tells us that lung cancer patients who quit smoking do better than those who don’t. Smoking can make your cancer treatment less effective and can worsen the side-effects of your treatment. On the upside, quitting smoking may give you a sense of control over your cancer and improve your emotional wellbeing. For information and support, call the National Smokers’ Quitline on 1850 201 203.
Dear Dr O’Connell,
Can lung cancer be cured?
Michael from Limerick

Dear Michael,
I am very happy to tell you that lung cancer can be cured if found early and don’t just take my word for it – read Marion’s story on page 17 and Frank’s story on page 24. The important message to anyone who is worried that they might have lung cancer is don’t delay. If you have any of the symptoms listed on page 14, get it checked out. Make an appointment to see your doctor and get peace of mind.

Dear Dr O’Connell,
My father has been diagnosed with lung cancer. I have been reading about treatment options and have come across something called biological therapies. Can you explain what these are?
Sean from Louth

Dear Sean,
Solid progress continues to be made in the treatment of lung cancer and biological therapies are a new group of drugs which are now available. Biological therapies, also known as targeted therapies, are more sophisticated drugs than chemotherapy. The difference is that they only target cancer cells and leave normal cells alone. This means you don’t get many of the side effects seen in chemotherapy. Even so, biological therapies can be used with radiotherapy or with chemotherapy as well. There are many different types of biological therapies. If this treatment is appropriate for your father, his doctor and nurse will explain it in more detail and describe any likely side-effects.

Dear Dr O’Connell,
I am being treated for lung cancer and I have been asked to take part in a clinical trial for a new drug. However, I am nervous about this. What would you recommend?
Marie from Donegal

Dear Marie,
By using new drugs or new combinations of drugs and treatments that are already in use, doctors can find new and better ways of treating lung cancer. Even though the word ‘research’ or ‘new drug’ sometimes scares people, there is no need for fear. Before a drug or treatment is used on patients, it goes through many stages to make sure it is safe to use. However, you cannot be included in a clinical trial without your permission. If you decide not to take part, you will still be given the best proven treatment available.

Tell us what you think of our magazine and be in with a chance of winning one of our fantastic prizes. We have two €100 One For All Vouchers and two Hampers from Boots Ireland to be won!’

We would really appreciate your feedback to help us learn how we can improve this magazine and make it as useful as possible for you.

You can send us your comments by filling in our online feedback form at www.bit.ly/Lung2014Web

If you prefer, you can also phone us on (01) 2310 539 or write to us at:
Health Promotion Department, Irish Cancer Society,
43/45 Northumberland Road, Dublin 4.
Deadline for the competition is Friday, 28th of February 2014.
There is life after lung cancer

Frank Cox from Kimmage, Dublin 6W, was diagnosed with lung cancer in 2007.

Throughout the winter of 2006 and 2007, I got one chest infection after the other. It would clear up for a short time with antibiotics but it kept coming back. In June 2007, my GP was on holidays and the lady doctor covering for him was concerned that I’d had so many chest infections. She sent me for a chest X-ray but nothing showed up.

That July I was on holidays in Wexford playing golf with my two brothers-in-law. About six holes into the game I couldn’t breathe and just about made it back to my car. I went straight to a local GP who thought I had asthma but I just knew it was something more serious. We came back from holidays early and I went for another chest X-ray. A few days later my GP told me that I had a shadow in my lung and that it didn’t look great. He arranged for me to see a specialist in St James’s Hospital, Dublin.

That evening, Dr Finbarr O’Connell, the consultant respiratory physician in St James’s, rang and asked me to come in and see him the following morning. I had a CT scan and a bronchoscopy which is a test that uses a long tube with a camera at one end to look at the tissues in your lung.

When I was told that I had lung cancer, I got an awful shock. I kept thinking about my own father who had died from lung cancer at the age of 66, the same age as I was. But the doctors assured me that treatment had come a long way since then and that there was every chance they would be able to treat me successfully.

