

TREATMENT

Treatment of non-small-cell lung cancer consists of various combinations of surgical resection, chemotherapy and radiotherapy. Standard therapy for small cell lung cancer involves combination chemotherapy with or without irradiation.

Surgery is effective for early stage lung cancer tumours, giving these people a much higher survival rate after five years than people with advanced lung cancer. Unfortunately, only a small proportion of lung cancers are found at this stage. Radiotherapy is used to control the primary tumor when it cannot be removed completely or when the patient's health indicates that surgery would be inadvisable. Chemotherapy is used when there is evidence that the tumor has spread to other parts of the body.

Treatments for lung cancer have not substantially improved overall lung cancer survival over the past two decades, but there are more choices today and more research underway that might help.

The challenge in Canada is for patients to be referred to a lung cancer specialist, to have access to the best range of treatments no matter where they live, and to have timely, appropriate advice from a multidisciplinary team. These steps are in place for other cancers, but the lung cancer patient is disadvantaged without an advocate.

SURVIVAL

The five-year survival rate for lung cancer in Canada remains low – 17 per cent for men and 14 per cent for women. It is possible to improve those results so we can knock lung cancer out of the number one spot as the country's leading cancer killer.

There are reasons for the poor survival rate: the most obvious one is that patients are not referred to a lung cancer specialist in time.

- In Canada there are too many unexplained differences in referrals, outcomes and the accessibility to treatment.
- There are no “best practices” routinely applied for lung cancer patients, although best practices are in place for other cancers.
- There are very few benchmarks to guide doctors and cancer centres about how much waiting time is tolerable at various steps in the process.
- Basic information for patients about the symptoms and the treatment choices is sparse.
- The stigma associated with smoking as the most likely cause of lung cancer makes people embarrassed and passive about their disease.

In these circumstances, the lung cancer patient needs an advocate, a support network, and all the help our health system can deliver. Research funding for lung cancer should be in direct proportion to the devastation this cancer causes.

It is possible to survive lung cancer.

The more you understand about the risks and symptoms of lung cancer, the better equipped you will be to pursue treatment at an early stage.

- Watch for symptoms and ask for referral to a lung cancer specialist.
- Insist on a multidisciplinary team – the best advice comes from professionals working together.
- Be aware that lung cancer treatments and outcomes vary from region to region – you need all the information on all the choices.
- Be an advocate for yourself and your family; the health system will not come to you, you have to go to it.

The Cancer Advocacy Coalition of Canada is a non-profit grassroots organization working to make comprehensive and patient-centred cancer care a national priority in Canada.

“Never doubt that a small group of concerned, committed citizens can change the world; indeed it is the only thing that ever has.”

> Cancer Advocacy Coalition

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GLOBAL LUNG CANCER
COALITION

GLCC exists to promote global understanding of the burden of lung cancer and the right of patients to effective early detection, better treatment and supportive care. They are committed to improving disease outcomes for all.



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LUNG CANCER

Facts for Canadians

Lung cancer is the leading cause of all cancer deaths in Canada, with one of the poorest survival rates.

Give yourself a fighting chance.

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WHAT IS LUNG CANCER?

Based on their microscopic appearance and genetic structure there are many kinds of lung cancer, but based upon their behaviour and for treatment purposes, lung cancer is usually divided into two groups: small cell and non-small cell. Very aggressive forms of small cell cancer are usually sensitive to chemotherapy but small cell lung cancer often recurs even after combinations of chemotherapy, radiation and surgical therapy. Large cell is less sensitive to chemotherapy but combinations of drugs are used to palliate advanced stages of the disease. Research into new treatments and new combinations of treatments is underway around the world.

LUNG CANCER IN CANADA

Today lung cancer is the leading cause of cancer deaths for both men and women in Canada. While the rates of lung cancer in men have been declining, the rates for women are

still rising. Lung cancer trends are directly linked to smoking prevalence, with a lag of about 20 years. Forty per cent of lung cancer deaths occur among individuals under the age of 65.

Second hand smoke can be fatal – 300 Canadians a year die from lung cancer caused by exposure to second-hand smoke. Exposure to second-hand smoke increases your chance of lung cancer by 25 per cent and heart disease by 10 per cent.

RISKS

- Smoking
- Exposure to radon (an invisible, odorless, tasteless gas that occurs naturally in soil and rocks)
- Exposure to secondhand or passive smoke
- Exposure to certain industrial and organic substances such as arsenic, asbestos, uranium, and diesel fuel
- Air pollution
- Family history of lung cancer
- Previous lung disease

WARNING SIGNS

One of the reasons lung cancer has a poor survival rate is that early symptoms are vague and easily confused with other ailments such as bronchitis, pneumonia, and emphysema. People who recognize their risk, either from smoking or other exposures, should be especially watchful of symptoms that could indicate the early signs of lung cancer.

Symptoms of lung cancer can include the following:

- coughing
- shortness of breath
- fatigue
- pain in chest, shoulder, upper back or arm
- repeated pneumonia or bronchitis
- bloody sputum
- loss of appetite and weight loss
- general pain
- hoarseness
- wheezing
- swelling of face or neck
- digital clubbing (square swelling of the fingertips)

TALK TO YOUR DOCTOR

The only person who can diagnose lung cancer is a lung cancer specialist. The referral from the family doctor to the specialist takes time, as do the diagnostic tests. If your family doctor doesn't know about your risk for lung cancer, the early signs might be missed and the referral never considered.

In Canada today, appropriate and timely referral to a lung cancer specialist and then to diagnosis and treatment is not automatic and a patient needs to be persistent. Talk candidly to your physician if you smoke, if you are exposed to second-hand smoke or other pollutants, and if you recognize any other risk factors in your life. If you have symptoms that persist, get started on the referral to a specialist. Give yourself a fighting chance.

DIAGNOSIS

Early referral to a lung cancer specialist is the best course of action for anyone who suspects that symptoms might be caused by lung cancer. The teams of specialists who treat lung cancer are thoracic surgeons, respirologists, medical oncologists and radiation oncologists.

Health Canada states that there are no tests or techniques currently available that are effective in the early detection of lung cancer and that routine screening for lung cancer is not recommended by any medical organization. Advances in diagnostic tools, such as spiral CT scans, can make a difference, and early referral to a lung cancer specialist is essential.

Once cancer is suspected, there are several techniques of investigation that can be pursued by the specialist – but you have to get there first.

SMOKING

Tobacco use is the single most important preventable cause of lung cancer. At least 85 per cent of lung cancer is related to smoking. Governments around the world have adopted anti-tobacco strategies to reduce smoking, with significant results. But nearly one third of Canadians over the age of 15 still smoke, and second hand smoke is the number one risk factor for lung cancer among nonsmokers.

People who quit smoking greatly reduce their risk of developing lung cancer compared with those who continue to smoke. According to Health Canada, the risk levels among long-term (10+ years) ex-smokers approaches those of non-smokers.

New Cancer Cases and Deaths for Canada

(Source: Canadian Cancer Statistics, 2002)