On September 13 that year, I had surgery to remove a part of my lung. I had a rough time afterwards because I got an infection but my family and friends were an amazing support. In particular, I don’t know what I would have done without my wife, Helen. And the care I received in St James’s was wonderful. In November I started chemotherapy treatment and that lasted until January. The thing I remember most about that time is feeling very tired. When I finished chemo, I was a bit down in myself but I had a session of counselling through ARC Cancer Support and this made me feel better about things. For about a year afterwards, my breathing wasn’t great while my lungs adjusted but now it is not an issue at all.

Being diagnosed with lung cancer is not a death sentence. There’s so much that can be done, and there is life after cancer. If you’re not feeling very well, do something about it. Talk to your doctor. There is every chance that if you get there early enough, something can be done.

Talk to someone who’s been there...

Frank is a peer support volunteer with the Irish Cancer Society. He provides practical information, emotional support and shares his experience with newly diagnosed patients. If you would like to speak with a peer support volunteer, call the National Cancer Helpline on Freefone 1800 200 700.
**WHAT DOES THAT WORD MEAN?**

| **Airways** | The tubes carrying air in and out of your lungs |
|**Biopsy** | A sample of tissue which is examined under a microscope to confirm whether or not it is cancer |
|**Bronchoscopy** | A test when a telescope in a flexible narrow tube is passed through your nose into your lungs; done with sedation. |
|**Cancer** | A group of diseases in which cells in your body grow out of control. These abnormal cells can begin in one part of your body and spread to other body parts. There are many types of cancer. |
|**Chemotherapy** | The use of drugs that kill or control cancer cells. |
|**CT scan** | A sophisticated X-ray test which gives much more detail than a chest X-ray. |
|**Malignant** | Another word for cancer. |
|**Oncologist** | A doctor who specialises in the treatment of cancer. |
|**Palliative care** | Care focused on improving the quality of life of patients and their families facing the problems associated with life-threatening illness. |
|**Radiotherapy** | The use of high-energy rays to cure or control cancer. |
|**Sedation** | An injection to make you sleepy, so that you won’t find the test unpleasant or remember it. It is not a general anaesthetic. |
|**Staging** | Refers to the size of the tumour and whether or not it has spread outside the lung. |

**USEFUL ORGANISATIONS**

**Irish Cancer Society**

The Health Promotion Department of the Irish Cancer Society has a wide range of leaflets and factsheets about a variety of cancers. To order them, please contact us on 01 231 0539.

The Cancer Information Service (CIS) provides a wide range of services, giving you a chance to talk in confidence and be listened to and heard.

- **The National Cancer Helpline 1800 200 700** is a Freefone service that gives you confidential information, support and guidance if you are concerned about cancer. It is staffed by specialist cancer nurses who have access to the most up-to-date facts on cancer-related issues. These include prevention of cancer, risk factors, screening, dealing with a cancer diagnosis, different treatments, counselling and other support services. The helpline can also put you in contact with the various support groups that are available. The helpline is open Monday to Thursday from 9am to 7pm, and every Friday from 9am to 5pm.

- All queries or concerns about cancer can be emailed to the CIS at helpline@irishcancer.ie.

- **Message Board** is a bulletin board on our website (www.irishcancer.ie) that gives you the chance to post your comments.

- The CancerChat service is a live chatroom with a link to a Cancer Information Service nurse.

- Find us on Facebook (www.facebook.com/IrishCancerSociety) and follow us on Twitter (@IrishCancerSoc).

- Our Daffodil Centres are located in a number of Irish hospitals. 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. Do check and see if there is one in your hospital.

**www.cancer.ie**

**Get Ireland Active**

For information on getting active and managing your weight, visit www.getirelandactive.ie

**National Smokers’ Quitline**

For help quitting smoking, call the National Smokers’ Quitline on Callsave 1850 201 203

**Quit.ie**

For help, information and advice on quitting smoking, visit www.quit.ie or www.cancer.ie
Know the Symptoms. Act Early. Call Today.

NATIONAL CANCER HELPLINE  FREEFONE 1800 200 700